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THE ECOLOGY OF INFANT AND TODDLER CARE DURING
NONSTANDARD HOURS IN LICENSED CHILDCARE
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THE ECOLOGY OF INFANT AND TODDLER CARE DURING NONSTANDARD
HOURS IN LICENSED CHILDCARE CENTERS

By

Dorothy Elizabeth Alexandra Jordan

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ABSTRACT

THE ECOLOGY OF INFANT AND TODDLER CARE DURING NON-STANDARD HOURS IN LICENSED CHILDCARE CENTERS

By

Dorothy Elizabeth Alexandra Jordan

Despite the growth in the use of nonstandard hour childcare, virtually no research exists on this type of childcare. The purposes of this descriptive study were to explore and describe infant and toddler childcare during nonstandard hours from the perspectives of childcare directors, parents and caregivers. Using Bronfenbrenner's ecological model of development as a guiding framework, four research questions were addressed: (1) What are directors' perceptions of the (a) features and (b) challenges of administering nonstandard hour childcare for infants and toddlers attending childcare centers? (2) What are parents' perceptions of the (a) features and (b) challenges of using nonstandard hour childcare for infants and toddlers attending childcare centers? (3) What are working caregivers' perceptions of the (a) features and (b) challenges of providing nonstandard hour childcare for infants and toddlers attending childcare centers? (4) What are the (a) features and challenges peculiar to the ecology of nonstandard hour childcare for infants and toddlers attending childcare centers.

Given the exploratory nature of the research questions, a qualitative study design and methodology were employed. Case studies of three Midwestern childcare centers open during nonstandard hours were conducted. Data collection methods employed included staff and parent completed demographic questionnaires, semi-structured, one-on-one interviews with three directors, five parents, and four caregivers, representing three childcare programs. Observations of the infant and toddler environments and of

caregivers' interactions with the children were conducted, as a means to providing a description of the child care environment. Qualitative data analyses revealed common themes within each case study as well as across child care directors, caregivers, and parents. Common themes within center were as follows: time, resources and quality (Center A); time and environments (Center B); time and stress (Center C). Common themes that emerged from directors' responses included: financial viability and time. Responses from parents across centers provided evidence for the following themes: time and safety. Finally, data from caregivers across centers revealed the following themes: relationships and time. These findings provide one of the few in depth descriptive studies of nonstandard hour child care.

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Dorothy Elizabeth Alexandra Jordan

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For my family:

To my husband and children who provided love, encouragement and support for my journey through higher education. Also in loving memory of my father Charles Cyril Nicholson who instilled in me a passion for learning.

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CHAPTER ONE

Introduction

Rapid and marked changes in economic, sociopolitical, and familial functioning during the last half century have led to growing numbers of women in the workforce. Consequently, families progressively rely on childcare outside the home for their children. Early childcare, beginning full time as early as six weeks after birth, has become a normative experience for many American children (Vandell & Wolfe, 2000; NICHD, 2002). Some of these infants are in care during nonstandard hours, typically considered to be childcare provided between 5 p.m. and 9 a.m. We know little about infants', toddlers', and families' experiences with non-standard hour center based childcare. Likewise, few studies have examined how caregivers and directors working in nonstandard hour care perceive their roles and experiences on the job. The paucity of available research is especially problematic given that 15% of the workforce in America (approximately 15 million people) works nonstandard hours (US Bureau of Labor Statistics, 2005). At least 20% of families with mothers working nonstandard hours use center-based childcare (US Department of Labor, 2000).

Competition in a global economy requires all business sectors to increasingly rely on nonstandard work schedules that enable business to be transacted outside of the traditional workday. Growth in the service industry and more women in the workplace also contribute to the growth in nonstandard hour work schedules (Han, 2007). Some studies have shown that parents working nonstandard hours schedules are more likely to utilize family and friends for their childcare needs (Kimmel & Powell, 2006; Han 2005). However, increasing numbers of mothers of infants and toddlers working

nonstandard hours is generating the need for research on infants', toddlers', and adults' experiences during nonstandard hour childcare. There is little research to date that provides information on the specific benefits, challenges, and features of nonstandard hour childcare. Virtually all research to date has provided information about aspects of day time childcare. Yet, infants and toddlers attending nonstandard hour care in childcare centers experience very different routines than their day time counter-parts. For example, infants and toddlers in nonstandard hour care have dinner and bedtime routines unlike routines that occur during the day.

Likewise, parents, directors, and caregivers may have unique experiences relative to nonstandard hour care. For example, patterns of communication between directors, caregivers, and parents necessary for coordination and scheduling of routines for children arriving at the center in the middle of the night are qualitatively different than routines that occur during daytime hours. The primary objective of this study is to expand the current understanding of childcare for infants and toddlers attending centers, in the context of nonstandard hours. Using a human ecological model as a guiding framework, this qualitative study explores directors', caregivers', and parents' perceptions of nonstandard hour care, and describe the environment provided by centers for infants and toddlers before 9:00 a.m. and after 5:00 p.m. The data collected in this study are a necessary prerequisite for larger quantitative studies in the future.

Significance of the Problem

Prior studies have shown that working nonstandard hours is a potential hazard for adults' physical (quality of sleep, fatigue), psychological (depression), and social (marital instability) health (Presser, 2003; Golden, 2001 Beers, 2000). If nonstandard hours of

work have a detrimental effect on adults, how do those hours of work impact the directors, parents, and caregivers? Currently, about a dozen studies in the literature have examined the associations of nonstandard hour work schedules and child outcomes. Some of the studies reviewed found negative associations between mothers' shift schedules and children's behavioral and cognitive outcomes (Dosa et. al, 2002; Joshi & Bogen, 2002; Han, 2005; Heymann, 2000; Strazdins et al., 2006; Strazdins et al., 2004). Heymann (2000) found poorer educational outcomes for children whose mothers worked evenings and nights over a 6-year period. Han (2005) had preliminary data that indicated that the timing and duration of maternal nonstandard hour work schedules were associated negatively with children's well being, particularly when the nonstandard work hours began in the first year of the child's life. Children's cognitive development at 24 months and expressive language at 36 months were lower when compared to their cohorts whose mothers worked regular daytime hours.

According to Han (2005, 2004) mothers who worked nonstandard hours tended to use different childcare arrangements than mothers who worked standard hours. Mothers working nonstandard hours tended to use spouses, the child's father, grandparents, relatives, neighbors, and friends to care for their children, only using centers as a last resort. In comparison, mothers who worked normal daytime hours were more likely to use family daycare or childcare centers (Han, 2004; Presser, 2003). Han hypothesizes that one explanation for lower performance levels of children whose mothers worked nonstandard hours was that that they tended to be enrolled in childcare centers less often than their daytime counterparts. As a consequence, these children's care may be lacking in the forms of school preparation that children receive during standard hours of care.

There are no studies to date that describe the care children younger than 36 months receive in the specific context of nonstandard hours, particularly in childcare centers. Therefore, the purpose of this study was not to determine development outcomes or adult work performance as a function of nonstandard hour care, but rather, to provide the first descriptive study of participants' experiences in nonstandard hour care (directors, caregivers, parents, and infants).

Need for the Study

Researchers have just begun to study how nonstandard schedules affect children at all ages. A small number of studies have found negative consequences of evening and night shifts on children's cognitive outcomes. Focusing on children birth to three, a recent large-scale longitudinal study found significant negative associations between maternal nonstandard work schedules and young children's cognitive development, that were partially mediated by childcare quality (Han, 2005). To date, no studies have described childcare experiences during nonstandard hours for children aged birth to three attending licensed childcare centers. This study sought to address this gap in the literature by describing infant and toddler environments in licensed childcare centers during nonstandard hours. Perspectives of key persons in infant and toddler childcare center environments such as directors', caregivers', and parents' were examined as well.

Rationale for Qualitative Study

There is very little current literature available on the experiences of directors, caregivers, and parents involved with nonstandard hour childcare. The qualitative study allowed for the examination of nonstandard hours in childcare centers in an in-depth way that increases our understanding of this type of care setting, contributes to the sparse

research literature, and serves as a foundation for later, larger quantitative studies. This study sought to develop a rich description of nonstandard hour childcare for infants and toddlers in licensed childcare centers and understand the perspectives of directors, caregivers, and parents in these childcare settings. Given the exploratory nature of the research questions, a study design using qualitative methods of data collection was used. Data were collected from directors, parents, caregivers, and about their experiences with nonstandard hour care for infants and toddlers attending three urban childcare centers in a Midwestern city.

Specifically, participants were asked about benefits and challenges in their experiences with nonstandard hour care. A case study approach was used to describe each childcare center, and the participants associated with that center. Next, common themes across centers and across participants were noted. Urie Bronfenbrenner's theory of bio-ecological human development was used as a guide for identifying processes peculiar to the context of nonstandard hours and the strengths and challenges of this aspect of care for infants and toddlers.

Theoretical Framework

Bronfenbrenner's Bio-ecological Model of Human Development (2005) was used to frame this study of infants and toddlers and their parents' use of childcare centers during nonstandard hours. The key tenet of Bronfenbrenner's model is that development takes place across the life course through "proximal processes." According to Bronfenbrenner (2005) "proximal processes" are the process of interaction between the developing organism and everything in the external environment. Such processes of interaction in the current study reflected the bi-directional interactions between directors,

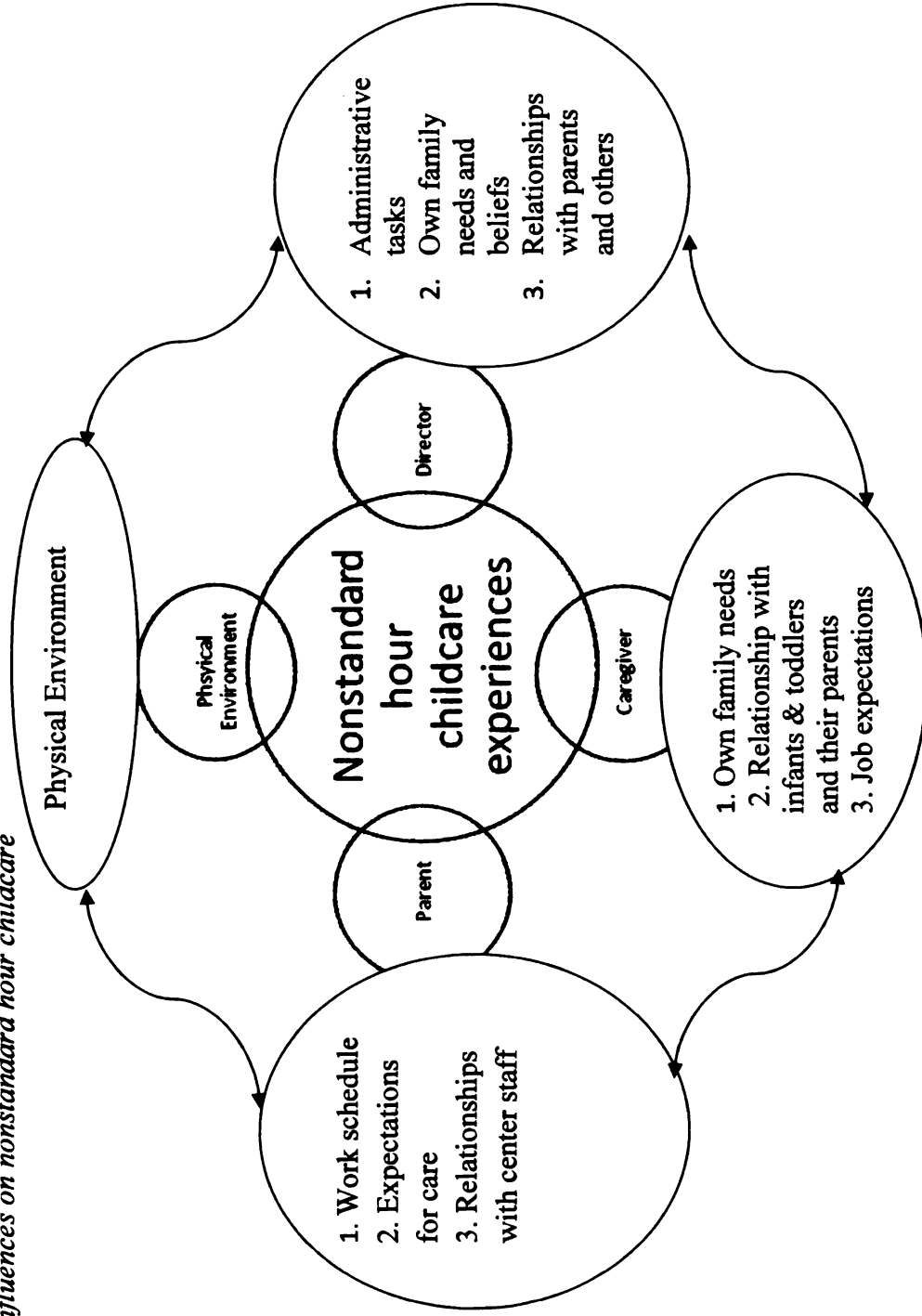
parents, caregivers, and the infants and toddlers for whom they cared. For example, the interactions between directors and parents regarding scheduling would be expected to impact interactions between directors and caregivers, whose schedules reflect the needs of enrollment patterns. The focus of this study was to explore the perceptions of directors, parents, and caregivers that might speak to the interrelated nature of their experiences, and help to characterize the features and challenges of nonstandard hour childcare.

Figure 1, shows a model of this study. The focus of the study was infants' and toddlers' experiences during nonstandard hours in childcare centers. The physical environment was explored through observations using the Infant Toddler Rating Scale – Revised (Harms, 2006). Information was gathered from the key stake holders of the childcare centers through interviews. Directors were interviewed about their experiences with parents and staff. Directors' interviews addressed administrative tasks, needs, beliefs, and relationships with parents. Parents were interviewed about their experiences with the center. Parents' interviews addressed their work schedules, expectations for childcare, and relationships with center staff. Caregivers were interviewed to obtain an understanding of their experiences with the infants, toddlers and parents. Caregivers' interviews addressed their own family needs as well as the relationships with the children and their parents. Caregivers were also observed and their interactions with children were recorded using the Arnett Caregiver Interaction Scale.

See Figure 1 for model of reciprocal influences on the nonstandard hour childcare system.

Figure 1

Reciprocal influences on nonstandard hour childcare



Research Questions

The following research questions were addressed in the current study.

1. What are directors' perceptions of the (a) features and (b) challenges of administering nonstandard hour childcare for infants and toddlers attending childcare centers?
2. What are parents' perceptions of the (a) features and (b) challenges of using nonstandard hour childcare for infants and toddlers attending childcare centers?
3. What are working caregivers' perceptions of the (a) features and (b) challenges of providing nonstandard hour childcare for infants and toddlers attending childcare centers?
4. What are the (a) features and (b) challenges peculiar to the ecology of infants and toddlers in childcare during nonstandard hours?

Limitations and Assumptions

Limits of this study included the lack of random selection of programs due to the small numbers of centers open during nonstandard hours who service infants and toddlers. All of the centers were also open for regular daycare shifts and no data was collected from the daytime groups of caregivers, infant and toddler groups, or their parents. Due to the specificity of the group needed for study, only three childcare centers met the criteria for participation in the study. Participation of three centers limited the number of directors interviewed to three. The total number of infants (5) and toddlers (7) enrolled during nonstandard hours was small limiting the number of caregivers interviewed to four. Only five parents, of a total of twelve eligible parents, agreed to be interviewed for this study. Small numbers limited the significance and generalization of

conclusions being drawn from this study. However, the purpose of the study was to use qualitative methods to identify key issues particular to nonstandard hour infant care that may later be addressed in a larger quantitative study.

A challenge for the researcher in this study was identifying appropriate models for this type of work. Another challenge experienced was that the interview protocols for this study were not piloted. A pilot of the protocols would have allowed the researcher to make changes so that more questions relative to the reasons for actions and beliefs were included. This study focused primarily on nonstandard hours of care Monday through Friday and did not include weekend care. Another limitation for this study was the lack of prior data in the literature with which to compare this study.

Assumptions of the study included that participants would be honest in responding to questions. In addition, it was assumed that respondents would provide accurate information regarding their experiences, as well as providing their own perspectives of childcare during nonstandard hours. Centers participating in the study were assumed to be typical of centers open during nonstandard hours.

An in-depth review of issues surrounding nonstandard hours of work for parents and a review of the most recent research involving children in relation to parents' work hours follows in the next chapter. Methods for the study are described in chapter three. Study results are presented in chapter four, and the discussion and conclusions are included in chapter five.

CHAPTER TWO

Literature Review

In the following literature review, the definition of what constitutes nonstandard hour care is addressed, followed by a review of the economic factors that have brought about the prevalence of working nonstandard hours. Next, recent research on childcare and parents' nonstandard schedules of work, as they relate to adults', and then to children's well being, is addressed. Directors', caregivers', and parents' perspectives about childcare are also reviewed. This literature review concludes with issues surrounding nonstandard hour work schedules and childcare.

Nonstandard hours

A review of the literature showed that a variety of terms were used to describe work hours outside of the traditional daytime hours of 9:00 a.m. to 5:00 p.m. These hours were sometimes referred to as atypical, non-traditional, irregular, alternative, shifts, off, or odd hours as well as nonstandard hours in the literature. Researchers used slightly different definitions for nonstandard hour work. Han (2007) noted that working any time during the weekends was considered as nonstandard work schedules. Harriet Presser (2003) has done extensive research on the topic of working 24 hours per day 7 days per week, for the last 30 years. Presser has consistently used the following definitions to discuss nonstandard work schedules occurring Monday through Friday when at least half of the hours worked most days during the prior week occurred within the given hours noted. A fixed day was described as: hours between 8:00 a.m. and 4:00 p.m. A fixed evening was described as: hours between 4:00 p.m. and midnight; and finally a fixed night was described as: hours between midnight and 8:00 a.m. Rotating occurs when the

schedule changed periodically from days to evenings or nights. Hours vary, denotes an irregular schedule that could not be classified in any of the above categories.

Since 1979 the United States Department of Labor Statistics (2005) has categorized a regular daytime shift as anytime between 6:00 a.m. and 6:00 p.m., a regular evening shift as anytime between 2:00 p.m. and midnight, a regular night shift as anytime between 9:00 p.m. and 8:00 a.m. Shift rotates, were shift changes that happened periodically from days to evenings or nights, and anything else as irregular schedules or hours. In 1995 the Women's Bureau described nonstandard hours as any hours outside of the traditional weekday 9:00 a.m. to 5:00 p.m.

The Bureau of Labor Statistics has collected national data on work schedules since 1972. Presser's (2003) examination of this data revealed that single mothers and parents in families with young children under age 6, young people, African Americans, males, low skilled, and the low educated people in society were more likely to work nonstandard work schedules. The United States Bureau of Labor Statistics (2005) noted that some workers work a combination of daytime hours combined with nonstandard hours. Beers (2000) notes that a flexible work schedule could begin and end at any time of the day once the worker and employer were in agreement.

American Economy

A review of the literature revealed increasing numbers of Americans working hours that were not regular daytime hours (Han, 2007; US Department of Labor Statistics, 2005; Presser, 2003). There were three major reasons behind this trend noted in the literature. Presser (2003) noted the trend toward a more service-based economy supported by the number of women, in particular those with children, entering the

workforce over the past 30 years. This trend has led to families taking care of daily responsibilities, like grocery shopping, during nonstandard hours, which drove the need for the service sector to expand their hours of operation. Additionally, there was a high prevalence of women working in the service sector. The second reason for the trend to work nonstandard hours is the changing population demographic. The aging population's demand for around the clock medical services seven days per week, including jobs such as nurse aides and home healthcare, jobs that are usually filled by women, continues to grow. The third trend was that of a global economy (Han, 2007). Technology has created ease of global communication encouraging corporations to increase their availability by accommodating different time zones as they do business around the world.

Other minor trends contributing to the growing number of nonstandard jobs include welfare reform and the economic need for women to work. More women in the workplace have contributed to increasingly more families eating out and engaging in recreational activities during nonstandard hours. These trends were pervasive across family groups regardless of income, occupation, parental status, and dual or single parent earning families (Presser & Cox, 1997; Presser, 2003). Certain occupations such as nurses, janitors, waitresses and others in the service industry are more likely to require nonstandard hours. Private sector workers, those in sales, retail, and personal services as well as industrial workers also found themselves in the category of most likely to work nonstandard hours (US Bureau of Labor Statistics, 2005). These jobs were projected to be the fastest growing in the United States for at least a decade (Presser, 2003).

Childcare

Recent studies by the National Institutes of Child Health and Human Development (NICHD) have focused on early childcare. NICHD along with other researchers continued to study children in childcare, and to gather data about the quality, language outcomes, social interactions, and children's academic and social behaviors while in childcare, and when they attend school (Fabes et al 2003; Love et al, 2003; NICHD, 2006; NICHD, 2005; NICHD, 2003; NICHD 2000a). Children's Defense Fund (CDF) states that approximately 6 million infants and toddlers were placed in out of home care in 1999. According to the Early Childhood Longitudinal Study Birth Cohort, 50 percent of children born in 2001 were in regular, non-parental childcare arrangements at 9 months of age. Among children younger than three years old, 24% have experienced regular non-relative childcare (US Census Bureau, 2007). Children in the 2001 cohort whose parents made higher incomes experienced non-parental care at a rate of 52% (Capizzano & Adams, 2003). Children whose family incomes fell below the poverty level were less likely to be in non-parental childcare at 9 months of age. For this group only 43% experienced non-parental care.

Studies and reports in the United States and England have noted that when mothers of children younger than the age of three years work nonstandard hours the children are most likely to be cared for by fathers (particularly for married couples), or by other kith and kin (Han, 2005; Joseph Rowntree report: Stratham & Mooney, 2003). These studies reported that parents' first choice is to rely on partners, followed by relatives, and then friends for childcare. Grandparents who offered care desired to be active in their grandchildren's development and helpful with their care (Anderson, 2003).

Children of the same ages whose mothers worked normal day time hours were more likely to be cared for in family day care homes or childcare centers (Presser, 2003; Han, 2004). Presser's research revealed that nearly 50% of couples aged 19-26 with children under the age of 5 had a spouse working late or rotating shift. These couples tended to be less educated and earned lower incomes than their older counterparts (Presser, 2003). There was nothing in the literature concerning infant and toddler childcare in centers during nonstandard hours.

Nonstandard work schedules and the worker

A review of the literature shows that studies about nonstandard hour work schedules began by exploring the effects of working alternate shifts on worker's health (Mott, et al., 1965, Gannon, Norland and Robeson, 1983). Since then more recent research has documented negative health consequences related to working nonstandard hours (Caruso et al., 2004; U.S. Congress 1991). Studies have demonstrated that nonstandard work schedules have deleterious physical health outcomes and that workers smoke more, are more overweight, suffer from psychological disturbances associated with sleep deprivation, suffer fatigue, and chronic stress more often than day workers (Tasto, et al., 1978; Kivimaki, et al., 2001). Studies also demonstrated that nonstandard hour workers tend to have lower levels of social satisfaction with their quality of life and show higher levels of family conflict and marital instability (Presser, 2000; Grosswald, 2004). Han (2007) noted that the adverse health effects from working nonstandard hours raised the issue of the direct or indirect impact of nonstandard work hours on children's well being.

Nonstandard hour workers as parents

When mothers worked nonstandard work schedules, fathers spent significantly more time with children. Presser's research (1986, 1988) shows that more than 40% of children whose mothers worked nonstandard hours were cared for by fathers while their mothers worked. This number rose to 66% when mothers worked part-time nonstandard hour shifts. Han (2004) noted that reliance on paternal care as a first option occurs particularly up to the age of three years. Han (2007) noted that working nonstandard schedules has been linked to less time in family roles for dual earner married couples. Parents working rotating shifts were more likely to miss the important events of their school age children. Parents who worked odd hours were able to make school or after school engagements mainly at the discretion of their immediate supervisor (Henly, Shaefer, & Waxman, 2006). Single mothers used relatives to help care for their children. Little is known about the parents' nonstandard work schedules and child development. Bronfenbrenner's human ecological theory (2005) informed us that children's positive well being was fostered by close positive parent child relationships which occur when parents and child spend time together. Nonstandard hour work schedules may have reduced the time parents spend with their children. These hours of work may also be so physically draining on parents that they impeded the ability to nurture children's development (Heymann, 2000).

Nonstandard work schedules and child well being

We know little about parents' nonstandard hour work schedules and children's development. The few studies that have examined the timing and duration of maternal

nonstandard work schedules and children's cognitive and behavioral outcomes have found negative relationships. Han (2005) had preliminary data that showed that at 36 months of age, children of mothers who worked nonstandard hours scored lower on cognitive tests than their counterparts whose mothers worked daytime hours. Previous studies have found that center-based care was associated with better cognitive outcomes and school readiness (NICHD ECRN, 2000b, 2002). Since nonstandard hour workers tend to use relatives to care for children particularly until the age of three years, Han (2005) posits that this could be one reason why children tested differently to their daytime counterparts whose mothers' first choice for care is childcare centers. However, a review of the literature reveals no studies done in childcare centers during nonstandard hours in particular concerning children under the age of three years old. The care children receive in center-based settings during nonstandard hours is undocumented.

Bronfenbrenner's theory of human development (2005) noted that the childcare center was the child's second microsystem, the home being the first microsystem the child encounters. In this theory, the child's development was heavily impacted by the first microsystem, the home where the parent's adverse health effects, fatigue, lack of sleep, and depression from working nonstandard hours may have directly or indirectly impacted the child. It was in the home that Bronfenbrenner noted the child grew and flourished when there was a close positive parent child relationship engendered by parents' interaction with the child and the child's interaction with the parent. These interactions occurred when parents and children spend time together and nonstandard work schedules may impede parents' ability to spend time with their children, ultimately

impacting the child's development (Heymann, 2000). There were so few studies in this area that no conclusive outcomes can be deduced at this time (Han, 2007).

Parent Perspectives

A review of the literature found few studies that specifically examined parents' perspectives on nonstandard hour childcare in centers. Some reports quoted parents' perspectives in relation to childcare subsidies that helped to pay for childcare, giving rise to the fact that parents were not clear about using subsidies for nonstandard hour care (Adams, Holcomb et al. 2006). Ceglowski and Bacigalupa (2002) studied perspectives of parents and staff on issues of childcare quality. They found that for parents important issues were health, safety, personal characteristics of the caregiver, such as sensitivity and warmth, along with how the caregivers communicated with parents. Emlen (1999) suggests that flexibility is important to families, in particular, those who have limited flexibility in work arrangements or availability of other family members. Ceglowski and Bacigalupa (2002) cite evening work schedules as being less flexible for a single parent with no family available to help with childcare. They noted that families with job flexibility and relatives for support could choose childcare arrangements that are less flexible. They conclude that we need to better understand parental visions for their children, both at home and in childcare because parents' perspectives broaden the prevailing parameters for program quality.

The Women's Bureau (US Department of Labor 1995, 2000) has issued at least two major reports about nonstandard work and childcare. Reporting on challenges for families, the Bureau noted that the reason they opted first for kith and kin care is trust, comfort, and familiarity with their own home and the caregiver, along with less

disruption for children. It is important to families that children go to sleep in their own home bed and not have to wake up to go home. Stratham and Mooney, (2003) in their report for the Joseph Rowntree Foundation on atypical care, state that parents sometimes regard children in care outside the home at night, in particular in centers, with hostility because centers are viewed as more institutional. The Women's Bureau (US Department of Labor, 2000) also reported that parents were looking for safe, comfortable environments and parents also believe that children want their own beds at night. Other concerns were getting school age children from school while parent's work and transportation for parents who work late nights. Parents also reported stress due to juggling everything, especially if they had children of different ages. Last, but certainly not least, was the complaint that not enough organizations offered care during nonstandard hours. In a report for the Joseph Rowntree Foundation about childcare at atypical times, Stratham and Mooney (2003) state that parents in England lamented the fact that they were not having dinner with their children on weeknights and see this as detrimental to the child. English parents perceive that children are better off at home with their parents, or at least with family and friends, outside of standard working hours.

Caregiver and Director Perspectives

Cegloswki and Bacigalupa (2002) included in their study the perspectives of childcare staff noting that staff perspectives of childcare quality have not been studied systematically. The Women's Bureau (US Department of Labor, 2000) report on nonstandard hour work and childcare interviewed three directors of centers open during nontraditional hours. Directors interviewed for this report noted that when centers were open during nonstandard hours the challenges were to hire and keep staff, the costs of

staying open late, and the challenges in accommodating varying schedules of parents. Rewards for directors were knowing that they were meeting the needs of the community by providing safe, healthy environments for children. They also reported that children received more individualized attention, enabling the identification of special needs more quickly and efficiently, as staff spent more time with children on a consistent basis. The centers seemed to shift gears after standard hours providing a more relaxed atmosphere. It was hard to find time for maintenance because the buildings were always in use.

In England, caregivers were reluctant to provide care outside of their usual working hours. Reasons cited were the impact on their own families, and the fact that working outside of standard hours made for a long day for them (Joseph Rowntree report; Statham and Mooney, 2003). Caregivers also reported that meeting the needs of parents with varying schedules would be difficult. Providing this type of care would require that caregivers be flexible. Although many caregivers said that they were willing to be flexible, the report found that they wished to restrict their hours of work to regular daytime hours.

Nonstandard hour childcare issues

Han (2007) noted that low educated mothers, similar to welfare to work mothers, are more likely to work nonstandard hour schedules than more educated childless women. For these women childcare was a combination of multiple providers including relatives, formal, and informal arrangements that contribute to complicating job stability. Lower educated workers receiving low wages and single parent families work disproportionately during nonstandard hours (Presser, 2003). Lack of flexibility or choice of working hours was also experienced by these parents.

The review of the literature showed well documented evidence that working nonstandard hours may be detrimental to adults' health and well being, affecting them physically, socially, and psychologically. A few studies show some positive effects such as mothers being able to work but be home during the day with their children, increased paternal participation in childcare duties, and reduced costs for childcare when parents worked different or alternating shifts. There were also negative associations of the cognitive outcomes for children whose parents worked nonstandard hours but no definitive answers as to the reasons for these associations. Applying Bronfenbrenner's theoretical framework, we can posit that the interactions between the children and the adults in their environment at home and in childcare are pertinent to their developmental outcomes and must be carefully studied in the context of nonstandard hours.

A few studies and reports on parent and center staff perspectives have been documented in the literature. Parents were primarily concerned about safety and spending time with their children. Directors' major issues are costs, scheduling and meeting the community needs. However, the literature does not specifically cover what childcare experiences were for infants and toddlers during nonstandard hours in childcare centers.

CHAPTER THREE

Methods

Given the exploratory nature of the research questions, a qualitative study design and methodology were employed. The primary objectives of this qualitative, exploratory study were to examine the perceptions of (a) parents, (b) caregivers, and (c) directors of nonstandard hour childcare for infants and toddlers in childcare centers. A secondary objective was to explore the environment of the childcare centers. Specifically, this study sought to identify the key features and challenges of care for infants and toddlers enrolled in childcare centers during nonstandard hours, and provide descriptions of caregiving and interaction patterns in infant and toddler classrooms in centers during second and third shifts (2:00 p.m. to 10:00 p.m. and 10:00 p.m. to 6:00 a.m.).

Methods used included staff and parent completed demographic questionnaires, open-ended, semi-structured, one-on-one interviews with four caregivers, three directors, and five parents, representing three childcare programs. An ITERS-R and an Arnett Caregiver Scale rating were completed for each group of infants and toddlers and their caregivers by the researcher and a graduate student.

Participants and Recruitment

Participant childcare centers were selected through purposeful and criterion-based sampling. The criterion was that the centers must service infants and toddlers and be licensed to operate between 18 to 24 hours per day at the time of the interview. Eligible childcare centers were identified from the State Department's website where a list of licensed centers was published. Using the list of licensed centers on the State Department website and a local resource and referral agency centers were identified based on the

criteria of (a) serving infants and toddlers (b) open 24 hours or until midnight. Four centers were identified. Three urban-licensed childcare centers serving infants and toddlers, open during nonstandard hours participated in the study. The fourth center did not have infants or toddlers currently enrolled in their nonstandard hour program. Participating childcare programs are identified as Centers A, B & C. General characteristics of operation for each center are reported in Table 1.

Table 1

Participating Licensed Centers

Center	Capacity	Nonstandard Hours Capacity	Mon - Fri	Sat	Sun	Hours
A	240	100	Yes	Yes	No	24 hours
B	100	45	Yes	No	No	24 hours
C	32	15	Yes	Yes	Yes	24 hours

A letter of introduction was sent to each program director informing them of the research project and inviting their participation (see Appendix A). Letters were followed with a telephone call from the researcher to the director. During this call an appointment was made with the director to obtain signed informed consent for study to proceed (see Appendix B). The researcher met with caregivers to describe the study and seek their informed consent for participation. Parents were recruited for participation via recruitment flyers. Interested parents contacted the researcher, and written consent was obtained prior to the start of participant interviews. The final sample of centers, directors, caregivers, and parents operating and using nonstandard hour childcare are

summarized in Table 2. Centers are identified as A, B and C in the study to protect their privacy. Names of the participants and centers were not used in this study; participants were identified as Director A, parent 1A, caregiver 1A and so forth.

Table 2

Participant Characteristics for Centers A, B, and C

Center	Participant	Race	Age	Education
Center A	Director 1A	White/Caucasian	56-65	Master of Arts Degree
	Caregiver 1a	White/Caucasian	18-25	Bachelor of Arts
	Caregiver 2a	African American	56-65	Bachelor of Arts
	Parent A01	African American	36-45	Some college
	Parent A02	African American	36-45	Master of Arts
Center B	Director 1B	White/Caucasian	36-45	Bachelor of Science
	Caregiver1b	White/Caucasian	36-45	Associates Degree
	Parent B01	African American	26-35	Associates Degree
	Parent B02	White/Caucasian	26-35	Bachelor of Arts
Center C	Director 1C	White/Caucasian	36-45	Associates Degree
	Caregiver 1c	African American	36-45	Associates Degree
	Parent C01	White/Caucasian	46-55	High School

Directors

All program directors participating in the study were Caucasian females (see Table 2 for demographic data). Two directors were married and one was divorced. The average salary per year reported by directors was \$45,000.00. One director reported receiving health, dental, vision benefits from the center. One director received benefits

through her husband's place of employment and one received health benefits through her credit union. Two directors reported making contributions to an employer sponsored 401K plan.

Parents

Five mothers, female parents working nonstandard hours were recruited through flyer (see Appendix H) from their respective centers. Demographic data are presented in Table 3.

Table 3

Parent Demographics

Parent	Age	Occupation	Children
A01	36-45	Cook	2
A02	36-45	Business manager	2
B01	26-35	Factory worker	2
B02	26-35	Nurse	2
C01	46-55	Factory worker	1 grandchild

Caregivers

Four caregivers from the three centers were interviewed as part of this study. See Table 4 for demographic data of caregivers.

Table 4

Caregiver Demographics

Caregiver	Hours worked	Race	College Major	Age
1a	4:00 p.m. -11:00 p.m.	Caucasian	Child Development	18-25
2a	4:00 a.m. – noon	African American	Child Development	56-65
1b	1:00 p.m.- 9:00 p.m.	Caucasian	Elementary Education	36-45
1c	2:00 p.m.- 10:00 p.m.	African American	Child Development	36-45

*Procedures**Interviews*

The main source of data collection was via in depth, individual interviews conducted with childcare providers, parents and directors. Interviews were conducted using interview protocols for each group (see Appendices E, F, & G). Additional questions were asked to clarify responses or gather additional information to the given response. The parent interviews lasted from forty-five minutes to an hour in length and were held at the childcare centers. The exception was one parent whose interview was conducted at her home. The interviews were audio-taped, transcribed by the researcher and then reviewed for accuracy by two graduate students.

Observations

After obtaining informed consent, the researcher met to set up dates for observations of caregivers' interaction with the infants and toddlers for whom they provided nonstandard hour care. The researcher and a graduate student carried out observations, using both the ITTERS-R and the Arnett Scale (ACIS), as will be described

shortly. Each observation session lasted approximately two hours in duration, for a total of eight hours of observation per classroom. So, for example, Observation 1 for Center A infants and a toddler group occurred from 5:30 p.m. to 7:30 pm, and again from 5:30 a.m. to 7:30 a.m. the next day. These four hours of observation comprised Observation 1. Observation 2 was carried out one week later, on the same days, from 7:00 p.m. to 9:00 p.m. and 6:30 a.m. to 8:30 a.m. the next day. This observation pattern was carried out for all three centers.

During the first observation an ITERS-R rating was obtained and during the second observation, the caregiver was rated using the Arnett Caregiver Interaction Scale (ACIS). Observations were carried out by the researcher and another graduate student. Parents' job related layoffs, shift changes, industrial strikes, and the unexpected shutting down of third and second shifts, contributed to infants' and toddlers' irregular schedules, making observations difficult. Infants and toddlers quite often were picked up from childcare unexpectedly early, and we were unable to observe for more than two hours at a time. This was particularly problematic in the evening. For example, in one center, two attempts at observation were made before there were infants and toddlers in attendance during a nonstandard hour shift. Similar issues that occurred at Center A arose at Center B and Center C during the data collection process.

Measures

Demographics. A basic demographics questionnaire was created by the researcher. Questions regarding parental education level, age range, race, occupation, and number of children were included on the brief questionnaire.

Qualitative Interview. As noted, a semi-structured interview was constructed for directors, caregivers, and parents. Seventeen questions for caregivers, nine for directors, and seven for parents inquired as to their experiences working or using nonstandard hour childcare. Participants were asked about the challenges and rewards of nonstandard hour childcare for infants and toddlers including the routines and schedules peculiar to night or evening care. Probes such as how “*What else can you tell me about that?*” were used.

Infant Toddler Environmental Rating Scale – Revised (2006). Prior to observing at the childcare centers, the researcher and another graduate student trained on the use of the ITERS-R by completing training session with ITERS-R training video of observations and the ITERS-R training guide. A 91% inter rater reliability was reached in the training session. Infant Toddler Environment Rating Scale (ITERS-R). The Infant Toddler Environment Rating Scale (Harms et al., 2006) was administered in all three centers. ITERS-R is an early childhood instrument designed to assess structural measures of quality such as child staff ratios, group size, and staff education levels. The ITERS-R is comprised of 36 items rated on a Likert scale with response categories ranging from (1) inadequate practices to (7) excellent practices. A rating of (3) is considered to reflect adequate/custodial care, and a rating of (5) is regarded as indicative of a good environment. The observation produced a global quality rating score as well as mean subscale scores for the seven areas of the ITERS scale as follows, with alpha coefficients as reported by Harms et al. (2006) noted: Space and Furnishings ($\alpha = .47$), Personal Care Routines ($\alpha = .56$), Listening and Talking ($\alpha = .79$), Interaction ($\alpha = .79$), Program Structure ($\alpha = .70$), and Parents and Staff ($\alpha = .68$). Reliability for the total scale is high ($\alpha = .93$).

Arnett Caregiver Interaction Scale. Child caregivers' behaviors in interaction with infants and toddlers were assessed using the Arnett Caregiver Interaction Scale (Arnett, 1989). This 26-item scale assesses three aspects of the caregiver and child relationship: sensitivity, punitiveness, and detachment. A total scale score, as well as subscale scores for sensitivity, punitiveness and detachment, were calculated. Arnett (1989) has reported alpha coefficients of .93 for the sensitivity subscale, .83 for the punitiveness subscale, and .81 for the detachment subscale.

Data Analyses

Qualitative interviews

Qualitative data analyses were employed in the current study. The interview protocols were developed to elicit information that would help to generate answers to the research questions. Transcripts generated from these interviews were coded by researcher.

Specifically, the data were analyzed in a three-step approach. The first step of analysis utilized an inductive approach to derive concepts, their properties and dimensions from the data. Using this approach the researcher looked at features and challenges of nonstandard hour care that were reflected in the data and developed a template for possible broad categories and themes. The next step was to review the data, this time using an ecological framework to consider and describe relationships between concepts (Patton, 2002). Finally, the researcher read the transcripts again for content analysis (Weber, 1990). The process of content analysis defined categories and identified common areas and clustered these areas into categories, creating corresponding patterns and themes. After reading and rereading every interview manuscript, emerging themes

were identified. Two graduate students independently read the interviews for accuracy and listened to the audio tapes while reading the transcripts. Likewise, the two graduate students confirmed the themes identified. Consensus was reached during a group discussion (the researcher and the two additional graduate students) for any disagreements on theme identification.

More specifically, data were coded on two levels to reflect two types of themes. First, themes common to directors, caregivers, and parents across the three centers were noted. It was these themes that were verified by group consensus. At the time the data collection began, an industrial strike began impacting families utilizing nonstandard hour care, resulting in reduced enrollments in nonstandard hour care. This event resulted in much smaller than anticipated sample size. Given this, the researcher elected to add a case study approach to the research design. Each case consisted of the childcare center and the staff, parents and infant toddlers associated with that center. Cases were assigned alpha characters as follows: Case A, Case B, and Case C. For the next step in data analyses, themes *within* each case study were documented. These themes were common across the director, parent(s), and caregiver(s) within a center. These two coding levels allowed for both an in-depth examination of each center as its own system, but also allowed for the understanding of perspectives unique to individual's roles as directors, caregivers or parents. Taken together, the two methods maximized the smaller sample size and afforded a more in-depth consideration of the data than either approach alone would have.

Observations

Given the exploratory nature of this undertaking, observation data were used for descriptive purposes only, providing a descriptive context for the interview data reported.

CHAPTER FOUR

Results

As noted earlier, data were coded in two ways; identifying themes across participants (directors, parents and caregivers) and themes *within* each case study center. In this chapter, brief case studies, providing a description of each childcare center, and then qualitative themes from the interview data for that center are presented. Next, themes across participants, independent of Center affiliation are presented. Overall themes within each center are summarized, and common themes across participants are noted in Table 8. Finally at the conclusion of the results chapter the descriptive statistics for the observational measures completed are reported.

Case Studies

Case Study A

Center A was a large employer sponsored center, with a licensed capacity for 240 children (ages 6 weeks to 13 years of age). The center was located on a major thoroughfare of a Midwestern city on six acres of wooded land and had two buildings. The center was open from Monday morning to Saturday morning 24 hours per day. The center has operated for 16 years and served 190 children on first shift (6:00 a.m. to 2:00 p.m.), 70 children on second shift (2:00 p.m. to 10:00 p.m.) and (10:00 p.m. to 6:00 a.m.) 20 children on third shift. Center staff noted that shift times varied so that children began arriving at 4:30 a.m. and arrived continuously until about 9:00 a.m. These children began leaving around 1:30 p.m. and continued to do so until about 6:30 p.m. The second shift children began arriving around 2:30 p.m. and continued to do so until about 5:30 p.m. Drop-off and pick up was handled via a counter. Parents have the option to enter the

classroom or to speak to caregivers over a counter. They often give the child to the caregiver over the counter so that they do not have to take their shoes off or bleach them to enter the classroom. Most of the children went home by 11:00 p.m. Eligibility to attend the center rested with the corporation. Children need one parent to work for the corporation to be eligible to attend the center. At the time of the observation the center employed just over 70 employees, including directors, bus drivers, cooks, gardeners and cleaning staff. With the exception of the administrators, all staff persons were members of Union Z.

Description of infant/ toddler rooms. The center featured here was one large infant/toddler room with a capacity for 26 children in total. This space included smaller rooms for older toddlers, each with the capacity for 12 children. Infants and toddlers at the center after 4:30 p.m. were housed in the large infant toddler room. Children entered this room at six weeks and remained there until they were 24 months old or developmentally ready for more complex activities in one of the older toddler classrooms. This room was a combination of three smaller rooms with the walls partially removed to form one large space in the shape of a three leaf clover. With the exception of the kitchen, rooms were carpeted. Natural and recessed lighting controlled by dimmer switches were provided. Walls were neutral, and toys and pillows were brightly colored. Rooms feature low, open shelving on which toys and books were placed. Several glider rockers were placed around the room. Hanging from the ceiling over the changing area and near the windows were various mobiles and wind chimes. Pictures of the children and their families were laminated and hung on the backs of shelves at the children's level. The caregivers played recorded tapes of nature sounds, such as the ocean lapping on a

beach or birds chirping in the woods. In the sleep area of the room, infants and toddlers took naps to the sound of lullabies from around the world. Another room, with screened windows, was adjacent to the "clover leaf" rooms and provided space for art, water and messy play. Outdoor play space was available for each age group including the infants and toddlers. The toddlers had a separately fenced area with a sandbox and tricycle path, child-sized picnic table and chairs and an adult chair swing that caregivers used to rock children as needed.

Other Program Features. The exterior doors to the building were kept locked and parents had to be buzzed in. Once in the lobby they were required to sign their child in on a computer and then be buzzed through another locked door to get to their child's classroom. All children had to be physically handed over to a caregiver prior to the parents' departures. The parking lot was well lit and there was a security guard from 8:00 p.m. to 7:00 a.m. This center also featured a parent resource library where parents were able to check out video tapes, books and flyers about parenting and child development. In addition to being licensed by the state this center is also accredited by the National Academy for Early Childhood Program Accreditation, a division of the National Association for the Education of Young Children.

Program Director. The director of the center has been employed at the center since its inception. She had a Master's Degree in Child Development and had worked in childcare for thirty five years, twenty-five of those years as a director of a center. She also completed a course in Infant Training with Magda Gerber soon after the center opened. The size of the center and the hours it was open required that the director shared her administrative duties with an assistant director and age group coordinators. She

normally worked from 9:30 a.m. to 6:00 p.m. but attended staff meetings and other events on second shift as needed, particularly when changes in staff hours were imminent.

Parents. Parents of children attending this center were employed by the major manufacturing corporation that owned the center. Parent A1 was a divorced mother of two children, a girl aged 18 months and a boy aged 9 years. She was a cook for a long term care facility, and her children were eligible to attend the center because their father was an employee of the corporation sponsoring the center. Parent A2 was married and a business manager. She had just completed her Master of Arts Degree in business at a local college. Her husband had an Associate's Degree and was also an employee of the corporation sponsoring the center. She was the mother of a 15 month old girl and a 7 year old boy.

Caregiver profile. The two caregivers from this center were both single Caucasian females with Bachelor's Degrees in Elementary Education. They were both attending college to obtain their Early Child Endorsements on their teaching certificates. Both of these caregivers professed to like their jobs. One caregiver worked from 1:00 p.m. to 9:00 p.m. and the other caregiver worked 4:00 to midnight.

Themes Case Study A

As noted earlier, the within-centers themes are presented first. In case study A, three primary themes emerged from analysis of the data obtained from the director, parents and caregivers. The three themes common to this childcare center were (a) resources (b) quality (c) time. These three primary themes were summarized in Table 5. In addition, secondary themes that supported the primary themes were also identified and are described after the introduction of each primary theme.

Table 5

Summary of Within-Center Themes and Sub Themes Across case A

Primary Themes	Director Sub Themes	Parents Sub Themes	Caregiver Sub Themes
Resources	Union	Not mentioned	Not mentioned
	Benefits	Not mentioned	Benefits
	Secure Environment	Secure Environment	Not mentioned
	Community partnership	Not mentioned	Not mentioned
	Not mentioned	Not mentioned	Enrichment Activities
Quality	Accreditation	Accreditation	Not mentioned
	Caregiver child relationship	Caregiver child relationship	Caregiver child relationship
	Highly qualified staff	Educated staff	Not mentioned
	Caregiver parent relationship	Caregiver parent relationship	Caregiver parent relationship
Time	Schedules	Schedules	Schedules
	Routines	Routines	Routines
	Assumptions	Not mentioned	Not mentioned
	Not mentioned	Family time	Family time
	Not mentioned	Fatigue	Not mentioned
	Stigma	Judgmental attitudes	Stigma

Resources

The first theme concerns resources afforded to the center, which was the product of a joint labor and management initiative. The bargaining agreement provided for Center A to receive monetary, human, and other resources from a national corporation and its employees' union. Such support afforded a number of services that might not otherwise have been available at a childcare center such as benefits, security resources and enrichment activities. Resources also allowed for easier accommodation of staffing and for engagement with the community. The center was able to offer benefits, including a 401 K plan, to staff. This center was one of few that boasted a completely unionized staff. The union negotiated for all staff to be full time so that they were not sent home without pay if the children's schedules changed and they were not needed to provide care. Human resources that the employer support afforded were better trained and diverse staff. The director had a Master's Degree in Child Development and caregivers had Bachelor's Degrees in Child Development. The center also employed a full time bi-lingual Spanish teacher.

Union. Director A discussed scheduling staff over twenty-four hours Monday through Friday. She noted that this required some negotiation with the union so that caregivers could be placed where and when they were needed but still work full time every week.

"....and the other thing that would happen is that we, we made a pact to keep our staff full time."

"Yes that (scheduling staff) was an issue. Well we had to work with the union on this one and with the staff. And everybody did work with us and we were very

fortunate in that regard because I kept telling them on second shift you weren't going to get assigned to a classroom. I mean you would be but don't think of yourself as placed there for very long. You know that it was going to flow in terms of how the kids were moving and who was there at what time. "

The director reported that the center was large enough and staffed so that when parents made shift changes they were able to accommodate them in a way that caused the least disruption to the child and peace of mind to the parent.

" ... I can remember more than once a parent coming in to me just dissolved in tears – 'I just got moved to second shift. I don't know what to do. '

Well you can bring your child here.

'I can still bring my child here? '

'In the same room? ' I mean the relief and reassurance. And I just felt so good that I could say that to them. Um, That was, that was worth every bad call. "

Although the director noted that she made every effort to be cost effective in scheduling staff for nonstandard hours, the cost of running the center was subsidized by the corporation and the union as part of a bargaining agreement between workers and the union. Meals were cooked and served from the center kitchen and parents were invited to join their children for lunch or dinner whenever possible. Some parents occasionally joined their children at dinner time but the director reported that these were usually first shift parents who were headed home.

Benefits. The director and caregivers reported on the demographic questionnaire that they received benefits. When asked about the kind of benefits they received the

caregivers and the director listed the following: medical, dental, vision, paid vacation, 401K plan. Staff may also enroll their children at the childcare center as well.

Secure Environment. The support of the corporation allowed for this center to provide some extra measures such as a secure environment during nonstandard hours that included monitors and cameras reflecting the outside of the building. A security guard also patrolled the premises from 8:00 p.m. to 6:00 a.m. daily.

The director noted,

“Now we have a security man and cameras”

Comments from parents also reflected an appreciation for security measures.

“The doors are locked no one can just come in and then there is security.”

Enrichment activities Caregivers reported that the children were exposed to a second language since the center was able to employ a full time Spanish teacher.

Caregivers reported that the children expect to have their Spanish lesson. As soon as the toddlers learned to talk they often reminded the caregiver. The caregiver paraphrased the toddlers as saying:

“Well, we’re supposed to be at Spanish now.”

Partnership with local college. The partnership that Center A had with the local college allowed them to work with as many interns as they could accommodate. Interns benefited by completing their field work hours at the center without interrupting their class schedules or in some cases part time jobs. Many interns chose to do their field work hours during the evening and night hours. According to the director, the center benefited by the presence of extra help in particular in the infant and toddler rooms, during the late afternoon and early evening.

“...and students were another resource for us especially on second. They liked to go to school in the day and work or get their volunteer time in at night. We often hired them as substitutes.”

Quality

The support of the corporation allowed for the center to provide services that are indicators of quality childcare, for example, lower staff child ratios. So in addition to resources, responses during the interviews also spoke to aspects of quality care. The director, caregiver and parents each mentioned quality characteristics associated with the center.

“Your childcare provider has first aid and CPR training. They, I want someone that is educated in child development. Someone that will actually do things developmentally with him even if it's for an hour. Even if it's for a half an hour you're doing art, you're doing gross motor.” (parent)

Accreditation. One such indicator is the accreditation status that the center had achieved and maintained for fifteen years. The center was accredited by the National Academy for Early Childhood Program Accreditation, a division of the National Association for the Education of Young Children. Accreditation status is a hallmark of quality in childcare centers. Parents in the study recommended that all centers go through the accreditation process. They reported that it gave them a feeling of extra security that the center would make the effort to go through the process.

“It's important to know that your daycare is accredited no matter if it's late hours.”

“..as a person dropping a child off in a daycare center you have the back up of knowing that the childcare center cares enough to make sure that they can be watched by everything makes a big difference.” (parent’s comment made in reference to accreditation).

Caregiver child relationships. Both the director and parents mentioned aspects of the caregiver-child relationship as being important. The director specifically mentioned lowered ratios for infants and preschool children as quality indicators. Primary infant caregivers were assigned three infants instead of the state licensing regulation ratio of one adult to four infants. Toddler primary caregivers were assigned four children which is the same ratio as that required by state licensing regulations. The director noted.

“So like if we had 16 in a preschool class with 2 teachers, on second shift we might have 6 with one teacher. So we were short 2 kid to really make up the ratio. And that happened more frequently on second (shift).”

“We had 3 infants and 4 toddlers to each primary caregiver.”

Parents also commented on the low staff child ratios afforded during nonstandard hour care.

“it could be quite a few less children, but I think they get more one on one time with a caregiver or a center you know because of the uh hours.”

Parents reported that the center provided a home like atmosphere for their children in an aesthetically pleasing environment. Parents’ expectations were that the center would keep their child safe and secure and follow their specific routines of care.

“So you know that the safety was first and then the caring. I really wanted to see how they interacted. This center interacted very well.”

A parent reported on daily communication with caregiver about the child.

“So at the end of the day you do get a full sheet of paper where it tells everything that they did from the time they were there in their care. So from art projects, to outside time, to play time to sleep, to how long she took a nap she took or whatever.”

Caregivers responded to those expectations by providing care for children in a relaxed atmosphere. The director depended on the staff to form positive relationships with the parents that engendered a partnership in care for the children. The relationship between caregiver and child, often characterized by a parent as affectionate routines, was noted as important.

“She gets him ready for bed. Sits down in the rocking chair, reads him a book, puts the lights down, makes sure he has his blanket when he goes to bed” (parent).

Highly qualified staff. Staff trained in early childhood development is also a mark of quality that is required to attain accreditation status. The program director had a Master’s Degree and many years of experience working in child development. Caregivers were required to have Bachelors’ degrees in Child Development or a related field such as nursing or social work. Both caregivers interviewed as part of this study held Bachelor’s Degrees in Elementary Education with Early Childhood Endorsements on their teaching certificates. Parents commented on caregiver education level as a perceived benefit of the center.

“I want someone that is educated in child development.”

The director noted continuing education as a key strategy for supporting high quality staff. The center provided staff in-service and parent training workshops in

conjunction with a local college. The in-service training was age group specific, so that infant and toddler teachers received specific training for the age group they taught. Staff also received tuition reimbursement if they pursued formal training in early childhood education or a related field.

“Well we did, we did send them to Infant Mental Health in the community. We had a couple of people, like Professor W from college coming in who had worked with infants, specifically infants and toddlers, a lot in her career. She ah, she did specific training for that group in mostly primary care kinds of things and what kinds of games and things to do on the blankets with the babies. How to help babies, give babies cues as to what you’re going to do. The Magda Gerber tapes – we did those um.”

Caregiver parent relationship. Caregiver’s daily interactions with parents led them to be key to obtaining and sharing pertinent information about the child. The staff person in the lobby at the front desk was in a strategic position to facilitate communication between parents and other staff. It was through this person that parents informed the center of shift changes. The director explained the following:

“When the parents bring and pick up. You know that they would see the same teachers and um, get to know them and communicate well with them. Also the person at the front desk was very key on second shift.”

“We finally learned that it was important to communicate with parents very specifically about what their child’s day was like. Before they arrived; what time did they get up? We knew what time they went to bed. It was the opposite question.”

A caregiver shared one of the ways she worked with parents.

"I take the cues from the parents – if they approach me, I'll do what they feel is right. I climb on board with all that. And um most often they are right of course. It's their children but sometimes, it has happened before where sometimes where they say they want their child potty trained. I'm thinking in the back of my mind – I don't -I can't believe that they think that that child is ready, and they are!"

Time

The third and final theme identified in this case study is time. This theme concerns the perception of time by director, caregivers and parents as it relates to their lives and the center. Participants reported about schedules, routines, assumptions, family time, fatigue, and the stigma attached to nonstandard hour care.

Schedules-staff. The director reported that staff would sometimes request to be put on the late shift but usually it was third shift they desired although that is not what they would request.

"But usually if they wanted second what they really wanted was third. People generally didn't ask for second shift or dinner hour shift."

Director A discovered that some people could not tolerate having a different shift every day.

"Well one staff person in particular uh we had on a two days coming in at 10 o'clock, two days coming in at noon, and her doctor said that wasn't doing her well so she got a health note saying that she had to have a regular shift. So we did put her on the late shift. And she wasn't happy at first but then she really decided she really liked it"

Staff schedules changes happened to accommodate children's schedules. Variability in scheduling created some anxiety for staff. Director A noted that having some input into the changes that had to be made, helped staff to deal with changes in a less stressful way.

"You know that it was going to flow in terms of how the kids were moving and who was there at what time. And those shifted a great deal more than they did on first. So what I promised them, what I agreed to, and what I wanted to do was that I would meet with the whole second shift group periodically whenever we felt like there needed to be a shift. I would meet with them and talk to them about the fact that we're seeing this change again; we're going to have to make some changes and get their ideas and then make decisions."

Schedules-children. Director A noted that caregiving during the second shift schedule needed to be at a slower pace. Children needed more time to execute routines. This was not the time that they needed time structured time limits to get routines like putting their pajamas on finished. Staff needed to be patient with the children.

"(caregiver) She was particularly good at night with the children because she was so tolerant of them taking time to settle down. That didn't get to her. It was fine with her if it took them quite a while to calm down. And she would sit with them and talk quietly, and read quietly, and until they did."

"I think again that it, because the children generally are on a..., are more tired, they've had a busy day, that they need time to be. It needs to be very relaxed. It can't be a let's hurry up let's do this and hurry up let's do that kind of thing."

Children seem to be able to handle some change. One change in their schedule did not appear to bother children. However, if the change involved more than one dimension, then children demonstrated some acting out behaviors.

"If we had kids that um in addition to changing shifts changed um maybe a week off, a week back and that kind of thing, then that really, we could see that impacting on the kid's sense of security and they probably were acting out a little bit more. Um, but if we could keep them in the same classroom and the only change was the shift, that seemed to be pretty manageable for kids. But you know their whole family was being disrupted if it was more than that, you know the whole; everything around them was getting chaotic."

Parent's recognized that second shift childcare schedules are different.

"A second shift child is a little bit more different in..... Their schedule is totally, it's not a 9 to 5. So they are used to, I would say more of a (sic) easy type of atmosphere. It's not; they still need to have their structure. But it's more of a, I wouldn't say laid back cause that would make them think that they're lazy but they're not. It's their schedule is just, I can't, I don't know how to describe it. It's just different."

A parent's attempt to keep the baby on their second shift schedule was futile.

"Well she, she gets up at 6:30 in the morning. So she, I try to but not, not necessarily so, and she takes a nap during the day. So she is well rested and at night time she goes to bed at like 8 o'clock so she, you know we try to a certain extent but it don't work."

Schedules-parents. Parents reported that scheduling appointments when working second shift was difficult because you either had to take the baby with you or find a babysitter. Finding a sitter was difficult during the day because everyone else was at work or school during the day. Consequently parents had to take time off of work to keep scheduled appointments.

"You know, I try to do those appointments in the morning so it wouldn't have to interfere with my work, but then you know finding a babysitter in the morning and stuff like that it's hard.

"Now for J who is in first grade; you know I have to take time off. Because like you know his appointments is probably like 2 or 3. So any how you take it I have to take time off or he will have to miss school so it is an inconvenience a little bit. I have to use up my vacation time."

Routines. Director A noted that when the center opened its doors neither she nor her staff had any prior knowledge about operating a program past 6:00 p.m. in the evening and so they decided to observe the interactions and patterns of behavior exhibited by the children:

"Mostly we experimented and watched the kids. Because I don't remember talking to anybody else that was doing it (nonstandard hours care). And so it was a matter of just trial and error. Watching what the children were doing and finding out that routine was very important. Um, where their bed was, with who was very important."

Director A noted that routines were important for all children and the children demonstrated by their actions that time of day did not change their basic developmental

needs. However in the context of the end of the day, children demonstrated the need to slow down as their energy levels were depleted.

“Those same things that are important for kids in the day are important for kids at night. I think that tired factor was something that we needed to figure out. That we didn’t realize at first that they were going to come to us, some of those kids were going to come to us tired and that we needed to plan for that. I think we just assumed they were starting their day when they came to us and that wasn’t true. So that was one of the things that we figured out fairly early.”

Caregivers shared that routines moved at a slower pace and that schedules were more relaxed at night.

“I believe that on second shift it is not as rigid. And in the building itself it is not as rigid. Because of the time of day! And I think children that young don’t need such a rigid teaching schedule, you know. They still need schedules. That’s important for anybody.”

“There’s just not as many children. It’s more intimate.”

Parents reported that routines were very important for the child and they wanted caregivers to respect the routines they did at home and execute them at the center

“...my thing is that if she put her pajamas on and I know they always laugh at me at this. That if she put her pajamas on that means, because when we take a bath and we put our pajamas on that means the next step is bed. So if you’re going to put her pajamas on I don’t want her to play past putting on her pajamas.”

Caregivers shared the routines of care that they followed with the children before they went to sleep.

“I get them ready for nap time. And, and I have these all kind of planned out a little bit longer than they would be so I don’t rush the kids. So they’ll each, so they, they’ll each get the time that they deserve and that they need. I don’t rush anything with them.”

Assumptions. Director A reported that assumptions the staff made about second shift were inaccurate. Staff assumed that the children’s day started when they arrived at the center. Director A similarly assumed that the staff began their day when they arrived at work.

“What we had to come to realize was the kids that came to us at night hadn’t just woken up. You know they had woken up probably later than the other kids but they’d still had a considerable amount of their day before they came to us. So they still needed a nap at sometime some of them, but not all of them.”

The director reported that the assumption that the shifts would not overlap was a false one. The overlap between the first and second shift was a crucial point in the day for the infant toddler room and for the whole center. Caregivers were attending to dismissal procedures and welcome procedures at the same time, as well as handing over groups of children to the caregivers arriving for the next shift. This phenomenon seldom occurs in a childcare program that functions during daytime hours only. When the program was designed, the assumption was that first shift would go home and then second shift would come in. As the director explained:

“Shifts don’t happen in neat little packages. You don’t have 8 to 4 on first and then 4:30 to midnight on second. What happens is that first shifts would arrive anywhere from 4 o’clock in the morning until 9 o’clock in the morning. And they

would leave anywhere from noon till 4 or 5 o'clock. And then second shift would arrive anywhere from noon to 3 or 4 and stay anywhere from 8 o'clock at night till 2 in the morning. So we did have a definite overlap from... uh! The biggest overlap was from 2:30 to 5:30. That's when we had the most people in the center, parents and children. And what we tried to do was get the early, early, early arrivals in one room so that we could have second shift start in those rooms."

The group most impacted by overlap was the infant toddler group. Transitions are a crucial time with any group of children and for infants it can be a stressful time. Director A noted that she worked very hard to make sure that an extra person was available and in the infant room at this time.

"So that they could be with children, so that the regular staff could be with parents. And saying either greeting or saying good night..., you know for the day. And very frequently that person had to be the admin staff. You know um the infant coordinator, or myself, or the assistant director or somebody like that"

Family time. Parents reported having very little family time during the week especially for meals together. Some families work out alternatives.

"I know having that dinner you know at night time with the family and all that. Only on weekends! We do, we really work dinner. But I think for us seeing that we don't have dinner during the week; breakfast is a big thing for us. So breakfast come like dinner. You know that is when we sit down together"

Caregivers reported missing their own families when they worked nonstandard hours.

“Most challenging for me is my family and I are really big about sitting down and having meal time together.”

Fatigue. Parents on second shift face the problem of having to pick their children up in the middle of the night. They are tired themselves and often worry whether having to move their children in the middle of the night will interrupt their rest.

“I am tired you know some days are more tiring than the others.”

“Well because to me their sleep is interrupted when I pick them up at 11 or whatever time. And I have to pick them up transport them to the car. Sometimes he will wake up and you know it’s hard for him to you know go back to sleep. So when we get home you’ve got to carry him inside. And you know and then sometimes he will wake up and sometimes he won’t, so I have to make sure he goes back to sleep.”

Stigma. Director A stated that the center was not utilized as much as it could have been. The center had never been completely full on the second or third shifts although the first shift has had periods with waiting lists, particularly for the infant room.

“I think that there is still a stigma kind of—of having your children out of the home at night; in an institution kind of a place at night. I think there still is that thinking. That somehow you’re not a good parent if you don’t have your kids at home.”

Caregivers also perceived that nonstandard hour childcare is regarded negatively by the community.

“I find probably the most challenging with second shift or third shift is the second shift that I work at. I think this is first of all uh childcare having a stigma that is

being away from the parents to begin with, and that parents who work and have to have childcare there there's a lot out there you know people that frown upon that."

Parent perceived that she was judged negatively because her child was in care at night. She perceived that she was judged by the caregivers as well as society.

"So just be you know.....have a little empathy towards that child and mom. You know that moms have to work you know at that time because that is the way mom's job is. So you know just don't judge mom because she leaves her baby here."

Case Study B

Center B was a privately owned center licensed for 100 children ages 6 weeks to 13 years of age. The center was located in a medium sized urban Midwestern city, and had been open for the last 15 years 24 hours per day six days per week. The program director owned the center which had one infant toddler room with a licensed capacity for 16 children. At the time of the observation five infants and seven toddlers were enrolled from 7:00 a.m. to 6:00 p.m. Two toddlers and two infants were enrolled from 3:00 p.m. to 11:00 p.m., however the two infants were on vacation during the time of the study. Director B also noted that the overall enrollment at the center was the lowest level it had been in the last five years. She attributed low enrollment to several of her former clients leaving the state following the closing of several businesses in the community. At the time of the observation a national strike that affected several industrial factories and their subsidiaries had resulted in the temporary withdrawal of at least twenty students. Three infants and five toddlers who had withdrawn were previously enrolled on second shift from 2:00 to 10:00 p.m. At the time of the observation there were no children enrolled for the third shift 10:00 p.m. to 6:00 a.m.

Description of Infant/Toddler Room. Center B had one infant toddler classroom. The room was large with no windows and 12 ft ceilings. No natural lighting was provided. The room was painted bright yellow with a mural of a garden painted on the lower part of one wall. The rhombus shaped room had two walls angled so that the front of the room was wider than the back of the room, and the longer walls formed the sides of the room. The wall at the back of the room had upper and lower level cupboards, a sink, counter, and large refrigerator. A semicircular table with four built in seats for

infants was near the sinks on the tiled part of the floor in the room. There were two adult chairs at this table. The remainder of the room was carpeted with navy blue carpet. The side and back walls of the classroom were concrete brick with the fourth wall at the front of room made from glass. This wall faced the hallway, and during the observations toddlers would press their faces against the glass watching everyone who passed by. There was nothing hanging from the ceilings or on the walls of this room.

Cribs lined one side of the room with a portable changing table just in front of them. A large alphabet rug was under a small climber and slide in the middle of the room. Next to that was an area with vinyl covered mats and large cushions. Next to the wall with the mural were three small shelves with an assortment of infant and toddler toys including baby dolls. Infant's diaper bags were kept on shelves just below the upper level cupboards on the wall by the sink. Across the hall from the room were two bathrooms that included half sized gym lockers. A rectangle shaped room with moveable climber, tricycles, and other large motor equipment was next to the infant toddler room. It was to this room that the children moved at 8:00 p.m. to join older students to sleep until their parents picked them up. Admittance to the center was through locked doors that had an intercom attached to the buzzer. There was also a peephole in the main front door. The center had a small playground that included a climber surrounded by wood chips in a fenced area behind the building.

Program director. Director B had a Bachelor's Degree in Child Development and was married. Director B was also the owner of the center. She reported starting out as a family childcare at her home. When the business became an intrusion on her home life she bought the present facility which was a former racquet ball center. Her parents,

husband and son all worked part-time at the center, often filling in during the early morning and late night hours.

Parent Profiles. Parents attending this center were employed mainly by canning factories outside the city. About 80% of the parents were receiving childcare subsidies through the *Welfare to Work* program. Parent B1 was a married nurse who worked third shift and the mother of a 10 month old infant. Parent B2 was a married factory worker who worked second shift who had custody of her 20 month old granddaughter. Both women reported that they did not choose to work nonstandard hours.

Caregiver Profile. Caregiver B was Caucasian and had an Associate's Degree. She worked second shift from 1:00 p.m. to 9:00 p.m. She was single and pursuing a Bachelor's Degree in Child Development. She noted that she chose second shift because it worked best with her college schedule. She liked working with children and would like to work in the public school system one day.

Table 6

Summary of Themes across case study B

Primary Themes	Director Sub Themes	Parents Sub Themes	Caregiver Sub Themes
Time	Communication	Not mentioned	Not mentioned
	Schedules	Schedules	Schedules
	Community	Community	Not mentioned
	Finances	Not mentioned	Not mentioned
	Routines	Not mentioned	Routines
	Sleep	Sleep	Not mentioned
	Not mentioned	Stigma	Not mentioned
	Not mentioned	Shifts	Shifts
Quality	Relationship – Parents	Parent – Caregiver Relationship	Parent Caregiver Relationship
	Furniture	Not mentioned	Not mentioned
	Safe Environment	Safe and secure Environment	Not mentioned
	Not mentioned	Fears	Not mentioned
	Family	Not mentioned	Family atmosphere

Themes Case Study B

In case study B, two primary themes were reflected in the data from the director, parents and caregivers. The first theme concerned participants' perception of time as it related to the center and their lives. The second theme concerned participants' perceptions of the environment of the nonstandard hour childcare program. Sub themes and their description were presented for both overarching themes. See Table 6.

Time

Participants in case study B had varied perceptions of time as it related to the childcare center and their interaction with it. A description of the sub themes for the director, parents and caregiver follows. In general, the director discussed time relative to communication to parents about managing scheduling needs and the timeliness of parents submitting their scheduling needs and payments. The director, parents and caregiver mentioned time schedules as being issues. Other issues involving time in some capacity included such things as routines and sleep schedules.

Communication. Director B reported for the efficient running of the center she had a communication system with parents. The system addressed how the parents paid tuition, signed in and out and kept track of children's and their own work schedules. She expected them to communicate with her by turning in a written schedule for the next week by the Thursday of the current week. Parents signed in and out daily by punching a time card. Director B attached all correspondence to the time cards.

"They have a time card. So they punch in and out; just like you would at any job.

And every family has their own time card. So when we have an incident that happens, like an incident report where the child gets hurt, or they get sent home

early, or they have a bill that they haven't paid, or they need diapers, we hook it, a little note onto their time card."

"You know and when they're walking in the door and you're saying you're late and they are like "no I'm not." And you're like your schedule said 10. "Oh no well I put last week that it may be later." But you also put on the note that you would let us know. You didn't tell us so we had no clue, and we're panicking, freaking out, thinking you were in an accident."

Schedules. Director B used a computer program and whiteboard to assist her in keeping track of children's schedules so that she could staff the center efficiently.

"All of our staff none of them are assigned to an actual age group every single day. We have seven full time employees. All of them rotate and deal with all of the children in the building so that they all feel like they we are just a community a family. You know they can rely on anybody to do anything to meet any needs."

Parents reported that the children were on a regular daytime schedule.

"My child goes to bed about 8 o'clock at night in the daycare center. Between 8 and 9 the childcare provider puts him to bed. Whoever gets off work first picks him up between midnight and 3 o'clock. I come home at 3 in the morning. He gets up about 6 am."

"I keep her on a daytime schedule – it's just easier for her."

Caregiver B reported that children's schedules frequently changed.

"Last week I had a five month old. Friday was his last day because his parents transferred to another shift. He was five months old."

Community. Director B reported one of her ways of helping in the community was to advocate on behalf of families especially those who work nonstandard hours. She reported trying to get community resource and referral centers to help families who were working nonstandard hours to access mini grants for registration fees that would help with the cost of care. Grants of this nature did exist but not exclusively for nonstandard hour workers.

"We are trying to be family advocates here. I try to be as much of a community player as I possibly can. Anything I can help the community with, I try to help them with you know."

Parent perceived that the community needed to encourage more centers to provide nonstandard hour care.

"And it's I think you know for the second shift worker they desperately need these places that are safe and that their children feel comfortable to go to sleep and relax. Because there are so many that don't stay open past 7 o'clock."

Finances. The recent reduced enrollment was causing the cost of nonstandard hours to become less than affordable for the center.

"We couldn't afford that. You know that's what we were running into was just one family needing us overnight. A lot of families needing us till like 11 o'clock at night. Usually our cut off is like 10, 10:30 is where we have a substantial amount of children and then they like drop off to hardly anything."

Sleep. Parents' sleep schedules and children's sleep schedules are regularly interrupted.

"I sleep from about 3:30 till about 6:30. And I'll sleep when he does."

“Unfortunately I did have to interrupt her sleep to bring her home. I think about like 11:30 going on 12. I woke her up. Well she would be woke up somewhat because my husband carried her. (Parent on vacation during interview). ”

Director described the sleep procedures at the center including what staff persons did when the children were asleep.

“So what they do is they sleep them in the gym, which is the last room down here. And they all lay down, they put them to sleep. They make sure that they are all sleeping and then they go and vacuum the floors and do things. All of our doors are alarmed. So if a child got out of bed and went to the back door and opened the door it would send an alarm through the building so that the adult would know that the child was up moving around and had walked out. And they obviously every 10 to 15 minutes or periodically check on them – It’s not different than a parent putting a child to bed in their bedroom.”

Stigma. Parents reported that in their perception society negatively judges parents who place their children in nonstandard hour care.

“Putting children in care at that time of the night is not really acceptable in the community. I believe, I think that more centers should be open at that time of night to help parents like myself. How many daycares do you think have night care?)”

“... the way people look at you when they know is very challenging. When they know that you’re taking your child somewhere to put them to bed. When they know that they are staying there all night, and you’re waking them up in the

middle of the night. It's very challenging out there in the world the way people react to you."

Routines. Caregiver B reported that there are several developmentally appropriate routines of care that the children experience during nonstandard hours of care at the center.

"When I come in at 1. I came into 2 kids yesterday um changed their diapers as soon as they came in. One was sleeping, one went down for a nap. Um then they had snack when they got up, from there we went outside. We either go for a walk or they go on the playground."

Director B described routines the center follows in the evening.

"We're doing dinner. We're doing night time snack, we're doing brushing the teeth, we're putting them to bed at night."

Shifts. Parents reported that their jobs did not give them a choice of work shifts..

"I worked from 5 pm to 3 am. These hours were given to me. They weren't chosen but I did have childcare during this time."

"No I didn't (choose third shift). I chose to work first but they put me on third."

"I do not like being on second shift. Yes I had to work that because of my seniority. I had to work that. I do not like leaving her there for that long of a time (10 hours). That's the challenge - very, very tough for me. And I mean I can remember being at work for the first few days crying."

Parents' shifts. Caregiver B states that parents shared their dissatisfaction about the shifts they worked.

“I know some second shift parents would like to be on first shift with their kids. But because of um – they would like to have one on first and one on second. And then um, but because of their work schedules they can’t so they need to put them on second. But, and I know they like to be home to put them to bed that’s why some of them would rather have their child stay up.”

Quality

The director, parents, and the caregiver shared their perceptions of aspects of quality care. Following are the sub themes for the overarching primary theme of quality.

Staff relationships. A caregiver noted the unique opportunities nonstandard hour care gave to foster relations among staff members.

“What I like is um there’s less kids on second so it’s a more close knit, kind a more family type atmosphere with the kids. I feel that the staff is closer. Um To each other, we work really good on second as far as the teachers. If somebody needs help and somebody isn’t doing anything they are willing to come in and help with the kids.”

Relationships with parents. Meeting the needs of the families who used the center during nonstandard hours was a balancing act for Director B. She really felt a responsibility to parents to help them by making the center a second home for the children.

“You know we’re filling the morning gaps because you know they’re not eating breakfast with mom and dad. We’re filling in the night time gaps because they’re not eating dinner with you know. So this is their home away from home.”

Parents have clear expectations of what they want for their children when they are in nonstandard hour care.

"The times that he is in daycare alls (sic) I want is that person to pay attention to him. Make sure that he is comfortable and happy. Because I have the whole day with him to potty train him, to feed him, we play, we do our things together."

"Just nurturing, loving making sure he is in bed and tucked in nicely."

Director B reported that families using the childcare during nonstandard hours form close personal relationships with that childcare center.

"I truly think that parents of untraditional childcare expect more from their childcare because they expect you to be that grandma, that aunt, that uncle, that family member that's now taking care of their child. They look at you more as a family person, a family member."

Caregiver discussed parents' wishes of the program and the caregiver.

"As far as like if they bring in stuff for potty training they know, if that's what they want us to do, they know we'll take them in and we will work with that. As far as brushing teeth, I just had a parent bring in, the 16 month old, she just brought in a tooth brush and tooth paste."

Storage of night equipment. The director also mentioned the challenges of providing a high quality physical environment, in terms of material storage and costs uniquely associated with nonstandard hour care.

"Then also bedding is an issue, overnight bedding. Because they want you to literally have cots for every child. Yes you can't use the foam mats that we're

using during the day. They want them to have full beds. Well where are you putting them? Where are you going to stack beds? Those really cost a lot."

Safe and secure environment. Parents reported that they placed a high priority on the safety of the environment in which they placed their children.

"I was looking for safety. You know the development – Are they just going to shove her over in the corner, and maybe play with kids and watch TV or whatever. So you know that the safety was first and then the caring. I really wanted to see how they interacted."

Parents reported feeling safe entering childcare during nonstandard hours. They also reported feeling comfortable with the staff and the activities that were provided for the children.

"I don't know what I would do if this center wasn't here. I didn't, walking into the center that I am using now I felt very comfortable with the staff. I felt very comfortable with the environment. There's only, I've only found one more out there that is open all night long and I didn't feel comfortable there. So I don't know what I would do."

Director described the childcare center environment features that promote safety during nonstandard hours.

"The whole parking lot is brightly lit yah!-Our door is locked... but we.... -we're in a pretty safe neighborhood."

Parent Fears. Parents had several fears about leaving their children in care at night. The media had played a part in providing information to parents about child abuse and neglect and Sudden Infant Death Syndrome (SIDS). One parent said that her fears

led her to check with the Department of Human Services to see if all the caregivers had been screened for criminal activity in the areas of sexual misconduct and child abuse and neglect. She was relieved to find out that the corporation also finger printed the staff and did a police check on them. Parents were concerned about supervision of sleeping children. They did not want complete darkness in the sleep rooms so that staff could watch the children properly. Infant parents reported that the presence of more than one staff person relieved their fears about SIDS. They felt that one person might fall asleep while watching the children but that two people would keep each other awake and alert.

“At first I was forced into it. I was very upset with my family because this is my grandchild and so family members had watched her first and then it had gotten to where she was always around adults. She was only interacting with adults. They were looking at it. Do you need to open the field for her and I was so afraid of the nightmares that happen at daycares. There are so many things that are shown on TV about children being abused. So I was so fearful of that.”

Director B also said that parents had fears about the leaving their children at a center during the night.

“The insecurity I guess that’s it. The insecurity of stronger harms – that kind of thing – you know night time things – what might happen- you know. Bad people might come in or something – you know it’s just that thing.”

Case Study C

Center C was a privately owned childcare open 24 hours 7 days per week with a licensed capacity for 32 children aged 6 weeks through 13 years. Center C was located in a small Midwestern suburban city. The infant toddler room was licensed for eight children and was fully enrolled on first shift. One infant was enrolled for second shift (2:00 p.m. to 10:00 p.m.), one toddler was enrolled during the early morning hours (4:30 a.m. to noon) and one toddler was enrolled to attend care on third shift (10:00 p.m. to 7:00 p.m.) during the study period. The other ten children enrolled during third shift hours were between the ages of five and nine years of age. However, the presence of one toddler in a mixed group of children lowered the ratio required for care from one adult for ten children to one adult for four children in at least one mixed age group. Director C noted that enrollment numbers had drastically fallen during the last six months due to a national industrial strike resulting in parents being laid off both permanently and temporarily from their regular jobs. However, the impact of the strike was worse during nonstandard hours than during the day. Prior to the strike, three infants and five toddlers were enrolled for care during the third shift. She reported that the infant and toddler population withdrew immediately when the strike began.

Description of Infant/Toddler Room. There was one infant toddler room with a licensed capacity of eight children. The room was large and spacious, painted pale grey with four large windows on two walls. The room had a sink and two levels of cupboards on one wall with white mini shades covering the windows. The fourth wall had children's cubbies that included a lower shelf, a place for coats and an upper shelf. Navy blue carpet and tiles covered the floor. There was an adult sized toilet with sink enclosed

within the room. The children's cribs were in a line across the room in front of the cubbies. The walls were without pictures, posters, or children's art. Approximately six 'Big Books' were propped against the wall and a variety of toys were stacked on top of the cubbies. There was a full sized refrigerator against one wall between the windows. A mobile changing station was in front of the cribs next to a toddler sized table. Four toddler chairs were around the table. There were also four high chairs, a couple of adult chairs, and a small adult table. There was one shelf with a few simple puzzles and stacking toys. On the adult table was a basket with about a dozen sturdy toddler books and a lamp. Exterior doors to the center were locked and parents and visitors were buzzed in. There was a fenced playground adjacent to the center and a separate area for toddlers with a sandbox and a toddler sized slide and playhouse. Infants were taken outside in strollers.

Program director. Although open for the last seven years the center had changed ownership over the last 15 months. The director had worked with the center for one year although she had worked in childcare for fifteen years. She worked 8:30 a.m. to 6:00 p.m. and occasionally stayed until 10:00 p.m. The owner was usually at the center from 9:00 p.m. until 6:00 a.m. There were ten full time employees at this center. Director C had an Associate's Degree in Child Development and was currently attending college to complete a four year degree with the same major. She was married, but her husband worked in another city and was not home during the week.

Parent profile Center C. Parents utilizing this center were employed in a variety of jobs. Some parents were employed at manufacturing factories, while others worked in retail, restaurants, and as bartenders. The parent in this study was separated from her

husband and had a 24 month old daughter who was enrolled in care during the second shift but was transferred to third shift about two weeks before the interview when her mother switched shifts. She also had an older daughter who was in elementary school. Parent C worked closely with her mother and the children's fathers to coordinate childcare for both children. Parent C had an Associate of Arts Degree. She worked in a factory and at the time of the interview worked the third shift from 10:00 p.m. to 6:00 a.m. unless she stayed to work overtime hours. Although she received a 75 cent premium for every hour worked, she reported feeling sleep deprived and tired.

Caregiver Profile. This caregiver was single and worked the early morning shift. She had to be at work by 4:00 a.m. and reported that she loved working those hours because it gave her the rest of the day to do whatever she wanted. She had an Associate's Degree in Child Development.

Themes Case Study C

In case study C two primary themes were reflected in the data from the director, caregiver and parent. The first theme concerned time in the context of the lives of participants while the second theme concerned the perceived stress participants experience (See Table 7). A description of sub themes comprising the primary themes across case study C follows.

Table 7

Summary of Themes and Sub Themes Across Case Study C

Primary Theme	Director Sub Theme	Parent Sub Theme	Caregiver Sub Theme
Time	Not mentioned	Routines	Routines
	Schedule	Schedule	Schedule
	Environment Home –like	Environment Nurturing	Not mentioned
	Not mentioned	Childcare choices	Not mentioned
	Community	Not mentioned	Not mentioned
Stress	Family	Family	Not mentioned
	Job	Job	Job
	Communication	Not mentioned	Communication
	Fatigue	Fatigue	Not mentioned
	Coping Strategies	Coping Strategies	Not mentioned
	Relationship with Parent	Caregiver – Parent relationship	Caregiver –Parent relationship

Time

Perceptions of the director parent and caregiver at Center C cover a variety of topics in the context of time. How the participants chose to spend time, where and with whom, made up the sub themes for this case study.

Routines. For parent C excellence in care was demonstrated by special attention to the individual routines of care each child received.

"I expect them to get them ready for bed, as far as brushing teeth, um you know nighttime stories. Make them more, make them feel most comfortable like if they were at home. You know I don't want no, I want her to feel Ok to sleep there. You know where she is comfortable when she wakes up in the morning if I'm not there yet. They have a warm breakfast or breakfast prepared right before pick up

Caregiver C reported that children's sleep was interrupted when parents dropped their children off between the hours of 4:00 a.m. and 7:00 a.m. For the early morning child, establishing a routine of going back to sleep was important

"Is there something special they have? A stuffed animal, some kids have a special blanket. Bring that with them. And then of course they have to bring a change of clothes."

"Well the children are kept on a routine you know when they come in. It's the same daily schedule or routine."

Schedule. Director reported that scheduling for staff became an issue when they called in sick or absent for any reason on second shift.

"We don't have extra people that are working 3:30 to 11:30 so when somebody calls in 3:30 to 11:30 you know then that becomes an issue. You just can't say

well E so and so, called in you are going to work tonight. Doesn't work that way because then they say no. Well then OK."

"I cover when I can when someone is off or when um like right now someone is going to school. So in that event I end up staying late."

Parent C reported that she was on nonstandard hours schedule but tried to avoid that schedule for her children.

"I try to keep them on a normal schedule."

Caregiver C planned the schedule around the children's needs.

"Depending on where each child is, you try to work your daily schedule or that your centers so that there is a staggered level of difficulty."

Director C described the time of day when first shift and second shift cross paths as 'zoo time.'

"But what happens is, what's happening is when the first shift is leaving second shift is picking up (starting). Like 3 to 6 o'clock around here is a zoo!"

Environment. Director C noted that the center had made every effort to make the children feel comfortable, safe and at home.

"What we've done is um we've created more of a home environment for them."

"We want to make them as comfortable and safe as we can. They can't help it if their parents are working."

Parent C described the environment she expected the center to provide and how it should function during nonstandard hours.

"My biggest thing is calmness. I want calm and organized, I know it sounds. I, I don't want chaos. I want to be able to come in like Ok here is her cot, or here's

her stuff right here. It don't (sic) have to be put up to the door. But I want dim lights. I want it to be calm if she going, it is time to go to bed she is able to get ready in that mode. I don't want to come into bright lights or where she wakes completely back up.

Childcare choices. This parent wanted to see more centers in the community available to parents during nonstandard hours.

"I feel that the community should have at least one center that's open or two centers open 24 hours. That's available for parents to work like 3rd shift like me or 2nd shift that don't get off work till 2 o'clock in the morning."

Community partnerships. Director C noted that it was very helpful to have interns from three colleges in the community at the center. She felt that when the colleges, students and centers worked together children received the greatest benefit and it made a positive impact on the community.

"Yes, because we are finding too that they work during the day. Not only go to school during the day but they're also working during the day and the evening hours are more um ready for them. "

Stress

Stress was a factor that all the participants perceived affected them and their families. They all recognized that the stress they felt must have impacted the children and people with whom they came into contact.

Family. Director C was worried about her children when she worked at night. Although they were older and could stay at home without a babysitter they often had activities that necessitated a ride. She relied on her in laws to help with this dilemma in

her husband's absence. The parent perceived that working nonstandard hours was difficult.

That it's (nonstandard hours) hard for the child as well as the parent."

"With my kids at night, my oldest does not have a driver's license yet. But typically I just got to play around with rides and that."

Parent worried about time spent with her children and activities for her older child that she could not attend.

"I feel that it's just they haven't spent enough time with their parents probably throughout the day because sometimes you can be cranky."

"She (older child) play (sic) a lot of Saturday games and a lot of the Saturday games start at 8 o'clock. And a lot of times on Friday nights if I'm working, which it would be my 6th day, I work overtime. So I miss her games on Saturday."

Job. Director C was worried that more people were leaving their children at home instead of using the center at night.

"So I wish there was more of a push for a second shift. I wish people would use us more but they're using grandparents or they're using, they're leaving their kids by themselves. Right now, I think the economy has a lot to do with it. They are looking at ways to cut!"

Director C noted that although it could be very quiet and you could get a lot of work done, some staff found it stressful working nonstandard hours with children.

"There is not a lot of traffic you can get a lot of stuff done. I must stay. It's very quiet."

“Because there is going to be a time where they you know the stress factor is going to get above what you want it, you know. Maybe they do need to maybe the childcare wasn’t what they need to do.”(Caregiver stress

Parent described the stress that occurred when job shifts changed.

“And like for instance if you are on a whole different shift and you got to learn a whole new job. You’re just crazy that first month because you’re, the time that you’re sleeping you’re up.”

Communication. The director reported that communicating with parents took effort since they were either in a hurry or tired when they were at the center. She found writing to be the most effective means of communication.

“Typically they are in and out so fast. They’re in here, they get their kid. They’re tired. They’re sweating or whatever. They come in! Yeah it’s like hi! Bye!”

“When I do, when I do a letter that I need to communicate something strongly I, it goes out to everybody.”

Caregiver C found it a challenge to communicate with parents who were always hurrying out the door.

“Well the parents don’t have a lot of time this early in the morning. They are kind of in and out. You know they don’t stop and chat or whatever. They bring their child in and they are gone. There you go and gone (laughs) Ok and that’s a challenge because you don’t get to communicate. There is not a whole lot of interaction you know with the parent.”

Caregiver reported that parents shared their dissatisfaction with the shift they worked.

"We've had a couple (parents) that said you know the early morning hours didn't work for them. And they wanted to change shifts. Some of them thought second shift because then that gave them more time with the child."

Fatigue. This parent reported being tired most of the time because she often worked 10 hour days for six days per week. Daily tasks to care for her family claimed her attention after work, leaving her to sleep less than six hours per day.

"Then well doctor's visits, um sometimes they have to be in the morning whenever's available, and if that happens I don't sleep that day, until Saturday. I just get a nap."

"Um, 24 hour period I probably sleep at the most um 6 hours, if 6 hours that's most. The very minimum that I try, I have to at least have 2 hours, 2 or 3 hours if I want to function at all."

Director reported that her job is one that is always with her even when she is not at the center.

"It's tiring and sort of a stress thing.... just being aware all the time that there are children that I am responsible for somewhere."

Coping strategies for nonstandard hours. Parent C reported that working nonstandard hours was manageable once you learned to prioritize what needed to be done.

"I think it's just challenging once you get into the rule of it it's not as bad cause you eliminate. You try to do it all when you first start. You try not to eliminate anything. I can do it all. But then you have to realize you have to eliminate some things and (pause) pick out what's more important."

Director reported that working with people who had to take care of the children but really need to do something else was a challenge for her. She was conflicted over the fact that they needed a job did not have the time to counsel them about finding something else to do.

"...maybe the childcare wasn't what they need to do."

Caregiver-parents relationship. Caregiver reported that parents' expectations for children tended to be academic.

"A lot of them wanted, as young as they were, they wanted them to do things, to like learn to read or ABCs and 123s. -And those were things they weren't ready for really"

Parent described what she wants from the caregiver in the context of the relationship with her child.

"Someone the child is attached to. Grown to love. Or the person that cares about my child. "

"So when I'm on that expressway I'm not stressing to find out is she still crying? Is he OK? Or how they're doing, because I know my child (laughs). So you know they're ok . They're not stressed out. "

Parent relationships. The director reported that parents occasionally joined their friends to socialize while their children were in care during the evening and night.

"We've had issues before where you know they have stopped at you know a local tavern or whatever, and then come here um, and basically um just letting them know or encourage the coffee and then um letting them know too that once they leave the premises you can call the cops."

“The two that I had to deal with one was alcohol and one was not”.

Summary of Themes Across Cases

There were several commonalities across the case studies. Specifically issues of time, relative to scheduling and routines, were evident in each of the three cases studies. Likewise relationships were a common element across the case studies. In each of the three case studies, comments about caregiver-parent and/or caregiver-child relationships were made. Often, these comments came up for directors, parents, and caregivers.

Common Themes Across Participants

When the data was analyzed across participants the primary theme of time was evident across all participant groups. Two sub themes were also common across participants. The two sub themes were relationships and schedules. Directors also had secure environments and community in common, while parents additionally had secure environments and stigma in common. The final group of caregivers had routines as their additional group. See Table 8. A description of these themes as they relate to directors, parents and caregivers follows.

Table 8

Common themes across participant groups

Participant groups	Directors	Parents	Caregivers
Primary Theme	Time	Time	Time
Sub Themes	Relationships	Relationships	Relationships
	Schedules	Schedules	Schedules
	Secure Environment	Secure Environment	N/A
	Community	N/A	N/A
	N/A	Stigma	N/A
	N/A	N/A	Routines

Directors

A common primary theme for directors was time. The primary theme of time was of paramount interest to directors who managed twenty-four hour childcare. One of directors' responsibilities was to maintain a viable childcare business. The down turn in the local economy, and subsequent job loss in particular during the second and third shifts had caused all of the centers in this case study to reevaluate the financial viability of staying open around the clock. During the study the period that the data was collected enrollment numbers continued to drop. By the end of the study all three centers in the study had applied to change their licensing status from twenty four hours to closing at 11:00 p.m. and reopening at 5:00 a.m. This change in licensing meant that they were no longer required to have beds with mattresses since children would not spend the night. This change in hours had resulted in the layoff of staff at all of the centers. This macro

system issue of a downturn in the economy had affected all of the centers regardless of size or resources.

Financial viability. Maintaining financial viability of their programs was a challenge to directors in all of the case studies. In general, infant and toddler child care tended to be more expensive than care for preschoolers and older children. Low infant/toddler to caregiver ratios tend to contribute to high costs. Characteristics contributing to high costs could be especially evident with nonstandard hour care. For example, enrollment during nonstandard hours was low during the time that the study was carried out. Directors reported that enrollment numbers had previously been much higher. Infants and toddlers enrollment during nonstandard hours had dropped dramatically to only one or two children in those age groups. The drop in enrollment for infants and toddlers occurred when a national industrial strike led to the temporary and in some cases permanent lay off of workers for that company and subsidiary companies. Many of the subsidiary companies cut back to operating during first shift only and closed down their second and third shift operations. Directors reported that preschool and school age enrollment during nonstandard hours had decreased between 10 to 15 % while infant toddler enrollment had decreased on average about 90%. Directors noted that in an economic down turn the infant toddler population enrolled during nonstandard hours was the first to disenroll. Directors reported that their enrollment was at about 80% of their capacity during the day. Enrollment numbers directly correlated to financial viability for centers as higher enrollment meant the receipt of more tuition dollars.

As noted, lower ratios required by regulatory licensing entities for infants and toddlers contributed to the high costs of infant and toddler care. The presence of one

infant or toddler required that centers lower their staff child ratio to one adult for four children. All of the directors noted that meant it was not cost effective to enroll one infant or one toddler, especially during nonstandard hours. By the end of the study all of the centers had decided to close the centers from 11:30 p.m. to 4:30 a.m. and change their licenses from 24 hour care to extended care. An added factor in the decision to close for part of the night was the requirement that once children were no longer sleeping in a crib, a bed was required for that child. Beds with mattresses were an added cost and storage nightmare for centers that were not required if they closed between the hours of 11:30 p.m. and 4:30 a.m.

Relationships. Directors agreed that relationships were essential to any program involving children. Promoting good relationships between themselves and parents as well as between parents and caregivers was important to all of them. The essentials of trust and good communication were part of daily efforts to cooperatively support and nurture the children.

Schedules. Schedules were necessary for the efficient management of time for the director, caregivers and children. Knowing parents' schedules ahead of time so that planning for children could be done in advance was the goal of all of the directors. Knowing what to expect and when to expect it gave some sense of security to all involved. The overlap time between first and second shift was a problem that scheduling did not always solve. This 'zoo time' as staff referred to it was a bigger problem for infant and toddler rooms than for anywhere else in the center.

Secure environment. Providing a safe and secure environment for children attending the center in particular during nonstandard hours helped parents to feel less

fearful of the centers and childcare in general. Routines and some sense of stability while their shifts change regularly helped children and parents to feel safe. Providing locked doors and well lit parking lots at the entire group of centers helped parents feel that their children were safe.

The community. The directors shared the perception that the colleges were a positive part of the community that helped them by providing interns especially during nonstandard hours. They all wished that the community would encourage the use of nonstandard hour childcare in the hopes that their enrollment would increase.

Parents

The analysis of the data revealed that the primary theme for parents was time. Common to the group were sub themes of relationships, schedules, secure environment, and stigma.

Time. The primary theme of time affected parents more than any other group in this study. Parents' work during nonstandard hours left them sleep deprived, chronically tired and guilty about not meeting their family's needs or spending time with them. Their hours affected the times and time that their children spent in childcare. Additionally the variability of their schedules often left them stressed.

Relationship. All parents shared expectations for the care they wanted for their child with the caregiver. They had to trust people who at first were strangers but often joined the ranks of good friend or acquired a status akin to family. Short on time parents were pressed to find the time to establish the relationship they wanted not only with caregivers but with family and the children themselves.

Schedules. For parents, their work schedules, over which they all reported having no control, created the biggest stress in their lives. The lack of consistency in scheduling did not allow for forming any patterns of sleep or other behaviors.

Secure Environment. Secure environment was important for parents. They wanted to be sure that they were leaving their children in a safe place while they worked.

Stigma. Parents perceived placing their children in care during nonstandard hours as negative. They reported feeling judged by caregivers and society in a negative way for waking their children up in the middle of the night, or for not having them sleep in their own beds. This somehow made them feel like bad parents although they justified what they were doing as a necessity.

Caregivers

The analysis of the data revealed that time was the primary theme for caregivers with relationships, schedules, and routines as sub themes. Time is described as are the sub themes in the context of caregivers in this study.

Time. Similar to the other groups, time was the primary theme for caregivers. Caregivers perceived time to affect the parents and children. They reported parents' dissatisfaction with their work hours but reported satisfaction with their work hours. Only one of these caregivers had school aged children at home, and she reported missing out on family time. The other caregivers were single and had no children at home.

Relationships. Caregivers reported that relationships with the children were good. They reported having to work at the parent relationships. Finding ways to relate to parents and explain what they were doing with the children. Sometimes the parents' expectation might be developmentally inappropriate, for example, when they requested

academic training for their toddlers. Explaining what children needed now and how they would be accomplishing that sometimes made them nervous about talking with parents.

Schedules and Routines. Working with the director and parents to establish schedules and routines for the children that would be consistent was part of their job. Once those schedules and routines were agreed upon it was their responsibility to carry them out in a way that was comfortable for the child. Carrying out these routines for infants and toddlers during nonstandard hours often meant having lots of patience to follow the child at their pace instead of hurrying them along.

Observations of Childcare Environments

As described earlier, observations of infant/toddler childcare rooms and interactions between caregivers and infants and toddlers were observed. Scores for the observations completed at centers A, B and C are included in Tables 9 and 10. Only mean scores are reported due to the small number of centers.

Table 9

Summary of mean scores for Arnett Caregiver Interaction Scale across the two observations

Arnett Caregiver	Case A	Case B	Case C	Possible Range
Sensitivity	3.88	4.00	3.88	0-4
Detachment	3.40	3.00	2.60	0-4
Harshness	3.67	3.17	3.33	0-4
Permissiveness	3.69	3.55	3.64	0-4
Total Mean Item Score	3.66	3.43	3.36	0-4

Ratings for the Arnett Caregiver Interaction Scale for caregivers in the participating centers were similar (between 3 and 4 on a 4 point scale). The sub scores were reversed to be scored so that for detachment, harshness and sensitivity a 4 meant that for that caregiver it was very much true that she was not detached, harsh or permissive. Sensitivity scores were not reversed. The score of 4 for sensitivity meant that the caregiver was sensitive. The average mean scale for Center A was 0.23 higher than Center B and 0.30 higher than Center C. Center B had the highest sub score for sensitivity of all the caregivers. All caregivers and directors had college degrees in child development. Center A staff was more highly educated. The director had a Master's Degree in Child Development and both she and the staff had specialized training in infant and toddler care. The better scores are probably reflective of the better educational level and training of the staff. Center B had a director with a Bachelor's degree and staff with Associate's Degrees. Center C had the lowest scores and the director and caregiver had Associate's Degrees and no specialized infant /toddler training.

For the ITTERS-R average mean scores of 3 for the subscales were considered to reflect adequate custodial care. Average mean scores of 5 were regarded as indicative of a good environment. Center C environment was rated as ranging from adequate to good with subscale scores ranging from 3.8 to 5.2 on a 7 point scale. Scores for center B ranged from 4.9 to 6.75 and were indicative of a good environment. Center A had scores ranging from 6.33 to 7.00 which reflected a good to excellent environment.

Table 10

ITERS –R Mean scores for Centers A, B and C across the two observations

Subscale	Scores	Scores	Scores	Possible Range
	Center A	Center B	Center C	
Space & Furnishings	7.00	5.20	3.80	0-7
Personal Care Routines	7.00	5.50	4.00	0-7
Listening and Talking	6.86	7.00	4.00	0-7
Activities	6.33	4.90	4.44	0-7
Interaction	6.91	6.75	5.20	0-7
Program Structure	7.00	6.33	4.66	0-7
Parents and Staff	6.76	5.14	3.85	0-7
Full scale (Items 1-39)	47.86	40.82	29.95	0-49
All Child Items (1-32)	41.1	35.63	26.10	0-42

CHAPTER FIVE

Discussion and Conclusion

In summary, the purpose of this study was to examine and identify directors', parents' and caregivers' experiences in nonstandard hour care. Specifically, themes common within each of the three participating centers, and themes common across participants (directors, parents and caregivers) independent of center affiliation, were identified. Interestingly, across centers and across participants, common themes occurred. Specifically, themes concerning aspects of time particularly scheduling and routines, occurred. Likewise, relationships were a common theme. Each of these themes is discussed in the following sections.

Discussion

Theoretical Framework

At the onset of the study, Bronfenbrenner's ecological model was identified as a key framework from which to consider the multiple influences on children's experiences in childcare. This study sought specifically to lay the groundwork for future studies on the effects of nonstandard hour childcare on children by exploring perceptions of directors' parents', and caregivers' experiences. To some extent, the ecological framework remained helpful in interpreting data. For example, data in this study spoke to a number of potential mesosystemic influences on childcare experiences. Directors' experiences around scheduling were influenced by parents' changing work schedules, necessitating a change in their children's enrollment patterns. In turn, directors had to alter caregivers' schedules, which was frustrating to all parties. Such frustrations could impact caregiver-child relationships and constant scheduling changes might impede the

development of a secure relationship between the child and the caregiver. Macrosystemic influences such as the current economy and society's negative perceptions about the use of nonstandard hour care were clearly felt by directors, parents, and caregivers. Again, frustrations brought on by these larger influences could impact children's interactions with these key adults. In fact, caregiver-child interactions and the general environment were assessed to be of the lowest quality in Center C, in which stress and fatigue were consistent themes across the director, parent and caregiver.

In retrospect, however, the use of the ecological model was perhaps premature. Specifically, the ecological model features and individual's development at its core, with microsystemic, mesosystemic, macrosystemic, and exosystemic influences on development mapped. A future study focusing on child development within the context of nonstandard hour care, for example, would feature the child as the unit of analyses. The individual as the unit of analysis is an appropriate match for Bronfenbrenner's ecological model. The data in this qualitative study, however led the researcher to aggregate data in a case study approach and to aggregate data across participants. The center, for instance, largely became the unit of analysis. As the study progressed with small numbers of participating children, the unit of analysis shifted. This study sets the stage for larger studies with the child as a unit of study. In this regard theories of cognitive development or social learning theory might be helpful. These studies would focus on the child and how he or she responded cognitively or socially to being cared for out of the home while his or her parents' work nonstandard hours.

Aspects of Time

The research questions for this study were unique to evening and night time care. Themes identified in the data are similar to those found in standard hour childcare. However, although themes may be experienced during standard hours in childcare centers, they may be experienced more intensely at night. For example, directors reported concerns about enrollment during nonstandard hours. Directors are also concerned about enrollment during standard hours as well. The concern was reported as more important at night due to lower enrollment than during standard hours. Directors, parents, and caregivers perceived the context of time as it relates to children enrolled in nonstandard hour care as important, but had some similar and different concerns. Nonstandard hours were hours outside of 9: 00 a.m. and 5:00 p.m. Directors reported being on call twenty four hours per day and found that stressful. Directors were also concerned about raising the enrollment during nonstandard hours. Parents reported the challenge of lack of childcare choices during nonstandard hours. Managing time was also challenge for parents as they reported not having enough time to spend with family. Caregiver concerns were around their own schedules which kept changing to accommodate the children's schedules.

Schedules

Schedules were perceived by all participants to influence nonstandard hour childcare. For parents, their work schedules determined the hours of interaction with the childcare center. Work schedules were often perceived by parents as a challenge because they had no control over them. Lack of control over jobs was noted in the literature as a contributor to workers' stress (Joshi and Bogen, 2007). Knowing the parents' schedules

ahead of time was important to the directors who needed this information to plan the children's and staff schedules. Directors perceived schedules as a positive way to maintain order within the childcare environment. Caregivers used schedules as a structure to organize children's time at the center. Research in child development has demonstrated that schedules make settings predictable for children and for adults. Predictable and consistent schedules influence children's emotional, cognitive and social development in a positive way (Wien, 1996).

Although it was not expressed in this study, parents did not have any control over their children's schedules at the centers since directors were adamant that children needed to be on regular daytime schedules. Directors felt that keeping the children on a day time schedule was the consistency that children, whose parents worked nonstandard hours, needed. This left parents having to manage their sleep schedules around their children's nap time during the day. Another challenge with schedules was the cross over time between shifts that left directors agonizing over how to get one set of children and parents out of the door, while another set entered, without having a chaotic situation at the center. This problem that occurred between first and second shifts never seemed fully resolved by any of the centers, although they all had some coping strategies in place. One coping strategy was to have extra bodies to help, especially in the infant room, during the crossover period. Another strategy was to use space in the center creatively. Staff would take a group of children outside or to the multi-purpose or large muscle room. Other spaces such as a library area, director's office, or dining area were used for children to watch a video or do an art activity until they went home.

The variance in shift schedules appeared to create much stress for parents with young children. The lack of consistency in the schedule upset sleep patterns and left parents sleep deprived and chronically tired, and often disgruntled with their work shifts. These findings are similar to those reported in the literature that states job quality impacts the quality of life for families (Han, 2008).

Routines

In keeping with reports found in the literature the time of day appears to be conducive to a more relaxed way of carrying out routines necessary for the care and safety of the group (US Department of Labor, 2000). Early morning, later evening, and night are times when the children need time to wake up and time to settle down for sleep. Parents, together with caregivers and directors, created specific early morning and night time routines for the children. These routines were mainly personal care routines such as changing into pajamas and tooth brushing before bed. For the early morning, routines involved getting dressed and having breakfast. Creating a home away from home was the goal for all groups interviewed. Parents felt that if they could not have the children at home the next best thing was to have the center be as homelike as possible. Caregivers desired to provide a home atmosphere for the children, and directors noted that providing family style care was filling a need in society. Routines help children understand the expectations of the environment, feel secure, and reduce the frequency of behavior problems.

Relationships

The features of nonstandard hour care were found in the identified sub themes across case studies. A key feature was relationships. The relationships are the interactions

and patterns of behavior that occur between the people in the exosystem. Warm, nurturing, individualized interactions between the child and parent are noted by Bronfenbrenner (2005) as necessary to development. Reciprocal interactions between a consistent caregiver who meets the child's needs and creates a warm and nurturing environment are a necessary part of good quality childcare. In this study parents and caregivers reported that this was a very important relationship. They noted the need to establish trust and respect between each other. Parents reported that if they were not comfortable with the caregiver they would disenroll their child from the program. Directors noted that the caregiver parent relationship was the most important one in their programs. Most of the communication especially for infant parents, were through the caregiver. In this study the directors' relationships with parents were varied. Directors were the ones who had to get parents to pay when they were behind, or tell them they needed a designated driver. Two case studies reported that parents treated the director and staff as though they were family.

Stigma

In this study, all of the groups interviewed expressed strong feelings about nonstandard hour childcare outside of the home. The study of stigma as it relates to self has been detailed by Irving Goffman (1963). All categories of participants expressed strong emotional sentiments about nonstandard hour care outside the home. Although stigma was categorized in this study as a sub theme of time, it, perhaps, could have been a primary theme by itself. The researcher categorized stigma under time because, for this study, the time of day (nonstandard hour care) was what evoked the strongest feelings. The idea that children were not sleeping in their own beds for most nights of the week, or

for part of the night was especially troubling for participants. Participants also expressed negative emotions about not having a family dinner time in the evening. This sentiment was reflected in the literature as part of parents' belief system that children are better off in the home, especially in the late evenings and at night (US Department of Labor Department, 2000). All participant groups expressed the sentiment that nonstandard hour care was not an accepted societal norm, and, in spite of using it, or providing it, they perceived that people in society disapproved of what they were doing. The review of the literature showed societal discomfort with nonstandard hour care outside of the home is prevalent not only in the United States but in England as well (Joseph Rowntree Foundation report; Stratham and Mooney 2003). Contrary to the discomfort that society had with nonstandard hour care directors, parents, and caregivers all said more centers needed to offer this type of care to give parents more choices for care at atypical times of the day. All participants agreed that childcare for children younger than three years of age that was not provided in the home or by a relative was a last resort. Some parents even noted that the care children received in the home was not necessarily the best, in part due to lack of consistency, but it was what parents perceive society expects of them.

The definition of stigma given in Webster's dictionary is social disgrace. It would seem that stigma is a very harsh word to describe the prevailing attitude toward nonstandard hour care. This study did not pursue in depth questioning of the reason for the use of this term in association with nonstandard hour care, leaving an exploration of this topic for future study. The literature stated that care outside the home during nonstandard hours is regarded with ambivalence and sometimes outright hostility by caregivers in the United States and England (Joseph Rowntree Foundation, Stratham &

Mooney, 2003; US Department of Labor, 2000). The same reports also noted that late evening or overnight out of home care was viewed as problematic by parents. The reason for the societal discomfort with evening and night care outside the home as reported in the literature is that missing key family experiences might be detrimental to the child. To date there is still too little evidence available to refute this assumption. Future qualitative studies with families who have used childcare centers to provide nonstandard hour care over a period of time such as 10 or 15 years would be helpful in contributing to the debate on nonstandard hour childcare and best practices.

Part of the negative feelings for care of young children at night was the fear that parents face when they left a child who could not speak for himself/herself with anyone who was not a family member. All parents raised issues about safety within the childcare environment. Most of them expressed feeling secure when doors were locked and the parking lot was well lit. Some even wanted a calm environment for their child. Routines and schedules appeared to be comforting to parents. Parents carried with them the knowledge of what was happening at the childcare while they were at work and some of them expressed the need to call the center regularly.

Contexts of Care

Three centers participated in this study. Of these three programs only Center A was an employer and union supported center, allowing for many resources. This context of care seemed to allow the center to feature many aspects of high quality care. First, infant and toddler care is expensive, in part due to providing the intensive care and supervision that infants and toddlers need requires lower child-caregiver ratios than for older children. Secondly caregivers need training in infant-toddler care and development,

to ensure that their practices and expectations are age-appropriate and promote healthy development. Center A was able to fund continuing education efforts for their staff. Many infant and toddler programs cannot afford such efforts. In other centers, supports were not always available for age specific training, and if they were available, the center could not afford the release time for caregivers. The center with support was able to hire permanent substitutes who were part of the staff and familiar with the children allowing for the caregivers to attend specific, trainings among other things.

Moreover, Center A was the only program to provide fairly extensive benefits to their staff. Although rare among childcare programs in the United States, the provision of benefits and opportunities for continuing education may contribute to lower turnover rates of staff. In the United States, the turnover rate is approximately 50% (Ackerman, 2006). High turnover rates disrupt the continuity of care and are typically associated with lower quality childcare. This is especially problematic for infants and toddlers who need to form close bonds of attachment with a primary caregiver during this stage of their development. Ackerman notes that lack of benefits and low salaries contribute to the constant turnover of childcare staff.

Interestingly, Center A had by far the highest ITERS classroom ratings and high Arnett scores. It was also the only accredited program in the study. These indicators suggest that this center provided very high quality infant/toddler care.

Financial Viability

As noted, infant/toddler care is expensive for several reasons. Licensing requirements for lower adult to child ratios are one contributor to expense. Also, infant/toddler care requires adequate space for crawlers and walkers as well as special

equipment such cribs, high chairs, strollers and age appropriate outdoor play equipment. Added to the standard expense for infants and toddlers, nonstandard hour care is more expensive since a caregiver seldom has a full quota of children to maintain group size of three or four children. In all of the centers in this study the caregivers were caring for one or two children during most of their shift. Also as one director noted, hiring custodial staff is an added expense. The US Department of Labor (2000) reported that directors of nonstandard hour childcare cited financial viability as one of the challenges of nonstandard hour childcare. Despite evidence indicating the need for nonstandard hour care, directors in this study worried about the viability of their underutilized programs. Unpredictable usage patterns and the lack of a “critical mass” at any particular time were obstacles to financial feasibility. Since this study concluded all of the participating centers have cut back the hours that the center is open. They have given up their licenses to be twenty four hour centers, now closing at 11:00 or 11:30 p.m. and reopening at 5:00 a.m. in an effort to remain financially solvent.

Conclusions

This study provided data on the perspectives of directors, parents and caregivers currently working or using nonstandard hour care in childcare centers. Although very few studies have been carried out in this area, centers have offered care during nonstandard hours for at least the last two decades. Data from the current study suggest the need for wider community education about nonstandard hour care. As noted respondents, no matter their role, commented on the negative perceptions associated with enrolling infants in nonstandard hour care. Yet many families have no choice but to engage in nonstandard work schedules. Indeed many lower income parents may be

working multiple jobs to financially sustain themselves. The added stress of contending with negative perceptions of childcare was clear. The study findings also point towards the benefit of supports for childcare programs. Employer-sponsored programs may offer much needed financial and resource supports to childcare programs. Privately owned programs may be more vulnerable to financial stresses and may lack the resources needed to provide the highest quality care.

Implications for Research, Practice and Policy

There are few studies on the long term effects of nonstandard hour care on children. A study of families who have used this type of care for a period of time and whose children are older would give insight into how children fare when they do not sleep in their beds, or have dinner in their homes every night over a period of time. Katz (1993) noted that the perspective of children is one that should be included when studying childcare. The perspectives of children who were enrolled in nonstandard hour care in childcare centers that included how they regarded their experiences are a future theme for exploration. Also this study concerned infants and toddlers in care during nonstandard hours. Future studies to describe the environment for preschool children, and for school age children who are also enrolled in licensed centers during nonstandard hours are needed. School age children who spend all day at school and then spend another seven or eight hours in licensed childcare because their parents work second shift are a group that should be identified for an exploration of their experiences.

While themes such as childcare choices might also be identified as part of the experiences in standard hour care, data in the current study suggest that experiences are magnified in the context of nonstandard hour care. For example, women who work

standard hours have the choice of several centers in which to place their infants and toddlers. When women work second or third shift choices of centers providing nonstandard hour care were severely limited (Henly and Lambert, 2005). As part of time management, stress related to schedules might also be identified as part of the experiences in standard hour care. Data in the current study suggest that experiences are magnified in the context of nonstandard hour care. For example, Joshi and Bogen (2007) noted that employment in nonstandard hour schedules is associated with more parenting stress compared to standard daytime predictable schedules. There are also implications for licensing to give the same attention to night and evening care that is given to daycare so that standards of care are maintained. One center reported that licensing visits were more frequent during the day than they were during nonstandard hours. Fewer visits led to the perception that night care was not evaluated or valued the same as daycare.

Nonstandard hour work continues to be part of life for increasing numbers of American families with children. The increase in this type of work is an underlying theme to today's society. Jane Jacobs noted that issues common to people in the community, such as urban blight, need to be closely studied. The goal or purpose of the study would be to ensure that the health and vitality of the community is preserved (Jacobs, 2004). Jane Jacobs noted that issues central to the community and that concern a number of people are urban themes. Nonstandard hours of work are a theme that is central to the community that needs to be closely studied similarly to Jane Jacobs urban themes.

Presser (2003) has studied nonstandard work schedules for a number of years. She advocates for researchers, unions and policymakers to address the complexity of issues

surrounding this topic. In order to help society begin to understand the challenges faced by people, in particular those with families working nonstandard hours, research is needed to address this topic. Also in the public discourse, it is necessary to give attention to how nonstandard hour employment times affect families with children.

APPENDICES

APPENDIX A

Director/Owner

Date:

Center

Address

Re: STUDY ABOUT NON-STANDARD HOURS IN LICENSED CHILDCARE

Dear

My name is Dorothy Elizabeth Jordan, and I am a doctoral student, under the supervision of Dr. Holly Brophy-Herb, from Michigan State University. I am gathering information about infant and toddler programs that operate in licensed centers during non-standard hours (programs open from 5pm to 9am). Your center is one of few that open outside of regular hours and that also cares for infants and toddlers. We know little about non-standard hour infant/toddler childcare. The use of non standard hour childcare is increasing in the United States. Because of this increase, it's important that we understand more about nonstandard hour childcare from the point of view of childcare directors, caregivers, and families. Our hope in this study is to understand more about the experiences of infants and toddlers, their parents and caregivers, and program directors during non-standard hours in licensed childcare centers.

I am writing to invite you to consider participating in this study.

WHAT IS EXPECTED OF PARTICIPANTS

We are seeking your permission to have your center be a part of the study to about non-standard hour childcare. Specifically, we would like to: a) interview you as the program director; b) interview child caregivers providing non standard hour care; c) observe in infant/toddler classrooms during non standard hour care; and d) invite parents to participate in a focus to understand their perspectives on nonstandard hour care.

We are hoping several programs in the area will participate in this study. At the end of the study, we would be happy to provide you with the overall findings of the study. This information might be very useful for your program.

INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

Your center, staff, parents and children participating in this study will do so confidentially. No one except the primary and secondary investigators will have access to your responses. Findings will be reported as a group. For example, “directors in licensed centers during non-standard hours.....” We never report an individual's response or the like.

PARTICIPATION IN THE STUDY IS VOLUNTARY

Your participation, although voluntary, would be greatly appreciated. You may withdraw your participation at any time without penalty. You may refuse to answer specific questions on the questionnaire or during the interview.

NEXT STEPS

I will call you to make an appointment to explain the program in detail or answer any questions you may have. Also, feel free to contact me at (810) 577-0183 or jordando@msu.edu with any thoughts or questions. If you are agreeable to participating you will be asked to sign an informed consent form indicating your willingness to participate in this study. After that, I will begin contacting parents and caregivers with invitations to participate as well.

Thank you for being willing to make a contribution to the body of knowledge in child development!

Sincerely,

D. Elizabeth Jordan

Doctoral Candidate

Holly E. Brophy-Herb, Ph.D.

Associate Professor

Department of Family and Child Ecology

College of Social Sciences

Michigan State University

APPENDIX B
**A Study of the Ecology of Infant/Toddler Childcare During Nontraditional Hours in
Childcare Centers**

Informed Consent Form
Director

WHAT THE RESEARCH STUDY IS ABOUT

You are invited to participate in a research study being conducted by Dorothy Elizabeth Jordan, a doctoral student, under the supervision of Dr. Holly Brophy-Herb from Michigan State University. The purpose of the research study is to gather information about infant/toddler childcare that operates during non-standard hours in licensed childcare centers. Studies have focused on infant toddler care during regular daytime hours, but we know very little about non-standard hour childcare (programs open from 5pm to 9am).

WHAT IS EXPECTED OF YOU IF YOU DECIDE TO PARTICIPATE

As part of this research study, you will be asked to complete a brief questionnaire (approximately 10 minutes) and to be interviewed (approximately 45 minutes). The questions will be specific to your experiences as the director of a licensed center open during non-standard hours. The interview will be audio taped and transcribed. In addition, you may be contacted after the interview to clarify your responses to questions.

We are also seeking your permission to contact infant and toddler childcare providers from your center. The providers will be involved by participating in an interview relative to their experiences as childcare providers during non-standard hours (approximately one hour). I also wish to observe the general environment and caregiver-child interactions in their classrooms (approximately 3-4 hours of observation).

THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL

Your responses to the questionnaire and interview will remain confidential; no one except the primary investigators will have access to these responses. Only a participant identification number will label interview transcripts and questionnaires. Your name will not be recorded on the questionnaire or appear in the interview transcripts, nor will the name of your childcare program.

Results will be based on the answers given by all participants as a group insuring confidentiality of individual responses. Group-based findings will be made available to those who are interested. An example of such group based findings would/might be something like, "Most childcare directors reported..." Your privacy will be protected to the maximum extent allowable by the law.

YOUR PARTICIPATION IN THE RESEARCH STUDY IS VOLUNTARY

Your participation in this research study would be greatly appreciated, however, your participation is voluntary. You may withdraw from participation at any time without penalty. Furthermore, you may refuse to answer specific questions on the questionnaire and/or interview that you feel uncomfortable answering and can still be a part of the research study. Audiotapes from the interview will be erased at the completion of the research study.

RISKS AND BENEFITS OF PARTICIPATING IN THE RESEARCH STUDY

Your participation in this research study will help to increase the body of knowledge about the care of infants and toddlers, particular non standard hour care. As the use of nonstandard hour childcare increases, it is very important to better understand the experiences and perspectives of childcare directors. There are few risks associated with participation in this research study. You may choose not to answer any questions that make you feel uncomfortable.

IF YOU HAVE QUESTIONS ABOUT THE RESEARCH STUDY

If you have concerns or questions about this research study, such as scientific issues, or how to do any part of it, please contact the principal investigator, Dr. Holly Brophy-Herb at (517)–355-6537, Room 3 Human Ecology Building, Michigan State University, East Lansing, MI 48895, hbrophy@msu.edu, or Elizabeth Jordan at (810) 577-0183 or jordando@msu.edu. If you have any questions or concerns about your role and rights as a research participant, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Director of MSU's Human Research Protection Program, Dr. Peter Vasilenko, at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 202 Olds Hall, MSU, East Lansing, MI 48824.

Thank you for your time and cooperation,

Dr. Holly Brophy-Herb, Principal Investigator

Date

D. Elizabeth Jordan, Graduate Student

Date

I voluntarily agree to participate in the study.

Name of Participant (*Printed*)

Signature of Participant

Date

Name of Child Care Program

Phone Number

Email Address

Name of Person Administering this Form
(*Printed*)

Signature of Person Administering this Form

Date

APPENDIX C
A Study of the Ecology of Infant/Toddler Childcare During Nontraditional Hours in
Childcare Centers

Informed Consent Form
Parent

WHAT THE RESEARCH STUDY IS ABOUT

You are being invited to participate in a research study being conducted by Dorothy Elizabeth Jordan, a doctoral student, under the supervision of Dr. Holly Brophy-Herb from Michigan State University. The purpose of the research study is to gather information about infant toddler childcare that operates during non-standard hours in licensed childcare centers. Studies have focused on infant toddler care during regular daytime hours, but we know very little non-standard hour childcare (programs open from 5pm to 9am).

WHAT IS EXPECTED OF YOU IF YOU DECIDE TO PARTICIPATE

As part of this research study, you will be asked to complete a brief questionnaire and to participate in an interview with one of the study investigators (approximately 60 minutes total). The interview questions will be specific to your experiences as a parent of an infant or toddler enrolled in a licensed center, open during non-standard hours. The group discussion will be audio taped and transcribed. In addition, you may be contacted afterwards to clarify things you shared or your responses to questions.

We are also asking your permission to observe in your child's childcare classroom for about two hours on up to 3 different occasions (about 4-6 hours total). We want to carry out these classroom observations to better understand the common practices and routines during non standard hour care. We do not intend to observe your child specifically. Instead, we are interested in learning about the overall environment in which your child is enrolled. We will not approach or play with your child while we are observing in the classroom. We try to observe quietly and not disrupt classroom activities.

THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL

Your responses to the questionnaire and in the discussion group will remain confidential; no one except the primary investigators will have access to these responses. Only a participant identification number will label focus group transcripts and questionnaires.

Your name will not be recorded on the questionnaire or appear in the focus group transcripts, nor will the name of your child or the childcare program. Likewise, we will not record your child's name during any classroom observations. All observation notes will be kept confidential, with no names appearing on the observation notes.

Results of this research study will be based on the answers given by all participants as a group insuring confidentiality of individual responses. Group-based findings will be made available to those who are interested. An example of such group-based findings would be something like, “Most parents of infants and toddlers receiving care during non-standard hours at licensed childcare centers reported ...” Your privacy will be protected to the maximum extent allowable by the law.

YOUR PARTICIPATION IN THE RESEARCH STUDY IS VOLUNTARY

Your participation in this research study would be greatly appreciated. However, your participation is voluntary. You may withdraw from participation at any time without penalty. Furthermore, you may refuse to answer specific questions on the questionnaire and/or during the focus group session that you feel uncomfortable answering, and can still be a part of the research study. Audiotapes from the focus group session will be erased at the completion of the research study.

RISKS AND BENEFITS OF PARTICIPATING IN THE RESEARCH STUDY

Your participation in this research study will help to increase the body of knowledge about the care of infants and toddlers, particular non standard hour care. As the use of nonstandard hour childcare increases, it is very important to better understand the experiences and perspectives of parents using nonstandard hour care. There are few risks related to your participation in this research study. You may choose not to answer any questions that make you feel uncomfortable.

IF YOU HAVE QUESTIONS ABOUT THE RESEARCH STUDY

If you have concerns or questions about this research study, such as scientific issues, or how to do any part of it, please contact the principal investigator, Dr. Holly Brophy-Herb at (517)–355-6537, Room 3 Human Ecology Building, Michigan State University, East Lansing, MI 48895, hbrophy@msu.edu, or Elizabeth Jordan at (810) 577-0183 or jordando@msu.edu. If you have any questions or concerns about your

role and rights as a research participant, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Director of MSU's Human Research Protection Program, Dr. Peter Vasilenko, at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 202 Olds Hall, MSU, East Lansing, MI 48824.

Thank you for your time and cooperation,

Dr. Holly Brophy-Herb, Principal Investigator

Date

D. Elizabeth Jordan, Graduate Student

Date

I voluntarily agree to participate in the study.

Name of Participant (*Printed*)

Signature of Participant

Date

Home phone number

Cell number

Email Address

Name of childcare center in which your child is enrolled

Age of your child

____ Boy ____ Girl

Name of Person Administering this Form (*Printed*)

Signature of Person Administering this Form

Date

APPENDIX D
A Study of the Ecology of Infant/Toddler Childcare During Nontraditional Hours in
Childcare Centers

Informed Consent Form
Caregiver

WHAT THE RESEARCH STUDY IS ABOUT

You are being invited to participate in a research study being conducted by Dorothy Elizabeth Jordan, a doctoral student, under the supervision of Dr. Holly Brophy-Herb from Michigan State University. The purpose of the research study is to gather information about infant toddler childcare that operates during non-standard hours in licensed childcare centers. Studies have focused on infant toddler care during regular daytime hours, but we know very little about non-standard hour childcare (programs open from 5pm to 9am).

WHAT IS EXPECTED OF YOU IF YOU DECIDE TO PARTICIPATE

As part of this research study, you will be asked to complete a brief questionnaire (approximately 10 minutes) and to be interviewed (approximately 45 minutes). The questions will be specific to your experiences as a caregiver of infants and toddlers enrolled in a licensed center, open during non-standard hours. The interview will be audio taped and transcribed. In addition, you may be contacted after the interview to clarify your responses to questions.

We also seek your permission to observe the general environment and interactions in your room. We are interested in better understanding the environment, common routines and practices during non standard hour childcare.

THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL

Your responses to the questionnaire and interview will remain confidential; no one except the primary investigators will have access to these responses. Only a participant identification number will label interview transcripts and questionnaires. Your name will not be recorded on the questionnaire or appear in the interview transcripts, nor will the name of your childcare program. Likewise, the observation notes we make will not include your name or any of the children's names.

Results will be based on the answers given by all participants as a group insuring confidentiality of individual responses. Group-based findings will be made available to those who are interested. An example of such group-based findings would be something like, "Most infant toddler caregivers reported..." Your privacy will be protected to the maximum extent allowable by the law.

YOUR PARTICIPATION IN THE RESEARCH STUDY IS VOLUNTARY

Your participation in this research study would be greatly appreciated. However, your participation is voluntary. You may withdraw from participation at any time without penalty. Furthermore, you may refuse to answer specific questions on the questionnaire and/or interview that you feel uncomfortable answering and can still be a part of the research study. Audiotapes from the interview will be erased at the completion of the research study.

RISKS AND BENEFITS OF PARTICIPATING IN THE RESEARCH STUDY

Your participation in this research study will help to increase the body of knowledge about the care of infants and toddlers, particular non standard hour care. As the use of nonstandard hour childcare increases, it is very important to better understand the experiences and perspectives of child caregivers. There are few risks associated with participation in this research study. You may choose not to answer any questions that make you feel uncomfortable.

IF YOU HAVE QUESTION ABOUT THE RESEARCH STUDY

If you have concerns or questions about this research study, such as scientific issues, or how to do any part of it, please contact the principal investigator, Dr. Holly Brophy-Herb at (517)-355-6537, Room 3 Human Ecology Building, Michigan State University, East Lansing, MI 48895, hbrophy@msu.edu, or Elizabeth Jordan at (810) 577-0183 or jordando@msu.edu. If you have any questions or concerns about your role and rights as a research participant, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Director of MSU's Human Research Protection Program, Dr. Peter Vasilenko, at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 202 Olds Hall, MSU, East Lansing, MI 48824.

Thank you for your time and cooperation,

Dr. Holly Brophy-Herb, Principal Investigator

Date

D. Elizabeth Jordan, Graduate Student

Date

I voluntarily agree to participate in the study.

Name of Participant *(Printed)*

Signature of Participant

Date

Name of Child Care Program

Phone Number

Email Address

Name of Person Administering this Form *(Printed)*

Signature of Person Administering this Form

Date

APPENDIX E
Director Questionnaire
Nonstandard hour Childcare

Date _____ Center _____

Part 1. (Director will fill out)

Age/Sex
(Please check)

Level of education
(Please check all
that apply)

Race/Ethnicity
(please check)

_____ Age
 _____ Male

_____ High school
 _____ CDA credential
 _____ Some college

_____ African/American
 _____ Mexican/Hispanic

_____ Female

_____ Assoc degree
 _____ BA/BS
 _____ MA/MS

_____ White/Caucasian
 _____ Asian/American
 _____ Native American
 _____ Other _____

_____ Other _____
 (please specify)

(Please specify)

(Please fill in)

Number of children this center is licensed for _____

Number of infants this center is licensed for _____

Number of toddlers this center is licensed for _____

Number of infants enrolled for non-standard hours _____

Number of toddlers enrolled for non-standard hours _____

Adult/child ratios at center for infants: _____ for toddlers: _____

For mixed age group (infants and toddlers): _____

How is your infant/toddler program arranged? Check any that apply and provide child ages ranges.

___ Infant room (ages ___ mos to ___ mos)

___ Mobile infant room (ages ___ mos to ___ mos)

___ Toddler room (ages ___ mos to ___ mos)

___ mixed age room (ages ___ mos to ___ mos)

What is the average group size for: ___ infant classroom ___ toddler classroom

___ mixed age infant and toddler classroom

How many years has this center been in operation? ___

How many years have you been employed at this center? ___

How many years have you been employed as director at this center? ___

How many years have you been working in the childcare field? ___

Salary ___ per year ___ per month ___ per week (specify only one)

Do you receive benefits? ___ yes ___ no

If yes, please check which types of benefits you receive:

___ medical ___ dental ___ vision

___ Paid vacation ___ 401k ___ childcare ___ other

If you checked other, please describe _____

1.If you have a college degree what was your major? _____

2.If you have a college degree what was your minor? _____

3. Do you have specific training in infant and toddler care? _____

4. If yes to question 3, please describe these training experiences? _____

Part 2: Interview Questions (Will be audio-taped)

6. Tell me about your experiences working non-standard hour childcare?_____

(How does it affect you personally – any specifics –things that are done because of the time of day)

7. Tell me about your experiences creating non-standard hour childcare?_____

(Did you have to develop the non-standard hour program or parts of it? What were the steps involved in establishing the non standard hour program?)

8. Tell me about your experiences administering non-standard hour childcare?_____

(Any administrative duties or experiences peculiar to the time of day)

9. Tell me about your experiences with scheduling caregivers for non-standard hours?

(How is scheduling done to cover non-standard hours –possibly in shorter or longer increments of time)

10. Tell me about your experiences with visitors to the center during non-standard hours?

(Are there any visitors, such as parents, students to observe etc. during non-standard hours?)

11. How do you see the community, parents and centers working together to support infant and toddler care during non-standard hours?_____

(Anything that might help you in your job)

12. Tell me about communication with parents during non-standard hours?

(How do you communicate with parents at this time of day?)

13. What is most challenging about administering a non standard hour program?

14. What is most rewarding about administering a non standard hour program?

Thank you for your time!

Participants in this process are volunteers who may choose not to participate or answer any of the questions in either part 1 or 2.

APPENDIX F
Parent Questionnaire
Nonstandard hour Childcare

Date _____ Center _____ Group _____

Part 1. (Parent will fill out)

Age category (Please check)	Level of education (Please check all that apply)	Race/Ethnicity (please check)
_____ 18-25	_____ High school	_____ African/American
_____ 26-35	_____ CDA credential	
	_____ some college	_____ Mexican (Chicano/A)
_____ 36-45	_____ Assoc degree	_____ Hispanic (Latino/A)
_____ 46-55	_____ BA/BS	_____ Asian/American
_____ 56-65	_____ MA/MS	_____ White/Caucasian
_____ 65 +	_____ Ph.D./Ed. D	_____ Native American/ Alaskan Native
_____ Some college		_____ Other _____
	_____ Other (Please specify)	(Please specify)

Sex of parent (please check)

_____ Male _____ Female

How many children attending center? _____

Ages of child(ren) _____

Gender of child(ren) Female(s) _____ Male(s) _____

What is your relationship to the child enrolled in non standard hour care?

___ mother ___ father ___ grandparent with legal guardianship

___ other relative with legal guardianship

What is your occupation _____ Hours/shift worked _____

Are you: ___ married ___ single ___ divorced or separated

If you are married, what is your spouses' occupation? _____

If you have a college degree what was your major? _____

If you have a college degree what was your minor? _____

Part 2: Focus group or parent questions

1. We know little about parents' experiences with non-standard hour care. We would like to know what using non-standard hour care is like for you. Please tell me about working non-standard hours.
2. Are your children on the same schedule as you are?
For example, infants and toddlers are awake at night and asleep during the day if their parents work the night shift and rest during the day.
3. Parents who work during the day sometimes have to take time off to take their children to the doctor. When you take your children to the doctor or run errands during the day, does that interrupt your time to sleep? Tell me about a typical day for you and your child/family?
4. How can the community, parents and centers work together to support infants & toddlers in care during non-standard hours?
5. Parents attending centers during the day often expect caregivers to assist them with potty training, learning to feed, and teaching their children some basic skills. What do you want/expect from non-standard hour care?
6. Please tell me or add anything else about the non-standard hour childcare that you have noticed or would like to share.
7. What is it important for people to know about infant/toddler childcare and especially about nonstandard hour care?
8. What is most challenging about using nonstandard hour child care?
8. What is most helpful or most rewarding about using non standard hour childcare.

Thank you for your time!

Participants in this process are volunteers. They may choose not to participate or not to answer any of the questions in either part 1 or part 2.

APPENDIX G

Caregiver Questionnaire

Nonstandard hour Childcare

Date _____ **Center** _____ **Group** _____

Part 1. (Caregiver will fill out)

Age category (Please check)	Level of education (Please check all that apply)	Race/Ethnicity (Please check)
_____ 18-25	_____ High school	_____ African/American
_____ 26-35	_____ CDA credential	_____ Mexican (Chicano/A)
_____ 36-45	_____ Some college	
	_____ Assoc degree	_____ Hispanic (Latino/A)
_____ 46-55	_____ BA/BS	_____ Asian/American
_____ 56-65	_____ MA/MS in	_____ White/Caucasian
_____ 65 +	_____ Ph.D./Ed. D in	_____ Native American
	_____ Other	_____ Other _____
	(Please specify)	(Please specify)

Gender (please check)

_____ Male _____ Female

Number of years employed in childcare _____ Number of years at employed at this center _____

Salary _____ per year _____ per month _____ per week (specify only one)

Benefits _____ yes _____ no

If yes, please check which types of benefits you receive:

_____ medical _____ dental _____ vision

_____ Paid vacation _____ 401k _____ childcare _____ other

If you checked other, please describe _____

9. If you have a college degree what was your major? _____

10. If you have a college degree what was your minor? _____

11. Do you have specific training in infant toddler care _____

12. If you answered yes to #3, please describe the training experiences:

13. Do you have primary care giving responsibility for one or more children?

__ Yes _____ Number

__ No

Part 2: Interview Questions

14. Is it your choice to work non-standard hours?
15. Is it your choice to work in childcare?
16. Would you prefer to be doing something else besides childcare?
17. If yes to # 8, then what would you prefer to do?
18. Is this the only job you have?
19. If no, where else do you work? _____ How many hours each week?

20. What hours do you work at this center?
21. Is working non-standard hours convenient for you?
22. Please explain why/how working non-standard hours is convenient or is not inconvenient?
23. What is most challenging about providing non standard hour care?
24. What is most rewarding about providing non standard hour care?
25. Tell me about a typical schedule for the children in your care?
26. Parents and caregivers of young children often work together on training children in basic skills such as tooth brushing, potty training etc. What expectations do parents have for their children?
27. What expectations do you feel parents have for you?

28. What expectations do you have for the children during non-standard hour shifts?
29. Are the children on the same schedule as their parents work? For example, infants and toddlers are awake at night and sleep during the day if their parents work the night shift and rest during the day.
30. How do you support parents of infants & toddlers in care during non-standard hours? What does supporting parents mean to you?
31. Please tell me or add anything else about the non-standard hour childcare that you have noticed or would like to share.

Thank you for your time!

Participants in this process are volunteers. They may choose not to participate or not to answer any of the questions in either part 1 or part 2.

APPENDIX H

Pizza, Pop and Parents Discussion group

for

Parents & Guardians of Infants and Toddlers

When: April 1, 2008 at 2:00 pm

Where: The gym of _____ Childcare

Please come and share your experiences with evening and night childcare
As part of my dissertation study I would like to learn about your experiences with
evening and night childcare for infants and toddlers. There is little information available
about this type of care and your perspectives would be most valuable.

Please note that your name will not be used in any information gathered.

Please contact Elizabeth Jordan 810-577-0183 for further information

Please RSVP by returning the bottom of this flyer to your child's teacher so that we will
have enough refreshments

_____ Yes, I will be able to attend

_____ No, I will not be able to attend

_____ Number of people attending

REFERENCES

REFERENCES

- Ackerman, D. J. (2006). *The Costs of Being a Childcare Teacher: Revisiting the Problem of low wages*. The National Institute for Early Education Research, Rutgers Univeristy. *Educational Policy*, vol 20, no 1., 85-112.
- Adams, G., Holcomb, P., Snyder, K., Koralek, R., and Capizzano, J. (2006). *Child Care Subsidies for TANF Families: The Nexus of Systems and Policies*. Washington, DC: The Urban Institute.
- Ahnert, L. Lamb, M. E. (2003). Shared Care: Establishing a Balance Between Home and Child Care Settings. *Child Development*, 74(4), 1044-1049.
- Albanese, P. (2006). Small Town, Big Benefits: The Ripple Effect of \$7/day Child Care. *The Canadian Review of Sociology and Anthropology, Toronto*, 43(2), 125-140.
- Anderson, S. G., Ramburg, D. M., & Rothbaum, B. (2003). *Illinois study of license-exempt child care: Interim report*. Springfield: Illinois Department of Human Services.
- Anonymous. (2005). Early Child Care and Children's Development in the Primary Grades: Follow-Up Results from the NICHD Study of Early Child Care. *American Educational Research Journal.*, 42(3), 537-541.
- Arnett, J. (1989). Caregivers in child care centers: Does training matter? . *Journal of Applied Developmental Psychology*, 10, 541-552.
- Baum II, C. L. (2002). A dynamic analysis of the effect of child care costs on the work decisions of low-income mothers with infants *Demography. Washington:* , 39(1), 139-164.
- Beers, T. M. (2000). Flexible schedules and shift work: Replacing the "9-to-5" workday? *Monthly Labor Review*, 33-40.
- Blackman, J. A. (2002). Early Intervention: A global perspective. *Infants and Young Children*, 15(2), 11-20.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Cambridge: Harvard University Press.
- Bronfenbrenner, U. (2005). *Making Human Beings Human: Bioecological Perspectives on Human Development*. Sage Publications, Inc.

- Bronfenbrenner, U. M., P.A. (Ed.). (1998). *The ecology of developmental processes* (Vol. 1). New York: Wiley.
- Brooks-Gunn, J., Han, W.-J., & Waldfogel, J. (2002). Maternal employment and child cognitive outcomes in the first three years of life: The NICHD Study of Early Child Care *Child Development*, 73, 1052-1072.
- Burchinal, M. R., Roberts, J., Riggins, R. Zeisel, S., Neebe, E., & Bryant, D. (2000). Relating quality of center-based child care to early cognitive and language development longitudinally *Child Development*, 71, 339-357.
- Caminiti, S. (2001). Is daycare bad for your child? *Parenting*, 15(6), 51.
- Campbell, P. H., & Milbourne, S. A. (2005). Improving the Quality of Infant-Toddler Care Through Professional Development. *Topics in Early Childhood Special Education*, 25(1), 3 - 15.
- Cappizzano, J., & Adams, G. (2000). The hours that children under five spend in child care: Variation across states. A report assessing the new federalism. *The Urban Institute*.
- Capizzano, J. & Adams, G. (2003). Children in Low-Income Families Are Less Likely to Be in Center-Based Child Care. Snapshots of America's Families III, #16. Washington, DC: The Urban Institute.
- Caruso, C. C., Hitchcock, E.M., Dick, R.B., Russo, J.M., & Schmit, J.M. (2004). Overtime and extended work shifts: Recent findings on illnesses, injuries, and health behaviors. DHHS (NIOSH) Publication No. 2004-143. Center for Disease Control and Prevention, National Institute for occupational Safety and Health, US Department of Health and Human Services. Available at <http://www.cdc.gov/niosh>.
- Ceglowski, D. and Bacigalupa, C. (2002) Four Perspectives on Child Care Quality. *Early Childhood Education Journal*, Vol. 30 (2) 87-92.
- Children's Defense Fund. www.childrensdefensefund.org Infants and toddlers are particularly vulnerable (p85-93) retrieved March 1, 2007
- Clarke-Stewart, K. A., & Allhusen, V. D. (Ed.). (2002). *Non-parental caregiving* ((2nd ed.,) ed. Vol. 3).

- Coles, C. (2004). Odd Working Hours Cause Family Stress. *The Futurist*, 38(3), 9.
The Virginia Fairfax Council Early Childhood Council (2000, February 7, 2000).
Report to the Fairfax County Board of Supervisors. from
<http://www.co.fairfax.va.us/service/pdf/ECCCRReport.pdf>
- Dickman, S. J. (2002). Dimensions of Arousal: Wakefulness and Vigor. *Human Factors*, 44(3), 429-442.
- Didow, S. M. & Eckerman, C. O. (2001). Toddler Peers: From Nonverbal Coordinated Action to verbal Discourse *Duke University*.
- Dosa, N.P., Auinger, P., Olson, B. and Weitzman, M. (2002) *Parents' Work shift and Attention and Behavior Problems in School Aged Children*. Paper presented at the Pediatric Academic Society's Annual Meeting, Baltimore, MD, 4-7 May 2002.
- Emlen, A. (1999). *From a Parent's Point of View: Measuring the Quality of Child Care*, Portland State University, Portland OR.
- Erika E. Gaylord, M. S., Beth L. Goodlin-Jones, Ph.D., & Thomas F. Anders, M. D. (2001). Classification of Young Children's Sleep Problems: A Pilot Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(1), 61-67.
- Fabes, R. A., Hanish, L. D., Martin, C. L. (2003). Children at Play: The Role of Peers in Understanding the Effects of Child Care. *Child Development*, 74(4), 1039-1043.
- Fenichel, E. M., T. L. (2001). Early Head Start for low -income families with infants and toddlers. *The Future of Children*, 11(1), 134-142.
- Gannon, M.J., Norland, D.L., & Robeson, F.E. (1983). Shift work has complex effects on lifestyles and work habits. *Personnel Administrator*, 28, 93-97.
- Gevers Deynoot-Schaub, M. J. J. M., & Riksen-Walraven, M. J. (2005). Child Care Under Pressure: The Quality of Dutch Centers in 1995 and in 2001. *Journal of Genetic Psychology*, 166(3), 280-296.
- Ghazvini, A. M., R.L. (2002). Center-Based Care for Young Children: Examining Predictors of Quality *Journal of Genetic Psychology*, 163(1), 112-125.

- Glaser, B. & Strauss, A. (1967). *The discovery of grounded theory: strategies for qualitative research*. Hawthorne, NY Aldine.
- Goffman, I. (1963) *Stigma. Notes on the management of spoiled identity*. Englewood Cliffs. New Jersey: Prentice-Hall
- Goldberg, S., Ph.D. (Summer 2002). The Parent-Teacher Partnership. *Children and Families, Vol XVI* (3), N/A.
- Golden, L. (2001). Flexible work schedules: Which workers get them? *American Behavioral Scientist*, 44, 1157-1178.
- Grosswald, B. (2004). The effects of shift work on family satisfaction. *Families in Society: The Journal of Contemporary Social Services*, 85(3), 413-423.
- Han, W.-J. (2004). Nonstandard work schedules and child care decisions: Evidence from the NICHD Study of Early Child Care. *Early Childhood Research Quarterly*, 19, 231-256.
- Han, W.-J. (2005). Maternal Nonstandard Work Schedules and Child Cognitive Outcomes. *Child Development*, 76(1), 137-154.
- Han, W.-J. (2007). Nonstandard work schedules and work-family issues. Invited entry, peer-reviewed, for Sloan Work and Family Research Network Encyclopedia www.columbia.edu/cu/ssw/faculty/profiles/han.html
- Han, W.-J. (2008). Shift work and child behavioral outcomes. *Work, Employment, & Society*, 22(1), 67-87.
- Hanley-Maxwell, S. D. C. (2000). "I Wanted to See if We Could Make It Work": Perspectives on Inclusive Childcare *Exceptional Children*, 66(2), 241-255.
- Harms, T., Cryer, D., Clifford, R. M. (2006). *Infant/Toddler Environment Rating Scale-Revised Edition*. New York, New York: Teachers' College Press.
- Harms, T. C., D. (2003). *Video Guide and Training Workbook for the Infant/Toddler Environment Rating Scale - Revised Edition*. New York, New York: Teachers College Press.
- Harms, T. C., D. (2003). Video Observations for the Infant/Toddler Environment Rating Scale - Revised Edition.

- Herman, A. M. (1998). Meeting the Needs of Today's Workforce: Child Care Best Practices. *U. S. Department of Labor*.
- Henly, J.R., & Lambert, S. E. (2005). Linking workplace practices to childcare requirements : Lower-level workers in lower-skilled jobs. In S. M. Bianchi, L.M. Casper, K.E. Christensen, & R. B. King (Eds.), *Workforce/workplace mismatch? Work, family, health and well-being* (pp. 473-492). Mahwah, NJ: Erlbaum.
- Henly, J.R., Shaefer, H.L., & Waxman, E. (2006). Nonstandard work schedules: Employer and employee-driven flexibility in retail jobs. *Social Service Review*, 80, 609-634.
- Heymann, J. (2000). *The widening gap: Why America's working families are in jeopardy and what can be done about it*. New York: Basic Books.
- Hofferth, S., Collins, N. (2000). Child care and employment turnover. *Population Research and Policy Review*, 19(4), 357-395.
- Horowitz, T. S. (2001). Efficacy of bright light and sleep/darkness scheduling in alleviating circadian maladaptation to night work. *American Journal of Physiology*, 281(2), E384-E391.
- Jacobs, J. (2004) *Dark Age Ahead*. New York: Random House
- Joshi, P. & Bogen, K. (2007). Nonstandard Schedules and Young Children's Behavioral Outcomes Among Working Low-Income Families. *Journal of Marriage and Family*. Vol. 69 (1), 139-156. 8
- Katz, L. (1993). Multiple perspectives on the quality of early childhood programs. ERIC # ED355 041.
- Kimmel, J. & Powell, L. M. (2006). Nonstandard Work and Child Care Choices of Married Mothers. *Eastern Economic Journal*. Bloomsburg, 32(3), 397-419.
- Kivimaki, M., Kuisma, P., Virtanend, M., & Elovainio, M. (2001). Does shift work lead to poorer health habits? A comparison between women who had always done shift work with those who had never done shift work. *Work and Stress*, 15(1), 3-13.
- Kleiman, C. (2005, Nov 15). Weekends on the job often a fit for female workers: Weekend warriors. *Chicago Tribune Work life column*.

- Kochanek, T. T. (2002, July 2002). Toward Understanding the Feasibility, Desirability, and Cost of Providing Nontraditional Hours Child Care. from <http://www.qualitychildcare.org/pdf/NonTraditionalHours.pdf>
- Lamb, M. E. (Ed.). (1998). *Nonparental child care: Context quality, correlates and consequences*. In W. Damon, I. E. Sigel, & K. A. Renniger (Eds.), *Handbook of child psychology* (5th ed. Vol. 4): Wiley.
- Langlois, J. H. & Liben, L.S. (2003). Child Care Research: An Editorial Perspective. *Child Development*, 74(4), 969-975.
- Lardner, J. (1999). Kids and killer hours. *U. S. News & Report World* 127(24), 48.
- Love, J. M., Harrison, L., Sagi-Schwartz, A., van IJzendoorn, M. H., Ross, C., Ungerer, J. A., Raikes, H., Brady-Smith, C., Boller, K., Brooks-Gunn, J., Constantine, J., Kisker, E. E., Paulsell, D., Chazan-Cohen, R. . (2003). Child Care Quality Matters: How Conclusions May Vary With Context. *Child Development*, 74(4), 1021-1033.
- Mathematica Policy Research, I., for the U.S. Department of Human Services. (2001, January 2001). Ancillary Services to Support Welfare to Work: Specialized child Care. from <http://aspe.hhs.gov/hsp/isp/ancillary/CHCARE.htm>
- Maxwell, J. A. (1996). *Qualitative Research Design: An Interactive Approach* (Vol. 41). Thousand Oaks, California: Sage Publications, Inc.
- Michigan, S. O. (2006, February 2006). Michigan in Brief - Child Care. from <http://www.michiganbrief.org/edition07/Chapter5/ChildCare.htm>
- Mott, P.E., Mann, F.C., McLoughlin, Q., & Warwick, D.P. (1965). *Shift work: The social psychological, and physical consequences*. Ann Arbor: university of Michigan Press.
- National Child Care Information Center (2006, April 2006). Child Care During Non-traditional Hours. Retrieved January 2007, 2007, from <http://www.nccic.org/poptopics/nontradhrs.html>
- National Child Care Information Center (2005). Child Care During Nontraditional Hours. from <http://www.nccic.org/poptopics/nontradhrs.html>

- National Institute of Child Health and Human Development (2006). *The NICHD Study of Early Child Care and Youth Development: Findings for Children up to Age 4 ½ Years*. Available at <http://www.nichd.nih.gov/health/topics/seccyd.cfm>
- NICHD, (2005). Early Child Care and Children's Development in the primary Grades: Follow-Up Results from the NICHD Study of Early Child Care. *American Research Journal*, 42(3), 537-541
- NICHD, (2003). Early Child Care Research Network. Does Amount of Time Spent in Child Care Predict Socio-emotional Adjustment During the Transition to Kindergarten? *Child Development*, 74(4), 976-1005.
- NICHD Early Child Care Research Network (2002). Early Child Care and Children's Development Prior to School Entry: Results from the NICHD Study of Early Child Care. *American Educational Research Journal*, 39(1), 133-164.
- NICHD, Early Child Care Research Network (2001). Child Care and Children's Peer Interaction at 24 and 36 months: NICHD Study of Early Child Care. *Child Development*, 72(5), 1478-1500.
- NICHD, Early Child Care Research Network (2000a). Characteristics and quality of child care for toddlers and preschoolers. *Applied Developmental Sciences*, 4, 116-135.
- NICHD, Early Child Care Research Network (2000b). The Relation of Child Care to Cognitive and Language Development. *Child Development*, 71(4), 960-980.
- Neuendorf, K. A. (2002). *The Content Analysis Guidebook*. Thousand Oaks, California: Sage Publications, Inc.
- Patton, M. Q., (2002). *Qualitative Research & Evaluation Methods*. London, United Kingdom. Sage Publications, Inc.
- Pollitt, K. (2001). Childcare Scare. *The Nation*, 19(May 14), 10.
- Presser, H. B. (2003). *Working in a 24/7 economy: Challenges for American families*. New York: Russell Sage Foundation.
- Presser, H.B. (2000) Nonstandard work schedules and marital instability. *Journal of marriage and the Family*, 62, 93-110.

- Presser, H. B. (1999). Toward a 24-hour economy. *Science*, 284, 1778-1779.
- Presser, H. B., & Cox, A. G. (1997). The work schedules of low-educated American women and the welfare reform. *Monthly Labor Review*, 25-34.
- Presser, H.B. (1988). Shift work and child care among young dual-earner American parents. *Journal of Marriage and the Family*, 50, 133-148
- Presser, H. B. (1986). Shift work among American women and child care. *Journal of Marriage and the Family*, 48, 551-563.
- Preston, V., Rose, D., Norcliffe, G., Holmes, J. (2000). Shift work, childcare and domestic work: Divisions of Labour in Canadian paper mill communities. *Gender, Place and Culture* 7(1), 5-29.
- Reese, S. (1996). Moonlight and Childcare. *American Demographics*, 18(August), 20-22.
- Reich, R. B., & Nussbaum, K. (1995). *Care Around the Clock: Developing Child Care Resources before 9 and After 5*: U. S. Department of Labor, Women's Bureau.
- Riley, L., & Glass, J. . (2002). You can't always get what you want-Infant care preferences and use among employed mothers. *Journal of Marriage and the Family*, 64, 2-15.
- Selby, J. M. B., Benjamin Sylvester. (2003). Infants In Groups: Extending the Debate. *Human Development*, Vol 46(4), 10.
- Smith, K. (2002). Who's Minding the Kids? Child Care Arrangements: Spring 1997. *U. S. Census Bureau, Current Population Reports*(July 2002), 70-86.
- Solomon, M. (2000). The Downside of 24/7 Service. *Computerworld* (Farmingham, Mass.), 34(13), 52.
- Spradley, J. P. (1979). *The Ethnographic Interview*. Orlando, Florida: Holt, Rinehart & Winston, Inc.
- Stratham, J., & Mooney, A. (2003). *Around the clock: Childcare services at atypical times* (Report No. 1 86134 502 X). Southampton: Joseph Rowntree Foundation by Policy Press.
- Strazdins, L., Clements, M. S., Korda, R.J., Broom, D.H., & D'Souza, R.M. (2006). Unsociable work?: Non-standard work schedules, family relationships, and children's well-being. *Journal of Marriage and Family* 68(2): 394-410.

- Strazdins, L., Korda, R.J., Lim, L.Y., Broom, D.H., & D'Souza, R.M. (2004). Around-the-clock: Parent work schedules and children's well-being in a 24-hr economy. *Social Science and Medicine* 59(7): 1517-1527.
- Tasto, D.L., Colligan, M.J., Skjei, E.W., & Polly, S.J. (1978) *Health consequences of shift work*. US Department of Health, Education, and Welfare. Report no. NIOSH-78-154.
- US Census Bureau (2007) *Current Population Reports: A Child's Day: 2003 (Selected Indicators of Child Well-Being)* issued January 2007 pp 70 -109
- US Congress. Office of technology Assessment. (1991). *Biological rhythms: Implications for the worker*. OTA-BA-463. Washington, DC: US Government Printing Office.
- US Department of Labor, Bureau of Labor Statistics (2005). Employment Characteristics of Families in 2005. from <http://www.bls.gov/news.release/famee> Retrieved February 20, 2007.
- US Department of Labor Statistics. (2005). Workers on flexible and shift schedules in May 2004. United States Department of Labor. Retrieved January 5, 2007, from <http://www.nls.gov/news.release/flex.toc.htm>
- US Department of Labor, Women's Bureau (February 2000). *Non-Standard Work Hour Child Care Project*.
- US Department of Labor, Women's Bureau (1995). *Care around the Clock: Developing Child Care resources Before 9 and After 5*.
- US General Accounting Office. (1999, November 1999). Education and Care: Early Childhood Programs and Services for Low-Income Families. *GAO report HEHS-00-11*, from <http://www.gao.gov>
- Van Ijzendoorn, M. H., Tavecchio, L. W. C., Stams, G. J. J. M., Verhoeven, M. J. E., Reiling, E. J. (1998). Quality of Center Day Care and Attunement Between Parents and Caregivers: Center Day Care in Cross-National Perspective. *Journal of Genetic Psychology*, 159(4), 437- 454.
- Vandell, D. L., & Wolfe, B. (2000). *Child care quality: Does it matter and does it need to*

be improved? Report prepared for the Department of Health and Human Services, Washington, DC.

- Wacharasin, C., Barnard, Kathryn E., Spieker, Susan J. (2003). Factors affecting toddler cognitive development in low-income families: Implications for practitioners *Infants and Young Children*, 16(2), 7.
- Waldfogel, J., Han, W.-J., & Brooks-Gunn, J. . (2002). The effects of early maternal employment on child development. *Demography*, 39, 369-392.
- Wall, S. M., Taylor, N. E., Liebow, H., Sabatino, C. A., Mayer, L. M., Farber, M. Z., Timberlake, E. M. (2005). Early Head Start & Access to Early Intervention Services: A Qualitative Investigation. *Topics in Early Childhood Special Education*, 25(4), 218-231.
- Watamura, S. E., Donzella, B., Alwin, J., & Gunnary, M. R. (2003). Morning-to-afternoon increases in cortisol concentrations for infants and toddlers at child care: Age differences and behavioral correlates. *Child Development*, 74, 1006-1020.
- Weare, K. (2002). Emotional and social competence - the key to better education? *Health Education*, 102(3), 2.
- Weber, R.P. (1990). *Basic content analysis* (2nd ed.) *Quantitative Applications in the Social Sciences Series*, vol. 49. Newbury Park, CA: Sage.
- Wien, C. A. (1996). Time, work, and developmentally appropriate practice. *Early Childhood Research Quarterly*, 11(3), 377-393.
- Weiss, B. (2004). Taking on the Night Shift. *RN*, 67(8), 59-60.
- Wiscombe, J. (2001). A Controversial child-care study has a message for HR. *Workforce*, 80(6), 17.
- Zimmerman, L., and Fassler, Irene. (2003). The dynamics of emotional availability in childcare: How infants involve and respond to their teen mothers and childcare teachers. *Infants and Young Children*, 16(3), 10.