

Early Childhood Education Decision-making Among Latino Foreign-born Parents in the United States: A Mixed Methods Study

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EARLY CHILDHOOD EDUCATION DECISION-MAKING AMONG LATINO FOREIGN-
BORN PARENTS IN THE UNITED STATES: A MIXED METHODS STUDY

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by

KEVIN FERREIRA VAN LEER

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ABSTRACT

Early Childhood Education Decision-Making among Latino Foreign-born Parents in the

United States: A Mixed-Methods Study

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One in eight children in the U.S. live in an immigrant Latino family. The contexts common to their families include accumulated disadvantages that result in diminished educational attainment. High quality early childhood education (ECE) is increasingly seen as a cost-effective intervention that can mitigate negative educational outcomes for children, yet research has found that Latino immigrant families have lower utilization rates of center-based care, often associated with high quality, than other racial and ethnic counterparts. This research study aimed to better understand the ECE decision-making process of Latino foreign-born parents with children ages 3 to 5 through an examination of the accommodation model to develop a culturally-informed model that delineates family and community characteristics, parental preferences and perceived opportunities and constraints that relate to ECE selection for this population. This aim was addressed through a two phase, mixed methods study.

Through group interviews with twenty-two Latino immigrant parents across four communities in the Greater New York City metropolitan area, Phase 1 sought to explore the decision-making process through which such parents pursue ECE decisions for their young children. Thematic analysis informed by grounded-theory identified seven themes central to these families: beliefs about development and parental goals, “cara vemos, corazon no sabemos”/trusting providers, understanding of ECE, perceived context of reception, informed

preferences, opportunities and constraints, and evaluating ECE. The resulting culturally-informed model highlights the ways that the culturally-bounded contexts common to Latino immigrant families inform their mental representations of available ECE choices, parental beliefs and socialization goals, and social context to create a set of informed preferences that guide their decision-making. These findings highlight the importance of maternal employment and parental beliefs about development in constraining parent's informed preferences and ECE choice.

Phase 2 aimed to test the overall integrity of the culturally-informed model of decision-making and assesses its prediction of Latino immigrant parents' ECE selection. Data were drawn from the Household and Center-based Surveys of the 2012 National Survey of Early Care and Education, with data on 744 children ages 3 to 5 years in Latino immigrant families. Measures from parent reports and administrative data operationalized six of the themes found in the first phase. Findings from multinomial logistic regression analyses found that maternal employment and child age moderated components of the model and ECE selection. Results also highlight the importance of culturally-bounded contexts of the ECE decision-making process of Latino immigrant families. Findings from each phase were compared through side-by-side analysis for convergence. Implications for future research, policy and the field are discussed.

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CHAPTER 1: INTRODUCTION

Children born in Latino immigrant families make up a meaningful portion of young children in the United States. One in four children in the United States have at least one parent who is an immigrant (Tienda & Haskins, 2011) and more than half of second-generation immigrant children, or children born in the U.S. to a family with a foreign-born parent, is Latino (Child Trends, 2014). As the proportion of young Latino children increases, there are worrying signs about the opportunities available to them and the contexts common to these children that present risks factors for healthy development. Latino children are more likely to live in poverty, drop-out, and not attend college than their white counterparts (Aud et al., 2010). Systemic barriers limit their access to high quality and equitable education, and indicators that they are falling behind are often seen early (Reardon & Galindo, 2009).

The contexts common to Latino immigrant families are associated with adverse developmental and educational experiences. Approximately one fifth of Latino families reside in neighborhoods of concentrated poverty which often have poor housing infrastructure, under-resourced schools, and lack of access to employment (Child Trends Data Bank, 2018). Concentrated poverty is associated with racial and income segregation (Iceland & Hernandez, 2017). Latino immigrant children attend highly segregated schools, especially in the Northeastern, Southern and Western US; for example, in 2004 78 percent of Latinos in the Northeast attended schools with a nonwhite majority, and 44 percent enrolled in intensely segregated (90-100 percent nonwhite) schools (Orfield & Lee, 2006). Segregated schools have been associated with racial academic achievement gaps, with less segregation related to higher achievement (Borman & Dowling, 2010). For Latino immigrant students, school segregation goes beyond ethnic and racial inequity and is also associated with greater poverty and linguistic

isolation with few fluent English speakers within classrooms (Orfield & Lee, 2006). While these local contexts expose Latino immigrant families to multiple disadvantages, these families also have many strengths which promote healthy development. A majority of these families, including those in low-income households, have two-parent households which is associated with reduced behavioral problems and higher cognitive outcomes for children compared to single family households (Carlson & Corcoran, 2001; Murphey, Guzman, & Torres, 2014). Latino families also report greater shared family practices, like shared meals, which increase family ties (Murphy, Guzman & Torres, 2014). Moreover, these children are often multilingual which is associated with greater executive functioning and attention skills than monolingualism (Bialystok, 2009). Despite these strengths, the accumulated disadvantages result in diminished educational attainment and limited social mobility for children in immigrant Latino families.

High quality early childhood education (ECE)¹ is increasingly seen as a cost-effective intervention that can mitigate negative outcomes for children. High quality early childhood education is often associated with center-based care and recent research provides increasing evidence that such care provides children of immigrants with higher social and education outcomes than parent care (Bumgarner & Lin, 2014; De Feyter & Winsler, 2009; Johnson, Han, Ruhm, & Waldfogel, 2014; Votruba-Drzal, Coley, Collins, & Miller, 2015). While center-based ECE may promote greater educational attainment for children in Latino immigrant families, it has been found that Latino families have lower utilization rates of center-based care than their white or African American counterparts (Magnuson & Waldfogel, 2005). Researchers have posited that this discrepancy in utilization is related to an interplay between differing cultural parent socialization goals for children and structural factors, such as affordability and

¹ Early childhood education (ECE) and childcare will be used interchangeably throughout this paper.

geographical access (Vesely, 2013). A greater understanding of the factors associated with this discrepancy in utilization may allow for program and policy intervention that aims to increase the participation of children from Latino immigrant families in high quality ECE, which in turn may mitigate the negative outcomes commonly associated to those contexts more common among this group. This study aims to examine the decision-making process of Latino immigrant families in order to influence future early childhood education programming and policy with the aim of increasing positive outcomes for these young children. Grounded in the accommodation model (Chaudry, Henly, & Meyers, 2010; Meyers & Jordan, 2006; Weber, 2011), this study will utilize a transformative mixed methods approach to better understand the ECE decision-making process of Latino foreign-born parents with children ages 3 to 5. The study will develop and assess a culturally-informed model that delineates how family characteristics, community characteristics, parental preferences, and perceived opportunities, and constraints relate to ECE selection for this population.

CHAPTER 2: LITERATURE REVIEW

This study focuses on the ECE experiences of Latino² immigrant families as this is a growing population in the United States that has been identified as having a particularly low use of non-parental ECE programs. Much of the research on families' ECE decision-making processes in the United States has focused either on specific ethnic or racial groups or has compared foreign-born to native-born populations. As cultural and structural factors which may impact this process diverge for native Latino and immigrant Latino families, such as differing socio-cultural contexts between first- and second- generation Latinos or policies that apply to immigrants differently than U.S.-born populations, an examination of the decision-making process regarding childcare selection that solely focuses on immigrant Latino families is warranted.

ECE Utilization by Immigrant Latino Households

Data compiled by the Institute of Education Sciences have shown that Latino children, ages four and five, are most likely to be in parental care when compared to children of other racial and ethnic groups, with approximately 24 percent of Latino children cared for by their parents in 2012 compared to 19.4 percent of Asian/Pacific Islander children, 18.5 percent of white children, and 15.3 percent of Black children (Rathbun & Zhang, 2016). Latino children are less likely to be in center-based care, with about 53 percent of Latino ages four and five enrolled in center-based care in 2012, compared to 67 percent of Asian/Pacific Islander children, 58.5 percent of white children and 65.3 percent of Black children. Moreover, approximately 20

² For the purposes of this study, Latino is defined as individuals that trace their origins to majority-Spanish speaking countries in Latin America and the Caribbean. This panethnic label encompasses a heterogeneous mix of peoples and cultures. This paper draws from Suárez-Orosco & Pérez (2002) to argue that a shared sociohistorical process provides meaning to the Latino experience within the US which warrants analysis at the panethnic level.

percent of Latino children ages four and five are in home-based care. In summary, these recent statistics show that Latinos, when compared to other ethnic and racial groups, are disproportionately taking care of their children and placing them in home-based care settings.

While there is a dearth of literature examining Latino families that have at least one-foreign born parent and their utilization of ECE arrangement, Crosby and colleagues (2016) recently examined the ECE utilization patterns of low-income households and separated data for immigrant and non-immigrant Latinos. They found that low-income Latinos, across nativity status, were less likely than white and Black children to use non-parental care. This suggests the trends of higher use of parental care among Latino families exists across immigrant status. Yet, when examining home-based care, they found that low-income Latino children in immigrant households were more likely to use a paid, unknown provider than non-immigrant Latino and white children. This contrasts with research that has shown greater use of home-based care by a relative within Latino communities, suggesting differences in ECE utilization between native and immigrant Latino families.

The findings that Latino families use non-parental care at lesser rates than other racial and ethnic groups is contrasted by a recent study of Chicago's publically funded center- and home- based programs which found higher non-parental care participation for low-income Latino children (83 percent) than reported in most studies (López, Grindal, Zanoni, & Goerge, 2017). Moreover, López and colleagues (2017) found that low-income Latino children with at least one foreign-born parent had higher rates of non-parental care than children of native parents, findings that run counter to previous studies. While the study was unable to explore why Latinos are participating in nonparental ECE settings at higher rates in Chicago, the authors posited it may be due to Chicago's unique context with a publicly-funded, near-universal

preschool program targetted at low-income populations and immigrant-friendly city policies. This suggests that the disparities in ECE participation between Latino and other racial and ethnic groups may be related to local contextual factors and narrowed through program and policy intervention.

Importance of Center-based ECE Settings

Research suggests that the disproportional use of parental care by Latino immigrant families may have negative academic consequences for their children, putting them behind their peers as center-based programs, particularly high quality programs, have been associated with greater gains in reading, math and language domains children (Yoshikawa et al, 2013). The benefits of center-based programs are seen with Latino children; research on the Tulsa and Boston public preschool programs found large benefits for Latinos (Gormley, 2008; Weiland & Yoshikawa, 2013). Increasing evidence suggests that center-based ECE settings also support positive outcomes for children of immigrant parents (Yoshikawa et al., 2013). Increased reading and language skills have been found among immigrant children in center-based ECE settings as compared to other settings (Bumgarner & Lin, 2014; Johnson et al., 2014; Votruba-Drzal et al., 2015). For example, Bumgarner and Lin (2014) found that first- and second-generation Latino children who attended center-based ECE settings had a 69% higher odds of being classified as English proficient compared to those who did not attend center-based programs. Moreover, center-based ECE enrollment is associated with higher math development (Votruba-Drzal et al., 2015) and decreased externalizing behaviors reported by parents (De Feyter & Winsler, 2009). An analysis of the Tulsa preschool program revealed greater effect sizes in language and math outcomes for Latino children in Spanish-speaking homes than those in English speaking homes, suggesting the benefits of center-based of ECE may be stronger for emerging bilingual children

(Gormley, 2008). Overall, this suggests that center-based ECE can serve a critical role for Latino immigrant families in preparing their children for school in the U.S.

Home-based ECE Settings

Given the high proportion of Latino immigrant families utilizing home-based care and the mixed quality of these settings which raise concerns for the development of these children, a closer examination of these settings is justified. Home-based care is a heterogeneous category that includes both state-regulated and unregulated childcare by family, friends, neighbors or previously unknown providers in the child or provider's home. The variety of settings within home-based care has made evaluating the quality of these ECE settings difficult and disagreements in the literature persist about whether home-based care should be evaluated similarly to center-based care (Susman-Stillman & Banghart, 2011). A variety of regulatory and quality control systems for home-based care have been implemented across states (Chase, 2013). Nonetheless, quality across home-based settings has been assessed as lower on average than center-based settings (Rigby, Ryan, & Brooks-Gunn, 2007). Furthermore, a study of children in low-income Latino families receiving childcare subsidies in Miami found that children attending center-based care showed greater growth in cognitive and language skills compared to children in home-based settings (Ansari & Winsler, 2012). Thus, a greater understanding of the decision-making processes that are associated with home-based ECE usage can be crucial for the development of interventions that increase the usage of high quality ECE settings.

Conceptual Model

Given the importance of high quality center-based ECE for children in Latino immigrant families and their relatively low utilization of such care, it is essential to understand how these families make decisions regarding their children's care. Researchers have begun to examine the

ECE decision-making process of families with the hopes of adapting existing ECE policies and settings to better meet the needs of families. Economists, psychologists and sociologists have separately developed frameworks to better understand families' decision processes. Meyers and Jordan (2006) first examined these disparate frameworks and developed the “accommodation model” of decision-making that sought to combine these perspectives while addressing their limitations. Further refined by Chaundry and colleagues (2010), the model views the process of a family's childcare selection as “accommodations” to social, family and economic demands, available information and resources, and social and cultural norms. The framework argues that childcare decisions are highly constrained by aspects of family life, such as budgets and time, where parents seek to optimize the outcomes for their children, themselves, and their families. Moreover, the model presents childcare decisions as bound within a series of family decisions, such as employment decisions, that unfold over time.

The accommodation model stresses the influence of context, highlighting the multiple ways specific contexts create opportunities and constraints that shape childcare decisions. The family is a proximal context that influences the decision-making process. Chaundry, Henly and Meyers (2010) emphasize the influence of the family cycle on selection, considering how family characteristics, such as number of children or other adults in the household, may determine a family's choice. Parents' beliefs about education and parenting, which are often informed by their social networks and emerge as they begin the decision-making process, inform preferences for ECE selection.

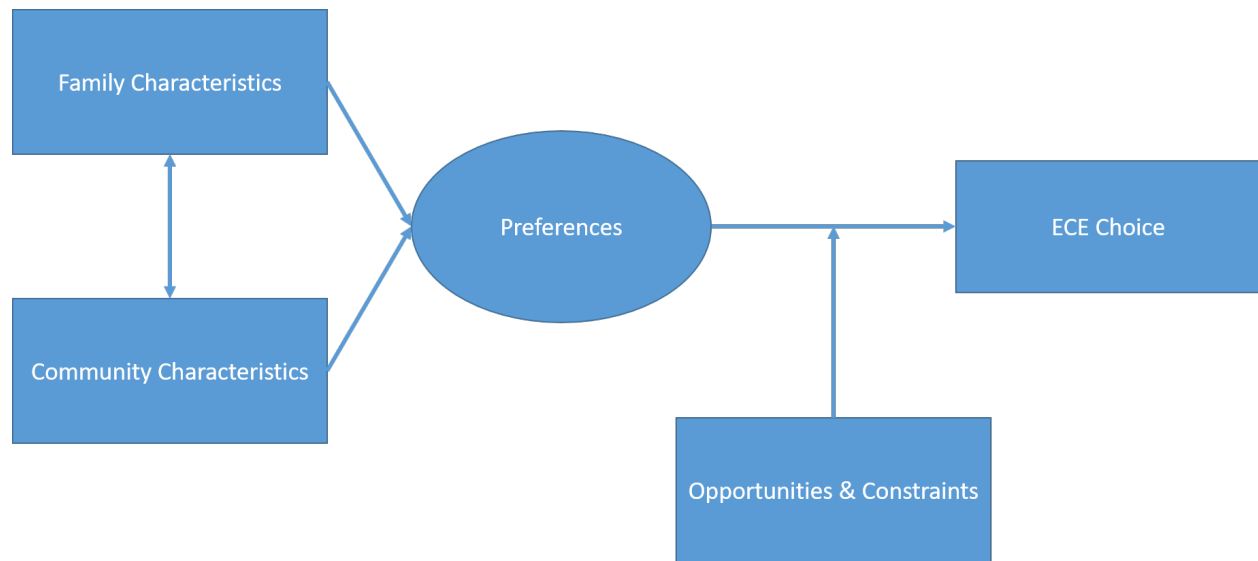
The choice of ECE setting is also influenced by the larger community context that families live within. At the most basic level, the availability of childcare options within the neighborhood influences the range of a family's choice. This is further complicated by parents'

perceptions of availability, as they may not be aware of all the childcare settings available in their area. The information available to parents often is a result of their interactions within specific institutions or social networks. Chaundry and colleagues (2010) describe particular decision-making sites as important features of a community context; these include schools, workplaces, religious institutions, neighborhoods, households and childcare centers. Individual interactions within these sites create possibilities or raise barriers for families. As an illustration, a parent who is exploring childcare options for their toddler might approach their co-workers with children about what they do for childcare and become exposed to options previously unknown to them.

These family and community contexts and the social networks within them provide information and exert normative social pressure that will shape family preferences regarding early care and education. These preferences are shaped by the family and community contexts, for example, through the specific values that families may place on education or social norms about parenting exerted in the family's social networks. Preferences for childcare may also be determined by cultural values and parenting goals. Families have multiple preferences which may be in competition with each other such as desiring an ECE setting that operates during their work hours and an option that is affordable. The accommodation model asserts that preferences are not static and interact with other aspects of their context which might reinforce or hinder their expression. Real and perceived constraints, such as accessibility or affordability of ECE options, may constrain preferences from being realized. The final selection of a childcare setting is thus an accommodation to multiple demands and expectations given socially-filtered information and available resources.

Weber (2011) organized the previous work on the accommodation model into a graphical depiction of parental decision-making. This depiction provides greater clarity in the relationships between contexts, preferences and decision-making that allows for evaluation of the model. For the purposes of the study, the model has been modified to centralize ECE selection as the main outcome of interest (see Figure 1). Here the family context is operationalized as parent and child characteristics, such as socioeconomic status of the family, or number of children, as well as parent values and beliefs, such as beliefs about the goals of early childhood education. The community context is operationalized to include community demographics, such as overall employment characteristics, social networks, and availability of childcare as well as information about ECE options. Both the family and community contexts shape parental preferences, that is characteristics of care that are most important to the caregiver. For instance, a parent may emphasize wanting bilingual care for their child but upon learning that there are no such options in their community, this preference may change. Finally, this model argues that the relationship between preferences and the final ECE choice is moderated by parents' perceptions of opportunities, and constraints. These include such things as employment characteristics like nonstandard hours, transportation options, access to financial assistance, etc. If a parent prefers bilingual care and has access to transportation such as a car or bus, they may have access to a bilingual provider in a neighboring town, while lack of transportation may prove to be a constraint on this preference. Overall, the graphical depiction was adapted from Weber (2011) to centralize ECE choice as the outcome.

Figure 1. Graphical Depiction of the Accommodation Model leading to ECE Choice



Existing evidence regarding factors that affect ECE decision-making for immigrant Latino households

Few studies have used the accommodation model to examine preschool selection with foreign-born Latino families. Two studies grounded in the accommodation model, Ansari (2017) and Miller, Votruba-Drzal and Coley (2013), have assessed the decision-making process of various groups which include Latino immigrant families using nationally-representative samples. Assessing the ECE selection process across racial and ethnic groups, with special attention to differences within the Latino community, Ansari (2017) found that families with a father in the household and families with children who were struggling with learning at age two were more likely to select center-based ECE over parental care. This suggests that commonly examined family characteristics may operate differently for immigrant Latino families, specifically the influence of marital status and beliefs about learning and the role of ECE. Ansari (2017) also found specific immigrant-related factors to be differentially influential for Latino foreign born families than other ethnic and racial groups. Residing in a community that had high rates of families that were fluent in English and Spanish, greater English proficiency and valuing cultural

consistency were related to a greater likelihood of using center-based care over parental care for Latino immigrant families. Miller and colleagues (2013), who examined the ECE decision-making process for immigrant populations, similarly found that greater English proficiency and a preference for cultural congruence were associated with a greater likelihood of center- or home-based ECE, respectively. These findings suggest that immigrant-specific factors, particularly English proficiency and preference for cultural consistency, may influence the decision-making process for foreign-born Latinos over and above family and community contextual factors.

A greater number of studies have examined sets of specific predictors of ECE selection for foreign-born Latino families. These studies focused on a narrow range of predictive factors, failing to address the range of factors included the accommodation model. For example, while number of siblings has been found to decrease the likelihood of parents using center-based care in many studies of native- and foreign-born families that were not grounded in the accommodation model (Greenberg & Kahn, 2011; Liu, 2013) both Miller, Votruba-Drzal, & Coley (2013) and Ansari (2017) did not find associations with ECE selection for immigrant or foreign-born Latino families respectively. Thus, while the following findings, which draw from the larger literature of ECE utilization for Latino families, may be useful in understanding how specific components of the accommodation model may manifest within Latino immigrant families, they should be interpreted with caution.

Family characteristics. Within the accommodation model, family characteristics have received most attention in the literature. Family characteristics can be subdivided into parent characteristics, child characteristics, parental values and beliefs, and immigrant-specific characteristics. Commonly studied parent characteristics include marital status, maternal education, maternal employment, income, and mother's age when the child was born. Marital

status, a commonly examined factor examined in relation to ECE selection, has had mixed findings in its association with childcare utilization for the population of interest. Ansari (2017) found having a father in the household decreased the likelihood of using non-parental care. This is supported by other findings that focus on or include immigrant parents (Brandon, 2004; Greenberg & Kahn, 2011), while a more recent study found that marital status had no relationship to ECE selection (Miller et al., 2013). These mixed findings suggest that marital status may need further examination within Latino immigrant populations. Turning to maternal employment, mothers who are employed have a greater likelihood of using nonparental care over parental care across Latino, immigrant and general samples (Miller et al., 2013; Greenberg & Kahn, 2011; Kahn & Greenberg, 2010; Yesil-Dagli, 2011). Interestingly, studies with immigrant samples have found that maternal employment is associated with increased use of home or relative care over center-based care (Miller et al., 2013; Kahn & Greenberg, 2010). Results examining the association of maternal education and ECE utilization are more straightforward. Studies indicating that more-educated mothers and households with higher income are more likely to use center-based care have been found across studies of Latino immigrant families as well as immigrant and native-born families generally (Brandon, 2004; Greenberg & Kahn, 2011; Johnson, Padilla, & Votruba-Drzal, 2017; Kim & Fram, 2009; Miller & Votruba-Drzal, 2013; Satkowski, Banik, & Roubeni, 2016). Maternal age when the child was born is a predictor that has received little attention with this population.

While the association between parent characteristics and ECE utilization has been more frequently studied with Latino immigrant families, child characteristics have had less robust findings. One exception, child age, has been shown to influence how parents make decisions about childcare, with children 0 to 2 years of age often receiving less nonparental care and

children ages 3 to 5 more likely to be in nonparental care. For this reason, the study will solely focus on the decision-making processes of families with children ages 3 to 5. Other child characteristics that have been included in studies are child gender, number of siblings, and child's academic and social development. Fewer studies have examined these factors' influence on ECE decision with this population.

The values and beliefs that parents have regarding ECE care, child development, consequences of maternal employment for children, and parenting also may also influence their ECE decision-making process. Similar to the findings reported above by Ansari (2017), an examination of Latino families across nativity status found that working mothers who placed importance on learning activities for children were more likely to utilize center-based care over other types of care, including parental care, while nonworking mothers who valued learning activities were more likely to place their children in other nonparental care (Yesil-Dagli, 2011). This finding is reinforced by Johnson and colleagues (2017) who, in their investigation of low-income immigrants' use of publicly funded ECE, found that parents who prioritized kindergarten preparedness were more likely to use Head Start or subsidized ECE than parental care. These studies suggest that parental beliefs and values regarding their child's academic development influence their decision-making. While other beliefs, such as a parent's belief of the benefits and consequences of maternal employment on children, have been studied, mixed results have been found (Satkowski et al., 2016). Generally, the literature has identified a lack of research regarding the potential impact of parental values and beliefs and have called for their inclusion in future research (Crosby & Mendez, 2016; Matthews & Ewen, 2006).

Parental values and beliefs regarding children's development have been shown to differ across cultural groups, and a growing literature has begun to examine the relationship between

parental values and socialization goals and parent practices (Fuller & García Coll, 2010). While there has been a lack of attention to the potential relationship between parental values and goals and ECE selection, these decisions may be informed by cultural values and beliefs. Multiple researchers have explored parental beliefs and values with Latino immigrant families providing insight into the common child-rearing values and development beliefs for this population. Across studies of Latino immigrant families, research has found socialization goals that differ from the autonomy goals of white parents and are relationship-oriented. These goals include the primacy of the family and decisions driven by the family (familismo), wanting their children to be moral, responsible and upstanding people (bien educado), and to maintain respect for others (respect) (Calzada, Fernandez, & Cortes, 2010; Delgado & Ford, 1998; Denmark, Harden, & Gonzalez, 2014). These values are all related to the ways children are raised to interact with others to maintain interdependence. Research with Latino immigrant families has also found that mothers valued maintaining elements of their culture and language (Calzada, Fernandez & Cortez, 2010; Delgado & Ford, 1998).

Alongside these values, studies with Latino immigrant mothers of young children have found that these mothers hold culturally-based beliefs regarding children development. Through a series of ethnographic interviews with six Latina immigrant mothers, Durand (2011) found that mothers saw themselves as the primary teachers of children, responsible for teaching them how proper comportment and how to interact with others (following values of bien educado and respect) through providing advice through narratives, “consejos” and modeling behavior. Furthermore, mothers emphasized how children learn from the individuals, including siblings, other family members and teachers, in their lives and did not mention academic materials as drivers of learning. These reported understandings of how these mothers conceptualize children’s

learning emphasize the inter-relational nature and importance of relationships within this cultural group. These beliefs and values drive the strategies and practices that parents use in raising their children. For example, mother's value of *educacion* and their belief of a mother as an educator are exercised in strategies of giving *consejos*, or narratives meant to impart wisdom and advice, to children to illustrate moral and appropriate behavior (Halgunseth, Ispa, & Rudy, 2006).

While generalized and found to be shared among studies of Latino immigrants from various national origins, including Mexican, Central American, Caribbean and South American origin families, these goals are not static. In fact, multiple studies have found beliefs that are interpreted as adaptations to their current context. For example, Denmark, Harden & Gonzalez (2014) found common goals of *bien educado* alongside more autonomous goals of wanting their children to achieve and learn quickly in school-based settings among interviews with 47 Central American mothers of toddlers. Others have documented the ways that values such as respect have adapted over generations, moving away from behavior that can be characterized as hierarchical obedience in previous generations' conceptions of *respeto* to the current generation of parents who want their children to express themselves, including expressing disagreement, but conveyed with respect. Overall, cultural perceptions of development and parental values influence child-rearing behaviors by families and their influence may extend to the decisions that families make regarding their child's care. The relationship between this set of family characteristics and ECE decision deserve further exploration.

Lastly, several immigrant specific family characteristics, such as English proficiency, maternal country of origin, maternal length of time in the US, and citizenship, may be important for the population of interest. As stated above, English proficiency has been found to be a significant factor associated with greater use of nonparental care over parental care when

controlling for other factors (Ansari, 2017; Miller et al., 2013). Alongside English proficiency, several studies have examined a parent's length of time in the U.S. as it related to ECE utilization but have found mixed results (Satkowski et al., 2016; Yesil-Dagli, 2011). Moreover, studies have either found limited or no associations between citizenship status and ECE use when accounting for other family and community contextual factors (Ansari & López, 2015; Johnson, Padilla, & Votruba-Drzal, 2017; Miller et al., 2013). That said, citizenship has often been included as a dummy variable and does not represent the spectrum of immigration statuses that parents might have, such as legal permanent resident, visa, or unauthorized. In interviews with 40 African and Latina women, five reported immigrant documentation as an obstacle to care (Vesely, 2013), suggesting a more nuanced view of citizenship needs to be included in future research.

Taken together, these studies suggest that commonly examined factors, such as maternal employment and marital status, should continue to be examined with Latino foreign-born populations while immigrant-specific family characteristics and the influence of parental values and beliefs need more empirical examination.

Community Characteristics. The second component of the accommodation model includes factors of the community context which influence the childcare decision-making process. Common factors theorized to be associated with ECE selection include the availability of providers in the area and number of preschoolers in care within the community, social networks, number of nearby relatives, employment opportunities, and urbanicity. The availability of ECE settings in a community has been thought to be a crucial factor to consider, especially as it has been posited that there is decreased availability of care in immigrant neighborhoods, but is often missing as a predictor within many studies. Two recent studies have examined ECE

availability as a predictor for immigrant ECE utilization. Miller and colleagues (2013) found limited associations between ECE availability and use. When looking specifically at the availability of *non-English speaking* care providers, they found that living in communities with a greater number of non-English speaking care providers was associated with greater likelihood of nonparental care over parental care for immigrant families. This finding is supported by a more recent study which found that low-income immigrants living in areas with more non-English speaking care availability were more likely to use Head Start, public pre-k or unsubsidized ECE than parental care (Johnson et al., 2017). This suggests that specific provider characteristics, such as language use, may influence the relationship between availability and ECE selection.

Alongside availability of ECE settings, the accommodation model emphasizes the importance that social networks play in the decision-making process. While minimal research has examined social networks, a recent study interviewing 40 Latina and African immigrant women found three-fourths reported using social connections, such as family members, neighbors or colleagues at their workplace, to find ECE or for support in the application process (Vesely, 2013). Using social connections was found to be more common among Latina interviewees, who often described making acquaintances with others in their neighborhood from their country of origin or ethnicity solely to secure ECE. Other researchers have examined the impact of density of Latinos within a neighborhood, which can be considered a proxy for social networks, on the participation of nonparental ECE programs. López and colleagues (2017) examined publicly funded ECE programs in Chicago and found that Latinos in high-density Latino neighborhoods participated in center-based programs at higher rates than those from other neighborhoods when controlling for family, community, and service-use characteristics.

Similarly, in a report on preparing the children of immigrants for early academic success, Crosnoe (2013) notes in his research of publicly-funded ECE programs in central Texas that communities with dense networks of Latino families are more likely to be aware of ECE enrollment opportunities. Alongside neighborhood density, other researchers have posited that whether a neighborhood has a longstanding or “established” immigrant community or can be classified as a new immigrant destination may provide insight into the potential social networks and established resources for immigrants (Waters & Jiménez, 2005). These researchers suggest that the density of the population is necessary but not sufficient unless length of time they have resided is considered. A greater amount of time that a large proportion of immigrants reside within a community will foster better social ties as well as the creation of community organizations or allocation of government resources to serve those residents. Waters and Jiménez (2005) describe how established communities have “institutional arrangements,” such as government and community organizations, that support immigrant communities which emerging immigrant destinations might lack. Research should continue to examine social networks as correlates of ECE selection, whether operationalized as density of Latinos within a neighborhood, established versus emerging neighborhoods, or other operationalizations.

As is the case with family characteristics, several community features that may be unique to immigrant populations have begun to be explored including community language use, policies towards immigrants, and percentage of the immigrant population within the community. As noted above Ansari (2017) found that immigrants who resided in communities with a greater percentage of the population that is fluent in both English and Spanish were more likely to use center-based care over parental care and interpreted this may be due to the type of community an immigrant resides in – an ethnic enclave or recent immigrant destination. Given this

interpretation, examining the percentage of foreign born within a community may also be an important characteristic to consider. In their examination of publicly funded ECE setting use by low-income immigrants, Johnson, Padilla and Votruba-Drzal (2017) analyzed state policies that provided welfare to immigrants and categorized states as generous or ungenerous towards immigrants. They found that parents were more likely to use Head Start in those states that are more generous towards immigrants. Such studies have used innovative strategies to determine the impact of abstract factors, such as anti-immigrant sentiment, and call for increased attention. Replication of previously used immigrant-specific community factors, such as state generosity towards immigrants and community language use, as well as the inclusion of other theoretically-driven immigrant-specific factors, such as percentage of foreign born, is needed.

Preferences. A diverse set of preferences have been described in the literature as potential factors affecting the ECE decision-making process. These include preferences for pragmatic characteristics such as cost, availability and location, quality, and preference for a specific type of ECE. Preferences that may be specific to immigrant communities, such as cultural congruence and ECE provider language use, have also been explored.

Many preferences for pragmatic characteristics have been examined, including hours of operation, distance to location, reliability, flexibility of care and cost. In interviews with Latina immigrant mothers, Vesely (2013) found that they reported flexible hours of operation as a desired characteristic for childcare. It was noted that almost half of the Latina mothers worked evening or overnight shifts and relied on neighbors for nonstandard hour care in the evenings. An examination using a nationally representative data set also found that 46 percent of Latino children in immigrant, low-income households attended ECE during nonstandard hours (Crosby & Mendez, 2016). Latina women, across nativity status, who rated cost, reliability and location

of ECE more important had a lower likelihood of using center-based care (Yesil-Dagli, 2011). The influence of pragmatic preferences needs to be explored further.

Preferences for quality care have not been explored thoroughly with this population. That said, interviews with low-income parents in Maryland and Minnesota have found that parents define quality broadly, often discussing trustworthiness of the provider as a main priority and characteristic of quality (Forry et al., 2014, 2013). In these studies parents also defined features of health and safety, such as cleanliness and open-door policies, as important indicators of quality. Lastly, another feature often discussed was the ECE provider supporting a child's learning (Forry et al., 2014, 2013; Kim & Fram, 2009). It should also be noted that parents were not familiar with provider credentials and accreditation (Forry et al., 2013). Overall, this work suggests there are multiple components of quality delineated by this population including trust, safety, and preparation for learning.

A few studies have examined how preferences for specific types of care relate to family and community contexts, as well as how these preferences are associated with ECE use (Buriel & Hurtado-Ortiz, 2000; Johnson et al., 2017; Satkowski et al., 2016). These analyses lend themselves to the accommodation model but their inconsistent findings suggest that more research into the factors that shape preferences and how preferences influence final ECE selection is needed. Moreover, there may be specific preferences that are more salient to Latino immigrant groups than to other populations, such as the language use of ECE providers, and preference for cultural continuity between the home and the provider. As stated above, studies using the accommodation model have found associations between preference for cultural continuity between the home and the provider and greater use of center-based care over parental care (Ansari, 2017; Johnson et al., 2017; Miller, Votruba-Drzal, & Coley, 2013). More research

is needed to understand which preferences are salient and significant to Latino immigrant populations, how they are related to family and community contexts, and how they are associated with potential opportunities and constraints, to influence final ECE use.

Opportunities and Constraints. As the final component of the ECE model, opportunities and constraints shape final childcare utilization. The receipt of public benefits, or financial assistance, is an often-studied opportunity which has been found to enable the increased use of center-based care. This said, in interviews with Latina immigrant mothers many reported being unfamiliar with potential assistance (Vesely, 2013). Moreover, federally funded child care subsidies have differing immigrant eligibility criteria that may impact an immigrant families' access to financial assistance. The main sources for ECE financial assistance are the Child Care and Development Block Grant (CCDBG) and Temporary Assistance for Needy Families (TANF) block grant (Matthews, 2017). Eligibility for CCDBG-funded child care is based on the child's citizenship status, where citizen children are eligible, regardless of the parent's status. On the other hand, TANF-funded child care is typically barred from authorized immigrant parents during their first five years in the country; states may transfer TANF funds to CCDBG child care, in which case CCDBG eligibility requirements apply. Given the differing criteria across programs, fear of being labeled a drain on the public good, and fear of being reported to immigration authorities for mixed status families, many immigrant families are hesitant to access such assistance when they are aware of it.

Numerous other constraints may exist for families as well. Vesely (2013) found Latina immigrant mothers discussed waiting lists as a barrier to care. Others that have been examined include nonstandard hours, reported on above, and whether finding ECE care options is reported

as difficult (Ansari, 2017; Yesil-Dagli, 2011). With regards to the accommodation model, this component of the model is understudied.

Limitations of the research on ECE selection by immigrant Latino families

A vast majority of the research on the ECE decision-making process and utilization of ECE of Latino foreign-born families have been quantitative analyses that often have adapted existing theoretical frameworks from non-Latino and non-immigrant populations and lacked insight into the decision-making process from Latino immigrant families themselves. As developmental psychologists increasingly acknowledge the ways that developmental pathways occur in culturally-bounded contexts (Fuller & García Coll, 2010; Weisner, 2002), the inclusion of perspectives from Latino families is necessary for ecological validity of the research. The lack of attention to the ways that Latino immigrant families may understand their contexts and describe the ECE decision-making process warrants direct exploration with the population themselves.

Of the quantitative studies presented, a number of limitations can be seen. First, most studies that report on the ECE decision-making process of Latino immigrant families have examined factors that influence their selection in comparison to other groups, such as in relation to U.S-born Latinos or other immigrant groups. Given the number of studies that have shown differences in those factors that influence selection between U.S.-born Latinos and foreign-born Latinos as well as differential patterns across immigrant groups by region of origin, a study focusing on the decision-making of foreign-born Latino families is warranted. Second, for those studies that have focused on immigrant families, an array of predictors has been used without consistency across studies. The recent inclusion of immigrant-specific factors in research is encouraging, and an increased examination of immigrant-specific factors to replicate past

findings is needed. Third, many of these studies have focused narrowly on specific sets of predictors, missing components of the theoretical model.

Beyond these limitations, a gap exists within the literature on how to interpret many of the results that examine the associations between family and community characteristics, preferences, and opportunities, and constraints and ECE selection. Researchers have been divided in their interpretation of the observed differences in ECE utilization, with some placing emphasis on structural interpretations (Ansari, 2017; Hernandez, Nancy, & Macartney, 2011), and others concluding cultural influences are most influential (Brandon, 2004). More research is needed to examine the patterns of ECE utilization and their relation to structural or cultural influences (Miller & Votruba-Drzal, 2013; Vesely, 2013). For example, a desire for bilingual or Spanish language ECE providers may be due to structural reasons, such as accessibility, where a parent desires the ability to communicate with a provider, or cultural reasons, where parents are interested in native language maintenance for their child (Vesely, 2013). A deeper understanding of the associations is necessary to adapt ECE policies and programs to better meet the needs of the child of Latino immigrant families.

Such insights can be gained by going beyond survey data to understand parents' reasoning by gathering in-depth qualitative data from small local samples to provide a richer account of this complex process. Overall, this warrants a study using mixed methods that examines the decision-making process of Latino immigrant families using the accommodation model, including immigrant-specific predictors.

CHAPTER 3: STUDY OVERVIEW & GOALS

This study responds to a call for more comprehensive research on the ECE experiences of Latino families in a recent research series by the National Research Center on Hispanic Children and Families (Crosby et al., 2016) and extends prior work in the field in a number of meaningful ways. First, it aims to provide greater ecological validity of the accommodation model with Latino foreign-born parents. Second, it aims to assess the role of geographic access to and attributes of center-based care providers for families alongside immigrant family characteristics, factors that need greater attention in the literature. Lastly, this study will utilize a mixed methods approach which will assess the many constructs within the accommodation model that are difficult to assess using either qualitative or quantitative methods alone.

Research Aims

This study aims to better understand the ECE decision-making process of Latino foreign-born parents with children ages 3 to 5 through an examination of the accommodation model to develop a culturally-informed model that delineates how family characteristics, community characteristics, parental preferences and perceived opportunities and constraints relate to ECE selection for this population. This aim will be addressed through a two-phase, mixed methods study. These phases will address the research aim through a series of three research questions (see Table 1).

Table 1. Research Design & Questions

Research Aim	Research Question	Phase
Better understand the ECE decision-making process of Latino foreign-born parents with children ages 3 to 5 through an examination of the accommodation model to develop a culturally-informed model that delineates how family characteristics, community characteristics, parental preferences and perceived opportunities and constraints relate to ECE selection for this population.	1. How do Latino foreign-born parents with children ages 3-5 describe their ECE decision making process, as related to the accommodation model?	Phase 1
	2. How do Latino foreign-born parents with children ages 3-5 parents describe their preferences and beliefs about ECE, and perceived opportunities and constraints in selecting ECE?	QUAL
	3. Test the culturally-informed model across a nationally-representative sample of Latino, foreign born parents making ECE decisions.	
	3a. Are community characteristics, family characteristics, and parental preferences associated with ECE selection?	Phase 2
	3b. Is the relationship between main identified themes and ECE selection moderated by perceived opportunities and constraints?	QUANT

The first phase of this study sought to interrogate the current theoretical framework of ECE decision-making with the population of interest. This enabled exploration of the accommodation model as it relates to the experiences of Latino immigrant families as they pursue early childhood education decisions for their children. Furthermore, it allowed for an in-depth exploration of the components within the hypothesized factors (family characteristics, community characteristics, preferences, and perceived opportunities and constraints) of the model and their relationship to each other. Moreover, this phase aimed, through the experiences of parents, to gain insight into whether specific relationships within the model relate to structural

or cultural factors. The primary goal of this phase was to create a modified, culturally-informed model informed by the accommodation model.

Phase two undertook quantitative testing of the revised model with a sample of Latino immigrant parents from a nationally representative survey. It aimed to better understand the relationships between family characteristics, community characteristics, and preferences as they relate to ECE selection by exploring those factors that arose within Phase 1 of the study and determining which factors were most predictive of parents' childcare decisions. Second, it aimed to examine the role of opportunities and constraints within the relationship of family, community characteristics and preference and ECE utilization. It used the innovative study design of the 2012 National Survey of Early Care and Education (NSECE) to assess the components of the revised model and determine which factors are most predictive.

Lastly a side-by-side comparison of the qualitative and quantitative data were used for the final interpretation. The comparison examined ways in which the results of each phase were congruent and discrepant, triangulating the data and questioning how the qualitative and quantitative analyses tell different stories of the data. Discrepancies that arose between the two phases were evaluated in the ways they provide evidence for elements of the theoretical model (Creswell & Plano Clark, 2011). This mixed methods approach assesses the many constructs within the accommodation model that are difficult to assess using either qualitative or quantitative methods alone. Overall, this study expanded on previous studies by utilizing the innovative design of the NSECE, examining ECE availability and immigrant characteristics which have received limited empirical examination in the literature, and providing thick description of the ECE decision-making process of Latino immigrant families using a mixed methods design.

Methodological Overview

This study used a transformative mixed methods approach. This approach is guided by the transformative framework, which “directly engages the complexity encountered by researchers and evaluators in culturally diverse communities when their work is focused on increasing social justice” (Mertens, 2008, p.10). It is directed by axiological concerns of inequity and oppression as well as cultural responsiveness. This requires the researcher to ask critical questions of their research design and process that interrogates the inclusion of underrepresented groups, historical discrimination and the possibilities for change. As outlined previously, the proposed research project sought to address inequities in access and structures of early childhood education for Latino immigrant families.

Yoshikawa and colleagues (2008) have argued that integrating qualitative and quantitative approaches will allow researchers to gain a greater understanding of developmental processes. They claim that the need to examine the reciprocal relationship between contextual and individual factors calls for mixing methods. As the accommodation model is concerned with contextual factors, such as social networks and availability of care, as well as individual characteristics, such as parent characteristics, mixed methods will assist in understanding their interaction. Moreover, the use of mixed methods is also encouraged by the authors of the accommodation model (Chaudry et al., 2010). Chaudry and colleagues (2010) encourage studies that may reveal important constraints and opportunities that can later be modeled within quantitative analysis. Qualitative analysis will ensure that those features of immigrant Latino families’ contexts, which they accommodate to meet their ECE and family needs, are identified and included in quantitative analyses, while the quantitative analysis can assess the relationships between factors across a representative sample. Qualitative methods can also provide a deeper

understanding to under-researched components of the model, such as the normative beliefs underlying ECE decision-making and parental preferences. In this way, the integration of qualitative and quantitative methods offers complementary benefits, where the inclusion of each method enhances the other (Bryman, 2006). The proposed study integrates multiple methods into the research design through the transformative mixed-method design (see Figure 2 for a visual outline of the design).

Mixed methods scholars urge researchers who choose mixed methods approaches to be clear on their reasoning for the approach as well as their choices regarding timing, weighting and mixing of methods (Creswell & Plano Clark, 2011; Plano Clark, Huddleston-Casas, Churchill, O'Neil Green, & Garrett, 2008). The mixing of methods for this study is theoretically driven by the transformative paradigm. This meta-physical framework situates research in response to inequities and is concerned with achieving social justice (Mertens, 2010, 2012). The transformative paradigm requires that the researcher consider cultural and ethical norms of the communities they are working with. Specifically, this paradigm encourages members of the community be included in the research process. For this reason, the first strand of research in this study utilized qualitative methods to ensure the voices and perspectives of the target population were included at the outset. This first strand also allowed me to assess the ecological validity of the accommodation model with the target population. The second strand utilized quantitative methods to assess the model with a large, nationally representative sample which is characterized by detailed information on the characteristics of family's ECE decisions (Santhiveeran, 2010). These strands were integrated for a final analysis.

CHAPTER 4: PHASE I QUALITATIVE STUDY

Research Question

The qualitative phase of the research design addressed the first research aim by asking two questions: 1. How do Latino foreign-born parents with children ages 3-5 describe their ECE decision making process, as related to the accommodation model, and 2. How do Latino foreign-born parents with children ages 3-5 parents describe their preferences and beliefs about early childhood education and care, and perceived opportunities and constraints in selecting ECE?

Methods

Procedures.

Recruitment. First, communities were identified with substantial Latino immigrant populations. Community-based immigrant advocacy organizations were consulted to identify neighborhoods in the greater New York and New Jersey area with significant populations of the target group. A list of 18 communities were initially identified. Next, ECE utilization literature on primary community characteristics associated with ECE choice for this population was used to stratify the identified communities and maximize variation of participants across these community characteristics. As noted, research on childcare use has shown that community language use in English and Spanish (as well as individual English proficiency of mothers) and availability of care settings have been associated with greater center-based use among Latino immigrant families (Ansari, 2017; Johnson et al., 2017; Miller & Votruba-Drzal, 2013). Identified communities were sorted into a matrix of high and low ECE availability and community language use utilizing available 2010 and 2015 Census data. One community from each quadrant of the matrix was chosen. Lastly, community and cultural organizations, immigrant-rights groups and churches within each of the four communities were contacted to

begin building rapport within the community, gain access to the population and locate a space to conduct group interviews. These institutions were formally presented with information about the study.

Recruitment consisted of contacting local cultural and community organizations, libraries, and religious institutions with Spanish-speaking services. Once a location and date was set with a local organization for a group interview, flyers were generated that included the appropriate time, date and location. These flyers were distributed by local organizations and placed in prominent areas in each community, such as local stores and restaurants. The primary researcher also canvassed the neighborhoods and distributed flyers after Spanish-language mass, outside of local elementary schools, and in town centers during the afternoons and weekends. Local organizations that provided English classes to immigrant populations were approached to present the study during classes; the researcher made presentations to a number of classes. In each community over 100 flyers were distributed to families. Interested individuals were invited to call the number of the flyer and then were screened by the researcher for eligibility. Eligibility criteria included ensuring the individuals were over 18, migrated to the U.S. from a Latin American country, and had a child between the ages of three to five. After ensuring interested individuals met the eligibility criteria they were invited to the collective interview.

Recruitment aimed to maximize variation of group interview participants by type of childcare utilization, including those who used parent-, home- and center-based care within each community. Despite this, the diversity of recruitment sites resulted in variation among the entire sample, but not the desired balance within each community. Overall, half of the sample used center-based ECE while approximately one quarter used friend or neighbor care and one quarter cared for their child or primary guardian care for their child.

With the aim of creating a reciprocal relationship with the chosen target communities, a workshop on language development of bilingual children was provided within each community. The workshops were open to any interested community member and group interview participants were invited to attend. Group interviews were often conducted before or after the workshops. Such workshops are considered commonplace within the neighborhoods and were provided by cultural, educational and health institutions within the neighborhood. The opportunity to attend the workshop was not considered to have undue influence on the participants and was evaluated to not compromise consent procedures or research ethics given that there was interest in the community and participants could attend the workshop and not participate in the study. Within each community more individuals, the majority of whom were Latino immigrants, attended the workshop than participated in the group interviews.

Group Interviews. Small group interviews were conducted with 2 to 4 participants per group and drew on the strengths of in-depth interview and focus group methodologies. The use of group interviews allowed the study to gain an emic perspective of Latino immigrant parents' ECE decision-making. The small nature of these groups provided each participant the opportunity to respond to each of the interview questions, and to describe their individual ECE decision making process and search for their child between the ages of 3 to 5. Alongside allowing participants to describe their own circumstances, the group aspect of the interviews allowed for strengths of a focus group format to be exploited. Focus groups excel providing insights into process and allow multiple perspectives to be heard on a topic while exploring consensus (Morgan & Kruegar, 1993). For example, when discussing parental preferences, multiple preferences may be discussed but the conversation will likely converge on those that resonate across all parents.

An interview protocol was developed utilizing open-ended questions and two different stimuli activities to progressively gain insight into the process of decision-making regarding ECE. The use of these methods aimed to develop a discussion that identified elements of ECE providers and their circumstances that were most salient to Latino immigrant parents and provided insight into how they weigh such competing priorities within their search. Overall, the protocol explored family values and beliefs regarding child rearing, important characteristics and preferences of early childhood care, previous experiences finding care, the common ECE practices within their community, and competing priorities in the care search for their children ages 3 to 5 (see Appendix A for the protocol). The protocol began with broad, non-threatening questions that progressed in sensitivity over the course of the discussion. For example, after a warm-up question asking parents to share their favorite place to go with their child, the questions began with questions that were not specific to their specific set of decisions, asking about ideal ECE situations and later moving into asking about their family's previous ECE searches. Such sequencing has been suggested to build rapport and help participants gain comfort to share information (Barbour, 2011).

In addition to open-ended questions, two different stimuli activities were used to draw on the strengths of focus group methods. First, a ranking activity was used which asked people to rank characteristics they had listed earlier about their ideal ECE provider by importance. The ranking exercise encouraged participants to provide greater detail on the characteristics they had mentioned in order to gain consensus with others. Through this exercise participants were encouraged to outline the dimensions of these characteristics in comparison to others. This resulted in robust discussions within focus groups as participants did not always agree on the importance of particular factors. It also led to insights about the relationship between

characteristics as individuals clarified how one characteristic may be ascertained or be dependent on another – for example “good references” and “trained teachers” were characteristics often listed and participants made connections between them.

The second activity used three vignettes as stimuli material. Vignettes of families with children between the ages of 3 and 5 were created that drew from the investigator’s prior experiences with families and from the literature on family ECE selection. Each vignette included a family which needed to make a decision about ECE for their child. Participants were asked to give advice to the family regarding next steps in securing care. In one vignette families were asked to provide advice for a family conducting an ECE search who wanted greater educational support for their child but the options varied by cost; a second asked families to give advice to a recent immigrant family looking for center-based options who were told local programs were full. The use of vignettes in focus group is theorized to elicit comments about similar situations in participant’s lives (Barbour, 2011). Furthermore, they can be used to probe into more sensitive topics that allow participants to discuss issues without implicating themselves (Guest, Namey, & Mitchell, 2013). For example, multiple vignettes included aspects of the family’s financial situation that presented potential barriers to ECE use as the topic of economic resources can be difficult for participants to discuss. Multiple participants remarked that they have had similar experiences to those described by the vignettes.

Finally, at the conclusion of the group interview, each participant filled out a questionnaire that included questions about their current ECE use and preferences, as well as demographic information about themselves and their family (see Appendix B). The questions included information regarding current ECE use, how they found their primary ECE provider, and what characteristics they would use if they were to search for care again. These were meant

to complement participants' descriptions in the group interview. Specifically, the question regarding the specific traits they would seek if searching for a new primary provider were meant to elicit private perspectives (Barbour, 2011). The data collected from the questionnaires was used to assess variation in ECE utilization within the sample as well as to engage in intra-group comparisons, for example comparing ECE characteristics between participants from countries of origin that provide versus do not provide center-based ECE programs.

The group interviews were conducted in a private room, often in a community institution such as a library or cultural center in the target community. Before the start of the interviews participants received a copy of the consent form which was read aloud together. Participants were encouraged to ask questions during the informed consent process and after all questions were answered participants were asked if they consented to participate and have the session recorded; all participants consented to participate and agreed to have the interview recorded. The average collective interview ran one hour and seven and a half minutes. All interviews were conducted in Spanish (participants' preferred language); approximately four participants also spoke English a number of times in two interviews; these comments were translated into Spanish for other participants to understand.

Participants. Twenty-two parents from 18 Latino immigrant families who had children between the ages of 34 and 74 months participated in six group interviews; the majority of families had only one parent participate (participants included two grandparents who were the primary caregivers but the term "parents" will be used for simplicity). Table 2 describes participant characteristics and Table 3 provides family characteristics for the entire sample and separately by site. Approximately three fourths ($n=17$) of the participants were female and all but one participant lived with a spouse or partner. A range of countries were represented by

participants, with the greatest number of participants from Mexico ($n=10$), followed by Guatemala ($n=4$), Colombia ($n=3$), El Salvador ($n=2$), Honduras ($n=1$), and the Dominican Republic ($n=1$); one of the families in which both parents participated had one parent who was born in the U.S. Approximately half ($n=10$) of foreign-born participants had resided in the United States for over 10 years, three had arrived in the last three years and two participants did not disclose their length of time in the United States. The participants ranged in age from 19 to over 50 years old with over half of participants ($n=12$) in their 30s. There was a variety of educational experiences represented, with three participants having no formal schooling, three participants having some primary school education, approximately one-third ($n=7$) having some high school or having graduated high school and one fourth ($n=6$) having some or completed college or graduate school, and three unwilling to respond. When asked if currently working, half of the participants responded that they were ($n=11$), 8 responded they were not and three refused to respond; of those currently working four did not have regular schedules.

Table 2. Sample descriptive statistics by participant characteristic, by community

	Overall	Community			
		PR (n=7)	PL (n=6)	UC (n=4)	R (n=4)
Relationship to child					
Mother	16	6	5	2	3
Father	4	1	1	1	1
Grandmother*	1	0	0	1	0
Grandfather*	1	0	0	1	0
Average Age					
Country of Origin					
Mexico	10	4	1	1	4
Guatemala	4	0	4	0	0
Colombia	3	2	0	1	0
El Salvador	2	0	0	2	0
Honduras	1	1	0	0	0
Dominican Republic	1	0	1	0	0
U.S.**	1	0	0	1	0
Number of Years in the US					
1 to 3 years	3	1	2	0	0
4 to 10 years	6	3	1	1	1
11 to 15 years	3	1	1	0	1
16 to 20 years	3	1	0	0	2
>20 years	4	1	0	3	0
No Response	3	0	2	1	0
Languages Spoken					
Spanish Only	10	4	1	2	3
Spanish & English	7	2	1	3	1
Spanish & K'iche'	4	0	4	0	0
Spanish & Mixteco & English	1	1	0	0	0
Employment					
Employed	11	5	1	2	3
Not employed	8	2	4	1	1
No Response	3	0	1	2	0
Education					
No Formal Schooling	3	2	1	0	0
Some Primary	3	1	0	0	2
Some HS	4	1	2	0	1
Completed HS	3	1	1	0	1
Some College	2	1	1	0	0
Completed College	2	0	0	1	0
Graduate School	2	1	0	2	0
No Response	3	0	1	2	0

*Grandparents were the primary caregiver of the child 3-5

**U.S. born participant attended collective interview with foreign-born spouse

All participants reported speaking Spanish, while half also spoke another language; approximately one third ($n=7$) of participants reported speaking English, while 5 other adults reported speaking an indigenous language, such as Mixteco or K'iche'. Fifteen families reported speaking only Spanish with their children while 5 families spoke English and Spanish to them and two families reported speaking Spanish and K'iche' with them.

Table 3. Sample descriptive statistics of family characteristics, by community

	Overall	Community			
		PR ($n=7$)	PL ($n=5$)	UC ($n=3$)	R ($n=3$)
Cohabitate					
Yes	17	6	5	3	3
No	1	1	0	0	0
Number of Children					
One	6	2	1	3	0
Two	7	4	2	0	1
Three	3	0	2	0	1
Four	2	1	0	0	1
Language(s) Spoken with Children					
Spanish Only	11	4	2	3	2
Spanish & English	5	3	1	0	1
Spanish & K'iche'	2	0	2	0	0

When families described the care that their child was in, approximately half ($n=8$)

reported that their child's primary care provider was a school, center or organization, while six reported that a family, friend or neighbor took care of their child, and the final four reported they cared for their own child. Table 4 provides a summary of care utilization. Language used during care often differed by care type (numbers not shown in table). Of those whose children were primarily in a center-based setting, five reported that the care provider spoke to their children in English, three reported they were spoken to in English and Spanish, and one reported only Spanish was used. When a friend or neighbor was reported as the primary care provider all families reported Spanish being spoken with the children, with 1 family reporting both Spanish and English being spoken to the child. Lastly, when parents took care of their own children, three

parents reported using only Spanish with their child and another family reporting Mixteco used by his spouse, the primary care provider for their family.

Table 4. Sample descriptive statistics of Care Use, by community

	Overall	Community			
		PR (n=7)	PL (n=5)	UC (n=3)	R (n=3)
Primary Type of Care Used					
School, center or organization	8	2	4	0	2
Friend or neighbor	6	3	1	2	0
Parent or Grandparent	4	2	0	1	1
Language Used during Care					
English Only	5	3	2	0	0
Spanish Only	7	2	1	2	2
Spanish and English	4	1	2	0	1
Spanish and Mixteco	1	1	0	0	0
NR	1	0	0	1	0
Paid for Care					
Yes	7	3	2	1	1
No	9	4	2	1	2
No Response	2	0	1	1	0

Analytic Plan. Using the accommodation model as a theoretical framework, analyses of the qualitative data sought to evaluate evidence from Latino immigrant families to refine the model. It was anticipated that this refinement of the accommodation model through an emic perspective of these families would include greater specification or expansion of the original components and relationships within the model resulting in a culturally-informed model of ECE decision-making for the population.

The qualitative analysis approach was informed by both thematic coding (Braun & Clarke, 2006) and grounded theory (Corbin & Strauss, 2014) to analyze the data. Given the research aims of the first phase to delineate a culturally-informed model of decision-making regarding ECE selection, a grounded theory informed approach was primary used. Grounded theory analysis is concerned with the meaning participants ascribe to processes of core concern to generate a substantive theory regarding the process- in this case, the process of identifying and

selecting ECE. Through a systemic process of observing the data, the researcher seeks to generate conceptual categories that emerge from the data. Analytic strategies such as constant comparison were used to assess whether different codes were related conceptually and offer new dimension to the phenomenon. To compare the emergent model with the accommodation model, with the goal of refining or expanding the original model to reflect the experiences of this population, thematic analysis was utilized to compare and contrast themes emerging from the data with components of the accommodation model.

All interviews were transcribed by the researcher. Quotes selected for presentation within the results section were translated by the researcher and corrected for any grammatical errors. A handful of quotes are included in Spanish and translated for authenticity. The transcribed interviews were uploaded into NVivo 10 software for analysis. The analysis process began with open coding of the first four group interviews. Line-by-line coding was done where a small phrase was written that summarized the actions, opinions, and processes of each line. All line-by-line codes began with gerunds, which attempt to foreground the dynamic, active nature of participant descriptions and makes their ongoing nature salient. Using gerunds is recommended when coding within grounded theory, as this analytic process is driven by the understanding of the actions and processes that underlie a phenomenon. At times in vivo codes were used, where the participant's words were used to summarize the action.

This first phase of line-by-line coding of the first four focus groups generated over 760 codes. These codes were then examined for patterns and were grouped into emerging categories. As codes were condensed into categories, and constant comparison was used to examine the different descriptions across the category to see if they held together and incorporated a range of cases that provided greater meaning to the category (Corbin and Strauss, 2015). For example, as

a pattern of referencing experiences in their home country emerged, it became evident that some participants referenced their early ECE experiences whereas others referenced teaching and education more generally. As this category was explored more deeply it was subsumed within a larger category of the knowledge of ECE that participants draw from that guide their understanding and decision-making of ECE. These categories were captured in conceptual memos where the researcher outlined and explored the categories within the data for completeness and dimension. Moreover, these memos examined the relationship between categories. As the categories were constructed, all of the six group interviews were selectively coded for these categories. As portions of the interviews arose that did not correspond to a conceptual category, the categories were revisited and revised, at times creating new categories for analysis. This process was iterative as the categories were refined into the final concepts for the analysis. Memos were written to clarify these concepts, their dimensions, and their relations to each other.

The final categories that emerged were then compared to the accommodation model's components of decision-making, family characteristics, community characteristics, preferences, and perceived opportunities and constraints (Weber, 2011) utilizing thematic coding. These components were used as theoretical or deductive codes where transcripts were analyzed using these themes (Braun & Clarke, 2006). This additional analysis was conducted to ensure that elements specific to the theoretical framework discussed by Latino immigrant parents were not overlooked. For example, a category emerged in open coding regarding parents' beliefs about when educational programming was important for children that included a description of parents seeking speech/ language support in ECE care, and then the additional thematic coding solidified having a specialist as part of the ECE setting as a preference for some Latino immigrant families.

The use of thematic coding also allowed for greater contrast of the emerging model to the accommodation model. Overall, the emerging model differed from the accommodation model, as it added elements of the decision-making process that were emphasized as important to the childcare decision-making process of foreign-born Latino parents that were not well captured or salient within the accommodation model.

Results

Although the majority of families discussed having a primary ECE provider, families relied on multiple providers, including themselves, to care for their children. The analysis focused on the selection processes related to the primary caregiver. During the group interviews, multiple families discussed changing their primary caregiver for their child. Seven themes were identified regarding factors that influenced their decision-making process in selecting a primary early childhood care provider: (1) Beliefs about Development & Parental Goals; (2) “Cara vemos, corazon no sabemos”/Trusting Providers; (3) Understanding of ECE; (4) Perceived Context of Reception; (5) Informed Preferences, (6) Evaluating Care; and (7) Opportunities & Constraints. These themes are presented below.

Beliefs about Development and Parental Goals. The first theme identified that influence ECE decisions are a parent’s beliefs about development and socialization goals for their children. The beliefs and goals presented encompass those that were related to ECE selection and manifest in relation to other beliefs or goals, children’s development, or other themes identified within the model. When asked about the characteristics of a good parent or ideal care for a child at this age, parents described making decisions in response to their understandings of how their children grow over time and their goals for their children. These

understandings are enacted differently as children mature, with different beliefs and goals emerging as children age and approach kindergarten.

“A mother’s care is best”. All participants described maternal care as qualitatively different from care from others. Participating mothers and fathers alike shared the belief that mother’s care was best for their children. When discussing the ideal ECE situation for a family, Elena shared:

“No, the ideal is that one cares for their own children, because if you give your children [to someone else] to take care of them, they do not take care of them like one does. The ideal is to take care of your own children.” *“No, lo ideal es cuidar uno a sus propios hijos, porque cuando uno da los hijos [a otra persona] a cuidar, no se lo cuidan como uno... Lo ideal es cuidar uno a los propios hijos.”*

In a separate interview, Micaela shared a similar perspective, “Well, one should take care of their children because no one else can take care of them the same way.” These contrasts between the care that mothers can provide to care by others illustrates a conception of the mother-child relationship as best for children. This preference for maternal care extended past the mother, with multiple participants suggesting that if a mother was unable to care for their child, they should seek family help; the maternal grandmother was next best positioned to care for the child. Mothers best enacted the values, described below, as well as were inherently trusted, with no doubts raised as to whether they can care for their own children.

Although the underlying belief regarding the primacy of mother’s care was universal among participants, it is essential to note that this belief was not always realized within families; that is, mothers were not always the primary ECE provider. Contextual factors and other beliefs

emerged that promoted the primacy of other ECE choices and constrained the realization of this belief.

“Children are recording”. A second underlying belief about development that played a role in how parents made decisions about ECE was their perception of how children learn through observing others. Participants discussed how caregivers needed to be a good role model for children, with some parents explaining that children are constantly “recording.” Parents shared that what children see and hear influences how they behave as they develop. One father shared, “They record, record, record everything and when they are grown, they already know. That’s it, that’s how I teach my daughter.” Another father, Manuel, shared how children would repeat words he used, even if he only once used them. Others shared how one has to be sure that their behavior is congruent with their parenting, noting how children would notice if parents said one thing to a child but did something else themselves. These examples illustrate the emphasis parents placed on the relational nature of learning, with a child’s development influenced by the behaviors of others around them. This belief translated into careful attention paid into selecting nonparental ECE caregivers who would be good examples for their children. This understanding drives parent practices regarding how they evaluate care and informed their values that guided the care search.

Education once appropriate. A third belief that was identified from discussions was developmental expectations regarding children’s entry into and exposure to structured educational environments. Overall, participants stressed the importance of formal learning and education for their children. While families felt that they played a role in educating their children, many noted that center-based care options, like “daycare” or “pre-k,” provided socialization, structure, and learning opportunities for their children that they would not get at

home or with a home-based provider. In fact, families often invoked center-based programs as providing education, not care for children. For example, a mother stated, “the center is not raising my child, they are educating them,” when differentiating ECE choices.

As parents discussed education and center-based care it became clear that parents had specific ideas about when this type of formalized education was developmentally appropriate for their children. This progression to seeing formal education as appropriate was discussed in three ways by families – emerging as children aged, in response to developmental changes seen in their children or in response to recommendations by a pediatrician. In multiple group interviews parents openly disagreed about at which age it was best to place their children in an educational setting. In one group interview, Ernesto shared, “They should go to school when they are 5 years old,” and after another shared that their daughter went to center-care at 3 years-old, “yes, at three years old they should go to school, and I think it is really good for them because they teach them various things.” After asking one mother who sent her daughter to pre-k at 3 years-old due to a pediatrician’s recommendation regarding speech development whether she would think a center-based educational environment was still important without a doctor’s recommendation she responded, “yes, at four years-old she would’ve gone.” A second set of mothers described recognizing changes in their child’s cognitive development, such as becoming more inquisitive. In some cases, parents described how their children began asking to “start school” while others felt that they were reaching limits in their ability to formally teach children. These shifts promoted families to begin exploring other forms of ECE for their child that would provide greater educational input.

A third set of mothers described prompting by medical professionals, such as pediatricians, who diagnosed children with speech delays or recommended their child receive

language support. This external reference to the development of their child motivated parents to seek center-based services that had speech pathologists or other professionals who could support specific aspects of their children's development. Overall, parents' perspectives on when it was developmentally appropriate to send children to a center-based program for educational purposes varied considerably within and across group interviews.

In addition to variation in when parents felt it was developmentally appropriate for children to enter ECE with an educational focus, there was also variation in beliefs about the duration that was appropriate. Multiple parents questioned the value of full-day educational programming, expressing doubt that these programs were appropriate for children between the ages of 3 to 5. One parent, Emilia, stated simply, "Nine to three I think is excessive," and another mother, Liliana, worrying "it is the large amount of time for them, at that young age, that at times I think it is counterproductive." This belief in the appropriate duration of educational experiences for their children was often supported through the experiences of ECE in their home country.

Maintaining Language. A last component that emerged in response to ECE selection alongside parental beliefs about development was parents' goals for home-language maintenance with their children. In multiple group interviews the importance of maintaining the home language was discussed. When discussed, families shared that they felt it was important that children speak the parent's home language. Parents felt that their children would learn English in school; they implicitly did not question that their children would speak English but wanted them to speak both languages. Parents' belief that their home-language was important was undergirded by their desire to communicate with their children. Emotionally at times, non-English speaking parents described how children learning English in ECE settings was changing their ability to

communicate in Spanish with their parents. As one mother explained after sharing how her son is only learning English at a center-based ECE provider:

“My son is only learning English... I want him to learn Spanish, but, I just don’t know, because he is only speaking English and he understand me when I speak [in Spanish] but he doesn’t want to speak Spanish, I don’t know why. He is three years old and in the school where he is at it is pure English.” (Micaela)

“Bueno, mi hijo solamente está aprendiendo inglés... quiero que aprenda español, pero, es que no sé, porque solamente está hablando inglés y me entiende español, el me entiende cuando yo hablo, pero el no quiere hablar español, no sé por qué. Tiene tres años y en la escuela donde está es puro inglés.”

Parents also described the instrumental value of language and the benefits of knowing two languages for future career and economic opportunities as they recounted the increase of Spanish use in the US.

While the goal that children maintain their home language was shared across families, there were differences in how parents thought this was obtained in relation to ECE choice. Some families felt that children would learn English in school settings and that Spanish would have to be learned at home, while this goal was a driver in characteristics of care that were important to other families. In the former category, one mother, Karina, remarked, “I mean, it would be great [if we had bilingual programs] but if we are already fighting for some care for our children... I won’t worry about the second language that much... unfortunately that is something you have to fight for on your own.” A separate set of families saw their ECE provider as a vehicle to enact this parental goal. One family described that when searching for a babysitter for their child, speaking Spanish well was one of two primary qualities they looked for. Others, knowing there

was a bilingual program locally, attempted to put their children in that center, describing the preference for bilingual center. Thus, the knowledge of available opportunities, and the context of reception influenced how the belief about the importance of language manifests through ECE choices.

In contrast to the common desire for children to retain Spanish skills, this desire did not extend to indigenous languages. In the one group interview where the home language was K'iche', language maintenance was not discussed during the group interview; further, no speakers of indigenous languages reported speaking only their respective indigenous language to their children. During workshops provided before or after the group interviews, indigenous speakers spoke of their reluctance to speak their indigenous language with children and remarked on the instrumental value of Spanish in the United States.

“Cara vemos, corazon no sabemos” / Trusting Providers. A second theme identified in the decision-making process of ECE was the importance of trust for families. Trusting nonparental ECE providers with their children was important in selecting an ECE setting as well as in being comfortable continuing to use that setting for their child. Trust was assessed in multiple ways by families: 1) protection from maltreatment and danger; 2) character & preparation; 3) carino & responsiveness.

Trust was not only important in initially selecting care but also in being comfortable in continuing to use that setting for their child. One parent shared a story that demonstrates the centrality of trust to the relationship between parents and a nonparental ECE provider, noting that her sons called their babysitter “mommy.” Emphasizing the babysitter’s role in her children’s life, she shared how her older son’s preschool teacher believed that the babysitter was the mother as the babysitter cared for her sons before and after the program. The provider had

taken pictures of all the children's parents and placed them on the wall, including the babysitter as her son's mother. When asked if that bothered her, she responded no, "for me it is better that they feel she is their mother, because I know they are well cared for." Another mother, responding to a vignette of a woman who needed to find care for her child because she needed to begin working, shared, "The best, if I cannot care for my child, is my mother. Who can take better care of my child than my mom? Because others, 'cara vemos, corazon no sabemos' [we see their face, but we don't know their heart]." The need to have confidence that the provider had qualities that they felt were an essential part of being with their children is an extension of the "a mother's care is best" belief. The attributes listed below were the dimensions of trust that parents felt were important to feel confident in selecting and/or continuing to use an ECE setting.

Protection from maltreatment and danger. Alongside valuing knowing and trusting a provider, participants valued a safe environment for their children. Some parent stated that they would want to be sure the provider did not drink or use drugs when caring for their children. Parents often told stories that encapsulated their fears about a provider or personal experiences where they felt children were mistreated. Ernesto told a story of a caregiver he knew who gave children in their care something in their drink to force them to fall asleep. Others shared stories they saw on the news of children being left in houses that were entered by gang members and were hurt. These often outlandish stories captured the same fear that many parents shared regarding the potential unsafe situations that can happen if they do not know and trust the provider.

Aspects of safety ranged from potential actions by the provider to the potential for others to have access to the child. Talking about how she always cared for her child, a mother voiced, "If you don't take care of your own children, you don't know what will happen if you leave them

with a babysitter or a daycare. When he was born, never a babysitter, there are babysitters who hit children, who care for five, six children. I don't want that to happen." In this case, the mother highlighted the desire for an environment where she would not worry about physical harm from providers. In a separate example, when talking about searching for an individual provider to take care of their children, multiple parents expressed wanting to know about who else might come into the space, such as a husband, brother or other family member. They were concerned that their children may be exposed to others they did not know or trust who could endanger them. The majority of these stories and illustrations of the importance of safety were related to home-based settings. Throughout their stories, families raised concerns about the potential for mistreatment and danger for children in home-based settings, suggesting the criteria of safety and maltreatment is critically applied to parent's assessment of home-based providers. Concerns for child safety were extended to center-based care through mother's request for center-based staff to pass through background checks. Together, these suggest that parents are concerned with a potential provider's ability to provide a secure environment that will not expose children to maltreatment or physical harm from others.

Character & Preparation. A second component of trusting a provider was confidence that they would be a positive role model, have a vocation for working with children, and have adequate training. Parents expressed that they wanted a caregiver who could be a positive role model and teach children "good" habits. More profoundly, parents were often concerned with whether the individuals taking care of their children were morally good people. "You need to know the people that you leave your children with well, what are their thoughts, whether they are a good or bad person," one parent responded when asked about important characteristics of an ECE provider. One parent, Lucas, responded that he would like to know "moral solvency," of the

providers. As another element of character, parents valued individuals who had a “love for their job” and enjoyed working with children. Juan Diego explained, “I would say that I would look for, apart from qualities, is vocation because everyone has a vocation. There are people who like children, and those who because of necessity care for children, but that is not the type of person I look for.” The need for a provider to have a vocation was attributed across ECE settings with parents elucidating how teachers in preschools can have an affinity for their work with children and others not, impacting their quality as a provider while others discussed vocation as necessary for someone locally who cared for children in her home. Together, having an affinity for working with children along with being a good example for children encapsulated parents’ concerns for a provider’s character.

While there was no pattern among parents in trusting one type of provider over another to be a model for their children, parents stressed various ways to assess character for different types of care. For a handful of families, they expressed their preference for center-based settings provided by the Catholic church, explaining how such settings can teach children right from wrong; the designation of being a Catholic institution provided assurance of the character of the provider to these families. For home-based providers, parents stressed the need to know a person, as Regina explained, “you don’t leave your child with whomever... you can leave your child with someone else, but you should know the person well.” For center-based providers parents discussed wanting to make sure they were trained, qualified, and evaluated.

Alongside character, parents across multiple interviews discussed wanting to know that the person had the necessary preparation to work with children. They felt that trained individuals would know how to appropriately interact with children and wouldn’t have negative characteristics such as resorting to yelling at children. Across all families a floor of minimum

preparation was shared as criteria for assuring character. The exact type of preparation varied among participants. Some expressed that they would just want to have someone who has completed at least a high school education and have some knowledge of child development while others emphasized wanting individuals who have had more specialized training in child development or teaching. Overall, the desire for character and preparation was related to the belief that “children were always recording,” as parents wanted to ensure that their children would be surrounded by role models who were suited to work with their child.

Cariño & Responsiveness. A last component of trustworthiness was that parents desired that the relationship between the ECE provider and their child would be one that was warm, nurturing, and attentive. In multiple group interviews parents responded that “cariño” was an important characteristic for an ECE provider. Cariño encompasses affection, love and nurturing behavior by the provider with the child. While nurturing was expressed as an important attribute to signal trustworthiness there was no common characterization of nurturance across parents. While ranking the importance of provider characteristics in one group interview, one mother struggled to define one way of assessing cariño, explaining how some caregivers, like her mother, may be perceived as stricter and start out in a way that may be characterized as cold, but “as they begin to care for them you begin to see them start to bond with the children.” Overall, mothers described seeing a positive, supportive relationship between children and providers as an important indicator of quality care for their children.

Alongside a nurturing relationship, parents expressed wanting attentive caregivers who would keep an eye on their children’s development. Whether they themselves take care of their children or their child is in a center setting, they valued observing how a child was progressing educationally and receiving feedback on their behavior. Other families who did not take care for

their own children expressed wanting teachers and other caregivers to be responsive to a child's behavior and learning progress. They felt that quality care derived from those who were in tune with their children's growth. This translated into the expectation that a provider would communicate with parents regarding the development of their child which fostered greater trust.

Understanding of Early Childhood Education. A third theme that emerged from group interviews regarding the factors that influence ECE selection was families' understanding of early childhood education. Families drew on their experiences and knowledge of ECE types as well as their cultural capital when making decisions about care for their child. Within group interviews, participants often compared aspects of ECE providers to the options they grew up with in their home country. In multiple group interviews, especially those with recently arrived immigrants, participants asked questions and shared information about ECE providers, yet this communication was hindered by the lack of common definitions and shared understandings of ECE settings. Overall, the parent's mental representations of their early childhood options were informed by their own experiences as a child, their understanding of the multiple types of care and the available options locally. A parent's knowledge of ECE maps allow specific parental beliefs and goals to be expressed or drives their assumptions about the relationship between specific attributes and types of care. For example, the belief regarding education as appropriate may be facilitated by their previous experiences with care in their own lives, such as when a mother had attended center-based care for a couple of hours each day when she was four years old, and thus felt this was most appropriate in comparison to a full day program for her own child.

Perceptions of ECE choices. The first element of this theme describes how parents' perceived options of ECE care are informed by comparisons of ECE program in their home

countries and the U.S. as well as their understandings of ECE types within the United States. Their understanding of the availability of programs for children before primary school, the form that such programs take, and the quality of such programs all were influenced by their experiences in their home country and their knowledge of programs within the U.S. educational system. These varied perceptions influenced the ECE options they sought out as well as information sharing among other community members.

First, parents' perceptions of ECE choices were informed by their experiences in their home country. Throughout the group interviews parents often described their experiences in their home country and how they shaped parent expectations in the United States during the ECE search. Multiple parents discussed the programs they attended as young kids. One mother from Colombia recounted:

“In Colombia, the children go to “infantgarten” since they are two years old. It isn’t all day, it is only a couple of hours, and people are used to it, so they take care of their children or the grandmother does, but they go to a couple of hours of that structure where they are singing, playing and doing whatever. Well, they are teaching them their letters, the vowels, but it is more the structure where they are starting to socialize among themselves. So, it is a habit.”

In the same group interview another participant from Colombia commented on the differences between “infantgarten” and her perceptions of programs available in the US. As the two participants continued to discuss and compare the programs in the U.S. and in their home country, they agreed the program in Colombia “has no name here” and attempted to draw distinctions between “infantgarten” and daycare or preschool programs in the United States. A major distinction was the time that children spent within care, where “infantgarten” was only a

handful of hours while their perception of U.S. programs was full-day programming. A second distinction was the perceived pedagogical approaches between programs in the home country and in the US. The two participants juxtaposed the “infantgarten” use of play to their perceptions of U.S. preschool programs being more didactic in nature. These parents felt that the structured, didactic format they perceived within local preschools was developmentally inappropriate for children. Separately, another group of felt that teacher preparation in the U.S. led to greater learning in their children, with one mother, Maria Jose, stating, “In Mexico, they simply give a teacher a degree and don’t teach them anything,” with other parents chiming in in agreement. These parents shared how they felt they saw a difference in their children’s ability to demonstrate reading and other skills at home. Taken together, parents utilized their experiences and perceptions of ECE within the home country as comparisons for what was developmentally appropriate for their children. These perceptions interplay with parental beliefs about education as appropriate, where their beliefs about educational programming are both influenced by their own experiences but also drive how they understand local ECE settings as developmentally appropriate or inappropriate.

Second, a separate aspect of parents’ perceptions of ECE settings was their understanding of the types of ECE within the U.S. Throughout the group interviews it became explicit that participants had many different understandings of the types of ECE options which impeded communication. Participants used several different terms to describe their current primary ECE provider or those available in their neighborhood; these included “daycare,” “preschool,” “school,” as well as “babysitter,” or “nanny.” Terms such as “Head Start” or “licensed home daycare” programs, which may be familiar to some, were each only mentioned only once across all group interviews. Alongside the variety of words to describe ECE settings which can hinder

mutual understandings, it became clear that even when parents used shared terms their definition of these terms may have differed. The definitions varied on whether a specific type of care referred to care for just their children or multiple children, whether the care was publicly funded or was to be paid for and whether its primary function was care or education. For example, during one interview multiple parents disagreed whether daycares were public and free of cost or were private and charged families. This lack of shared understanding of available options most likely influences information sharing practices among social networks, such as through giving references, among families.

While there were often misconceptions about ECE types, there seemed to be clear patterns regarding two ECE concepts. First, when parents described a center-based program explicitly, they were referring to a formal program that aimed to provide educational content to children. Second, families used “daycare” to refer to multiple types of ECE including center as well as formal and informal home care, with the distinguishing feature appearing to be care of multiple children. Families also referred to “daycare” as too costly and questioned whether it would be affordable for families in their community. Within multiple group interviews, the perceptions of daycare as costly was credited to the lack of center-based care use by others in the community. These examples suggest that families may develop assumptions about specific attributes related to specific ECE terms, that then influence their selection. For example, if families attribute “unaffordable” to the term “daycare” they may not seek out providers that call themselves “daycare” or referred to as “daycare” by others within their social network.

Lastly, the knowledge of educational norms extended past specific knowledge of ECE providers to the practices associated with accessing and utilizing care. In multiple interview groups, parents wished that they had a place that could assist them in understanding what was

available and in finding care. Specifically, two recently arrived participants, in separate group interviews, described processes of attempting to register for public pre-k programs and facing obstacles in completing necessary medical and registration paperwork and being denied seats. In both instances, other participants attempted to ascertain the sequence of events, and provided recommendations on how to return to the district office to get the appropriate support. It appears both participants were turned away from public prekindergarten slots inappropriately. These two stories suggest that the length of time in the United States may influence knowledge on educational norms and the underlying knowledge needed to successfully navigate ECE systems.

Knowledge of local ECE options. A second element within this theme, alongside the perceptions of ECE settings, is families' knowledge of specific local ECE options. The knowledge of what options were locally available constrained ECE choices to those options available. This could be seen in group interviews where recently arrived immigrant participants asked for specific follow up information as other participants shared their ECE use, learning about new potential providers for their children. This concept extends beyond just recently arrived immigrants as discussions of whether a local preschool program served three or four year-olds demonstrated many families were unsure about the specifics of programs in their neighborhood. Not knowing a program in the community served three year olds would constrain a family's decision to use nonparental care for their three year old.

The knowledge of local ECE options influenced how beliefs about development and parental goals manifested. For example, the knowledge of a local bilingual center-based option appeared associated with parental goals for language maintenance. One mother expressed her dissatisfaction with her son's current ECE placement, and when asked explained, "Because he was going to go to the same place my daughter went but they sent him to another school because

they did not accept him there... and in that school it is pure English, in the other one was in Spanish. That is why I am not very happy.” The mother originally sought to place her son in a bilingual center-based program, which she knew was available because her daughter previously attended the program. This same mother previously had expressed the importance of language maintenance and the knowledge of a bilingual program, that was not available for her son, meant that she evaluated other ECE choices based on their ability to support his maintenance of Spanish. She went on to describe that the center was fine in other ways, such as supporting her son’s learning which she also cared about. The specific scenario reveals a mother who sought center-based care for her son, for whom it was now developmentally appropriate, and had a parenting goal of Spanish language maintenance which had become expressed as an important ECE characteristic because of her knowledge of local bilingual programs. The primary choice in the mother’s ECE choice was thus a bilingual center-based provider, and when due to provider constraints her son could not attend the bilingual center, the mother expressed disappointment and placed her son in English, monolingual care. Overall, these results suggest that an awareness of local providers can inhibit or facilitate the expression of particular beliefs, goals, and values as related to the ECE search.

Perceived Context of Reception. A fourth theme identified from group interviews was how families perceived the potential to experience discrimination and disparate access locally which in turn shaped their willingness to access nonparental ECE as well as their ability to access local options. Moreover, the broader political climate affected their perceptions of what may be available to them.

Discrimination & Racism. A first dimension within the context of reception was the identification or anticipation of discrimination or recognition of disparities in access and quality

that influences parents' ECE decision-making process. While families did not directly discuss personal incidents of discrimination during their experiences seeking early childhood education, multiple respondents either diagnosed stories from other parents in the interview as experiences of racism or brought up racism when discussing characteristics of care. For example, one mother who recently arrived in the United States recounted a winding tale of going back and forth to a public preschool program being told contradictory information about the necessary paperwork she needed, whether there were seats available, and what was needed to ensure her four-year-old son could enter the preschool program. Multiple mothers attempted to give her solutions and ask questions to better understand her story. Explaining how she was told her son had a seat, and then being told there was no seat after being delayed two weeks to get the appropriate medical paperwork one mother candidly stated, "That, it's like racism. Because if you have done the evaluations, and your son is already registered, it isn't necessary to present the paperwork." When asked to explain further, she said, "My children, I have them in school and they don't kick out my children because I didn't come back for the paperwork. If he was supposed to be enrolled in two weeks, in two weeks bring the paperwork, but he is already enrolled." Similarly, a mother in a separate group interview recounted her struggles finding out the appropriate information about the public preschool programs in the community and being misled multiple times. Another participant questioned whether she was not better helped because of her lack of English or being an immigrant. She went on to share stories of how she perceived being treated rudely by staff at the district office when trying to get information or resources around preschool. Unrelatedly, when discussing the importance of references in the ECE search process, a mother asked the group, "What if there are racist teachers?" Although the question was interrupted by another's thoughts about references, the act of bringing up the concept of "racist teachers" suggests that the

mother perceived that they are a consideration in evaluating a potential ECE provider. While not common among the group interviews, these direct instances of naming racism suggest that some parents gauge their interactions with ECE systems with a critical lens regarding their ability to access resources, such as appropriate information about enrollment, and may evaluate potential ECE settings for the likelihood to experience discrimination.

Alongside sharing information about experiencing discrimination at the individual or center-based level, some parents noted perceived differences between their neighborhood and others around them regarding ECE opportunities. In one group interview two parents commented on the lack of daycare or private center-based care providers within their neighborhood. As they began to count the number of providers in the area, one mother replied, “I mean, in [this neighborhood] there is not one. Maybe there are two of those small ones,” and the other mother interjected, “in [the next neighborhood] there are three,” “yes, there are more,” “because we are getting closer to no Hispanics,” “yeah.” These two parents perceived that their largely Latino neighborhood had few “daycare” or private center-based ECE settings that serve multiple children, unlike other neighborhoods, because of the make-up of the neighborhood. Within another group interview, a mother noted the defeatist attitude of teachers within the public schools where her older children were enrolled. She perceived that teachers had a relaxed attitude towards educational attainment for children in the neighborhood and wondered whether it had something to do with the demographics of the population, which was majority low-income African American and Latino. These mothers began to point to systemic differences between their neighborhoods and those around them, associating them with disparate educational systems. The disparities in ECE resources between their communities and other communities was used to

illustrate the constraints in access – whether less access to options like private center-based settings or to quality ECE programs that will promote educational outcomes.

Perceptions of the political climate. In interactions with local cultural organizations to organize group interview sessions, a vast majority of staff members brought up stories of greater disengagement by the Latino immigrant community due to increasing national xenophobic political rhetoric and increasing activity by Immigration and Customs Enforcement. While several organizations worked on campaigns to support the rights and dignity of undocumented immigrants, immigrants with temporary protected status, asylum seekers and other immigrants, they described greater anxiety within the community. One staff member at a partnering organization explained how she saw increasing arrests and detainment of her English language students after she left her evening class. Another community organization was newly forming, attempting to catalyze the moment to create positive change in their local community. These positive and negative reactions to the increasing attacks on the immigrant community, especially aimed at migrants from Latin America, provide a backdrop for the study and suggests that Latino immigrants and their families were making more deliberate decisions about their participation in community institutions.

Beyond the concerns expressed by service providers, multiple parents expressed concerns regarding the political climate that influenced how they engaged within the study and may extend to their search for care. As I helped one participant fill out the demographic form, she did not want to select a category of number of years she had resided in the United States, explaining, “Because I don’t want problems. Sometimes they ask on the news, whether someone has fifteen years here, four years here.” This reluctance to disclose information regarding immigration status may apply further when interacting with other organizations, especially government

organizations, and suggests that parents are actively thinking about and cautious about their immigrant status in the contemporary political situation. Separately, as described in the early subsection on language, one parent described, “it would be great [if we had bilingual programs] but if we are already fighting for some care for our children- I won’t worry about the second language that much. That is a low priority. Unfortunately, that is something that one has to struggle with on their own.” The current “fight” was a closely covered political struggle to secure funding to offer public preschool to children in their larger community. The mother invoked the recent struggle for preschool programs against the larger political climate of xenophobia suggesting it is an impossible political battle. The dismissal of the bilingual programs as a feasible goal suggests that parents moderate their expectations of ECE providers by their perceptions of dominant attitudes. While this mother perceived bilingual programs were not possible, she lived in a community that had bilingual preschool programs provided by the municipality. This juxtaposition between her belief and the reality illustrates both the role of the knowledge of local options as well as perceptions of the political climate in constraining parents’ mental representations of potential ECE choices. This suggests that parents utilize the external political situation to shape their perceptions of what characteristics can be expected of ECE providers and how to interact with the system.

Informed Preferences. The previous themes of beliefs and goals, trusting a provider, knowledge of ECE and perceived context of reception are mutually reinforcing and interact within complex ways that lead to the expression of specific characteristics families searched for in a provider. Within the families, these constructed preferences were across multiple domains, including specific types of ECE and schedule, provider capacity, and safety characteristics. Other domains of preferences may exist for these families but were not salient during group interviews.

The previous themes interacted in ways to create specific preferences on ECE type. For many parents, the belief that a mother's care is best and education is appropriate for older children were intertwined to define preferences for parental or nonparental care. For example, many parents defaulted to preference for parental care until they began seeing developmental changes or felt it was appropriate for their children to be exposed to educational programming and socialization. Given that many parents within the discussions described the common perception that center-based settings are serving educational purposes, parents would prefer center-based care to meet this belief. This was further complicated by those settings they felt might provide education which were informed by their perceptions of ECE choices and knowledge of local options. The examples provided above referencing experiences in one's home country regarding center-based care also helped create mental representations of nonparental care that is appropriate for their child's development. As mentioned previously, some parents described wanting programs similar to what they had in their country of origin, which had shorter, part-day schedules. For others, a preference for shorter, part-day schedule arose due to their beliefs about when education was appropriate. Through another prism, some families, as mentioned above, sought ECE care that was affiliated with religious institutions. Overall, these expressions of these themes created preferences regarding ECE type and schedule.

Another domain was the specific support they could provide to children, or the capacity they had for working with children. For some, this included specific services for their children. For example, the belief in education when appropriate and knowledge of local ECE options intersected for some families who specifically sought out center-based care with language specialists for their children. One mother explained how she chose a school after recognizing that her child was having speech problems, "apart from having good references, [I picked it] because

that school teaches children how to speak. If they don't know how to speak, they teach them how to speak... that is the difference, they offer those services.” For other families, they sought out Spanish-speaking or bilingual care in order to maintain their home-language. For other families, attributes of trustworthiness, like looking for specific types of preparation such as experience working with children, manifested within this preference.

Lastly, a final domain of preference that was often cited by families were those directly related to safety. All group interviews mentioned some dimension of safety being an important characteristic of ECE setting. While primarily an expression of protection from danger and maltreatment, this domain also extended to specific characteristics such as seeking center-based cares that were licensed or “had their papers in order.” Safety often was an expression of trustworthiness, beliefs that children are recording, and knowledge of ECE options.

Evaluating Care. Families enact their beliefs, goals and attributes of trustworthiness through specific practices in their decisions to both acquire care for their children and their evaluations of satisfaction with their selected ECE setting (which may in turn lead to a new selection process if parents are dissatisfied). This theme illustrates the strategies used by families that provide a vehicle for previous themes to be negotiated in regard to ECE selection. Parents reported that they sought out references from others in their local community about potential providers to both expand their knowledge of local ECE options as well as assess whether they fit their preferences. Parents used multiple strategies to assess ECE settings both before selecting and while using ECE care – direct observation, child report, and communication with the provider. As families gained experience with the ECE field in the U.S. they learned how to better navigate resources available to them, especially as they prepared for their children to enter the K-12 school system.

References. Across all interviews parents described the importance of an ECE provider or organization having good references. Micaela explained that an important characteristic was “that it had references from other people about how good of a school it was, how safe it was, all of that. References to see if one should take their children there or not.” Knowing that others they trusted thought highly of a provider helped them to feel confident that the ECE would provide care that met their conditions for trust and caring for their children. While there was agreement that references were necessary, they were not sufficient for many parents. When ranking the importance of provider characteristics, many participants began to question the adequacy of only relying on references, “Because in there is my child. For me, if they tell me that the school is good, no I want it as fact. A reference, anyone can say it is a good school.” They highlighted the importance of both who was providing the reference and their relationship to that person as well as the subjective nature of references.

The ability for parents to gain references they could trust varied on the size of their social network, which was often tied to the length of time they lived in the location. Mothers who had recently moved to a new town or recently migrated to the United States described the limited number of people they could turn to for support in finding ECE options for their children. Having just moved to a new town, one mother relied on her mother’s recommendation for a babysitter. Although she did not know Doña Linda before she took care of her daughter, her mother’s recommendation “You won’t ever have to worry about Doña Linda, she will always treat her like she was her own daughter,” enabled her to feel confident in her choice. In responding to a vignette about a recently arrived family, participants encouraged her to ask around in the neighborhood, wherever they might be able to get information, whether a local shop or a park.

Direct Engagement. Alongside utilizing their social networks, parents also engaged in a number of direct engagement strategies to assess how ECE settings aligned with their beliefs, goals and characteristics essential to trustworthiness. These strategies included direct observation of ECE providers, communication with providers and child reports of their experiences.

As a first direct engagement strategy, parents described making it a point to see a provider first hand. They aimed to evaluate the provider based on observations of their actions with other children, the behavior of children in their care, and the safety of the location. Discussing how they knew they could trust a new babysitter, one mother explained, “I knew this woman for many years and saw her children since they were little. I mean, I knew that her children were well taken care of, happy, calm... you don’t see,” “you don’t see bad traits in those children” interjected a second mother in the group interview. Another mother shared the importance of going to observe center-based care:

Yes [you do need to know them] because when you evaluate them, you are present, you don’t leave your children with them... you are present and watch how they treat the other children because there are children and when they are educating them, anything that happens, you pay attention to how that person is.” “*Si [uno tiene que conocerlos] porque cuando les hacen las evaluaciones, uno está presente, no deja a los hijos con las personas. Uno está presente y ver como es que tratan a los demás niños porque hay niños y cuando los están formando, cualquier cosa, uno mismo se fija como está esa persona.*” (Alejandra)

Directly observing providers across ECE types was an important practice to ensure that providers were meeting attributes of trust and preferences.

Another practice that parents utilize is communication with the provider. Parents seek providers that will communicate with them about their child; they find it important to hear from providers whether something went wrong during care, and how their children are developing. Communication with the provider helped demonstrate a provider's responsiveness, allowed parents to evaluate them more thoroughly and increased trust. Discussing important characteristics of a provider, a parent shared, "To know them and see how they are making progress, because my daughter has difficulties in learning to speak, well both of my children, my son and my daughter had difficulties learning how to speak, and, well, that is what they teach. Asking [teachers] how they [my children] are doing."

Parents who did not care for their children also were attentive to changes in their children's demeanor towards care. Alongside being attentive to their children's changing attitudes and behavior in relation to care, once children were increasingly verbal parents used their ability to express what happens when they are in another person's or organization's care as another vehicle for parents to assess their care. For example, one mother shared this story about a conversation with her son who told her, "'Mommy, do not leave me with her,' 'why,' 'she twists my hand,' he, this child, he has been speaking since he was one year old, and he tells me everything, everything. What did I do? I got him away from the woman." Another mother noted a son's change from enthusiastic to crying when going to a family daycare, describing the change in behavior as an indication something was wrong at the site. She left work early one day to see her son sitting alone, wet, crying after a cold bath as the "señora" dealt with other children in her care. Alarmed at finding her son like this, she immediately began looking for new care. Thus, while her son was too young to verbalize what was going on, her attention to his behavior was an important part of how she cared for her child, even when she was no longer the primary care

taker during the day. Multiple participants shared similar stories about how their vigilance over their children assisted them in continuing to protect and care for them. Communication with providers and children alike was a vehicle for parents to evaluate care and determine whether current care choices should be changed.

Learning to become an advocate. Across these practices of evaluating the quality and fit of potential ECE settings, a number of mothers expressed being proactive about direct engagement strategies to better ensure their child was receiving the quality of care they desired. One group expanded on which aspects of communication they found to be important with providers, with one mother sharing, “If your child is being bad, that they communicate with you. That they call you for any emergency,” when another mother interjected, “But teachers will never do that. You, yourself, have to call them and ask how your child is behaving, or if you go to pick up your child ask the teacher. They may say that they are sick of you, but you have to ask about your children.” Instead of communication being solely a provider characteristic, this mother asserted that parents need to instigate the communication. Another interviewee, Diana, described how she decided to take a greater role in her daughter’s preschool space by being one of the leaders of a parent group for the program. In this role, she both reflected on the reluctance of other parents in utilizing spaces the center created for parents as well as her increased access to teachers and knowledge about the school. This mother was interested in better understanding the potential educational roadblocks for her daughter so that she could support her daughter’s educational attainment as best as possible. This hands-on approach to supporting education differed from other parent’s descriptions of their interactions with care. These parents engaged in greater vigilance of ECE settings and suggested a range of depth of interaction among participants in the ways they sought out ECE care and continued to monitor their alignment with

their beliefs, goals and trust criteria. These examples should temper expectations for the rigor in which some of these components are applied within the search for care as well as suggest that some families make decisions reactively whereas other are more proactive.

Opportunities and Constraints. A final component of the model, two specific components were seen as facilitating the expression of previous themes on final ECE selection for families.

Maternal Employment. Parents described maternal employment as a constraint for their preferences to manifest into particular types of care. At a primary level, while most participants preferred maternal care for children, if a mother needed to work due to economic necessity, then other care would be sought for their child. Responding to the common types of care in their community, one participant explained, “Well, if someone works, they’ll leave their child in daycare, but if a woman doesn’t work they take care of their children.” A father explained his families’ current ECE choice, “her mother is caring for her now,” and went on to identify how employment changes how this belief manifests, “but, maybe, if she goes to work one day my mother-in-law can take care of her.” For employed mothers, characteristic of employment also served as a force affecting their choice of ECE, limiting the potential types of nonparental care available to them. In one group interview, two mothers who worked quite a distance from their house talked about needed to find care that was available for greater hours. Thus, the availability and proximity of care was important for these two mothers while working, while adhering the preferences outlined above.

There was not sufficient evidence for other constraints reported by families. While maternal employment is intimately linked to the economic resources of families, families did not readily identify it as a barrier in the same manner as maternal employment. That said, all of the

families in the sample who used center-based care received free, publicly supported care. Only in one collective interview were financial barriers explicitly identified; two interview participants eschewed center-based daycare-like services or private center-based programming that has strong educational support as too expensive and noted that they did not consider such options in their search process given their assumption that they were beyond what they could afford. Unlike maternal employment which created a clear dichotomy of choices between parental and nonparental care types, the discussions during vignettes suggest that financial barriers were less absolute in how they constrained informed preferences; families expressed greater malleability in addressing financial constraints than maternal employment. During discussions of vignettes when financial circumstances were discussed, parents often suggested that families should do everything possible to afford options that provided educational support to their children (if they felt that education was appropriate) whereas they never questioned the choice for a mother to work when presented within the vignettes. Thus, while income and the cost of center-based care may serve as constraints to some types of care settings, this construct was much less richly described and appeared less powerful than the barrier presented by maternal employment.

Perception of Child's Development. Many elements of factors identified as affecting ECE selection appeared to show a key developmental trajectory. For example, the importance of educational settings varied by child age, as did parents' perceptions of their child's development is seen to facilitate or constrain particular preferences. As children grew and became more able to express themselves, parents discussed relying on child reports to better evaluate the ways that providers aligned with preferences and attributes of trust. In turn, these child reports enabled parents to make decisions about continued use of care. Elements of trustworthiness, such as nurturing and responsiveness or character and preparation also were described by some parents

as differing by development. For example, one family described their previous search for a nanny, describing how they looked for someone who spoke both English and Spanish, had a high school degree and a vocation for working with children to care for their child during toddlerhood, while recently they have begun thinking of a more educational environment with licensed staff that had formal training in working with children. These results suggest that the expression of parental beliefs and goals, understandings of ECE and social context change as children develop.

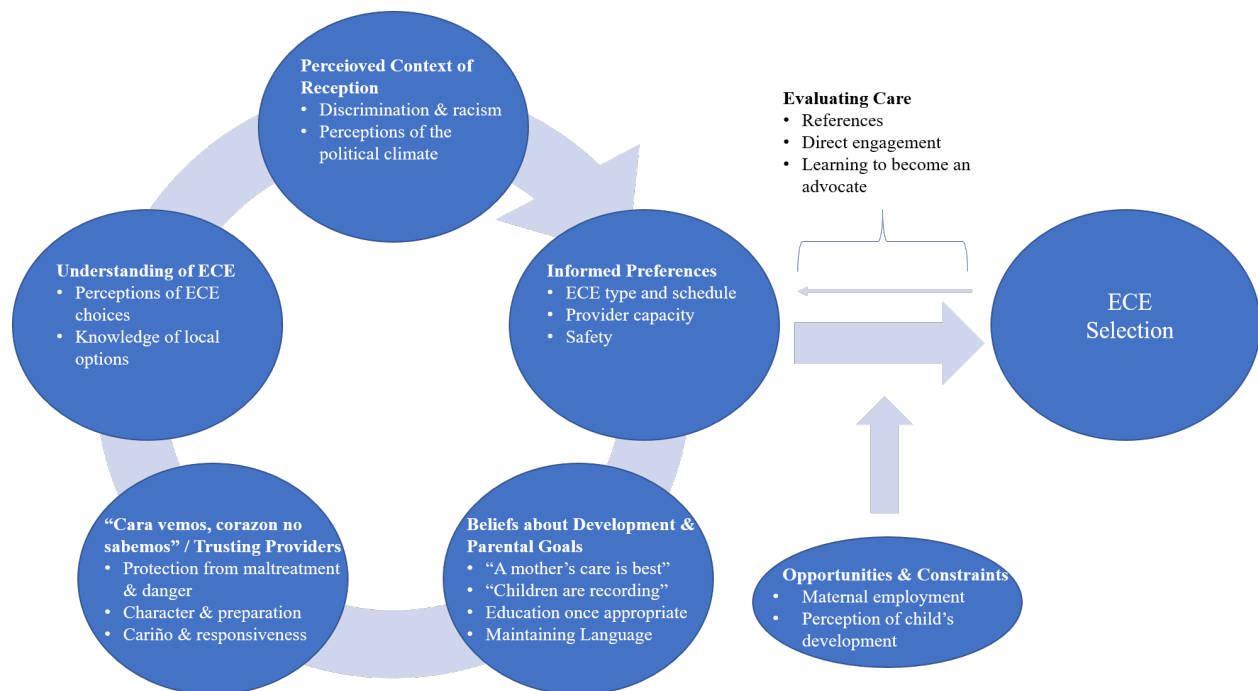
Overall Model. These seven themes together represent the decision-making process for Latino immigrant families in selecting ECE for their 3- to 5- year olds (see Figure X). The first four themes, 1) Beliefs about Development & Parental Goals, (2) “Cara vemos, corazon no sabemos”/Trusting Providers, (3) Understanding of ECE, and (4) Perceived Context of Reception were mutually reinforcing and influential in complex ways, as shown by the circle connecting them. Together they created characteristics that were sought out for ECE providers, (5) Informed Preferences. These preferences were assessed through behaviors outlined in theme (6) Evaluating Care, where parents used multiple strategies to examine whether their preferences were met to both select and maintain their care choice. Lastly, the relationship between these themes and ECE selection were affected by the elements of last theme, (7) Opportunities & Constraints. Maternal employment and parents’ perceptions of children’s development influenced the expression of the other themes presented. One mother’s comments encapsulate the iterative nature of how the multiple themes are expressed in the ECE search:

“A child obviously needs cariño, love from the family, that helps a lot, but also, bringing them to activities, like half an hour, depending, normally they recommend half an hour. Why? Because there are many things that one, even as a parent, doesn’t know. There are

people more qualified, they have studies... and well she [another participant] says that it is best at 3 years old if they socialize with other children but I have heard that people put their children at 3 years old in, like kindergarten, like preschool, well, in my opinion, I feel like it is too young, right? I feel like it is normal at five years old, right?

This quote highlights the interplay between the belief of when education is appropriate, the attribute of preparation, as well as the desire for cariño and responsiveness manifesting into preferences for ECE type (half-day care) that change as their child develop (preschool as they are older). The complex interactions result in ECE choices that change over time, as children develop or as parents become unsatisfied with previous selection.

Figure 2. Model of ECE decision-making for Latino immigrant families with children 3-5



Impact on Phase 2

The findings from the first phase and the culturally-informed model of ECE decision-making were used to revisit the research questions for the second phase of the study. The overarching research question remained, to test the culturally-informed model across a

nationally-representative sample of Latino, foreign born parents making ECE decisions. The subquestions had been worded in such a way that were aligned with accommodations and were re-worded to better fit with the culturally-informed model:

3a. Are beliefs about development & parental goals, trusting providers, understanding of ECE, perceived context of reception, and informed preferences associated with ECE selection?

3b. Is the relationship between beliefs about development & parental goals, trusting providers, understanding of ECE, perceived context of reception, and informed preferences and ECE selection moderated by perceived opportunities and constraints, specifically maternal employment and child developmental status?

The National Survey of Early Care and Education (NSECE) was examined for potential variables that conceptually mapped onto concepts within the culturally-informed model and could be used to test the model. From these results, it was hypothesized that parents who were exposed to formal ECE within their country of origin, who had greater center-based options available in their communities, who lived in areas that were more receptive to immigrants, and who were more trusting and found center-based care to provide better educational services would be more likely to utilize center-based care over other types of care; and that the relationship between elements of the model and ECE selection would be moderated by maternal employment and perception of child's development.

CHAPTER 5: PHASE II QUANTITATIVE STUDY

Research Questions

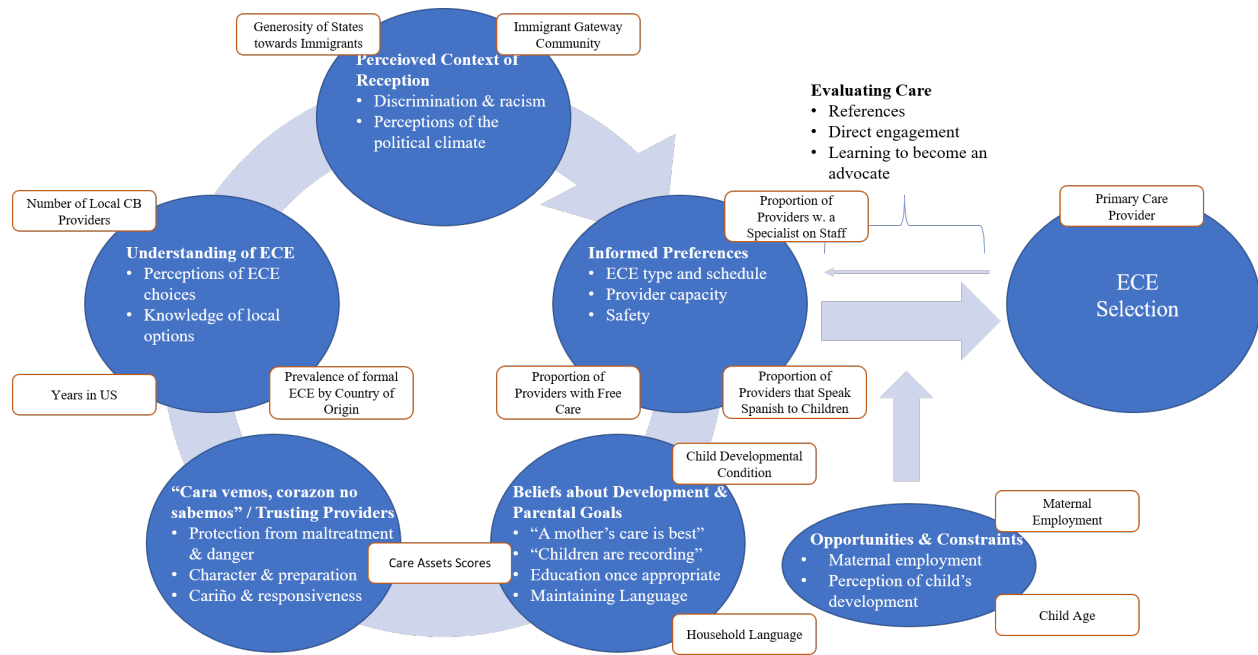
This second research phase aimed to test the overall integrity of the model generated within the first phase and to assess its prediction of immigrant Latino parents' ECE selection. This phase sought to address this aim through multiple research questions. The research questions (3a and 3b) sought to validate the model across a nationally-representative sample of Latino, foreign-born parents making early childhood care decisions. Research question 3a examined the first set of relationships in the model – were beliefs about development and parental goals, trusting providers, understanding of ECE, perceived context of reception, and informed preferences associated with ECE selection? Secondly, research question 3b assessed whether child age and maternal employment served as moderators of the first five themes. Overall, this stage sought to delineate the most important factors associated with Latino, foreign-born families' selection of ECE.

Measures

Figure 3 represents those measures available within the NSECE dataset that mapped on to the culturally-informed accommodations model and were included in analyses. While not all elements of the model from Phase 1 were able to be operationalized utilizing data present in the NSECE, measures were present for the themes of Beliefs about Development & Parental Goals, “Cara vemos, corazon no sabemos”/Trusting Providers, Understanding of ECE, Perceived Context of Reception, Informed Preferences, Opportunities & Constraints and ECE Selection. There were no measures available that mapped onto the “Evaluating Care” construct. Although the NSECE collected data on parents' search for ECE, these questions were only asked for parents who utilized non-parental care. Reducing the sample to only those families that utilized

non-parental care did not align with the research aims and so no measures were included for this theme.

Figure 3. Culturally-informed model with associated measures



Beliefs about Development & Parent Goals. The following measures were used as proxies to represent this theme. While not encompassing all reported subthemes, these measures aimed to measure how families may seek to maintain language depending on their household language as well as when education may be developmentally appropriate. Comparison scores that included rating provider types on their ability to create environments that support education and socialization were also thought to operationalize this theme and are reported under “Trusting Providers” measures.

Language Spoken in the Household. Household Survey respondents were asked to list every language spoken in the household. Responses were coded categorically as (1) English only, (2) English and Spanish, (3) Spanish only.

Child's Development Condition. Household Survey respondents were asked “Does the child have any physical, emotional, developmental or behavior condition that affects the way they provide care for the child?” The response was coded categorically as a yes or no response.

“Cara vemos, corazon no sabemos”/ Trusting Providers. The following measures were used as proxies for the “Cara vemos, corazon no sabemos/ Trusting Providers” theme found in the first phase. The measures aim to represent the nurturing & responsiveness and safety subthemes. Measures also represent the education subtheme associated with the Beliefs about Development and Parental Goals theme.

Care Assets Scores. Comparison scores were created that rated center care to home care and center care to parent care across multiple assets of care identified within Phase 1- safety, nurturance, education and socialization. Parents rated how well different care types (center-based, family day care, friend or relative care and parent care) succeed in (1) “having a nurturing environment,” (2) “helping children be ready to learn,” (3) “teaching children how to get along with other children,” and (4) “safety,” coded as excellent, good, fair or poor. Parents rated these criteria for children the same age as a randomly selected child under the age of 13 within their household (not necessarily the focal child). Given this, respondent reports were examined across age groups. Comparisons of parents’ reports when reporting on infant/toddler (0-2), preschool (3-5), and school age (6+) children revealed few significant differences. Four out of 48 comparisons (8%) found significant differences in parental ratings between age groups, about the level expected simply by chance. Given this, it was assumed parental ratings functioned similarly across child age, and all ratings were included in analysis. Parental ratings for each category of family day care and friend/relative care were averaged into a rating of home care ($r=.27$ through $r=.45$ among ratings for each asset). Factor analyses revealed one underlying factor across the

four asset scores within each care type, and hence the four scores were averaged within care type to create a total score of parents' views of each care type's ability to provide nurturing, educational, socializing, and safe care for children – or the care assets score for each provider type ($\alpha = .85$ for ratings of center-based care; $\alpha = .80$ for parental care; $\alpha = .87$ for home-based care). Lastly, comparison scores were created by subtracting home from center care asset ratings and then parent from center quality ratings, creating care asset comparison scores with higher scores indicating greater relative perceived assets of center versus home or parent care.

Understanding of ECE. Three variables were chosen, tapping into parents' experiences and the availability of center-based care in their communities were used to operationalize the concept of understanding of care. Length of time in the US was utilized as a proxy to operationalize understanding of ECE, where the greater length of time a family has resides in the US, the greater opportunity they would have to learn about ECE settings, as exemplified in the group interviews where those who had more recently arrived often asked other participants for information on local providers.

Primary Parent Length of Time in the US. Respondents of the Household Survey reported the year they first arrived in the U.S. This was used to create a continuous variable of the number of years in the U.S. For native-born respondents (married to a foreign-born spouse), this variable was set equal to their age.

Prevalence of formal ECE within Home Country. Utilizing 2011 or 2010 data from the “Education for All Global Monitoring Report” (UNESCO, 2014), this variable assessed the proportion of children between the ages of 3 to 5 (4 to 5 reported in some countries) registered in a formal, school-type of environment before primary education in the primary parent's country of origin.

Number of Local Center-based Providers. Constructed from the Center-based Survey, this measure delineated the number of center-based providers that serve children ages 3 to 5 within each child's community. The number of local providers was reported categorically for disclosure purposes from the NSECE, with the following number of providers per category: (1) zero; (2) one to two; (3) three to six; (4) seven to ten; (5) eleven to fourteen; (6) fifteen to twenty; (7) over twenty-one. This measure was utilized as a continuous variable.

Perceived Context of Reception. Two measures were created to capture the perceived context of reception as delineated in culturally-informed model: the entrenchment of the immigrant community and the generosity of state policies towards immigrants, both seen as proxies for immigrants' access to and perceived risk in interacting with local institutions.

Gateway Immigrant Community. Communities were categorized as having "established," "emerging" or other levels of immigrant entrenchment, seen as a potential proxy for the context of reception and the potential barriers that racism and discrimination may play in families' access to and utilization of ECE, in which established immigrant communities are theorized to have greater social ties and resources available to the immigrant community (Waters & Jiménez, 2005). The definition of established and emerging immigrant communities often relies on the relative size and growth of the immigrant community (Singer, 2015). Established immigrant communities are defined as those that have had a greater ratio of foreign-born to native population than the national average. The majority of these established immigrant gateway cities have maintained a high ratio of foreign-born to native population throughout the 20th and 21st centuries. Since the 1990s, a new pattern of immigration has emerged with immigrants settling in a broad range of new communities. Emerging communities have been defined as having a high

growth rate since the 1990s (growing faster than the national rate or for smaller cities growing three or more times the national rate) (Singer, 2015).

Community characteristic variables available within the Household Survey file reported the ratio of recently arrived foreign born individuals within each community for each decade. Using the immigrant gateway definitions delineated above, a categorical variable was created to identify whether the community was an emerging immigrant destination, established immigrant destination or other destination.

Generosity of State Policies towards Immigrants. States were categorized as being generous or somewhat/not generous to immigrants using a model provided by Johnson et al. (2017), first created by Zimmerman and Tumlin (1999). This index examined state policies across food, cash, health, and naturalization programs. In an effort to create a similar variable updated for the present study, data on TANF, state cash assistance for those who do not qualify for federal programs, Medicaid and state health care in 2010-2011 were compiled from existing reviews (Fortuny & Chaundry, 2011; Pew Charitable Trusts, 2014). Information on state funding of naturalization initiatives did not have comprehensive coverage available that described state programs and thus this category was excluded from the updated index. Using an updated index, modeled after Zimmerman and Tumlin (1999), states were categorized into “generous” or “somewhat or not generous” categories.

Informed Preferences. The beliefs and goals of parents, evaluation of trustworthiness, understanding of ECE and context of reception all manifest in specific provider characteristic domains that guide ECE choice. These informed preferences were not all represented among available measures, but a key domain is – provider capacity. These measures provide specific insight into the availability of center-based providers locally that offer Spanish-speaking,

specialist and free care. These variables were all created using the Center-based Survey responses and transformed into aggregates that were merged to the Household data file.

Availability of Center-Based Care Speaking Spanish with Children. Center-based directors were asked “What languages are spoken by your staff when working directly with children?” responses were coded categorically by language. Each center was coded dichotomously as speaking Spanish with children or speaking only English with children, and responses were averaged across providers within a cluster to create a measure assessing the proportion of local centers who serve children ages 3 to 5 whose staff speak Spanish with children.

Availability of Centers with a Specialist on Staff. Center-based directors responded to the question, “How many specialists work in your program, including language specialists, or those who take care of children with special needs, or those who teach English as a second language?” Each center was coded dichotomously as including or not including specialists, and responses were aggregated to create a continuous variable of the proportion of center-based care settings serving children aged 3 to 5 within the corresponding provider cluster that have a specialist on staff.

Availability of Free Center-Based Care. This measure is a continuous variable of the proportion of local center-based care settings serving children ages 3 to 5 which do not charge families for care as reported by center directors in the Center-based Survey.

Opportunities and Constraints. Findings from Phase 1 indicated that maternal employment and child's development facilitated the enactment of ECE preferences and other themes association with childcare selection.

Maternal Employment. Parents reported on their/the primary parent's employment, coded to delineate employed 10 hours a week or more versus nonemployed.

Child Age. A proxy for parent's perception of child development, child's age provides a metric to assess the influence of development on parent's informed preferences. Children's age was coded continuously as the age in months at the time of the survey.

ECE Selection.

Primary ECE Provider. Respondents from the Household Survey provided a list of any provider who cared for children in the last week, or any other regular provider if the last week was unusual. Together with the respondent, this list of providers was used to construct a schedule representative of regular care for the child. Respondent reports on provider characteristics and provider sampling from the Center-based and Home-based Surveys based on their reported name and address were used to classify nonparental care providers. The NSECE team (2017) created a derived variable using this information to report on aggregate type of care across nine categories for each provider that cared for the child at least 5 hours a week. This derived variable along with whether respondents reported that the parent primarily cared for their child was used to create a variable that reported the primary care type, or place where the child spent most time if they were not reported as primarily cared for by their parent. The variable was coded categorically as center-based care, home based care (including friend, relative, or home daycare), and parent care.

Covariates. A number of covariates were included in the model that have been associated with ECE selection in prior research. All covariates were obtained or constructed from the Household Survey file. These included: parent cohabitating status, coded as single mother, single father or partnered; other parent employment status coded dichotomously as employed versus unemployed/single parent household; parent education coded categorically as 8th grade or less, 9th through 12th grade without a diploma, high school graduate or GED, some college or Associate or higher degree; primary parent age coded continuously in years; number of adults in the household, coded continuously and top-coded three standard deviations over the mean; number of children in the household; coded continuously and top-coded three standard deviations over the mean; child gender, coded categorically as male or female; public assistance, coded dichotomously to indicate whether the family received food stamps, Women Infant and Children (WIC) or free/reduced price lunch; and income, a continuous variable of annual 2011 household income which was cleaned, top-coded, and imputed by NSECE (National Survey of Early Care and Education Project Team, 2011), coded in \$10,000 units. Community characteristic variables included from the Household Survey data file which utilized 2005-2009 American Community Survey census data were also used as covariates, including: community poverty density, coded categorically as low density (0 to 13.8 percent below the federal poverty level), moderate density (13.9 to 20 percent poor), or high density if over (> 20 percent poor); urbanicity which was coded dichotomously as high density or not given the small number of families within the sample living in rural areas; and proportion of English-only households, coded continuously as the ratio of English-only household to the total population.

Data Collection & Sample

The data for this phase were drawn from the Household and Center survey components of the National Survey of Early Care and Education, 2012 (NSECE) and from administrative data sources. The NSECE has a number of strengths that were utilized for the current investigation. First, the survey design used geographic clusters which allow for integration of parent and provider surveys to offer a portrait of supply and demand characteristics for care within a geographic area. This allows for an examination of geographic access and availability of care types. Second, the data are nationally representative of households as of 2012, providing an updated picture to much of the research on ECE decision-making which has utilized older studies, such as the Early Child Longitudinal Study – Birth Cohort, which gathered data from 2001 to 2006. Lastly, the NSECE conducted interviews with households in English or Spanish, depending on the respondent’s preference, allowing for greater access to the Spanish-speaking Latino immigrant population.

The NSECE is a group of four nationally representative integrated surveys that examines the availability of center-based and home-based childcare, characteristics of providers and the workforce and families’ utilization and preferences for care. Of the four surveys, two were used for the present study – the Household Survey, and the Center-based Survey. The Home-based Provider survey was not utilized to create measures regarding the availability of home-based provider as many geographical clusters did not include home-based provider data.

The NSECE utilized a multistage probability design for all surveys. The first stage consisted of the selecting primary sampling units (PSUs) across all 50 states and DC; 219 primary sampling units were selected. This was followed by the selection of secondary sampling

units (SSUs) which were chosen to allow for an oversampling of low-income households; 755 secondary sampling units were selected.

NSECE Household Survey. The NSECE Household Survey was conducted within the secondary sampling units. The sample was drawn from a housing sample frame within each SSU that consisted of a housing unit address based list supplied by the US Postal Service that was modified in a small number of rural areas to increase accuracy of the list. Data collection began in October 2011 and consisted of household screening or telephone screening; followed by household interviews with those households that were identified as fitting the sampling eligibility. Eligibility for participation consisted of being a household with at least one child under 13 years of age. Interviews, over the phone or in the field, were conducted using a household questionnaire and were assisted by a computer program. Respondents were an adult in the household, often the biological mother of a child under 13 in the household. The overall response rate for the completed interview was 64.72%; the sample included 11,629 households with 21,655 children under the age of 13. The household questionnaire included demographic information for every adult and child within the household, household characteristics, the relationships between household members, respondent and spouse employment schedules as well as nonparental care type, usage, schedules and payment for each child and the most recent nonparental child care search. Data collection concluded in June of 2012.

This second phase analysis drew from the NSECE Household File level 2 restricted-use data file which included raw questionnaire data, a series of derived variables created by the NSECE team to facilitate analysis, and community characteristic variables. Community characteristic variables were created using data from the 2005-2009 American Community Survey (ACS) census data. An “anchor” census tract of each surveyed household was identified,

and a center point was created within that anchor tract. Community characteristics were computed from data from all neighboring census tracts within a two-mile radius of the center point, weighting the data from each neighboring census tract inversely proportional to its distance from the anchor tract to create weighted averages of the populations (National Survey of Early Care and Education Project Team, 2011).

NSECE Community-based Survey. Data from the NSECE Community-based Survey of center-based providers were used to examine the availability of center-based care and specific center-based care attributes for each household of the NSECE Household Survey. Center-based providers were sampled from “provider clusters.” Provider clusters were identified similarly to the process of creating community characteristic variables within the Household Survey datafile described above. A central “anchor” tract of each SSU (where households were sampled) was identified, and a centroid was identified within the anchor tract. The provider cluster consisted of the area of all census tracts included within a two-mile radius of a central point of the anchor tract. Within this provider cluster a list of center-based programs serving children under the age of 13 was compiled. State government offices that regulate child care were contacted for lists of all licensed and registered child care providers. This was supplemented by lists from national organizations, such as the YMCA, federal offices, such as Office of Head Start, and ECE accreditation agencies. Data collection was conducted from October 2011 through June 2012. Center-based providers were screened for eligibility that they served children younger than five, not yet in kindergarten at least 3 hours a day, 2 days a week and did not exclusively offer drop-in care or only provide services during the summer. For those eligible, interviews were conducted with directors or other administrative staff over the internet, phone or in person. The response rate was 72 percent with 8,265 centers surveyed.

Data from the Center-based Survey were used to construct aggregate measures of specific characteristics of care within a provider cluster. For example, center-based providers reported if they provided care during evening hours. Within each provider cluster variables were created to delineate the number of centers serving children aged 3 to 5 that provided evening care. These aggregate measures were then merged with the Household Survey data file so that each cluster aggregate corresponded with the corresponding SSU and those households surveyed within it.

Administrative Data. A number of measures were created utilizing administrative data that were then attributed to household characteristics. For example, a score of state-based generosity was generated using available information about state laws to construct a rating of generosity towards immigrants within each state. Using the reported PSUs, the scores were merged with the Household Survey data file as characteristics of each observation.

Sample. The analytic sample included children ages 3-5 within the NSECE Household Survey sample with at least one Latino foreign-born parent ($n=744$). Classifying immigrant families as having at least one foreign-born parent is common across studies (Crosby et al., 2016; Miller & Votruba-Drzal, 2013). As noted previously, the draws on work by Suárez-Orosco & Pérez (2002) to defines Latino as those individuals tracing their origin from majority-Spanish speaking countries in Latin America and the Caribbean given a shared sociohistorical process that creates common experience.

Analytic Plan

A series of multinomial logistic regression models were estimated using Stata version 13 to answer the second set of research questions. Prior to conducting the analysis, missing data patterns in the analytic sample were explored. Missing values ranged from 0.13 percent to 26.21 percent missing. Multiple imputation using chained equations was used to create 32 complete

datasets. Sample weights were applied following guidance in the NSECE Household Data File Codebook (NSECE, 2013). An unconditional subclass analysis approach was used with appropriate child-level sampling weights (HHC_METH_WEIGHT), strata (HH_METH_VSTRATUM) and psu (HH_METH_VPSU) variables to estimate models and appropriately estimate standard errors using svy and subpop commands (West, Berglund & Heeringa, 2008; Heering, West & Berglund, 2017).

Results

Sample Description. Weighted descriptive statistics for the survey sample are provided in Table 5. Within the sample, 36.9% of children were enrolled in center-based care, 18.5% were placed in home-based care, and 44.6% were cared for by their parents. The majority of the children lived in households which spoke Spanish (59.1%) or English and Spanish (29.2%), with only 11.7% speaking English at home. In their local area, the average percentage of center-based care providers that spoke Spanish with children was 56.73%. Approximately 8% of children within the sample had physical, emotional, developmental or behavior conditions, and locally the average proportion of center-based care that had a specialist on staff was 22.35%. Parents rated centers more highly on care assets when compared to homes with a score of 0.24 and they rated parents more highly when compared to centers, with a score of negative 0.26. The average number of center-based providers located near each household has been suppressed due to NSECE disclosure protection requirements. On average, primary parents had lived in the United States for 17 years, with a range of primary parents having just arrived to living in the US for 55 years (this could include primary parents who were born in the US). On average, primary parents migrated from countries where approximately three fourths of children had access to formal ECE programs, although this varied from 36 to 90 percent of children. Approximately 68 percent of

the primary parents were born in Mexico, followed by approximately 13 percent born in El Salvador, Guatemala, or Honduras, 11 percent born in the United states, approximately three percent born in the Dominican Republic, and approximately two percent from Cuba; the remainder of primary parents hailed from South American countries (approximately 2.5%) such as Argentina, Colombia, and Peru and approximately 1% from Panama and Nicaragua. Lastly, approximately half of all households resided in states with generous policies towards immigrants and approximately three-fourths were in emerging gateway communities in the United States.

Table 5. Descriptive Statistics, weighted

	Full Sample (N=744) <i>M</i> or % (SD)	Center Care (n=249) <i>M</i> or % (SD)	Home Care (n=148) <i>M</i> or % (SD)	Parent Care (n=347) <i>M</i> or % (SD)
Primary ECE Provider				
Center	36.9%			
Home	18.5%			
Parent	44.6%			
<i>Beliefs & Parental Goals</i>				
Household Language				
English Only	11.7%	15.2%	‡	‡
English & Spanish	29.2%	28.4%	‡	‡
Spanish Only	59.1%	56.4%	48.5%	65.6%
Child has a developmental condition	08.4%	12.9%	‡	‡
<i>Trusting Providers</i>				
Care Assets Score: Centers v Home	0.24 (0.61)	0.27 (0.61)	0.09 (0.67)	0.28 (0.57)
Care Assets Score: Centers v Parent	-0.26 (0.65)	-0.24 (0.66)	-0.34 (0.66)	-0.26 (0.65)
<i>Knowledge of ECE</i>				
Primary Parent Years in the US	17.09 (13.04)	18.81 (15.25)	18.40 (12.88)	15.07 (11.31)
Prevalence of ECE in Country of Origin	73.93 (19.12)	72.95 (20.21)	68.56 (22.91)	76.98 (16.47)
<i>Context of Reception</i>				
Immigrant Gateway				
Emerging	76.5%	71.4%	73.4%	81.9%
Established	08.2%	10.1%	‡	‡
Other	15.4%	18.6%	‡	‡
State Has Generous Policies towards Immigrants	52.6%	53.3%	58.0%	49.8%
<i>Informed Preferences</i>				
Proportion of Providers with staff that speak Spanish	56.73 (42.15)	52.33 (43.83)	54.01 (43.21)	54.01 (43.21)
Proportion of Providers with a Specialist on staff	22.35 (27.09)	23.12 (28.04)	22.12 (25.89)	21.77 (28.34)
Proportion of Providers with Free care	19.26 (32.97)	16.54 (33.39)	19.68 (30.79)	21.34 (34.85)
<i>Opportunities & Constraints</i>				
Primary Parent is employed	45.6%	52.0%	69.8%	30.3%
Child Age in months	51.23 (10.62)	53.95 (09.61)	49.03 (10.54)	49.90 (11.21)
<i>Covariates</i>				
Income	\$32,284 (36,310)	\$38,104 (\$43,593)	\$33,682 (\$45,030)	\$24,809 (\$23,660)
Public assistance	75.8%	70.9%	72.1%	81.3%
Primary Parent Education				

Some Primary	19.1%	18.2%	‡	22.5%
Some High School	25.5%	19.1%	31.4%	--
Completed High School	27.3%	26.3%	23.2%	29.8%
Some College	13.6%	12.9%	‡	14.0%
Associates Degree or Higher	14.5%	23.5%	18.8%	‡
Primary Parent Age	32.48 (07.98)	33.04 (08.37)	32.68 (07.73)	31.94 (08.20)
Cohabitation				
Partnered	48.5%	47.4%	53.1%	47.5%
Single Mother	44.3%	40.5%	--	--
Single Father	07.2%	12.0%	‡	‡
Partner is employed	13.3%	09.1%	‡	16.1%
Number of adults in the household	02.60 (01.49)	02.49 (1.36)	2.71 (1.73)	2.65 (1.57)
Number of children in the household	02.4 (01.4)	02.33 (01.41)	02.22 (01.33)	2.52 (1.36)
Child is female	49.2%	43.4%	53.9%	52.0%
Proportion of English-only Speakers	57.43 (29.71)	58.07 (31.28)	57.74 (30.11)	52.76 (29.77)
Community Poverty Density				
Low	36.8%	43.0%	26.3%	35.9%
Moderate	26.4%	23.5%	25.0%	29.4%
High	36.8%	33.5%	48.7%	34.6%
Live in an Urban Environment	89.7%	90.0%	95.8%	87.8%

*** p<.001, ** p< .01, * p<.05, † p< .10.

‡ Value suppressed due to small n, as requested by NSECE; – Value suppressed due to NSECE disclosure protection requirements.

Notes: N=740 children; weighted (HHC_METH_WEIGHT; HH_METH_VSTRATUM; HH_METH_VPSU), aggregated over 32 imputed datasets. Number of local providers originally coded as a categorical variable.

Primary parents were between 19 and 60 years of age within the sample, with the average primary parent being 32 years old. Approximately half of the sample lived in two-parent households, and only 13% had an employed partner. The average annual income within the sample was \$32,284. Nineteen percent of primary caregivers completed some primary school, one quarter completed some high school, 27 percent completed high school, approximately 14 percent attended some college and 14.5 percent completed an associated degree or higher. On average, families had 5 individuals within the household. Forty nine percent of children within the sample were female. A little over one-third of the families lived in communities with high density of community poverty where over 20 percent of the population falls below the Federal Poverty Line, with another quarter of families living in

communities characterized as moderate poverty density. Nearly the entire the sample lived in urban areas.

Multinomial Model Results.

Culturally-Informed Model with Covariates. Results from the first multinomial logistic regression model testing the culturally-informed ECE selection model are presented in Table 6. Neither of the variables tapping into parental beliefs about development and goals, household language or child has a developmental condition, were significantly associated with ECE utilization. Similarly, those measures related to understanding of ECE – number of local providers, primary parent years in the US and prevalence of ECE in the country of origin - were not significantly related to ECE selection. Measures used as proxies for informed preferences, the proportion of local providers that provide free care, have staff that speak Spanish with children or have a specialist on staff, also were not significantly related to ECE choice.

Of those attributes related to trust, rating center-based care more highly than home-based care was marginally associated with ECE selection, with each point difference associated with a 47% lower likelihood of home versus center care, a practically substantive yet only marginally significant difference. Ratings of center care versus parent care had no relation to ECE choice for families. Significant associations between context of reception measures and ECE choice were found. Living in established gateway or non-gateway immigrant communities was related to a lower likelihood of parental than center care, with each type of community associated with about a 60% lower likelihood of parent than center care in comparison to living in an emerging immigrant community. Both measures of opportunity and constraints were associated with ECE type utilization. For each one-month increase in child age the likelihood of home-based care in comparison to center-based care decreased by 8%, while the likelihood of parental care in

comparison to center-based care decreased by 7%. Having the primary parent employed was related to an increase in the use of home-based care over center-based care by a factor of about 2.7 while the likelihood of parental care was 59% less likely in comparison to center care.

Table 6. Multinomial logistic regression predicting ECE type with culturally informed model and covariates

	Home vs. Center		Parent vs. Center	
	RRR	(SE)	RRR	(SE)
<i>Beliefs about Development & Parental Goals</i>				
Child has a developmental Condition	‡	‡	‡ †	‡
Household Language				
English & Spanish	0.44	(0.25)	1.01	(0.60)
Spanish Only	0.38†	(0.20)	1.05	(0.56)
<i>Trusting Providers</i>				
Care Assets Score: Centers v Home	0.53†	(0.19)	0.99	(0.30)
Care Assets Score: Centers v Parent	1.17	(0.38)	0.81	(0.21)
<i>Understanding of ECE</i>				
Number of Local Providers	1.14	(0.34)	0.95	(0.11)
Primary Parent Years in the US	1.00	(0.02)	0.98	(0.02)
Prevalence of ECE in Country of Origin	0.87†	(0.07)	1.10	(0.10)
<i>Perceived Context of Reception</i>				
Immigrant Gateway				
Established	‡	‡	0.45*	(0.16)
Other	‡	‡	0.36*	(0.15)
State Has Generous Policies towards Immigrants	0.94	(0.34)	0.84	(0.25)
<i>Informed Preferences</i>				
Proportion of Providers with staff that speak Spanish	1.03	(0.06)	1.08	(0.05)
Proportion of Providers with a Specialist on staff	0.94	(0.08)	1.00	(0.08)
Proportion of Providers with Free care	1.06	(0.07)	1.06	(0.05)
<i>Opportunities & Constraints</i>				
Primary Parent is employed	2.69**	(0.92)	0.41**	(0.13)
Child Age in months	0.92***	(0.02)	0.93***	(0.01)
<i>Covariates</i>				
Income	1.00	(0.01)	0.98*	(0.01)
Household received public assistance	1.10	(0.58)	0.68	(0.28)
Primary Parent Education				
Some High School	1.66	(0.84)	1.14	(0.45)
Completed High School	0.82	(0.38)	1.08	(0.35)
Some College	0.62	(0.44)	2.16	(1.21)
Associates Degree or Higher	0.39	(0.28)	‡ *	‡
Primary Parent Age	1.02	(0.03)	1.02	(0.02)
Cohabitation				
Single Mother	0.71	(0.29)	0.87	(0.27)
Single Father	‡ †	‡	‡	‡
Other adult is employed	‡	‡	2.34	(1.23)
Number of adults in the household	1.13	(0.14)	1.13	(0.11)
Number of children in the household	0.89	(0.14)	0.97	(0.13)
Child is male	0.71	(0.20)	0.85	(0.22)
Proportion of English-only Speakers	1.15	(0.11)	0.98	(0.06)
Community Poverty Density				
Moderate	1.90	(0.88)	1.18	(0.46)
High	2.86*	(1.41)	0.84	(0.30)
Live in an Urban Environment	0.36	(0.25)	1.34	(0.61)

*** p<.001, ** p<.01, * p<.05, † p<.10.

‡ Value suppressed due to small n, as requested by NSECE.

Notes: N=740 children; weighted (HHC_METH_WEIGHT; HH_METH_VSTRATUM; HH_METH_VPSU), aggregated over 32 imputed datasets. Number of local providers originally coded as a categorical variable.

A number of covariates were significantly associated with ECE utilization within the sample. First, those with higher incomes were more likely to use center-based care than parental care. Second primary parent's education was not significantly associated with ECE selection within the sample, except for the receipt of a degree after high school. The receipt of an Associate degree or greater was associated with a decrease in parental care compared to center-based care. Lastly, the relative risk ratio for living in a low poverty density community to a high poverty density community is 1.05 for utilizing home care over center-based care. In other words, the expected risk of selecting home care is higher for those who are in lower poverty communities.

Many of the components of the culturally-informed model showed nonsignificant associations with ECE selection for the sample as whole, including household language use, number of years in the United States, and proportion of local center-based providers with free care. This may be because components within the model may work differently based on employment and child age, as theorized within the culturally-informed model.

Culturally Informed Model with Employment Interactions. The second model examined the relationship between components of the culturally-informed model and ECE selection moderated by primary parent employment status. Results are shown in Table 7. No associations were found between measures regarding beliefs about development and parent goals and ECE utilization in our sample. Significant interactions were found for some measures operationalizing trusting providers. The relationship of the care assets score for centers compared to parent and ECE selection varied by primary parent employment status. Among employed parents, each point difference in rating was associated with greater likelihood of center versus home care, while the opposite pattern emerged among non-employed parents. Similarly, a crossover effect

was also found between the rating of care assets for center versus parent care and employment when examining the likelihood of choosing parent versus center care. Among employed parents, a higher rating of center care was associated with greater likelihood of selecting center versus parent care, while this association was neutral for non-employed parents.

One measures within understanding ECE were found to have significant interactions with employment. The association between the prevalence of formal ECE programs in respondents' country of origin and ECE selection varied by participant employment status: among non-employed parents, each 10% difference in ECE use in one's home country was associated with a 39% reduction in the likelihood of home versus center care, while this link was not significant among employed parents. Within perceived context of reception no significant interactions were found. For one measure within informed preferences, free center-based care was found to have significant interaction with employment. A crossover effect was found for the relationship between proportion of free center-based care and ECE utilization. For non-employed parents, a greater availability of free center care was associated with a higher likelihood of using center versus home ECE setting, while the opposite pattern emerged among employed parents.

Table 7. Interactive Relationship with Employment and Model predicting ECE Type

	Home vs. Center		Parent vs. Center	
	RRR	(SE)	RRR	(SE)
<i>Beliefs about Development & Parental Goals</i>				
Child has a developmental Condition	‡	‡	‡	‡
X Primary Parent Employed	‡	‡	‡	‡
<i>Household Language</i>				
English & Spanish	0.37	(0.36)	0.40	(0.30)
X Primary Parent Employed	1.34	(1.58)	8.95+	(10.27)
Spanish Only	0.33	(0.37)	0.54	(0.44)
X Primary Parent Employed	1.47	(1.91)	5.00	(5.89)
<i>Trusting Providers</i>				
Care Assets Score: Centers v Home	0.28+	(0.21)	0.81	(0.28)
X Primary Parent Employed	3.06	(2.72)	1.45	(0.84)
Care Assets Score: Centers v Parent	4.57*	(2.66)	1.54	(0.48)
X Primary Parent Employed	0.12*	(0.08)	0.26*	(0.15)
<i>Understanding of ECE</i>				
Number of Local Providers	1.22	(0.23)	0.94	(0.12)
X Primary Parent Employed	0.95	(0.23)	0.98	(0.20)
Primary Parent Years in the US	0.99	(0.03)	0.99	(0.02)
X Primary Parent Employed	1.00	(0.04)	1.00	(0.03)
Prevalence of ECE in Country of Origin	0.61*	(0.10)	1.02	(0.12)
X Primary Parent Employed	1.64*	(0.37)	1.09	(0.19)
<i>Perceived Context of Reception</i>				
<i>Immigrant Gateway</i>				
Established	‡	‡	0.49+	(0.20)
X Primary Parent Employed	‡	‡	0.73	(0.66)
Other	‡	‡	0.34*	(0.16)
X Primary Parent Employed	‡	‡	1.09	(0.67)
State Has Generous Policies towards Immigrants	1.04	(0.72)	0.98	(0.34)
X Primary Parent Employed	0.89	(0.73)	0.67	(0.40)
<i>Informed Preferences</i>				
Proportion of Providers with staff that speak Spanish	1.18	(0.12)	1.10	(0.07)
X Primary Parent Employed	0.81+	(0.10)	0.93	(0.09)
Proportion of Providers with a Specialist on staff	0.90	(0.13)	1.01	(0.09)
X Primary Parent Employed	1.02	(0.19)	0.98	(0.15)
Proportion of Providers with Free care	0.83	(0.11)	1.01	(0.06)
X Primary Parent Employed	1.41*	(0.21)	1.06	(0.12)
<i>Opportunities & Constraints</i>				
Primary Parent is employed	1.55	(2.20)	0.07+	(0.10)
Child Age in months	0.91**	(0.03)	0.92***	(0.02)
X Primary Parent Employed	1.02	(0.04)	1.01	(0.03)

*** p<.001, ** p<.01, * p<.05, † p<.10.

‡ Value suppressed due to small n, as requested by NSECE.

Notes: N=740 children; weighted (HHC_METH_WEIGHT; HH_METH_VSTRATUM; HH_METH_VPSU), aggregated over 32 imputed datasets. Number of local providers originally coded as a categorical variable.

Culturally Informed Model with Child Age Interactions. The final model examined the relationship between the elements of the culturally-informed model and ECE selection moderated by child age. Results are displayed in Table 8. Among beliefs about development and parental goals a crossover effect was found for the relationship between household language use and child age. As children's age increased, bilingual (English and Spanish) families became more likely to select parent versus center care in comparison to English-only families. No other significant interactions were found within this theme. Regarding trusting providers, a significant interaction was found between parental ratings of care assets of center versus home care and child age. Greater ratings of center versus home care were related to increased use of center over home care when children were older but not when they were younger. One significant interaction was found among those measures of understanding of ECE. First, the relationship between the prevalence of formal ECE settings in the primary parent's country of origin and ECE selection differed by child age. As children grew older a greater use of ECE in one's home country was associated with a greater likelihood of center care over parent care while lower use of ECE in one's home country was associated with higher likelihood of parent care. Similarly, the association between the proportion of local center-based providers who offer free care and care selection differed by age. No relationship was found for interactions among child age and those measures of context of reception.

Table 8. Interactive Relationship with Child Age and Model predicting ECE Type

		Home vs. Center		Parent vs. Center	
		RRR	(SE)	RRR	(SE)
<i>Beliefs about Development & Parental Goals</i>					
Child has a developmental Condition		‡	‡	‡ *	‡
	X Child Age	‡	‡	‡	‡
Household Language					
English & Spanish		0.36†	(0.20)	0.96	(0.01)
	X Child Age	1.08	(0.06)	1.16*	(0.08)
Spanish Only		0.35†	(0.19)	1.15	(0.66)
	X Child Age	1.00	(0.06)	1.07	(0.08)
<i>Trusting Providers</i>					
Care Assets Score: Centers v Home		0.56	(0.20)	1.08	(0.33)
	X Child Age	1.15**	(0.05)	1.02	(0.04)
Care Assets Score: Centers v Parent		1.07	(0.36)	0.69	(0.20)
	X Child Age	0.96	(0.04)	0.99	(0.03)
<i>Understanding of ECE</i>					
Number of Local Providers		1.13	(0.15)	0.94	(0.12)
	X Child Age	1.02	(0.02)	1.01	(0.01)
Primary Parent Years in the US		0.99	(0.02)	0.99	(0.02)
	X Child Age	1.00†	(0.00)	1.00	(0.00)
Prevalence of ECE in Country of Origin		0.89	(0.08)	1.15	(0.10)
	X Child Age	0.99	(0.01)	0.98*	(0.01)
<i>Perceived Context of Reception</i>					
Immigrant Gateway					
Established		‡	‡	0.49†	(0.20)
	X Child Age	‡	‡	0.93	(0.05)
Other		‡	‡	0.38*	(0.16)
	X Child Age	‡	‡	1.00	(0.04)
State Has Generous Policies towards Immigrants		1.01	(0.36)	0.78	(0.24)
	X Child Age	1.05	(0.04)	1.00	(0.03)
<i>Informed Preferences</i>					
Proportion of Providers with staff that speak Spanish		1.07	(0.06)	1.11*	(0.06)
	X Child Age	1.00	(0.01)	0.99	(0.01)
Proportion of Providers with a Specialist on staff		0.92	(0.08)	1.01	(0.08)
	X Child Age	1.01	(0.01)	1.01	(0.01)
Proportion of Providers with Free care		1.02	(0.06)	0.99	(0.05)
	X Child Age	1.00	(0.01)	1.02**	(0.01)
<i>Opportunities & Constraints</i>					
Primary Parent is employed		3.36***	(1.15)	0.45**	(0.14)
	X Child Age	1.03	(0.03)	1.03	(0.03)
Child Age in months		0.75**	(0.06)	0.78**	(0.07)

*** p<.001, ** p< .01, * p<.05, † p< .10.

‡ Value suppressed due to small n, as requested by NSECE.

Notes: N=740 children; weighted (HH_C_METH_WEIGHT; HH_METH_VSTRATUM; HH_METH_VPSU), aggregated over 32 imputed datasets. Number of local providers originally coded as a categorical variable.

CHAPTER 6: DISCUSSION

Latino immigrant families and their children make up a meaningful segment of the U.S. population with approximately one in eight children in the US having a Latino immigrant parent (Murphy, Guzman & Torres, 2014). High quality early childhood education has been shown to be a cost effective, empirically-supported intervention that promotes increased reading, language and math skills and decreased externalizing behaviors for children in immigrant families when compared to other childcare settings (Bumgarner & Lin, 2014; Votruba-Drzal et al., 2015; Yoshikawa et al., 2013). Yet Latino immigrant families utilize high quality center-based early childhood education settings at rates lower than other racial and ethnic groups (Rathbun & Zhang, 2016). The present study sought to better understand the ECE decision-making processes of Latino foreign-born parents with children ages 3 to 5 through developing and testing a culturally-informed model that delineates how family and community contexts and family preferences relate to ECE selection for this population. Utilizing a transformative mixed methods framework, the first phase of the study sought to adopt an emic perspective of the ECE decision-making process of Latino immigrant families to develop a culturally-informed model that in the second phase was assessed using the innovative study design of the 2012 National Survey of Early Care and Education.

Phase 1 sought to interrogate the accommodations model of ECE decision-making with Latino immigrant families through group interviews to better understand how these families describe their ECE search and decision-making process. Seven themes integral to the decision-making process for this population were identified across group interview sessions with Latino immigrant parents: (1) Beliefs about Development & Parental Goals; (2) “Cara vemos, corazon no sabemos”/Trusting Providers; (3) Understanding of ECE; (4) Perceived Context of Reception;

(5) Informed Preferences, (6) Evaluating Care; and (7) Opportunities & Constraints. Together these themes make up a culturally-informed model of ECE decision-making and provide a rich description of the complexity of parent perspectives in making an important family decision. The 2012 National Survey of Early Care and Education was used to examine the culturally-informed model developed in Phase 1. A sample (n=744) of Latino immigrant respondents with children between the ages of 3 and 5 were analyzed. Within the sample approximately 37% utilized center-based care, 19% used home-based care and 44.6% cared for their own children.

The findings suggest decision-making is more complex than initially theorized, with relations between parental beliefs and socialization goals, social context, and indicators of trust facilitating the creation of preferences for ECE characteristics which were moderated by maternal employment decisions and developmental expectations. Parents further described a set of behaviors that allowed them to monitor the alignment between their preferences and ECE choice for their child.

While the culturally-informed model generated in Phase 1 emerged from interviews with participants in the Greater New York metropolitan area the model identified components that may vary across contexts. The phase 1 sample was drawn from urban or highly dense suburban communities which may not reflect all communities that Latino foreign-born immigrant families in the United States find themselves in, particularly rural settings. Nonetheless, thematic categories are adaptable and allow for the emergence of understandings specific to those contexts that inform the ECE decision-making of individuals living in that context. For example, rural contexts have been shown to have a low number of local center-based ECE providers (Gordon & Chase-Lansdale, 2001) and families living in rural context are associated with higher rates of home-based care use than center-based care when compared to urban families (Miller &

Votruba-Drzal, 2013). One way this may be expressed within the model would be through an individual's understanding of ECE, where they do not perceive any local center-based providers. This perception would those values present in trusting providers, where values specific to home-based care opportunities would manifest for those families. Given the difference in the adoption of universal preschool programs, and other free, public center-based ECE programs communities may differ by policies and programs that offer center-based care for their community. Phase 1 sampled from communities that varied across access to center-based care and included communities with "universal preschool" programs. Despite being located in communities with "universal preschool" programs highly publicized, families differed in their understanding of local options, with some unaware of these opportunities. Moreover, the policies in the communities with public, free, center-based care often differed in their eligibility requirements, creating differences across communities about who these programs served. This can be seen in the lack of common definitions found among participants in Phase 1 encapsulated in the understanding of ECE theme. Alongside these examples, the expression of themes such as contexts of reception or opportunities and constraints may vary across contexts as well. Thus, the culturally-informed model aims to provide a framework for ECE decision-making for Latino immigrant families that transfers across contexts where the expressions of the themes may vary across contexts. Nonetheless, greater research is needed to examine the transferability of the model across context.

Cultural Niche of Latino Immigrants.

An important finding of this study was the identification of parent beliefs and socialization goals which served to orient parents' decision-making process and evaluation of their ECE selection. These findings align with previous research on the cultural differences in

parental practices and beliefs and the role of culturally-bounded contexts on development (Fuller & García Coll, 2010; Denmark, Harden & Gonzalez, 2014). The culturally-informed model identified parenting beliefs and socialization goals as a core component that orients parents' ECE decision-making. Whereas other literature has sought to explore the parental beliefs and socialization goals of Latino immigrant parents or examine the relationship between their beliefs and goals on approaches to learning in preschool (Denmark, Harden & Gonzalez), few studies have examined their connections to ECE decisions (Ansari, 2017; Yesil-Dagli, 2011; Johnson et al., 2017). This study illustrates the ways that ECE decisions are oriented by beliefs, such as their understanding about education and child development as well as desire for cultural transmission to their children.

The culturally-informed model provides additional understanding of the ways cultural values common to Latino immigrant families manifest with regards to the ECE decision-making process. Findings such as the desire for parents for the provider to be a good role model who would teach children right from wrong extend the socialization goal of “bien educado” common among Latino parents to their decisions about care for their child. Researchers have described the socialization goal of “bien educado” or for children to be raised to be respectful, well educated, and have proper comportment (Durand, 2011). The relational nature of the “trusting providers” extends scholarship on the ways relational values held by Latino immigrant families extend to ECE choice.

A second salient pattern that emerged within the first phase was the presence of specific elements related to the immigrant experience that influenced the ECE decision-making process. From socialization goals that sought language maintenance to mental representations of ECE options being informed by experiences of ECE in their home country, participants' descriptions

of the ECE selection process were yoked to their immigrant experience. Even further the theme of context of reception revealed that participants' social status as ethnic minorities and immigrants appeared to both promote and constrain perceived choice of and access to nonparental care. A similar conceptualization of the interplay between these elements within the model can be found in García Coll et al.'s (1996) integrative model on the ecologies relevant to minority youth in shaping their development. Racism, prejudice, discrimination, and oppression are core concepts within the integrative model, and influence the social context of minority families through segregation and promoting and inhibiting institutions, such as schools, and inform the adaptive culture of families as they integrate their histories, cultural traditions and response to the dominant culture. Family beliefs and socialization goals are a result of this adaptive culture and larger social context. Together this reflection of the role of the immigrant experience interfacing with parents' immediate context and larger macrosystem highlight the need to make explicit how social status of Latino immigrants is important to understanding their decision-making process for ECE utilization.

The literature has been divided in attributing the low enrollment of Latino immigrant families into center-based care to cultural or structural barriers (Brandon, 2004; Hernandez, Nancy & Macartney, 2011; Miller & Votruba-Drzal, 2013; Vesely, 2013). The current findings provide evidence for the presence of both elements – where parents' socialization goals regarding maintaining native language represents cultural influences on their ECE choice, and perceptions of the context of reception limiting perceived access to ECE options representing structural influences. The interplay found between these factors, for example where there may indeed be bilingual options available locally, but perceptions of the political climate inhibit

parents' knowledge or exploration of such options, suggest that cultural and structural elements are deeply tied and should not be examined in isolation.

Side-by-Side Comparison

Results from each phase were examined side-by-side in order to examine discrepant and congruent results (Creswell & Plano Clark, 2011). This comparison sought to examine the ways each phase informed each other, whether the quantitative findings generalize the qualitative themes as well as whether the qualitative finds help contextualize those findings from phase 2. This was guided by comparing the Phase 2 findings with each of the elements of the culturally-informed decision-making model from Phase 1, examining the significant covariate results found in Phase 2 within the qualitative data, and lastly looking at the emerging stories of each phase together. Overall, it was found that the findings from each phase were more congruent than discrepant.

Beliefs about Development & Parenting Goals. Beginning with the findings for beliefs about development and parent goals, there were discrepancies between the results of each phase. The first phase emphasized how the role of parental beliefs about child development and socialization goals intersect with families' social context, understandings of childcare and attributes central to trusting a provider in informing preferences and guiding parents' search for ECE. Despite the identification of parental beliefs and socialization goals as a driving factor within their ECE decision-making process, quantitative results failed to find such associations at traditional levels of statistical significance. Quantitative data focused on two measures, languages used within the home and child disabilities. These two measures did not fully capture those beliefs about development and socialization goals identified in Phase 1. Given the increasing research that demonstrates the influence of cultural beliefs on the everyday activities

of parents with their children (Fuller & García Coll, 2010), future research should seek to better capture parents' beliefs and socialization goals for their children and examine their relationship to ECE utilization.

One exception to these discrepant results emerged in the crossover effect found for the relationship between household language use and child age. For bilingual families an increase in children's age was associated with a greater likelihood of parental versus center care in comparison to English-only families. Thus, bilingual families may be prioritizing keeping children home to retain Spanish skills. This may suggest developmental expectations interacting with the parental goal of maintaining language where the prioritization of language maintenance strengthens as children age. Moreover, while the common goal of language maintenance was identified within families in Phase 1, it did not always manifest in a preference for specific language use within care, such as bilingual care or Spanish-only care. While some parents expressed constraining their care search to settings where Spanish would be spoken, others did not include this as a priority for care, explaining that the family would support language maintenance. Nonetheless the significant association suggests that especially for bilingual families, ECE selection may operate differently by development of the children and household language. This provides some support for the socialization goal of language maintenance and suggests that this goal, like others, manifest differently as children develop.

Another belief about development identified were the deep value parents place on education for their child, once they felt it was appropriate. While this belief was captured within the NSECE Household Survey in questions that asked parents to rate different care types in their ability to provide educational support and socialization, the study was not able to include a unique measure of this belief within Phase 2. The parental ratings of ECE type on their ability to

provide educational support and socialization were highly correlated with two other ratings of interest, representing other themes in the model – nurturance and safety. As these four ratings were highly correlated they were combined across ECE type to create a care assets score for parental, home and center-based care. While two of the components of the care assets score, parental ratings of the ability of each ECE type to provide education and socialization, theoretically map onto the subtheme of education once appropriate, the congruence of the care assets score used in Phase 2 and the themes are presented under the trusting providers theme comparison below.

“Cara vemos, corazon no sabemos”/ Trusting Providers. There was high correspondence between phases regarding trusting providers. The multiple significant associations between the care assets scores and utilization of centers, as compared to other types of care, suggest that parents’ ratings of care types play a role in their decision-making, while interactions with employment and child age suggest that these associations are moderated by individual family circumstances. The care asset scores used in the second phase were averaged ratings of parents’ views of each care types’ ability to provide educational preparation, socialization, a nurturing environment, and safety to children. These four characteristics reflect elements of the subthemes of Trusting Providers and Beliefs about Development and Parenting Goals, specifically protection from maltreatment and danger (safety), and cariño and responsiveness (nurture), as well as beliefs about education (education and socialization). These components were highly correlated within each care type, e.g. parents who thought centers did an excellent job at providing socialization and education were also likely to believe they provided excellent safe and nurturing environments. While the significant associations between the care assets score and ECE utilization support the Phase 1 finding that parents’ perceptions of

care types along these domains is uniquely associated with parents' choice of ECE, accounting for other components, the high correlations between ratings may suggest that the constructs of trusting providers and education as appropriate are more greatly tied than described in Phase 1. It may be that parents consider safe and nurturing environment as what is minimally necessary for an educational environment or that these attributes are fundamental to an educational space.

Understanding of ECE. Within the theme of understanding of ECE there was mixed alignment between findings in Phase 1 and those in Phase 2. Across group interviews it was identified that parents lacked shared definitions of childcare settings and utilized differing language to describe ECE types. Alongside the lack of common language among Phase 1 participants, parents' experiences with ECE in their home country shaped their perceptions of those early child education choices in the U.S. Moreover, analyses revealed that parents not only differed in their language to describe and represent ECE type, but also differed in their knowledge of local care options with vastly different information on what was available in the surrounding area. These two subthemes of understanding of ECE, perceptions of ECE choices and knowledge of local options, were operationalized using three measures: prevalence of formal ECE within their home country, primary parent length of time in the U.S., and number of local center-based providers. No significant relationships were found between these measures and ECE enrollment.

The lack of significant associations between the markers for understandings of ECE and ECE utilization was surprising. The number of local center-based providers measure was included as a proxy for the potential knowledge parents might have about providers locally. The assumption between actual supply of ECE and a parent's knowledge of resource has been called into question previously (Chaundry, Henly & Meyers, 2010) and may have been inadequately

represented prior knowledge. Findings from Phase 1 highlighted that individuals are not accurately aware of the local options (epitomized by uncertainty about the age eligibility for local center-based care, like preschool, or the existence of bilingual center-based care options). The nonsignificant result for the number of years in the U.S. for the primary parent was also surprising given greater number of years may provide parents with greater exposure to the ECE choices available to them within the U.S. as well as what options may exist locally. Within multiple group interviews, recently arrived immigrants asked for advice or the locations of providers from other participants who had been in the country longer. Given that these individuals often had arrived within the last 5 years, it is possible that the influence of time in the United States on their understandings of the ECE offerings has a ceiling effect. This should be further explored in future research. Prevalence of formal ECE in the home country had no significant association with ECE utilization in the main effects model but was significantly associated with ECE utilization when maternal employment and child age interactions were introduced; this is discussed further below.

Context of Reception. The culturally-informed model illustrates the role of the social context for parents' decision-making regarding ECE. Parents described how their ability and willingness to access local nonparental ECE, particularly center-based care settings, was influenced by their perception of the likelihood for interpersonal discrimination or differential access to ECE. Within Phase 2 this theme was operationalized using two measures – immigrant gateway community type and whether states had generous versus restrictive policies towards immigrants. These measures intended to capture the local social context and the potential supports available to promote immigrant access to resources. For example, it was theorized that established immigrant communities, locales that have a history of receiving large number of

immigrants, have greater resources and experience in supporting immigrants' access to local institutions and support. Support was found for this theme in Phase 2, where living in an established immigrant or other community, as compared to an emerging immigrant community, was associated with a greater likelihood of center-based versus parental care. No association was found for state generosity towards immigrants and ECE utilization. This may be due to operationalizing perceptions of the political climate utilizing a variable that objectively measures policy instead of individual perception. Future research should consider examining this further through an exploration of individual attitudes of the local climate and resources as potential contributors to ECE choice.

Informed Preferences. Phase 1 identified that parental beliefs and socialization goals, understanding of ECE, perceptions of the social context, and values regarding the importance of trust helped shape specific characteristics of care that were explicitly stated as criteria within their ECE search. These preferences included three domains – specific types of ECE and schedule, provider capacity, and safety characteristics. The second phase utilized three measures as markers of specific provider capacities that parents had described as important within the first phase – local center-based providers serving children ages 3 to 5 that had staff that speak Spanish with children, a specialist on staff, and availability of free care. There were no significant associations between these measures and ECE enrollment. This discrepancy across phases may be because the themes expressed by parents which informed preferences were very individualistic. For example, the goal of maintaining language and knowledge of local ECE options intersected for some families who specifically sought out Spanish-speaking or bilingual care in order to maintain their home-language. As described previously, these themes were not always expressed in the preference for bilingual care. In this way, the informed preferences as

operationalized as bilingual care, free care or inclusion of a specialist were not necessarily common criteria across Latino foreign-born families, but individual preferences as a result of the interplay of the outlined themes. Given that the second phase did not find these factors, on average, to be uniquely associated with care type, this discrepancy may be explained by the individualistic nature of the process described in the first phase.

Opportunities & Constraints. A final component of the culturally-informed model developed in the first phase, suggests that the previous components interacted with maternal employment and the child's development. Within Phase 2 these constructs were measured using mother as employed at more than 10 hours or not employed, clearly operationalizing the subtheme of maternal employment, and child age operationalizing how parents described how children's developmental trajectory interacted with other elements of the model.

Maternal Employment. Across interviews mother described prioritizing maternal care for their children. The esteem placed on maternal care translated into multiple attributes they searched for in nonparental care. For example, descriptions of a mother's ability to have a close and warm relationship where a mother knew how to best respond to a child's needs or changes in behavior translated into a desire to evaluate other care settings on their nurturance and responsiveness as criteria for trusting other providers to care for their child. The manifestation of a mother's care is best or other elements of the culturally-informed model, such as the importance of trustworthiness, was moderated by maternal employment. Maternal employment altered parents' criteria of trustworthiness as it foreclosed parental care, prompting parents to seek providers that had the appropriate character and preparation to raise their children when they otherwise would have felt that the mother had the appropriate character and preparation.

Findings suggest that maternal employment was a significant driver of nonparental care, both uniquely and interactively with other family experiences and characteristics. Among employed parents, higher ratings of center care compared to parent care was related to a greater likelihood of center over home care, while among non-employed parents the opposite pattern emerged. Furthermore, it was found that among employed parents higher care asset scores for center care over parental care predicted a greater likelihood of selecting center versus parent care; this connection was neutral for non-employed parents. This pattern examined with the culturally-informed model in Phase 2 suggests that maternal employment may constrain the expression of other elements of the model. For example, only among non-employed parents was the association between the prevalence of formal ECE programs in the parent's country of origin and ECE selection associated with a higher likelihood of center versus home care; this link was not significant among employed parents. A significant interaction was also found between the proportion of free center-based care and ECE utilization: among non-employed parents only, a greater availability of free center care was associated with a higher likelihood of using a center versus home ECE setting; the opposite pattern emerged for employed parents. The effects of these variables, proportion of free care and prevalence of ECE in the home country, which promoted parents use of center-based ECE was only seen among non-employed parents. Examining this alongside the main effect of maternal employment might suggest that the constraints of employment, such as needing off hours care and scheduling flexibility due to unpredictable work hours, may constrain their ability to use center-based care, even in the face of other forces supporting center-based use.

Child Age. Child age uniquely and interactively with other family experiences and characteristics pushed parents towards center-based care. Separately, findings suggest that

parental beliefs about different ECE settings may also interact with developmental beliefs. A significant interaction was found between care asset ratings of center versus parental care and child age, where greater ratings of center care were related to a heightened likelihood of enrollment into center care over home care for young children but not when they were older. The culturally-informed model identified that parents had clear developmental beliefs about the appropriate exposure to educational programming, with mothers disagreeing on which age was most appropriate for center-based care. Together, these results may suggest that these beliefs are most salient for younger children where greater ratings of care assets assuaged hesitations about whether center-use for younger children was developmentally appropriate; this should be further explored in future research.

Summary of Interactive Results. Overall, these results strongly suggest that both maternal employment and developmental expectations (as proxied by child age) are important moderators of other individual and contextual forces linked with Latino immigrant parents' ECE decision-making process. Previous literature has suggested strong findings regarding child age and ECE utilization, specifically between children between 0-2 and 3-5 year olds, but the current study suggested that these age-related differences may continue for preschool age children and that they are manifestations of parental beliefs about their children's development. As mentioned previously, employment has been explored as an important family characteristic that influences ECE utilization (Miller et al., 2013; Greenberg & Kahn, 2011; Kahn & Greenberg, 2010; Yesil-Dagli, 2011). In fact, the accommodations model often cites parental employment as one of the other core family decisions that child care decisions are accommodations of (Chaundry, Henly & Meyers, 2010). The use of employment as a moderator suggests that future studies should

continue to articulate the ways that elements of the decision-making process differ for families in which the child's primary caregiver is employed.

Significant Covariates. A number of results within the second phase emerged that were not congruent with the findings from the first phase. Specifically, evidence for the importance of income, household education, and community poverty were all found to be significantly associated with ECE selection for Latino immigrant families. First, while Phase 1 concluded that there was limited evidence of financial barriers to ECE utilization, the findings in Phase 2 suggest that financial barriers may inhibit parents' use of center care and push parents towards parent care. While group interviews were constructed in a way to allow for and sensitively raise issues such as financial barriers, it may be that the methodology was not conducive to discuss this openly with families. Responding to a vignette where financial barriers were presented in a family's choice of ECE, parents across interviews responded that the family should do everything possible to try to afford the option that would provide education for the child. Given the vignette contained both educational goals and financial barriers, the concern for education may have resulted in aspirational statements by families seeking the option that most aligned with the parent's goals for their children. Similarly, parental education was not identified from parents' discussions within Phase 1 as an influential factor in the ECE search. Participants within the group interviews ranged in their educational experiences, from six with no formal schooling or some primary education to six with some college experience or higher education. A comparison of parent reported ECE use showed no patterns in differences among ECE use – with both groups reporting using parental, home-based and center-based care, although the number of participants were too few for appropriate analysis.

Previous studies have found that more highly educated mothers and households with higher income are more likely to use center-based care across Latino and immigrant families (Brandon, 2004; Greenberg & Kahn, 2011; Johnson, Padilla, & Votruba-Drzal, 2017; Kim & Fram, 2009; Miller & Votruba-Drzal, 2013; Satkowski, Banik, & Roubeni, 2016). These results may not have been captured by the research design of the first phase in which strengths include gaining insight into processes common across participants; in this methodology, comparative analysis across participants in the ways common in quantitative research are restricted. Thus, results highlighting the important role of parental income and education in families' choice of ECE, may have not been captured by the research design of the first phase.

Discrepancies. Overall, a pattern of lack of congruence for the measures of the characteristics of locally available center ECE settings are most striking and disappointing. While other features of disconnect between the phases may be associated with the research design, whether from an inability to examine community contexts more closely or explore financial barriers using qualitative methods, or to the inaccurate operationalization of measures within the quantitative phase, the discrepancies between the first and second phases regarding those specific provider capacity preferences are not so easily explained. It may be that the inability to include accurate measures of local home-based provider characteristics and inclusion of only center-based characteristics led to inaccurate modeling of the ECE decision-process given that parents may be choosing between home- and center-based options. Given the smaller sample of home-based providers within the NSECE survey, the NSECE Research Team currently does not suggest incorporating aggregate measures of local home-based providers into analyses (NSECE, 2016).

The discrepant results also may be a result of the broad nature in which the second phase operationalized ECE type. The second phase operationalized ECE choice within three broad categories that failed to capture the nuance provided within the first phase of specific provider types. While families shared a lack of common definitions, their description of nannies, family daycares, preschool, centers within churches, daycare, etc. demonstrates a broader view of available ECE types than was assessed within the second phase.

Lastly, the differing goals of each method may contribute to the lack of congruence. The qualitative phase delineated a number of core elements in regard to the ECE selection process, examining how multiple elements of families' context, beliefs and understanding shaped the decision-making process in complex ways. Providing insight into the process of decision-making, the first phase did not aim to provide clear direction on the relationship of the themes to specific ECE selection. The second phase aimed to test the themes found in the qualitative model as independent factors, or in the case of maternal employment and child age, as moderators, assessing their relation to families' current ECE choice in order to delineate factors significantly and uniquely related to ECE selection. The aim to examine predictive relationships may provide insight into why multiple elements of the model may not be generalizable to the sample.

Take-Aways. There was support for multiple elements of the culturally-informed model across both phases of the study. An examination of the model in Phase 2 found support for an association between parent's care asset ratings of provider types and ECE selection, or how parents compared care types in their ability to provide nurturing, socializing, educational, and safe environment for children was related to their selection of ECE. Moreover, residing in an established gateway or other immigrant community was significantly and uniquely related to

ECE selection. Significant associations emerged when opportunity and constraint variables were introduced which reveal specific patterns.

Examining the results of those models with interactions suggest that the expression of specific themes found in Phase 1 may differ based on maternal employment and child age. First, across multiple studies families with working mothers and older children have been found to be more likely to use nonparental care (Greenberg & Kahn, 2011; Kahn & Greenberg, 2010; Miller et al., 2013; Yesil-Dagli, 2011). The current study found that the effects of asset ratings strengthened among employed parents and for those parents with older children. This finding suggests that perceptions of care on trustworthy and educational assets drive those families with a greater proclivity towards nonparental care towards center-based care. Put in other words, parents who are more likely to use nonparental care are more sensitive to their perceptions of care types when choosing care. Second, the patterns of their understanding of ECE – particularly their previous potential exposure to formal ECE – acts differently for families when mothers are employed, and children are older. For child age, greater prevalence was associated with a higher likelihood of center-based care for older children, a pattern similar to asset ratings. Thus, for those families with older children, where they have a greater likelihood of nonparental care, their exposure to formal ECE programs in their home country pushed them towards center-care use. A different pattern was found regarding the interaction found for maternal employment and prevalence of ECE in the home country. For non-employed parents, greater prevalence of ECE in the home country was associated with an increased likelihood of center care over home care while it was neutral among employed parents. This suggests, as employment drives people towards nonparental care, the exposure to formal ECE in the country of origin is not an influential factor for employed parents but for those who are unemployed. Thus, for those

unemployed mothers, who are more likely to stick with parent care, their exposure to formal ECE in their home country is a driver towards center-based care. This interaction may be further understood in light of the finding that greater availability of free care also pushed unemployed parents into center-based care over home-based care, it could be that the formal ECE in many home countries were financially accessible, which is not always the case in the United States.

Overall, the findings within Phase II suggest that specific themes are more salient for families with employed mothers and older children. The perceptions of center-based care exacerbated center-based care use for those families who have a greater proclivity towards nonparental care, similarly their exposure to educational programming in their home country helps drive parents to center-based care for older children. Among non-employed parents greater availability of free care and greater exposure to formal ECE in the home country helps push parents who are more likely to use parental care towards center-care, perhaps as these options are most similar to those in their home country.

Comparison with the Accommodation Model.

Another goal of the current study was to determine the fit of the accommodation model with Latino immigrant families and utilize it as a theoretical framework in the creation of the culturally-informed model. The accommodation model provides a theoretical model of ECE decision-making that seeks to address limitations of separate frameworks developed by economists, psychologists, and sociologists to provide a greater understanding of how families make accommodations to familial and contextual demands, available information and social norms to make child care decisions (Meyers & Jordan, 2006; Chaundry, Henley & Meyers, 2010). Generally, the model emphasizes how choices seek to optimize outcomes for family members while being constrained by other family decisions, such as employment or budget. The

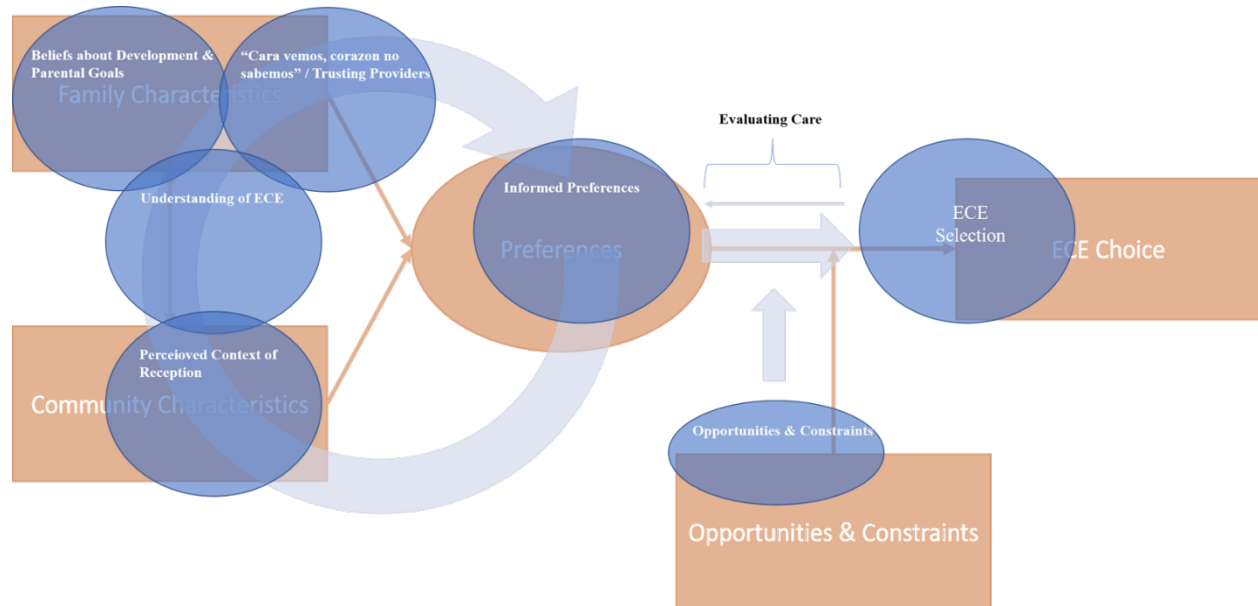
model was further organized by Weber (2011) who aimed to provide greater clarity into the potential elements of the model and operationalize these elements. This accommodations model provided a framework for the current study and was organized into family contexts, community contexts, preferences, opportunities and constraints and final ECE selection (see Figure 1 on p.11).

A comparison of the accommodation model and the resulting culturally-informed model developed in this study shows that while multiple themes of the accommodations model were retained in the culturally-informed model, greater emphasis was placed on the relational nature of the decision-making process and importance of the cultural context (see Figure 4). The accommodations model examines the family as a context for childcare decision-making, including both specific parent and child characteristics and family values and beliefs within this component. The culturally-informed model specified the importance of beliefs about development and socialization goals as specific dimensions of the family context for Latino immigrant families. Whereas the accommodations model includes this theme, the culturally-informed model suggests the centrality of specific values and beliefs within the ECE decision-making process in contrast to specific family characteristics. The culturally-informed model integrates the relational orientation common to many Latino immigrant families through the creation of a theme, trusting providers, that is not present as an element within the accommodation model. The concerns that families have regarding the need to develop and maintain trust with a provider makes explicit the relationships between families and providers and their importance for this population. The accommodation model fails to conceptualize the bidirectional nature of families and providers, where families have a set of concerns that are necessary for their confidence in leaving their child with the provider.

Next, the accommodations model examines the community context. The accommodations model often operationalizes community context through specific characteristics that are theorized to influence care, such as urbanicity, percentage of individuals employed, and poverty density, as well as the availability of ECE. General community characteristics, such as urbanicity or poverty density, are not captured in the culturally-informed model. Rather the community context is filtered through the lens of those families making the decision, not in absolute terms separate from families' experiences of their community. This is represented within the themes of understandings of ECE, specifically individual knowledge of local options, as well as the perceived context of reception. The culturally-informed model also highlights particular values and assets that are important to Latino immigrant families. The relatedness orientation common to Latino immigrant families results in the value of examining provider attributes, such as their relationship with children, in ways that may be different for other orientations.

The accommodations model and the culturally-informed model overlap in their understanding that preferences regarding ECE characteristics emerge from social contexts, parental beliefs and other factors. Both models also are congruent in examining opportunities and constraints. This said, the culturally-informed model provides insight into the ways that child's development facilitates how preferences, social context and parental beliefs and socialization goals manifest into ECE care choice.

Figure 4. Comparison of Culturally-Informed and Accommodation Models



Overall, the culturally-informed model of ECE decision-making for Latino immigrant families with children ages 3 to 5 provides greater insight into the specific concerns and experiences that these families face in selecting ECE settings for their children. While the two models share common features including the understanding that ECE selection is a dynamic process where families balance competing familial demands, the current model provides a rich, contextual description of the process and is anchored within a specific cultural group. The accommodations model considers language, culture and ethnicity as elements within the model, but narrowly as characteristics of families. In contrast, the culturally-informed model demonstrates that the culturally-bounded contexts of immigrant Latino families is central to understanding their ECE decision-making process. Furthermore, the culturally-informed model describes the evaluation and information-gathering strategies of Latino immigrant families, helping providers and researchers to understand the inputs families utilize to form their decisions. This information can be utilized increase communication and access to high quality care.

Limitations.

While the use of a transformative mixed method model allows for an innovative approach, the proposed study has a number of limitations. First there are concerns in the mixed methods literature about analyzing findings from secondary analysis of large national data sets with qualitative data from small purposive samples (Arcidiancono & De Gregorio, 2008). While the majority of the results were not conflicting, researchers have raised concerns about how discrepancies of findings across methods, derived from different samples, at different times, in different locations should be handled. For the current study conflicts between findings were highlighted and explored.

A second limitation related to the research design regards the inability in the second phase to operationalize all elements of the culturally-informed model. A number of themes from phase 1 were operationalized using measures that did not fully capture each subtheme present. For example, utilizing the number of local center-based providers as a proxy for parents' knowledge of local ECE options may be an inappropriate representation of parents' knowledge. Particularly difficult was the inability to operationalize parents' preference for particular types of care.

Lastly, there are differences across contexts that could not be examined within the study. While Phase 1 sought to generate a model of decision-making that was transferable across community contexts, specific elements of community context may have a high impact on decision-making that were not explored in the study. Specifically, many states have policies regulating center- and home- based settings such as requirements for teacher and staff preparation, the number of children allowed within a setting, etc. that may influence both the perceptions of ECE among parents across states as well as the associations found within the model. These state differences could not be examined within the study.

Implications.

Childcare selection is a decision of importance for a family, for both child and family outcomes. This innovative study aims to develop a greater understanding of the decision-making process that Latino, immigrant families undergo to select childcare. The mixed methods process utilized allowed for the development of a culturally-informed model of decision-making and its examination utilizing a national representative dataset. The areas of overlap between each phase provide greater understanding of the decisions that these families make in selecting ECE that can be used to inform policy, practice and future research.

Current findings suggest multiple implications for the field of early childhood education. First, findings regarding the lack of collective understanding of available ECE options suggest that the field needs to coalesce around shared nomenclature and definitions. Within group interviews parents referred to the ECE options available to them using a multitude of terms, often without clarity in the difference between terms. The use of consistent and clear language that indicates the purpose of the setting, whether multiple children are cared for, and whether their utilization comes with a cost to families would support parents' understanding and evaluation of

ECE options. The adoption of clear definitions might allow families to more readily assess the options available to them, communicate effectively with each other when providing references, and also support communication between providers and families and researchers. Second, given the influence of cultural beliefs and socialization goals, providers should provide more culturally responsive care and increase communication with families. Specifically, analysis of group interviews identified how Latino foreign-born parents view care givers, regardless of the provider, as role-models for their children. Parent's socialization goals of raising children that are bien educado need to be factored into the care provided by ECE providers. Third, multiple parents sought ECE providers that provided educational input for their children that were developmentally appropriate or similar to programs in their home country. These parents often described seeking center-based ECE programs that were less than a full day. The field should examine this preference more closely and consider creating options that align with these understandings of ECE.

Findings also suggest specific implications for policy-makers. While communities have child care resource and referral (CCR&R) agencies which provide centralized locations, such as phone lines or websites, that parents can use to access information about local ECE options, these resources should be amplified, or in the case of those areas lacking such systems, created. Furthermore, the consideration of information sharing through mechanisms more proximal to families, such as local trusted institutions, may be more fruitful in increasing families' knowledge of ECE. Second, while existing resources, such as CCR&R agencies or quality rating and improvement (QRIS) systems, seek to communicate more descriptive information about the attributes of providers to families, the current research suggests information regarding specific provider capacity and purpose should be included. Such information should consider how to

communicate to Latino immigrant parents who value safe and responsive care and who also may be interested in specific capacity like bilingual programs or the presence of speech pathologists on staff. Lastly, given the role of the social context, particularly perceptions of risk for discrimination or the role of the larger political climate, policymakers should consider how enrollment into high quality care will be impacted by policies that may intervene in disparate access.

The implications for future research are great. Future research should incorporate the understandings of parental decision-making encapsulated in the culturally-informed model into future surveys of ECE use and decision-making. The culturally-informed model highlights the importance of parental perceptions of providers and the options available to them, aspects not often explored in large scale surveys (Crosby, Mendez, & Helms, 2016). Future surveys should incorporate parental ratings of providers ability in moral and character development for children as well as parental perceptions of local ECE options. Group interviews with Latino immigrant parents identified the importance these parents placed on their perception of a provider's ability to be a good role model for their children. While questions regarding preferences and priorities regarding ECE characteristics are still not common among large scale surveys on early childhood education, those that have included questions such as the NSECE and ECSL-B, have not included options that allow parents to rate providers or provider types on moral or character preparation (Crosby, Mendez, & Helms, 2016). It was also identified that parent's perceptions of local options shaped their decision-making process. While emphasis within the literature has been placed on the inclusion of supply characteristics of ECE, namely including the actual availability of local ECE programs, the culturally-informed model suggests that it would also be fruitful to gain insight into the awareness of choices that parents have. This is supported by

research suggesting information asymmetry between parent's awareness of the options around them and the actual resources present (Akerlof, 2002; Chaudry et al., 2010). This is an area severely lacking in almost all of the large-scale surveys on ECE and should be integrated into future surveys (Crosby, Mendez, & Helms, 2016).

Alongside the incorporation of additional questions in large scale surveys on ECE decision-making and use, greater access to community characteristics from administrative data, such as the census, is needed to better research ECE decision-making and use among this population. Given the theoretical support for the role of established immigrant gateway communities in connecting immigrant families to resources in comparison to emerging immigrant communities (Waters & Jiménez, 2005), as well as the findings from the current study that in comparison to living in an emerging immigrant community, living in an established gateway or non-gateway immigrant community was related to greater likelihood of center-based than parental care, access to information the immigrant make-up of communities over time is needed. The current study operationalized immigrant gateway communities utilizing the rates of foreign born entry into the community over each decade. Future studies can operationalize this more accurately if they have access to the of percentage of foreign born among the total population for each decade. While large scale surveys need to be attentive of disclosure risks and limit the ability to identify sampled communities, restricting such community characteristics theorized to be important to immigrant populations hinders research that can be conducted with these populations.

The current study provides greater nuance to and extends the previous literature on the ECE selection process for Latino immigrant families. The findings suggest that greater attention should be paid by scholars to the culturally-bounded contexts in which families make their

decisions. While the accommodations model offers a general framework to examine the ECE decision-making process, it lacked specificity of the particular components of the model that are most relevant for specific cultural groups. To this end, future researchers should consider examining the influence of parental beliefs and socialization goals on the decision-making process. Moreover, researchers have been divided in their structural and cultural explanations for the observed differences in ECE utilization. The current study suggests that both cultural goals, such as maintenance of language, and structural considerations, such as perceptions of political environment and disparate access, are interwoven to inform parents' mental representations of their ECE choices and the opportunities open to them. Findings from this study suggest that researchers should continue to investigate the interplays between cultural and structural considerations instead of examining the differences in their impact on ECE utilization. Considering the distinction families made about seeking out educational programming once they felt it was developmentally appropriate for their children, future research should examine parental beliefs about ECE utilization in ways that account for utilization of centers that provide educational programming and those which mainly aim to provide care. Furthermore, parent's the current study identified that these beliefs about development, along with parent's experiences of ECE in their home country, led to the preference of less than full-day educational ECE programming. Additional research is needed to examine the role between socialization goals and beliefs about development and ECE utilization, including parents prior experience of ECE in their home country and their perception of local options. Researchers should continue to use multiple methods to explore the decision-making process regarding ECE care for differing populations.

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APPENDICES

Appendix A: Group Interview Guide

Group Interview Guide

Group Code:	
Interview Date:	
Interview Location:	

Welcome and thank you for volunteering your time to take part in this focus group. Your point of view and stories are important.

Introduction: This focus group is part of the Latino Immigrant and Early Childhood Education Project being conducted by researchers from Boston College. This project hopes to learn more about how Latino immigrant families take care of their children ages 3 to 5 and make decisions about child care. The goal for the project is to improve childcare policies and programs with the information found. This focus group is an important part of the research process., thank you again for taking part.

Consent Form: Before we begin I would like to share some more information about the study and ask for your informed consent to participate. *Hand out Informed Consent Form.* Let's read the informed consent together and please let me know if you have any questions.

Ground Rules

- The most important is that you keep anything you hear today from others confidential. Just like I will keep what you say as private as possible, I ask you do the same.
- Please speak one person at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers
- You do not have to speak in any particular order
- When you do have something to say, please do so. There are many of you in the group and it is important to hear from everyone.
- You do not have to agree with the views of other people in the group
- Does anyone have any questions? (answers).
- OK, let's begin

Warm Up Question

- First, I'd like everyone to introduce themselves. Going around the circle, can you tell us your name and your favorite place to go with your child in the neighborhood?

Guiding Questions

1. People have different opinions about parenting a child when they are 3 to 5. Can you tell me what you believe is good parenting?
 - a. Potential Prompt: What is important for your children to be doing at this age?
 - b. Potential Prompt: Can a working parent be a good parent?

2. In an ideal situation, what would the ideal childcare be for you and your family?
 - a. Potential prompt: If you had no obstacles or limitations, what would be your preferred childcare situation?
 - b. Potential prompt: What would that childcare provider do with your child?
3. When you are looking for childcare, what is important to you about the place or person taking care of your child?
 - a. Potential prompt: If you had to describe three of the most important characteristics for your childcare, what would they be?
 - b. Potential prompt: Tell me more about that.

Facilitator writes a list of all things mentioned on butcher paper/white board for all to see

Ranking Exercise

Once there are no more responses. Here is a list of all of the things you all have said are important concerns you may have when searching for care. I was hoping that we can take these and rank them in order of importance. We will do this as a group. There is no right answer and everyone's opinion is important as we rank these concerns.

4. We are interested in understanding more about how people make decisions about who takes care of their children. Can you tell me more about how you made that decision?
 - a. Potential Prompt: How did you find that person or place?
 - b. Potential Prompt: What was the process of finding that person?
 - c. Potential Prompt: Do you pay for that care?
 - d. Potential Prompt: Did you have any difficulties in finding care for your child?
 - e. Potential Prompt: Are you satisfied with your decision? Why or why not?
5. What are the types of care that people in this neighborhood use to take care of their children?
 - a. Potential Prompt: Why do some people use some types of care and not others?
6. I wanted to share a couple of scenarios with you. After each scenario about a fellow parent looking for care, I would like you to tell me what you would recommend for that parent to do.

Vignettes Exercise

1. Antonio has three children and lives with them and a friend's family. His youngest child, Ernesto, is now 4 years old. Antonio thinks it is time he learned English to get ready to go to school in a couple of years. He knows of a center in a nearby neighborhood that is expensive but will help Ernesto learn English. His cousin told him of a lady down the street who takes care of children and it is cheaper than the center. Antonio doesn't think she will help Ernesto prepare for school.

2. Pilar's husband was injured at work and has not been able to work for 2 months. Until now she takes care of her daughter Emilia, who just turned 3 years old, but now she needs to find work. She isn't sure her husband can watch their daughter with his injuries. She found a job that starts in two weeks.
3. Paula just moved to the U.S. one year ago and is new to the neighborhood. She has one daughter, Maria Elena, who is now 5 years old. Paula is living with a family from her home town. She wants Maria Elena to go to a preschool program but the two places she looked at were full.

Concluding questions

- Of all the things we've discussed today, is there anything else you think I should know about in regard to childcare for children ages 3 to 5 for Latino immigrant families?
- Thank you for sharing your experiences and opinions. Now that you have shared so much, do you have any questions for me?

Conclusion

- Thank you for participating. This has been a really engaging discussion
- Your opinions and stories will be an asset to this study
- I would like to remind you that any comments featured in this report will be anonymous
- I hope you have found the discussion interesting
- If there is anything you are unhappy with or have questions about pertaining to the study you can speak to me as soon as we wrap up or you can contact me or the Office for Research Protections at Boston College using the contact information on your consent form.
- Before you leave, please hand in your completed personal details questionnaire

Appendix B: Demographic Questionnaire

Latino Immigrant & Early Childhood Education Project Lynch School of Education, Boston College

Demographic Questionnaire

This questionnaire is to learn more about you and your childcare experience. This information will be kept confidential and will be reported anonymously. If you do not understand any of the questions please ask the researcher for help in filling it out. Please answer the questions to the best of your ability.

To be filled out by researcher:

Individual Code: _____

Group Code: _____

Questions about your childcare use and experience. When answering these questions please think about your child that is 3 to 5 years old. Please answer the following questions:

1. Do you have a child between the ages of 3 and 5 years old?
☐ Yes ☐ No
2. How old is are they?
3. During a typical week, list the people or places that look after your child that is 3 to 5 years old:
4. When you are not taking care of your children, check who primarily takes care of them:
☐ A center, school or organization
☐ A family member
☐ A friend or neighbor
☐ Someone who takes care of children in their home
5. Does that person or organization only take care of your child?
☐ Yes, they only take care of my child
☐ No, they take care of multiple children
6. What language does the primary caretaker speak to your children in?
7. How did you find this person or organization to take care of your children?

8. Do you pay for this care?

☐ Yes ☐ No

9. Do you receive assistance from an organization or the government to pay for care?

☐ Yes ☐ No

10. If you were to search for care again, what are some things you'd look for in a child care provider?

Questions about you and your family: Please answer the following questions to the best of your ability:

1. What languages do you speak?

2. What languages do you speak with your children?

3. Do you live with your spouse or partner?

☐ Yes ☐ No

4. How many children do you have?

5. How many people live in your household?

6. Do you currently work outside of the home?

7. If you work, check all of the hours you typically work?

☐ 6am – 9am ☐ 9am - Noon ☐ Noon – 5pm ☐ 5pm – 10pm ☐ 10pm –

8. Do you have a regular work schedule?

☐ Yes, my schedule stays mostly the same week to week
☐ No, my schedule changes often

9. How many years of formal schooling have you had?

10. What is your country of origin?

11. Check off how many years you've lived in the United States

☐ 1-3 years ☐ 4-10 years ☐ 10-15 years ☐ 15-20 years ☐ more than 20

12. What is your gender (for example, female)?

13. What year were you born?