Background
Nonparental child care is now the norm for young children in the United States. Yet, many families struggle to find quality, affordable options. According to the 2014 California Children’s Report Card, California’s licensed child care centers can only accommodate about 4% of the state’s children under age 2.1

Study Objective
To describe mother’s early child care arrangements, time toddlers spent in child care, and mother’s satisfaction with her child care arrangement.

Methods
Design: The study utilizes the linked 2012 Los Angeles Mommy & Baby (LAMB) and LAMB Follow Up data. The LAMB Follow Up is an expansion of the LAMB Project. In 2014, the LAMB Follow Up Project re-surveyed mothers who participated in the 2012 LAMB Project, when their babies turned two years old. The linked 2012 LAMB cohort provides longitudinal data capturing preconception, prenatal, delivery, postnatal and child health and well-being. A total of 3,488 mothers responded to the LAMB Follow-Up survey, representing an adjusted response rate of over 60%. The final data are weighted to represent the original 2012 live birth population.

Study Population (Inclusion Criteria): The analyses include 3,438 mothers (population estimate = 123,632) who responded that their two-year olds were living with them at the time of follow up. Information on types of child care arrangements, time toddlers spent in child care, and mother’s satisfaction with her child care were based on 1,938 mothers (population estimate = 62,140) who responded they had regular child care arrangements for their two year olds.

Definitions of Measures: The study defines “regular child care arrangement” as any kind of arrangement for the two-year-old where someone other than the mother, her husband or partner, legal guardian, or the child’s stepparent took care of the child on a regular basis. Mothers who responded to having regular child care arrangements were asked about the type of care utilized.

Medi-Cal status is based on mothers self report of her child’s health insurance. The child’s Medi-Cal status is used as a proxy for mother’s health insurance.

Limitations: The types of child care arrangements were assessed based on responses from check all that apply options; therefore the primary source of child care cannot be determined. The survey questions did not distinguish whether the grandparents were co-residing with the mothers and the toddlers.

Chi-square tests were performed to identify differences among groups. All analyses were conducted using SAS 9.3.

Results

- Have a regular Child care arrangement (Fig. 1):
  - About half of mothers had regular arrangements.
  - Mothers who were working full time were most likely to have regular child care.
  - Hispanic mothers and those whose toddlers were on Medi-Cal were least likely to have regular child care.

- Source of child care (Fig. 2):
  - Grandparents (43.6%)
  - Child care centers (24.6%)

- Time toddler stays in child care (Fig. 4):
  - About half of toddlers spent at least 30 hours/week in child care.
  - Toddlers who were not on Medi-Cal were more likely to spend at least 30 hours in child care (58.6%).
  - Asian Pacific Islander mothers, mothers who were 35 and over, or employed full time, were more likely to have their toddlers in child care for at least 30 hours a week.

- Satisfaction with child care (Fig. 5):
  - 60% of mothers were satisfied or very satisfied with the cost of child care.
  - 87% of mothers were satisfied or very satisfied with the care and attention their child received.

Conclusion & Public Health Implication
Availability of quality and affordable child care continues to be a challenge for parents in Los Angeles County. As more grandparents are providing child care for young children, and many may co-reside with the child and parents, there are implications for ensuring the health and well-being of the child’s grandparents. The study findings indicate that resources, training, and support, should include grandparents.

References: