Early Care and Education Patterns of Children in the Indianapolis Making Connections Neighborhoods

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Summary

This brief provides information on the early care and education (ECE) patterns of children who are not yet in school and who lived in the Indianapolis Making Connections neighborhoods during Wave 1 and/or Wave 2 of the Making Connections Cross-site Survey.¹ Some of the key findings include:

- Children age five and younger who have not yet entered school are found in each form of care in the Indianapolis Making Connections neighborhoods. While the largest proportion (50%) is in the care of family, friend, and neighbors (FFN care), about half of these children are in other forms of care. Specifically, 32% are in the care solely of their parents and about 19% are in at least some center-based care.
- These patterns vary by age of child in predictable ways.
 - For infants and toddlers, for example, the proportions in FFN care and parent-only care rise to 55% and 39% respectively, and center-based care falls.
 - For 3-5 year olds not yet enrolled in kindergarten, these patterns reverse, with the proportion in center-based care rising (31%) and the proportion in the other forms of care falling slightly.
- When looking at ECE patterns for children with particular demographic characteristics, or characteristics that are associated with being at risk of not being prepared to enter school healthy and ready to succeed, it appears that the general patterns often hold true. In other words, FFN care often is the care used by about half of the children, and the rest are in either parent care or center-based care, though generally a smaller proportion children are in center-based care than parent-only care. However, for some sub-groups, these patterns vary from the overall population:
 - About two-thirds of children who live with a Hispanic parent are solely in the care of their parents–a proportion that is higher than that for the overall population. In contrast, children with a non-Hispanic black parent are more likely than children overall to be center-based care (32% compared to 19%).
 - More than two-thirds of children who have a parent who was born outside of the U.S. or who is a non-citizen are in parent-only care, significantly higher proportions than for children overall.

¹ More specifically, the children included in the analysis lived in the Indianapolis Making Connections neighborhoods during Wave 1 and/or Wave 2 of the Cross-site survey but were interviewed during Wave 2 of the survey. All estimates in this brief are weighted to represent this population. Of children in the Indianapolis sample, less than 5% were surveyed outside of the city and 24% were surveyed outside of the Making Connections Neighborhoods during Wave 2. Children who moved out of the neighborhood are more likely to be in center-based care (28%) than children who did not move (16%). Care patterns for children who moved out of the city are not significantly different from those for children who did not move out of the city.



- Children who live in households that face hardship factors such as postponing prescriptions and not having enough money for food are more likely to be in FFN care (72% and 69%) than all children (50%).
- A different perspective is gained by focusing separately on each type of care and on the characteristics of children that use them. This approach is useful to identify which children are likely to be affected by strategies that support each particular type of care. Looking at the data this way, it is clear, that while children with each characteristic are found in all care types, some ECE settings serve disproportionately more children with a particular risk factor or demographic characteristic than other ECE settings, and that all forms of care serve a variety of children who are at-risk of not entering school healthy and ready to succeed. In the Indianapolis Making Connections neighborhoods:
 - Center-based care disproportionately serves children of non-Hispanic black parents and children who have asthma or a health condition that limits their activities.
 - FFN care disproportionately serves children who live in households with indicators of financial distress (such as having to delay filling a prescription; having trouble paying rent, mortgage, or utilities; or not having enough money to pay for food), who have a household member who has been in jail, or have asthma.
 - Parent-only care disproportionately serves children who are poor, those whose parents are Hispanic or were born outside the U.S., children who are not read to, or who do not have health insurance.

Overall, these findings have the following implications for those working in Indianapolis to help children enter school healthy and ready to succeed:

- 1. Significant proportions of children in the Indianapolis Making Connections neighborhoods who are at-risk of not entering school healthy and ready to succeed are found in each form of care—including only in the care of parents. While children with particular risk factors may be somewhat more likely to be in one form of care than another, they are found in each type of care setting. As a result, any initiative to support children's development before they enter school will likely need to focus on ensuring the quality of *each* setting—center-based care, FFN care, and parent-only care. Given that this survey has no information on the quality of care that children are receiving in each sector, assessing the quality of these settings and identifying the appropriate strategies for each setting are likely to be important next steps.
- 2. Children move in and out of different early care and education settings over the years before they enter school, though they are generally more likely to be in center-based settings as they get older. Furthermore, the research suggests that center-based care can play an important role in supporting the cognitive development of children in the years just before they enter school. This research has contributed to the growing movement to support prekindergarten efforts across the country. However, nearly 70% of 3-5 yr olds not yet enrolled in school in the Indianapolis Making Connections neighborhoods are not enrolled in any formal group setting. This is likely to be at least in part due to the fact that unlike a number of other Making Connections sites, Indiana does not have any type of state-funded prekindergarten program. This finding suggests that strategies to ensure that preschool-age children in Indianapolis can access good quality center-based options are also important. Failure to do so risks placing them at further disadvantage as the number of other children enrolled in such programs continues to rise.

Background

This brief contains information on the ECE patterns of children in the Making Connections neighborhoods in Indianapolis who were ages five and under who were not in kindergarten.² It is based on data collected during Wave 2 of the Making Connections Cross-Site Survey and provides information on the extent to which children with different characteristics are cared for in the following mutually exclusive³ situations:

- any center-based care (including child care centers, Head Start programs, or prekindergarten programs)
- care from family, friends or neighbors, or in family child care homes (also known as FFN care)
- solely in the care of parents

We use the term parent for simplicity's sake but we are actually referring to the respondent who was selected as the most knowledgeable adult about the focus child. Any references to the percent of children or children overall refer specifically to children ages 0 to 5 and not yet in school in the Indianapolis Making Connections neighborhoods, unless otherwise noted.

In the text we highlight selected findings, though complete data on all indicators is shown in Appendix Tables 1 and 2. Note that in the text we focus on indicators where the differences in means between care types are wide enough that we can assume with a reasonable amount of confidence that these differences do actually exist is the full population in the Making Connections neighborhoods.⁴ The attached Appendix I displays all tests of statistical significance. It is important to note that due to the complex sample design, small sample sizes and design effects, some differences that look large are not statistically significant. In these cases we cannot say with confidence that there are in fact differences between those groups.

⁴ Specifically we are highlighting indicators for which the differences of means between care types are statistically significant at the 90% confidence level or higher.



 $^{^2}$ The sample included only children age five and under and not in kindergarten whose exact relationship to the focus child and respondent could be determined. (Eleven percent of age and grade eligible children were dropped from the analysis because this relationship could not be determined, resulting in a sample of 222 children.) All references to ages 0 to 5 refer to this restricted population.

³ Many children are in multiple care settings but these categories were created to sort out which children have had at least some exposure to center-based care (regardless of whether they are with their parents or in friend, family, or neighbor care the remainder of the time). Children in the FFN care category then are not in center-based care but are cared for outside the home for at least some period of time each week.

Overall Early Care and Education Patterns

In the Making Connections neighborhoods in Indianapolis, half of the children ages 0 to 5 who are not yet in kindergarten are in the care of family, friend, and neighbors (FFN) care. About 32% have no caregivers outside of their parents and less than one out of five children is in center-based care. [Figure 1/Appendix Table 1]

As is found nationally, these patterns differ by age. The majority of infants and toddlers in Indianapolis (0 to 2 year olds) are in FFN care (55%), with a significant minority solely in parent care (39%). Less than seven percent of this age group is enrolled in center-based care. Of preschool-age children (ages 3 to 5 not yet in kindergarten) 45% are in FFN care, 31% are in center-based care and 25% are in parent-only care. [Figure 1/Appendix Table 2]

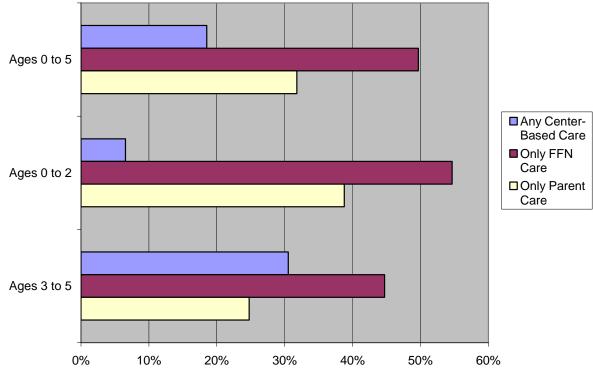


Figure 1: Early Care and Education Type by Age

Source: Making Connections Cross-site Survey, Wave 2; The Urban Institute

Early Care and Education Type and Parental Employment

As is expected, these patterns differ by the parental employment status. Here we examine the ECE patterns of three groups of children—those living in families where all parents are (or the single parent is) employed full-time (at least 35 hours per week), those living in families with at least one parent working part-time (less than 35 hours per week), and those living in families where there is no employed parent. Note that non-employed parents may be in educational or training settings, or may be looking for work. [Appendix Table 1 has data for all children ages 0-5; Appendix Table 2 has data separately for children ages 0-2 and 3-5.]

- *Parents employed full-time:* Twenty-nine percent of children have both parents (or a single parent) employed full-time. As shown in Figure 2, more than 3 out of 5 of these children are in FFN care, which is a significantly higher proportion than in the overall distribution of children among types of care. About a quarter of these children are in center-based care and, as expected given the constraints on parents' time, only 14% are in parent-only care, which is significantly lower proportion than that for children overall.
 - *Infants and toddlers:* The majority of children ages 0 to 2 whose parents are employed full-time is in FFN care (61%) as compared to 23% in only parent care and 16% in center-based care.
 - Preschool-age children: Older children (3-5 year olds) whose parents are employed fulltime are most likely to be in FFN care (62%), then in center-based care (30%) and least likely to be in parent care (8%). The proportion of children found in FFN care is significantly higher than overall patterns for this age group while the proportion found in parent-only care is significantly lower.

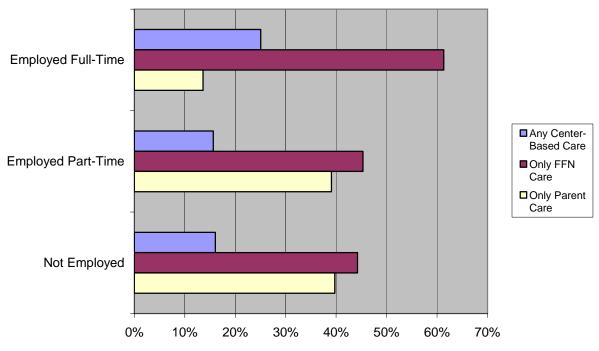


Figure 2: Employment by ECE Type: Ages 0 to 5

Source: Making Connections Cross-site Survey, Wave 2; The Urban Institute

- At least one parent employed part-time: About 41% of children have at least one parent employed part-time. These children are more often found in either FFN care (45%) or parent-only (39%) than in center-based (16%) care.
 - *Infants and toddlers:* Younger children with at least one parent employed less than 35 hours a week are more likely to be in FFN (57%) or parent-only (40%) care than center-based care (3%).
 - *Preschool-age children:* About 38% of older children who have at least one parent employed part-time are in parent-only care with another third in center-based care and about 30% in FFN care, though these proportions are not significantly different from each other.
- *No employed parents:* About 29% of children ages 0 to 5 live in households where no parents are employed. Interestingly, a substantial proportion of children whose parents are not employed at all are also in non-parental care. These children are found more often in either FFN (44%) or parent-only (40%) care than in center-based care (16%).
 - *Infants and toddlers:* This pattern continues among younger children, with 48% of younger children with no employed parents being in parent-only care and 47% in FFN care as compared with only 5% in center-based care.
 - *Preschool-age children:* Sizeable proportions of preschool-age children with no employed parents are in FFN (40%) and parent-only care (30%), though as one might expect, more older children are in center-based care (29%) than younger children.

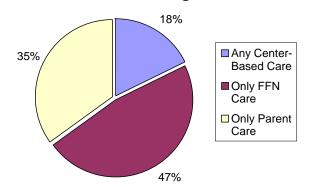
Risk Factors, Demographics and Early Care and Education Type

We examined ECE patterns for a number of different risk factors and different demographic groups (see Appendix I/Table 1). For most of these factors and groups, the patterns look somewhat similar to the overall patterns – with FFN care being the largest of the three categories, but with significant proportions also being in the other two forms of care. Remember, however, that even though in a number of cases these differences may look large, there are only some that are statistically significant. In this section we highlight risk and demographic factors that are either of particular importance or where the patterns differ from this overarching pattern identified above.

Poverty: About 57% of the children in the Indianapolis Making Connections neighborhoods live in households that have income levels below the federal poverty line and more than 3 out of 4 children in these areas live in households below 200% of the poverty line.

- The ECE patterns for children in poverty are similar to overall patterns. Almost half are in FFN care (47%), with the rest using parent-only (35%) and center-based (18%) care [Figure 3].
- There is a similar pattern for children below 200% of the federal poverty line, with 50% in FFN care, 32% in parent-only care and 18% in centerbased care.





Source: Making Connections Cross-site Survey, Wave 2; The Urban Institute

Parent's Race and Ethnicity: About 56% of children live in households where the parent is non-Hispanic white. Thirty-one percent live with a non-Hispanic black parent, about an eighth of children with a Hispanic parent, and 1% with a non-Hispanic parent of multiple races (also includes non-Hispanics of unknown race). Patterns of ECE care in Indianapolis differ tremendously by race and ethnicity [Figure 4].

- Children whose parent is non-Hispanic white are more likely to be in either FFN (55%) or parent-only (33%) care than in center-based care (11%). In fact, these children are significantly less likely to be in center-based care than children overall.
- Children who live with a parent whose race is non-Hispanic black are more likely to be in FFN care (52%) than in either center-based (32%) or parent-only (16%) care. The proportion of these children who are in center-based care is significantly greater than that of the overall proportion of children in centers. These patterns are consistent with national data, which find

that black children are disproportionately likely to use center-based care.⁵ The proportion of non-Hispanic black children in solely in the care of their parents is also significantly lower than that for children overall in the Indianapolis Making Connections neighborhoods.

• The majority of children of Hispanic parents is in parent-only care (65%) as compared with 20% in FFN care and the remaining 15% in center-based care. These children are significantly less likely to be in FFN care and more likely to be in parent-only care than all children ages 0 to 5 in the Making Connections neighborhoods.

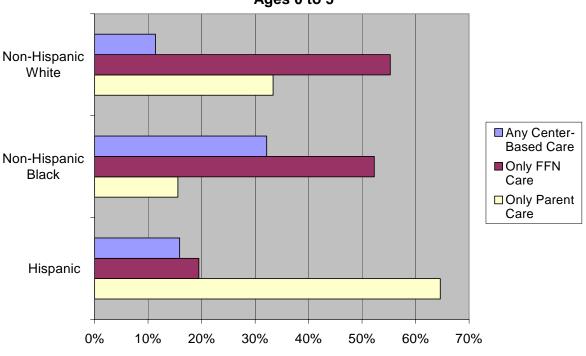


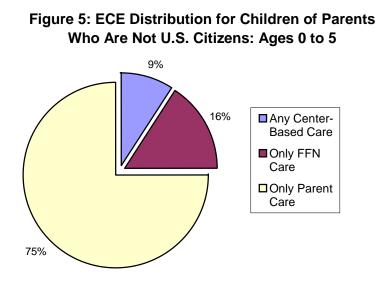
Figure 4: Distribution of Parental Race/Ethnicity by ECE Type: Ages 0 to 5

Source: Making Connections Cross-site Survey, Wave 2; The Urban Institute

⁵ Capizzano, Jeffrey, Gina Adams, and Jason Ost. (2006). *Caring for Children of Color: The Child Care Patterns of White, Black, and Hispanic Children under 5.* Occasional Paper #72. The Urban Institute. Available at <u>www.urban.org</u>.

Citizenship and Immigration: Overall, just under 14% of children in the Indianapolis Making Connections neighborhoods live with a parent who was born outside of the U.S and about 13% of children are in households where the parent is not a U.S. citizen.

• The patterns for children of parents not born in the U.S. are similar to the patterns described above for children with Hispanic parents. Specifically, over two-thirds are in parent-only care, and the rest are either in FFN (18%) or in center-based care (14%) care. These children



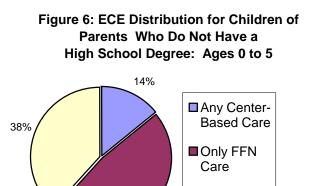
are significantly more likely to be in parent care and less likely to be in FFN care than children overall.

• The children of non-citizens are also more likely to be solely in the care of their parents (75%), with 16% in FFN care and 9% in center-based care [Figure 5]. As with children of foreign-born parents, a significantly lower proportion of children of noncitizens are in FFN care and a higher proportion are in parentonly care than children overall.

Source: Making Connections Cross-site Survey, Wave 2; The Urban Institute

Parent's Education Level: Over 37% of children live with a parent who has less than a high school education. Another 40% of children live with a parent who graduated from high school, while 18% live with a parent who has some college experience and 4% live with a parent who graduated from college.

- Most children with a parent who does not have a high school degree are in either FFN (48%) or parentonly (38%) care, compared with 14% in center-based care [Figure 6].
- Children with parents who have higher education levels have similar patterns of care. The percentage of children in center-based care increases as education level increases, but still remains lower than the percent in FFN care; however the differences between center-based care and the other care types are not significant.



48%

Only Parent

Care

Source: Making Connections Cross-site Survey, Wave 2; The Urban Institute

Selected Other Household Risk Factors: Highlighted below are some of the findings for children and households with various specific risk factors; we focused on those where care patterns are different than the overall patterns for children in the data. For the complete list, see Appendix I/Table 1.

- *Not Enough Money for Food*: Roughly 29% of children live in a household that did not have enough money to buy food at some point in the year prior to the survey. Sixty-nine percent of these children are in FFN care, 21% in parent-only care and 10% in center-based care. A smaller proportion of children facing this hardship factor are in parent-only care than children overall, while a larger proportion of children in FFN care experience this hardship than children overall.
- *Postponed Prescription*: Just over a quarter of all children live in households in which, in the year prior to the survey, someone postponed filling a prescription for medication when it was needed. Seventy-two percent of these children are in FFN care as compared with 14% in center-based care and 13% in parent-only care. This is a significantly higher proportion of children in FFN care and a significantly lower proportion of children in parent-only care than those for children overall.
- *HH Member in Jail*: About 10% of children live in a household where a household member was in jail or prison for more than three days in the three years prior to the survey. These children are more likely to be in FFN care (64%) than in either center-based (25%) or parent-only (10%) care. The proportion in parent-only care is significantly smaller than that for children overall.
- Uses Section 8: Eight percent of children live in a household that uses Section 8 vouchers to help pay rent. These children are more often found in either FFN (57%) or center-based (36%) care than in parent-only care (7%). A significantly smaller proportion of such children are in parent-only care than all children ages 0 to 5.

Neighborhood Indicators: About 7% of children live with a parent who rates the neighborhood as having low informal social control, 10% of children are in neighborhoods with low social cohesion and 6% in neighborhoods with low collective efficacy.⁶

• Children in households where a parent rates the neighborhood as having low levels of social cohesion are more likely to be in FFN care (55%) than either parent-only (36%) or center-based (9%) care. The proportion of children in center-based care is significantly less than that for children overall.

⁶ These three inter-related concepts are important because they measure how much social trust and willingness to improve conditions exists within the neighborhood. Lower levels of social cohesion indicate people in the neighborhood do not have mutual trust for each other or share similar values. Lower levels of informal social control are a sign that people in the neighborhood are unwilling to take active steps to improve their neighborhood themselves, such as breaking up a fight or doing something about children spraying graffiti. Collective efficacy is a measure that takes into account the levels of both social cohesion and informal social control.

Child Indicators:

- *Child Welfare*: About 5% of children in the Indianapolis Making Connections neighborhoods live in a household where a child has been under the care of a child welfare agency for more than one day. These children are found more often in FFN care (59%) than parent-care (9%), with the remaining 32% in center-based care (not significantly different than either care type). There is significantly smaller proportion of children who have been in the care of a child welfare agency in parent-only care than children overall.
- *Asthma*: About 9% of children were diagnosed by a medical professional as having asthma. Two-thirds of these children are in FFN care, significantly more than the quarter in centerbased care and the 8% in parent-only care. The proportion of children with asthma is significantly lower for children solely in the care of their parents than that for children overall.

Understanding Children in Each ECE Type

The above data make it clear that children who are at-risk of not entering school healthy and ready to succeed in school in the Indianapolis Making Connections neighborhoods are found in every ECE setting. Both research and common sense suggest that efforts to support the development of children in each of these setting types are likely to require different kinds of strategies and interventions. To help community leaders understand which children will likely benefit from strategies focusing on particular settings, this section provides an overview of the characteristics and risk factors that are particularly prevalent among children and their parents who use each type of care. The percentages below show the proportion of children in each type of care who have specific characteristics in the Indianapolis Making Connections neighborhoods.

Children in Center-Based Care:

- Are more likely to have a parent who is non-Hispanic black (53%) than children in FFN (33%) or in parent-only (15%) care.
- Are significantly more likely to have asthma (24%) or a health condition that limits their activities (18%) than children in parent-only care (4% and 6% respectively).

Children in Only FFN Care:

- Are more likely to have a parent who is non-Hispanic white (62%) than children in centerbased care (34%).
- Are more likely to live in a household where someone had to postpone filling a prescription for medication (38%) than children in parent-only care (11%).
- Have a higher probability of living in a household that had trouble paying the rent, mortgage or utilities (51%) than children in center-based care (21%).
- Are more likely to live in a household that did not have enough money for food (40%) and/or experienced at least one hardship factor (71%) than children in either parent-only care (19%) and 51%, respectively) or center-based (16% and 51%, respectively) care.
- Are more likely to live in a household which had a member who had been in jail (12%) than children in parent-only care (3%).
- Are more likely to have a parent who does not know any of their friends (9%) than children in center-based care (3%).
- Are significantly more likely to have asthma (23%) than children in parent-only care (4%).

Children in Only Parent Care:

- Have a higher probability of being poor (69%) than children in FFN care (50%).
- Are more likely to have a parent who is non-Hispanic white (58%) than children in centerbased care (34%) but are more likely to have a parent who is Hispanic (26%) and/or of Mexican origin (26%) than children in FFN care (5% and 4%).
- Are significantly more likely to have a parent who was born outside the U.S. (30%) than children in FFN care (5%) and are also more likely to have a parent who is not a U.S. citizen (30%) than children in center-based (6%) or children in FFN (4%) care.
- Are less likely to be read to by a family member (83%) than children in FFN care (97%).
- Are more likely to have a parent who does not know any of their friends (15%) than children in center-based care (3%).
- Are less likely to have health insurance (81%) than children in center-based care (96%).

	Overall	Any Center-	Only FFN	Only Parent
	Incidence	Based Care	Care	Care
Child Care Type		18.5% ^{a**}	49.7% ^{b*}	31.8% ^{c**}
Sind Gare Type		(1.50)	(2.26)	(1.89)
		(1.00)	(2.20)	(1.09)
Employment				<u>.</u>
Parents Employed Full Time	29.4%	25.0% ^{a**}	61.3% ^{b**†}	13.6% [†]
	(0.89)	(1.14)	(0.86)	(0.75)
Parents Employed Part-Time	41.4%	15.7% ^{a**}	45.3%	39.1% ^{c**}
	(1.41)	(1.47)	(2.19)	(1.84)
Parents Not Employed	29.3%	16.1% ^{a**}	44.2%	39.7% ^{c**}
	(1.58)	(0.97)	(1.94)	(1.28)
Povortu				
Poverty Below 100% Poverty	56.8%	17.8% ^{a**}	47.2%	35.0% ^{c**}
	(1.57)		(1.58)	(1.37)
100% to 200% Poverty	19.2%	. , , , , , , , , , , , , , , , , , , ,	59.2% ^{b**}	23.6%
	(0.88)	(1.04)	(0.90)	(1.47)
Below 200% of Poverty	(0.00) 76.0%		50.2% ^{b*}	32.1% ^{c**}
	(3.71)	(0.87)	(1.37)	(1.35)
	(0.77)	(0.07)	(1.07)	(1.00)
Parent's Race/Ethnicity				
Minority	44.4%	27.9%	41.6%	30.5%
	(2.43)	(1.59)	(0.92)	(1.23)
Non-Hispanic Black	30.7%	32.2% ^{a*†}	52.3% ^{b**}	15.6% [†]
	(1.32)		(0.96)	(1.71)
Non-Hispanic White	55.6%	11.4% ^{a**†}	55.3%	33.4% ^{c**}
	(2.43)	(0.91)	(2.32)	(2.08)
Non-Hispanic Asian	0.0%	0.0%	0.0%	0.0%
Non-Hispanic Multiple Race	0.001		o oo(^{b**}	40 50/
Non-inspanic multiple race	0.9%		0.0% ^{b**}	43.5%
	(1.49)		40 50(b**+	(0.05)
Hispanic	12.6%		19.5% ^{b**†}	64.6% ^{c**†}
Maulaan Maulaan Amarikaan Okiaana Osisis	(2.65)	(1.71)	(1.10)	(1.60)
Mexican, Mexican-American, Chicano Origin	12.2%	16.4%	16.8% ^{b**†}	66.8% ^{c**†}
	(2.75)	(1.73)	(1.05)	(1.57)
Other Central or South American Origin	0.4%	0.0%	100.0%	0.0%
	(0.87)		(0.00)	

	Overall	Any Center-	Only FFN	Only Parent
	Incidence	Based Care	Care	Care
Citizonship and Immigration				
Citizenship and Immigration Born Outside of the US	13.9%	14.3%	17.5% ^{b**†}	68.2% ^{c**†}
Born Outside of the US				
	(2.44)	(1.68)	(1.19)	(1.65)
Not a US Citizen	12.6%	9.3%	15.6% ^{b**†}	75.1% ^{c**†}
	(2.73)	(1.49)	(1.00)	(1.28)
Asked of Immigrants Only:				
mmigrant Status: Permanent Resident	8.8%	0.0%	0.0%	100.0%
mmigrant Status: Refugee	5.1%	0.0%	100.0%	0.0%
nmigrant Status: Something Else	86.2%	9.3%	10.8%	79.9%
	00.270	01070	101070	101070
hildren who Aren't Citizens in Household	61.6%	5.1%	19.3%	75.6%
	01.0%	5.1%	19.3%	10.0%
	0 1 - 0 1	10 101	00 70	04.001
anguage Other than English Spoken at Home	91.5%	13.1%	22.7%	64.2%
R Understands English Not Well or Not at All	62.5%	5.3%	7.9%	86.7%
Parent's Education Level				
ess than High School	37.4%	14.0% ^{a**}	47.7%	38.2% ^{c**}
	(0.99)	(1.06)	(1.83)	(1.91)
ligh School Graduate	40.0%	16.7% ^{a**}	50.6%	32.7%
	(1.46)	(2.08)	(2.86)	(3.16)
some College Experience	18.4%	27.5%	53.1% ^{b**}	19.4%
	(1.29)	(1.43)	(1.20)	(1.38)
College Graduate or Higher	4.1%	37.0%	43.4%	19.6%
	(2.37)	(2.52)	(1.94)	(1.97)
Risk Factors and Other Household Character	ristics			
Postponed Rx	26.4%	14.4% ^{a**}	71.7% ^{b**†}	13.9% [†]
	(1.97)	(0.89)	(0.70)	(0.63)
idn't Pay Mortgage, Rent or Utility	43.3%	16.2% ^{a**}	58.7% ^{b**}	25.1% ^{c*}
	(1.30)	(0.75)	(1.91)	(1.33)
Jtility Service Disruption	(100)	()	((
f Didn't Pay Mrtg., Rent or Utility)	35.2%	7.0%	69.6%	23.4%
Phone Service Disruption	31.9%	14.8% ^{a**}	57.6% ^{b**}	27.6%
······	(1.19)	(0.84)	(1.55)	(1.58)
Belongings Repossessed	2.6%	23.8%	(1.33) 76.2% ^{b**}	0.0%
พางกฎกฎร กระคงรรรรรษ				0.070
	(1.51)	(1.45)	(1.45)	~~ ~ ~ ~ · · * * +
Couldn't Pay for Food	28.8%	10.3% ^{a**†}	69.3% ^{b**†}	20.5% ^{c**†}
	(1.15)	(0.84)	(1.69)	(1.31)
Some Hardship Indicator	38.2%	15.8% ^{a**}	57.9% ^{b**}	26.3%
	(1.39)	(0.83)	(1.75)	(1.55)
Any Hardship Indicator	60.5%	15.4% ^{a**}	57.9% ^{b**}	26.7% ^{c**}
	(1.42)	(0.52)	(1.49)	(1.19)

Source: Making Connections Cross-site Survey, Wave 2; The Urban Institute

April, 2007

		Overall Any Center- Only FFN		
	Incidence	Based Care	Care	Care
			+	
Adults in Household Other than Parents	26.9%	24.3%	33.5% †	42.2%
	(1.81)	(0.88)	(0.87)	(1.08)
HH member was in Prison/Jail within last 3 yrs	9.5%	25.4% ^{a*}	64.4% ^{b**}	10.2% [†]
	(2.54)	(1.35)	(1.10)	(0.90)
Uses Food Stamps	55.4%	16.8% ^{a**}	55.2% ^{b**}	28.1% ^{c*}
	(1.63)	(0.82)	(1.82)	(1.48)
Uses Section 8	8.0%	35.8%	57.3% ^{b**}	6.9% ^{c*†}
		(1.34)	(1.49)	(0.53)
Owns Car	77.8%	19.9% ^{a**}	48.7% ^{b*}	31.4% ^{c*}
	(1.98)	(1.26)	(1.56)	(1.60)
Owns or is buying a House	25.0%	18.9% ^{a**}	53.0%	28.1%
	(1.36)	(1.86)	(2.01)	(1.20)
Neighborhood Indicators (PHDCN Scales) Low Social Cohesion	10.3%	9.2% ^{a**†}	55.1%	35.6% ^{c*}
Low Social Conesion				
	(1.84)	(0.43)	(1.83)	(1.59)
Low Informal Social Control	6.8%	21.2%	45.7%	33.1%
	(1.03)	(0.93)	(1.49)	(1.29)
Low Collective Efficacy	6.0%	25.4%	42.0%	32.7%
	(1.15)	(0.68)	(0.77)	(0.46)
Child Indicators				
Child Ever Under Care of Welfare Agency	5.2%	31.5%	59.3% ^{b**}	9.3% [†]
5,	(1.90)	(0.99)	(1.15)	(1.15)
Someone in Family Reads to Child	91.4%	18.8% ^{a**}	51.9% ^{b**}	29.3% ^{c*}
Someone in Failing Reads to Child			(1.91)	
Asked Only If Child Was Dood to:	(1.45)	(1.44)	(1.91)	(1.57)
Asked Only If Child Was Read to:	38.9%	20.4% ^{a**}	53.7% ^{b**}	25.8%
Child Read to Every Day	38.9% (0.76)			
Child Dead to 2 to 6 Times you Meals	• •	(1.16)	(1.29)	<i>(0.96)</i>
Child Read to 3 to 6 Times per Week	32.5%	24.2%	43.9%	31.8%
Child Deed to 4 to 2 Times - was West	(1.28) 28.7%	<i>(0.88)</i>	(2.60)	(2.36)
Child Read to 1 to 2 Times per Week	28.7%	11.1% ^{a**}	60.3% ^{b*}	28.6% ^{c**}
	(0.82)	(1.20)	(2.01)	(1.33)
Parent Knows Child's Friends: Most	85.4%	20.5% ^{a**}	47.6%	31.9% ^{c*}
	(1.32)	(1.67)	(2.59)	(1.98)
Parent Knows Child's Friends: Some	4.7%	9.0% ^{a**†}	91.0% ^{b**†}	0.0% ^{c*}
	(1.89)	(0.21)	(0.21)	
Parent Knows Child's Friends: None	9.9%	.9% ^{a**†}	47.0%	47.1% ^{c**}
	(1.37)	(0.37)	(1.08)	(1.26)

Table 1: Child Care Type within Risk and Demographic Subgroups: Ages 0 to 5

	Overall Any Center- Only FFN Only Paren				
	Incidence	Based Care	Care	Care	
Child's Health is Excellent, Very Good or Good	93.8%	18.3% ^{a**}	49.4% ^{b*}	32.3% ^{c**}	
, , ,,	(1.77)		(2.38)	(2.08)	
Child's Health is Poor or Fair	6.2%	25.7%	56.9%	17.4%	
	(1.77)	(0.90)	(0.71)	(1.89)	
Child Has Health Insurance	90.6%	19.7% ^{a**}	52.4% ^{b**}	28.0%	
	(2.18)	(1.48)	(2.15)	(1.44)	
Doctor Told Parent Child Had Asthma	17.2%	25.9% ^{a**}	65.9% ^{b**†}	8.2% ^{c**†}	
	(1.35)	(0.69)	(0.65)	(0.73)	
Child Has a Health Condition that Limits Activities	10.9%	30.3%	51.8%	17.9%	
	(0.92)	(0.83)	(2.14)	(1.72)	

Table 1: Child Care Type within Risk and Demographic Subgroups: Ages 0 to 5

Notes and Variable Definitions:

1. For additional details, including variable definitions, please refer to *Making Connections Child Care Brief: Early Care and Education Patterns in Indianapolis* by Gina Adams and Leah Hendey, The Urban Institute, April 2007 2. The sample included only children age five and under not in kindergarten whose exact relationship to the focus child and respondent could be determined. All references to age 0 to 5 refer to this restricted population. We use the term parent for simplicity's sake but we are actually referring to the respondent who was selected as the most knowledgeable adult about the focus child.

3. The three types of child care are mutually exclusive categories. Any center-based care refers to any exposure to child care centers, Head Start, prekindergarten programs, etc. Only FFN care is made up of care from family, friends, neighbors, or in a family child care home. Only Parent Care means that these children are solely in the care of their parents.

4. The three employment categories are mutually exclusive. Parents employed full-time means that both parents or (a single parent) are working more than 35 hours per week. The second category refers to households where at least one parent works part-time and in the last category no parents are working.

5. Some Hardship Factor = Utility Disruption, Phone Service Disruption, or Belongings Repossessed

6. Any Hardship Factor = Postponed Prescription; Didn't Pay Mortgage, Rent or Utility; Phone Service Disruption; Belongings Repossessed or Ever Without Enough Money for Food

7. PHDCN Scales: Adapted from the Project on Human Development in Chicago Neighborhoods

8. Social Cohesion = Mean Response (People in Neighborhood Help Neighbors, Live in Close-Knit Neighborhood, People in Neighborhood Can be Trusted, People in Neighborhood Don't Get Along, People in Neighborhood Have the Same Values)

9. Informal Social Control = Mean Response (Neighbors would do something about children skipping school, Neighbors would do something about children spraying graffiti, Neighbors would scold child if acting out, Neighbors would do something about a fight, Neighbors would do something about a fire station threaten by budget cuts)

 Collective Efficacy = Mean Response (Neighbors would do something about children skipping school, Neighbors would do something about children spraying graffiti, Neighbors would scold child if acting out, Neighbors would do something about a fight, Neighbors would do something about a fire station threaten by budget cuts, People in the Neighborhood Help Others, Live in Close-Knit Neighborhood, People in Neighborhood Can be Trusted, People in Neighborhood Don't Get Along, People in Neighborhood Have the Same Values)
 The design effect for each estimate is located below the estimate in italics and parentheses. If there is no design effect, then the variance of the estimate and statistical tests could not be calculated. For such indicators one should not make inferrences about any differences between estimates.

Table 1: Child Care Type within Risk and Demographic Subgroups: Ages 0 to 5

		<u> </u>		
Overall	Any Center-	Only FFN	Only Parent	
Incidence	Based Care	Care	Care	

(a) indicates a significant difference between any center-based care and only FFN care.

(b) indicates a significant difference between only FFN care and only parent care

(c) indicates a significant difference between any center-based care and only parent care.

* Indicates that the difference is significant at the .1 significance level

** Indicates that the difference is significant at the .05 level

† Indicates that the difference between the proportion in a care type in the full sample and proportion in that care type in the subsample is statistically significant at least the .1 level.

Table 2	Child	Care	Туре	By	/ Age
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	Overall Incidence	Any Center- Based Care	Only FFN Care	Only Parent Care
Infants and Toddlers: Ages 0 to 2	monucinoc	Bused Gale	Guic	Curc
Child Care Type		6.6% ^{a**}	54.7%	38.8% ^{c**}
		(0.66)	(1.76)	(1.79)
Parents Employed Full Time	21.1%	16.3% ^{a**}	60.7% ^{b*}	23.0%
	(1.31)	(0.95)	(1.06)	(1.75)
Parents Employed Part-Time	47.4%	3.1% ^{a**}	57.0%	39.9% ^{c**}
	(0.83)	(0.79)	(2.07)	(1.79)
Parents Not Employed	31.6%	5.2% ^{a**}	47.1%	47.6% ^{c**}
	(0.99)	(0.33)	(1.12)	(1.05)
Preschool-Age Children: Age 3 to 5				
Child Care Type		30.5%	44.7% ^{b*}	24.8%
		(1.50)	(1.97)	(1.74)
Parents Employed Full Time	37.7%	30.0% ^{a*}	61.7% ^{b**†}	8.4% ^{c**†}
	(0.93)	(1.21)	(1.37)	(0.74)
Parents Employed Part-Time	35.4%	32.5%	29.6%	37.9%
	(1.50)	(1.48)	(1.54)	(1.20)
Parents Not Employed	27.0%	28.7%	40.8%	30.4%
	(2.02)	(1.39)	(2.16)	(2.06)
Child Follows Instructions Some or None of the				
Time	30.8%	24.5%	38.9%	36.6%
Child Plays Well with Others Some or None of the Time	18.7%	30.2%	40.5%	29.3%
Child Focuses Attention Some or None of the Time	23.7%	34.0%	29.5%	36.5%

Notes and Variable Definitions:

1. For additional details, including variable definitions, please refer to *Making Connections Child Care Brief: Child Care Patterns in Indianapolis* by Gina Adams and Leah Hendey, The Urban Institute, April 2007

2. The sample included only children age five and under not in kindergarten whose exact relationship to the focus child and respondent could be determined. All references to age 0 to 5 refer to this restricted population. We use the term parent for simplicity's sake but we are actually referring to the respondent who was selected as the most knowledgeable adult about the focus child.

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4. The three employment categories are mutually exclusive. Parents employed full-time means that both parents or (a single parent) are working more than 35 hours per week. The second category refers to households where at least one parent works part-time and in the last category no parents are working.

5. The design effect for each estimate is located below the estimate in italics and parentheses. If there is no design effect, then the variance of the estimate and statistical tests could not be calculated. For such indicators one should not make inferrences about any differences between estimates.

(a) indicates a significant difference between any center-based care and only FFN care.

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(c) indicates a significant difference between any center-based care and only parent care.

* Indicates that the difference is significant at the .1 significance level

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† Indicates that the difference between the proportion in a care type in the full sample and proportion in that care type in the subsample is statistically significant at least the .1 level.