

EMPLOYER-SUPPORTED CHILD CARE CENTERS:  
THE EFFECTS ON ABSENTEEISM, TARDINESS,  
AND CHILD CARE COSTS IN HOSPITALS

By

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## PREFACE

This study was undertaken to investigate the effects of employer-supported child care centers on absenteeism and tardiness rates, and child care costs of parent-employees working in hospitals. A situational and voluntary sample is used in this study.

The research examines absenteeism and tardiness rates with the presence of an employer-supported child care center. The results of the study are discussed in terms of the number of days absent and number of minutes tardy of employees due to the presence of an employer-supported child care center. Categories of child care expenditures are examined with the use of an employer-supported child care center.

The format of this master's thesis deviates from the standard thesis style used at Oklahoma State University. The purpose of this deviation in style is to provide a manuscript suitable for publication, as well as fulfilling the necessary thesis requirements. Each manuscript follows the guidelines of a specified journal with minor alterations for presentation in the thesis. The manuscript style for the Home Economics Research Journal, the Publication Manual of the American Psychological

Association, was used for both Chapters IV and V. Chapters I, II, and III also use the Publication Manual of the American Psychological Association along with the Oklahoma State University thesis style. Cooperation of the Graduate College and Dean Norman Durham in allowing format deviations is greatly appreciated.

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## CHAPTER I

### INTRODUCTION

One of the problems for the American labor force is that employers are not supporting parent-employees with the benefits they need the most--affordable, quality child care. It has recently become apparent that problems experienced by the employee in finding and arranging child care for dependents can carry over into the workplace (Magid, 1983). Whether it be lack of concentration causing low productivity during certain periods of the day or just being tardy at the beginning of the work day, these problems can become major for the employer (Miller, 1984).

The high cost of child care services reduces the options many working families have in selecting child care programs (Gold, 1975). When faced with the expense of child care, some low-income parents may be torn between choosing whether to work or to take care of their children (U.S. Department of Labor, 1988). What can employers do to improve the child care situation and benefit themselves in the process?

## Statement of the Problem

Employer-supported child care is often suggested as a way for lower income families to provide quality child care for their children. With the increasing labor force participation rate of women, especially women with children under six years of age, child care is a major issue.

## Purpose and Objectives

The purpose of this study is to determine how the presence/use of an employer-supported on-site child care centers affect absenteeism, tardiness, and child care costs of hospital parent-employees. The objectives of this study are:

1. To compare parent-employee absenteeism and tardiness between hospitals that have or do not have an employer-supported on-site child care center present for parent-employees.
2. To determine how the use of employer-supported child care centers affects the child care costs of hospital parent-employees.

The objectives of this study differ from previous research studies. Previous research has looked at the benefits gained by employers in developing employer-supported child care centers. This study looks at

employer-supported child care centers from the parent-employee perspective concerning number of days the parent-employee is absent, number of minutes the parent-employee is tardy, and the costs of child care services charged to the parent-employee.

## CHAPTER II

### REVIEW OF LITERATURE

The increasing labor force participation rate of women, especially women with children under six years of age, has caused child care to become a major issue in the United States during the 1980s and 1990s. In 1988, more than 70 percent of women ages 25 to 34 were in the labor force, compared to 35 percent in 1950. In 1950, only 12 percent of women with children under age six were in the labor force (Brittain, Low, & Spindler, 1965). Today that figure has risen to 57 percent. Almost 67 percent of all mothers with children under 14 years of age are in the workforce (U.S. Department of Labor, 1988).

Child care has recently been at the forefront of attention. Newspapers, magazines, and research journals have depicted the dilemma of working parents concerning child care arrangements. Child care is the most critical factor for women entering the paid labor force (U.S. Department of Labor, 1988). More children need care at younger ages than ever before (Burud, Aschbacher, & McCroskey, 1984; Friedman, 1983; Hofferth, 1989).

Single-parent families have doubled in number since 1970 (Newman & Owens, 1986). More than one quarter of all families with children have only one parent present (Salisbury & Witte, 1986). These statistics reflect the changing relationship between work and family and the ability of the family to produce its own child care.

Fewer than ten percent of American families now fit the traditional family model of male breadwinner and homemaker wife (Farrell, 1986; U.S. Department of Labor, 1988). Working parents as adult consumers of child care, require a service which is reasonably priced; accessible; meets their children's emotional, intellectual, and physical requirements; as well as operates at the hours the care is needed. At a very basic level, working parents need to have child care services available to them at prices they can afford to pay (Gold, 1975).

Working parents, especially single parents, have been known to use vacation time, sick leave, and personal days to cope with problems with child care arrangements. Employer-supported child care is often suggested as a way for working parents, especially lower income families, to provide quality child care for their children. However, employer-supported on-site child care centers are often too expensive for many of the parent-employees who need the services the most--low wage, lower level workers (U.S. Department of Labor, Women's Bureau, 1989).



## History of Employer-Supported Child Care

Men's clothing plants, located in the South, were among the first to institute on-site child care programs in the 1920s. This type of industry needed women laborers; therefore, caring for the children of these women was necessary to continue production (La Fleur & Newsom, 1988).

During World War II, under the Lanham Act, the federal government provided day care facilities and nursery schools so mothers could work in war-related industries (Melville, 1989). The first employer-supported child care center utilized during World War II, was the Kaiser Industries Corporation which fed and sheltered employees' children 364 days per year, 24 hours a day at two plants (J. Auerbach, 1988). Initiating the program did not cost Kaiser Industries Corporation anything. Funding for the program was collected through taxes (Lanham Act) on the public sector (J. Auerbach, 1988).

A few other industries established child care programs during World War II, including a tank plant and a tent and uniform manufacturing shop (J. Auerbach, 1988). Child care during this period time, was developed to stabilize the female labor force, not for the quality care of children. However, when the war ended, the Kaiser shipyards closed, and so did the Kaiser program and other Lanham Act centers (Melville, 1989).

During the 1950s, only 12 percent of married women with children under six had jobs outside the home. Three-fourths of adults disapproved of married women who worked in the labor force unless it was necessary, and those mothers that did work were made to feel guilty. Many child care programs that were opened in the 1950s were closed because of community pressure to keep mothers at home with children. The concept that became apparent during the 1950s was that even a bad mother is better than good day care (Melville, 1989).

In the 1960s and 1970s, as in wartime, employers needed low-skilled, low-wage female workers. Employers believed that providing on- or near-site child care centers would aid in employee retention and also stabilize their workforce (Kahn & Kamerman, 1987). However, very few of the centers developed during this time period remain open.

In the 1980s, more employers are developing child care centers of their own, or are contributing to community child care centers. Employers are taking more initiative in utilizing methods of aiding their employees' child care difficulties, such as flexible work schedules and parent education seminars.

#### Employer-Supported Child Care Centers

The potential effects of unmet child care needs can:

- (a) generate lost productivity as employees call home to check on children left in self-care;
- (b) cause absenteeism

due to unreliable care or the need to care for sick children; or (c) result in the loss of female employees who cannot return to work as soon as desired after childbirth for lack of infant care. Over the past decade more and more companies have found that helping employees obtain the child care they need benefits the employer as well as the employee (Burud, et al., 1984).

Changing demographics and changes in industry, creating a shortage of labor force participants, have caused employers to look to ways of meeting the needs of working parents (Friedman, 1983). Employers have a direct interest in addressing their employees' child care problems and many have realized already the economic benefits that result from attention to the issue. However, many others are still unaware of the impact of addressing the child care problems of their employees (U.S. Department of Labor, 1988).

Employers are providing child care centers, either on-site or nearby, with parents, child care contractors, or the companies themselves operating these centers (J. Auerbach, 1988; S. Auerbach, 1979; Baden & Friedman, 1981; U.S. Department of Labor, 1988). Some companies are offering discounts, vouchers/subsidies, and salary reduction agreements to subsidize outside child care chosen by the parent-employee. Resource and referral services, and support and contributions to community child care program development are two other types of child care

programs being undertaken by employers (U.S. Department of Labor, 1988).

The establishment of on-site child care centers have the capability of aiding the employer and the employee. The child care centers would follow the same calendar as the company, thus providing consistency and stability for parent-employees. There is also a potential strengthening of family ties because: (a) the children remain closer to the parent during the parents' work shift, (b) time is spent commuting together, and (c) the parents are available during lunch and emergencies (Baden & Friedman, 1981).

Larger establishments (250 employees or more) are more likely to offer child care services to their employees than smaller employers. Private employers and government agencies are more likely to develop child care services than other establishments in the service or goods producing industries (Hayghe, 1988; Gordon, 1989; U.S. Small Business Administration, Office of Advocacy, 1988).

The majority of employers have not established on-site day care centers. Often they assume a child care center to be the only solution to the problem parent-employees have concerning child care arrangements and feel that this service is too costly. Insurance and liability fears also rate high as reasons employers avoid involvement with the development of child care centers (J. Auerbach, 1988; Fernandez, 1986; Magid, 1983; Salisbury & Witte, 1986; U.S. Department of Labor, 1988). The high cost of development

and increased liability are considered the primary disadvantages of providing an employer-supported child care center (J. Auerbach, 1988). The clear deterrents to employer involvement in child care include (a) lack of information, awareness, and technical assistance available on child care options; and (b) lack of documented evidence that such involvement could improve productivity (U.S. Department of Labor, 1988).

The National Child Care Consumer's Study, conducted in 1975, reported that parents prefer child care in their own neighborhoods. Many of the parent respondents also indicated that they favored informal arrangements, such as family day care homes, to child care centers (UNCO, Inc., 1975).

In 1978, Perry (1979) conducted one of the first employer supported child care studies which indicated nine industries and 75 hospitals were involved in on-site child care centers. An updated study by the United States Department of Labor, Women's Bureau (1982) identified 105 employer-supported programs, virtually all consisting of on-site child care centers. Hospitals were giving 71 percent of the assistance, followed by industry with nine percent. The remaining 20 percent were divided between government agencies and unions.

Parents in the Workplace conducted a survey of 5,000 Minnesota businesses' Human Resource Directors in 1981 to determine the effects of child care on employee problems.

Over two-thirds of the respondents felt that the provision of child care services would positively effect productivity, absenteeism, recruitment, retention, morale, and tardiness (Parents in the Workplace, 1981). Another study conducted during the same time period, determined the extent of employer involvement in child care within the Appalachian states. This study found very little involvement in child care by employers in the Appalachian states (Appalachian Regional Commission, 1982; U.S. Department of Labor, Women's Bureau, 1982).

The 1982 National Employer Supported Child Care Project (NESCCP) reported 415 company sponsored child care programs. Industry provided 197 (47.4%) child care programs, with health care organizations providing 195 (46.9%). Government agencies and unions shared the remaining 5.7 percent (Burud, et al., 1984; U.S. Department of Labor, 1988; U.S. Department of Labor, Women's Bureau, 1989).

The NESCCP found that organizations that support child care were mostly those with a large female work force, the average being 74 percent female workers. However, there were numerous male dominated companies that offered child care services. Seventy-four companies reporting child care services also reported that over 25 percent of the service users were male (Burud, et al., 1984; U.S. Department of Labor, Women's Bureau, 1989).

Magid (1983) conducted a survey of employers to investigate the current status and perceived benefits of employer initiatives for child care in the United States. She found that 69 percent of the respondents reported that their organizations provided child care centers located at the workplace or nearby (U.S. Department of Labor, Women's Bureau, 1989).

In 1985, the New York-based business research organization, The Conference Board, found that 2,500 corporations with 100 or more employees offer child care assistance programs, up from approximately 100 corporations in 1978 (J. Auerbach, 1988; U.S. Department of Labor, 1988). Approximately 550 of the 2,500 child care services were child care centers (J. Auerbach, 1988). In a 1987 follow-up study, The Conference Board found that 3,300 corporations offer child care assistance (Melville, 1989; U.S. Department of Labor, 1988). The Conference Board estimated that in 1989, 4,300 employers nationwide provide child care benefits, 1,200 supporting on- or near-site child care centers (Savage, 1990).

In a 1984 study by Fernandez, 7,000 management and crafts employees were surveyed to determine the effects of child care/parenting and family/work problems. This study found there are many factors which effect the productivity levels of parent-employees, including parental roles, stress, and attitude towards job.

The Bureau of Labor Statistics' 1987 study, the Survey of Employer-Provided Child Care Benefits, found that employer-supported child care centers had become available in 25,000 of the nation's public and private sector workplaces with 10 or more employees. In addition, 61 percent of the businesses/corporations in the survey, have one or more work practices which facilitate parents in caring for their children such as flexible work schedules, voluntary part-time arrangements, and flexible leave policies (Hayghe, 1988; U.S. Department of Labor, 1988).

#### Hospital Child Care Centers

Health care was the first industry to provide child care on a consistent basis (Burud, et al., 1984). They are currently the largest supporters and providers of services to working parents in the area of child care (Adolf, 1988; Magid, 1983). Perry (1979) found 75 United States' hospitals involved in the provision of employer-supported child care centers. In 1979, S. Auerbach found about 98 hospitals in 35 states that operated child care centers to respond to the needs of their employees. These hospitals found the provision of child care services allowed them to maintain stability and service (Adolf, 1988; S. Auerbach, 1979).

The 1985 study by The Conference Board that found 550 corporations with child care centers. Hospitals operated 400 on- or near-site centers in this study (Kahn &



Kamerman, 1987). This is because of high rates of female employment, irregular employment shifts, and the need for skilled staff retention (Adolf, 1988; J. Auerbach, 1988; Salisbury & Witte, 1986).

The 1982 National Employer Supported Child Care Project found that of the 415 businesses supporting child care for their employees, 195 were hospital based programs (Burud, et al., 1984). Of these 195 programs, 151 were child care centers.

#### Absenteeism and Tardiness

Employers are increasingly aware of the costs to them because of employee absenteeism due to child care problems (J. Auerbach, 1988). Successful on-site employer-supported child care centers are an asset to the employer because they decrease the rate of employee turnover, absenteeism, and tardiness; heighten morale and motivation; and increase the ability to attract employees (Friedman, 1986; Magid, 1983; Salisbury & Witte, 1986; U.S. Department of Labor, Women's Bureau, 1989).

Research studies comparing experimental and control groups have shown benefits to the employer from employer-supported child care services in the form of decreased absenteeism, lowered turnover, enhanced recruitment, and improved productivity (U.S. Department of Labor, Women's Bureau, 1989). However, there is little empirical

evidence as to the extent of success of employer-supported child care centers on influencing employee behaviors, such as absenteeism and tardiness (La Fleur & Newsom, 1988). There have been numerous internal assessments concerning the perceived benefits to employers offering an employer-supported on-site child care center.

The empirical studies that have measured effects of employer-supported child care programs on employee behavior include a 1972 study by Krug, Palmour, and Ballassai and a 1976 study by Milkovich and Gomez. However, both seem to have methodological flaws and contradictory findings (Miller, 1984).

The first study (Krug, et al., 1972) evaluated a child care center developed by the Federal Office of Economic Opportunity. The researchers compared absenteeism and tardiness rates before and after the center opened. However, the two comparison groups were not well matched. The findings indicate that center users had a higher absenteeism and tardiness rate than non-center users before the center opened, and that the center users group experienced increased absenteeism and tardiness after the center opened.

Milkovich and Gomez (1976) compared the work behaviors of employees utilizing the Northside Child Development Center in Minneapolis, Minnesota. The three sample groups of employees surveyed by these researchers were not carefully matched. The difference between the three sample

groups involves participation of enrollment in the day care program. This research found that enrollment in the child care program lowered absenteeism.

The major reason for providing child care is that a high turnover and absence rate of trained employees costs the company a large amount of money (S. Auerbach, 1979; Dawson, Mikel, Lorenz, & King, 1984; Youngblood & Chambers-Cook, 1984). Researchers who have studied employer-supported child care assistance programs found that since instituting such programs, most personnel directors saw an improvement in employee morale, and less turnover, absenteeism, and tardiness (Adolf & Rose, 1986; J. Auerbach, 1988; Baden & Friedman, 1981; Magid, 1983; Melville, 1989).

AT&T, after closing two of its centers in 1974, conducted an internal longitudinal study of center users and non-center users. This study found that tardiness was reduced between users and nonusers of the center. AT&T also found that absenteeism was higher among center users than non-center users. They contributed this to childrens' illnesses and no support for sick children (Kahn & Kamerman, 1987).

Child Care Systems, Inc. (1985) conducted a national study on child care arrangements of working parents. Twenty-eight percent of the respondents indicated that they were late to work or left work early twice a month or more because of child care problems.

The 1982 National Employer Supported Child Care Project found that employers reported child care support to have a positive effect on turnover, recruitment, employee morale, public image, productivity, absenteeism, and tardiness. Fifty-three percent of employer respondents reported that child care had a positive effect on absenteeism. Eighteen percent of the respondents felt that the development of child care services was more effective than three-fourths of their other absentee control methods. A positive effect on tardiness was reported by 39 percent of respondents (J. Auerbach, 1988; Burud, et al., 1984).

Fernandez (1986) found that instances of missed days at work, tardiness, leaving work early, and dealing with family issues during working hours were positively related to employees' difficulties in coping with child care. This study also found that handling dual family roles within the family creates absenteeism and tardiness. Thirty-nine percent of women and 33 percent of men in the Fernandez study admitted to being tardy. Whereas, 63 percent of women and 67 percent of men reported using work time for family matters. Fifty-seven percent of the women and 38 percent of the men reported absenteeism because of child care difficulties during the previous year (Fernandez, 1986).

The Bureau of National Affairs surveyed companies in 1981 to determine the primary causes of absenteeism among employees. The survey found that two of the four main

causes of absenteeism could be related to child care problems. The four causes were (a) illness; (b) personal problems or personal business; (c) inclement weather; and (d) family illness, transportation problems, inadequate child care, and alcohol abuse (Bureau of National Affairs, Inc., 1981; Educational Research Service, Inc., 1980). These data were reported reasons for absence from work, but not all employees report their absences as child care related because of company policies (Burud, et al., 1984).

Previous research on absenteeism and tardiness indicates that overall job satisfaction and ability to go to work represent the primary factors in an individual's absenteeism and tardiness (Educational Research Service, Inc., 1980; Hawk, 1976; Porter & Steers, 1975; Steers & Rhodes, 1978). Research also shows that a large percent of the absenteeism and tardiness problem is accountable to a small proportion of employees (S. Auerbach, 1979).

One particular corporation introduced an on-site child care center in 1979 to contend tardiness, absenteeism, and turnover among parent-employees. In the first year of the on-site center's operation, the corporation experienced a 23 percent decrease in turnover and 15,000 fewer work-hours of absenteeism (J. Auerbach, 1988; Burud, et al., 1984).

One explanation for the high absenteeism among parent-employees is that their children are often ill (J. Auerbach, 1988; Fernandez, 1986; Kahn & Kamerman, 1987). Even if there are other child care arrangements available,

the parent-employee is likely to remain home to care for the child. Research has shown that only a small number of businesses offer child care programs for sick children ( J. Auerbach, 1988; Burud, et al., 1984; Fernandez, 1986).

Women tend to be absent from work more than men, especially women in the childbearing years. For most women, time lost from work increases with the presence of children (Hawk, 1976; Klein, 1986). Absenteeism for women, have contributed to the assumption that women are not a reliable labor force pool (J. Auerbach, 1988). The advantage of having an on-site child care center lies in the maintenance of a stable and productive work force (S. Auerbach, 1979).

### Child Care Costs

#### Expenditures for Child Care

The burden of child care expenses rest on parents, and the burden is great (J. Auerbach, 1988). Child care expenses represent the fourth largest expenditure category for the working family, following housing, food, and taxes (La Fleur & Newsom, 1988). The old adage "you get what you pay for" is accurate for child care. Costs directly relate to what is provided in a given program (S. Auerbach, 1979; Howes, Pettygrove, & Whitebook, 1987). In 1984-85, the United States' estimated annual child care expenditures of working parents for their children was \$11 billion (U.S.

Bureau of the Census, 1987). According to the 1986 Survey of Income and Program Participation by the United States Bureau of the Census, Department of Commerce, approximately \$14 billion was spent on child care by families with children under age 15 (Lande, 1989; Oklahoma Department of Commerce, 1989). The average annual expense for child care is \$3,000 per child (Friedman, 1985; Hofferth, 1989).

In a 1984-85 survey, 5.3 million working mothers responded that some cash payment was made for receiving child care services for at least one of their children. Payments for child care were made more frequently by married women than by unmarried women (U.S. Bureau of the Census, 1987).

Lande (1989) found that one-third of working parents paying for child care, reported average weekly payments of \$45. The median weekly child care expenditure for 5.3 million women who reported paying for child care services during winter 1984-85 was \$38. Twenty-nine percent of these women paid \$50 or more per week for their child care arrangements (Adolf, 1988; U.S. Bureau of the Census, 1987). Estimates in 1984-85 suggest that child care costs averaged \$45 to \$75 per week for preschoolers and over \$100 per week for care in day care centers or for housekeepers performing child care duties in the child's home (Hofferth, 1989; U.S. Bureau of the Census, 1987).

J. Auerbach (1988) found that parent fees in employer-supported child care centers averaged \$214 per month per

child, with a range of \$20 to \$400 per month. A Yale University study indicated that parents pay, on the average, \$87 per week for infants/toddlers and \$68 per week for preschoolers (Cheskis-Gold, 1988). One particular employer-supported child care center charged parents \$405 per month for infant care. This was due to a lower staff|child ratio (J. Auerbach, 1988).

According to a 1985 study by Ohio State University, 20 percent of working families paid no cash for child care (U.S. Department of Labor, 1988). Fernandez (1986) also found a large number of respondents did not pay for child care. Reasons for not having child care expenditures in the Fernandez study were (a) wife cares for children at home, (b) children old enough to care for themselves, and (c) use of extended family caring for children at no cost.

The high cost of purchasing child care services reduces the options many parents have in selecting child care programs (Gold, 1975). In a special 1982 Census Bureau survey, it was found that 13 percent of mothers of preschoolers said, in response to a hypothetical question, that they would work if they had access to reasonably priced child care (U.S. Department of Labor, 1988).

Weekly child care payments for women below the poverty line were approximately \$32 or 22 percent of their monthly income (Lande, 1989; Oklahoma Department of Commerce, 1989). Lande (1989) also found that thirty-three percent of women above the poverty line reported child care



payments, compared with 21 percent of women below the poverty line.

The cost of child care is less expensive when provided by relatives than by non-relatives or organized child care facilities (U.S. Bureau of the Census, 1987). When considering child care expenditures of low-income families, the Census Bureau found that 55 percent of the families earning less than \$15,000 per year use relatives or family members to care for their preschool children (U.S. Department of Labor, 1988). The cost of care by a sitter or a nanny in the child's home is the most expensive form of child care. The cost of care in a day care center or day care home is slightly lower than care in child's home. All forms of child care are more expensive than relative care (Cheskis-Gold, 1988; U.S. Department of Labor, 1988). However, the number of relatives available to utilize as caregivers is declining because the possible caregivers are seeking or holding paying jobs (J. Auerbach, 1988; Friedman, 1983; Hofferth, 1989).

### Family Income

Affordable child care can be a critical problem for the 3.3 million working families who earn less than \$15,000 per year. Seventy-two percent of these lower income families are white, 28 percent are black, 35 percent have some college education, and 16 percent receive some public assistance. When faced with the expense of child care,

some low-income parents may be torn between choosing whether to work or take care of their children (U.S. Department of Labor, 1988).

According to data from the National Institute of Child Health and Human Development, regardless of race, poor families with a youngest child under 5 spend roughly \$25 weekly on child care as compared to the \$36 spent weekly by non-poor families. However, poor families spend a larger proportion of their income (21 percent to 25 percent) on paid child care than non-poor families (8 percent). Poor blacks and Hispanics spend more weekly, \$28 and \$30 respectively, for child care than poor whites (\$20) (U.S. Department of Labor, 1988).

It has also been reported that for moderate and upper income families, the cost of paid child care, particularly when two or more children use paid care, is often a financial problem for them as well (Cheskis-Gold, 1988; Davis & Solomon, 1980; U.S. Department of Labor, 1988). Seventy-four percent of the married working parents with children under 14 have a family income of more than \$25,000. Eighty-eight percent of these upper income families are white, nine percent are black, 57 percent have some college education, and none of them receive public assistance (U.S. Department of Labor, 1988).

Child care expenses can devour half a parents' take-home pay per month (Salisbury & Witte, 1986). Dual-parent families spend only three percent of their total budget on

child care expenditures (Epstein & Jennings, 1979). Lande (1989) found that respondents spend approximately \$45.20 per week or nearly six percent of monthly income for child care. When this figure is broken down into racial groups, white families spend six percent, black families spend approximately seven percent, and Hispanic families spend nearly seven and one half percent of monthly income on child care. A Carnegie Corporation study notes that child care expenses average ten percent of gross income for the working family (J. Auerbach, 1988; Hofferth, 1989; U.S. Department of Labor, Women's Bureau, 1982).

Nearly 90 percent of single-parent families are maintained by women (Newman & Owens, 1986). Eighty-five percent of single mothers in the labor force with children under 14 have a family income of less than \$25,000 (U.S. Department of Labor, 1988). Single-parent families spend seven to ten percent of their total budget on child care expenditures (Adolf, 1988). Employed single parents spent approximately eight percent of total expenditures on child care (Epstein & Jennings, 1979). Epstein and Jennings (1979) also found that single-parent families averaged \$700 annually for child care.

Women with monthly incomes over \$3,750 per month, spent \$58 weekly or four percent of monthly income on child care (Lande, 1989; Oklahoma Department of Commerce, 1989). The cost of child care averages 16 to 20 percent of the

mother's hourly earnings (Epstein & Jennings, 1979). In 1984-85, 72 percent of mothers employed full-time paid for child care services, compared to 60 percent of mothers employed part-time (U.S. Bureau of the Census, 1987).

#### Number of Child Care Arrangements

Yale University offers employees a number of child care benefits from which to choose. In 1986, Yale surveyed its employees to determine if employee preferences had changed. They found that working parents frequently depend on several types of child care arrangements. Twenty-two percent of parents with children under five years of age reported using more than one type of child care service during the work week (Cheskis-Gold, 1988).

#### Summary

In the 1920s, men's clothing plants were among the first to institute on-site child care programs. In the 1940s under the Lanham Act, the federal government provided day care facilities and nursery schools so mothers could work in war-related industries. The first employer-supported child care center utilized during this time period was the Kaiser Industries Corporation which fed and sheltered employee's children 364 days per year, 24 hours a day at two plants. Child care during this period time, was developed to stabilize the female labor force, not for the quality care of children. When the war ended so did the

Lanham Act centers. During the 1950s, married women with children were made to feel guilty if they had jobs in the labor force. It was felt that in the 1950s, even bad mothers were better than good day care. In the 1960s and 1970s, as in wartime, employers needed low-skilled, low-wage female workers. However, very few of the centers developed during this time period remain open. In the 1980s and 1990s, employers are taking more initiative in aiding their employees' child care difficulties.

Research in the area of employer-supported child care has shown an increase in the number of employers that are offering aid to their parent-employees. In 1978, Perry (1979) found 84 employers involved in on-site child care centers. The 1982 National Employer Supported Child Care Project (Burud, et al., 1984) found 415 company sponsored child care programs. Magid (1983) found that 69 percent of her study provided child care centers at or near the worksite. In 1985, The Conference Board found 2,500 corporations with 100 or more employees offering child care assistance programs. The 1987 Survey of Employer-Provided Child Care Benefits, by the Bureau of Labor Statistics found child care assistance in 25,000 workplaces with 10 or more employees.

Krug, Palmour, and Ballassai (1972) compared absenteeism and tardiness rates of employer-supported child care center users, non-users of the center, and a group of employees without children. Findings of this study

indicate that center users had higher absenteeism and tardiness rates before the center opened and increased rates after the center opened. AT&T found the same was true in their centers. Milkovich and Gomez (1976) on the other hand, found that center users experienced lower absenteeism than non-users in their study.

The U.S. Bureau of the Census (1987) surveyed working mothers in 1984-85 and found that 5.3 million working mothers reported making cash payments for child care services. The average payment for these women was \$38 per week. J. Auerbach (1988) found that the average weekly cost of care in employer-supported child care centers was \$54. Ohio State University surveyed working families in 1985 and found that 20 percent paid no cash for child care services (U.S. Department of Labor, 1988). Fernandez (1986) found similar results to that of Ohio State University.

Zigler and Goodman (1982), child care experts, state the following:

Because of changes that have taken place in the American family, day care is no longer simply a service that enables poor women to work. It has become an essential part of a much broader national picture. It's for working mothers. It's for fathers, so their wives can help support the family. It's for families, so children can grow up in a healthy environment. And it's for people who don't have

children, so the economy can run smoothly. (p. 338)

Sweeping demographic shifts occurring in the workforce have made the need for child care more acute than ever. Employers are finding it more advantageous to help with solutions.

Employer-supported child care is still a new concept that addresses the needs of the employer, the family, and society. Employer-supported child care represents a recognition that work life and family life, thus the overall quality of life, are no longer separate in parent-employees' lives. Employer-supported child care can aid parents in resolving, rather than juggling, their struggle with child care.

## CHAPTER III

### METHODOLOGY

This chapter describes the methods of respondent selection, the instruments, methods of data collection, and analyses utilized in this study. The data examines how the presence/use of an employer-supported child care center affects absenteeism, tardiness, and child care costs of hospital parent-employees with dependents 12 years of age or less.

#### Definitions

The following definitions clarify the terms used in this study:

**Parent-Employee** - The employee who is also a parent with children 12 years of age or less living in the household.

**Employer-Supported Child Care** - Child care services provided in an area or facility specifically designated by the employer for the care of children of employees while the parents are at work. The area may be located either in the place of business or nearby (U.S. Department of Labor, Bureau of Labor Statistics, 1988). It also describes a broad range of programs that help employees learn about,



locate, and pay for child care, as well as provide direct care of children.

**Presence of Employer-Supported Child Care Center** - Refers to employers providing a center for their employees.

**Use of Employer-Supported Child Care Center** - Refers to parent-employees utilizing the child care center provided by the employer.

**Absenteeism** - Scheduled, paid or contractual absence [paid vacations, jury duty, holidays]; long-term absence due to illness or medical leave; and unscheduled casual or incidental absence [short-term illness, family emergencies] (Stone, 1980). Measured in number of days.

**Tardiness** - Number of minutes employees arrive late for work.

### Population

Previous research regarding employer-supported child care in Oklahoma identified eight businesses with 150 or more employees currently offering on-site or near-site child care centers, and two businesses that were considering offering the service (Fraser, 1989).

Correspondence requesting permission to survey parent-employees was sent to twenty businesses with and without child care centers, including hospitals.

Two hospitals with on-site child care centers and one hospital without child care center services in close proximity to a Standard Metropolitan Statistical Area

(SMSA) in Oklahoma were selected for this study. The population from which the respondents were drawn consists of parent-employees with children 12 years of age or less working in the three hospitals in the study. Because of the difficulty the participating hospitals encountered in identifying parent-employees without violating the Privacy Act, a nonprobability survey sampling technique was used in this study. This type of sampling technique was used because of differing questionnaire distributions at the participating hospitals.

#### Hospital Child Care Centers

After locating two hospitals willing to participate in the study which offer child care centers to their employees, the researcher experienced difficulty in finding a hospital willing to participate that did not have a child care center. Therefore, the hospitals participating in the study vary in employee number and location. The two hospitals with centers have more than 1,800 employees and are centrally located in a SMSA. The third hospital, without a child care center (control group), has less than 400 employees and is located in a suburb of a SMSA. The differing locations of the hospitals in the study could effect the outcome of the study because of varying resource pool available to the hospitals and their parent-employees.

The largest hospital in the study has 3,243 employees

and initiated an on-site child care center in 1958. The center cares for 300 children six weeks through six years of age and care for sick children. Eighty-one percent (2,614 out of 3,243) of the employees working in this hospital are female.

The second hospital has 1,898 employees. The child care center at this hospital was developed in 1957 and cares for 220 children six weeks through six years of age and care for sick children. This hospital also has a large female work force (81 percent).

The third hospital has 345 employees and does not offer an on-site child care center to its parent-employees. This hospital has the largest percentage of female workers. Ninety-three percent of the employees are female.

#### Respondents

The respondents consists of parent-employees from the three hospitals who voluntarily answered the self-administered questionnaire. Fifty-seven percent of study respondents were aged 30 to 39. Nearly 80 percent of the respondents were married. Eighty-five percent of respondents were female. Burud, et al. (1984) found that support of child care was predominant in businesses that require a large female work force, averaging 74 percent female. Nearly 50 percent (47%) of the respondents have completed college or received advanced degrees.

Approximately one-quarter of the respondents work the evening or night shift.

### The Instruments

#### Parent-Employee Questionnaire

The parent-employee questionnaire (Appendix A) was developed to determine absenteeism and tardiness (employee recall), types of child care arrangements used, and aspects of child care arrangements, including cost, quality, and satisfaction. Demographic information including income, marital status, and education were also collected. The instrument was a modification of ones used by previous researchers (Burud, et al., 1984; Magid, 1983; U.S. Bureau of the Census, 1987; U.S. Department of Labor, 1988; U.S. Department of Labor, Women's Bureau, 1989; U.S. Department of Labor, Women's Bureau, 1982), with the addition of questions pertinent to this study.

The self-administered instrument consisted of multiple choice questions. The instrument was pre-tested for content, format, and understanding.

#### Child Care Center Director Questionnaire

A self-administered questionnaire (Appendix C) was distributed to the directors of the two employer-supported child care centers to collect information concerning the development and management of the child care center.

Multiple choice and open-ended questions include licensing, child-to-caregiver ratios, equipment, developmental adjustments, and services offered to parent-employees. Information from this questionnaire was used to put parent-employee information into context.

### Employer Questionnaire

The Human Resources Director or Personnel Director of each of the hospitals in the study answered open-ended questions including number of employees; absenteeism, tardiness, and turnover rates and costs; types of leave policies; and additional comments on a self-administered questionnaire (Appendix D).

### Data Collection

Dillman's Total Design Method (1978) was modified for utilization in data collection for this study. Data was collected between November and December of 1989. The instrument was made available to the parent-employees along with a letter (Appendix A) explaining the study and asking for participation. Questionnaires were returned by parent-employees to specified locations within the hospitals.

A different method of questionnaire distribution was used at each of the three hospitals. The first hospital sent a copy of the survey questionnaire to each of its 3,243 employees. The second hospital informed their employees of the upcoming study in the weekly newsletter,

designated a place where the surveys could be picked up and returned, and requested all employees with children 12 years of age or less to participate in the study. The third hospital utilized employee record information to send surveys to only the 105 out of 345 employees with children in the age range of the study.

Response rate was somewhat difficult to estimate because of the differing questionnaire distribution techniques. There were approximately 5500 employees total from the three hospitals, with an estimated one-third being parent-employees with children 12 years of age or less. There were 328 usable observations from a collected 331 questionnaires. Given this, an overall response rate was estimated at 18 percent.

#### Data Analysis

Each of the questions on the parent-employee instrument was coded as a categorical variable, a continuous variable, or a dummy variable (Appendix B). Data were analyzed using the Statistical Analysis System (SAS User's Guide, 1988; SAS User's Guide: Statistics, 1988). A parametric statistical technique, analysis of variance was employed. The alpha level of  $p < .05$  was established. Descriptive analyses, such as frequencies, were also utilized.

Analysis of variance was utilized to determine whether the presence/use of an employer-supported child care center

with controlled sociodemographic characteristics of the parent-employee respondent and their spouse, affects the absenteeism, tardiness, and child care costs of hospital parent-employees. The General Linear Model procedure was used to adjust for unbalanced data with zero values in the dependent variables.

### Limitations

Limitations of this study include:

1. The limited number of employer-supported child care centers in the state of Oklahoma did not permit sampling from several sites.
2. Privacy rights of employees, lack of information on employee records regarding children and their ages, and degree of cooperation from hospital sites, did not make it possible to identify parent-employees with children 12 years of age or less in two of the three hospitals.
3. The three hospitals varied in number of employees and location within SMSA area.
4. Absenteeism and tardiness information on parent-employees required more precise record keeping than the three hospitals kept; therefore, parent-employee recall was utilized.

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CHAPTER IV

ABSENTEEISM AND TARDINESS: ARE THEY AFFECTED  
BY THE PRESENCE OF EMPLOYER-SUPPORTED  
CHILD CARE CENTERS?

MANUSCRIPT FOR PUBLICATION

JOURNAL TITLE: HOME ECONOMICS RESEARCH JOURNAL

ABSENTEEISM AND TARDINESS: ARE THEY AFFECTED  
BY THE PRESENCE OF EMPLOYER-SUPPORTED  
CHILD CARE CENTERS?

Abstract

Working parents, especially single parents, have been known to use vacation time, sick leave, and personal days to cope with problems with child care arrangements. Some employers have begun to realize that assisting their parent-employees with child care difficulties also benefits the business as well. This study investigates how the presence of employer-supported child care centers affect absenteeism and tardiness in hospital parent-employees. Analysis of variance is utilized in this study. Presence of employer-supported child care center, number of children six years of age or less, change in child care arrangements due to a sick child, gender of parent-employee, and type of child care arrangement(s) for children between seven and twelve years of age were found to be significantly associated with hospital parent-employee absenteeism. The number of children between seven and twelve years of age

and presence of employer-supported child care center were found to be significantly associated to tardiness of hospital parent-employees.

### Introduction

Working parents, especially single parents, have been known to use vacation time, sick leave, and personal days to cope with problems with child care arrangements. Some employers have begun to realize that assisting their parent-employees with child care difficulties also benefits the business as well.

The previous research related to the presence/use of employer-supported child care centers, generally focused internally within one business or place of employment. This study investigates how the presence of an employer-supported child care center influences absenteeism and tardiness of parent-employees in three hospitals.

### Review of Literature

#### Employer-Supported Child Care Centers

The potential effects of unmet child care needs can: (a) generate lost productivity as employees call home to check on children left in self-care; (b) cause absenteeism due to unreliable care or the need to care for sick children; or (c) result in the loss of female employees who cannot return to work as soon as desired after childbirth for lack of infant care. Changing demographics and changes

in industry have created a shortage of labor force participants. This has caused employers to look to ways of meeting the needs of working parents (Friedman, 1983). Over the past decade more and more companies have found that helping employees obtain the child care they need benefits the employer as well as the employee (Burud, Aschbacher, & McCroskey, 1984).

Employers are providing child care centers, either on-site or nearby, with parents, child care contractors, or the companies themselves operating these centers (J. Auerbach, 1988; S. Auerbach, 1979; Baden & Friedman, 1981; U.S. Department of Labor, 1988). Larger establishments (250 employees or more) are more likely to offer child care services to their employees than smaller employers. Private employers and government agencies are more likely to develop child care services than other establishments in the service or goods producing industries (Gordon, 1989; Hayge, 1988; U.S. Small Business Administration, Office of Advocacy, 1988).

The establishment of on-site child care centers have the capability of aiding the employer and the employee. The child care centers would follow the same calendar as the company, thus providing consistency and stability for parent-employees. There is also a potential strengthening of family ties because: (a) the children remain closer to the parent during the parents' work shift, (b) time is



spent commuting together, and (c) the parents are available during lunch and emergencies (Baden & Friedman, 1981).

In 1978, Perry conducted one of the first employer supported child care studies which indicated nine industries and 75 hospitals were involved in on-site child care centers. Since then, numerous studies (J. Auerbach, 1988; Burud, et al., 1984; Hayghe, 1988; Magid, 1983; Melville, 1989; U.S. Department of Labor, 1988; U.S. Department of Labor, Women's Bureau, 1989; U.S. Department of Labor, Women's Bureau, 1982) have been completed showing the increasing number of employers that are becoming involved in the establishment of child care centers. In 1989, The Conference Board estimated that 4,300 employers nationwide provided child care benefits, 1,200 supporting on- or near-site child care centers (Savage, 1990).

The 1982 National Employer Supported Child Care Project (NESCCP) found that organizations that support child care were mostly those with a large female work force, the average being 74 percent female workers. However, there were numerous male dominated companies that offered child care services. Seventy-four companies reporting child care services also reported that over 25 percent of the service users were male (Burud, et al., 1984; U.S. Department of Labor, Women's Bureau, 1989).

Parents in the Workplace conducted a survey of 5,000 Minnesota businesses' Human Resource Directors in 1981 to determine the effects of child care on employee problems.

Over two-thirds of the respondents felt that the provision of child care services would positively effect productivity, absenteeism, recruitment, retention, morale, and tardiness (Parents in the Workplace, 1981).

#### Absenteeism and Tardiness

Employers are increasingly aware of the costs incurred because of employee absenteeism related to child care problems (J. Auerbach, 1988). Successful on-site employer-supported child care centers are an asset to the employer because they decrease the rate of employee turnover, absenteeism, and tardiness; heighten morale and motivation; and increase the ability to attract employees (Friedman, 1986; Magid, 1983; Salisbury & Witte, 1986; U.S. Department of Labor, Women's Bureau, 1989).

Research studies comparing experimental and control groups have shown benefits to the employer from employer-supported child care services in the form of decreased absenteeism, lowered turnover, enhanced recruitment, and improved productivity (U.S. Department of Labor, Women's Bureau, 1989). However, there has been very little empirical evidence as to the extent of success of employer-supported child care centers on influencing employee behaviors, such as absenteeism and tardiness (La Fleur & Newsom, 1988). There have been numerous internal assessments concerning the perceived benefits to employers offering an employer-supported on-site child care center.

The empirical studies that have measured effects of employer-supported child care programs on employee behavior include a 1972 study by Krug, Palmour, and Ballassai and a 1976 study by Milkovich and Gomez. However, both seem to have methodological flaws and contradictory findings (Miller, 1984).

The first study (Krug, et al., 1972) evaluated a child care center developed by the Federal Office of Economic Opportunity. The researchers compared absenteeism and tardiness rates before and after the center opened. However, the two comparison groups were not matched carefully. The findings indicate that center users had a higher absenteeism and tardiness rate than non-center users before the center opened, and that the center users group experienced increased absenteeism and tardiness after the center opened.

Milkovich and Gomez (1976) compared the work behaviors of employees utilizing the Northside Child Development Center in Minneapolis, Minnesota. The three sample groups of employees surveyed by these researchers were not carefully matched. The difference between the three sample groups involves participation of enrollment in the day care program. This research found that enrollment in the child care program lowered absenteeism.

The major reason for providing child care is that a high turnover and absence rate of trained employees costs the company a large amount of money (S. Auerbach, 1979;

Dawson, Mikel, Lorenz, & King, 1984; Youngblood & Chambers-Cook, 1984). Researchers who have studied employer-supported child care assistance programs found that since instituting such programs, most personnel directors saw an improvement in employee morale, and less turnover, absenteeism, and tardiness (Adolf & Rose, 1986; J. Auerbach, 1988; Baden & Friedman, 1981; Magid, 1983; Melville, 1989).

AT&T, after closing two of its centers in 1974, conducted an internal longitudinal study of center users and non-center users. This study found that tardiness was reduced between users and nonusers of the center. AT&T also found that absenteeism was higher among center users than non-center users. They contributed this to childrens' illnesses and no support for sick children (Kahn & Kamerman, 1987).

Child Care Systems, Inc. (1985) conducted a national study on child care arrangements of working parents. Twenty-eight percent of the respondents indicated that they were late to work or left work early twice a month or more because of child care problems.

The 1982 National Employer Supported Child Care Project found that employers reported child care support to have a positive effect on turnover, recruitment, employee morale, public image, productivity, absenteeism, and tardiness. Fifty-three percent of employer respondents

reported that child care had a positive effect on absenteeism. Eighteen percent of the respondents felt that the development of child care services was more effective than three-fourths of their other absenteeism control methods. A positive effect on tardiness was reported by 39 percent of respondents (J. Auerbach, 1988; Burud, et al., 1984).

Fernandez (1986) found that instances of missed days at work, tardiness, leaving work early, and dealing with family issues during working hours were positively related to employees' difficulties in coping with child care. This study also found that handling dual family roles within the family creates absenteeism and tardiness. Thirty-nine percent of women and 33 percent of men in the Fernandez study reported to being tardy. Whereas, 63 percent of women and 67 percent of men reported using work time for family matters. Fifty-seven percent of the women and 38 percent of the men reported absenteeism because of child care difficulties during the previous year (Fernandez, 1986).

The Bureau of National Affairs, Inc. (1981) surveyed companies to determine the causes of absenteeism among employees. The four causes were (a) illness; (b) personal problems or personal business; (c) inclement weather; and (d) family illness, transportation problems, inadequate child care, and alcohol abuse. The survey found that two of the four categories of causes could be related to child

care problems (personal problems and family illness, transportation problems, and inadequate child care). These data were reported reasons for absence from work, but not all employees report their absences as child care related because of company policies (Burud, et al., 1984).

One particular corporation introduced an on-site child care center in 1979 to contend tardiness, absenteeism, and turnover among parent-employees. In the first year of the on-site center's operation, the corporation experienced a 23 percent decrease in turnover and 15,000 fewer work-hours of absenteeism (J. Auerbach, 1988; Burud, et al., 1984).

One explanation for the high absenteeism among parent-employees is that their children are often ill (J. Auerbach, 1988; Fernandez, 1986; Kahn & Kamerman, 1987). Even if there are other child care arrangements available, the parent-employee is likely to remain home to care for the child. Research has shown that only a small number of businesses offer child care programs for sick children ( J. Auerbach, 1988; Burud, et al., 1984; Fernandez, 1986).

Women tend to be absent from work more than men, especially women in the childbearing years. For most women, time lost from work increases with the presence of children (Hawk, 1976; Klein, 1986). Absenteeism for women have contributed to the assumption that women are not a reliable labor force pool (J. Auerbach, 1988). One of the advantages of having an on-site child care center lies in

the maintenance of a stable and productive work force (S. Auerbach, 1979).

## Methodology

### Respondents

Two hospitals with on-site child care centers and one hospital without a center in close proximity to a Standard Metropolitan Statistical Area in Oklahoma were selected for this study. The first hospital has 3,243 employees; the second hospital has 1,898 employees; and the third hospital has 345 employees. The population from which the sample is drawn consists of parent-employees with children 12 years of age or less working in the three hospitals in the study. Because of the difficulty the participating hospitals encountered in identifying parent-employees without violating the Privacy Act, a nonprobability survey sampling technique was used in this study. The sample consists of parent-employees from each of the three hospitals who voluntarily answered a self-administered questionnaire.

Fifty-seven percent of study respondents were aged 30 to 39. Nearly 80 percent of the respondents were married. Eighty-five percent of the respondents were female. Nearly 50 percent (47%) of the respondents have completed college or received advanced degrees. Nearly 87 percent (86.6%) of the respondents were white. The average family size was four persons. The distribution of respondents' annual

family pretax-income was quite even among categories. The largest category being \$30,000 to \$39,999 with about 24 percent (23.5%) of the respondents. Approximately 16 percent (16.2%) of the sample did not have an employer-supported child care center available to utilize. About one-quarter work the evening or night shift. Thirty-eight percent (38.4%) of the respondents work within the 6:00AM to 7:00PM time schedule. Approximately 72 percent (72.3%) of the respondents work five days per week. Fifty-three percent (52.7%) work 35 to 40 hours per week. Twenty percent work 41 to 49 hours per week. Eighty-three percent of the respondents travel less than 30 minutes to work.

#### The Instruments

Parent-employee questionnaire. The parent-employee questionnaire was developed to gather information regarding the number of days absent and number of minutes tardy parent-employee experienced during the six month period prior to the questionnaire distribution date. Employee recall was used as measures of absenteeism and tardiness because the hospitals in this study did not collect such data in a comprehensive way. Demographic information for self and spouse including family income, marital status, age, and education were also requested. The survey included questions from instruments of previous researchers (Adolf & Rose, 1986; Muchinsky, 1977; Steers & Rhodes, 1978), as well as other questions developed for this study.



Employer questionnaire. The Human Resources Director or Personnel Director of each of the hospitals in the study answered a self-administered questionnaire containing open-ended questions including number of employees; turnover rates; types of leave policies; and any additional comments.

### Data Collection

Dillman's Total Design Method (1978) was modified for utilization in data collection for this study. Data were collected between November and December 1989.

Response rate was somewhat difficult to estimate because of the differing questionnaire distribution techniques. There were approximately 5500 employees total from the three hospitals, with an estimated one-third being parent-employees with children 12 years of age or less. There were 328 usable observations from a collected 331 questionnaires. Given this, an overall response rate was estimated at 18 percent.

### Data Analysis

Data were analyzed using the Statistical Analysis System (SAS User's Guide, 1988; SAS User's Guide: Statistics, 1988). A parametric statistical technique, analysis of variance (General Linear Model), was used because of zero values in the dependent variable. The alpha level of  $p < .05$  was established. Descriptive analyses, such as frequencies, were also utilized.

## Theoretical Models

The variables included in the theoretical models for absenteeism and tardiness are presented in Figure 1 and

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Insert Figure 1 about here

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Figure 2 respectively. The presence of employer-supported child care centers is the only variable included in the

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Insert Figure 2 about here

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models which have not been identified in the literature as a factor that affects the absenteeism and tardiness of hospital parent-employees (Adolf & Rose, 1986; Krug, et al., 1972; Milkovich & Gomez, 1976; Muchinsky, 1977; Steers & Rhodes, 1978).

## Results

### Absenteeism

Table 1 depicts the analysis of variance table for the

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Insert Table 1 about here

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variables utilized in the theoretical model for absenteeism. This model explains approximately 12 percent of the variation in absenteeism. Twelve percent is a small

amount of variance explained; however, this type of model has not been test before. Theory in this area is in the early stages of development.

Presence of employer-supported child care center.

Presence of employer-supported child care center was significantly associated ( $p < .05$ ) with the number of days parent-employees were absent in the past six months (Table 1). The parent-employee respondents at the two hospitals that have the child care center available were absent less than the parent-employees at the hospital without a center. Sixty-one percent of the respondents with access to an employer-supported child care center were absent and 79 percent of the respondents without access to such a center, were absent during the study period. This is similar to the findings of Milkovich and Gomez (1976); however, contradictory to the findings of Krug, et al. (1972).

Number of children six years of age or less. Previous research (Fernandez, 1986; Hawk, 1976; Klein, 1986) indicates that having young children is associated with a higher rate of absenteeism for parent-employees. In this study, the number of children six years of age or less was significantly associated ( $p < .001$ ) with the number of days that parent-employees were absent (Table 1). Seventy-one percent of the parent-employee respondents with children six years of age or less compared to 48 percent of those

without children six years or age or less, were absent during the study period.

Change of child care arrangement(s) due to a sick child. Previous research (J. Auerbach, 1988; Fernandez, 1986; Kahn & Kamerman, 1987) has identified ill children as one explanation for high absenteeism among parent-employees. This study also found changing child care arrangements because of sick children to be significantly associated ( $p < .01$ ) with absenteeism in parent-employees (Table 1).

Parent-employees' children will already be in some type of child care arrangement or school while the parent-employee is working; however, if a child becomes ill, the parent-employee is likely to remain home to care for the child.

There are very few employers that offer child care programs for sick children. The hospital child care centers participating in this study do offer a sick child program for their parent-employees. However, the service is very costly (twice the normal cost of care), can serve a very limited number of children, and requires 24 hour notice.

Gender of parent-employee. The literature have generalized that women tend to be absent from work more than men, especially women in the childbearing years. This study found that female parent-employees were more likely

( $p < .05$ ) to be absent than their male counterparts (Table 1). Sixty-eight percent of the female parent-employee respondents and 53 percent of their male counterparts, were absent during the study period.

Number of children between seven and twelve years of age. This variable was not significantly associated with the number of days parent-employees were absent during the study. The children in this age range are in school for the most of the year and the study period and tend to be sick less often than younger children. Seventy percent of the parent-employee respondents without children between seven and twelve years of age and 62 percent of those with children in this age range were absent during the study period.

Types of child care arrangement(s) for children between seven and twelve years of age. The type of child care arrangement used for children between the ages of seven and twelve was found to be significantly ( $p < .01$ ) associated with absenteeism of hospital parent-employees (Table 1). Forty-eight percent of the respondents reported being absent while utilizing family members to care for their children in this age group. Seventy percent of the parent-employees with children between seven and twelve years of age reported absenteeism while using non-family types of child care services.

Children in this age group are in school. When these children become ill, teachers will likely send the child home from school, so as not to infect the other children. Therefore, a new type of child care service will have to be found or the parent-employee leaves work to take care of the child.

Types of child care arrangement(s) for children six years of age or less. This variable was not significantly associated with the number of days absent by parent-employees during the study period (Table 1). The researcher was unable to determine the reasoning for this result. Fifty-eight percent of the parent-employees utilizing family members as caregivers were absent during the study period. Seventy-six percent of the respondents using non-family types of child care services were absent in this study.

Summary of absenteeism model. Presence of employer-supported child care center, number of children six years of age or less, change in child care arrangements due to a sick child, gender of parent-employee, and type of child care arrangement(s) for children between seven and twelve years of age were found to be significantly ( $p < .0001$ ) associated with parent-employee absenteeism (Table 1). Number of children between seven and twelve years of age and type of child care arrangement(s) for children six years of age or less were found to be not significant in

the absenteeism model (Table 1). These variables explain approximately 12 percent of the variation ( $R^2=0.121$ ) in the number of days that hospital parent-employees are absent during the study period.

### Tardiness

Table 2 depicts the analysis of variance table for the

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Insert Table 2 about here

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variables utilized in the theoretical model for tardiness. This model explains approximately 4 percent of the variation in tardiness. Four percent is a small amount of variance explained; however, this type of model has not been test before. Theory in this area is in the early stages of development.

Number of children six years of age or less. This variable was found to not be significantly associated with the number of minutes tardy by hospital parent-employees (Table 2). Thirty-eight percent of the respondents without children and 46 percent of the respondents with children in this age range were tardy during the study period. Sixty-one percent of the parent-employees with children six years of age or less that reported being tardy, revealed tardiness of more than 60 minutes during the six month study period.

Number of children between seven and twelve years of age. The number of children between the ages of seven and twelve were found to be significantly ( $p < .01$ ) associated with the number of minutes that parent-employees were tardy (Table 2). Fifty-one percent of the respondents without children and 36 percent of the respondents with children in this age range were tardy during the study period. Sixty-one percent of the parent-employees with children between seven and twelve years of age that reported being tardy, reported tardiness of 60 minutes or more during the six month study period.

Presence of employer-supported child care center.

Presence of employer-supported child care center was significantly associated ( $p < .05$ ) with the number of minutes parent-employees were tardy in the past six months (Table 2). The parent-employee respondents of the two hospitals that have child care centers available, were tardy less than the parent-employees at the hospital without a center. Forty-three percent of the respondents with access to an employer-supported child care center were tardy and 53 percent of the respondents without access to such a center were tardy during the study period.

Summary of tardiness model. The number of children between seven and twelve years of age and presence of employer-supported child care center were significantly ( $p < .01$ ) associated to the number of minutes that hospital



parent-employees were tardy during the six month study period (Table 2). The number of children six years of age or less were found to not be significant in the tardiness model (Table 2). These variables explain about four percent of the variation ( $R^2=0.041$ ) in the number of minutes that hospital parent-employees are tardy.

### Discussion and Implications

The presence of an employer-supported child care center was found to reduce parent-employee absenteeism and tardiness. This study found that the two hospitals with child care centers had less absenteeism and tardiness when compared to the hospital without a child care center. However, the data collected in this study indicates that the presence of an employer-supported child care center is not the only factor that influences the number of days absent and number of minutes tardy experienced by hospital parent-employees. Age of children, gender of parent-employee, changing child care arrangements due to a sick child, and the types of child care arrangements used for children can also affect absenteeism and tardiness.

The variables included in this study are not the only factors that affect absenteeism and tardiness in hospital parent-employees. The absenteeism model used in this study explained about 12 percent of the variation in absenteeism. The development of a model for tardiness was difficult. Some of the factors indicated in previous research as

influencing tardiness, were not significant in this study. Three models were developed, analyzed, and modified until a final model was developed. This model explains only four percent of the variation in tardiness.

Employee recall was utilized as measures of absenteeism and tardiness in this study. There is a unknown degree of error involved in using this type of measurement. Hospitals in this study did not record tardiness of employees and would not release absenteeism information to the researcher. Recalling the number of days absent may be more accurate than recalling the number of minutes tardy during the six month period of the study. Accurate and accessible absenteeism and tardiness records for each employee or utilization of a log or diary method for employee recall over the period of the study would yield more precise findings.

More in depth research is needed in this area of employer-supported child care and absenteeism and tardiness, as well as other productivity factors of parent-employees. Accurate records of absenteeism and tardiness are needed for this type of research. Employee recall was used in this study because the participating hospitals did not collect such data.

Future research in this area needs to compare control and experimental groups that are consistently and carefully matched on all factors except for the variables being studied. The researcher was unable to match sample groups

because of the varying employee number of those hospitals willing to participate in this study. Therefore, a small sample size was used and is not generalizable to all hospital parent-employees with children twelve years of age or less.

Previous research on employer-supported child care centers reflected that some employers enjoy the benefits of such centers through lowered costs because of less days absent by parent-employees. The major reason parent-employees are absent from work is sick children. Thus, the provision of an employer-supported child care center tends not to affect their absenteeism because a change in primary care arrangements may still be needed when children are ill. Therefore, the benefits to parent-employees may tend to be lower than expected by employers.

Parental leave policies are currently the focus of the child care program public policy realm in the United States. These types of policies will aid future parent-employees with infant care. However, those parent-employees with current child care difficulties are often left to struggle with those difficulties on their own.

Indicators of absenteeism and tardiness may not be the same for all working parents. Reasons for being absent and tardy vary from one employee to the next. However, the presence of an employer-supported child care center was found to lessen the absenteeism and tardiness rates of hospital parent-employees.

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## Dependent Variable

## Independent Variables

Number of Days Absent  
in Past Six Months

Presence of Employer-  
Supported Child  
Care Center

Number of Children Six  
Years of Age or Less

Change of Child Care  
Arrangement(s) Due to  
a Sick Child

Gender of Parent-  
Employee

Type of Child Care  
Arrangement for  
Children Between  
Seven and Twelve Years  
of Age

Number of Children  
Between Seven and  
Twelve Years of Age

Type of Child Care  
Arrangement for  
Children Six Years  
of Age or Less

Figure 1. Theoretical model for absenteeism.

## Dependent Variable

Number of Minutes Tardy  
in Past Six Months

## Independent Variables

Number of Children Six  
Years of Age or Less

Number of Children  
Between Seven and  
Twelve Years of Age

Presence of Employer-  
Supported Child  
Care Center

Figure 2. Theoretical model for tardiness.



Table 1

Analysis of Variance for Absenteeism

SOURCE	DF	F-Value
Presence of Employer-Supported Child Care Center	1	5.11*
Number of Children Six Years of Age or Less	2	7.47***
Changing Child Care Arrangement(s) Due to a Sick Child	1	6.50**
Gender of Parent-Employee	1	4.73*
Number of Children Between Seven and Twelve Years of Age	1	0.03
Types of Child Care Arrangement(s) for Children Between Seven and Twelve Years of Age	2	4.78**
Types of Child Care Arrangement(s) for Children Six Years of Age or Less	2	1.50
Model	10	4.39****
R <sup>2</sup> = 0.1215		

Note. \*p<.05. \*\*p<.01. \*\*\*p<.001. \*\*\*\*p<.0001.

Table 2

Analysis of Variance for Tardiness

SOURCE	DF	F-Value
Number of Children Six Years of Age or Less	2	2.09
Number of Children Between Seven and Twelve Years of Age	1	5.95**
Presence of Employer- Supported Child Care Center	1	3.96*
Model	4	3.52**
R <sup>2</sup> = 0.0417		

Note. \*p<.05. \*\*p<.01.

CHAPTER V

EMPLOYER-SUPPORTED CHILD CARE CENTERS:  
THEIR EFFECT ON CHILD CARE COSTS OF  
HOSPITAL PARENT-EMPLOYEES

MANUSCRIPT FOR PUBLICATION

JOURNAL TITLE: HOME ECONOMICS RESEARCH JOURNAL

EMPLOYER-SUPPORTED CHILD CARE CENTERS:  
THEIR EFFECT ON CHILD CARE COSTS OF  
HOSPITAL PARENT-EMPLOYEES

Abstract

Employer-supported child care is often suggested as a way for lower income families to provide quality child care for their children. Adult consumers of child care, require a service which is reasonably priced, accessible, meets their children's emotional, intellectual, and physical requirements, as well as operates at the hours they need the care. This study investigates how the use of an employer-supported child care center affects the child care costs of hospital parent-employees. Analysis of variance is utilized in this study. Family income, use/non-use of employer-supported child care center, number of children 12 years of age or less, and number of child care arrangements per day were found to be significantly associated with the child care costs of hospital parent-employees.

## Introduction

Employer-supported child care is often suggested as a way for lower income families to provide quality child care for their children. Child care has recently been at the forefront of attention in the United States. Newspapers, magazines, and research journals have depicted the dilemma of working parents concerning child care availability, quality, and affordability.

With the increasing labor force participation rate of women, especially women with children under six years of age, child care is a major issue. Working parents as adult consumers of child care, require a service which is reasonably priced, accessible, meets their children's emotional, intellectual, and physical requirements, as well as operates at the hours the care is needed. At a very basic level, working parents need to have child care services available to them at prices they can afford to pay (Gold, 1975).

Fewer than ten percent of American families now fit the traditional family model of father at work and mother at home taking care of the children (U.S. Department of Labor, 1988). In 1950, 12 percent of women with children under age six were in the labor force (Brittain, Low, & Spindler, 1965). Today that figure has risen to 57 percent. Almost 67 percent of all mothers with children

under 14 years of age are in the workforce (U.S. Department of Labor, 1988). These statistics reflect the changing relationship between work and family and the ability of the family to produce its own child care.

There has not been research relating the use/non-use of employer-supported on-site child care centers to the child care costs of parent-employees for private industry, hospitals, government, or unions. Therefore, the purpose of this study is to examine how the use/non-use of an employer-supported on-site child care center influences the child care costs of hospital parent-employees.

#### Review of Literature

The burden of child care expenses rest on parents, and the burden is great (J. Auerbach, 1988). Child care expenses represent the fourth largest expenditure category for the working family, following housing, food, and taxes (La Fleur & Newsom, 1988). The old adage "you get what you pay for" is accurate for child care. Costs directly relate to what is provided in a given program (S. Auerbach, 1979; Howes, Pettygrove, & Whitebook, 1987).

#### Expenditures for Child Care

In 1984-85, the United States' estimated annual child care expenditures of working parents for their children were \$11 billion (U.S. Bureau of the Census, 1987). According to the 1986 Survey of Income and Program

Participation, approximately \$14 billion were spent on child care by families with children under age 15 (Lande, 1989; Oklahoma Department of Commerce, 1989).

In a 1984-85 survey by the United States Bureau of the Census, 5.3 million working mothers responded that some cash payment was made for receiving child care services for at least one of their children. The median weekly child care expenditure for these 5.3 million women was \$38. Twenty-nine percent of these women paid \$50.00 or more per week for their child care arrangements. Estimates in 1984-85 suggested that child care costs averaged \$45 to \$75 per week for preschoolers and over \$100 per week for care in day care centers or for housekeepers performing child care duties in the child's home (U.S. Bureau of the Census, 1987). Another study found that one-third of working parents paying for child care, reported average weekly payments of \$45 (Lande, 1989).

J. Auerbach (1988) discovered that parent fees in employer-supported child care centers averaged \$214 per month per child, with a range of \$20 to \$400 per month. A Yale University study on their child care center, indicated that parents pay, on the average, \$87 per week for infants/toddlers and \$68 per week for preschoolers (Cheskis-Gold, 1988). One particular employer-supported child care center charged parents \$405 per month for infant care. This was due to a lower staff|child ratio (J. Auerbach, 1988).

According to a 1985 study by Ohio State University, 20 percent of working families did not pay for child care services (U.S. Department of Labor, 1988). Fernandez (1986) also found a large number of respondents did not pay for child care. Reasons for not having child care expenditures in the Fernandez study were (a) wife cares for children at home, (b) children old enough to care for themselves, and (c) use of extended family caring for children at no cost.

The high cost of purchasing child care services reduces the options many working parents have in selecting child care programs (Gold, 1975). In a special 1982 Census Bureau survey, it was discovered that 13 percent of mothers of preschoolers said, in response to a hypothetical question, that they would work if they had access to reasonably priced child care (U.S. Department of Labor, 1988).

Child care for children under six years of age is expensive, especially infant care (Zigler & Goodman, 1982). The cost of child care is less expensive when provided by relatives than by non-relatives or organized child care facilities (U.S. Bureau of the Census, 1987). The cost of care by a sitter or a nanny in the child's home is the most expensive form of child care. The cost of care in a day care center or day care home is slightly lower than care in child's home. All forms of child care are more expensive



than relative care (Cheskis-Gold, 1988; U.S. Department of Labor, 1988). However, the number of relatives available to utilize as caregivers are declining. Possible caregivers are seeking or holding paying jobs in the workforce (J. Auerbach, 1988; Friedman, 1983; Hofferth, 1989).

### Family Income

Affordable child care may be a critical problem for the 3.3 million working families who earn less than \$15,000 per year. Seventy-two percent of these lower income families are white, 28 percent are black, 35 percent have some college education, and 16 percent receive public assistance. When considering child care expenditures of low-income families, the Census Bureau found that 55 percent of the families earning less than \$15,000 per year use relatives or family members to care for their preschool children. When faced with the expense of child care, some low-income parents may be torn between choosing whether to work or take care of their children (U.S. Department of Labor, 1988).

According to data from the National Institute of Child Health and Human Development, regardless of race, poor families with a youngest child under five spend roughly \$25 weekly on child care as compared to the \$36 spent weekly by families with higher incomes. However, poor families spend a larger proportion of their income (21 percent to 25

percent) on paid child care as compared to higher income families (8 percent). Poor blacks and poor Hispanics spend more weekly, \$28 and \$30 respectively, for child care than poor whites (\$20) (U.S. Department of Labor, 1988).

It has also been reported that for moderate and upper income families the cost of paid child care, particularly when two or more children use paid care, is often a financial problem for them as well (Cheskis-Gold, 1988; Davis & Solomon, 1980; U.S. Department of Labor, 1988). Seventy-four percent of the married working parents with children under 14, have a family income of more than \$25,000. Eighty-eight percent of these upper income families are white, nine percent are black, 57 percent have some college education, and zero percent receive public assistance (U.S. Department of Labor, 1988).

Lande (1989) found that respondents spend about \$45.20 per week for child care or nearly six percent of monthly income. White families spend six percent, blacks spend approximately seven percent, and Hispanics spend nearly seven and one half percent of monthly income on paid child care services. A Carnegie Corporation study notes that child care expenses average ten percent of gross income for the working family (J. Auerbach, 1988; Hofferth, 1989; U.S. Department of Labor, Women's Bureau, 1982).

Eighty-five percent of single mothers in the labor force with children under age 14 have a family income of less than \$25,000 (U.S. Department of Labor, 1988).

Single-parent families spend approximately 7 percent of their total budget on child care expenditures (Adolf, 1988). Employed single parents spent approximately eight percent of total expenditures on child care. Single-parent families averaged \$700 annually for child care (Epstein & Jennings, 1979).

#### Number of Child Care Arrangements

Previous research has also indicated that as the number of child care arrangements utilized per work day increases the cost of child care also increases (Floge, 1985; U.S. Bureau of the Census, 1987). In a 1986 survey, Yale University found that working parents frequently depend on several types of child care arrangements. Twenty-two percent of parents with children under five years of age reported using more than one type of child care service during the work week (Cheskis-Gold, 1988).

#### Availability of Employer-Supported Child Care Centers

Employers have a direct interest in addressing their employees' child care problems and many have realized already the economic benefits that result from attention to the issue. However, many others are still unaware of the impact of addressing the child care problems of their employees (U.S. Department of Labor, 1988).

Employers are providing child care centers, either on-site or nearby, with parents, child care contractors, or

the companies themselves operating these centers. Companies are offering discounts, vouchers/subsidies, and salary reduction agreements to subsidize outside child care chosen by the parent-employee. Resource and referral services, and support and contributions to community child care program development are also being undertaken by employers (U.S. Department of Labor, 1988).

In 1978, the United States Department of Labor Women's Bureau published one of the first studies of employer-provided child care. The project identified 105 employer-supported programs, virtually all consisting of on-site child care centers. Hospitals were giving 71 percent of the assistance, followed by industry with nine percent. The remaining 20 percent was divided between government agencies and unions (Melville, 1989; U.S. Department of Labor, 1988; Burud, Aschbacher, & McCroskey, 1984).

In a 1987 study, The Conference Board found that 3,300 corporations offered child care assistance (U.S. Department of Labor, 1988). The Bureau of Labor Statistics' 1987 study found that employer-supported child care centers had become available in 25,000 of the nation's public and private sector workplaces with 10 or more employees. In addition, 61 percent of all establishments have one or more work practices which facilitate parents in caring for their children such as flexible work schedules, voluntary part-time arrangements, and flexible leave policies (U.S. Department of Labor, 1988).

The majority of child care centers are open from 7:30AM to 5:30PM (Kahn & Kamerman, 1987). Hours and number of days worked by parent-employees do not always correlate with the times that licensed child care centers offer care for children. This makes the availability of child care arrangements to fit the parent-employees' work schedule very important. Hospital employers have begun eliminating this problem by being among the first to offer employer-supported child care centers, and by offering care for at least two daily work shifts.

### Methodology

This section describes the methods of sample selection, the instrument, methods of data collection, and analyses utilized in this research study. The data for this article comes from a larger study which examines how the presence/use of an employer-supported child care center affects absenteeism, tardiness, and child care costs of hospital parent-employees with dependents 12 years of age or less (Travnichek, 1990).

### Respondents

Previous research regarding employer-supported child care in Oklahoma identified eight businesses with 150 or more employees which offered on-site or near-site child care centers, and two businesses that were considering

offering the service (Fraser, 1989). Correspondence requesting permission to survey parent-employees was sent to twenty businesses, including hospitals, with and without employer-supported child care centers.

Two hospitals with on-site child care centers in close proximity to a Standard Metropolitan Statistical Area in Oklahoma were selected for this study. The hospitals participating in the study vary in employee number. The first hospital has 3,243 employees and the second hospital has 1,898 employees. The population from which the sample is drawn consists of parent-employees with children 12 years of age or less working in the two hospitals in the study. Because of the difficulty the participating hospitals encountered in identifying parent-employees without violating the Privacy Act, a nonprobability survey sampling technique was used. The sample consists of parent-employees from each of the two hospitals who voluntarily answered a self-administered questionnaire.

Age, education, race, and employment related information was collected for both parent-employee respondent and their spouse. Fifty-seven percent of study respondents were aged 30 to 39. Nearly 80 percent of the respondents were married. Eighty-five percent of the respondents were female. Nearly 50 percent (47%) have completed college or received advanced degrees. About one-quarter of the respondents work the evening or night shift.

Nearly 87 percent (86.6%) of respondents were white. The average family size was four persons. The distribution of respondents' annual family income was quite even among categories. The largest category being \$30,000 to \$39,999 (23.5%). Approximately 65 percent (65.1%) of the respondents did not use the employer-supported child care center. Reasons for not using the child care center included (a) no space available, (b) use other arrangements, (c) children too old for center, and (d) too costly. Eleven percent of the sample stated that they did not use the employer-supported child care center because it was too costly.

Various types of employment characteristics of the parent-employee respondent and their spouse were also collected. These include, (a) number of days worked per week, (b) number of hours worked per week, and (c) hourly schedule. Thirty-eight percent (38.4%) of the respondents work within the 6:00AM to 7:00PM time schedule. About 72 percent (72.3%) work five days per week. Fifty-three percent of the respondents work 35 to 40 hours per week.

### The Instrument

The parent-employee questionnaire was developed to gather information regarding child care arrangements and aspects of the child care arrangements, such as cost and number of arrangements. The instrument included questions from instruments of previous researchers (Burud, et al.,

1984; Magid, 1983; U.S. Bureau of the Census, 1987; U.S. Department of Labor, 1988; U.S. Department of Labor, Women's Bureau, 1989; U.S. Department of Labor, Women's Bureau, 1982), as well as other questions developed by the researcher for this study.

The self-administered instrument consisted of multiple choice questions. The instrument was pre-tested for content, format, and understanding.

#### Data Collection

Dillman's Total Design Method (1978) was modified for utilization in data collection. Data were collected between November and December of 1989. The instrument was available to the sample of parent-employees at each of the two sites, along with a letter explaining the study and asking for participation. Parent-employees returned questionnaires to specified locations within the hospitals and child care centers.

A different method of questionnaire distribution was used at the two hospitals. The first hospital sent a copy of the survey questionnaire to each of its 3,243 employees. The second hospital informed their employees of the upcoming study, designated a place where the surveys could be picked up and returned, and requested all employees with children 12 years of age or less to participate in the study.



Response rate was somewhat difficult to estimate because of the differing questionnaire distribution techniques. There were approximately 5000 employees total from the two hospitals, with an estimated one-third being parent-employees with children 12 years of age or less. Given this, a response rate was estimated to be about 17 percent; with 275 observations utilized in this study.

### Data Analysis

Data were analyzed using the Statistical Analysis System (SAS User's Guide, 1988; SAS User's Guide: Statistics, 1988). A parametric statistical technique, analysis of variance (General Linear Model), was used because of zero values in the dependent variable in the model. The alpha level of  $p < .05$  was established. Descriptive analyses, such as frequencies, were also utilized.

### Theoretical Model

Variables utilized in the analysis are identified and defined in Table 1. All the variables included in the

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Insert Table 1 about here

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theoretical model (Figure 1), except use of employer-

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Insert Figure 1 about here

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supported child care center have been identified in the literature as factors that affect the child care costs of hospital parent-employees, as well as other working parents (Burud, et al., 1984; Magid, 1983; U.S. Bureau of the Census, 1987; U.S. Department of Labor, 1988).

### Results and Discussion

#### Child Care Costs of Users vs. Non-Users of Employer-Supported Child Care Centers

Parent-employees can be classified into three groups, (a) those who do not have child care costs, (b) those who have child care costs and use the employer-supported child care center, and (c) those who have child care costs but do not use the center. Utilizing frequencies and cross-tabulations of the costs of child care with use of employer-supported child care center, this study found that nearly 40 percent of parent-employee respondents made no cash payments for child care. Table 2 shows the breakdown of child care costs by use/non-use of the employer-supported child care center.

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Insert Table 2 about here

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One respondent who utilizes the center did not make child care payments. This particular parent-employee is employed as a child care teacher in the child care center and receives free care. For non-users of the centers, the percentage not making child care payments was approximately 38 percent (37.9%).

Sixty-eight percent (68.4%) of the center users have child care expenditures of \$50 or more per week, compared with 28 percent (27.7) of non-users. Seventy-two percent (72.4%) of non-users have child care payments of less than \$50 per week, whereas only 32 percent (31.6%) of center users have child care expenditures that low.

#### Average Weekly Child Care Payments

The average weekly child care expenditures for non-users of the employer-supported child care centers were \$25 per week (total expenditure, not per child). This weekly figure increases to \$75 per week for center users.

Parent-employee respondents with a pretax-annual family income of less than \$60,000 have average weekly child care payments of \$25. Parent-employee respondents with a pretax-annual family income over \$60,000, spend an average of \$75 per week on child care services.

#### Expenditures for Child Care

Analysis of variance was performed to determine if the variables of family income, use/non-use of employer-supported child care center, number of children twelve

years of age or less (two categories), and number of child care arrangements per day were significantly associated with hospital parent-employees' child care costs. Table 3 depicts the analysis of variance table for the variables

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Insert Table 3 about here

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utilized in the theoretical model for this study.

#### Family Income

Family income is an important factor in almost all research that deals with income and assets of the family, as well as research that looks at the expenditures or spending patterns of the family. It was anticipated that lower income families would have lower child care costs (U.S. Department of Labor, 1988). Family income was found to be a significantly ( $p < .001$ ) associated (Table 3) with the child care costs of hospital parent-employees.

#### Number of Children Six Years of Age or Less

The cost of care for children six years of age or less is expensive, thus, the total cost of child care for families with more than one child six years of age or less can be quite costly. The United States Bureau of the Census have inferred that as the number of children in the family increases the cost of child care also increases. This study found the number of children six years of age or

less to be significantly ( $p < .0001$ ) associated (Table 3) with hospital parent-employees' child care expenditures.

Number of Children Between Seven and  
Twelve Years of Age

When the number of children between seven and twelve years of age was analyzed in the model, it was found to be significantly ( $p < .01$ ) associated (Table 3) with the child care costs' model.

Number of Child Care Arrangements  
Per Day

Number of child care arrangements (Table 3) was significantly ( $p < .01$ ) associated with the child care costs of hospital parent-employees.

Use/Non-Use of Employer-Supported Child  
Care Centers

There is a lack of empirical research associating use of employer-supported child care centers to the child care costs of parent-employees. In this study, it was anticipated that hospital parent-employees using the child care center provided by their employer would have lower weekly child care expenditures than non-user parent-employees. In analyses, it was found that use/non-use of employer-supported child care centers was significantly ( $p < .0001$ ) associated (Table 3) with on the child care costs of hospital parent-employees. Parent-employees who did not

use the employer-supported child care center (65.1% of the respondents) for whatever reasons, were able to locate child care arrangements less costly than the child care center provided by their employer. This finding has strong implications for the parent-employees of employers considering providing this type of benefit.

#### Summary of Child Care Costs Model

Family income, number of children six years of age or less, number of child care arrangements per day, use/non-use of employer-supported child care center, and number of children between seven and twelve years of age were found to be significantly associated with the child care costs of hospital parent-employees. The combination of the variables in the theoretical model (Table 3) were found to be significant at  $p < .0001$ . These variables explain approximately 34 percent of the variation ( $R^2 = 0.342$ ) in the child care costs of hospital parent-employees.

#### Summary and Implications

Employer-supported child care centers may be desired by workers, but not necessarily because they reduce the costs of child care over other alternative child care services. The data collected in this study indicates that the provision of an employer-supported child care center does not lessen the child care expenditure burden of parent-employees over alternative child care arrangements

families could use. Family income, number of children six years of age or less, the number of child care arrangements per day, number of children between seven and twelve years of age, and use/non-use of employer-supported child care center were found to be significantly associated with the child care costs of hospital parent-employees.

Over one-third of the respondents in this study did not pay for child care services in the child care market. However, of those that did pay for child care services, users of the child care center were likely to pay more for their services than non-users. Thus, indicating that non-users of the employer-supported child care center were able to locate and utilize lower cost child care services than users of the center.

Because of sweeping demographic changes occurring in the workforce, the need for child care is more crucial than ever. Fewer than ten percent of American families now fit the traditional model of father at work and mother at home taking care of the children. Working parents need child care that is dependable, affordable, parallel with their work schedules, conveniently located, and suitable for their children's age. However, employer-supported child care centers, as currently handled, may not be the answer for many parent-employees, especially lower income families.

Employer-supported on-site child care centers are often too expensive for employers and parent-employees.

However, employer-supported child care is often suggested as a way for working parents, especially lower income families, to provide quality child care for their children.

An on-site child care center need not be the only option developed for parent-employees. There are many options available to employers, including, on- or near-site child care centers, resource and referral information on community child care services, parenting seminars, and flexible leave policies.

Employers may need to assist with child care services that are less expensive for lower income parent-employees. This might be accomplished by developing more than one type of child care service, enabling parent-employees to make a choice of the type of service they desire for their children and allowing more options that vary in the cost charged to them. Government could aid businesses through additional tax credits above the normal yearly business deductions; and parent-employees themselves, need to set priorities concerning the affordability and quality level of care they desire for their children.



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Dependent Variable	Independent Variables
Child Care Costs	Family Income
	Use/Non-use of Employer-Supported Child Care Center
	Number of Children Six Years of Age or Less
	Number of Children Between Seven and Twelve Years of Age
	Number of Child Care Arrangements/Day

Figure 1. Theoretical model for child care costs.

Table 1

Summary of Variables for Child Care Costs


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	DEPENDENT VARIABLE
	Child Care Costs
COSTCARE	0 = No Cost 1 = < \$49.99 per week 2 = \$50.00-\$99.99 per week 3 = \$100.00 or more per week
	INDEPENDENT VARIABLES
	Family Income
FAMILYINC	0 = < \$10,000 per year 1 = \$10,000-\$19,999 per year 2 = \$20,000-\$29,999 per year 3 = \$30,000-\$39,999 per year 4 = \$40,000-\$49,999 per year 5 = \$50,000-\$59,999 per year 6 = \$60,000 or more per year
	Use of Employer-Supported Child Care Center
ESCCC	0 = Use center 1 = Not use center
	Number of Children Six Years of Age or Less
CH6LESS	0 = No children six or less 1 = One child six or less 2 = Two or more children six or less
	Number of Children Between Seven and Twelve Years of Age
CHBT7A12	0 = No children between seven and twelve 1 = One or more children between seven and twelve
	Number of Child Care Arrangements Per Day
NUMCCARN	0 = One arrangement per day 1 = Two arrangements per day 2 = Three or more arrangements per day

Table 2

Cost of Child Care By Employer-Supported Child Care Center  
Users vs. Non-Users

	Employer-Supported On-Site Child Care Center			
	Users <sup>a</sup>		Non-Users <sup>a</sup>	
	#	%	#	%
<u>Cost of Child Care Per Week</u>				
No Cost	1	1.1	67	37.9
< \$49.99	29	30.5	61	34.5
\$50.00-\$99.99	48	50.5	32	18.1
\$100.00 or more	<u>17</u>	<u>17.9</u>	<u>17</u>	<u>9.6</u>
	95	100.0	177	100.0
N	96		179	

Note. <sup>a</sup>Totals do not add to N due to missing values.

Table 3

Analysis of Variance for Child Care Costs

SOURCE	DF	F-Value
Family Income	6	4.01**
Use/Non-Use of Employer-Supported Child Care Center	1	56.81***
Number of Children Six Years of Age or Less	2	18.79***
Number of Children Seven to Twelve Years of Age	1	8.67**
Number of Child Care Arrangements Per Day	2	4.66*
Model	12	11.37***
R <sup>2</sup>		0.342

Note. \*p<.01. \*\*p<.001. \*\*\*p<.0001.

**APPENDICES**



APPENDIX A  
PARENT-EMPLOYEE QUESTIONNAIRE  
AND CORRESPONDENCE

1. Do you have children, 12 years of age or less living in your household? (Circle the number that indicates the correct answer.)

0 YES

1 NO

IF YES, CONTINUE  
ANSWERING  
QUESTIONS  
AND FOLLOW THE  
DIRECTIONS WITH  
EACH QUESTION!!

IF NO, SKIP TO THE BACK SHEET OF THE QUESTIONNAIRE. THANK YOU FOR PARTICIPATING IN THE STUDY; HOWEVER, THE INFORMATION THAT I REQUIRE NEEDS TO COME FROM EMPLOYEES WITH DEPENDENTS 12 YEARS OF AGE OF LESS. PLEASE RETURN THE QUESTIONNAIRE IN THE ENVELOPE PROVIDED. AGAIN, THANK YOU!

2. How many children 6 years of age or less, do you have living in your household? (Circle the number that indicates the correct answer.)

0 1 CHILD

1 2 CHILDREN

2 3 CHILDREN

3 4 CHILDREN

4 5 OR MORE CHILDREN

3. How many children ages 7 to 12 [including 12 year olds], do you have living in your household? (Circle the number that indicates the correct answer.)

0 1 CHILD

1 2 CHILDREN

2 3 CHILDREN

3 4 CHILDREN

4 5 OR MORE CHILDREN

4. Do you use the child care center at your place of employment? (Circle the number that indicates the correct answer.)

0 YES

1 NO

IF YES, GO TO  
QUESTION #6.

IF NO,

5. Why do you not use the child care center at your place of employment? (Circle the number that indicates the best answer and skip to Question #7.)

- 0 NO CENTER AT PLACE OF EMPLOYMENT
- 1 CENTER IS FULL
- 2 CHILD(REN) IS(ARE) ON WAITING LIST FOR CENTER
- 3 CHILD(REN) IS(ARE) TOO OLD FOR CENTER
- 4 CHILD HAS HEALTH CONDITION THAT LIMITS PARTICIPATION
- 5 CHILD IS HANDICAPPED IN SOME MANNER
- 6 COST IS TOO HIGH
- 7 OTHER: \_\_\_\_\_

6. Approximately how long was your name on the waiting list for the Child Development Center (CDC) before you were able to take your child to the CDC? (Circle to number that indicates the correct answer.)

- 0 0 TO 6 MONTHS
- 1 7 TO 9 MONTHS
- 2 10 TO 12 MONTHS
- 3 13 TO 18 MONTHS
- 4 19 TO 23 MONTHS
- 5 24 OR MORE MONTHS

7. Would you use the Child Development Center if additional space was available? (Circle the number that indicates the correct answer.)

- 0 YES
  - 1 NO
- IF NO, GO TO  
QUESTION #9.

IF YES,

8. Which type of additional space would you most like to use at the Child Development Center? (Circle the number that indicates the best answer.)

- 0 CHILD CARE ON SUNDAYS
- 1 SCHOOL-AGED CHILD CARE
- 2 CHILD CARE FROM 11:00PM TO 7:00AM
- 3 OTHER: \_\_\_\_\_

9. Would you use a mildly-ill child care service if it was available at the Child Development Center? (Circle the number that indicates the correct answer.)

- 0 YES
- 1 NO

10. What type of child care arrangement(s) do you use for your child(ren) 6 years of age or less? (Circle the number that indicates the best answer.)

0 FAMILY MEMBER IN YOUR HOME  
1 FAMILY MEMBER IN THEIR HOME  
2 NON-FAMILY MEMBER IN YOUR HOME  
3 NON-FAMILY MEMBER IN THEIR HOME  
4 LICENSED PUBLIC OR PRIVATE DAY CARE CENTER  
5 LICENSED FAMILY DAY CARE HOME [A PERSONS' HOME]  
6 PUBLIC OR PRIVATE SCHOOL  
7 CHILD CARES FOR SELF  
8 NO CHILD CARE BESIDES EMPLOYER-SUPPORTED CENTER  
9 OTHER: \_\_\_\_\_

11. What type of child care arrangement(s) do you use for your child(ren) 7 to 12 years of age? (Circle the number that indicates the best answer.)

0 FAMILY MEMBER IN YOUR HOME  
1 FAMILY MEMBER IN THEIR HOME  
2 NON-FAMILY MEMBER IN YOUR HOME  
3 NON-FAMILY MEMBER IN THEIR HOME  
4 LICENSED PUBLIC OR PRIVATE DAY CARE CENTER  
5 LICENSED FAMILY DAY CARE HOME [A PERSONS' HOME]  
6 PUBLIC OR PRIVATE SCHOOL  
7 CHILD CARES FOR SELF  
8 NO CHILD CARE BESIDES EMPLOYER-SUPPORTED CENTER  
9 OTHER: \_\_\_\_\_

12. How many different child care places do you use during one work day, including school(s)? [This question is for the total number of child care places, per day, for all children 12 years of age or less.] (Circle the number that indicates the correct answer.)

0 1 PLACE  
1 2 PLACES  
2 3 PLACES  
3 4 PLACES  
4 5 OR MORE PLACES

13. Total weekly cost of child care for all children 12 years of age or less, is . . .? (Circle the number that indicates the correct answer.)

0 NO COST  
 1 LESS THAN \$ 25.00 PER WEEK  
 2 \$ 25.00 TO \$ 49.99 PER WEEK  
 3 \$ 50.00 TO \$ 99.99 PER WEEK  
 4 \$100.00 TO \$149.99 PER WEEK  
 5 \$150.00 TO \$199.99 PER WEEK  
 6 \$200.00 TO \$249.99 PER WEEK  
 7 \$250.00 TO \$299.99 PER WEEK  
 8 \$300.00 OR MORE PER WEEK

14. Location of current child care is . . .? (Circle the number that indicates the best answer.)

0 CLOSE TO HOME  
 1 CLOSE TO WORK  
 2 NEITHER CLOSE TO HOME NOR CLOSE TO WORK  
 3 OTHER: \_\_\_\_\_

15. Availability [hours] of current child care is . . .? (Circle the number that indicates the best answer.)

0 AVAILABLE DURING TIMES NEEDED  
 1 NOT AVAILABLE AS EARLY AS I WOULD LIKE  
 2 NOT AVAILABLE AS LATE AS I WOULD LIKE  
 3 NOT AVAILABLE ON WEEKENDS  
 4 OTHER: \_\_\_\_\_

16. Quality of current child care is . . .? (Circle the number that indicates the best answer.)

0 EXCELLENT  
 1 ABOVE AVERAGE  
 2 AVERAGE  
 3 BELOW AVERAGE  
 4 POOR

17. Are you satisfied (happy) with your current child care arrangement(s)? (Circle the number that indicates the correct answer.)

0 COMPLETELY SATISFIED  
 1 SOMEWHAT SATISFIED  
 2 SATISFIED  
 3 BARELY SATISFIED  
 4 NOT SATISFIED

18. When your child(ren) is(are) sick, do you have to change your normal or primary child care arrangement? (Circle the number that indicates the correct answer.)

0 YES  
1 NO

19. If a household family member stays home with a sick child(ren), who stays home? (Circle the number the indicates the correct answer.)

0 EMPLOYEE (YOURSELF)  
1 SPOUSE  
2 BROTHER OR SISTER  
3 LIVE-IN GRANDPARENT  
4 CHILD STAYS HOME ALONE  
5 OTHER: \_\_\_\_\_

20. If you stay home from work to care for a sick child, what kind of leave do you take? (Circle the number that indicates the best answer.)

0 SICK LEAVE  
1 VACATION DAY  
2 PERSONAL LEAVE DAY  
3 UNPAID LEAVE  
4 DEPENDENT SICK LEAVE  
5 OTHER: \_\_\_\_\_

21. How many days have you missed work in the past 6 months, all reasons? (Write the answer in the blank provided.)

\_\_\_\_\_ DAYS

22. Have you missed work during the past 6 months because of child care problems? (Circle the number that indicates the correct answer.)

0 YES  
1 NO

IF NO, GO TO  
QUESTION #24.

IF YES,

23. What were the reasons for missing work? (Circle all that apply.)

- 0 CHILD WAS ILL  
NUMBER OF DAYS: \_\_\_\_\_
- 1 SITTER WAS ILL  
NUMBER OF DAYS: \_\_\_\_\_
- 2 NEEDED TO FIND NEW CHILD CARE  
ARRANGEMENT(S)  
NUMBER OF DAYS: \_\_\_\_\_
- 3 OTHER: \_\_\_\_\_  
NUMBER OF DAYS: \_\_\_\_\_
- 4 OTHER: \_\_\_\_\_  
NUMBER OF DAYS: \_\_\_\_\_
- 5 OTHER: \_\_\_\_\_  
NUMBER OF DAYS: \_\_\_\_\_
- 6 OTHER: \_\_\_\_\_  
NUMBER OF DAYS: \_\_\_\_\_

24. How many hours/minutes have you been late for work in the past 6 months? (Write the answer in the blank provided.)

\_\_\_\_\_ HOURS/MINUTES

25. Have you been late for work during the past 6 months because of child care problems? (Circle the number that indicates the correct answer.)

- 0 YES
- 1 NO IF NO, GO TO  
QUESTION #27.

IF YES,

26. What were the reasons for being late for work? (Circle all that apply.)

- 0 CHILD WAS ILL  
NUMBER OF MINUTES: \_
- 1 SITTER WAS ILL  
NUMBER OF MINUTES: \_
- 2 NEEDED TO FIND NEW CHILD CARE  
ARRANGEMENT(S)  
NUMBER OF MINUTES: \_
- 3 OTHER: \_\_\_\_\_  
NUMBER OF MINUTES: \_
- 4 OTHER: \_\_\_\_\_  
NUMBER OF MINUTES: \_
- 5 OTHER: \_\_\_\_\_  
NUMBER OF MINUTES: \_
- 6 OTHER: \_\_\_\_\_  
NUMBER OF MINUTES: \_

27. Have you left work early during the past 6 months because of child care problems? (Circle the number that indicates the correct answer.)

0 YES  
1 NO

28. Do worries about child care cause you to waste time or make mistakes while working? (Circle the number that indicates the correct answer.)

0 YES  
1 NO

29. Of the following list of employer-supported child care options used by your employer or other employers nationwide, choose the **THREE** options that **YOU** prefer most. (Circle the numbers that indicate your three preferences.)

FIRST CHOICE	SECOND CHOICE	THIRD CHOICE	
0	0	0	CHILD CARE CENTER
1	1	1	FLEXIBLE EMPLOYEE POLICIES Including: Flexible work times Flexible workplace Job sharing
2	2	2	INFORMATION & REFERRAL ON CHILD CARE PROGRAMS Including: Finding available community child care
3	3	3	EDUCATIONAL PROGRAMS FOR PARENTS
4	4	4	REIMBURSEMENT PROGRAMS Including: Company pays part of care costs, but parents make arrangements
5	5	5	SUPPORT OF COMMUNITY PROGRAMS Including: Help other child care providers through donations of money or services



6	6	6	FAMILY DAY CARE HOMES
7	7	7	CARE FOR SICK CHILDREN
8	8	8	CARE FOR SCHOOL-AGED CHILDREN

EMPLOYEE AND SPOUSE CHARACTERISTICS

(IF YOU DO NOT HAVE A SPOUSE, DISREGARD THE SPOUSE COLUMN!)

30. What is your present age?

(Circle Number Of One Choice In Each Column)

YOU	SPOUSE	
0	0	15-19 YEARS
1	1	20-29 YEARS
2	2	30-39 YEARS
3	3	40-49 YEARS
4	4	50-59 YEARS
5	5	60 OR MORE YEARS

31. What is your highest educational level completed?

(Circle Number Of One Choice In Each Column)

YOU	SPOUSE	
0	0	ELEMENTARY SCHOOL
1	1	SOME HIGH SCHOOL
2	2	COMPLETED HIGH SCHOOL OR GED
3	3	VOCATIONAL OR TECHNICAL TRAINING
4	4	SOME COLLEGE OR ASSOCIATE DEGREE
5	5	COMPLETED COLLEGE (B.S., B.A.)
6	6	MASTER'S DEGREE
7	7	PH.D., M.D., OR PROFESSIONAL DEGREE

32. Which of the following best describes your racial or ethnic identification?

(Circle Number Of One Choice In Each Column)

YOU	SPOUSE	
0	0	CAUCASIAN [WHITE]
1	1	BLACK
2	2	AMERICAN INDIAN/ALASKAN NATIVE
3	3	HISPANIC
4	4	ASIAN AMERICAN/PACIFIC ISLANDER
5	5	OTHER: _

33. What is your daily work schedule?

(Circle Number Of One Choice In Each Column)

YOU	SPOUSE	
0	0	7:00AM TO 3:00PM
1	1	3:00PM TO 11:00PM
2	2	11:00PM TO 7:00AM
3	3	8:00AM TO 5:00PM
4	4	9:00AM TO 5:00PM
5	5	OTHER: _
6	6	NOT EMPLOYED

34. Do you usually work the same hours as above everyday?

(Circle Number Of One Choice In Each Column)

YOU	SPOUSE	
0	0	YES
1	1	NO
2	2	NOT EMPLOYED

35. What usually happens that causes the above mentioned hours to change?

(Circle Number Of One Choice In Each Column)

YOU	SPOUSE	
0	0	NO CHANGES OCCUR
1	1	COMING IN EARLY
2	2	STAYING LATE
3	3	OVERTIME
4	4	DOUBLE SHIFT
5	5	CHANGING SHIFTS
6	6	OTHER: _____
7	7	NOT EMPLOYED

36. How many days a week do you work?

(Circle Number Of One Choice In Each Column)

YOU	SPOUSE	
0	0	1 DAY PER WEEK
1	1	2 DAYS PER WEEK
2	2	3 DAYS PER WEEK
3	3	4 DAYS PER WEEK
4	4	5 DAYS PER WEEK
5	5	6 DAYS PER WEEK
6	6	7 DAYS PER WEEK
7	7	CHANGES EVERY WEEK
8	8	NOT EMPLOYED

37. What is your travel time from home to your job site?

(Circle Number Of One Choice In Each Column)

YOU	SPOUSE	
0	0	LESS THAN 10 MINUTES
1	1	10-19 MINUTES
2	2	20-29 MINUTES
3	3	30-44 MINUTES
4	4	45 OR MORE MINUTES
5	5	NOT EMPLOYED

38. How many hours per week do you normally work? (Circle the number that indicates the correct answer.)

0	LESS THAN 15 HOURS PER WEEK
1	15 TO 24 HOURS PER WEEK
2	25 TO 34 HOURS PER WEEK
3	35 TO 40 HOURS PER WEEK
4	41 TO 49 HOURS PER WEEK
5	50 TO 59 HOURS PER WEEK
6	60 TO 69 HOURS PER WEEK
7	70 OR MORE HOURS PER WEEK

39. Are you male or female? (Circle the number that indicates the correct answer.)

0	MALE
1	FEMALE

40. Which of the following best describes your marital status? (Circle the number that indicates the correct answer.)

0	MARRIED
1	MARRIED, BUT SEPARATED
2	WIDOWED
3	DIVORCED
4	NEVER MARRIED

41. What is your total family income before taxes, from all sources? (Circle the number that indicates the correct answer.)

0	LESS THAN \$ 10,000
1	\$10,000 TO \$19,999
2	\$20,000 TO \$29,999
3	\$30,000 TO \$39,999
4	\$40,000 TO \$49,999
5	\$50,000 TO \$59,999
6	\$60,000 TO \$69,999
7	\$70,000 TO \$79,999
8	\$80,000 OR MORE

42. Number of persons supported by the above income level? (Circle the number the indicates the correct answer.)

0	1 OR 2 PERSONS
1	3 OR 4 PERSONS
2	5 OR 6 PERSONS
3	7 OR 8 PERSONS
4	9 OR MORE PERSONS

THE FOLLOWING QUESTIONS ARE RELATED TO THE HEALTH STATUS OF YOUR CHILD. IF YOU HAVE MORE THAN ONE CHILD UNDER 12 YEARS OF AGE, ANSWER FOR THE FIRST CHILD IN THE AGE CATEGORY ONLY.

43. During the past 6 months, about how many times did your child, 12 years of age or less, see a medical doctor for an illness? (Do not count doctors seen during a hospital visit because of illness!)

\_\_\_\_\_TIMES

44. During the past 6 months, about how many days did your child, ages 7 through 12, miss school due to illness?

\_\_\_\_\_DAYS

45. During the past 6 months, about how many days did your child, 6 years of age or less, have limited activity days due to illness?

\_\_\_\_\_DAYS

46. During the past 6 months, how often has your child, 12 years of age or less, been nervous or tense? (Circle the number that indicates the correct answer.)

0 OFTEN  
1 SOMETIMES  
2 RARELY  
3 NEVER

47. During the past 6 months, how often has your child, 12 years of age or less, been fearful or anxious? (Circle the number that indicates the correct answer.)

0 OFTEN  
1 SOMETIMES  
2 RARELY  
3 NEVER

48. Do you have any type of health insurance for your child?

0 YES  
1 NO  
2 OTHERS: \_\_\_\_\_

Dear Employees of [NAME OF HOSPITALS IN STUDY]:

My name is Rebecca J. Travnichek. I am a graduate student working on a Master's degree from Oklahoma State University in Stillwater. My major area of interest is employer-supported child care. The study I am beginning is a comparison of employee absenteeism and tardiness rates due to child care, of employees working in hospitals.

The hospital you work for has given me permission to collect data from employees on the subject of child care. I will be surveying all employees with children under 12 years of age living in their household.

Your name will remain anonymous, even to myself. Your questionnaire responses will be destroyed once the data is compiled into a computer dataset. Your name will never be associated with an individual questionnaire. A summary report will be sent to your hospital personnel office on the group data that I have collected. If you would like to see this report, contact your Human Resources Director.

Answer the questionnaire as honestly as possible. Recalling the number of times that you were absent because of child care can be difficult to remember. I understand this, I personally have problems with child care arrangements. For ease in returning the questionnaire, please fold the questionnaire and place in the provided envelope. There will be an easily recognizable box located at the hospital in an centrally located place. Please place the questionnaires in the box before the return date that is specified on the questionnaire [DATE].

Please help me in gaining the information that I have requested, so I can complete my degree program. I want to thank you for your time and cooperation.

Sincerely,

Rebecca J. Travnichek  
Graduate Student

[DATE]

[ADDRESS]

Dear Child Care Director or Personnel Director:

My name is Rebecca J. Travnichek and I am a graduate student at Oklahoma State University. My thesis topic is employer-supported child care, titled "The Effect of Employer-Supported Child Care Centers Upon Employee Absenteeism and Tardiness." I am interested in doing a research project that compares one or more hospitals that offer an on-site or near-site child care center as a benefit to employees and one or two hospitals that do not offer such a benefit. This would be accomplished by speaking with you or another personnel person concerning the employee rates of absenteeism and tardiness. Another aspect of my study is to determine the type of child care related benefit that parent-employees prefer. The method for gathering this data is through a self-administered questionnaire to employees with children under 12 years of age living in their household.

Included with this letter is a short version of the research proposal that I have developed. I have also included some statements that will help you and your hospital executives in determining whether to allow me to initiate my proposed research study.

I am aware of the Privacy Act and wish to protect your employees anonymity. I am willing to work with you in determining the best way to assure your hospital and your employees, of this anonymity. A written report or a copy of my thesis will be presented to the participating establishments in the study. The names of the participating establishments will not be mentioned; however, in the methods and analysis portion of my thesis, I will be providing some information on various characteristics of the hospital and the child care center, if applicable.

This study will be conducted under strict anonymity. It will be used strictly as a fulfillment for the academic requirements of my degree program. The only persons having contact with the employee questionnaires will be myself, my major advisor, Dr. Dorothy Goss, Family Resource Management Specialist for the Oklahoma Cooperative Extension Service, and possibly one undergraduate assistant. The questionnaires will be destroyed once the information is



coded and developed into a dataset for analysis. This process assures anonymity. Names are not needed on the survey questionnaires. I am very willing to work out a plan with you for distribution of questionnaires in ways that will protect the identity of your employees.

Methods for collecting information from your employees can vary. The method of collecting data that I would like to utilize is the following:

Using a number system for identification within your company so that only you know what number goes with each employee, post cards would be sent to each employee asking if they have children under 12 years of age living in their household. Then a questionnaire will be distributed to each employee that has children under 12 years of age living in their household. The questionnaires could be placed in the payroll envelopes before the checks are placed in them. Or the questionnaires could be connected with the employee's time sheet. Then someone within your company could place the address label on the envelope that corresponds with the number given to that employee. The number-employee list would be retained within your company and a list of only numbers would be held by myself so that I can work with you to send follow up letters and questionnaires, if needed. Returning the questionnaires could be accomplished by mail or a drop-box located at the job site.

I would also be willing to offer you my services in secretarial jobs, errand running, etc. in return for your hospital aiding me in my study. I also have access to extension service programs on resource management and other related topics that I could present during lunch periods or breaks.

If there are any problems, please let me know so that I, or you and I, can attempt to devise a method that meets your approval and fulfills the requirements for my degree.

Sincerely,

Rebecca J. Travnichek  
Graduate Student

Enclosure

**APPENDIX B**

**CODEBOOK FOR PARENT-EMPLOYEE QUESTIONNAIRE**

<u>Question Number</u>	<u>Column Number</u>	<u>Variable Name</u>	<u>Item</u>
Heading	5	HOSPITAL	Hospital employed at 1 = Hillcrest Medical Center 2 = St. John Medical Center 3 = Bartlett Memorial Medical Center
Assigned	6-9	IDNUMB	Employee identification number 0001 = Employee number 1 0002 = Employee number 2 3000 = Employee number 3000
Q #1	10	CHILDREN	Identification of children under 12 in HH 0 = YES 1 = NO
Q #2	11	CH6LESS	Number of children 6 years old or less 0 = 0 1 = 1 2 = 2 3 = 3 or more
Q #3	12	CHBT7A12	Number of children 7-12 years of age 0 = 0 1 = 1 2 = 2 3 = 3 or more
Q #4	13	ESCCC	Use of employer-supported child care center 0 = Center Available--Use 1 = Center Available--Not Use 2 = Center Not Available

- Q #5                    14    RSNOTUSE    Reasons for not using center
- 0 = Center is not available
  - 1 = Center is full/Waiting list
  - 2 = Too old for center
  - 3 = Costs too high
  - 4 = Other arrangements
  - 5 = Not applicable
- Q #6                    15    WAITLIST    Length of time on waiting list for CDC
- 0 = 0-6 mnths
  - 1 = 7 or more months
  - 2 = Not applicable
- Q #7                    16    ADDSPCE    Use if additional space available
- 0 = Yes
  - 1 = No
  - 2 = Not applicable
- Q #8                    17    WCHPCE    Type of additional space
- 0 = Sundays
  - 1 = School-aged care
  - 2 = 11:00PM-7:00AM care
  - 3 = Sick child care
  - 4 = Combinations
  - 5 = Other
  - 6 = Not applicable
- Q #9                    18    MILDILL    Use mildly-ill care services
- 0 = Yes
  - 1 = No



Q #14	23	LOCACARE	Location of care 0 = Near or at home or work 1 = Other
Q #15	24	HOURECARE	Hours of care 0 = Available at times needed 1 = Not available at times needed
Q #16	25	QUALTY	Quality of child care services 0 = Above average 1 = Average 2 = Below average
Q #17	26	SATISFD	Satisfaction with child care arrangements 0 = Somewhat satisfied 1 = Satisfied 2 = Barely satisfied
Q #18	27	SICKCHLD	Change arrangements because of child illness 0 = Yes 1 = No
Q #19	28	FAMMEMHM	Family member stays home with sick child 0 = Employee or spouse 1 = Other
Q #20	29	TYPLVE	Which type of leave is taken when child sick 0 = Vacation 1 = Unpaid leave 2 = Other
Q #21	30-32	TLABSNC	Absent from work past 6 months 000 = 0-4 days 005 = 5 days 006 = 6 or more days



	46	MWOTHER2	Death in family
			0 = Yes 1 = No
	47-48	MWDOTR2	01 = 1 day missed 02 = 2 days missed  99 = 99 days missed
	49	MWOTHER3	Sitter unavailable (arrangements)
			0 = Yes 1 = No
	50-51	MWDOTR3	01 = 1 day missed 02 = 2 days missed  99 = 99 days missed
	52	MWOTHER4	Other
			0 = Yes 1 = No
	53-54	MWDOTR4	01 = 1 day missed 02 = 2 days missed  99 = 99 days missed
Q #24	55-58	TLTARDY	Number of minutes tardy
			0059 = 1-59 minutes 0060 = 60 or more minutes [1 hr. +]
Q #25	59	TARDY	Late for work because of child care problems
			0 = Yes 1 = No
Q #26			Reasons for being late for work
	60	LWCHDILL	Child was ill
			0 = Yes 1 = No



61-63	LWCDIL	001 = 1 minute late 002 = 2 minutes late  999 = 999 minutes late
64	LWSTRILL	Sitter ill  0 = Yes 1 = No
65-67	LWMSRIL	001 = 1 minute late 002 = 2 minutes late  999 = 999 minutes late
68	LWFDNUAR	Find new child care arrangements  0 = Yes 1 = No
69-71	LWMNUAR	001 = 1 minute late 002 = 2 minutes late  999 = 999 minutes late
72	LWOTHER1	Last minute delays with children  0 = Yes 1 = No
73-75	LWMOTR1	001 = 1 minute late 002 = 2 minutes late  999 = 999 minutes late
76	LWOTHER2	Arrangements late opening or arriving  0 = Yes 1 = No
77-79	LWMOTR2	001 = 1 minute late 002 = 2 minutes late  999 = 999 minutes late
80	LWOTHER3	Other  0 = Yes 1 = No

	81-83	LWMOTR3	001 = 1 minute late 002 = 2 minutes late  999 = 999 minutes late
	84	LWOTHER4	Other  0 = Yes 1 = No
	85-87	LWMOTR4	001 = 1 minute late 002 = 2 minutes late  999 = 999 minutes late
Q #27	88	LEFTERLY	Left work early because of child care worries  0 = Yes 1 = No
Q #28	89	MISTAKE	Waste time/mistakes due to child care worries  0 = Yes 1 = No
Q #29	90 91 92	PREFERC1 PREFERC2 PREFERC3	Preference for child care options  0 = Flexible employee policies 1 = Information & referral 2 = Educational programs for parents 3 = Reimbursement programs 4 = Support to community programs 5 = Child care center 6 = Family day care homes 7 = Care for sick children 8 = Care for school-aged children
Q #30	93	EMPAGE	Age of employee  0 = < 29 1 = 30-39 2 = 40 or more

Q #30	94	SPSAGE	Age of spouse 0 = < 29 1 = 30-39 2 = 40 or more 3 = No Spouse
Q #31	95	EMPEDU	Educational attainment of employee 0 = Completed high school/GED or less 1 = Technical or Associate degree 2 = Complete college or advanced degrees
Q #31	96	SPSEDU	Educational attainment of spouse 0 = Completed high school/GED or less 1 = Technical or Associate degree 2 = Complete college or advanced degrees 3 = No Spouse
Q #32	97	EMPRACE	Racial identification of employee 0 = White 1 = Black 2 = American Indian/Alaskan Native 3 = Other
Q #32	98	SPSRACE	Racial identification of spouse 0 = White 1 = Black 2 = American Indian/Alaskan Native 3 = Other 4 = No Spouse





Q #38	109	EMPHOURS	Hours worked per week by employee
			0 = < 34 hours 1 = 35-40 hours 2 = 41-49 hours 3 = 50 or more hours
Q #39	110	EARNINGS	Monthly earnings of employee
			0 = Not included on questionnaire 1 = < \$999.99 per month 2 = \$1000-\$1999.99 per month 3 = \$2000 or more per month
Q #40	111	GENDER	Gender of employee
			0 = Male 1 = Female
Q #41	112	MARISTUS	Marital status of employee
			0 = Married 1 = Married, but separated 2 = Widowed 3 = Divorced 4 = Never married
Q #42	113	FAMLYINC	Total family income (annual), before taxes
			0 = < \$10,000 per year 1 = \$10,000-\$19,999 per year 2 = \$20,000-\$29,999 per year 3 = \$30,000-\$39,999 per year 4 = \$40,000-\$49,999 per year 5 = \$50,000-\$59,999 per year 6 = \$60,000 or more per year
Q #43	114	FAMSIZE	Family size for income designated above
			0 = 1-2 persons 1 = 3-4 persons 2 = 5 or more persons

Q #44	115-117	MEDIDOC	Times visited a doctor/ illness
			000 = 0 visits 001 = 1 visit
			060 = 60 visits
Q #45	118-120	MISSCHL	Number of days missed school/ illness
			000 = 0 visits 001 = 1 visit
			015 = 15 visits
Q #46	121-123	LIMTACT	Number of days of limited activity/illness
			000 = 0 visits 001 = 1 visit
			365 = 365 visits
Q #47	124	NRVTENSE	Nervous or tense
			0 = Often 1 = Sometimes 2 = Rarely 3 = Never 4 = Not applicable
Q #48	125	FEARANX	Fearful or anxious
			0 = Often 1 = Sometimes 2 = Rarely 3 = Never 4 = Not applicable
Q #49	126	HELHINS	Health insurance for child
			0 = Yes 1 = No 2 = Other 3 = Not applicable
	127-129	PHEALTH	Physical health [MISSCHL + LIMTACT]
			000 - 375 [range]

130-132	ABSENTCC	Days absent because of child care problems [Total from Q#23]  0 - 56 [range]
133-136	TARDYCC	Minutes tardy because of child care problems [Total from Q#26]  0 - 960 [range]
137	XCCARNL6	Collapse of CCARNL6  0 = No children 0-6 1 = Care by family member 2 = Care by non-family
138	XCCARN12	Collapse of CCARN12  0 = No children 7-12 1 = Care by family member 2 = Care by non-family
139	RACE1	Collapse of EMPRACE  0 = White 1 = Non-white
140	RACE2	Collapse of SPSRACE  0 = White 1 = Non-white
141	EDAY	Collapse of EDAYTIME  0 = Day-time hours 1 = Night-time hours
142	SDAY	Collapse of SDAYTIME  0 = Day-time hours 1 = Night-time hours 2 = Spouse not employed 3 = No spouse
143	MARITAL	Collapse of MARISTUS  0 = Married 1 = Not married



144      HEALTH      Collapse of HELHINS  
                         0 = Does have insurance  
                         1 = Does not have insurance

145      NCHILD      Sum of CH6LESS & CHBT7A12  
                         1 = 1 child  
                         2 = 2 children  
                         3 = 3 children  
                         4 = 4 children  
                         5 = 5 children  
                         6 = 6 or more children

**APPENDIX C**

**CHILD CARE DIRECTOR QUESTIONNAIRE**

DAY CARE NAME: \_\_\_\_\_

1. Job Title of person interviewed:  
 \_\_\_\_\_  
 \_\_\_\_\_
2. The facility includes:  
 \_\_\_\_\_ Classrooms. Number: \_\_\_\_\_  
 \_\_\_\_\_ Playground. Dimensions: \_\_\_\_\_ X \_\_\_\_\_  
 \_\_\_\_\_ Staff Office Space  
 \_\_\_\_\_ Kitchen  
 \_\_\_\_\_ Other. Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. When is the center open?  
 Days of Week: From \_\_\_\_\_ to \_\_\_\_\_  
 Hours of Day: From \_\_\_\_\_ to \_\_\_\_\_  
 Months of Year: \_\_\_\_\_
4. How many children do you serve through the center?  
 Number: \_\_\_\_\_
5. How many children are you licensed to care for?  
 Number: \_\_\_\_\_
6. Do you only provide care to dependents' of employees  
 or also to children within the community?  
 \_\_\_ Yes \_\_\_\_\_ No
7. Are employee's dependents given first priority in  
 enrollment spaces?  
 \_\_\_ Yes \_\_\_\_\_ No
8. What is the age range of the children accepted into  
 the center?  
 Ages: \_\_\_\_\_
9. Is a portion of the fees (if any) collected by the  
 center paid by the parent?  
 \_\_\_ Yes \_\_\_\_\_ No
10. If yes, what is the amount paid by the parent?  
 Amount: \_\_\_\_\_

11. Is the center limited to dependents of employees in certain job levels or job types?  
 Yes  No
12. Are there any limitations placed on the parent-employees with respect to number of children in the center or use of the center?  
 Yes  No
13. If so, what are the limitations?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. May parents visit their children at the center during the work day?  
 Yes  No
15. Do parents participate in the policy decisions that affect the center?  
 Yes  No
16. In what ways do the parents participate in policy decisions concerning the child development center?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. When was the center opened originally?  
\_\_\_\_\_
18. Was an assessment made of employees' need for day care before the center was opened?  
 Yes  No
19. Have there been any follow-up assessments made since the opening of the child development center?  
 Yes  No
20. If yes, when was(were) it(they) done?  
\_\_\_\_\_
21. Why were the follow-up assessments done?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Is the child development center accredited?  
 Yes  No

23. Is yes, by whom?

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24. What is the child development center's association or organization affiliation?

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25. Number of staff?

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26. Educational background of staff?

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27. What is the center's caregiver to child ratio?

\_\_\_\_\_:

28. What types of stimulatory and motivational equipment for children, do you have in the center?

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29. How do you have set procedures when a sick child is brought to the center?

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30. List all the services that the child development center provides to employees' dependents [such as after-school care, summer camp]:

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**APPENDIX D**

**EMPLOYER QUESTIONNAIRE**

Hospital Name: \_\_\_\_\_

Hospital Number: \_\_\_\_\_

1. Total number of employees: \_\_\_\_\_

2. Number of male employees: \_\_\_\_\_

3. Number of female employees: \_\_\_\_\_

4. How do you measure turnover for employees?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What was your company's turnover rate for last year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Were there any unusual factors last year, such as layoffs, that may have affected the turnover rate for last year?

\_\_\_YES \_\_\_\_\_NO

7. If so, what were they?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How do you measure absenteeism for employees?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What was your company's absenteeism rate for last year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How do you measure tardiness for employees?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. What was your company's tardiness rate for last year?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Estimated Cost to company of Absenteeism, Tardiness, & Turnover last year?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Types of children related benefits:

\_\_\_ Maternity/Paternity Leave  
     Length of time: \_\_\_\_\_  
 \_\_\_ Dependent Sick Leave  
     Number of Days: \_\_\_\_\_  
 \_\_\_ Health Care Coverage for Dependents  
     Amount of cost to employee: \_\_\_\_\_  
     Amount of cost to employer: \_\_\_\_\_  
     Is it based upon number of dependents: \_\_\_\_\_  
 \_\_\_ Other[Please Specify] \_\_\_\_\_  
     Characteristics: \_\_\_\_\_  
 \_\_\_ Other[Please Specify] \_\_\_\_\_  
     Characteristics: \_\_\_\_\_  
 \_\_\_ Other[Please Specify] \_\_\_\_\_  
     Characteristics: \_\_\_\_\_

14. What other types of dependent related benefits do you see as being offered by your hospital in the next 5 to 10 years?

\_\_\_ Flexible Personnel Policies  
     Examples: Flexi-time, Flexi-place, Job-sharing  
 \_\_\_ Information & Referral n Community Child Care  
 \_\_\_ Educational Programs for Parents  
 \_\_\_ Reimbursement Programs for Child Care Expenses  
 \_\_\_ Support of Community Child Care Services  
 \_\_\_ Child Care Center[May already have available]  
 \_\_\_ Care for Sick Children  
 \_\_\_ Care for School-Age Children



15. How might I get the needed information from the employees?

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16. What procedure is needed to protect the anonymity of the employees answering the survey card and the questionnaire?

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17. Payroll method used:

Mail to employee's home address  
 Employees pick up check at designated place  
 Direct Deposit  
 Other

18. How many days in each of the following categories, is an employee allowed to take each year?

Annual Leave  
 Vacation  
 Sick Leave  
 Dependent Sick Leave  
 Maternity/Paternity Leave  
 Other[Please Specify]\_\_\_\_\_

19. Please add any comments that you might like to add!

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**APPENDIX E**

**SUPPORTIVE DATA FOR CHAPTER V**

TABLE 1-E  
 FREQUENCIES AND PERCENTAGES OF RESPONDENTS  
 IN CHILD CARE COSTS MODEL

Independent Variables	Number	Percentage
<b>Family Income(annual)</b>		
< \$10,000	13	4.7
\$10,000-\$19,999	39	14.2
\$20,000-\$29,999	40	14.5
\$30,000-\$39,999	63	22.9
\$40,000-\$49,999	41	14.9
\$50,000-\$59,999	42	15.3
\$60,000 or more	<u>37</u>	<u>13.5</u>
Total	275	100.0
<b>Use of Employer-Supported Child Care Center</b>		
User	96	34.9
Non-User	<u>179</u>	<u>65.1</u>
Total	275	100.0
<b>Number of Children Six Years of Age or Less</b>		
Zero	55	20.0
One	129	46.9
Two or more	<u>91</u>	<u>33.1</u>
Total	275	100.0
<b>Number of Children Between Seven and Twelve Years of Age</b>		
Zero	145	52.7
One or more	<u>130</u>	<u>47.3</u>
Total	275	100.0
<b>Number of Child Care Arrangements Per Day</b>		
One	182	66.2
Two	77	28.0
Three or more	<u>16</u>	<u>5.8</u>
Total	275	100.0
<hr/> <b>Dependent Variable</b> <hr/>		
<b>Cost of Care</b>		
No Cost	68	24.7
Less than \$49.99/week	93	33.8
\$50.00-\$99.99/week	80	29.1
\$100.00 or more/week	<u>34</u>	<u>12.4</u>
	275	100.0

APPENDIX F

EXAMPLE OF FINAL REPORT SENT  
TO HOSPITALS

[DATE]

[ADDRESS]

Dear [Child Care Director or Personnel Director]:

I am almost finished with all my requirements for my masters degree here at Oklahoma State University. I am finalizing my thesis at this time and I have a tentative defense date of June 8, 1990. I encountered some unexpected problems with coding the data. Only a few of the variables were discarded. I also experienced some familial difficulties during the spring semester that I had not anticipated. None the less, I am almost finished and looking forward to beginning my Doctor of Philosophy degree at Auburn University in Auburn, Alabama this fall.

Included with this letter, you will find the following information:

1. A summary of the findings for the overall study.
2. A summary of the data collected from [hospital name].
3. A SAS computer printout of the data collected from [hospital name].
4. A copy of the [hospital name] data on a 5 1/4" floppy computer disk. [This disk can be accessed by using an IBM or compatible system and a word processing program that can convert an ascii file to a data file. I used Microsoft Word.]
5. A copy of the codebook used in the study. [This gives the variable names, column number location, and categories of the questions.]

I was unsure of the particular information that you wanted reported back to the employees; therefore, I did not develop a flyer to be redistributed to them. You are free to use the information that I have collected in any manner that you wish. However, I would like to be given credit for the development of the study and results.

I want to thank you for all the help that you and other personnel gave me in the distribution and collection of the questionnaires. I am sorry that this report is later than I expected. Again, thank you for your cooperation.

Sincerely,

Rebecca J. Travnichek

The Effects of the Presence/Use of Employer-Supported  
Child Care Centers On Absenteeism, Tardiness, and  
Child Care Costs of Hospital Parent-Employees

Summary

The majority of employer-supported child care center development has occurred in industries that employ a large number of women. This is the case for hospitals. Hospitals were and are the major supporter and developer of employer-supported child care centers, either on or near the worksite.

This particular two part study made a comparison among or between two hospitals with employer-supported on-site child care centers and one hospital without the provision of a center. Part one looked at the effects of the presence of an employer-supported child care center upon hospital parent-employees' absenteeism and tardiness. Part two, investigated the effects of the use of an employer-supported child care center upon the child care costs of hospital parent-employees.

In part one, the researcher found that the presence of an employer-supported on-site child care center was a contributing factor in parent-employees' absenteeism. The number of children six years of age or less, gender of parent-employee, changing child care arrangements due to a sick child, and types of child care arrangement(s) for children between seven and twelve years of age were also factors that affected the absenteeism of parent-employees.

In part two, the number of children between seven and twelve years of age and presence of employer-supported child care centers were the only factors that affected tardiness in hospital parent-employees.

The use of the employer-supported child care center had a significant affect upon child care expenditures of hospital parent-employees. The following factors were positive effects (increased child care costs), (a) family income, (b) number of children six years of age or less, and (c) number of child care arrangements utilized per work day. Use/non-use of employer-supported child care center and number of children between seven and twelve years of age were negative effects (decreased child care costs).

In summary, the presence of the employer-supported on-site child care center did affect both absenteeism and tardiness. The use/non-use of the employer-supported child care center greatly affected the child care costs paid by hospital parent-employees.

[Hospital Name]

### Summary of Data Collection

Approximately 105 questionnaires were distributed to the employees of [hospital name]. Of those 105 questionnaires, 53 were returned with children 12 years of age or less.

The following are percentage characteristics of the 53 parent-employees of [hospital name] that answered the survey questionnaire:

- \* Twenty-one percent of the respondents did not have children six years of age or less. Sixty-two percent have one child, 15 percent have two, and two percent of the respondents have three or more children six years of age or less.
- \* Thirty-eight percent of the respondents did not have children between the ages of seven and twelve. Thirty-six percent have one child, 21 percent have two children, and six percent have three or more children between the ages of seven and twelve.
- \* Fifty-two percent of the respondents utilize only one child care arrangement per work day.
- \* Thirty-eight percent of the respondents reported not paying for child care services. Forty-three percent reported less than \$50 per week, 13 percent reported between \$50 and \$100 per week, and 6 percent reported spending more than \$100 per week for child care.
- \* Sixty percent indicated that child care was available during the times it was needed.
- \* Seventy-five percent indicated the quality of their child care arrangement(s) being above average.
- \* Sixty-nine percent of the respondents indicated that they were satisfied with their child care arrangement(s). Six percent were not satisfied.
- \* Sixty-four percent indicated that they had to change child care arrangements if a child became ill.



- \* Sixty-four percent of the respondents reported staying home with the sick child.
- \* Eighty-four percent indicated taking vacation or unpaid leave to take care of sick children.
- \* Thirty percent of the respondents reported being absent from work because of child care problems.
- \* Thirteen percent of the respondents reported being tardy at work because of child care problems.
- \* Thirty-one percent of the respondents reported leaving work early because of child care worries.
- \* Twenty-three percent of the respondents indicated that they waste time or make mistakes because of child care worries.

Parent-Employee Demographic Characteristics:

- \* Forty percent of the respondents were less than 30 years of age and an additional 40 percent were 30-39 years of age.
- \* Sixty-four percent of the respondents had vocational or technical training or an Associate degree.
- \* Seventy-seven percent of the respondents were white.
- \* Eighty-four percent of the respondents work the day shift--6:00am-7:00pm.
- \* Seventy-two percent of the respondents work five days per week, with an additional 8 percent working four days per week or less.
- \* Eighty-seven percent of the respondents are less than 30 minutes travel time from work.
- \* Sixty-four percent of the respondents indicated working 35-40 hours per week. Fifteen percent indicated working 41-49 hours per week and eight percent reported working 50 or more hours per week.
- \* Eighty-nine percent of the respondents were female.
- \* Seventy percent of the respondents were married.

- \* Sixty-six percent of the respondents reported an annual pre-tax family income of less than \$30,000. Thirty-three percent have pre-tax family income of between \$30,000 and \$60,000. The remaining two percent have annual pre-tax family income greater than \$60,000.

2  
VITA

Rebecca Jane Travnichek  
Candidate for the Degree of  
Master of Science

**Thesis:** EMPLOYER-SUPPORTED CHILD CARE CENTERS: THE EFFECTS ON ABSENTEEISM, TARDINESS, AND CHILD CARE COSTS IN HOSPITALS

**Major Field:** Housing, Interior Design & Consumer Studies

**Biographical:**

**Personal Data:** Born in Eldorado, Kansas, July 24, 1965. Wife of Vincent H. Travnichek, and mother of Amanda Jane.

**Education:** Graduated from Flinthills High School, Rosalia, Kansas, in May, 1983; received Bachelor of Science Degree in Family Sciences in Business from Emporia State University in May, 1987; completed requirements for the Master of Science Degree at Oklahoma State University in July, 1990.

**Professional Experience:** Graduate Research/Teaching Assistant, Department of Housing, Interior Design and Consumer Studies, Oklahoma State University, May, 1989 to May, 1990; Graduate Research Assistant, Home Economics Cooperative Extension, Oklahoma State University, August, 1988 to May, 1989.

**Organizational Membership:** American Council on Consumer Interests, American Home Economics Association, Phi Kappa Phi, Omicron Nu, Oklahoma Home Economics Association, Oklahoma Council on Consumer Interests, Kappa Omicron Phi.