



Training needs of family day care providers in Montana
by Sandra Jo Bailey

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in
Home Economics

Montana State University

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Abstract:

The purpose of this study was to examine the training needs of registered family day care providers in Montana. The descriptive study examined several aspects of registered family day care providers including demographics, barriers to attending training, topics of training requested, preferred mode of delivery, and level of professional development.

The study was conducted with a proportionally stratified random sample of family day care providers in Montana. A sample of 300 registered family day care providers was selected from a population of 974 providers in the eight Montana Department of Family Services districts.

The study found that the typical registered family day care provider in Montana is a female, 37 years old, married, with children of her own under 6 years of age. There was a greater overall interest in receiving training on personal development topics over early childhood content area topics. The top three training requests were for child discipline, activities for young children and personal stress management. The greatest barrier stated to attending training was the provider's own family commitments.

The study indicates that family day care providers in Montana would be supportive of a requirement of up to 10 hours of annual training and a requirement to have cardiopulmonary resuscitation (CPR) certification. Results also indicate that family day care providers prefer workshops and discussion groups facilitated by community professionals, resource and referral staff, and other family day care providers.

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MONTANA STATE UNIVERSITY
Bozeman, Montana

May 1993

71378
B1555

ii

APPROVAL

of a thesis submitted by

Sandra Jo Bailey

This thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

4/16/93
Date

Sandy Osborne
Chairperson, Graduate Committee

Approved for the Major Department

4/16/93
Date

[Signature]
Head, Major Department

Approved for the College of Graduate Studies

4/28/93
Date

Rd Brown
Graduate Dean

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ACKNOWLEDGEMENTS

I would like to extend my gratitude and appreciation to the many people who have worked with me and supported my efforts throughout this entire research process. In particular, I would like to thank my children, Coleman and Trenton Mack for their patience and understanding. I would like to thank the members of my graduate committee, Dr. Sandra Osborne, Dr. Laura Massey, and Billie Warford, for their encouragement, time, and expertise. I would like to thank Dr. Gary Conti for his knowledge of SPSS, statistics, and research design. I would also like to thank the support staff at the Early Childhood Project for their assistance in making this thesis a reality, in particular my research assistant, Julie Dietrich.

I would like to extend special appreciation to the National Association for the Education of Young Children, the Montana and Bozeman Associations for the Education of Young Children, the Montana Department of Family Services, and the Montana State University Early Childhood Project for their monetary and in-kind contributions to this research endeavor.

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ABSTRACT

The purpose of this study was to examine the training needs of registered family day care providers in Montana. The descriptive study examined several aspects of registered family day care providers including demographics, barriers to attending training, topics of training requested, preferred mode of delivery, and level of professional development.

The study was conducted with a proportionally stratified random sample of family day care providers in Montana. A sample of 300 registered family day care providers was selected from a population of 974 providers in the eight Montana Department of Family Services districts.

The study found that the typical registered family day care provider in Montana is a female, 37 years old, married, with children of her own under 6 years of age. There was a greater overall interest in receiving training on personal development topics over early childhood content area topics. The top three training requests were for child discipline, activities for young children and personal stress management. The greatest barrier stated to attending training was the provider's own family commitments.

The study indicates that family day care providers in Montana would be supportive of a requirement of up to 10 hours of annual training and a requirement to have cardiopulmonary resuscitation (CPR) certification. Results also indicate that family day care providers prefer workshops and discussion groups facilitated by community professionals, resource and referral staff, and other family day care providers.

CHAPTER 1

ORIENTATION OF THE STUDY

Introduction

There has been an increasing trend in women working outside the home. In 1977, 35% of mothers with children under the age of five worked outside the home. In 1987, that figure had risen to 55% (O'Connell & Bachu, 1990). The increase in the number of mothers in the labor force has risen the most dramatically for children under the age of one year who need child care (Hofferth & Phillips, 1987). Between 1978 and 1988 the number of mothers with children under the age of one who were in the work force rose by 50% to 50.8% (Department of Labor, 1989).

It does not appear that the trend of maternal employment will reverse. It is estimated that by the year 2005, nearly 50% of the labor force will be women (Department of Labor, 1992). Women work outside of the home for a variety of reasons. Two incomes are often needed to support a family. The need for mothers to work outside the home is an economic necessity for both the individual family and society. Without women's wages the poverty rate would go up by at least one-third (Melville, 1989). There is an increase in single parent households (Bureau of the Census, 1989). Between 1970 and

1988 the number of single parents with children under the age of 18 rose from 3.8 million to 9.4 million. Mothers accounted for 87% of the single parents (Bureau of the Census, 1989). For many of these women, working outside the home is not a choice but rather a necessity. Some women work outside for personal satisfaction and to achieve career goals. There is an increase in the number of women working in non-traditional jobs and more women are entering male-dominated professions (O'Connell & Bloom, 1987).

Concurrent with the rise in the number of working mothers with children under the age of five, there has been an increase in the need for child care outside of the family home. Families today are less able to rely on child care arrangements by relatives, as in prior times, because many members of extended families are also working outside the home. In fact, care by a relative in a child's home dropped from 12.6% in 1977 to 8.4% in 1987 (O'Connell & Bachu, 1990). Since more children are in care outside of family caregivers, it is important to assess the training needs of child care providers.

Nationally, more children are cared for in family day care homes than any other type of child care. According to the National Day Care Home Study (NDCHS) (Divine-Hawkins, 1981), nearly half of children needing child care are cared for in family day care homes, both regulated and unregulated. The trend is similar in Montana where there are 974 registered

and operating family day care homes with space to care for approximately 4,280 children (Montana Department of Family Services, 1992). A family day care home is a child care setting in a private home where one adult cares for three to six children. Family day care homes in Montana are registered with the state Department of Family Services (DFS). Registration is a self-certifying process whereby the family day care provider completes an application, and a health and safety checklist certifying that they are in compliance with the state laws regarding child care.

Parents needing care for infants and toddlers prefer the small group size in a home setting that family day care offers (Divine-Hawkins, 1981). Infants and toddlers represent the fastest growing part of the child care population (Wattenberg, 1980). Nearly half of the parents responding in the NDCHS felt that their children received more individual attention in the family day care home than in child care centers. While the NDCHS indicated that parents prefer the family home setting, the preference may be due to availability. Family day care is used almost exclusively by working mothers. The majority of family day care homes care for infants and toddlers, while only 55% of child care centers accept this very young age group of children (Willer, Hofferth, Kisker, Divine-Hawkins, Farquhar, & Glantz, 1991). Data from the Montana Child Care Resource and Referral Network finds that 36% of the referral calls are for the care of children under

the age of two, and 32% of the parents prefer the family day care home setting (Bailey & Warford, 1992).

Caring for a group of young children who are not related to the caregiver is different than caring for one's own children. The difference requires a minimum of training in order for the children to receive quality care (Whitebook, Howes, & Phillips, 1989) and for the retention of providers in the profession (Nelson, 1991). Training of child care providers has been linked to the quality of care provided in both the National Child Care Staffing Study (1989) and the NDCHS. According to the NDCHS, training showed widespread relationships to caregiver behavior. Caregivers who were trained spent more time helping children, teaching, and providing dramatic play experiences for the children. More time was spent comforting children, and less time was spent away from them.

Other research also supports the need for the training and education of family day care providers. Aguirre (1987) asserts that training could reduce stress for providers during transitions including pick-up time, lunch, and nap time. Eheart and Leavitt (1986) found that home child care providers who received training were more interested in additional training. Among the factors that are related to family day care providers continuing to operate is their participation in additional training (Nelson, 1991).

The rural nature of Montana presents unique challenges in the delivery of child care services. Two factors that have an effect in providing child care in rural areas are distance and resources (Harrell, 1974). While these were first reported in 1974, 17 years later distance and resources continue to be a barrier in the development of a comprehensive delivery system. When examining a means of creating a training system for child care providers such factors must be considered.

With the increase in maternal employment there has been more focus on child care and the quality of care offered. The 1992 federal Child Care and Development Block Grant has released \$825 million to the states to assist families with child care needs. Included in the state plans are components addressing training needs. As more funding becomes available for child care professionals, the field needs to develop a delivery system that maximizes available resources and meets the needs of the individual providers. Currently, the training of family day care providers in Montana is a patchwork quilt. There is no formalized ladder of professional development for child care providers including family day care providers. As agencies and organizations receive funds to develop training programs, it will be essential that the training needs of family day care providers are assessed.

The need for quality child care, the preference by parents for family day care homes, the lack of an organized

training system for family day care providers, and the rural nature of Montana set the stage for the need of information on how to best organize and disseminate training and continuing education for family day care providers in Montana.

Statement of the Problem

The purpose of this study was to examine the training needs of registered family day care providers in Montana. The descriptive study examined several aspects of the registered family day care provider including: a) the characteristics of registered family day care providers in Montana; b) the barriers for family day care providers in obtaining training; c) topics of training that are requested by registered family day care providers; d) the preferred mode of delivery for training; and e) the various levels of professional development desired by registered family day care providers.

Conceptual Framework

The ecological model of human development examines how the individual and environments interrelate (Bronfenbrenner, 1979). The model is interested in how settings and the context will influence behavior and development. This

systematic study of interactions utilizes four systems in its evaluation: the microsystem, mesosystem, exosystem, and macrosystem.

The microsystem involves three dimensions: the physical space and the materials present in the space; the individuals in their roles and relationships; and the activities that people engage in with and without each other (Bronfenbrenner, 1977; 1979). All three dimensions shape the microsystem. In family day care the microsystem is the day care home setting with the toys, equipment, and supplies that the family day care provider has available for her business. The microsystem is shaped by how the family day care provider, generally a female, defines her role. Some providers view themselves as professionals and as teachers while others view themselves as substitute mothers, filling the role of an extended family (Nelson, 1990). The role that the provider chooses affects the microsystem. The amount of space for the children to play, nap, and eat affects the individual and how he or she will interact with others and the environment. Knowledge of this connection is demonstrated in Montana law where family day care providers are required to have 35 square feet per child of indoor space and 75 square feet per child of outdoor space for the facility.

The mesosystem is the interaction between the microsystems (Bronfenbrenner, 1977; 1979). Within this system the control over the child is lessened. In the case of family

day care the mesosystem would be the interaction of the microsystems of home and the day care, or the school and the day care. What happens in one microsystem has an affect on the other. The mesosystem also requires the children and the family day care provider to learn different roles contingent upon the microsystem. A family day care provider may have a different set of rules for a child to follow than the child has in the home or school setting thus, the mesosystem requires a readjustment of the system.

In the exosystem the child and the family day care provider are not active participants, however, the exosystem will affect them in their microsystems (Bronfenbrenner, 1977; 1979). The exosystem includes institutions such as the school system and the state's development and regulation of the child care system. The rules and laws that are adopted by the institutions will affect the child and the family day care provider. Should the Montana Department of Family Services, which regulates child care in the state, require a minimum number of annual training hours, it would affect the family day care provider and hopefully, would have a positive affect on the care of children in these settings.

The overall ideology or values and beliefs shape the macrosystem (Bronfenbrenner, 1977; 1979). The values and beliefs impact how different institutions are organized and operated. For example, the value that our culture places on children and family day care providers affects how they will

be treated. With the passage of the federal Child Care and Dependent Block Grant the United States has begun to make a commitment to the care and education of children while mothers work outside the home, thus the value of the mother's employment and the care of young children increases.

At the present time there seems to be little value placed on the services of a family day care provider. The care the provider offers is domestic and our society does not view the care as having monetary value. Why pay for a service that mothers perform for free? Quality child care has been linked to the pay that the teacher receives (Whitebook et al., 1989). Before family day care can as a profession offer quality care, the value our society places on the role needs to change. A high value on the services would allow family day care providers to charge the full cost of child care and may encourage them to attend training.

Exchange theory also applies to the relationship of the family day care provider and the families to which she provides services. Exchange theory is based on several assumptions (Turner & Beeghley, 1981) and is comprised of two major types. First, the individuals must have resources that they are willing to expend. Next, each participant in the exchange must determine the reward value of what the other individual has to offer and weigh it against what it will cost. Finally, the goal is that each party will view what is received as having more value than what is expended.

In social exchange there is an exchange of intangible resources with decisions based on trust and intimacy (Nelson, 1989). For example, the family day care provider exchanges her ability to nurture and care for children for the reward of love from the children, and the social label of being a caring, responsible person.

Market exchange differs in that there is an exchange of money and goods or services (Nelson, 1989). In the case of the family day care provider it is money exchanged for a service. Money alters the social relations (Turner & Beeghley, 1981), as it provides a very liquid exchange and one that can be quickly calculated. It also increases the number of social ties as it can be used universally. Money creates social solidarity as each party receiving the money must feel that they can exchange it for something of value at a later time (Turner & Beeghley, 1981).

Nominal Definitions

- (1) Family day care home - A facility in which supplemental parental care is provided for three to six children with no more than three children under 2 years of age, from separate families, on a regular basis - including the provider's own children who are less than 6 years of age (Montana Department of Family Services, 1992).

- (2) Child day care - Supplemental parental care provided to a child while the parent is at work or in a job training program.
- (3) Registration - The process whereby the state maintains a list of all family day care homes, promulgates rules for registration, and requires the day care provider to certify that the provider is in compliance with the registration rules (Montana Department of Family Services, 1992).
- (4) District - Geographic areas defined by the State of Montana Department of Family Services.
- (5) Provider - A person who operates a family day care home.
- (6) Caregiver - A family day care provider. This term was used interchangeably with provider.
- (7) Training - Any type of educational experience to gain knowledge about working with groups of children and their families, administration, and business including the delivery systems such as college and vocational education courses, workshops, conferences, correspondence and home study courses, and individual peer visitation training.
- (8) In-home training - Peer visitation training where a trainer works with the provider in the provider's home while the family day care is in operation.

- (9) Supplemental parental care - The provision of child care by an adult other than a parent, guardian, or relative on a regular basis for daily periods of less than 24 hours.
- (10) Regular basis - Providing supplemental parental care to children of separate families for three or more consecutive weeks.
- (11) Microsystem - The interaction between the individual and the environment in an immediate setting (Bronfenbrenner, 1977).
- (12) Mesosystem - The interaction between microsystems (Bronfenbrenner, 1977).
- (13) Exosystem - The formal and informal social structures that affect the individual in the environment but do not contain the individual (Bronfenbrenner, 1977).
- (14) Macrosystem - The overarching ideology and values of a culture (Bronfenbrenner, 1977).
- (15) Social exchange - an exchange between two parties that involves a negotiated agreement based on trust and intimacy (Nelson, 1989).
- (16) Market exchange - an exchange with clear obligations and rules such as a contractual agreement (Nelson, 1989).
- (17) Urban - All territory, population, and housing units in places of 2,500 or more persons both incorporated and unincorporated (Bureau of the Census, 1991).

- (18) Rural - All territory, population, and housing units in places of less than 2,500 persons (Bureau of the Census, 1991).

CHAPTER 2

REVIEW OF THE LITERATURE

A review of the literature was conducted to conceptualize family day care in the United States. Literature on the characteristics of the family day care provider and her family's attitudes were reviewed to determine how the microsystem of the family home was affected by the mother providing child care. The relationship between the family day care provider and the mothers of the children she cares for were examined to gain an understanding of the various mesosystems that affect the relationship. Research on the types of training, why training is important for family day care providers, and modes of delivery were reviewed to provide a background of what is available for family day care providers and how the providers feel about training.

Family Day Care in the United States

There are an estimated four million children cared for in family day care homes (Willer et al., 1991). An accurate percentage of unregulated providers is difficult to obtain as the majority, 90%, of family day care (Corsini, Wisensale, & Caruso, 1988; Divine-Hawkins, 1981), operates outside of the regulatory system. In 1990 there were approximately 118,000

regulated family day care providers in the United States with capacity to serve 860,000 (Kisker, Hofferth, Phillips, & Farquhar, 1991). While there is no way to accurately measure the number of unregulated providers, the National Child Care Survey estimated that there are from 550,000 to 1.1 million unregulated family day care homes (Hofferth, Brayfield, Deich & Holcomb, 1991). The number of regulated family day care homes varies according to region and may be in part due to differing state regulations and definitions of family day care. There are more regulated family day care homes in the West than in other regions of the country. Seventy-seven percent of regulated family day care homes are in urban areas and 23% are in rural areas (Willer et al., 1991).

Family day care homes differ substantially in the types of services provided compared to their child care center counterparts. Ninety-six percent of regulated family day care homes accepted infants and toddlers whereas only 55% of centers would care for very young children (Kisker et al., 1991). Family day care homes as a whole offer more full-time care than child care centers. Ninety-four percent of family day care homes versus 69% of child care centers were open at least 35 hours per week (Kisker et al., 1991). The number of family day care homes open on a full-time basis may reflect the reason that children of full-time employed mothers were more likely to use family day care homes (Hofferth & Phillips, 1987). Seventy-two percent of children in family day care

homes were cared for on a full-time basis (Willer et al., 1991). The majority of family day care providers care for multi-age groups of children. In a Vermont study (Nelson, 1990), only 13% of the family day care providers cared for a single age group. Regulated family day care providers are also more likely than child care centers to care for mildly ill children (Willer et al., 1991). Perhaps this may be due to the small group size and the home atmosphere.

Family day care providers began to come into the spotlight in the mid-1970's when government funding became available for low-income parents to use in either family day care homes or day care centers (Wattenberg, 1980). Still, in 1990, only 17% of family day care providers reported that they received assistance to care for children from low-income families although 86% of the regulated family day care providers said they would be willing to care for these children (Willer et al., 1991).

There is conflicting information as to the cost comparison between family day care homes and child care centers. Wattenberg (1980) reported that family day care was generally less expensive than child care centers. In a review of the literature, Kontos (1992) did not find cost to be significantly different between family day care homes and child care centers. According to the 1990 Market Rate Survey (Warford, 1991) many family day care homes in Montana charge more than child care centers.

Characteristics of Family Day Care Providers

Family day care providers are on the average in their mid-30s (Clarke-Stewart, 1986; Nelson, 1990; Olsen, 1989). The majority of family day care providers report that they started doing child care for one of three reasons: to earn money, to be at home with their own children or because of their love for children (Fosburg, 1981; Kontos, 1992; Olsen, 1989). The National Child Care Survey (Kisker et al., 1991) found that 34% of registered family day care providers say their major reason for providing child care was to enable them financially to stay at home with their own children.

Income from family day care generally contributes between one-quarter and one-third of the total family income (Kontos, 1992). In 1990, regulated providers earned an average of \$10,000 per year and approximately one-half of the providers earned less than \$8,000 per year (Willer et al., 1991).

Fifty-six percent of family day care providers have young children of their own (Nelson, 1990) and many become family day care providers for this reason. They may have tried working outside the home and found that it was too difficult to manage a home and a family or that the cost of purchasing child care was too great in comparison to what they earned from their job (Nelson, 1990). Therefore, most family day care providers have a dual motivation of business and family for starting their day care (Nelson, 1990).

The majority of family day care providers are married (Kontos, 1992). Family day care providers and their husbands often have a more traditional view of the family (Nelson, 1990). The husband in many cases takes pride in being the family's primary wage earner and having the wife do child care promotes the image that the wife is not really working (Nelson, 1990). Ironically, many family day care providers feel that women with children should not work outside the home. As a result the providers are offering a service that they don't believe in (Nelson, 1989).

Family day care providers by the nature of their work do not have the opportunity to leave their work behind at the end of the day. While the day care children go home, the role of nurturer and homemaker remains as the provider meets the needs of her own family. Mothers who work as family day care providers are more likely to report higher levels of stress than non-employed mothers and those who are employed outside the home (Atkinson, 1992). The profile of the providers in Atkinson's (1992) study revealed that family day care providers had husbands who had a lower income than husbands of non-employed mothers. In addition the employed mothers contributed more to the family income than family day care providers. Atkinson (1992) concluded that this may be the reason that employment in day care may be less likely to reduce the mother's stress.

In an examination of the social ecology of family day care, Goelman, Shapiro, and Pence (1990) found that the quality of care provided and the family dynamics of the child care provider were mutually dependent. Four areas of the provider's family life were found to be important to the quality of the child care setting: family organization; family members feeling of independence; the family's involvement in intellectual or cultural activities; and an active involvement in recreational activities. Goelman et al. (1990) concluded that the training and professionalism of family day care must take into account the family dynamics of the child care providers.

The NDCHS found that the majority of providers in 1976 had a high school education (Fosburg, 1981). Kontos's (1992) review of the literature found that the majority of family day care providers continue to have a high school diploma and a small percentage have some college. Contrary to Kontos (1992) and the NDCHS (1981), family day care providers in 1990 typically had received one year of college (Willer et al., 1991). The education of providers exceeds the general education level of all women (Willer et al., 1991).

Similar to child care center staff, family day care providers experience a high turnover rate. The Child Care Staffing Study (Whitebook et al., 1989) found the turnover rate of child care center staff to be 40%. While it has been more difficult to assess the turnover rate of family day care

providers it appears to range from 33% to 50% (Corsini et al., 1988; NAEYC, 1985; Nelson, 1990). There is no single reason that is given as to why family day care providers leave the field. Some provide care only until their own children have started school, some experience difficulties operating the business out of their home as it is intrusive to their family, and some experience burnout. Nelson (1991) found that providers who had received training continued to offer care longer than those providers who had not received training.

Drawing from the literature of Willer et al. (1991) the overall education level for providers is above the average and many family day care providers have received some training directly related to working with young children. Child care providers report that 64% of regulated family day care providers have received some training in child care or early education (Willer et al., 1991). Many providers however do not desire or see a need for training (Kontos, 1992).

Wattenberg (1977) describes four types of family day care providers: the traditional provider; the modernized provider; the novice provider; and the transitional provider. Traditional providers are typically older and have been in business for many years. Traditional providers generally remain in the field after their own children are grown and view their nurturing role as a lifelong satisfying career (Wattenberg, 1977). Peer learning works best in training the traditional provider. The modernized provider has generally

been in business for about 5 years. She is the professional who attends all training opportunities possible. These providers view themselves as professionals and prefer accredited course work and certificates of completion. The novice is the young provider who has young children of her own. She is not committed to the business and as a result is not interested in training. In-home training was found by Wattenberg (1977) to be the most appropriate for this group. The transitional provider is one who is beginning to make a commitment to family day care and is more likely to attend training than the novice. The transitional provider prefers short term training such as a workshop.

Parent/Provider Relationships

Child care is primarily an informal system built on networks of neighbors and relatives who care for their own and others children (Wattenberg, 1980). There has been an increase in the regulation of family day care due to increased federal funding (Wattenberg, 1980). Today we see more parents utilizing non-family members as child care providers than in the past. As a result of the increase in regulation and the fact that parents are not utilizing only friends and relatives for child care, family day care providers find themselves in conflicting roles of business women and nurtur

Nelson (1989) asserts that there are two norms governing the parent/provider relationship. The first is market exchange where the provider is the business woman offering a service for a fee. The second is that of social exchange where the rewards for the transaction may be more gratification and satisfaction than tangible. The provider is often ambivalent as to which exchange should dominate. Within our culture the macrosystem places little monetary value on the care of young children still viewing child care as something that is done out of love and that women are natural nurturers.

Operating the norm of the social exchange (Nelson, 1989) the provider is in the domestic domain. The provider has started her business with no training and is in her own home rather than in an office or store. She may care for children of relatives. If the provider lives in a rural area, the norm of collective responsibility which places an additional burden on the provider to accept social exchange may prevail (Nelson, 1989). Finally, women are socialized to acquiesce to others. Because of the norm of social exchange, the provider may feel uncomfortable in negotiating over the amount and collection of fees (Nelson, 1989).

Family day care providers often do not view themselves as teachers or the activities they plan as being educational (Clarke-Stewart, 1986). The majority of daily activities that the children are involved with center around the normal

activities of the household (Clarke-Stewart, 1986). Family day care providers do not usually plan specific activities for the children as would a child care center teacher (Adams & Macht, 1976). Perhaps this is due to the social exchange model in which they view their services.

Compounding the problem of viewing child care as a market exchange is the fact that child care costs are usually attributed to the amount of earnings of the mother. The best predictor in the choice of child care is the mother's income (Wattenberg, 1980). Mothers may not perceive the care as worthy of the cost if it isn't their preferred type of child care. Kontos (1992) found that mothers who used care in their own home, which was the most expensive, felt it to be the most cost effective. Care in the mothers' own home was their preferred choice.

In addition to the conflict that arises due to social and market exchange, parents and family day care providers do not fully understand or respect one another (Nelson, 1989). Family day care providers report that they are most comfortable with families of the same socioeconomic status while parents often prefer that the provider be of a lower status. Family day care providers reported to Nelson (1989) that parents of a higher class often did not treat providers with respect and tried to dictate to the provider how to provide care for their children. All of these factors

contribute to shaping many family day care providers self-image as that of a mother and not a business professional.

Training of Family Day Care Providers

There are a variety of findings regarding the desire for training by family day care providers (Adams & Macht, 1976; Aguirre, 1987; Eheart & Leavitt, 1986; Kontos, 1992). Some report that there is no need for training other than being a parent themselves (Eheart & Leavitt, 1986; Kontos, 1992). Providers with this viewpoint come from two categories, those who are young and inexperienced and those who are a generation older (Eheart & Leavitt, 1986; Wattenberg, 1977). A study by Adams & Macht (1976) concluded that the providers in rural areas would welcome training. Another study found that only 48% of the family day care providers desired training in comparison to 79% of center staff (Eheart & Leavitt, 1986). Contrary to Willer et al. (1991), 65% of the family day care providers had no training (Eheart & Leavitt, 1986). Even more startling was that 52% of the family day care providers did not respond to the question asking their preferred method of training and 61% answered not interested or don't know when asked to suggest topics for training. There was a tendency for family day care providers who had previous training to be interested in receiving more training (Eheart & Leavitt, 1986).

The indifference to training does not appear to have changed a great deal in the past ten years. The NDCHS (Divine-Hawkins, 1981) reported that providers saw themselves as women who loved and cared about children not as professionals. The providers felt the qualifications to do family day care were patience and a love for children, not training (Divine-Hawkins, 1981). Vermont providers (Nelson, 1990) discussed experience in the field as being of importance rather than training or education. Eheart & Leavitt (1989) found 74% of the family day care providers saw one of their primary responsibilities as keeping a home-like atmosphere and felt that they offered the role of second mother. Family day care homes generally have the overall physical environment similar to the child's home and is significantly different from the environment found in day care centers (Clarke-Stewart, 1986).

Family day care providers are more likely to be trained through informal methods of instruction such as workshops and conferences than through traditional classroom course work (Kontos, 1992). This could be attributed to adult learning styles and the logistics that providers are working long hours with low pay and they cannot take time off of work to attend traditional forms of training. Sixty percent of the family day care providers in Nelson's (1990) study worked 50 or more hours per week or more than ten hours per day. Canning (1989)

found that 90% of the child care providers surveyed could not attend training if it was held during the weekday.

The lack of training of family day care providers may also be due to barriers to obtaining training. Prior to the availability of federal funds to pay for family day care this type of care was generally ignored and monitored only by the parents who used the child care service. As a result there were not many opportunities for providers to receive training. With the 1992 federal Child Care and Development Block Grant funds there has been an increase in the availability of training for family day care providers. One barrier that was noted by Olsen (1989) was that of the distance to drive to participate in training. Approximately 64% of the providers surveyed were willing to drive up to 50 miles to receive training. The percentage willing to drive over 50 miles dropped significantly. Wattenberg (1977) found that the providers who did not possess a driver's license were least likely to attend out of home training. Snow (1982) found accessibility to be an important factor in the attendance at trainings.

Topics in which family day care providers desire more training appear to have reoccurring themes. Olsen (1989) found that the top three topics for training that were requested included first aid, discipline, and the feelings and emotions of others. Snow (1982) found the topics requested were similar for both child care center staff and family day

care providers. The topics of child development, health and safety, nutrition, and discipline continue to be reported as important to child care providers (Eheart & Leavitt, 1986; Snow, 1982; Washburn & Washburn, 1985).

Several factors are important to consider when designing a training program for family day care providers. The number and length of the trainings affect attendance as well as the time and day of training (Kontos, 1992). The majority of family day care provider training is held in the evenings or on Saturdays. Canning (1989) found caregivers in rural areas wanted correspondence courses. Other forms of training such as in-home training and one time workshops are important for family day care providers. Traditional training methods do not appear appropriate for a majority of family day care providers.

Conclusion

The review of the literature has defined a profile of the family day care provider in the United States to be that of a female in her mid-thirties, with a high school diploma and possibly some post-secondary training, in a moderate income level. The family day care provider has difficulty defining her role as it blends with that of being a wife and mother. Therefore, within the microsystem of the family the provider has difficulty as the husband may not feel that his wife is

truly working. There is difficulty in the mesosystems in which the provider is engaged such as that of the relationship between the mothers of the children the provider cares for and the provider. Neither group fully understands the dynamics of the other party's situation.

The family day care provider often does not appear to place a high level of importance on training. That fact and barriers to attending training make it difficult for the provider to obtain training. The provider must be able to attend the training which can be difficult due to transportation to the location and the time that the training is offered. In addition the provider must view herself as a professional in order to desire training. The professional view is often hard for the family day care provider as her position is not viewed as such by her family, the mothers of the children in the day care and the broader macrosystem.

CHAPTER 3

METHODS AND PROCEDURES

The descriptive method of research was chosen as the design for this research study. Descriptive research reports the current status of a subject and typically collects data through a questionnaire (Gay, 1987). Little past research has specifically examined the training needs of family day care providers and a demographic profile of providers, therefore, the research was exploratory in nature and utilized research questions as well as hypotheses to guide the study. Based on the review of the literature and the population selected, several research questions were formulated.

Research Questions

- (1) What are the characteristics of registered family day care providers in Montana? What is the average age of the provider, her marital status, parental status, and education level?
- (2) What are the barriers for family day care providers to attend training? Is the cost too high, the distance to travel too great, or the time the training is offered inconvenient? Do family day care providers report that they do not need training?

- (3) What training topics would family day care providers in Montana like to see offered? Would they prefer individual personal development topics, health and safety, or child development issues?
- (4) What mode of delivery is preferred by registered family day care providers in Montana? Would they prefer peer visitation, correspondence courses, workshops, courses for credit, or telecommunication courses?
- (5) What level of professional development is preferred by registered family day care providers in Montana? Do they view themselves as professionals, teachers, or as day care mothers? Do they feel that they are operating a business or providing a social service?

Null Hypotheses to be Tested

In addition to descriptive statistics to be utilized to assess the characteristics of family day care providers, the following hypotheses were tested using inferential statistics. An alpha of .05 was selected as the level of significance as a balance between the control for Type I and Type II errors. A Type I error is the probability of rejecting a true null hypothesis. Alpha symbolizes the probability of committing a Type I error and to control for a Type I error the researcher chooses a low alpha (Ferguson & Takane, 1989). Type II error is the probability of retaining a true null hypothesis and

control is greater when there is a large sample size as is the case with this study. Committing one error over the other was not critical for this study, therefore, the balance of .05 was selected.

Statistical Hypotheses Tested
by Chi Square

Null Hypothesis 1: Provider level of education is independent of the philosophy of role in caring for young children.

Statistical Hypotheses Tested by
One-Way Analysis of Variance

Null Hypothesis 2: There is no significant difference between district in which the provider lives and a preference for lecture courses as a mode of training.

Null Hypothesis 3: There is no significant difference between district in which the provider lives and preference for workshops as a mode of training.

Null Hypothesis 4: There is no significant difference between district in which the provider lives and preference for discussion groups as a mode of training.

Null Hypothesis 5: There is no significant difference between district in which the provider lives and the preference for home study courses as a mode of training.

Null Hypothesis 6: There is no significant difference between district in which the provider lives and the preference for telecommunications as a mode of training.

Null Hypothesis 7: There is no significant difference between years worked in a child care setting and the provider's view of her job role.

Population and Sampling Procedures

The population for this study was the 974 family day care providers in Montana who were registered in May of 1992. The population was assessed utilizing the Montana Department of Family Services (DFS) districts. Montana has eight DFS districts with varying numbers of family day care homes represented in each district. Seventy-four of the registered family day care providers who were known to no longer offer child care were dropped from the population prior to drawing the sample. These providers were identified during the 1992 Montana Market Rate Survey (Warford, 1992) which utilized the same DFS list.

A proportional stratified random sample (Gay, 1987) of registered family day care providers with replacement was selected to assure representation from each DFS district. The percentage of the sample from each district was calculated based on the total population of registered family day care providers in the district as compared to the total population

of family day care providers in the state. A Beginner's All-purpose Symbolic Instruction Code (BASIC), (Slotnick, Butterfield, Colantonio, Kopetzky, & Slotnick, 1986) computer program was developed to list random numbers for each district from which the proportions were selected. The numbers of registered family day care providers per district and the percentage of the total sample are depicted in Table 1.

Investigative Categories

Demographic statistics on the registered family day care provider in Montana were gathered. In addition, several hypotheses were formulated using inferential statistics. The hypotheses examined the dependent variable of level of education with the independent variables of modes of delivery for training. The two independent variables of level of education and philosophy of role in caring for young children were also examined.

Table 1. Number of Registered Family Day Care Homes in Montana by District.

Districts (N=8)		Number of FDC homes per district N=974	Number of FDC homes per district selected for sample N=300	Percentage of sample
District Number	Location			
1	Billings	183	56	19
2	Butte	51	16	5
3	Glasgow	38	12	4
4	Great Falls	184	56	19
5	Helena/Bozeman	214	67	22
6	Miles City	53	16	5
7	Kalispell	68	21	7
8	Missoula	<u>183</u>	<u>56</u>	<u>19</u>
TOTAL		974	300	100%

Methods of Data Collection

The survey questionnaire was disseminated by mail to 300 randomly selected registered family day care providers. A response rate of 70% was considered sufficient for the study to assure validity of the conclusions (Gay, 1987). A cover letter explaining the study was attached to the survey. The follow-up sequence included a postcard mailed one week after the survey, designed as a thank you to those who responded and a reminder to those who did not return the survey (Dillman, 1978). A letter and replacement questionnaire were sent to nonrespondents three weeks after the postcard in an attempt to reach the 70% return rate.

As an incentive and a thank you for considering participation in the study, the National Association for the Education of Young Children (NAEYC) brochure "Love and Learn: Discipline for Young Children" was sent with each survey questionnaire. Upon completion and return of the questionnaire respondents received three additional NAEYC brochures, "Play is Fundamental", "Keeping Healthy", and "So Many Goodbyes."

A population of 974 should utilize a sample size of approximately 276 subjects (Krejcie & Morgan, 1970). Due to the high turnover rate among family day care providers a sample size of 300 was selected. The selection of a larger

sample size allowed the elimination of providers who were no longer offering child care without reducing the sample size to a level that would restrict the ability to infer results to the total population.

Replacement was made in the sample for surveys which were returned due to incorrect addresses or where the provider had moved and the forwarding address had expired. Family day care providers who were no longer in business were asked to check a box indicating the same and to return the questionnaire. Those providers were included in the sample if they checked the box and completed the survey as the population of registered family day care providers is very fluid, with providers becoming registered and leaving the field on a regular basis. The providers who checked the box and did not complete the survey were eliminated from the sample but not replaced.

Survey Instrument

A survey instrument was constructed specifically for the study assessing the characteristics and training needs of registered family day care providers. Several questions in the survey instrument were borrowed, with permission, from Massey's (1991) study of the willingness of day care providers to accept handicapped children in their care. Massey's (1991) questions have been tested for reliability and validity.

The survey questionnaire was developed utilizing many principles of the Total Design Method (TDM) designed by Dillman (1978). According to studies that have utilized TDM for mail surveys the response rate ranges from 60% to 85%. Studies of homogeneous groups generally revealed higher response rates than those of the general public (Dillman, 1978).

The survey questionnaire assessed attributes, attitudes, behaviors, and beliefs (Dillman, 1978). The questionnaire was piloted by a panel of experts in the field of child care including five registered family day care providers and three child care resource and referral program directors in Montana. Two university faculty in the College of Education, Health, and Human Development at Montana State University were asked to review the survey instrument.

The field test and the use of many components of the TDM assisted in establishing validity of the instrument. Face validity is the degree to which the instrument measures what it contends to measure (Gay, 1987) and was established through the use of the panel of experts. Content validity assesses how the intended content area is measured (Gay, 1987) and cannot be expressed quantitatively. Experts in the field of study are utilized to determine content validity as was done in this study. Construct validity is the degree to which the instrument measures a hypothetical construct (Gay, 1987). Construct validity was established through the application of

Bronfenbrenner's (1977, 1979) ecological theory to the study and the pilot test with the family day care providers.

Data Reduction and Transformation

The data collected in the survey was entered and stored on computer disk utilizing the Database III software. The Statistical Package for the Social Sciences (SPSS) (Babbie, 1986) was used in the data analysis. A code sheet was developed for use with SPSS-PC.

Data Analysis

Data collected in the study was analyzed using descriptive and inferential statistics. Frequency tables, variances, and percentages were used to describe the variables.

Chi square is a nonparametric statistical procedure that can be utilized for nominal levels of measurement (Huck, Cormier, & Bounds, 1974). It is used to compare the observed frequencies with the theoretical or expected frequencies or to determine if two variables are independent of one another (Ferguson & Takane, 1989). The chi square statistic was utilized in Null Hypothesis 1 to test the independence of the variables, level of education and philosophy of role in caring for young children.

The analysis of variance (ANOVA) statistic compares the mean scores of three or more groups (Huck et al., 1974). Null Hypotheses 2 through 7 were tested using the one-way ANOVA. The dependent variable of district in which the provider lives was compared with mode of delivery for training, and the dependent variable of years worked in a child care setting was compared with view of professional role.

Limitations

The description of family day care providers and their training needs was limited to registered family day care providers. Registered family day care providers contact information was accessible through a listing from the Montana Department of Family Services. Non-registered family day care providers were not included as the population was unknown and there may be differences between registered and non-registered providers. Registered group day care homes, caring for 7 to 12 children (Montana Department of Family Services, 1992) were also not included in the study. While this form of child care is also done in the private home, the presence of staff and the fact that some group homes operate as mini-child care centers may cause differences in profile and training needs.

A survey instrument was constructed for the study as a review of the literature found that there were no available survey instruments that would obtain the information desired

in the research questions and hypotheses. Contacts were made to many locations throughout the United States in search of a survey instrument and none were found. Several of the contacts revealed questionnaires that were poorly designed. The use of a newly constructed instrument also caused the limitation of the instrument's reliability as it was not repeatedly tested.

Timing of mailing the survey may have created a limitation on response rate. The study was conducted during the months of November and December which may have affected the response rate as the holiday season is a busy time for many people. To be consistent with the process of the Total Design Method (Dillman, 1978) it was necessary for mailings to be sent just prior to the Thanksgiving and Christmas holiday.

There are several limitations that are inherent in mail surveys (Dillman, 1978). There is no way to determine the reasons for nonresponse to a survey and how the nonrespondents differ from the respondents. The present study utilized close-ended questions which does not allow the respondent to provide detail or additional information. While certain questions in the survey requested that the respondent select only one answer, several respondents circled more than one response.

A 70% response rate was considered sufficient according to Gay (1987). It was not possible to determine the reasons for the nonresponses, therefore, the study was limited to information obtained from those family day care providers who

did respond. It was unknown what biases may exist from nonrespondents.

CHAPTER 4

RESULTS

Both research questions and statistical hypotheses guided the focus of this study due to the descriptive nature of the research. The research questions covered five areas of the study and were examined through the use of frequencies and variances. Hypotheses were tested utilizing chi square and the one-way analysis of variance statistics.

Five research questions guided the study. First, the demographics of registered family day care providers in Montana were assessed. Characteristics such as age, marital status, parental status, and level of education were examined. Second, the barriers that family day care providers have in attending training were examined, including cost, distance needed to travel, perceived need for training, and time of day and day of the week that the training is offered. Third, training topics requested by registered family day care providers were examined. Fourth, the mode of delivery for the training was studied. Types of training delivery examined included peer visitation, correspondence courses, workshops, courses for credit, and telecommunication courses. Fifth, the level of professional development preferred by the providers

was examined to determine if they viewed themselves as professionals, teachers, or as day care mothers.

The seven null hypotheses used to analyze the data utilized an alpha of .05 as the level of significance. Null Hypotheses 1 utilized the chi square test of independence statistic which examined the relationship between highest level of education and the provider's philosophy of role in caring for young children. Null Hypotheses 2 through 7 utilized the one-way analysis of variance (ANOVA) statistic to examine the relationship between district and modes of delivery for training, and the relationship between years worked in a child care setting and the provider's view of her job role.

A response rate of 69% was obtained. A total of 208 responses were received and 182 were able to be utilized in the study. Twenty-nine respondents were no longer providing family day care. Of the group no longer providing care, five completed the survey and their responses were included in the results. One respondent telephoned and refused to participate in the study. Another respondent returned the survey without completing it. Two respondents completed the survey, but removed their identification number. The breakdown according to the DFS district of the number of responses that were able to be used in the analysis and their proportion to the total sample are illustrated in Table 2.

Table 2. Number of Usable Responses Received by District.

District (N=8)		Number of FDC homes selected for sample N=300	Percentage of sample	Number of usable responses received from each district	Percentage of usable responses received from each district
District Number	Location				
1	Billings	56	19	42	23
2	Butte	16	5	10	6
3	Glasgow	12	4	7	4
4	Great Falls	56	19	26	14
5	Helena/ Bozeman	67	22	44	24
6	Miles City	16	5	12	7
7	Kalispell	21	7	12	14
8	Missoula	56	19	27	14
uniden- tified				2	1
Total		300	100%	182	100%

While Gay (1987) states that a response rate of 70% is necessary to draw conclusions, other authors allow less stringent requirements. Babbie (1986) offers the recommendations of response rates as 50% being adequate, 60% being good, and a 70% response rate as being very good. Dillman (1978) states that response rate is only one indicator of a sample's representativeness. In addition to response rate the researcher needs to consider sampling process, selection criteria, substitution procedures, and ability for respondents to be located.

Main Analysis

Research Questions 1-5: Frequencies and Variances

Question 1: What are the characteristics of registered family day care providers in Montana? What is the average age of the provider, her marital status, parental status, and education level?

The mean age of registered family day care providers in Montana is 37 years old. Ninety-two percent of the providers were married. Almost 96% were parents, and of those who were parents 53% had children under the age of six. One-half of the providers had high school diplomas. Thirty-two percent had 1 to 2 years of college and 16% were college graduates. The frequencies are depicted in Table 3.

Table 3. Frequency Distribution of Providers by Education.

 $N = 180$

Less than high school	High school	1 - 2 Years college	College graduate
4	90	57	29

One hundred and thirty-five of the 182 usable responses listed their annual family income. The mean annual income for the group was \$29,645.

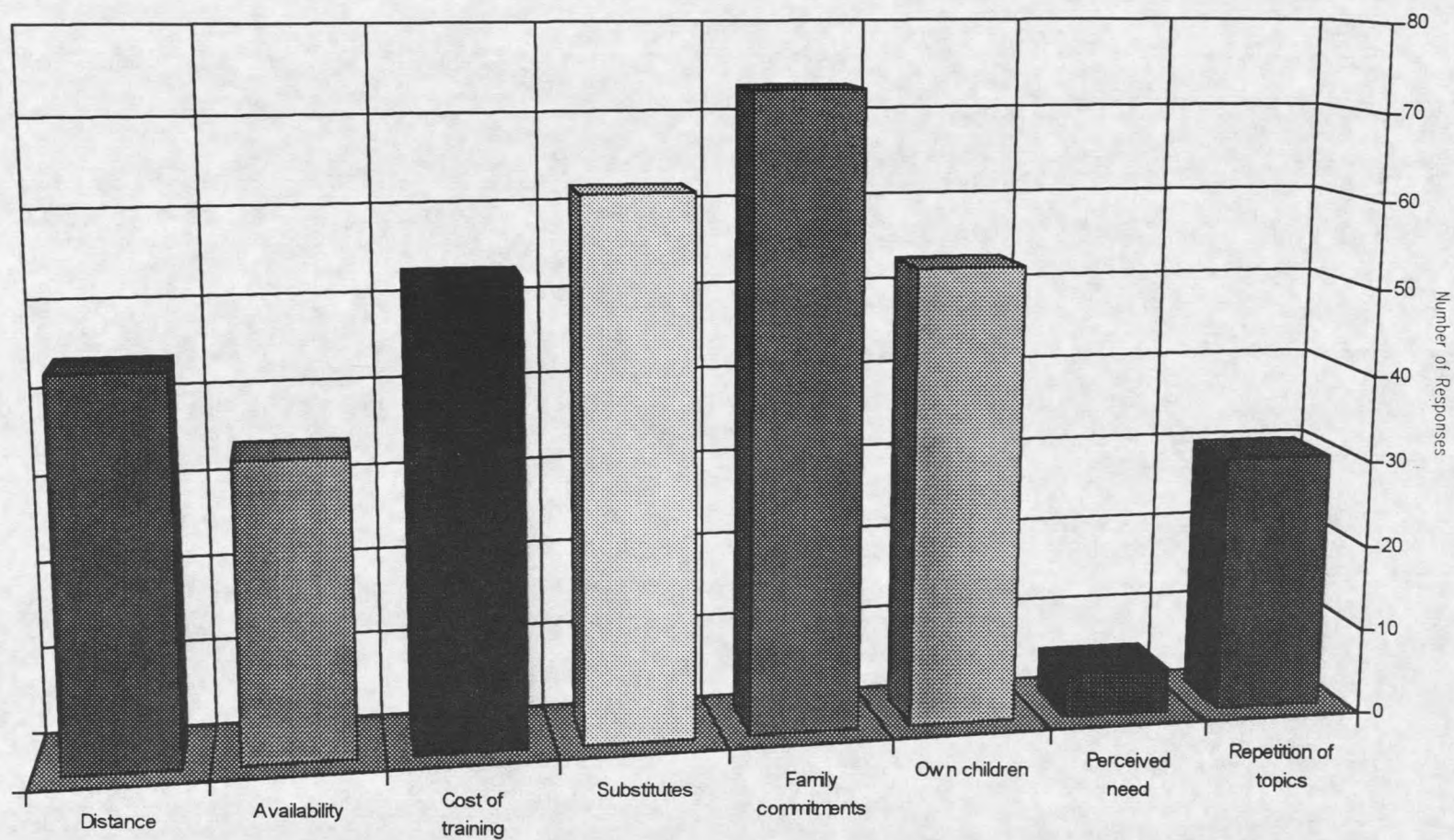
Question 2: What are the barriers for family day care providers to attending training? Is the cost too high, the distance to travel too great, or the time the training is offered inconvenient? Do family day care providers report that they do not need training?

One hundred percent of the registered family day care providers in the sample had a driver's license. In response to the statement "It is not necessary for family day care providers to have training prior to opening their business," 30% agreed or strongly agreed. Less than 13% of the respondents reported no desire to receive additional content training and 11% did not desire personal development training. Forty-four percent of the providers felt that caring for one's own children was not sufficient training for one to provide family day care.

Week day evening training was cited by nearly 67% of the respondents as being the preferred time for training. During the day on Saturday was reported by 58% of the providers as being a convenient time. Almost all, 96%, providers reported that during the day, during the week was not a convenient time for training.

The greatest barrier for registered family day care providers in attending training was family commitments. Forty percent of the providers cited this as being a barrier. Availability of training was reported by nearly 19% of providers as being a barrier. Cost of training as a barrier was cited by 29% of providers. The mean amount that providers were willing to pay to attend a full-day workshop was \$16. Nearly half of the providers would not travel over 28 miles to attend a full-day workshop within the range of one mile to two hundred miles. Fifty-one percent of the providers would not travel over 12 miles to attend a 2-hour workshop. However, nearly 76% of the providers reported that distance was not a barrier to attending training. Availability of substitutes was found by 19% of the providers to be a barrier. Twenty-nine percent of the respondents reported that cost and the provider's own children presented barriers to attending training. The frequency distribution of barriers to attending training are depicted in Figure 1.

Figure 1. Frequency Distribution of Barriers to Attending Training *



* Total does not equal 182 cases as respondents were allowed to select more than one topic.

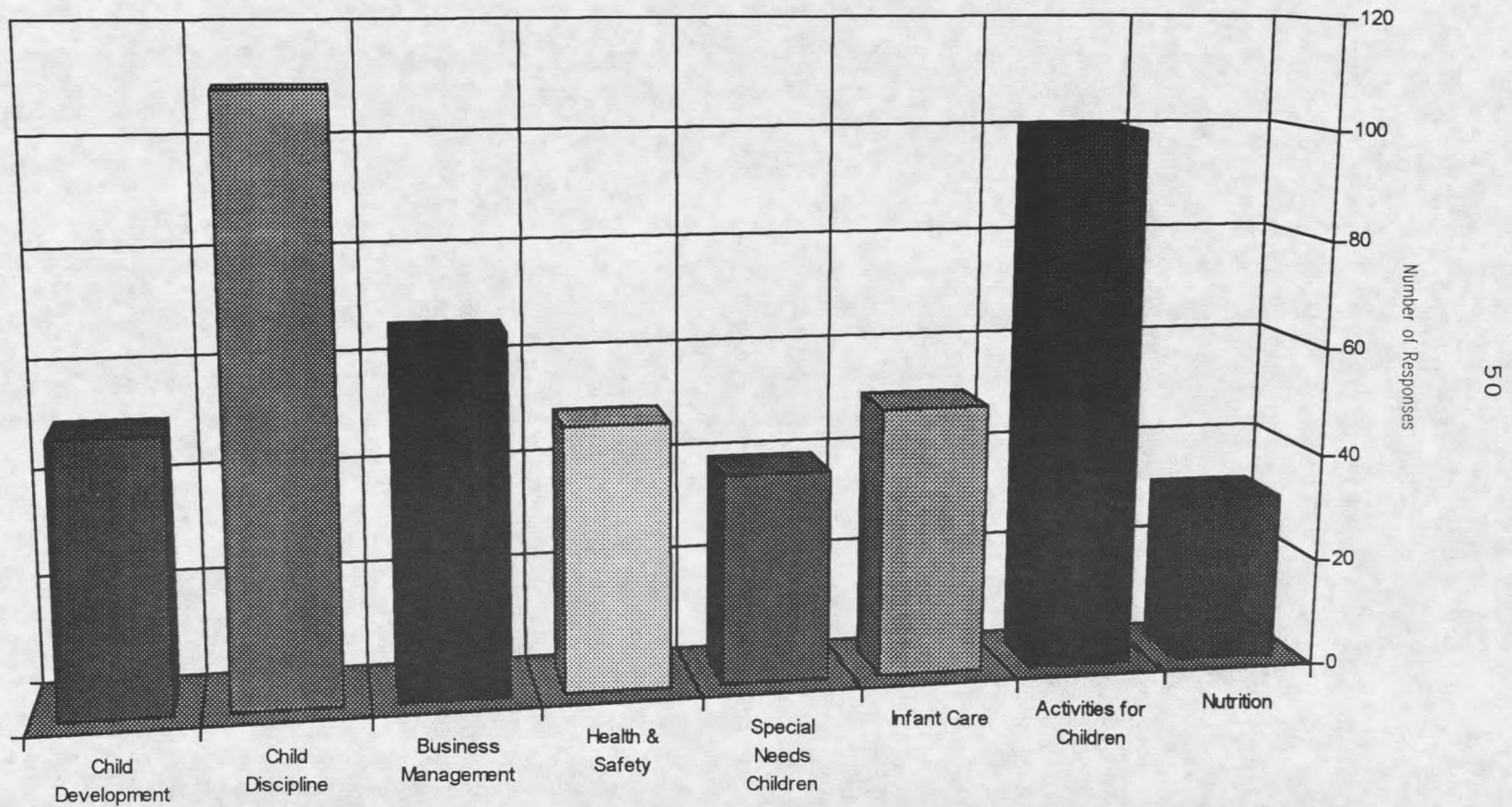
Question 3: What training topics would family day care providers in Montana like to see offered? Would they prefer individual personal development topics, health and safety, or child development issues?

Information on the discipline of young children was the most frequently requested, 60%, type of early childhood content area. This was followed by activities for young children, 55%, and business management at 36% for content areas. In the area of personal development, nearly 64% of the providers desired training in stress reduction. Assertiveness training was requested by nearly 40% of the respondents and information pertaining to one's own self-esteem was requested by 37% of the respondents. The frequency distributions of requests by providers for training in both content and personal development topics are illustrated in Figures 2 and 3.

Question 4: What mode of delivery is preferred by registered family day care providers in Montana? Would they prefer peer visitation, correspondence courses, workshops, courses for credit, or telecommunication courses?

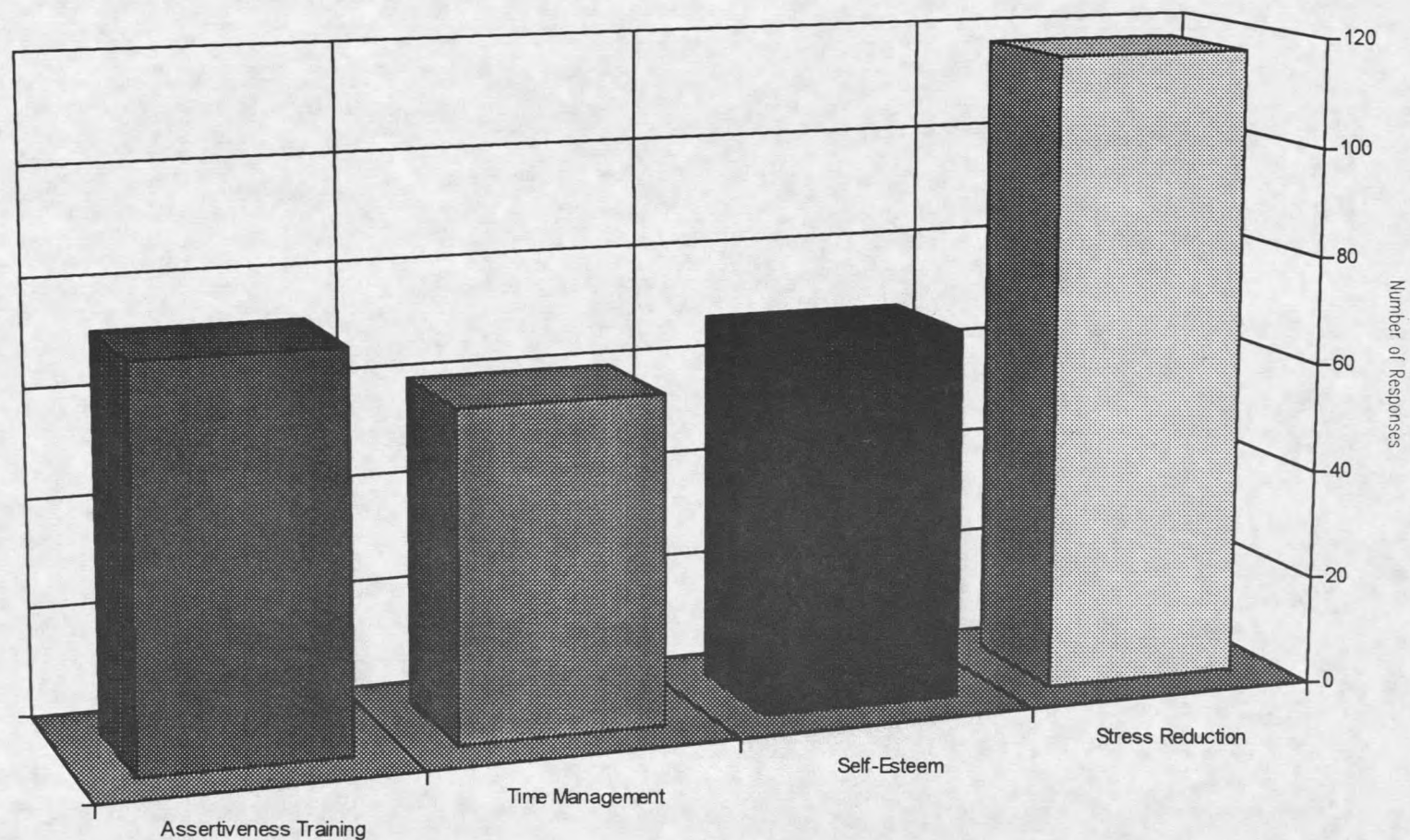
Workshops were preferred by 71% of the respondents and 55% preferred to utilize discussion groups for training. Home study courses were preferred by about 50% of the providers. Twenty-six percent of the providers preferred

**Figure 2. Frequency Distribution of Preferred Content Area
Training Topics ***



* Total does not equal 182 cases as respondents were allowed to select more than one topic.

Figure 3. Frequency Distribution of Preferred Personal Development Training Topics *



* Total does not equal 182 cases as respondents were allowed to select more than one topic.

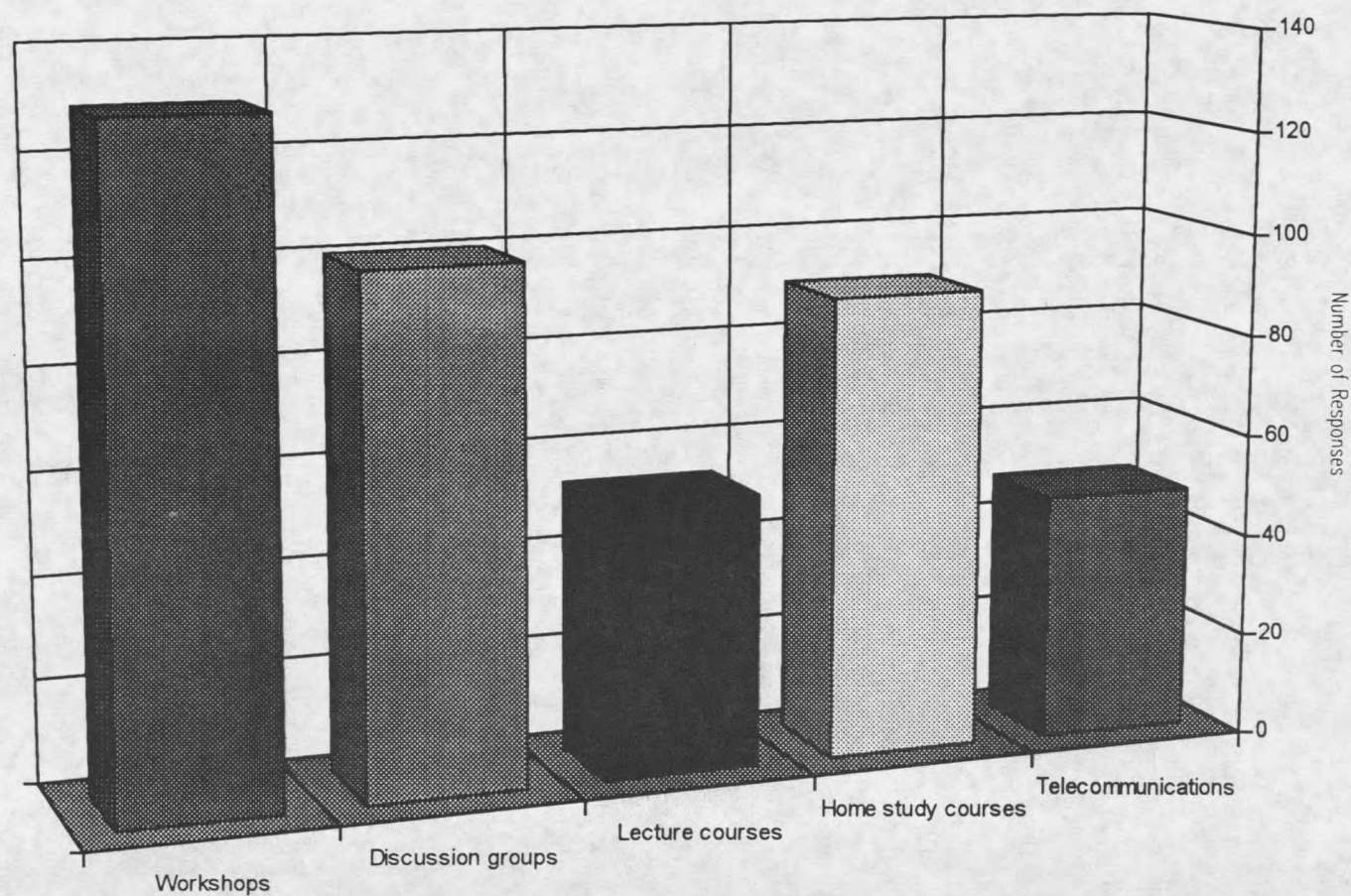
telecommunication. The respondents preferred to have community professionals, other providers, and resource and referral staff facilitate training. College instructors were the least preferred facilitators. The frequency distributions of the preferred modes of training are depicted in Figure 4.

Forty-seven percent of the providers reported that they would like to receive a certificate of completion for participation in training. Eighteen percent desired college credit and 13% wanted to be able to have continuing education credit. Eighteen percent of the providers wanted the choice of whether or not to receive credit.

Twenty-two percent of the respondents had utilized their resource and referral program for telephone technical assistance. Twenty-five percent reported they had received in-home training through their resource and referral and 32% had utilized the resource lending library. Fourteen percent of the respondents had not utilized any training resources available through their local resource and referral program and 11% were not aware of the resource and referral office serving their area.

Question 5: What level of professional development is preferred by registered family day care providers in Montana? Do they view themselves as professionals, teachers, or as day care mothers? Do they feel that they are operating a business or providing a social service?

Figure 4. Frequency Distribution of Preferred Modes of Delivery for Training *



* Total does not equal 182 cases as respondents were allowed to select more than one topic.

Fifty-percent of the respondents agreed or strongly agreed that family day care providers were professionals in the field. Twenty percent of the respondents were undecided on the statement.

Ninety-one percent of the respondents reported that their love for children influenced their decision to become family day care providers and the same percentage reported that earning an income also influenced their decision. Eighty-six percent stated that staying home with their own children influenced their decision. Only 10% began to do family day care to utilize a child development degree.

Complying with Montana law was an influence for 84% of the providers to become registered and participation on the Child and Adult Care Food Program was an influence for 71% of the respondents. A professional commitment was cited by 68% of the providers as a reason to become registered. Support services were reported as a reason by 40%.

In response to the statement "My personal philosophy regarding my role as a teacher of young children in day care is best reflected in which of the following statements...", 47% of the respondents reported that it was having a program which was developmentally appropriate. Twenty-eight percent felt they were in the role of a substitute mother. The philosophy of providing an environment that meets the physical, health, and safety needs of the child was reported by 28% of the providers. The option of philosophy regarding

the provider's role as, "That which provides an environment that is most conducive to business and financial growth", was not selected by any respondents.

Further Analysis

Null Hypotheses 1: Chi-Square

Hypotheses 1 was tested with a chi square test of independence at the .05 level of significance. The variables of interest were highest level of education and philosophy of role in caring for young children. The results were as follows:

Null Hypothesis 1: Provider level of education is independent of the philosophy of role in caring for young children.

A comparison of the frequencies of the independent variables of education and philosophy of role in caring for young children yielded a chi square of 8.64 with $p = .47$. These statistics were not significant at the .05 level of significance. In addition, nearly 44% of the cells had an $n < 5$. When utilizing the chi square test of independence 80% of the cells should be greater than 5 (Ferguson & Takane, 1989). If less than 80% of the cells are greater than 5, the chi square test of independence becomes very liberal (Huck et al., 1974) resulting in inflated values of chi square.

Based on the results, Null Hypothesis 1 was retained. Education is independent of the philosophy of role in caring for young children.

Hypotheses 2 Through 7:
Analysis of Variance

Hypotheses 2 through 7 were tested with an analysis of variance (ANOVA) at the .05 level of significance. In Null Hypotheses 2 through 6 the dependent variable of district was examined with the independent variables of modes of training delivery. In Null Hypothesis 7 the dependent variable of years worked in a child care setting was examined with the independent variable of the provider's view of her job role. The results were as follows:

Null Hypothesis 2: There is no significant difference between district and lecture courses as a mode of training. The results are depicted in Table 4.

Table 4. One-Way Analysis of Variance Test on DFS District which the Provider Resided by Preference for Lecture Courses as the Mode of Training

Source of Variation	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Groups	7	8.94	1.28	1.97	.06
Within Groups	167	108.24	.65		
Total		174	117.18		

A comparison of the means for DFS districts in which the provider resides by lecture courses as the preferred mode of

training delivery yielded an F -ratio of 1.97 with $p = .06$. These statistics were not significant at the .05 level of significance. Based on these results, Null Hypothesis 8 was retained for lecture courses.

Null Hypothesis 3: There is no significant difference between district and preference for workshops as a mode of training. The results are depicted in Table 5.

Table 5. One-Way Analysis of Variance Test on the DFS District in which the Provider Resided by Preference for Workshops as the Mode of Training.

Source of Variation	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Groups	7	5.32	.76	1.83	.09
Within Groups	165	8.46	.42		
Total	172	73.78			

A comparison of the means for DFS district in which the provider resides by workshops as the preferred mode of delivery yielded an F -ratio of 1.83 with $p = .09$. These statistics were not significant at the .05 level of significance. Based on these results, Null Hypothesis 8 was retained for workshops.

Null Hypothesis 4: There is no significant difference between district and preference for discussion groups as a mode of training. The results are depicted in Table 6.

Table 6. One-Way Analysis of Variance Test on the DFS District in which the Provider Resided by Preference for Discussion Groups as the Mode of Training.

Source of Variation	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Groups	7	4.22	.60	1.07	.38
Within Groups	167	93.97	.56		
Total	174	98.19			

A comparison of the means for DFS district in which the provider resides by discussion groups as the preferred mode of delivery yielded an F-ratio of 1.07 with $p = .38$. These statistics were not significant at the .05 level of significance. Based on these results, Null Hypothesis 8 was retained for discussion groups.

Null Hypothesis 5: There is no significant difference between district and preference for home study courses a mode of training. The results are depicted in Table 7.

Table 7. One-Way Analysis of Variance Test on the DFS District in which the Provider Resided by Preference for Home Study Courses as the Mode of Training.

Source of Variation	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Groups	7	6.66	.95	1.40	.21
Within Groups	166	113.18	.68		
Total	173	119.84			

A comparison of the means for DFS district in which the provider resides by home study courses as the preferred mode of delivery yielded an F -ratio of 1.40 with $p = .210$. These statistics were not significant at the .05 level of significance. Based on these results, Null Hypothesis 8 was retained for home study courses.

Null Hypothesis 6: There is no significant difference between district in which the provider lives and preference for telecommunications as a mode of training. The results are depicted in Table 8.

Table 8. One-Way Analysis of Variance Test on the DFS District in which the Provider Resided by Preference for Telecommunication Courses as the Mode of Training.

Source of Variation	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Groups	7	2.82	.40	.65	.72
Within Groups	163	101.47	.62		
Total	170	104.29			

A comparison of the means for DFS district in which the provider resides by telecommunications as the preferred mode of delivery yielded an F -ratio of .65 with $p = .72$. These statistics were not significant at the .05 level of significance. Based on these results, Null Hypothesis 6 was retained for telecommunications.

Null Hypothesis 7: There is no significant difference between years worked in a child care setting and the provider's view of her job role.

The results are depicted in Table 9.

Table 9. One-Way Analysis of Variance Test on Years Worked in a Child Care Setting and the Provider's View of Her Job Role.

Source of Variation	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Groups	2	41.87	20.93	.60	.55
Within Groups	155	5401.32	34.85		
Total	157	5443.19			

A comparison of the means for years worked in a child care setting by the provider's view of her job role yielded an F-ratio of .60 with p = .55. These statistics were not significant at the .05 level of significance. Based on these results, Null Hypothesis 7 was retained.

Summary of Analysis

The demographic data of the study revealed that the mean age for registered family day care providers in Montana is 37 years old. The majority of the providers are married and have children of their own. Over half of the providers who are parents have children under the age of six. Approximately one-half of the providers have a high school dip

The data indicates that registered family day care providers are interested in training that covers both early childhood content areas and personal development topics. Discipline, activities for young children, and stress management were the three most frequently requested topic areas for training.

Registered family day care providers preferred community professionals, other family day care providers, and resource and referral staff over college instructors to present training. The modes of training preferred are workshops and discussion groups. Lecture and telecommunications courses were the least preferred.

Family commitments are the greatest barrier to attending training for family day care providers in Montana. Distance, cost, and the provider's own children also present barriers for Montana providers.

CHAPTER 5

DISCUSSION

The results of this study revealed that registered family day care providers in Montana are typically females in their mid-thirties, who have young children of their own, and are providing family day care in order to stay at home with their own children and earn an income. The majority of the providers would like training and the greatest barrier for their attendance at training is family commitments. The three most frequently cited early childhood content areas desired for training were discipline, activities for young children and business management. Training in the personal development areas of stress management, assertiveness, and self-esteem were also requested.

FindingsDemographics

The typical registered family day care provider in Montana is a female in her mid-thirties, who is married and is a parent. Over half of the providers have children of their own under the age of 6 years. Kontos (1992) reported that

other studies have found family day care providers to be in their mid-thirties and married.

The mean income for the Montana family day care provider was \$7,200 annually, not including income earned from the Child and Adult Care Food Program. Nationally, the average income of regulated family day care providers is \$10,000, however, half of the providers receive less than \$8,000 per year (Willer et al., 1991). A Vermont study of family day care providers found the average weekly income to be \$171 (Nelson, 1990). The Montana and Vermont income levels may be lower than the national average due to the rural nature of the states.

The Montana provider works an average of 49 hours per week. This compares to Vermont providers where 60% worked 50 hours or more per week or more than 10 hours per day (Nelson, 1990). Family day care providers are not required to have assistants, however, some do employ part-time help. Only 12% of Montana providers have an assistant working in their program.

Education

Fifty-two percent of the Montana providers had an education level of a high school diploma or less. Thirty-two percent had 1 to 2 years of college. The educational level of registered Montana family day care providers is consistent with other studies (Kontos, 1992; Nelson, 1990; & Willer et

al, 1991). The study revealed that the provider's level of education was independent of philosophy of role in caring for young children.

Providers varied in the type of certification or recognition that they desired for completion of training. The most frequently cited type, 47%, was certificate of completion. Eighteen percent desired college credit and only 9% reported that they did not wish to receive any type of credit.

Longevity

The average number of years that the Montana family day care provider had been in the field of child care was nearly 7 years. The median number of years operating as a registered family day care provider was between 2 and 3 years. Nelson (1990) found the median tenure of Vermont family day care providers to be 3 years. Montana providers reported that they planned to remain in operation for an average of 6 1/2 years. The Montana study found no significant difference between the number of years that a provider had worked in a child care setting and her view of her job role.

Training

Sixty-four percent of the respondents reported having received training in working with young children prior to becoming a registered family day care provider. The most

frequently reported source for the training was in the form of workshops followed by the category of "other". The "other" category was frequently specified by the respondents as having had children of their own. Nearly 37% of the respondents felt that caring for one's own children was sufficient training for becoming a family day care provider.

The majority of the providers desired more training. In contrast, Eheart & Levitt (1986) found only 48% of family day care providers interested in seeking additional training. Montana providers were specific in the type of training they would like to receive with 60% desiring more training in child discipline, 55% wanting activities for young children, and 64% desiring training on stress reduction. There was a greater interest from providers to receive training in personal development issues than the early childhood content areas. The least area of interest for training was nutrition. Perhaps this is due to the large portion, 84%, who participate in the Child and Adult Care Food Program (CACFP) where they are required to receive nutrition education annually. The need in this area may already be addressed through the CACFP.

Eighty-six percent of the respondents agreed or strongly agreed that family day care providers should be required to have cardiopulmonary resuscitation (CPR) or first aid training. Sixty-three percent felt that the state should require annual training. Ten was the mean number of training hours reported that should be required by the state.

The study did not find a relationship between the mode of delivery of training and the district in which the provider resided. The providers preferred workshops over any other mode of training. Discussion groups as a mode of training were the second type preferred. A sizable percentage, 50%, reported that they would like to receive training via home study courses. Lecture courses and telecommunication courses were the least preferred type of training. The low response on telecommunication courses may be due to the lack of information on how a course might be presented.

Providers preferred that community professionals present training. Resource and referral staff and other family day care providers were reported by approximately 59% of the providers. College instructors were the least likely to be preferred to present training.

Barriers

In a state the size of Montana, distance can present a barrier to attending programs. Nearly 50% of the providers responding were not willing to drive more than 28 miles to attend a full-day workshop and 51% would not drive over 12 miles to attend a two-hour workshop. Olsen (1989) had found 64% of providers in his study were willing to travel up to 50 miles to attend training. Distance was a barrier to attending training for 24% of the Montana providers.

The greatest barrier to attending training was family commitments with 40% of the providers reporting that it was a problem. The availability of substitutes was a barrier for 34% of the sample, cost was a barrier for nearly 29% and the provider's own children was a problem for 29% of the sample. The mean price that a provider was willing to pay to attend a full-day workshop was \$16.

Implications for State Agencies

The study revealed that 63% of registered family day care providers report that the state of Montana should require annual training for providers. Ten is the mean number of hours cited as the preferred amount of annual training. DFS currently has privately contracted with the Montana Child Care Association to review state child care regulations, including family day care homes. Results from the study of the training needs of family day care providers indicate that a majority of providers are in favor of annual training requirements and that a requirement of 10 hours would be acceptable.

The majority of providers in the survey reported that CPR and first aid should be required. Currently, neither CPR nor first aid is required by the State of Montana Department of Family Services for registration of family day care providers. The results of the study indicate that family providers would not be in opposition to such a requirement.

Twenty-seven percent of the providers agreed or strongly agreed that family day care is a private business and should not be regulated by the state. While this is a minority of the responses, it is a sizable percentage which should be acknowledged. The expansion of the child care resource and referral programs may assist in reaching this population of providers and explaining why minimum standards are necessary for the health and safety of young children.

Only 13% of the respondents reported that they did not desire training. The three most frequently reported topics of training preferred were discipline, activities for young children, and child care provider stress. As the state continues to receive funds from the federal Child Care and Development Block Grant, a portion of which are designated for quality enhancement, this data indicates that a training focus on discipline of young children and child care provider stress would be important.

Implications for Child Care Resource & Referral

Frequently, training sponsored by child care resource and referral focuses on early childhood content areas such as child development and discipline. According to the present study the personal development topic of stress reduction was the most frequently requested type of training. When assessing local training needs, resource and referral programs

should allow providers an opportunity to request personal development topics.

Nutrition was the least requested topic for training and as stated earlier it may be due to the high percentage of family day care providers participating in the Child and Adult Care Food Program (CACFP). It is important that resource and referral staff collaborate with the CACFP staff to avoid duplication of training and to maximize resources.

In the past, resource and referral programs have offered training during the week day, during the day on Saturday, and on week day evenings. Results of the survey indicate that week day evenings are the preferred time to attend training followed by during the day on Saturday. Most of the respondents did not prefer to have training offered during the day on week days. The current study is consistent with Canning (1989) who found that nearly all providers would not be able to attend training offered during the week day. The scarcity of substitutes, cited as one of the barriers to training, and low wages of child care providers could make it difficult for providers to attend training at that time. Funding for a substitute program may assist in helping family day care providers with this dilemma.

In addition to offering training at times that are convenient for family day care providers, resource and referral programs are beginning to take training out to the rural areas. Traditionally, it has been an unwritten

expectation that those in rural areas would come to a central populated area for training. Resource and referral programs have found that this is an unrealistic expectation. Data from this study on the distance providers are willing to travel supports the need to take training to smaller communities.

Implications for Future Research

A study assessing if provider beliefs translate into behaviors would be beneficial in determining how committed providers are to continued training. While most of the providers supported the idea that family day care providers be required to have CPR and first aid, it is unknown how many of those same providers possess both certifications. A large percentage of providers supported 10 hours of annual training. The question however, is, would training in CPR be supported if it translated into a requirement for registration as a family day care home?

The majority of the current resource and referral training focuses on introductory or beginning level of material. It would be suggested that future study examine the need for establishing levels in training such as beginning, intermediate, and mastery level.

Family day care has a very high caregiver turnover rate. Nelson (1991) found that training assisted in the retention of family day care providers. It is necessary for research to be

conducted that examines the reasons that family day care providers are such a fluid population.

A certificate of attendance was found to be the most frequently requested recognition for participation in training. Future research could examine whether or not this view is related to the lack of a career ladder for child care providers, especially family day care providers. The preference for the certificate of attendance might also be related to the length of time that the provider plans to remain in the field.

The stress level of family day care providers was found by Atkinson (1992) to be higher than that experienced by both mothers working outside the home and homemakers. Examination of stress and its relationship to the high percentage of family day care providers requesting training on stress management is recommended for future study.

The study of the training needs of family day care providers in Montana was exploratory in nature. A rather stringent alpha of .05 was selected to control for Type I error and a large sample size controlled for Type II error. Due to the study's exploratory nature, future research could justify the use of a less stringent alpha, perhaps a .10.

Summary

In the past few years a great deal has been written on family day care. With the increasing number of mothers working outside the home and the federal government's emphasis on parental choice for families receiving child care assistance, more limelight has been shed on family day care. Research needs to continue to support providers who offer family day care and to continue to improve the quality of family day care.

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APPENDICES

APPENDIX A
SURVEY INSTRUMENT



TRAINING NEEDS OF FAMILY DAY CARE PROVIDERS IN MONTANA

117 HERRICK HALL
MONTANA STATE UNIVERSITY
BOZEMAN, MT 59717
994-4746

If you are no longer providing FAMILY DAY CARE please check this box and return the survey in the enclosed envelope. ☐

PART I: FAMILY DAY CARE TRAINING

Family day care is a profession that requires specific skills. I would like to get your opinion on the training needs you see for family day care providers in Montana.

Q-1 Did you have training in working with young children prior to becoming a registered family day care provider? (circle one)

- 1 YES
- 2 NO

→ If "YES" where did you receive this training? (circle all that apply)

- 1 HIGH SCHOOL COURSE
- 2 VO-TECH COURSE
- 3 COLLEGE COURSE
- 4 WORKSHOPS
- 5 CONFERENCES
- 6 HOME STUDY COURSES
- 7 LOCAL CHILD CARE RESOURCE & REFERRAL
- 8 OTHER, SPECIFY _____

Q-2 In which of the following content areas have you received training? (circle all that apply)

- 1 CHILD DEVELOPMENT
- 2 CHILD DISCIPLINE AND GUIDANCE
- 3 BUSINESS MANAGEMENT
- 4 HEALTH AND SAFETY
- 5 SPECIAL NEEDS CHILDREN
- 6 INFANTS AND TODDLERS
- 7 ACTIVITIES FOR YOUNG CHILDREN
- 8 NUTRITION
- 9 NO TRAINING RECEIVED
- 10 OTHER, SPECIFY _____

Q-3 In which of the following content areas would you like to have more training on? (circle all that apply)

- 1 CHILD DEVELOPMENT
- 2 CHILD DISCIPLINE AND GUIDANCE
- 3 BUSINESS MANAGEMENT
- 4 HEALTH AND SAFETY
- 5 SPECIAL NEEDS CHILDREN
- 6 INFANTS AND TODDLERS
- 7 ACTIVITIES FOR YOUNG CHILDREN
- 8 NUTRITION
- 9 NO TRAINING DESIRED
- 10 OTHER, SPECIFY _____

Q-4 Which of the following personal development topics would you like more information on? (circle all that apply)

- 1 ASSERTIVENESS TRAINING
- 2 TIME MANAGEMENT
- 3 SELF-ESTEEM
- 4 STRESS REDUCTION
- 5 NO TRAINING DESIRED
- 6 OTHER _____

Q-5 Please rate your responses to the following statements:

1-----2-----3-----4-----5
 (SA) STRONGLY (A) AGREE (U) UNDECIDED (D) DISAGREE (SD) STRONGLY
 AGREE DISAGREE

	SA	A	U	D	SD
a) CARING FOR ONE'S OWN CHILDREN IS SUFFICIENT TRAINING TO BECOME A FAMILY DAY CARE PROVIDER (CIRCLE ONE).....	1	2	3	4	5
b) FAMILY DAY CARE PROVIDERS SHOULD BE REQUIRED TO HAVE CPR AND FIRST AID CERTIFICATION (CIRCLE ONE).....	1	2	3	4	5
c) FAMILY DAY CARE, BECAUSE IT'S A PRIVATE BUSINESS, SHOULD NOT BE REGULATED BY THE STATE (CIRCLE ONE).....	1	2	3	4	5
d) IT IS NOT NECESSARY FOR FAMILY DAY CARE PROVIDERS TO HAVE TRAINING PRIOR OPENING THEIR BUSINESS (CIRCLE ONE).....	1	2	3	4	5
e) FAMILY DAY CARE PROVIDERS ARE PROFESSIONALS IN EARLY CHILDHOOD (CIRCLE ONE).....	1	2	3	4	5

Q-6 When would be the most convenient time for you to attend training? (circle all that apply)

- 1 DURING THE DAY ON A WEEK DAY
- 2 DURING THE EVENING ON A WEEK DAY
- 3 SATURDAYS

Q-7 Who would you prefer to facilitate training? (circle all that apply)

- 1 OTHER FAMILY DAY CARE PROVIDERS
- 2 RESOURCE AND REFERRAL STAFF
- 3 COMMUNITY PROFESSIONALS
- 4 COLLEGE INSTRUCTORS

Q-8 How many miles would you be willing to drive to attend a full-day workshop?

_____ MILES

Q-9 How many miles would you be willing to drive to attend a two-hour workshop?

_____ MILES

Q-10 Have you ever attended a Montana Early Childhood Conference? (circle one)

- 1 YES
2 NO

Q-11 Should providers who participate in additional training receive a higher reimbursement rate from the state for caring for children who receive state assisted care? (circle one)

- 1 YES
2 NO

Q-12 Do you think that the Department of Family Services should require family day care providers to attend training annually? (circle one)

- 1 YES
2 NO

→ If "YES" how many hours should be required annually? (circle one)

_____ HOURS

Q-13 Please rate your preference for each of the following modes of delivery for training:

1-----2-----3
(D) DO NOT PREFER (U) UNDECIDED (P) PREFER

	D	U	P
a) WORKSHOPS OR CONFERENCES (CIRCLE ONE).....	1	2	3
b) DISCUSSION GROUPS (CIRCLE ONE).....	1	2	3
c) LECTURE COURSES (CIRCLE ONE).....	1	2	3
d) HOMESTUDY COURSES (CIRCLE ONE).....	1	2	3
e) TELECOMMUNICATION COURSES (CIRCLE ONE).....	1	2	3

Q-14 The greatest barrier for me in attending training is: (circle one)

- 1 DISTANCE
- 2 AVAILABILITY
- 3 COST OF TRAINING
- 4 COST AND/OR AVAILABILITY OF SUBSTITUTES
- 5 FAMILY COMMITMENTS
- 6 CHILD CARE FOR OWN CHILDREN
- 7 PERCEIVED NEED
- 8 REPETITION OF SAME TOPICS
- 9 OTHER SPECIFY _____

Q-15 To attend a full day workshop what is the maximum registration fee you would be willing to pay?

_____ DOLLARS

Q-16 In regard to receiving credit for training, which of the following options would you prefer?
(circle one)

- 1 CONTINUING EDUCATION CREDIT
- 2 COLLEGE CREDIT
- 3 A CHOICE TO TAKE THE TRAINING FOR CREDIT OR NON-CREDIT
- 4 NO CREDIT DESIRED
- 5 CERTIFICATE OF COMPLETION

Q-17 Which of the following training assistance have you utilized through your local Child Care Resource and Referral office? (circle all that apply)

- 1 WORKSHOPS
- 2 COURSES
- 3 TELEPHONE TECHNICAL ASSISTANCE
- 4 IN-HOME TRAINING
- 5 RESOURCE LENDING LIBRARY
- 6 NONE OF THE ABOVE
- 7 I AM NOT AWARE OF MY LOCAL RESOURCE AND REFERRAL SERVICE

PART II: THE FAMILY DAY CARE

Next, I would like to ask you about the operation of your family day care home and your thoughts on child care.

Q-1 Please rate each of the following as to how it influenced you in becoming a family day care provider:

	1-----2-----3			
	(NI) NO INFLUENCE	(U) UNDECIDED	(I) INFLUENCED	
		NI	U	I
a)	NEED FOR CHILD CARE IN THE AREA (CIRCLE ONE).....	1	2	3
b)	LOVE CHILDREN (CIRCLE ONE).....	1	2	3
c)	TO EARN AN INCOME (CIRCLE ONE).....	1	2	3
d)	TO STAY HOME WITH MY OWN CHILDREN (CIRCLE ONE).....	1	2	3
e)	TO USE CHILD DEVELOPMENT DEGREE (CIRCLE ONE).....	1	2	3

Q-2 Please rate each of the following as to how it influenced your decision to become a REGISTERED family day care home.

	1-----2-----3			
	(NI) NO INFLUENCE	(U) UNDECIDED	(I) INFLUENCED	
		NI	U	I
a)	DESIRE TO BE IN COMPLIANCE WITH MONTANA LAW (CIRCLE ONE).....	1	2	3
b)	PARTICIPATION IN THE CHILD CARE FOOD PROGRAM (CIRCLE ONE).....	1	2	3
c)	SUPPORT SERVICES THROUGH THE RESOURCE AND REFERRAL PROGRAMS(CIRCLE ONE).....	1	2	3
d)	TAX DEDUCTIONS FOR THE BUSINESS (CIRCLE ONE).....	1	2	3
e)	PROFESSIONAL COMMITMENT TO CHILD CARE (CIRCLE ONE).....	1	2	3

Q-3 My personal philosophy regarding my role as a teacher of young children in day care is best reflected in which of the following statements: (please circle only one)

- 1 PROVIDE AN ENVIRONMENT THAT MEETS THE PHYSICAL, HEALTH, AND SAFETY NEEDS OF THE CHILD.
- 2 PROVIDE AN ENVIRONMENT WITH DEVELOPMENTALLY APPROPRIATE ACTIVITIES THAT ENHANCE A CHILD'S DEVELOPMENTAL NEEDS (PHYSICAL, SOCIAL-EMOTIONAL, LANGUAGE, AND COGNITIVE DEVELOPMENT).
- 3 PROVIDE AN ENVIRONMENT WHERE I ASSUME THE ROLE OF A "SUBSTITUTE MOTHER"
- 4 PROVIDE AN ENVIRONMENT THAT IS MOST CONDUCTIVE TO BUSINESS AND FINANCIAL GROWTH
- 5 PROVIDE AN ENVIRONMENT THAT MEETS THE DEVELOPMENTAL NEEDS OF THE CHILD AND THE FAMILY:E.G. HEALTH SCREENING, COUNSELING SERVICES, ETC.

Q-4 Please rate each of the following as advantages of working as a family day care provider:

1-----2-----3-----4-----5					
(SD) STRONGLY DISAGREE	(D) DISAGREE	(U) UNDECIDED	(A) AGREE	(SA) STRONGLY AGREE	
		SD	D	U	A SA
a) WORKING WITH CHILDREN & FAMILIES (CIRCLE ONE)....	1	2	3	4	5
b) STAYING HOME WITH MY OWN CHILDREN (CIRCLE ONE)1		2	3	4	5
c) EARNING AN INCOME (CIRCLE ONE).....	1	2	3	4	5
d) SETTING MY OWN HOURS (CIRCLE ONE).....	1	2	3	4	5
e) RUNNING MY OWN BUSINESS (CIRCLE ONE).....	1	2	3	4	5

Q-5 Please rate each of the following as disadvantages of working as a family day care provider:

1-----2-----3-----4-----5					
(SD) STRONGLY DISAGREE	(D) DISAGREE	(U) UNDECIDED	(A) AGREE	(SA) STRONGLY AGREE	
		SD	D	U	A SA
a) ISOLATION FROM OTHER ADULTS (CIRCLE ONE).....	1	2	3	4	5
b) DEMANDS FROM PARENTS (CIRCLE ONE).....	1	2	3	4	5
c) LONG HOURS (CIRCLE ONE).....	1	2	3	4	5
d) PARENTS NOT PAYING ON TIME (CIRCLE ONE).....	1	2	3	4	5
e) DISCIPLINE OF CHILDREN (CIRCLE ONE).....	1	2	3	4	5
f) PARENTS BRINGING SICK CHILDREN TODAY CARE (CIRCLE ONE).....	1	2	3	4	5
g) STRESS ON MY OWN FAMILY (CIRCLE ONE).....	1	2	3	4	5

Q-6 Please list the number of children that are in your care on an average day in each age group. (Include your own children who are under the age of six)

_____ 0-12 MONTHS OF AGE
 _____ 13 MONTHS-24 MONTHS
 _____ 25 MONTHS-36 MONTHS
 _____ 37 MONTHS-5 YEARS
 _____ 6 YEARS-12 YEARS

Q-7 How many children are in your care part-time and full-time? (Exclude your own under the age of six)

_____ NUMBER OF CHILDREN IN PART-TIME CARE (LESS THAN 30 HOURS PER WEEK)
 _____ NUMBER OF CHILDREN IN FULL-TIME CARE (30 OR MORE HOURS PER WEEK)

Q-8 Are you a member of the Montana Child Care Association? (circle one)

- 1 YES
- 2 NO

Q-9 Are you a member of the Montana Association for the Education of Young Children? (circle one)

- 1 YES
- 2 NO

Q-10 Are you a member of the National Association of Family Day Care? (circle one)

- 1 YES
- 2 NO

Q-11 How many years have you worked in a child day care setting?

____ YEARS

Q-12 How many years have you operated a REGISTERED family day care home?

____ YEARS

Q-13 What is your gross income for your family day care business before expenses? Do not include your USDA Child and Adult Care Food Program reimbursement.

____ DOLLARS

Q-14 Do you participate in the USDA Child Care Food Program? (circle one)

- 1 YES
- 2 NO

→ If yes, what was your total reimbursement from the Child and Adult Care Food Program in 1991?

____ DOLLARS

Q-15 Please list the average number of hours you work per week in your family day care.

____ HOURS PER WEEK

Q-16 Do you have another business or work another job in addition to your family day care home?
(circle one)

- 1 YES
- 2 NO

→ If yes, what type of work do you do? _____

Q-17 How do you view your family day care? (circle one)

- 1 AS A BUSINESS/PROFESSION
- 2 A WAY TO MAKE EXTRA MONEY WHILE I STAY HOME WITH MY CHILDREN
- 3 OTHER, SPECIFY _____

Q-18 Do you have a written contract with the parents of the families you serve? (circle one)

- 1 YES
- 2 NO

Q-19 Do you have emergency medical information on file for the children you care for? (circle one)

- 1 YES
- 2 NO

Q-20 How long do you plan to remain in family day care?

_____ YEARS

Q-21 Do you have an assistant or substitute that works for you on a weekly basis?
(circle one)

- 1 YES
- 2 NO

→ If yes, how many hours per week does that individual work?

_____ HOURS PER WEEK

Q-22 Please rate your responses to the following statements:

1-----	2-----	3-----	4-----	5-----					
(SA) STRONGLY AGREE	(A) AGREE	(U) UNDECIDED	(D) DISAGREE	(SD) STRONGLY DISAGREE					
			SA	A	U	D	SD		
a) MOTHERS WITH INFANTS AND TODDLERS (AGES BIRTH-2) SHOULD NOT WORK OUTSIDETHEHOME(CIRCLE ONE).....	1	2	3	4	5				
b) MOTHERS WITH PRESCHOOL CHILDREN (AGES 3-5) SHOULD NOT WORK OUTSIDE THE HOME (CIRCLE ONE).....	1	2	3	4	5				
c) MOTHERS WITH SCHOOL AGE CHILDREN (6 YEARS OF AGE AND UP) SHOULD NOT WORK OUTSIDETHEHOME(CIRCLE ONE).....	1	2	3	4	5				

PART III: THE FAMILY DAY CARE PROVIDER

In this final section, I would like to ask some questions about yourself to help me gain an understanding of who is providing family day care in Montana.

Q-1 What is your present age?

_____ YEARS OLD

Q-2 What is your marital status? (circle one)

- 1 MARRIED
2 SINGLE

Q-3 What is your parental status? (circle one)

- 1 WITH CHILDREN
2 WITHOUT CHILDREN

Q-4 How many children of your own do you have under the age of six?

_____ CHILDREN UNDER AGE SIX

Q-5 Do you have a valid driver's license? (circle one)

- 1 YES
- 2 NO

Q-6 What is the highest level of education you have completed? (circle one)

- 1 LESS THAN A HIGH SCHOOL DIPLOMA
- 2 HIGH SCHOOL DIPLOMA
- 3 ONE TO TWO YEARS OF COLLEGE
- 4 GRADUATE OF A FOUR-YEAR COLLEGE PROGRAM OR HIGHER

Q-7 What is your family's total annual gross income?

_____ DOLLARS

Q-8 What is the population of the community where you live? (circle one)

- 1 <2,500
- 2 2,500-14,999
- 3 15,000-30,000
- 4 MORE THAN 30,000 PEOPLE

Thank you for participating in this study!

APPENDIX B
COVER LETTER



Early Childhood Project

Department of Health
and Human Development

117 Herrick Hall
Bozeman, MT 59717-0354

Telephone 406-994-4746
FAX 406-994-2013

Dear Family Day Care Provider:

Family day care is requested more often by parents than any other type of child care according to many reports. In the past few years more attention has been given to family day care as a result of more children being placed in child care settings.

There is funding available to provide training for family day care providers and for merit pay awards for providers who attend 60 or more hours of training. There is, however, little research to document the training needs and preferences of family day care providers. Therefore, I am asking for your cooperation to complete this survey. This statewide study of the training needs of family day care providers is being conducted by Sandy Bailey in conjunction with the Montana Association of the Education of Young Children. The survey was reviewed by family day care providers and other professionals prior to its distribution across the state. You are one of 300 family day care providers randomly selected to participate in the study. Your participation in this study will help to determine what types of training should be available to family day care providers.

YOUR RESPONSE WILL BE ABSOLUTELY CONFIDENTIAL. An identification number will be assigned for the sole purpose of mailing. This will enable me to check your name off the mailing list when the survey is received. **PLEASE ANSWER ALL QUESTIONS. THERE ARE NO RIGHT OR WRONG ANSWERS.** If you are no longer a registered family day care provider please check the box on the front of the survey and return the survey in the enclosed envelope.

A brochure "Love and Learn" is enclosed for you. Upon receipt of your completed survey, three additional brochures on topics related to the care of young children will be mailed to you. To receive the additional brochures, complete and return the survey today!

When you have completed the survey, please mail it in the self-addressed, stamped envelope provided. If you would like a report of the study please write "report requested" on the back of the return envelope and I will mail one to you. I appreciate your willingness to participate in this study. Thank you for your cooperation.

Sincerely,

Sandy Bailey

APPENDIX C
REMINDER POSTCARD

Recently a survey seeking your opinion about the training needs of family day care providers in Montana was mailed to you. Your name was selected through a random sample of registered family day care providers in the state.

If you have already completed and returned the survey, please accept my sincere thanks. If not, please do so today. Because the survey has been sent to only a small, but representative sample of Montana providers, it is extremely important that yours also be included in the study if the results are to accurately represent the opinions of family day care providers in Montana.

If by some chance you did not receive the survey, or it was misplaced, please call me at 994-4746 during the day, or in the evening, collect, at 586-3912 and I will get another one in the mail to you today.

Sincerely,

Sandy Bailey

APPENDIX D
SECOND LETTER TO NONRESPONDENTS

**Early Childhood Project**

Department of Health
and Human Development

117 Herrick Hall
Bozeman, MT 59717-0354

Telephone 406-994-4746
FAX 406-994-2013

December 8, 1992

Dear Family Day Care Provider:

About three weeks ago I wrote to you seeking your opinion on the training needs of family day care providers in Montana. An orange colored questionnaire accompanied my request. As of today I have not yet received your completed questionnaire.

I have undertaken this study because as more training funds become available to provide continuing education opportunities for family day care providers, it is important to assess providers training needs.

I am writing to you again because of the significance each questionnaire has to the usefulness of this study. Your name was drawn through a scientific sampling process in which every registered family day care provider in Montana had an equal chance of being selected. This means that only about one out of every three registered family day care homes in Montana are being asked to complete this questionnaire. In order for the results of this study to be truly representative of the opinions of all Montana family day care providers it is essential that each person in the sample return their questionnaire.

In the event that your questionnaire has been misplaced, a replacement is enclosed. Upon completion and return of the questionnaire, three National Association for the Education of Young Children educational brochures, similar to the one you already received, will be mailed to you. The brochures focus on the topics of play, the child's separation from the parent at day care, and health issues.

Your cooperation is greatly appreciated.

Sincerely,

Sandy Bailey

P.S. A number of providers have written to ask when results will be available. I plan to have them out sometime in March.

APPENDIX E

PERMISSION LETTER FOR USE OF SURVEY QUESTIONS

**Early Childhood Project**

Department of Health
and Human Development

117 Herrick Hall
Bozeman, MT 59717-0354

Telephone 406-994-4746
FAX 406-994-2013

October 1, 1992

Dr. Laura Massey
Department of Health & Human Development
Herrick Hall
Montana State University
Bozeman, MT 59717

Dear Dr. Massey:

I am writing to request permission to use some of the questions from the survey you developed for your 1991 study Willingness of Day Care Providers to Accept Handicapped Children. I am constructing a mail questionnaire for registered family day care providers for my study Training Needs of Family Day Care Providers. The study is being conducted for my master's thesis at Montana State University. Your work will be appropriately credited.

If you are willing to allow me to use questions from your survey, please sign the permission to use statement below and return this letter to me at the above address. Thank you for your consideration.

Sincerely,

Sandy Bailey
Graduate Student
Montana State University

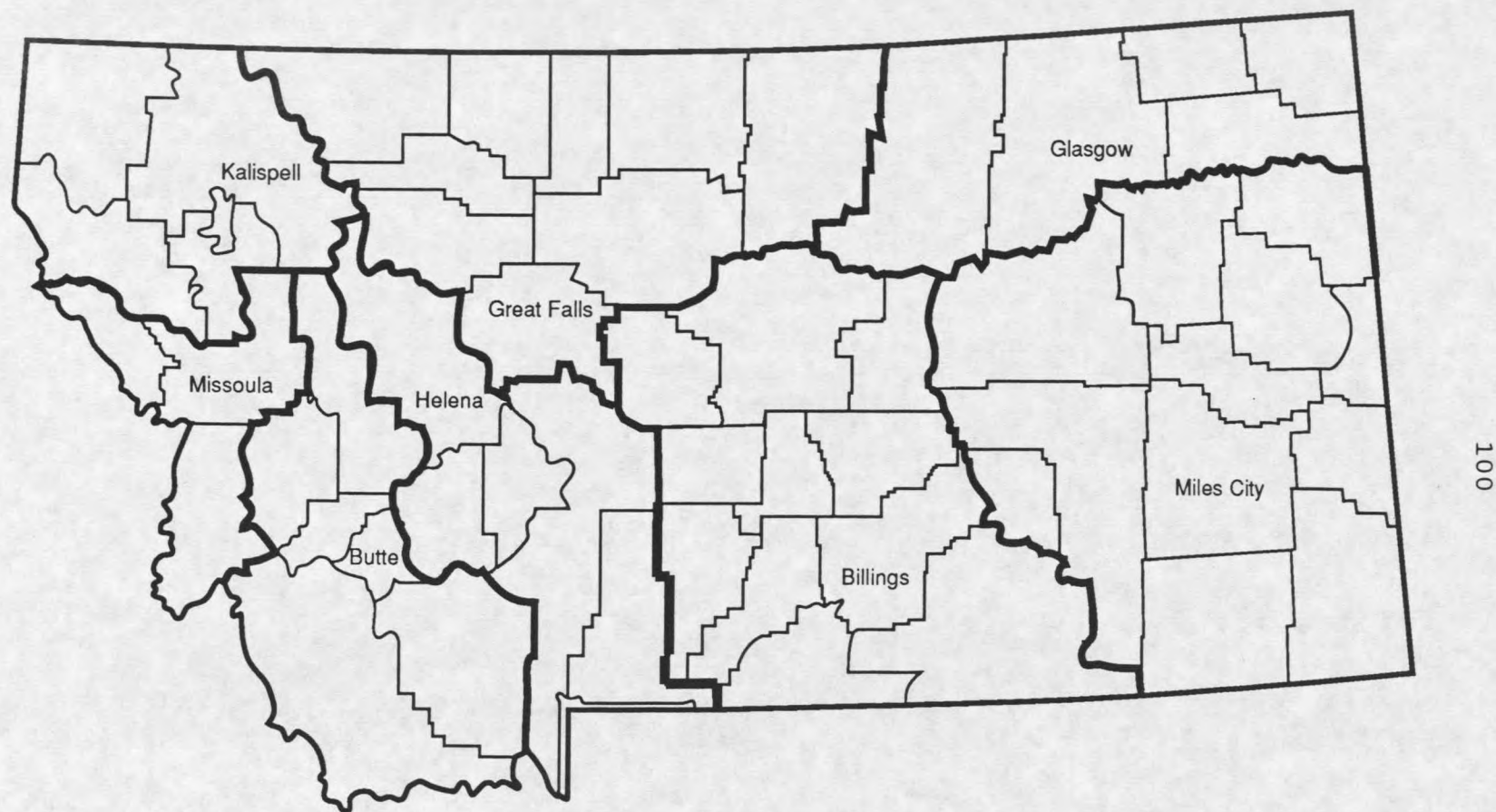
I hereby grant permission for Sandy Bailey to use questions from my survey instrument of the 1991 study Willingness of Day Care Providers to Accept Handicapped Children for her master's thesis. Appropriate credit is to be given to my work.

Dr. Laura Massey

10/1/92
Date

APPENDIX F
MONTANA DEPARTMENT OF FAMILY SERVICES
DISTRICT MAP

Figure 5. Montana Department of Family Services District Map



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