



Training issues : family day care providers practices and beliefs
by Barbara A Kinnunen-Skidmore

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 provide a qualitative, descriptive account of family day care providers' perspectives of providing care and training issues. The study presented an overview of providers' perspectives, as well as the perspectives of local training agency representatives. The perspectives were then woven into a framework to view several realities of family day care providers, training, and the programs they offer.

The study employed a variety of data sources and methods of data collection. The methods included informal and formal interviewing, observations, gathering of documents and journal keeping. Triangulation of methods and sources was done to enhance reliability and validity of data. The constant comparative method was used for data analysis. This method involves identifying initial patterns in the data which relate to the research purposes, and revising the patterns as additional data is gathered.

Several findings were noted. (a) Providers entered family day care to stay at home with their own children, earn an income and provide playmates for their children. Providers described motherhood as the experience that best prepared them for caring for children in their homes. (b) Providers felt that formal training was necessary to care for young children, especially for people in large day cares or those planning on doing day care for "awhile." (c) The major frustration expressed by the providers was parents and a perceived lack of respect for the provider. (d) Both consistencies and inconsistencies were found between providers' practices and beliefs.

It was concluded that access to providing child care is open to any applicant; no one is regulating the legally operating homes; providers believe that parenting skills adequately prepare them for providing care; parents are making child care choices based largely on cost and ease of entry; training opportunities are relatively unattended; and providers often plan to discontinue care after their own children become school-age. The study concludes with several recommendations which could be used to increase the quality of care for young children in family day care homes and the quality of the providers' training experiences.

TRAINING ISSUES: FAMILY DAY CARE PROVIDERS'
PRACTICES AND BELIEFS

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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.

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ABSTRACT

The purpose of this study was to provide a qualitative, descriptive account of family day care providers' perspectives of providing care and training issues. The study presented an overview of providers' perspectives, as well as the perspectives of local training agency representatives. The perspectives were then woven into a framework to view several realities of family day care providers, training, and the programs they offer.

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CHAPTER 1

INTRODUCTION

The Need for Child Care

Everywhere one looks, whether it is the neighborhood, the community, the nation or one's own family, more and more children under the age of five are spending time in care outside of the home. The reality of two parents needing to work to support a family, single parent families, career choices and beliefs about the benefits of early education are several of the reasons why more than six million children, including more than two million children under the age of three, are spending part or all of the day in care outside of the home or with relatives (Children's Defense Fund, 1991; Snider & Fu, 1990). The number of programs available to families has increased to meet the growing demand for out-of-home care and education of young children. Children are enrolled in programs at younger ages, many from infancy, and the length of the program day for all ages of children has been extended in response to the need for extended hours of care for working families (Bredekamp, 1987).

A Preschool Teacher's Perspective

The area of inquiry, the question and the research approach which follows have evolved from my interest in young children and educating adults that work with them. The provision of care and education for young children has been a personal priority as well as a career focus for me for some time. I have been involved in the field of early childhood education for ten years. The student, preschool teacher, summer day care provider, program coordinator, director, supervisor, and trainer have been my different roles. No matter what role has been played in the caring of young children, one thing has not changed, the need for quality care.

During the summer of 1992, I attended the National Association for the Education of Young Children's (NAEYC) first conference of one of its new divisions, the National Institute for Early Childhood Professional Development. The Institute's primary goal is to improve the quality of early childhood services by improving the quality of professional preparation and training provided for individuals working with young children from birth through age eight (Bredekamp, 1991). Research (Bredekamp, 1987; DeBord, 1993; Jones & Meisels, 1987; Ruopp, Travers, Glantz, Coelen & Smith, 1979) has clearly shown that the quality of early childhood services is positively affected by the quality of

preparation and training the provider has received.

Providers trained specifically in child development are more likely to plan care based on developmental expectations and appropriate behaviors for children than untrained providers. As I participated in this conference, I was confronted with some of the realities of the field of early childhood education as a whole. Two of those realities have motivated the direction of this study. First, the most commonly used form of day care today is the family day care home and second, the majority of family day care providers have little or no specialized training (Nelson, 1990).

Experience, knowledge and concern involving training and its known positive effects on quality (Howes, 1983; Ruopp et al., 1979; Whitebook, 1984), naturally motivated me to study family day care providers and their practices and beliefs regarding training.

Family Day Care

Family day care is child care provided in the provider's home. Much of today's child care is provided by family day cares, accounting for the primary daily location of approximately 40% of children under the age of one, 38% of children aged one or two, and 15% of full-time care for children between the ages of three and five. All together as many as 5.1 million children may be cared for in this

setting (Nelson, 1990). The Ad Hoc Day Care Coalition (1985) predicts that by the year 2000, four out of every five American infants under the age of one year will have a mother in the labor force. If current trends persist, the majority of these infants will be cared for by family day care providers.

Due to the fact that family day care can take place in anyone's home and typically takes less than ten children, family day care homes suit rural or sparsely populated areas well where there are too few children or distances are too great to begin center-based programs. Even in areas where this is not a factor, parents may appreciate the warmth and informality of a home setting as well as more flexible hours, location convenience and the affordability which family day care homes can provide (Kontos et al., 1987).

Professional Development

The professional development of child care workers is increasingly a topic of interest among many early education experts and child care policy makers. Interest has been prompted by research evidence on the relationship of formal training to the quality of child care environments (Howes, 1983; Powell & Stremmel, 1989; Ruopp et al., 1979; Whitebook, 1984). Seventy-five thousand plus members of the National Association for the Education of Young Children

(NAEYC) are striving towards providing quality care for children in a wide variety of programs. NAEYC's primary goals are to improve professional practice in early childhood care and education, and to build public understanding and support for high quality early childhood programs (Hofferth, Brayfield, Deich, & Holcomb, 1991). The increasing need for high quality child care has caused community leaders, educators, licensors, and child care providers to become more concerned about the importance of well-qualified personnel to staff child care programs and family day care homes (Brown, Costley, & Morgan, 1990).

The typical family day care provider has a high school diploma and little specialized training in early childhood education, child development, and/or special education (Abbot-Shim & Kaufman, 1986; Bryant, Harris & Newton, 1980; Eheart & Leavitt, 1986; Emlen, Donoghue, & La Forge, 1971; Fisher, 1989; Kontos, 1992; Moss, 1987; Rosenthal, 1988; Stallings, 1981). Singer (1980) found that out of nearly eight hundred providers from three different geographical regions, the highest level of education for the majority of providers (57%) was a high school diploma, while 19% had an eighth grade education. Knowing how training and additional education affects the quality of programs, the information regarding the training/educational level of providers reinforces the need for a study in this area.

The Dilemma

Family day cares are caring for the children of many of today's families, with more than five million children being cared for in such settings on a regular basis (Nelson, 1990). Schuster (1992) indicates that twice as many parents use family day care as use center-based care for infants and toddlers. Montana is no different than the rest of the nation. According to the Montana Resource and Referral Network's 1991 Annual Report (Bailey & Warford, 1992), the family day care provider is the most requested type of provider in the state. Family day cares are not only the most requested, but they also constitute the most facilities. There are 817 registered family day care facilities as compared to 166 licensed center facilities (Montana Market Rate Survey, 1993). The demand and desire for family day care facilities along with the fact that Montana family day care providers are not presently required to attend training, aroused my interest and concern. Large numbers of children are being cared for by people with little or no training (Brown et al., 1990; Nelson, 1990). Not only are family day care providers not required to receive training but research (Eheart & Leavitt, 1986; Kontos, 1992) suggests that some providers are not interested in training and feel there is not a need. Why? What is the reasoning behind these feelings and beliefs?

Are there approaches to training that would change this attitude?

Practices and Beliefs

What determines providers' decisions regarding their practices and the development of a program for young children? How do these decisions affect what happens daily in a program? To better understand what determines day care providers' decisions in how they run their program, it is necessary to understand what they think is important or unimportant. Through the use of interviews and observations, providers' beliefs can then be compared to actual practice. Research (Isenberg, 1990) on teachers' practices and beliefs indicates that inconsistencies often exist between the two. Inconsistencies need to be identified so that providers can be supported in reflecting upon and analyzing their beliefs as they relate to actual practices. Regardless of the amount of training a provider has received, issues of consistency and inconsistency between practices and beliefs is vital to this study and to understanding the direction needed to be taken to improve the quality of programs.

Summary

The National Institute for Early Childhood Professional Development is working to achieve an articulated professional development system for early childhood education. The Institute is working towards building a conceptual framework for an "all-encompassing" professional development system (Bredekamp & Willer, 1992). Family day care providers are obviously a large part of the early childhood system, both in numbers of programs available and parents' interest in this type of care. Family day care providers are playing a major role nationally, as well as in the state of Montana, in the provision of care for young children. If the continuous underlying goal of providing quality care for young children in all programs is to be accomplished, trained family day care providers are going to have to be included in this system. The feeling of resistance to this participation (Wattenberg, 1977), and the complex triad of providers, training, and quality needs to be explored. Wattenberg (1977) found that novices (newly-licensed) were the least interested in training. This disinterest was thought to possibly be due to the uncertainty of their commitment and an unwillingness to participate in training opportunities which were perceived as demanding. Finding out about the practices and beliefs, and barriers towards training by providers is necessary if

the goal of quality care is to be accomplished.

Research Questions

A major deterrent to planning training and support systems has been the dearth of knowledge about the identity of the providers and their needs and preferences in training opportunities. Specific knowledge of this population is, of course indispensable to training and support strategies. (Wattenberg, 1977, p. 213)

Research clearly indicates a lack of knowledge concerning providers' beliefs regarding training issues. The purpose of this study, therefore, is to talk face-to-face with local family day care home providers, gathering critical information about their attitudes, opinions and beliefs about training. Rather than asking directly for each provider to state her philosophy about the nature of providing care and where training does or does not fit in, a series of indirect questions were developed which would tap case knowledge (See Appendix C). The interview agenda progresses from indirect to direct questions, thus utilizing the assumption that the most valid and least reactive data are those related to the purpose of the study but are expressed in the provider's own words (Smith & Shephard, 1988). Following are the broad areas that will be addressed.

1. What do family day care providers think they need to know in order to work with young children?
2. Is there a need for training for family day care providers? Why/why not?
3. Are providers' practices and beliefs consistent or inconsistent?
4. What topics should be included in training and who should implement the training program?

CHAPTER 2

LITERATURE REVIEW

Introduction

Research focusing on family day care providers is a fairly recent phenomenon. However, as more and more children enter family day care homes, the need for continued research is apparent. For example, current research (Kontos, 1992; Modigliani, 1991; Nelson, 1990) is only beginning to describe the practices and beliefs of the providers. Research regarding what guides the direction of a provider as far as individual programs, where training does or does not fit, and what is actually occurring in family day care homes becomes more and more important as the push for quality programs continues to gain momentum locally as well as nationally.

Recent research (Kontos, 1992; Modigliani, 1991; Nelson, 1990) is only beginning to suggest the importance of provider training and education to the development of young children. The "effects" of training on the quality of care will first be addressed to put the training/quality issue into perspective. Then, three areas of training issues that have been identified based upon family day care research will be addressed. These areas include: a) what

providers think they need to know to work effectively with young children, b) if there is a need for training, and c) are providers' practices and beliefs consistent or inconsistent? These three areas relate directly to the questions posed in this study.

Developmentally Appropriate Practice:

A Component of Quality Care

Providing quality care for all young children has become of great interest to early childhood professionals, parents and legislators today because more and more children are spending time in care outside of the home. Standards for quality care for children, birth through age eight have been developed by the nation's leading early childhood organization, NAEYC (Bredekamp, 1987). These standards are referred to as developmentally appropriate practice (DAP). DAP consists of specific guidelines for everyone working with young children regardless of the type of program.

DAP is defined as practice that is appropriate to both the age of the child and the individual child (Bredekamp, 1987). Age appropriate practice is based upon knowledge of how children ages birth through age eight typically develop. This knowledge is used to provide guidelines for setting up the environment and for appropriate learning experiences for the children being served in early childhood programs. The

individual component of DAP involves the teacher's ability to look at each child in the program as an individual. Each child has an individual process of development and growth, personality, style of learning and background experience. This knowledge is used to implement active, learning experiences specific to the provider's group of children.

DAP utilizes knowledge of development for children of specific ages in conjunction with understanding and acknowledging individual differences in the children to create the most appropriate program possible for young children. NAEYC has developed guidelines to assist teachers in their ability to offer developmentally appropriate programs (Bredekamp, 1987). These include specific guidelines for curriculum, adult-child interaction, relations between the home and program, and developmental evaluations of children ages birth through age eight.

Program quality is determined by teachers' knowledge of, and ability to apply developmentally appropriate practice, and the ability to meet age appropriate as well as individual needs of children (Bredekamp, 1987). Thus, it is crucial that individuals who care for young children are adequately trained for their roles. Family day care homes have a unique advantage of incorporating developmentally appropriate practice into the homes because of the small number of children present (Modigliani, 1991). Also, family day care home providers typically care for a mixed-age group

of children. This necessitates the provider's knowledge of how children of different ages grow and develop over a span of several years. In the state of Montana, a registered family day care home provides care for three to six children, with no more than three children under two years of age. This number includes the provider's own children who are less than six years of age (Montana Department of Family Services, 1992).

Provider Practices and Behavior

Studies (Howes, 1983; McCartney, Scarr, Phillips, Grajeck, & Schwarts, 1982; Vandell & Powers, 1983) have consistently found that providers with specialized training in child development have been more interactive, helpful, talkative, playful, positive, and affectionate in their interactions with preschool children. The 1989 National Child Care Staffing Study (NCCSS) of 227 metropolitan child care centers found that the amount of formal education obtained by a provider was the strongest predictor of appropriate provider behavior. For example, providers who attended training were teaching and assisting the children more, providing dramatic play experiences and utilizing fewer activities that did not involve interaction with children (Snider & Fu, 1990). The National Day Care Home Study (NDCHS) involved interviews of providers and

observations of 303 day care homes. This study found that the effects of training on provider competence were strong and positive. The outcome of the NDCHS supported the belief that an investment in caregiver training can positively influence caregivers' interactions with children. Thus, quality of the family day care environment can be enhanced by provider training (Divine-Hawkins, 1981).

The NCCSS (Whitebook, Howes & Phillips, 1989) studied how teachers and their working conditions affected the caliber of 227 center-based programs. Although the NCCSS focused on center-based programs, the findings are extremely relevant to this study. The NCCSS found that the education of child care teaching staff was an essential determinant of the quality of services children received. The educational level or the amount of training a child care worker receives affects children regardless of the type of setting. A recommendation from the NCCSS study was the promotion of formal education and training opportunities for all child care teachers. The purpose of training would be to improve the teachers' ability to interact effectively with children and to create developmentally appropriate programs. In the NCCSS, teachers provided more sensitive and appropriate caregiving if they completed more years of formal education and received early childhood training at the college level. The amount of formal education was the strongest predictor of appropriate teacher behavior.

Fischer's (1989) study of California family day care providers found that three variables together explained 70% of the variance in child care quality: training, affiliation with support groups, and years of schooling. Early childhood training was the best predictor of quality, alone explaining more than 50% of the variance. Similarly, Bollin (1990) reported a significant correlation between family day care provider training and quality of care. Research clearly suggests that a positive relationship exists between the provider's level of education and training in early childhood development and the quality of child care provided.

What is Needed to Work with Young Children:

Providers' Reports

In 1981, the NDCHS (Divine-Hawkins, 1981) reported that many caregivers believed that raising a family provided them with most of the skills necessary to be involved in family day care. Eight years later and consistent with that finding, Fischer (1989) found that caregivers were most likely to name their experiences as parent, grandparent, or sibling as the best preparation for their job in family day care (42%) and were less likely to name formal training as the best preparation (19.5%). These data suggest that many caregivers believe that work in family day care is akin to

mothering; a matter of natural dispositions and intuition rather than formal training.

Mothering

Nelson's (1990) ethnographic study of 86 family day care providers in Vermont described one family day care provider's response to child care: "The strongest child care providers are those who have raised children. They have the experience of what works and what doesn't" (p.89). Nelson also found that many of the providers she interviewed mocked the idea that anything else (other than mothering) was unnecessary, and that they were particularly scornful of the notion that book learning or formal training was preferable to experiential learning.

Eheart and Leavitt (1989) conducted a study which involved observations as well as interviews with family day care providers to gain insight into how providers perceived and implemented their caregiving practices. The researchers suggested that although well-intended, providers lacked the training vital to modify their interpretations of mothering for application to their groups of children. Providers also lacked the skills necessary to connect their intentions with practices. For example, intended practices included providing love, attention and ensured happiness by allowing the children to play freely for most of the day. Upon observations, the researchers noted favoritism, neglect,

lack of empathy, threats of punishment, unaccessible toys, insufficient number of toys, as well as a lack of a variety of appropriate play materials for the varying ages of children in the groups.

Many providers frequently (although not universally) viewed their mothering experiences as sufficient preparation for being involved in family day care, and a substantial number had no desire for training (Kontos, 1992). Many providers like to respond to children's play more than to plan a curriculum. They feel it is a more natural way to be with children. These same providers often say they don't want to be teachers. Trainers can gradually help them come to see that they truly are teachers.

Many providers approach the work of family child care from the prospective of mothering. They may trust their own experience more than any expert or book. They know that their work is unique and they tend to be suspicious of training that is derived from a center-based perspective, or from a university perspective. To make matters worse, many "outsiders" (trainers) such as university faculty or center-based staff, consciously or unconsciously do actually put down family child care (Modigliani, 1992). Comparisons of the value of family child care versus center-based care, and comments regarding wanting to help providers learn the right way to interact with children are two examples of put-downs which can occur. Eventually, non-provider trainers often

express their negative feelings and alienate the providers they are intending to assist.

A Need for Training?

Providers' Practices and Beliefs

Kontos (1992) reviewed research regarding providers' attitudes towards training and found that there appear to be a substantial number of caregivers for whom training is a low priority. One study (Eheart & Leavitt, 1986) reported that 52% of the caregivers did not want training of any kind. This finding is consistent with Peters' (1972) study in which less than half of the caregivers (approximately 40%) were interested in training. Eheart and Leavitt (1986), utilizing a survey, found that, when asked about topics for training in child care, 61% of the providers responded to "Not interested/don't know." Another interesting point to come out of the study was that 50% of the providers responded that their commitment to work was one to five years, and 38.4% responded to "permanent" commitment to work. When asked about previous training, 65% responded "no training", and when asked for methods suggested for implementing training, 52% responded "no response."

Nelson's (1990) ethnographic study involving interviews and surveys of providers in Vermont found that when asked

why they don't participate in conferences, providers stated that they do not believe they personally need training. In fact, providers often suggest they believe training is important "for others." Thus, the issue of how best to involve family day care providers in training activities is a crucial one (Kontos, 1992).

A personal observation of the Home Survey (Eheart & Leavitt, 1986) is that when asked questions regarding training, the highest percentage of responses were the "No response, not interested/don't know, and the don't know/no response." I see this as strong support for conducting qualitative research in this area. A face-to-face interview strongly increases the chances of these questions being answered. The Home Survey and Nelson's (1990) study supports the need for further research regarding "how to" involve providers in training activities and delving further into the barriers of resistance.

Practices and Beliefs

Much has been said throughout this document about the need for quality and why it has become such an important issue in today's early childhood programs. Many training programs have been developed for providers, focusing on actual practice. What has not been looked at in much detail is how beliefs fit or do not fit into that practice.

Knowledge of what providers' believe to be important and what they believe not to be important will help to understand what guides actual practice. Research (Isenberg, 1990; Pajares, 1992) on teacher thinking indicates that inconsistencies often exist between teachers' practices and beliefs.

Charlesworth et al. (1991) first studied teachers' beliefs and practices utilizing a questionnaire which was designed from the NAEYC guidelines for developmentally appropriate practice for 4 and 5 year-olds. The questionnaire was then revised slightly for the 1993 study. Two hundred and four questionnaires were returned from kindergarten teachers in a medium sized southern city. Twenty classrooms were selected for observations by two or more independent observers using an observational checklist for rating Developmentally Appropriate Practice in Kindergarten Classrooms. Consistent with previous studies (e.g., Hatch & Freeman, 1988; Hitz & Wright, 1988), developmentally appropriate practices as professed was greater than what was actually reflected through reported activities and observed classroom behavior (Bryant et al., 1991; Oakes & Caruso, 1990).

Spodek (1988) reviewed research on the implicit theories of early childhood teachers, also called constructs or belief systems. These include the thought processes and the conceptions that drive these processes in teaching. He

found that even teachers working with the same age level, with similar background training and in the same school may have different implicit theories which govern their practices. Verma and Peters (1975) developed a beliefs rating scale and a practices observation form. Thirty-eight day care providers from a variety of programs responded. Two of the 38 teachers implemented practices that were consistent with their beliefs.

Summary

Reflection upon studies and personal experiences has led the researcher to the importance of incorporating the investigation of practices and beliefs into the content of the study. A review of family day care literature has shown that many training programs have been developed in the last several years. Research has also shown that many providers continue to resist training that is available. Family day care training accomplishes nothing if no one attends. Family day providers have specific constraints and training needs. Providers caring for young children need to be supported with learning opportunities that are developmentally appropriate, just as children need developmentally appropriate programs. This in turn will benefit children in the long run. Further research is needed about the needs and preferences of providers. A

better understanding of family providers' practices and beliefs will provide valuable information and implications for training programs.

CHAPTER 3

METHODOLOGY

Introduction

This chapter describes the methods and procedures which were used to investigate family day care providers' practices and beliefs regarding providing care and the role that early childhood training plays in their practice. The aspects of the study discussed in this section include the research approach, gaining access, the family day care providers, the setting, the time frame, data collection including interviews and observations and data analysis.

The Research Approach

In order to understand providers' practices, beliefs, feelings, and barriers to training, I first needed to understand the framework within which family day care providers interpreted their environment. The information that I was interested in could best be obtained through conversations with providers who participate in caring for young children in their homes on a daily basis. The opportunity for freedom of expression, clarification, and expansion of ideas was vital to understanding family day

care providers' beliefs and feelings towards training. Therefore, interviews and observations were used to generate the descriptive data for this study.

Gaining Access

Initial contact with the participants for the study was made through a representative from a local child care agency which provides a required orientation session and additional training opportunities for registered family day care providers. The representative called newly registered family day care providers asking for their participation in a graduate student's study regarding family day care providers and their perspectives. They were told that their participation would involve an approximately hour long interview and an hour long observation of their program. Upon agreement to participate, appointments were then set up over the telephone by the researcher for the initial interview (see Appendix A). Each provider who was called was very open to participating in the study. All of the interviews were conducted within one week after the phone call was made by the researcher.

The Family Day Care Providers

The criterion used to select the providers for this study was that they had provided family day care for a year or less. For the purpose of this study, I focused on "novice" (newly-licensed) providers as defined by Wattenberg (1977). I chose novices for two reasons. First, as mentioned earlier, this group has been found to be the least interested in training (Eheart & Leavitt, 1986; Wattenberg, 1977). Second, I have a strong interest in "newcomers" to the field of early childhood education because this is where most of my supervisory experience lies.

In the Fall of 1993, I did a pilot study with two providers. The purpose of this study was to provide the researcher with some practice implementing qualitative research and to fine-tune my interview questions. At this time, I was given a list of ten providers. When I began my actual study in January 1994, I went back to the list of ten providers to arrange interviews and observations. What I found was that out of the ten providers' names given to me in the fall, only two were still providing care five months later. I called the local child care referral agency and received the names of eight more newly-licensed providers. After talking with these providers, I found that three of them had actually been providing care ranging from three to ten years. Wanting to remain consistent with my original

criterion of using providers within their first year of providing care, I chose the remaining five providers for the participants of the study.

One of the providers interviewed invited me to attend a provider support group in her home. Providers in Alger County had come up with the idea of support group meetings for providers who lived in the same area. The purpose of the support group was described as "an opportunity to talk, complain, vent or whatever" with other providers. This was the provider's first attempt at "hostessing" a support group. She asked if I would like to ask the providers any questions or if there was anything specific I wanted to hear about. I declined, saying that I would rather hear what was on the minds of the providers. I accepted the invitation and saw it as an opportunity to gather further information into the lives of family day care providers.

Agency Representatives

In addition to the five providers, two representatives from the local child care agency were interviewed. The agency provides the family day care orientation required for newly registered providers and other optional training sessions. The agency came up several times during each of the interviews with the providers. When I realized the impact and influence the agency had on the lives of the

providers, I decided to interview two representatives. I wanted to find out their perceptions of the providers' attitudes toward the orientation and training opportunities they offered.

Qualitative research involves a purposeful selection of people to study, not a randomized sample. The goal is to go directly to the source and talk to people who can discuss the issues (Guba & Lincoln, 1987). There are no rules for sample size. In qualitative research, the researcher is looking more for quality than quantity, more for the depth and richness of information than the volume (Bogden & Biklen, 1982; Erlandson et al., 1993; Patton, 1990)

The Setting

All of the interviews took place in the kitchens or living rooms of the participants' homes in a small town in Montana, pseudonymous Alger County. Interviews were conducted during mornings, afternoons and up to ten o'clock in the evening. The interviews with the agency representatives took place at the Agency. All provider observations took place in the afternoons, at the provider's request. The homes ranged from meticulously clean, neat and toy free to toy-filled rooms with spilt food-covered floors. Most of the providers were utilizing a small space which included using every room in their home for child care.

Time Frame

Including the pilot study, the interviews, observations, and collection and analysis of data took place during the months of September 1993 through June 1994. The interviews took place during the month of March followed by a one-hour observation of each of the homes. After all of the interviews and observations of the providers had been completed and the data had started to be analyzed, the researcher added two more interviews to her study in May. Two representatives from the Agency were interviewed. The new participants added another valuable perspective in understanding the issue of providers and training, that of trainers. This extended the data collection process.

Data Collection

Qualitative data was collected from interviews, observations, contracts (information packets which are given to parents containing information such as times, holidays, expectations of children and their families, examples of activities and experiences to be provided, and program philosophy), a support group and a "researcher's journal" (a place to keep my thoughts, questions and frustrations that occurred during the research process).

Interviews

At the beginning of each interview, each provider was reintroduced to the purpose of the study and details regarding her rights as the interviewee (see Appendix B). A semi-structured interview (see Appendix C) was utilized at the family day care providers' location of preference.

In qualitative case study research, the main purpose of the interview is to obtain special kinds of information. The researcher wants to find out what is "in and on someone's mind." Interviewing for qualitative case study research often uses a more open-ended and less structured interview. Less structured formats assume that individual respondents define the world in unique ways. The purpose of the interview is to obtain the perspective of the people being interviewed rather than putting ideas in their mind (Merriam, 1988).

As the researcher and research instrument (Bogden & Biklen, 1982; Erlandson et al., 1993; Patton, 1990), I was able to respond to both the provider and the environment at the same time. During the interviews, I had the opportunity to observe the providers' body language, gestures and physical responses to questions, home, as well as the interactions with children and families. I was also able to process the data simultaneously, having opportunities for clarification and summarization, and having the opportunity to explore responses from the providers who have special

expertise and unique perceptions or roles (Guba & Lincoln, 1987).

I had learned during my pilot study that it was impossible for me to take detailed notes of the providers' responses as I talked with them during the interviews. I found this to be distracting for some of the providers as well as difficult for myself. I chose to use a miniature tape recorder, with all of the providers' consent, and to jot down brief notes on a notepad.

Observations

Observations of the providers' homes were arranged during the closure of the interview. The providers were asked for an approximately one hour long observation of their family day care homes. Observations of their programs would allow the researcher to observe the consistencies and/or inconsistencies of the beliefs obtained during the interviews to the providers' actual practices.

Although each of the providers agreed to the observations, several of them were a little hesitant and asked what I wanted to see. I told them that I wanted to see what a typical day looked like in a family day care home. Each of the providers requested that I come later in the afternoon when the children would be "gearing down." I wanted the providers to be comfortable and agreed to whatever time was the most convenient for them.

I had also learned from my pilot study that it was important to go into an observation with some structure. It is easy to be overwhelmed with all of the things that happen when there are up to six children and an adult in a confined space all interacting with each other. I chose to specifically observe for examples of professed skills (taken from the interviews) needed to work successfully with young children and how the hour was spent by the children and the provider. My goal was to keep in mind the data gathered in the interviews and to focus on the relationships between the providers' beliefs and practices. Written notes describing the environment, experiences available for the children and interactions which applied to the research questions were written in my notebook as I observed.

Managing the Data

All of the interviews were transcribed onto a word processor. The first three interviews were transcribed manually using the miniature cassette player. This was so difficult that when a transcriber machine became available, the process became much more efficient and much less time consuming. The transcriptions averaged four hours per interview, and sixteen pages in length.

Each observation averaged eight typed pages which were copied out of the researcher's notebook. The data grew and grew. Transferring the information from the cassettes and

notepad to a word processor was one more chance for me to interact with the data. In addition, I listened to each interview directly following the interview session, prior to the observations and several more times in the evenings. At this point, I started working for the most part from my transcriptions.

Data Analysis

The constant comparative method (Glaser & Strauss, 1967) was used to analyze the data. The steps involved in this method, as paraphrased from Bogdan and Biklen (1982), are presented below.

1. Initiate data collection. In the present study this involved interviews and observations followed by data organization procedures. This organization included adding clarifications and reflections orally onto the tapes and to my journal, interview notes, observation notes, documents (provider contracts), and the physical task of sorting data by source, subject and data.

2. Look for major issues, patterns or events which become categories for focus. During the data collection period, the interview questions became the headings under which the data from all of the participants was put together. Potential categories for focus were recorded in the margins of the interview and observation notes as well

as on the computer. Gathered data were color coded according to the category the given segments represented. Some patterns were identified rather early in the process as I listened to similar responses to the interview questions. For example, the providers all expressed that the reason they entered child care was so they could stay at home with their own children and bring in some money at the same time. Entering child care was not a planned career choice.

3. Collect additional data. This was undertaken during the observations. In addition to obtaining observations of the providers' practices and beliefs, this time was also used to ask additional questions. These were questions which emerged during the initial data analysis. The observations were an ideal time to discuss areas further with the providers and allowed for further clarification. Additional data were from two child care agency representatives. They answered questions and added a new level of understanding to the study.

4. Write about the categories being investigated. This occurred in an informal way during data collection. Categories were described in outline form under the interview questions headings and lists were made of the location of the category examples throughout the data. Extensive descriptive and interpretative writing did not occur until after data collection was completed.

5. Continue to examine incoming and existing data. A

major re-examination of the data occurred after data collection was completed. By this point, a decision had been made to emphasize a description of providers' perceptions of the need for training. Therefore, all data involving providers' perceptions, including interviews and observations, were re-examined. The data were scanned for commonalities. Data which supported and strengthened each commonality became categories. Having all of the information on the word processor made the overflowing pages of data workable.

As the sole researcher, specific steps were taken to establish the credibility of the categories. Peer debriefing (Erlandson, et al., 1993) was utilized throughout the study. Two colleagues were called upon on several occasions throughout the study to listen to the researcher's ideas and concerns. Additional debriefing took place with other individuals on a more informal level, in supermarkets, over the phone, in restaurants and so forth. This allowed the researcher to think aloud and explore various categories while the peer debriefers asked probing questions and provided alternative explanations.

Informal member checking (Lincoln & Guba, 1985) was also conducted to establish credibility. Informal member checking occurred throughout and at the end of each interview by summarizing the data and allowing the

participants to immediately correct or challenge interpretations. Informal member checking also occurred at the time of the observations. At this time, the researcher was able to verify interpretations and data gathered in the earlier interviews. Thick description of the providers' reports, kept completely in their own words, is the final attempt to limit the possible biases of the researcher. Numerous providers' perspectives from which the categories emerged are provided for the reader.

Summary

Qualitative research techniques were used in this study to describe the perspectives of family day care providers regarding the need and interest in training, as well as to look at their practices and beliefs. Multiple data sources and methods of data collection were employed to allow broad coverage of the topic, and to permit triangulation of results. The methods utilized included formal and informal interviewing, gathering documents, journal keeping, and collecting different points of view (providers' and agency representatives). Triangulation enhances the scope, density, and clarity of constructs developed during the study and assists in correcting biases that occur when the researcher is the only observer of the phenomenon being studied (Glaser & Strauss, 1967). The methods above, plus

other procedures and features including the research approach, gaining access, the family day care providers, the setting, the time frame, and data collection were described in this chapter.

CHAPTER 4

INDIVIDUAL PHENOMENAL DESCRIPTIONS

Introduction

In this chapter I will describe family day care providers' perspectives utilizing excerpts from interviews, observations, and the provider support group. In addition, I will describe the interviews with two representatives from the Agency and my attendance at a provider support group. Dimensions of providers' and Agency representatives' perceptions will be described using headings supported by data. The chapter begins with an introductory section describing how the providers got into family day care and then moves to specific areas related directly to the questions posed in the study.

Entering Family Day Care

The providers were asked to describe why they chose to enter family day care. For each of the Alger County providers, the reason was to stay at home with their own children, to make some money while doing so, and to provide their children with playmates.

Providers' Perspectives

Jessica: I have two sets of kids. We moved here in July and I kind of think my 7 year old suffered because we didn't know anybody, you know, as far as, I think it's real important for social, you know, interaction. I knew when the kids went to school, my 2 year-old would be just lost. So, I thought, well, maybe I would take one in because I'm a medical assistant and I wanted to be home with my little ones, because I was home with my other two. So I thought about it and stuff and then found out to take one in, beings I had two, I had to be licensed and everything. So I figured, well, if I'm going to be licensed I may as well take a few more. And that's basically why I got into it because I wanted to be home with mine, and I wanted them to have someone to play with.

Jackie: When she was first born I took care of her during the summer and then I worked at Bridger, she didn't go into a big day care very well, she had a very hard time adjusting. My daughter had a baby so I was taking care of both of them. I just decided to take care of babies. Not that day cares aren't good, they are good.

Amy: Well, probably having my own, my own child brought me into it. So um, that's probably pretty much what brought me into it, having Jenny and wanting playmates and stuff for her.

Shirley: I had a regular job until a month before I had him. I just couldn't stand the thought of leaving him. So, I just stayed at home. I didn't know anybody and he didn't have any little friends to play with. So I thought I'd take in a little child. So I got a little girl. He played with her. I didn't really think of it as daycare. It was just the three of us and then my daughter came along. Then my husband got a lower paying job. Then I really wanted to stay at home. When we moved into this house it was perfect. Lots and lots of room. And actually I took care of a few kids for a couple of months and then I got registered. And it's great.

Bonny: The primary reason is that, John and Sue are mine. That's my primary reason. I had to go back to work with Joanne, she's almost 17, 3 months after she was born. And if there was any way that I was going to stay home with these babies, I was going to do it. I love kids, so the whole thing just fit into a perfect plan for me, I'm hoping. So far it's wonderful. Now

I'm home with the babies, I wouldn't have done it with Joanne either, except that I had a fabulous job and daycare didn't even occur to me. Not even. But it would have been a way, had I known back then. It's affordable too. It's a lucrative job, done right. It's a lucrative job.

Typical Day

I asked the providers to describe what a typical day looked like, how each provider spent her time, and how the children spent their day. I received a variety of responses ranging from not having a schedule to having the whole day scheduled out before the children arrive. Each provider made a point to say that she does have flexible schedules and that days are pretty unstructured. The Agency asks that providers provide parents with daily schedules. One of the providers had a schedule posted and the others did not have a copy to share. It was stated by four of the providers that the schedule was for the parents and the Agency, but seldom followed:

Jessica: Well I have a schedule, but we don't always fit the schedule, because I kind of go with the kids.

Jackie: We don't like real rigid things.

Amy: Let them be kids, do what they want. I'm real flexible.

Shirley: I don't have any set time for anything. If they sleep all afternoon, they sleep. I really am big on letting the kids do what they need to do. If they need to go to bed at 1:00, then they're in bed at 1:00.

Bonny: It's flexible.

Daily Events

Much of what the providers do daily is mentioned similarly across providers. Variety and diversity in this area are obviously present.

Jessica: I treat them sometime to a video. They don't have a lot of TV, other than Barney in the morning. When we do TV, I have a Video Smarts, it's called. It's got ABC's and shapes, Teaching Teddy. So that's kind of been a little routine 8:00 to 8:30 they watch Barney. And then we read, we do puzzles, we work on our numbers and letters, which aren't going very good. We do blocks. We have music, dress up, we brush their teeth. We work with letters and...we do naps. And usually, we have snack after the afterschoolers get here, and then I try to have some time when they can go out and play. Dress up, we have a beauty shop box for pretend. And that type of stuff, a lot of house-hold things. You know, I like to give them real life experiences, like the cooking. And if I maybe need to do a load of laundry, they like to help take it out of the dryer and help fold it. And after lunch I have a little, tiny dustpan and broom. They take turns sweeping up after lunch. They kind of think that's fun. And if I'm going to dust or something. Or if they say I want to clean, I have a bag over there, I cut up my old towels. I just wet it with water and let them wash the walls or whatever they want to do.

Jackie: They are learning their social skills. It's breakfast time, then clean up time, we try to go outside in the morning, and we go outside until lunch time, it kind of depends on how hungry they are. We have a wagon, the end of the day, like from lunch I kind of like to wind them down a little, before their parents get here. My son can take them for a walk. Occasionally if it's really bad weather they like to paint with pudding.

Shirley: If it's not preschool, it's coloring. Or I've got a whole bunch of videos on like, caring, or not caring, but sharing, honesty stuff, little puppet shows. And then after naps, I usually let them watch, like Lambchop or Barney. And we have a snack. And then about 4:30 we usually start some other kind of preschool project, or coloring, cutting, pasting, craft, whatever.

Ages and Number of Children

The providers interviewed each have a different story as far as the number of children they care for in a week and the age range of children with whom they are working. Each provider was asked how many children were cared for in their home and their ages. Knowing the providers' names along with data regarding the children, allows the reader to become more deeply involved in the lives specific to the individual providers as the study is read.

Providers' Perspectives

Jessica: I have 4. I have 3 part timers, I have a full timer, and then I have an overlap. You can have two overlap children, like 3 hours or less period of time. And then you can still have, you can be full and still have two overlaps as long as it's ok'd by the Dept. of Family Services. The ages are from one to nine. It's trying sometimes to do something that they all enjoy, you know, sometimes it's hard.

Jackie: I have an infant family day care home. I can only have 4 infants, up to 24 months. One that is 7 months, one that is 18 months, 20 months, and one that is 22 months.

Amy: I actually have seven all together, but they don't come in at the same time. My age range, not counting my own is a year to a 5 year-old. The oldest I had been working with had been two, then I jumped to five.

Shirley: Including my two, nine to ten. My youngest right now is 8 months. He's here Tuesday afternoons. And I have a little girl who's 6, she's going to be 7. That's a wide range. Usually I have just the three 2 year-olds, my own and then the baby. That's my norm every day.

Bonny: It's complicated. This little one that I've had 3 or 4 times, she's 6 months. But I just started a 6 month old 2 weeks ago. So he's my littlest. And originally I wasn't going to take in any children under a year. For two reasons, one because they're very time consuming, and it does take away from the other children as far as projects and activities, etc. because they kind of dictate what you're going to do with your time. But now that I'm getting larger and there will be an aide, is the reason I changed my mind on that. The second reason is that I have a real fear of crib death. And that scare goes through a year old. So I decided I wasn't going to deal with that fear. The oldest that I've had is 4. I've had a six before and an after school child that was 6 also. But 4 full time.

The providers are all working with different numbers of children with a fairly wide age range daily. During this portion of the interview, the providers were also asked for the hours of their family day care homes. This ranged from nine hour days, seventeen hour days, to twenty-four hour days on a short term basis (two to three days). Several of the providers offered evening care, two offered weekend care, two offered overnight care, and one provider offered drop-in care.

What Skills are Needed to Work With Young Children?

During the pilot study, I asked the providers to think about the children they were caring for right now and to describe what they needed to know to work successfully with them. After hesitation from each of the providers and sensing that they were uncomfortable with the question, I expanded the question by asking what "skills" they were

drawing upon to work with the children. All of the providers responded with experiences that I am describing as informal (motherhood, babysitting, members of large families), or training experiences. I had to probe to obtain information regarding formal training experiences (workshops, courses, video training). This question continued to be difficult for the five providers in this study. Following are the responses of each participant.

Informal Training

Jessica

Mothering: Well, I think, the things that I've acquired, as far as, since I've been a mother for 9 years. Each child has to be able to, you know, be themselves. And I try to always let them do that. I don't try to make them, you know, be it...if I can let them be themselves. If they're having a bad day, and they're not wanting to be part of the group, that's fine with me. I don't force them to do something. So, as far as understanding children, being a mom.

Sibling: I come from a family of 6 kids. They are older, there's quite a difference in age. I'm the youngest. My oldest brother's like 13 years older than me. I don't know, as far as getting along and stuff, it's probably helped me. Because I'm adaptable as far as, you know, a new child coming in. I have one, when he came the first 2 weeks, I didn't think I was going to make it. But we've struggled through and stuff. And, you know, I've adapted to him and he's adapted to me. And I pretty much think that probably helped me having so many in the house. You had to adapt to each other.

Family Influence: Another thing that probably influenced me is my sister, who's 8 years older than I am. She has a slight heart condition. So they told her it probably wouldn't be good for her to have anymore than her two children. So she's a foster parent. And I would do respite care and stuff for her when I lived in Billings. To see the way those children come, and the problems that they have, and what she did with them and stuff, I think probably

influenced me a lot to choose to be home and do this with the kids. Cause a lot of it, you know, I enjoy the kids. And it gives me an opportunity that I can be with my kids too. I wanted to be able to be home. I don't know, I guess, I come from a pretty close family. My mom, I mean, she had to work quite a bit to take care of us and stuff. And that's who we had was each other basically.

Babysitting: I've been babysitting probably since I was 10. No, since I was 6. I had my niece and nephew, we're only 6 years apart, but I would take care of him and his sister. I've been babysitting ever since my niece was a baby. And I babysat probably for almost every family in our neighborhood when I was younger. Well, surrounding our house I guess and several families down the street. I've been taking care of kids for 22 years.

Jackie

Mothering: I have children of my own. My oldest is 23 and I took care of them. I can go way, way back.

Sibling: I was the oldest of seven siblings.

Church: I was really active in our church. And I had Sunday school classes and volunteer work with physically disabled.

Amy

Mothering: I'm a mom, and I've always been into babysitting and stuff when I was younger so I think I've probably always been the kind of mommy type for kids and stuff. I'm a mom.

Babysitting: Lots from babysitting. Pretty much just babysitting, really. I uh, babysitting and stuff. I can remember experiences babysitting maybe 12 kids at one time and thinking that was because where I lived. It was like a two bedroom apartment. I was really busy. So, I guess maybe that's the only thing I can think of that would get me into this, and want to, you know, bring that into my home.

Investigator: What skills do you find yourself drawing upon when working with the children?

Amy: Um...probably more imagination than anything, because I am a "home" daycare I don't like to have it structured like the day care centers. And that's pretty much with the family and the parents that I talk to, that's what they like too. So, that's pretty much meaning that I let them play with playdough, uh colors, uh a lot of active play by themselves. I do bring things into it, oh like we made that wave in the bottle like you made. I try to bring some activities into it.

so they can motor skills and all that stuff, but a lot of it to me is just letting them be kids. I mean, I guess that's probably because that's how I was brought up. So um...and I talk with the parents and I make sure that that is ok. You know and that's pretty much what they wanted is more of a home type, let them go at their own pace type thing. You know it's funny because I'm gathering from a lot of the people at the daycare centers that it's so structured, especially for the younger kids, now I think it's ok for the older kids, fours and fives, I think it's ok but now for my daughter's age, and stuff, I really want them to be "kids". I don't want it so structured that you know, I just don't want that for my home, so.

Shirley

Mothering: I would never have even considered doing daycare unless I had my own kids. It would never even have occurred to me. But I always knew I would probably never leave my kids anywhere else - I'd probably want to stay home with them. I always loved kids growing up - kids younger than me. I didn't grow up with siblings. So I didn't really know much until my son came along. And that's when I started learning. And I was one of those mom's, you know I had to make sure I knew everything. Scared to death when I came home from the hospital. Who's going to help me take care of this little baby. But we learned a lot. I can really see the difference in taking care of children his age and younger than taking care of kids older than him. Because I don't know exactly how to relate to them. I don't know where they are. It's like with my son. I've learned as he goes. He's five and a half now. And I've learned along with him what stage he's at, what stage he's going through, what to expect at that age, what they're interested in, what toys they want, just things like that. So, it's always been an experience to have a child a little older than him to try to figure out what they like to do and where they're at. I haven't gotten there yet.

I think I'm a fun mom. I like to play, I don't just supervise them. I like to do all the fun things. Like get in the fort and play with them, do dancing with them, or watch a movie with them. Really being with them. Not just in the same house. What do I need? Patience. That's what every good careperson needs is lots of patience, lots of understanding. I guess if I'd lived a hundred years ago when I guess they didn't have private daycare back then, but I probably would have had 8 kids. So I feel like I have a lot to give just of myself, of me. Because I like

me, and I want to share what I think is good in me with all these babies, with all these children.

Bonny

Mothering: I have no formal training in childcare. With the exception of classes I've taken since I've been registered. When I started, it was just my own life skills, my own mothering skills. Seventeen years with Joanne and now the babies. I used to be in construction, but then when parents find out that I have 2 year-old twins, then that helps them realize why I made the transition in my career.

Siblings: I'm the oldest of 7 children, so I reflect on my mom a lot. She did this every day. Every night and every day. (Laughs) And I think, oh man, just really marvel at what she did. Because it was there to do. So you have those days where you go, oh, how did mother do it? I've even asked her on bad days.

(Laughs) Because you don't get the pat on the back that goes with most jobs. Like, you're doing a good job, etc.

Babysitting: Babysitting is a big part of it too. That was my means of spending money from the time I was probably in the 6th grade.

Formal Training

Jessica: I put in, and I'm doing what's called merit pay. I don't know if you've heard of that. You put in for it, and if you're selected, you complete 60 hours of training. You submit a plan of the training you are going to do. Most of what I have are workshops through the Agency. And then you get like a grant. They kind of reimburse you for the classes is what it is. Now they have this video training, which is a lot nicer because you view it at home. It's the equivalent of 50 hours. We view the program and then do an assignment. And we have video magazines that we read that go with it. And then we have discussion groups every other week. We have to do a final project. And I took the infant/toddler CPR, which was about a 6 hour class. And I've taken some food workshops.

Investigator: Are you utilizing any skills that you have obtained from these training experiences?

Jessica: I guess, you know, a lot from the workshops that I went to and stuff. It's helped me to learn, you know, like more creativity stuff for the kids. And the importance of the different areas that you need to address for them. As far as like, social and cultural

and, what else. Like their movement and all that. That they need to, you know, for exploring and growing and just, that makes them, the person that they, you know, grow up to be. So, you want to have lots of stuff to offer them. And I think through the workshops and stuff I've learned a lot of that.

Jackie: You know what I'm finding through training is I'm understanding why I do the things I do. I took some parenting classes when my kids were little. The Agency offers seminars on just about everything. Things like taxes, art and dealing with discipline and they just have a really big variety of things that they touch on. If I ever have any questions, I call and they help me. They have an infant toddler program that is on TV that is available to us.

Amy: Well, I've taken quite a few classes that the Agency has offered. The orientation kind of brought me into that actually - of what they have to offer. I'm constantly looking into books and stuff. You know, more activity wise, you know I want to make sure that the kids are, my biggest concern is them not having fun here and then not wanting to come here. If they don't want to come here then I think they should find someone else. That's why I've decided with books and stuff it's pretty much activity books.

Shirley: The first thing I ever took was in high school. It was a child development class. That gave me a first clue to kids. I wouldn't have known what to expect. And then I had of course babysitting as a teen. But I look back and I think, you know I could have done that a lot better. And then I had my son. Had my children. I guess I would've started when I started getting registered. I went to new providers' orientation. And I consider the food program itself to be formal training. Because it is just so full of formal information. I really appreciate it. It's one of those government programs that I think does a good job. And also because they monitor us. We have to be accountable for what we feed them. It's kind of a pain because it's so much work. It's a lot of planning. You have to sit down and plan your meals very carefully. I've learned a lot personally. I went to a twelve hour class. It was for certification - it was a lot of general knowledge. How to care for kids better, including outdoor environment, nutrition, health and safety, learning environment. It was more or less a checklist, and we went over the checklist. And we'd see if there were things, you know what we could do. And they'd give us ideas. It was through the Agency.

Two people presented it. Right now I'm enrolled in a 40 hour course. One Saturday a month for seven months. It's towards inclusion of special needs children, disabled children, children with learning disabilities, physical and health disabilities. It's through the Agency. I could have taken the 40 hour class for credit, but I didn't because I'm not enrolled in college. I haven't decided what my major will be someday. And there's such a thing as merit pay. It's an award. I think they give a hundred \$250 awards to daycare providers who have put in 60 hours of training toward becoming a better provider. I did want to try to get that, but the deadline was September and I didn't know that. So I'll just work towards it next year. I'll have to start over again. So then this one I'm taking right now will count. That's a little incentive. With the food program, you have to attend one workshop a year.

Bonny: An orientation was mandatory. They give you x amount of time to do that. I don't know what it is, because I took mine even prior to registration, they gave me credit for it. It might be in the first 6 months, first year. And I went to one of the Agency's workshops. I went to the orientation to see if the registration, this kind of a business style was for me. And then got registered. And then I went to, it was actually for a group home, which is what I'm going to become. To learn how to keep employees happy, keep a low turnover employees.

Necessity of Formal Training

The providers all had attended at least the orientation that was required of newly registered providers and most of them had attended additional workshops. The skills that the providers thought were necessary stemmed mostly from parenting skills and babysitting. The providers were then asked if they thought it was necessary to receive more formal training, such as workshops, courses, sessions or seminars in order to work effectively with young children.

Upon reflection of the question, several of the providers described some of the benefits of training and registration. Following are excerpts from the providers who chose to respond to the question.

Providers' Perspective of Training

Jackie: You know, day care is such a major issue. It's so important in today's society, because they are spending all their time in daycare. I see more of their awake time. That's why it is so important that they have a good experience. That it's a good upbringing, other than just babysitting. Other than just sitting and watching. It makes you understand them better, you should sing songs and play games. I think to work with like infants to fives you almost need a degree because you take a really wide range of developmental skills and breakdowns. I see them when they start getting into schooling. The next level takes almost teacher, for what people want, what parents want, what government wants, it almost takes, I feel it takes a teacher.

Investigator: When you say that it takes a teacher, what is your distinction?

Jackie: A teacher, one with early education, kindergarten and preschool, just more formal training, if I were younger...(uncomfortable at this point).

Investigator: Do you see yourself as a teacher?

Jackie: Oh yeah. But I'm uncomfortable with not knowing the older children and what they need. I don't think that I know enough to prepare them for kindergarten and you know that they expect them to know that stuff when they get there. Then they should be training us about that stuff. For those of us who want to work with that age. I don't know how my kids survived, I didn't care what they did or watch them every minute, never had any broken bones or anything. I was a casual mom. I think more about that stuff now.

Amy: I think if you are going to be like in a day care center environment, yeah. Because I think that the people you're bringing in need to have some type of background. And I think if maybe like they go to school or whatever type thing, I think they need to have a background to take care of children. With myself, I guess no, not with myself cause I, I feel like I'm offering what the kids need. If it gets to

the point, like I said, where they're not happy here, then I will definitely go into more training. I'm trying to find different things to do with them.

Investigator: Can you expand on that a little more?

Amy: I think, because you know, when they bring in like the college student? You know the younger people I think that's what's happening with the daycare centers and the people that are helping. Yeah, I do. I think that they need to be trained somewhat. If the person's been a mother for three or four years. That's what I consider probably, you know, some type of background. I just don't think that they should bring somebody in that doesn't know what they're getting into. Whether it be college or, you know, having kids in your own home or whatever.

Shirley: I think for a long period, yes. I think if you were just going to do it for a year, I'd say no. I think if somebody wants to do this for years - stay home with their kids, or work in a daycare center, yeah, I do. Because it's like anything else you do, you're there day in and day out, and you can't see the forest for all the trees. You get to step back and get rejuvenated at classes because you get to meet people, and because you get new knowledge. You get new ideas, new fun things to do, new reasons to keep going and doing it good. And being good at what you are doing. Instead of being some big person who keeps saying no to all these little people, which sometimes happens and you can fall into. Then you go to a class and you have to step back and say I really like doing this. Then you feel better and you're a happier person.

Bonny: You know, I do. Not only because of what you learn. And you do learn a lot. The orientation was wonderful. They had a nurse come in for the health and the safety aspect of it. They had a fireman come in for fire safety. They had a CPA for your tax write off. They had a panel of 5 or 6 existing daycare operators that were in business. One was eight years. They let the audience ask questions, and it was wonderful. It's not only because of what you learn, but it's the interaction of adults to adults.

Providers' Perspectives of Benefits of Registration

Amy: There are some benefits. I guess I look at just the food program alone. Really, that is a big help. They don't realize, I think they do realize, because I mean they wouldn't have it if they didn't. With just

the expense of food alone. I mean actually, I find that the younger kids eat more than the older ones. My younger one is just like, eat eat eat. And that's great, I want them to have a healthy appetite. I never, I mean, you bet, eat as much as you want. But, you know, eat us out of house and home. So that really helps. It really does.

Shirley: Being registered gave me an attitude. My husband didn't understand it at first. He really put me down a lot for wanting to put in all this time and effort for getting registered. First of all, it commands respect. You know, I'm professional. I'm a business. I feel like I'm worth it. I don't feel like I'm a babysitter. I'm a daycare provider. And I work hard for the money. Once I got registered, I felt like I could say, look, you know, I take classes, I spend money to make money. Therefore, pay me. You know, therefore respect me. I'm not just a babysitter. I'm not just, you know, staying at home...to eat bon-bons and sit in front of the T.V. You know, I do my work. And I do it well. It just brought, it gave me an attitude. Because I'm really bad about confrontation. And saying, stop treating me this way! You know, it's hard for me. And so, and I knew it would, it gave me an edge. It gave me a way to say, you know, look I'm a daycare provider. If you don't like it here, then please go somewhere else. But, you know I'm great. I'm great at what I do.

Bonny: Things changed after registration. And a lot of that was because of the orientation program. New daycare orientation. I took that prior to being registered also to see if this is what I wanted to do. And they go over a lot of this. They have a lot of the daycare operators there that have been in business for a lot of years. And they go over a question and answer period and problems. Click, these things don't just happen to me. It's a lot of people in this business.

In summary, four of the providers thought training was necessary when asked. But training was not mentioned in their response to the first part of the question of what they need to know to work with young children. One provider thought that it was not necessary for her as a provider, but that it was for people working in larger day care settings.

The length of time you plan on being in the business also was mentioned as a reason for needing more training. One provider mentioned that she thought it was necessary for people working with a large age difference. During this portion of the interview, several of the providers mentioned specific positive outcomes of training. Getting out and being around other adults, talking to people who do the same thing, and getting ideas were most commonly mentioned.

Topics of Interest for Training

The providers were asked to think about what workshop topics were of interest to them. I was interested in finding out what issues were most on the minds of the providers, believing that the responses to this question would provide insight into the skill levels and interest levels of the Alger County providers studied.

Providers' Perspective

Jessica: Well, I go for a lot of things that might enhance for the kids. Such as arts and crafts, maybe anything that I might be able to bring back and share with my kids. As far as the basics of diapering and cooking, and all that, no thanks. But I do try to offer new things for the kids, keep them interested, give them the chance to grow, have some choices. We all like to do something new. So variety. When I first started, I took some of the workshops for the business side of doing childcare. I'm still trying to get checked out the one on taxes, because the night that workshop was my son's first birthday, so I had to make a sacrifice there.

Jackie: You know the different ages that they get to. I like working with them close in ages. You know so I like to learn all I can learn about infants.

Amy: I'm always open to more activities, because I don't want them to get bored. I'm serious, that's my major one concern for kids is that they come here and that they just dread it. I don't want that. I want them to, it's funny but, most of the kids cry when they have to leave. And that's what I like. I like them to be happy here. It's been fun, you know, see I've been used to a little one and the development stage is from like two in May, to five. But it's been an experience. I guess probably that's why it's been so fun for me. I just try to think of things they can do and be happy with. But they'd rather just run around and play. The girl that's going to be five, she comes and the first thing she does is pull all the magnets off the refrigerator.

Shirley: Right now, I want to get into that Sesame Street Pep. I love Sesame Street. I always have since I can remember watching it. I want to take that and how I can fit that into everyday with preschool. And then there was an art and dance workshop just recently. I think that might have been the end of last semester. That I really, really wanted to take and just couldn't. It was just like, it was too much. There have been a couple of food program workshops. There was one, international foods, that I wanted to take and I couldn't go.

Bonny: When I first started, this was all new to me. I was on the phone six times a day with the Agency, state, health clinic, with all kinds of questions. I call specific resources. The problem comes when they all tell me something different.

Who Should Do the Training?

The providers were asked to state any preferences that they had as to who they like to hear at the workshops. From whom do the providers want to get information?

Providers' Perspective

Jessica: I pick what my interest is. I pick the subject. I don't have a preference because I don't know that many people here. We've seen a lot of different people at orientation. That was informative. It is helpful too, for real life. That's like the videos, we were like, how many people have time for just one child? In the videos they show a provider with just one child. Not realistic. When you go, you often have a lot of other daycare providers there who are experiencing the same thing. And you can talk and get a lot of feedback from them anyway. The ones that are attending the session. We all discuss and contribute. It's not like it's a...class where there's a professor and you just sit and listen to him. It's kind of like, you get involved.

I'm pretty easy going. I'm not real critical of other people. I guess I've seen people that are, and I think, you know, I just don't see any point in it. It's kind of a waste of time to be that way. So, I just go and I get out of it what I get out of it. And I think, if I've learned something, great. And I had two hours away, and I've learned something, and it didn't cost me that much.

Jackie: Someone who's a parent. They don't have the skills of presenting stuff as well, but that's who I would like. I have a real hard time taking information from someone who has absolutely no experience with the child industry. I think that when you start working with child care and children, there's quite a bit of dedication and time put in. Listening to people that are really interested child care, have that knowledge.

Investigator: Do you think the support group format you mentioned earlier is more appealing?

Jackie: Yeah. It's just us. Because you think, the Agency is the referral agency who kind of works with us through DFS. They're the ones who kind of judge us. Like they are really the only ones who could give us any kind of a review. If they visited us. I don't know, maybe they look down on us a little bit. I um, they are really easy to work with, all of them. Every time I go there to any of these things I learn something that I can change and better.

Amy: The person who's been involved in daycare. But actually, like, if they've experienced it, I can relate to them. But if they sit out there, and they haven't experienced what I've experienced with the kids, I feel like I don't connect at all. I feel like, that happened to me even with the orientation. I felt like,

you know, there's some people that have been in the daycare center business for a long time or daycare, whatever, mothers, be it homecare even in the center. And I felt like I could relate with them better than the ones who I felt didn't know that much about it. You know, they were more...if they are hands on, I relate to them better anyway.

Investigator: What kinds of things let you know that presenters did not have first hand experience?

Amy: I guess maybe when they try to, when they stand up there and try tell me how, try to tell me to do something. Instead of saying, hey, this happened to me today, and you know what happened, this kid da da da da da...you know, it was so funny. You know, like that one on one. But if they stand up there and say "Well you will, you should do this, you should have this type of activity too." I don't relate to that.

Investigator: Do you have a preference about the type of child care background the presenter has?

Amy: Family daycare. I've tried center-stuff in my home. I really have. I've tried, okay let's everybody sit down in this big group and sit and read a book. And I just, you know, I mean it does work. But it just, it's not me. I would rather be on one and one. Here, here's your book, you know, da da da da da. And go from child to child. Rather than in a big group. I just, I think the kids, you know, cause they get more if they, oh what's this, and then I'll stop everything. I just would prefer one on one rather than in large groups. And that's probably because that's the kind of daycare provider that I am. And that's maybe why I prefer it, is because that's what I offer my kids. But I do get information from the centers too. I do get a lot of activities and stuff that I think are fun. You know I do. I mean I'm not close minded and shut the door. And I'm not totally against them at all, but I guess I have to be kind of really pushy on my daycare you know. What I offer, rather than the centers. Cause this is what I offer. And you can take your kids here, that's fine. You know, if that's what you prefer. That is your choice. You know, whatever's best for the kid. But this is what I offer.

Shirley: Not to put down people who study this, because I know several people who study it. Say from the University. I know one woman who's really nice. But she is a working mom. She used to stay home and do daycare. I really think that daycare providers, of some sort, should be doing these workshops and stuff. Because I've found that people who...let's say here's the working class daycare providers, and here's the people who learn about it and talk about it and look at

it, but they're never in it, not really in it. And they have a different view. I don't want to say they put us down, but they make the goals seem so high. And you can't reach them in a day, when you're doing dishes and you're wiping bottoms and washing hands and picking up toys. You can't have all these high, high goals.

Formal training is really great...you know like, I can't give you an example. As long as they, it's like, how does somebody put it? Feet of clay, head of... Anyway, it's like keeping grounded in the real world of daycare, and being trained. I think people can be both. If people could...if you could have university faculty, say, give presentations, but if they never spend any real time with all these little people. . . they can theorize all they want and tell us what's good for the child and whatever. But it's the same thing as a working mom. If she's not with her kid all day, then she doesn't understand, you know, what really happens, unless you sit down for an hour and talk about it. You know, unless they stay in that realm sometimes. You know, go to the daycare and work one day a month or something. Stay in that world, I think that's best.

Bonny: I think that if you only learned from books... I'll use this as an example, because I'm just a strong believer in this. Doctors learn from books, and when a woman goes to a male doctor and talks about PMS, or talks about menstrual cramps, you know, it's only something they read in a book that they can try to imagine what it's like. (Laughs) And if you go to a woman doctor, she says, "Sure, I know exactly what you're talking about, and this is what will help." You know, firsthand. It's kind of the same thing as somebody that has not had children, or not been raised around children, learning from a book, having not experienced it. You ask certain questions to the nurse and certain questions to the fireman. I wouldn't ask, necessarily, one of the daycare operators a question that was asked to the fireman. As far as talking about day care, at the Agency, at least some of those people were in daycare before they went into those positions. So you can talk to them about things. I don't think that some of them have been in the daycare business, or ever worked with kids, not even as parents and that's important.

Frustrations

During my pilot study, I found that the providers really wanted to talk about the daily challenges they face as providers. At the end of my very first interview, the provider told me that she could talk to me for hours about how hard it is to be a family day care provider; that people just don't realize how difficult it is and the "crap" they have to put up with. At that time, being a novice interviewer, I did not know how to get back to closing the interview and the provider shared 30 minutes of her frustrations with me. It was one of the most important happenings for me as the researcher. The provider just completely let go. It was very honest and emotional. She shared all sorts of information that was directly related to this study. The information and insight gained at this time led to my decision to add a question to the interviews regarding providers' frustrations. Frustrations with parents was the most commonly stated frustration of the providers. Also included are frustrations with the husband's role or attitude towards family day care in their home, isolation, perceived parental roles, day cares, and one provider's frustration with the registration process.

Providers' PerspectivesParents

Jessica: Sometimes picking up on the things that the kids might need, that you wish the parents could see, and subtly trying to hint that across sometimes. You don't want to be...

Investigator: Can you give me an example?

Jessica: Well, it's just like the little one that I've had, I just suspected that she had hearing problems. Perpetual runny nose, you know, and being through it with my little one. He ended up having tubes and stuff. And trying to meet their expectations, and in your heart knowing that the child has a problem. And you're trying to keep them happy, and stuff. We finally did get that taken care of, but sometimes it's hard. You know, because they say, "Well are you doing this and are you doing that?" Well, we are, but I feel like she's maybe picking up only a third of it because she can't hear me very good. You know, without saying it like, "Don't you notice this?", or that type of stuff. Sometimes that's hard for us. You don't want someone telling you that you need to be paying a little more attention to your child. But they're with you even more than they are with their parents. I try to have them come and spend some time with the child here before they actually start. And then on the day that they start, I like them to come 20 minutes before they have to leave, or a half an hour if they can. Whatever their schedule permits. So they can feel comfortable. It's not like they put them in, shut the door and leave. I just don't like that for the kids. I think you can build a more solid relationship with them if you don't have that. Because they're not apt to resent you.

One of my frustrations, is having parents bring stuff so that we can go outside. That's a frustration. Or having them put extra clothes in the bag. I got that in my contract. And sometimes they don't, so I'll put something on them. And they always bring it back. That is a frustration having parents bring stuff that they need to have on.

Amy: With frustrations, probably the parents more than anything. I mean, um...I tend to get comments like, "What's the damage?," you know, when it comes to paying and stuff. Actually the paying part of it, I guess maybe that's...I get really frustrated, because I don't sit around eating bon-bons all day, okay. I work. I, you know, it's hard work. I mean, I don't sit here and

just tell the kids to go at it. You know, help yourself to the refrigerator or whatever. Some of the parents I have, their attitude is like, "Ah, how much do we owe you today?" Recently I got a new vehicle and I needed one. And also with having kids in here, I need a reliable vehicle. If something would ever happen, how would I get them hauled to the hospital, or whatever? I had one father just say, "Well, it looks like we're buying you a new vehicle today." And you know, just comments like that. I guess maybe the more, the money exchange. But then, I have other people, you know, I have another couple that it's like, "How much do I owe you?" Like \$25.50, or whatever. Oh, here's 26 bucks, or here's \$30.00. That's probably my biggest frustration, parents can be very hurtful. They tend to forget that this is a job, like their's is. That when they bring their kids here, it's not just let them run loose and go at it. Cause I do try to, especially every week, make sure they take something home, pretty much everyday. Colored piece of paper, whatever. Especially once a week, at least. To show the parents, hey they're not just here running loose in my house. I don't want that for the kids. I want them to be able to do stuff. And they love taking stuff home. They love showing their moms and dads what they've done. They're really proud of it.

I've had one lady that came, and I knew it wasn't going to work. She asked what kind of activities I have. And that's what she stressed on. But what really bothered me was my daughter went up to her, and like tapped her on the shoulder and she pulled away. You know, and I thought, I don't want that. Because I want them to come in here and feel like they're comfortable here. And that they bring their kids and they're comfortable. And if they can't interact with my kid, how am I supposed to deal with their's. And I really look for that kind of stuff. And I was right, because I gave references and she called around. And the questions she was asking were just outrageous.

Shirley: My frustrations are mostly the parents. It's almost never the kids. The only time there's a problem with kids is when you have somebody new that you have to work on. You know, if they're used to talking back at home, then they're going to talk back here until they know better. If they are used to eating their food like an animal, then they're going to do that until they learn otherwise. If they're used to not getting attention...positively, you know, by...If they're used to getting attention at home by being negative, you know, being bad, that takes a while to work out of them. You know, that's about the bad thing

right there. And usually the kids really respect that and respond well. So the parents, the parents are the problems most of the time. They don't respect you as a person. And I still get that. No matter what you do or say - well you're still somebody who just stays home. So, therefore, if I'm going to be fifteen minutes late, it's no big deal. You're just going to be home anyway. You know, they don't respect you where...or like, "Oh I forgot my checkbook tonight, I'll pay you on Monday." Every once in a while I've said, when do you get paid? "Well, I get paid every Friday." Well, then how would you like it if your boss said, oh, I just didn't get around to making up the paychecks today, so I'll give it to you Monday? No, that doesn't go. That's not professional. So I try nicely to say this. Confrontation is hard for me. So I have to work myself up to this. I try nicely to make them realize that I'm their employee. And they have to take good care of me. They have to pay me right. They have to pay me on time. They have to respect my time and my other life. I'm not alive on this earth to make their life easier. You know, not completely anyway. I've got my own life. Gosh, I've had terribly bad experiences. There was one lady who actually drove me to get registered. I had her for a couple of months, and she was...she was terrible. If I could have anything, it would be respect at all levels. What I do is important.

Bonny: The worst part of my job is the parents. (Laughs) The children are no problem at all. Like I said, I went into it so naively, no contract. Trusting, just trusting. I mean I'm watching their children and they're safe and they're in good care. And isn't that the most important thing we have to think about, you know, when we are working parents? So there was no prepayment. And within two weeks I had a drop in skip out on me. That was kind of a hmm, we're going to run into a few of those. And then I had a full time run out on me for \$309.00. It's that this is my living, this is how I feed my three children. And when a parent tells me she doesn't have the money, that is like her boss saying, You don't get the check that you just worked for the last three weeks. Same thing with late payments. I've had parents just nonchalantly say, "Well it won't be today."

Bonny: They consider me a babysitter. Insignificant.

Investigator: Does anybody verbally say this?

Bonny: Not like I just said it. But they'll say, "I've got to get new tires, my electricity has to be paid." They always have some reason that they can't pay me. And this again was in the beginning. This

does not happen anymore. But there was always something that took priority over the babysitter, you know. That's just where I made it very clear that this is a business, and I'm not very understanding of late payments. Because I have my own payment commitments. And when your boss tells you that you're not getting your check, which is what this situation is. They're not my boss, but they control my check. And they tell me on Fri. that Fri. is not payday, that I won't get it for a week or two, or they don't know when they can get it, I'm not very understanding of it.

Husband's Role

Amy: If my husband even sees a toy out when he gets home, he gets mad. All of my daughter's toys have to be in the bedroom. That's why I spend time cleaning in the afternoon and have the children watch movies while I do laundry and things.

Amy: And I stress really that when you pick your kids up that you're on time to pick them up. Just because my husband comes home at about 5:30. 6:00, and he wants pretty much the kids gone. And I don't blame him. He wants to have time with us. And I want time with us as a family. And I stress that on the parents. That's the first thing I tell them when they come in. I said, There's two things that I require in my daycare. I said, I'm a real stinker about when you pick them up. And I said, the reason why that is, is because my husband wants time with us. And if you come and you're late, you take the time away from us.

Shirley: My husband wasn't supportive at all when I told him I was going to get registered. It was a lot of work, had to go through all the rules, change things, buy things that would cost me money. You know, time, whatever. And he was really poo-pooing me a lot. But now, he sees the benefits. Now he can. Er, to a point he can. He's still, I'm still the stay at home wife. So whether I'm taking care of 2 kids or 6 kids, it doesn't really matter. It's not work to him. But if he sees a few checks coming in, he's happy. He's really not as bad as I make him sound. He's just a man who's used to being taken care of.

Shirley: My husband told me that if I'm going to do this (family day care), it's my responsibility and he wants to see no part of it in the evenings and on weekends. That's why I have to do my food program in the study at night instead of at the kitchen table.

Isolation

Jackie: You are very isolated, you have to know that you are going to be isolated. The other day a little one got stung by a bee, I don't have anyone to ask, then you have to tell the parents what happened, so making those decisions, knowing when to contact the parents.

Shirley: What I've realized when I go to these classes is that I found that I'm isolated. I have a friend that usually comes by a couple of times a week. Just to say hi. But I'm pretty isolated here with this little group of little midget people. And going to these classes is so nice because, it's like being a business person in your business group, or going to a seminar. You get to meet people who do the same thing you do, and you talk, and you talk business, and complain about parents. We make friends and just get to be an adult. I like that. That was an unexpected benefit.

Bonny: And that's also one aspect of what's hard with this job. When you're a family home, it's only yourself and the children. So as far as any kind of adult communication, there isn't any. I always, always have at least the radio on. And I think psychologically, that just helps me maintain some kind of adult communication. It's difficult. Because everything's goo, goo, gaa, gaa, drink, potty.

Role of the Parents

Amy: I think kids need to be with their parents as much as they can. Cause I'm home, I would like that for my child. And I think it's really great that, you know, like the dad's are going to school and come pick up the kids. I think they're the greatest thing. And I'd rather have part time, I really would. Just because I see the kids more with their parents and stuff. And I think that's what they need. I mean I'm here, I'll give them as much as I can, but they still need their mommy and daddy.

Amy: You know, hey I look at the people and I listen to them. That's why I require them to come for an interview. Anybody I bring in. They say, "Oh we'll take you right now, over the phone." I say no. I make them bring their kids and stuff. I don't make them, but I really stress to bring their kids and stuff. Cause I've had some people that have come in and...I've

actually had interviews where I've just said, It's not going to work. I just get a feel. I look at the parents. I look at how they interact with my child. How they interact with their kids.

Amy: I have a little girl. And I want what's best for her too. You know, I'm not doing this just to make money. If my daughter and I are unhappy, I mean, she's my little one and she's going to come first. There's this one little girl. I really feel bad for her. Her mommy works two full time jobs. Works two full time jobs to put him through school. She was just, "I wish Mommy was home with me." And so, we sat and talked for a long time about that. I pretty much listened to her. I understand, you know. I really like having you here too. And hopefully we can have fun when you're here. You know I really try to make it light, but hey, it's heavy for kids. It's very heavy. They don't like to see their mom and daddy leave.

Shirley: I guess it's like...and don't take this, like don't print this with my name on it, but...if I could change the world, I would have every mom, or a dad, stay home with their baby. I don't think there should be daycare. I really, really want to be there for my kids. I want to be there all the time. I want to be there when they scrape their knee, when they're really happy, and when they're hungry. I guess that's also why I started day care was because I thought the kids who couldn't stay home with their moms ought to have that too. They ought to have somebody like an auntie or a grandma type; somebody who would be there all the time when they needed something. When they didn't need something, when they just wanted to play. Emotionally, I like to give my kids, the kids that come here, as much of a mom figure as I can. If they can't get it at home.

Day Care Centers

Amy: I think the reason why parents bring their kids to me is because they know...in a child care setting there's so many kids. And, you know, those people can only do so much. Hey, I know. Cause with me having six kids, you know it's hard to find time. And I relate. I think with the day care setting, what I'm getting from people is that they feel, especially at this age, that they're not getting the quality care, that they feel I can give with me being here at the home all the time. Plus in home environment, you know, I can only bring in three kids that are under two years

of age. So, in a center they have so many kids that they can bring in. So I think that's...and I'm talking more about the younger kids than, like, the four and five year olds.

Amy: I notice also, too, with like washing hands... and I know kids will be kids and they just...but, it's funny. You know, what do we do before we eat or what do you do after you go to the bathroom? There for awhile, especially ones that were coming out, like the older ones, from the centers and stuff. They didn't know how to do that. I would think that they would really stress that in there. But maybe they don't. I don't know, maybe they get slipped by the cracks. There's so many. And I'm not blaming it on the people who take care of them. I know there's days like that. But I make a point, of making a point of, you know, especially like if the younger ones are down for a nap. I do whatever I can with the older ones. You know, and they love that, they'd just rather come and sit on the couch with me and read a book. They love that, just that one on one.

Amy: Oh, I know I've had a lot of people call asking what kind of activities I have. I tell them and they really would rather have the more structured activities. I'm providing activities for the kids. You know the playdough and stuff, but not at 10:00 we'll do this and this. I don't do that. I do provide activities for them. I'm constantly taking classes and stuff so I can find some things for them to do. I don't want them to be here and be bored, but I don't say okay at 2:00 we are doing, I don't do that.

Ease of Getting Registered

Bonny: I don't know if you can use this, I have a major, major frustration. And this is more the system than the business. And I've voiced this to the State, the Agency and anyone else that cares. Um, I was appalled at how easy it was to get certified or registered. Absolutely appalled. There was no legitimate research done or check done on that person, applying to be registered to take children.

Investigator: What do they do? What's the process?

Bonny: Basically and I mean real basic, is a form that you write down three references, names addresses and phone numbers. Nobody with half a brain is going to write down any reference that is going to say anything bad about you. Come on, we all know that. So those three references are hand picked by the person that's

getting registered. Verification of insurance, checklist as to safety features, cooking and bathroom facilities, your structure, your facility. They don't know who I am. It's so lax that I could have moved up from CA and just gotten out of prison for molesting children and opened up a day care here. Inside of two weeks. I was appalled. Same is for group care. Except three references for your secondary provider. That's it, you get those three references back on that secondary provider and they are hired. I take this so personally because I'm a mother. I just take it so personally. I lived in Idaho for thirteen years, that same thing happened. I was looking for child care and this one place, everything was new and fabulous, but it was outside of my means. This guy operated for two years. The man is charged with sexually molesting the children in the day care. After then an intense background check, he had been charged in Ca for the same thing. Now they changed those ID laws and do a complete check. We don't do that in MT yet. It just makes me, my chest is just heaving. It is basically nothing, I'm going to be honest with you, the insurance company asks more of you than the state does. There was no formal inspection of my house. I said yes I do have fire extinguishers, yes I do have a bathroom door that you can get inside of, yes I do have door knobs. Yes I do have a fence. And what do they do, say ok. There's no inspection. Agghh. I hate to say it, but I was glad that it only took me that long to get into the business. But that's because I know that I'm not a child molester. I know that it's safe that I got in that easy. I was so upset. The State's not blind to the problems, it's just that people don't mention it, or don't think about how easy it would be for a bad person to get in also.

In summary, each of the providers expressed frustrations with their lives as family day care providers. The one frustration that I did not hear about was children. Not one of the providers mentioned frustrations with children's behavior or providing activities for their wide age range of children. Two comments had been made earlier in the interviews when providers were asked what they needed to know to work with young children. One comment was

regarding a lack of knowledge in the area of what children of different ages needed (as a reason for choosing infant care), and the other involved a provider learning what children needed as she observed her son as he grew up. The frustration now being expressed was that some of the children in her care were older than her son. Yet, when the specific question was asked regarding what some of their frustrations were, the children or their needs were not addressed by any of the providers.

Practices and Beliefs

Hour long observations of each of the providers took place approximately one week following the interviews. The main purpose of the observations was to see if there was consistency or inconsistency between providers' practices and what they stated in the interviews. The providers all had been asked what a typical day looked like, the skills they used, and the types of training (informal and formal) experiences they had.

The Observations

Two of the providers sat in the living room and interacted with the children. One sat on the floor and handed the infants different toys, and talked and sang to them while they interacted with the toys. The other

provider sat on the couch and talked with the children who were sitting at a bench coloring in coloring books. Occasionally a child would come and give her a hug and sit with her. Two of the other two providers were in the kitchen, either preparing snack or cleaning for most of the time, as the children were playing with each other. The other provider spent her time disinfecting toys in her kitchen sink and going between two of the rooms in which the children were playing.

Out of the five homes observed, one had specific visual cues that child care was taking place. This environment had a place for each of the children to hang their coats and keep other personal belongings. In addition to the space designated for the children, there was a bulletin board and a children's art board for the parents to look at. On the bulletin board were notes for the parents (e.g.: Johnny has the chicken pox, he got the bumps on Tuesday.), food program schedule for the week, and a reminder of a day when the provider was going to be closed. The children's art board had colored pages from coloring books with the children's names on them.

The other four homes showed no visible signs of child care other than that children were present. Walls were void of children's art, and no information for parents was visible. Two of the providers said that their husbands had told them that if they wanted to do child care that they

wanted to see no part of it by the time they got home from work.

Materials Available

The homes varied with respect to what was out for the children to play. Four of the homes had shelves of children's videos (4 to 32 videos) and the televisions were on during the time I was there. Three of those televisions had on children's videos (Barney, Teaching Teddy, and The Little Mermaid) and the other had on a movie with adult content. The infant care program had no TV that was visible.

The providers all managed their toys/materials differently. One had a closet with toys (legos, puzzles, and adult board games) in it for "the day care kids." The children would ask the provider if it was okay to get something out. One of the providers utilized her children's bedroom for playing with toys (books, blocks, and stuffed animals). One of the providers would take toys (soft toys, deck of cards, and children's books) which were stored in her daughter's room and place them on the living room floor so the children could play with them. Another provider had a nook underneath her stairs which had shelves filled with organized toys (infant toys) and some pretend kitchen furniture. The other provider had toys (blocks, books, and children's furniture/pretend play materials) in every room

of the house, including a basement playroom, which had a monitor so the provider could "supervise" the children when she was upstairs preparing meals.

Consistencies Between the Interviews and the Observations

The providers described skills gained as parents, members of large families and babysitters as what was needed to work with young children. Examples of these skills included love, nurturance, being adaptable, and "just used to kids." Three of the providers came from families of six or more children. Two of those providers were the oldest of seven children. Four of the providers mentioned lots of experience babysitting. The providers appeared to be calm and relaxed with having four to eight busy children in their homes. Several times throughout the observations, children called their providers "Mommy."

The providers expressed a desire to provide the children with a home-like environment rather than a day care center. That was apparent when walking into each of the homes. Examples were the smaller numbers of children, children playing individually, with each other or spending time with the provider, or providers doing house work as they monitored the children. In four of the homes, the children spent most of their time without the direct involvement of the provider. All of the homes were indeed very home-like, both in appearance and what was happening.

One of the parents told of how the children in her care could sleep in any bed of her home. All rooms (including her own) were open to children so that they could feel like it was "their own house." In all of the homes, each child had a preferred space at the kitchen table where they like to sit for meals. As I listened to "no jumping on the furniture", "Sue, share with your brother" and providers talking on the telephone with their friends, I found myself reflecting back to days spent in my own home as a child and a member of a family.

All of the Alger County providers described a typical day as needing to be flexible and unstructured. Observations of the homes supported these beliefs to a large extent. In four of the homes, the children were left to choose what they wanted to do. Children playing alone or with other children were the most common observations. If children requested to do something (puzzles, coloring books, or watch a movie), their requests were largely granted. One of the providers had a pre-planned art activity (all materials cut and ready) in which all of the children were to participate.

On two occasions, what providers said during the interviews was very specifically observed. The first instance was the provider who said that a typical day consists of children working on their social skills. This provider spent a great deal of time modeling and encouraging

the children to use positive social skills with her young group (the youngest group in the study). She modeled patience and acceptance of all the children by spending time with each of them individually as well as together as a small group. She also encouraged cooperation among children with sharing of toys and helping each other get dressed. The second instance was the provider who described imagination as the most important skill in working with young children. She growled, crawled and raised the children into a frenzy as an active member of the "pack of wild animals."

Inconsistencies Between the Interviews and the Observations

Inconsistency between what was stated in the interviews and what was observed also existed. When asked what a typical day looked like, among the information provided, were statements about watching television. Four of the providers mentioned a limited use of television and videos during the interviews. This was offered information, not an interview question. Those same providers had the television on during the entire observations. Some of the children would go back and forth from the television to playing with a toy or friend, while other children watched television throughout the hour long observation. On several occasions, the television created disagreements between the provider and the children. One of those instances was when the

provider put in an "educational" video and the children literally screamed, "We don't want to watch that baby thing! We want one of our movies!"

Another example occurred when one of the children threw up on the floor. The provider asked me if I could watch the children while she called this girl's mother. She got on the phone and said, "This is your babysitter, I mean, uh your..." The reason that I mention this is that this provider made a point during the interview to say that she is not just a babysitter and that the Agency does not want them to call themselves babysitters.

Providers were asked about what topics they were interested in for training opportunities. Three of the providers made specific reference to an interest in creative art activities. In the five homes, three "art" projects were taking place. Two of those projects occurred in the same home. Children were either coloring in coloring books or coloring a ditto sheet. The other example was when children were asked to "do art." Following is an excerpt from that observation.

Provider: Ok kids, come on. I gave you the choice of either before or after snack. Well, it's after. Come sit down. We're doing apple trees. You can make them as fancy or plain as you want.

Materials used: White sheets of paper, crayons, pre-cut squares of pink tissue paper, and glue.

Provider: You can make it as fancy or plain as you want. After you draw with the green crayon, put pink paper on the tree for your blossoms,

Provider: Is that a tree? What's that orange scribble? Here try that again.

Child 1: I don't want to do two trees!

Provider: Why not? That'll keep you from being bored.

Child 2: You better do it. We'll get to go play and you'll have to stay and color. Remember when you first got here.

Provider to Child 3: Want me to draw your tree? There you go. Here, I'll put the blossoms on.

When the children finished, art was handed to the provider and the children were excused to a large playroom downstairs.

This excerpt also supports another inconsistency which occurred in several of the homes. As mentioned earlier, providers expressed the need for flexibility and the need to be unstructured. On several occasions, providers requested the children to participate in group activities. They had no option; everyone had to do it. One was the art project just mentioned. Four of the six children expressed that they did not want to do it. The provider's firm response to the children was to sit down. The children were encouraged throughout the activity to complete the activity. Several of the children were redirected back to the activity to either color in the tree some more, draw it again, add more blossoms or to use the pink paper for the blossom (the child was drawing her own blossoms with her crayons). Another example was when one of the providers was using cards (number/letter recognition and letter sounds) with pictures on it. She asked all of the children to come and play the "guessing game." Three of those children were ages two and a half and younger. They were obviously not interested in

sitting at the kitchen table. They continued to climb out of their chairs until the provider put one child in time-out for running away, held one of the children in her lap and firmly told the other child to sit down. It was a long fifteen minutes.

Inconsistencies Between the Provider and the Children

Inconsistencies between the providers and the children occurred on several occasions during the interviews. These stemmed from differences between what the provider was saying and what the children expressed. The first occurred when I entered the door and the provider was at the sink disinfecting large waffle blocks. She told me at that time that she does this once a week for sanitation purposes. At this time, Tony (6 years-old) who came to see who had come in the door said, "You've never done it since I been here." During the interview, I had been told that Tony had been with her for six months. The provider laughed and told him to go play. Later in the observation, the provider said, "Ok everyone, it's time for us to do our group time." Two of the children said, "What?" She spent the next three minutes explaining to the children to remember how they get together everyday to sing and read. Tony stepped up and said "No way." The children eventually gathered around her and they sang part of a song before two of the children went back into the TV room. Later, one of the children walked up

to her with a Teenage Mutant Ninja Turtle video and asked her to put it in for him. She said, "You know I don't let you watch that." His response was, "I watch it everyday I come here!" She wouldn't put the video in and he went crying into one of the rooms. Both the interview and the observation with this provider left me with an uncomfortable feeling. She seemed to be saying what she thought I wanted to hear and then during the observation, the children contradicted her actions six times. The children were more than happy to see me go. It was very obvious that this was a confusing, frustrating afternoon for them.

During one of the other observations, when I came in, the provider was rounding up four children to sit at the kitchen table to do a Simon Says activity. "Simon says, we're going to do animal sounds now. Simon says, sound like a cow...Barb, I do this everyday with them, they love it." One of the children (5 year-old) responded, while the other three (two 2 year-olds and a 3 year-old) were trying to get out of their chairs. The provider said, "Stay here." The provider then went through two letter and number activities. The three younger children tried two more times to get out of their chairs. The provider told them to stay where they were. The children did not participate in this 20 minute activity, but sat there playing with the knobs on the chairs or looking out the window. The five year-old then said, "I liked that, can we do that again sometime? Please?"

In summary, each of the providers discussed "family" day care as offering a home environment for the children. This had been described as a loving, caring, unstructured, relaxed place for children to spend the day. During all of the observations, different facets of these descriptions were apparent. The children played with each other and moved throughout the homes much as one would in their own homes. In three of the homes, a deep attachment with the providers was apparent through hugs, comfort with closeness, familiarity with their surroundings and the ease of conversations. In the other two homes, there were obvious reservations on the part of the children towards their provider. Examples of this were observed as the children would express their feelings either verbally or physically.

Examples

"I don't like you."

"I don't like it here."

"Let's go over here" (children distancing themselves from the provider).

Children pulling away from physical contact initiated by the provider.

Child sitting slouched into the corner of the couch with thumb in her mouth for 30 minutes.

Support Group Meeting

During one of the interviews, a provider invited me to attend what she called a support group meeting. Jackie informed me that this was something that some of the

providers had thought of doing. The purpose of the support group was to get providers (living close to them) together to talk about what they do, a sort of stress reliever.

Jackie had never done one before but she said that when she called local providers, all five of them were interested in coming. Jackie's first attempt at a support group meeting needed to be canceled for personal reasons. She called me back and rescheduled for another evening at 7:30.

I arrived at Jackie's house at 7:30 worried that I was late. I was the first one there. Two people had called and canceled but the other three were supposed to be coming. At 7:50, a provider came in with her daughter. We were introduced and she said, "So you're here to find out why we're not showing up for training huh, what, did the Agency send you?" My response was that I was a student studying family day care providers to find out more about what they do, and that the Agency did not send me. She was obviously uncomfortable. We sat down at the table and she started talking about the Agency.

Provider's Perspective

They are not there for us. They are supposed to be for us, they are not for us, they don't support us at all. Heck they are not even ever there. I don't know their schedules, I don't know how to reach them. It gets me so mad and all the trainer does is criticize us. I called her and asked her to help me figure out how to rotate toys, she came to my house and all she did was tell me what was wrong. She said that I need to get more organized, that my house is chaotic and that I should not get an infant, which I did anyway. She also

said that I need to make up a schedule right away and give it to my parents to let them know what I do. Heck, what does she know. She doesn't know what I do. Did you know that she used to be a provider, but she quit, she couldn't cut it. She couldn't make it. I don't want no one who can't do this telling me what to do.

I finally did a contract. I couldn't even sleep the night before. I've got two moms who say they are going to dump me now that I have a contract. "That's what we used to like about you, you were so flexible." Well I got sick of her kids not showing up because so and so was in town and they were going to take care of her kids to help her save money. Well, in my contract I put how many days they could miss before they would have to start paying me. I feel a lot better about it.

You know I was reported to DFS by my neighbor. I used to think that this was fun and just a place for kids to be. It ain't fun anymore. Now it's business. I'm sick of all of this. I'm a professional. I don't want to be but what else can I do. I have to do this and this and this or I can't take care of kids anymore. I had two people come and check me out because of that phone call. This is definitely business now.

The big gun came from DFS and she's all business man, she's going by the book. My house was a mess, she came on a Friday, I was exhausted, the kids were crazy. She looked in my refrigerator and the food was uncovered. My boys done pick-up the night before, plus I'm not that into covering my food. I'll put a saucer over it or something. I didn't have a fire extinguisher in my kitchen, it was a nightmare. I told her that it wasn't always like this. She gave me a surprise visit the following week and saw what it was like.

You know, those workshops, too long, and late. I'm tired of listening to people who don't know what they are talking about. I'm not a center, and I don't believe that children should be in centers, not until they are at least five or six and even then not some of them. Family day cares are the best place for kids and that is what I tell my parents. It's the best thing for them. And the food program, telling me how to read a label, how boring. Does it look like I care about fat? And most of the stuff they recommend is too expensive anyway, it is not even realistic! I was so fed up. Why didn't they tell us about something to do for St. Patrick's day, a snack or something. They wasted my time and I needed to get home. They need to get providers in who have been doing it for a long time. Someone who knows what is going on. I know these two long term providers, they are successful. They know

what they are doing. They have contracts and they tell parents that this is this and that's it. They don't mess around. Heck, one of them is driving a brand new mini-van. She knows how to do this business.

I have doubled my age since starting this. I feel old. This is a stressful job. This is the most stressful job. Heck, being a garbage man would be better than this. But, I do like my job, but it is stress, stress, stress. The trainer wants me to be a group home cause I have too many kids. I don't want another person in my home. The kids are tearing it up enough as it is. That's all I need is another person in here to worry about. Plus that would just eat up my money.

You know the director is the best thing that has happened to us. Chris is really out for us and cares about the providers. Chris did child care and knows what it is all about. Chris is getting us so much money. I talked to someone who was complaining about Chris doing so much that everyone's head is spinning. I think it's good. Chris said that if we don't treat providers right then how are they going to feel like they are the professionals that they are. They are professionals and they need to know that. The rest of them I have a real problems with. They judge everyone without knowing what it's really like. I was talking to another provider and she said that the training isn't worth it. Providers talk to each other. They are just telling us what to do all the time. I'm sick of listening to people who don't know what the heck they are talking about. Just sick of it. You need to do this and this and this, you need to do this and this and this.

Thanks so much for coming. I feel so much better now. I feel drained and like I spent my whole time venting. It was nice having someone just listen. I feel so much better. And, I do like what I do.

Agency Interviews

Interviews with two Agency representatives took place at the Agency. The purpose of the interview was to gain the perspective of the people who are perceived by the providers as their boss, to find out what their views are regarding

child care, training and the issue of quality.

The representatives have different ties to child care. One is tied to it through a bachelor's degree (family science), with little experience with children and child care beyond babysitting experience. The other has two masters degrees (psychology and adult and continuing ed), experience as an assistant provider in a group home and as a parent. Currently, both representatives are strongly tied to child care through their agency which provides child care referrals, provider orientation, food program assistance and general provider support.

The representatives' job requires that they visit the providers' homes annually and provide training opportunities at the Agency. I asked both of them to share their views on quality, parents and parenting, the need for training, provider turnout, how they felt they were perceived as an agency by the providers (participation in regulation came up at this time), and goals for future training.

Quality

T: The different levels of quality in child care absolutely amazes me. And what's even more amazing is that there's always parents that believe that the different types of care that we may think are low or high, some of them think they are wonderful. Where I would think that they are low. So you know, it's real interesting how that works.

T: There are some providers that I can hardly stand to step into their program, you know, I just don't feel comfortable with them. I don't even have kids, but if I did, I wouldn't take them there. And then the same

provider is full every day, you know. And their parents love it. It's so hard to grasp that sometimes. **Investigator:** Do you have any feelings or insight into why that is?

T: I just think that it's the level that's equivalent to their life style or to their upbringing. It's just something that they are comfortable with because that's what they know. Maybe it's a lack of, or low parenting skills. But I think it's definitely related to, I mean, I look at my education level. Just being in the human development field and now working here, my expectations for care. There are very few people that I would take my kids to, because I have such high expectations. Because I know everything that is involved and what is important.

U: I think there are several levels of quality. And there are some objective things about quality. Your bottom line is that children are in safe places and legally operating places. That's a bottom safety net of quality. Things like accreditation, is another external indicator of quality, I don't think it's the only one and I don't think it's appropriate for everybody. I think basically quality comes from a provider having respect for him or herself. Knowing that she's doing a good job and parents knowing that their children are in appropriate places and that's one that's tough for some people sometimes. Even myself. I am often caught between respecting a parent's right to make choices about what is quality and what some objective measure of what quality may be. And that's always going to be a tension in this field. Is there an objective this is quality and this is not or is it not also there's a subjective evaluation. This is good quality for this child and these parents and that may not be the same. Or, isn't the same for everybody.

U: We are trying to ensure that there is quality care available. Look at things as a jigsaw puzzle. I basically see it as three components, child's needs, parental preferences and then you have provider resources. The real challenge is to get those three to mesh as well as they can and sometimes it's a real challenge, sometimes everything just falls into place real nicely and sometimes it doesn't. So I think what we're trying to do as an agency is help providers provide as many resources as they can. That doesn't mean that everybody should be doing everything. Their level of expertise, their level of comfortableness, their level of involvement, their level of enthusiasm. Trying to help them maximize the resources they offer. And that will mean different things for different

people. I believe that there is a place under the sun for everybody. And I'm certainly, not my vision that, you know, all providers look alike. It's just like not all first grade classrooms should look alike. So that's what we are trying to do in all the work we do here. Empowering people. We are here to support them. To help them realize that they have the power, to use that power, to use their potential.

U: There is great diversity, great variety. There are places that I would sell my soul to send my young children and then there are places that I would shy away from real quickly. The dilemma for me is when I see six happy kids. If I see six happy kids, but I'm not happy, I have to think is that me, or is it in fact something external. I tend to look at safety things, easy to evaluate. I often times talk with parents during referrals about the difference between dirt and clutter. Dirt is one thing, and clutter is probably a good thing if you go into a place where kids are and it's not somewhat cluttered and it's neat and orderly, that may be an indicator that quality care may not be going on. So, I try to look at the kids and see how happy they are, are they doing things? I want to see great diversity and that's what I look for. There's great diversity in physical appearance, psychological climate, the size, great diversity.

Parents and Parenting

T: Parent frustrations is a constant with a lot of providers. Different beliefs, money, sick children, wages, not making enough money. The whole professional side of it. A lot of people still see people caring for children in their homes as babysitters and not really providers. We really strive to not refer to them as babysitters and even always when parents call, try to explain to them that they are providers, not babysitters. Anyone doing this day in and day out as a registered provider, is a professional. Not a highschooler doing it for a couple of hours. Hopefully more and more providers are starting to see themselves in that way. Most don't see themselves as professionals and don't advocate for themselves and their wages.

T: We have so many people who call and the first thing they want to know is how much. "How much is it?" And a lot of providers have said that's the first thing that a parent will ask, "HOW MUCH?" They haven't even

seen the house, they haven't heard about the program, so that's a definite. I think a lot of parents don't, I think, they just don't see the importance of quality child care. And they look at how much it costs, that's a really frustrating area.

T: Providers run their programs as an extension of their own families. Some talk about other providers who make parents pay for sick days. It's much more business-like. And the providers that aren't business-like, I find that they are offended that providers that are businesslike run their programs that way. Because they don't feel that way. They are parents. They once went through this. They weren't treated like that and they just don't feel that. Not in it for the money.

To me the business aspect of their program, reflects somewhat of the quality of the program, because I just think that as providers in a role where you can be such a nurturing person. That you are not at the same time being taken advantage of. Because you are not going to last very long for one thing you know the turnover is probably related to the people who can't stand putting up with the parents that don't pay and those issues, so I think the business aspect of the program is really important and when providers tell me that they think it's ridiculous that they only have 10 vacation days for their child, I really disagree. I think about how I would run a program, and I would be businesslike in how I do it. But to me that would be a reflection of the quality of the program.

U: One of the realizations that we have to help providers come to and discover for themselves, because I don't think you can give it to them is, child care is not parenting. That there are many common skills, but that they are not equal. Parenting is one thing and professional child care is another thing. It takes many of the same skills, loving, nurturing, understanding, being able to communicate with children, you know all those good things, but child care takes some other skills too. Like a business sense. They are self-employed business people. It takes an ability to communicate with other adults, sometimes in not the most pleasant of situations. Some parent hasn't paid you in three or four weeks, you have to be able to deal with that. You have to understand taxes and things like that. All of a sudden you have six children in your home. For most people, that's a little different than parenting. You might have two or three children of the same age. You have children that don't love each other, that aren't part of the same family unit. You have to be able to integrate different family

units. You have to be able to integrate different family value systems. So, you do hear, I'm a parent so all I'm doing is parenting some other kids. But, it's more than that, and the other side of it is babysitting. You will find some providers who will say, "Well I'm going to stay home and babysit." Well, you have to help people develop the concept that babysitting is very important but babysitting is short term. Babysittings' goal is to keep a child safe. While you go to the movies, someone is going to watch your child to make sure that they don't get hurt. Maybe a little more than that at times but you know child care is much, much more than that. You keep them safe but you are also developing them, you are teaching them, you're providing supplemental parental care. You're being a parent, you're being a teacher, and you are being a friend or a nurturer.

Necessity of Training?

T: It's incredibly important. That the more training they can have the better. I think that a lot of the providers even see the orientation as unnecessary. I talked to a lady the other day that it was ridiculous because she had raised four kids. She didn't see how anyone could teach her anything that she didn't already know. And the way we try to approach it is that regardless of your background, you can come to our orientation or training and you can always learn something new because it may be somebody new that is presenting it. Or, there may be new information. I really think that mandatory training requirements could be much more than the eight hour orientation that the State requires, because to me, the training and education that the provider receives is crucial to the quality of care that they are going to be offering to children. I'm an advocate for a lot of training.

Investigator: The person who said that the training was unnecessary, do you think that was an extreme statement or do you feel that it is felt by others?

T: Yeah I do, definitely. But unfortunately, it's those people that they need training more than anyone. The people that are coming to training all the time are the providers that I would put on a scale of one to ten as a nine or ten. And the people that don't care about training are the ones that are also to me, their level of quality is less. It's just amazing.

U: Yes. But I guess I might have a more wider or universal concept of what training is than maybe some people,

Investigator: Why?

U: In terms of, lots of modalities, tv, audiotapes, conversations, reading and reflecting on your own is an effective way to learn, for some people it's a preferred way to learn. I do believe group work. I see several levels of training. If you start equating training with certificates and degrees and credits it's all good and fine but there have to be options that aren't involved in all of that too. There have to be real comfortable options for people.

U: I approach it from my experience and training in adult and continuing education. I think that part of it is semantics with training. As soon as you say training, as soon as a person hears the word training, immediately they think that they go some place. There's a bunch of other people and they sit in a chair and there is some kind of exchange of information. That is one important component of one type of training. And that, I think, people get concerned about, nervous about, um it may not be valuable for everybody. But I think if we look at training in a more broader spectrum, and look at a variety of ways to enhance a person's skills, which is one purpose of training. To challenge a person to critically think which is another purpose of training. Also, I think to elicit from people you know more potential or just to get people to re-evaluate how they are doing things. They may decide that how they are doing things is perfectly fine or they may decide to change what they are doing and I think there is many ways to do that.

I think one of the reasons providers might resist training is that training is associated with regulation, you have to do this, you have to have this and that. I'm not knocking that but I think that also that we can develop an idea that training can be a real helpful. A kind of stress reducer. It connects you with people. You go and share your ideas. That in any kind of adult exchange, you're going to get some and you're going to give some. I think that people often view training that I'm supposed to go and get all this stuff and they downplay the giving. That can be just as important if not more important. The process of giving. Self-affirmation.

Provider Turnout

T: We had really good turnout when we began in the fall, this spring our turnout has been really, really poor. And we're not sure. One is that we offered a series of workshops, and those were once a month, a full Saturday. So a lot of providers that were involved with that, were focusing their time on that instead of going to the workshops in the evenings. We also did video training, providers had less time to be involved in the workshops that we were offering in the evenings. And I also think that merit pay has an influence. When their goal is to have 60 hours or whatever, once that has been met, their urge to get to a workshop is not as high as if they were trying to fulfill their requirements. I think it's hard, look at their hours. I know that they are tired when they come to training.

T: We offer five workshops each fiscal year which are just food program workshops. Each provider on the food program has to attend at least one of the workshops, required by federal regulations. They have to attend one. We're coming up to our last one for the year and I have 45 providers who have to attend because they put it off. The way it's done now is that if they don't come, then they have to come to the next one that is available which is in July. Then they will have met the one that was required of them during the fiscal year. It's really frustrating.

U: The turnout has been mixed. At the beginning, participation was good, no let me change that, numbers were good, turnouts were higher. Several factors. When the training specialist and I put that together, we were relatively new and both had backgrounds in training. So, I think we've now learned that spring has an effect. That there are other things to do and that one of the driving things for training in this state is merit pay. Those people who receive merit pay need 60 hours of training and once they get that, that's all they need. I think we may have been overly ambitious, we wanted to offer diversity in topic, and location so we tried to offer a whole lot.

U: I'll share with you that I don't care about participation in training. I really don't care whether there are two people or two hundred people because both can be successful. Sitting down with two people, or one on one can be a very good training. What I'm more concerned about is that the people who participate, leave feeling good about it, that something has been

accomplished. And that's not related to numbers at all. I try to avoid that type of evaluation at all points, it becomes obvious that if no one is there, nothing has happened. It is embarrassing at times to set up a training and have a professional coming to do it and you have two people show up. But once again, I keep talking about well what happened. Did the two, three, four, or five walk away with a feeling of satisfaction, that something good came out of it? If that happened why be so concerned about how many people were actually involved.

Providers' Perception of the Role of the Agency and Regulation: Agency's Point of View

T: I have a regulatory position. I'm a mandated reporter for abuse and neglect just like anyone else is in our field. The providers see me in a position of authority and regulation. We really strive in our agency to be more of a support vs. the regulatory end of it. DFS registers and regulates providers. We are more of a support system for them than we are a regulatory system. So, I think that they enjoy our visits um, much more than they do when DFS comes. But I know for a fact that, providers have said to me, "I'm really nervous when you come because you are an authority figure and you come into my home." It is kind of interesting, I've never seen myself that way and wasn't thinking of myself in that position.

U: Unfortunately, for our agency there is somewhat of a schizophrenia because DFS, the monitoring and licensing agency doesn't have the staff to do a whole lot, we often times get thrown into that light. With the Food Program, we're a mandated reporting agency, MT law, because we're out there, we see it. And we have no choice but to report so we get into, like new provider orientation, DFS says here's your certificate, it's provisional, within the next 6 months you gotta do new provider orientation, the Agency does that. So we are often in the role of mandated education, mandated training.

T: When we come into a home and we're trying to be supportive and at the same time we say you know, you don't have anything around your wood stove. It really, it's not comfortable, because that's something that DFS should be telling them and DFS doesn't regulate them. You know, 20% (registered providers) a year, random, isn't getting to too many providers and it's not

getting to any of them period. Because if it's random, they may not be visited at all. Twenty percent are visited annually and I believe that it's unannounced visits that they do.

T: When I go into the homes, I'm not blind to anything, I'm really looking at their environment and the children while I'm there and reporting when I need to. Even though we don't register or regulate, I'm in a role where I'm supposed to be checking things out.

U: Through all of our DFS responsibilities, there are no resources to visit people. We are not the regulatory agency, the monitoring agency. So, it is through the food program that we are able to visit and not every provider is on the food program. If we were to lose the food program, we would lose a great deal of the contact we do have with providers.

T: It just floors me that in MT somebody can send in an application in the mail and it can be checked out and no one ever comes into their home, and they are out there doing child care. If they are not on the food program, you know they could be completely free to do what they want because no one's regulating them. No one is visiting the home.

T: I think the state regulations in MT have got to change. They are so lenient. It's just ridiculous. The regulatory process, the registration process. There has not been a provider in Alger County, to my knowledge, who has been fined or served jail time or anything for any actions throughout the child care field. We know that there are providers who have broken rules and done things and there have been complaints on, but it's like providers who aren't registered. A lot of times other providers will call DFS or we'll call DFS, all DFS does is send them a letter, that's it. They are supposed to be registered, they are not registered, and all that happens is that someone sends them a letter. That's not real effective. That's not going to do anything.

Goals for Future Training

U: I do believe that one way I would like to see this agency go, we tend to, oh here's a great idea so we'll do a workshop on that. I think we need to step back and think more about what's the long term type of plan? Two or three years is a lifespan for a provider. So lets look at what over two or three years should we be

doing on kind of a cycle so that new people are getting this, and more experienced people are getting that. People that are in the decision process of leaving might get some kind of support in training that might help them feel more comfortable about that decision to leave and not feel so guilty about it or maybe not to make that decision.

I want to explore more types of themes as opposed to individual workshops. I think also that by and large, my experience which is somewhat limited, when I go to conferences I hear people talking a lot about doing a needs assessment and then deciding what training is necessary. I'm not so sure they are really doing good needs assessment. I can give you a list, which of these things do you need and you check it off. Well I'm still in control. I've said which of these things do you need.

What I'm going to try to do this summer is to do some focus groups and say what is it you need? What is it you want. Hear from them and get providers involved in the planning and the implementation of training. I want to step back and get them more involved in deciding what they need, and want. They will probably be very knowledgeable about what they want. And they'll be knowledgeable about what they need. They may not understand everything that they need, every individual provider, but I think in a dialogue type of process, a focus group setting. If we are successful in getting them to feel ownership for the training, we might be facilitating it, but it is owned by them, I think then we'll see...

Investigator: You still have to get them to the door. What do you do?

U: First of all, we've cut down on orientation a little bit. There was never a requirement that there be eight hours. And eight hours is a long time, either two four hour nights, or one eight hour day. No matter how we do it. So basically now its more like six and a half hours. What we're trying to do in orientation is whet their taste. Give them enough of an idea about...now there are requirements, fire safety discipline, what we're trying to do more is give them basics and whet their appetites for more detailed information. We're also trying to in our individual visits to really encourage them to come. An organization has set up support groups. We're trying to support that concept as best we can. I think that basically what's going to work in this area is personal relationships. You establish a personal contact and then they'll follow through on it.

CHAPTER 5

DISCUSSION

Introduction

In the first chapter of this study, it was suggested that there is value in simply trying to understand providers' ways of thinking about providing family child care, thoughts about training, and the consistency between providers' practices and beliefs. By understanding these perspectives, insight into the reality of providers' attitudes, likes and dislikes of training would be gained. At this point, the data are in and findings have been presented relating to providers' perspectives as well as training agency representatives' perspectives. These findings, which were reported in the previous chapter, are the primary product of this study. The purpose of this chapter is to consolidate the findings and discuss the implications for groups of people directly affected by the outcomes of this study. These groups include providers, parents, the regulatory agency, and the training agency.

Entering Child Care

The providers are entering care to stay at home with their children. This motivation supports previously cited literature (Bryant et al., 1980; Eheart & Leavitt, 1986; Nelson, 1990). Providing child care is not a career choice but a choice of reality for the providers studied. Providing care in one's home allows for time to be spent with young children and an opportunity to make some money. The life span of providers going through the Agency is generally two to three years. The life span of four providers originally contacted for this study was four to six months. Long-term providers are not a majority in Alger County. Knowing this, certain implications become clear. The main goal of the Alger County providers is to stay at home with their own children. The commitment to their own families is evident. A commitment to provide long-term care for other people's children is not. This is not saying this is right or wrong, but rather stating one of the realities of members of the largest group of providers in the nation.

In the state of Montana, entering registered family child care is easily attainable to any person in the state. No background check or experience is required. What is required is the filling out of several forms (application, insurance verification, health statements, checklists,

criminal release, and overlap form), and the attendance at an Orientation meeting prior to or within six months of licensure. This means that an individual can become a provider with absolutely no orientation to the position and by filling out forms that are largely, self-evaluations. The implications are clearly obvious. Who is looking out for the safety and growth of the State's young children?

Should an individual be able to earn an income caring for other people's children without meeting some set standards? Providers are entering child care as a way to stay at home with their own children. Caring for young children should be an earned opportunity, like any other form of employment. A certain level of expectations should be met. Increasing the difficulty of the application process and requiring a greater effort on the part of the interested person could lead to a committed pool of providers. If someone is going to put forth effort to obtain something, it generally means it is valued and appreciated. Empowering individuals to commit to caring for young children could lead to higher quality. Two of the providers studied mentioned that they knew some neighbors who were doing care so they thought, yeah, that's something I can do. Within two weeks, two new providers began providing care for Alger County children. Should it be that easy?

What is Necessary to be a Provider?

Consistent with the review of literature, (Kontos, 1992; Nelson, 1990) providers are continuing to draw on their experiences as mothers, siblings and babysitters for the basis for providing care. Each provider mentioned being a mother as the first response to what they needed to know to work with young children. After probing, on the investigator's part, skills obtained through workshops or other modes of training were mentioned. It is obvious upon reading the data in the previous chapter, that providers feel adequate in dealing with the children. Frustrations stem from parents, not children.

The importance of helping providers distinguish between parenting and providing child care is evident. Child care is not parenting. There are many common skills, but they are not equal. Parenting is one thing and professional child care is another thing. One of the Agency representatives' shared examples of where some of the differences lie: needing a business sense as self-employed business people, having the ability to communicate with other adults (sometimes in not the most pleasant of situations), the reality of having six children in your home, caring for children who do not love each other as a part of the same family unit, and the need to integrate different family units and a variety of value systems. Providers'

understanding of these differences could positively affect how parents perceive the care their children are receiving and promote respect for the providers. Most of the providers stated positive outcomes of becoming registered providers. Confidence and support in developing contracts protecting their rights as child care providers was the most mentioned positive outcome. The Alger County providers all professed changing in some way after becoming registered; either in their policies of providing care or general attitude.

Frustrations with Parents

Providers' frustration with parents is evident. These frustrations consist of a general lack of consideration and respect, and at times a perceived (provider) lack of concern for the well-being of their children. The Alger providers are committed to their children. They have a strong belief that ideally, a parent should stay at home with their children. Several providers expressed that choosing child care, from the parents' view, boiled down to money, not how good the care was. This was also supported by both of the Agency representatives as they work with parents as a child care referral agency. The most commonly asked question by parents was, "How much does it cost?"

Although many of Montana's families are financially

strapped, options for child care are still available. As the number of early childhood programs increase, more and more options exist. Providers generally charge the same amount for the care they provide. Realistically, a parent could call ten providers who all charge the same amount. Parents have enough options of providers that one can be chosen for reasons other than the cost. But, parents' choices are often stopping right there. Many of the providers being contacted by parents are finding that parents are not asking questions about the family day care homes. If the cost is acceptable, parents are ready to drop off their children.

Several of the providers have started using interviews and trial periods for children and their families. I would highly recommend that all providers take these preliminary steps. This is the perfect opportunity to see how well of a match the child and family is to the provider's home and vice versa. An interview would also give the provider an opportunity to go over her contract and the stipulations of the care.

Regulatory Agent?

The Department of Family Services (DFS) is the regulatory agency for family day care providers in Montana. The Alger County providers are aware of the presence of this agency but they are also aware of the lack of adequate

staffing for monitoring providers. No one is monitoring providers to make sure that quality care is occurring. None of the five providers in this study, as well as the two in the pilot study, have been visited by DFS. The exception in this study was the provider who attended the support group. Her home had been visited because several complaints were called in to DFS about the care she was providing. Both Agency representatives expressed concern with the minimal level of DFS's involvement as the regulatory agent. This is leaving the representatives, not specifically trained in regulations or child care, to carry the burden of monitoring and regulating providers through mandatory reporting. This would not be occurring, and does not occur, without participation in the Food Program. Currently, the only time contact is made with the providers is through three mandatory visits required of Food Program participants. The representatives' testimonies reveal the awkward position they have been put in as they strive to "support" providers, but have ended up in the "regulating" limelight. The lack of regulation, and not knowing exactly who's doing the regulating, seems to be related to a general sense of distrust of outsiders. Three of the providers asked me if I was an undercover inspector, a spy for the Agency, or if I was the person who was supposed to check up on them. At the support group, a provider said, "So, you're here to find out how come we ain't going to training." The most alarming one

for me was when the husband of one of the provider's told her that she should be more careful about who she lets in her house. I might have been a child kidnapper. The one provider who did not say anything to me specifically, told one of the children to be good, that I might just be there to check up on them. As one provider put it, "Well, I know that someone's supposed to be coming. No one I've talked to has been visited yet, but they're supposed to." Visitations from the regulatory agency would ease a lot of providers' minds.

Training Agency

The Alger County providers showed different levels of interest in training. All but one of the providers had attended the orientation required of newly-registered providers. Some of the providers found it helpful, others did not. When referring back to what was helpful, fire safety and tax information were the most mentioned. All of the providers expressed that when learning about child care, they want to hear from people who have experience specific to child care; more specifically, family day care. Training needs to be meaningful and realistic to family day care.

The Agency has provided a wide variety of training opportunities throughout the year. The training has been relatively unattended, especially this Spring. One of the

representatives discussed the importance of understanding adult learners when considering training opportunities. The representative also expressed several goals for the direction of future training: long-term planning for training (themes); building in the reality of the "two to three year lifespan" of many of the providers; utilizing focus groups to ask providers what they need and want; encouraging providers to become more involved with the planning and implementation of training; and working towards helping the providers feel ownership for the training that is available, assisted by the facilitation of the Agency. All of these are strong recommendations for other training agencies whose goal is to support providers.

Providers stated that there was no convenient time for training. After long days, evening training are not appealing. After long weeks, a Saturday workshop is not appealing to the providers or their families. Time constraints and energy level were the most often mentioned reason for not attending training. Two of the providers are attending additional training as they work towards merit pay, and the other providers stated that they have not been attending additional training. A possible area of further study would be to follow the Agency's progress in promoting provider ownership in training opportunities to see how attendance and willingness to participate in training is affected.

The Need for Training and Quality Care

A walk back to the all-encompassing dilemma of the issue of training and quality is necessary. The positive effects of training on quality have been clearly documented in research (Howes, 1983; McCartney et al., 1982; Vandell & Powers, 1983). Concerns about quality in family day care homes is especially important for two reasons. First, family day care is the most widely used form of child care (Nelson, 1990; Schuster, 1992). Second, the provider's caregiving practices are central to family day care quality. As the sole provider (unmonitored and unregulated) in the home, the provider develops all aspects of care. This includes availability of space, what materials are available, the group size and composition, and the variety, complexity, duration and tone of caregiving activities. It becomes apparent that it is the provider who influences the children's experiences on a daily basis which in turn, affects the child's development.

Understanding what guides providers' decisions and practices was one of the main goals of this study. As the researcher of this study, I find that providers' practices are not based on knowledge of how children ages birth through age eight typically develop. In other words, developmentally appropriate practice is not evident in the homes. The Alger County providers are clearly drawing on

their personal experiences as mothers, siblings and babysitters as a guide to their caregiving practices.

The gap, upon completing this study, seems almost unbridgeable. If I were to mention the word developmentally appropriate practices to the providers in this study, I am certain that I would not have been able to enter their lives. Not only are providers drawing largely on personal experiences, but inconsistencies exist between what the providers believe and what they are practicing. Providers are not alone in this area. Several studies (Charlesworth et al., 1993; Isenberg, 1990; Pajares, 1992) have found inconsistencies between practices and beliefs among preschool and elementary teachers.

A recommendation specific to this area would be bi-annual provider observations. This might include: a) a process where providers are asked to share their beliefs about child care practices; b) observations of the providers by either a DFS or local training representative and; (c) then giving providers an opportunity to discuss their beliefs with what was observed. Speaking from experience, caregivers often do not realize inconsistencies in practices which are desired and those we are actually implementing. I see the above recommendations as something which would be extremely valuable and could be incorporated into a requirement for registered providers. It is time for the state of Montana and for the profession to make a commitment

(time and monetary) to improve the quality of family day care. Rather than spending time and money on developing training curriculum, an effort must first be made to get providers in the door.

Limitations of the Study

The results of this study are, to a large degree, site-specific. The research design used does not allow carefree generalization. The location of the study was chosen because of: a) the existence of viable family child care programs, b) the existence of a local referral agency and c) the providers expressed willingness to share their views on child care with me. The location was not selected randomly, or for representativeness, from a larger population of communities.

Another source of limitations were my biases as an observer. Prior to field experience, I informally considered some ways that my previous teaching experiences might influence what I focused upon during observations of the providers' homes. Because I have worked with young children, as well as supervised college level early childhood students, I do have opinions about program content, values, and appropriate practices. When I observe early childhood programs, I generally prefer to see providers actively engaged with the children. I also prefer

to observe providers assisting and monitoring children's activities, without dominating these activities. Because of both my training and supervising experiences in early childhood education, I am also incapable of observing a program without making some mental notes on the strengths and weaknesses that I perceive. Researchers, including myself, cannot simply detach themselves from their own well-ingrained ways of observing and evaluating events in their fields of expertise. To the extent possible, I attempted to just record how family day care was understood, and how care was delivered and interpreted in Alger County. The use of multiple sources and methods of data collection to cross-check results, peer debriefing, informal member-checking, as well as the use of the constant comparative method of data analysis, (involving identifying and explaining incidents which do not conform to patterns initially perceived by the researcher) provided an additional buffer against observer biases.

Another limitation of this study was that time constraints, on the part of both the researcher and the providers, led to one observation of each family day care home. Each observation was pre-scheduled rather than on a drop-in basis. The arrangement also resulted because of providers' desire to have minimal disruptions for themselves and the children in their care. The single observations provided insight into the lives of providers and children in

family day care homes. However, I do not know if prior notice of my visits changed provider practices, since the providers were not accustomed to visits by outsiders. The expectation of my visit may have changed the providers' practices.

Summary

The findings of this study suggest several strong realities currently existing in the family day care system: access to providing child care is open to any applicant; no one is regulating the legally operating homes; providers believe parenting skills adequately prepare them for providing care for other people's children; parents are not seeking highly-trained, well matched providers for their children, but rather, are making choices based on cost and ease of entry; the training agency is providing a multitude of training opportunities, relatively unattended; and providers are often discontinuing care after their children become school-age. What does this mean? If parents are satisfied with the care their children receive, and if children are relatively happy, have a roof over their head and are fed, is there an issue? Who's issue is it?

Following are recommendations which have evolved from the findings mentioned previously. Most of the providers studied clearly are not motivated to attend training beyond

what is required, in any shape or form, which the Agency has provided in great numbers and diversity of methods as well as content. Provider support groups, held at the suggestion of the providers themselves, are also going unattended.

Based on the findings, I think that recommendations must first stem from the public policy level. Individuals caring for other people's children for up to 12 hours of every weekday should be required to meet specific standards.

Providers who are truly interested in committing to providing quality, home-based care for young children and their families will need to realize the importance of stringent registration requirements, and put forth the effort to meet pre- and post-entry standards to the field of child care..

Outline of Recommendations

1. Mandatory background checks on all applicants.
2. Mandatory visitation of homes prior to becoming registered.
3. State prioritization of yearly visits, both announced as well as unannounced.
4. Bi-annual observations required for registered providers.
5. Yearly incentives for attending training.
6. One on one planning with Agency representatives to develop individual training plans, emphasizing the involvement of providers in the development and implementation of training.

7. Utilization of mentors, with background experience in family day care. This could also help to relieve the isolation that was expressed during interviews.
8. Utilize people with experiences specific to providing child care for training sessions.
9. A variety of modes of training to choose from, such as mentoring programs, conferences, workshops, phone conferences, newsletters, and video training.
10. Continuous training opportunities for maintaining positive provider-parent relationships.
11. Support for providers at varying levels of experience including those who are in it for a short time as well as developing incentives for providers to continue care beyond the time that their own children become school-age.

These recommendations require time, energy and money. A commitment to quality child care at the national, state and local levels is vital to the allocation of money and people needed to address this issue. Montana can look to her own leaders as well as to other states to unfold innovative, already present funding sources which support quality child care. A possible place to start is for Montana early childhood leaders to keep an eye on the changes proposed for the Child Care Development Block Grant. The proposed changes reflect advances that could work to give states greater flexibility in their ability to promote quality services. Child care issues continue to be in the spotlight. Now is the time to put plans into actions.

"With our current president and first lady in the Whitehouse, with such political recognition, and media power, time is ripe for addressing child care issues and the importance of looking at who is caring for today's young children. It is all of our responsibility to make our voices heard."

-- Lynn Kagan
Senior Associate
Bush Center
Child Development/Social Policy
Yale University

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APPENDICES

APPENDIX A
TELEPHONE CONTACT

TELEPHONE CONTACT

Hi, my name is Barb Kinnunen-Skidmore. Janis from the Agency contacted you a few days ago regarding my study about family day care providers. She told me that you have recently become a family day care provider and have the beginning experiences and perspectives I am looking to study. I am a graduate student at MSU interested in learning more about family day care providers and their perspectives about caring for young children.

I would like to set up a time when I could come and ask you some questions about being a new family day care provider and possibly observe the children in action.

The interview will take from half an hour to an hour. I am available every afternoon, and evenings or weekends are also possibilities. When is a convenient time for you?
_____.

I would also like to set up a time when I can observe your family day care home several days after we meet for your interview. What day/time is convenient for you?
_____.

Thank you so much for your time and for agreeing to participate in my study. I am very interested in talking to you about your family day care home and the time you spend with the children. I look forward to seeing you on _____ at _____.

See you then. Barb

APPENDIX B
INTERVIEW PROCESS

INTERVIEW PROCESS

INTRODUCTION:

As you know, I am working on my thesis which focuses on family day care providers and their perspectives about caring for young children. I'm especially interested in why people start caring for young children in their homes and what skills or knowledge is used when a provider starts working with children. That is one of the reasons why I want to interview you. Your answers to the questions I am going to ask will help other types of child care providers understand perspectives specific to beginning family day care providers.

The information gathered from my interviews and observations will be combined into an overview of local family day care providers and their perspectives on caring for young children. This information will then be used for my thesis and possibly a presentation at a state conference. When that happens, I will be extremely careful not to share the names of any of the providers I have interviewed. All information will be from anonymous providers.

I would like to tape record our interview as well as take notes as you talk to fully understand what you are saying. Is that ok with you? No one else will hear this tape except you and me. Nothing you say will ever be identified with you personally.

As we go through the interview, if you have any questions about why I am asking certain questions or are unsure of what I am asking, please say so. If at any time you would like to turn off the tape, please do so. Do you have any questions before we begin?

APPENDIX C
INTERVIEW QUESTIONS

INTERVIEW QUESTIONS

Transition: "Think back to..."

1. Tell me about the experiences or decisions that led you to become a family day care provider. What was going on in your life at the time?

Transition: "You've been working with children for..."

2. When you think about the children you are caring for now, what are the skills that you need most to work successfully with them?

Transition: "The skills you just mentioned, were they gained from..."

3. What types of informal training do you have relating to family day care? For example you may have had other experiences as a parent or even growing up that provided relevant training. What about formal training experiences (workshops, courses)?

Transition: "Your skills have developed from several experiences..."

4. Do you think that formal training (like workshops or courses) is beneficial or necessary to work with young children?

- Tell me some of the reasons why you think that way.
- Some people in the field think that training is necessary to provide child care that is age appropriate as well as individualized, while others think it is not. What is "your" response to that?

Transition: "You've attended several formal training sessions..."

Most of your training has involved more informal...

5. If you were to participate in a workshop or course for family day care providers, what topics should be covered? Who do you think should present it?

CLOSURE:

Thank you so much for all of the information you shared with me. You got me thinking about so many things. I'm really interested in observing your family day care home. Thanks again. I look forward to seeing you on _____.

APPENDIX D
PROVIDER CONTRACT

PROVIDER CONTRACTDFS 15(d)
(Rev. 8/93)**DEPARTMENT OF FAMILY SERVICES
DAY CONTRACT**

Child's Name: _____ Nickname: _____ DOB: _____

Names and Ages of Sisters and Brothers: _____

Others living in the home: _____

ARRANGEMENTS FOR CARE:

Agreed upon days and hours of care: _____

Time and amount of payment: _____

Date service needed: _____

I, THE PARENT, have selected the below named provider and:

- ☐ will give advance notice if there are changes in these arrangements.
- ☐ will allow my child to ride with you in your car.
- ☐ will notify you by _____ if my child will not be coming for the day.
- ☐ will provide a change of clothing for my child.
- ☐ expect the following: _____

- ☐ will feed my child breakfast before taking him to the day care home. If not, I will make the following arrangement to reimburse the day care provider: _____

I, THE DAY CARE PROVIDER, agree to provide the child day care services to the above named child and:

- ☒ will notify you two weeks in advance if care will be discontinued.
- ☐ have _____ as my substitute should I become ill or not be able to provide care.
- ☒ will not employ corporal punishment as a form of discipline.
- ☒ will provide mid-morning and mid-afternoon snacks and a well-balanced lunch.
- ☒ If the child is in my home odd hours, I will provide these meals: Break fast, Am Snack, Lunch, Pm Snack
- ☒ will provide a program which allows time and materials for creative, outdoor, and free play activities.
- ☒ will provide an atmosphere which is reasonably clean and hazard free.
- ☒ expect the following: Children to have Plenty of Diapers, wipes, Chg. clothes etc
Be Picked up No Later Than 5:30 Will not do care for Sick kids!

Signed: _____
(Day Care Provider)

For In-child's Homecare, I agree to assume all employment related obligations owed to the provider.

(Signed Parent or Guardian)

Projected Starting Date: _____

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