

Willingness of day care providers to accept handicapped children
by Laura Jean Massey

A thesis submitted in partial fulfillment of the requirements for the degree of Doctor of Education in Curriculum and Instruction
Montana State University
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Abstract:
This study was conducted to determine whether the willingness to accept handicapped children by day care providers in day care centers, group home day care, and family day care settings in Montana differed according to their level of educational attainment and type of training. Selected variables were also examined, including age and parental status of the provider, years of experience in day care, years of experience with handicapped children, number of children served, number of handicapped children served, and type of course work.

The data collection procedures included the development of the research instrument, validity and reliability studies, and Dillman's (1978) survey method. Seven hundred and twelve day care providers were the subjects in this study, including: 275 family day care (FDC) providers, 180 group home (GH) providers, and 257 center day care (CDC) providers.

Among the conclusions based on the data analysis were: Levels of educational attainment did not influence FDC, GH, and CDC providers' willingness to accept handicapped children; FDC providers with training in special education and related fields were more willing to accept than those with training in nonrelated fields; a high school course of study, training in child development, or elementary education did not influence FDC providers acceptance; FDC providers with workshops/training in special education topics were more willing to accept than those with no course work in special education or no previous course work in special education; FDC providers who had 1-2 courses in child development or participated in child development workshops/training were more willing to accept than those without child development course work; additional child development course work did not influence FDC providers'; FDC providers with children were more willing to accept than those without children; the more handicapped children served in FDC, the greater the acceptance; as group size increased, FDC providers' acceptance increased; as years of experience with handicapped children increased, FDC providers' acceptance increased; the longer GH providers worked in day care, the less willing they were to accept; as age increased in GH and CDC providers, acceptance decreased.

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APPROVAL

of a thesis submitted by

Laura Jean Massey

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.

13 June 1991
Date

Chairperson, Graduate Committee

Approved for the Major Department

June 14, 1991
Date

Head, Major Department

Approved for the College of Graduate Studies

June 14, 1991
Date

Graduate Dean

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ABSTRACT

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CHAPTER 1

INTRODUCTION AND REVIEW OF LITERATURE

Introduction

In the 1960s and 1970s, the question of equal educational opportunity in the United States was a political, economic, and social issue at both the state and national levels. It became increasingly apparent that the provision for and availability of educational opportunity in the United States was denied to certain populations in our society. One of the populations affected by this disparity in educational opportunity was the "handicapped" (Peterson, 1987).

National public awareness and litigation in federal courts brought to the attention of the federal government the inadequacies of opportunity and services within our public educational system. In order to ensure equal educational opportunity for the handicapped population, the United States Congress in 1975 passed Public Law 94-142, the Education for All Handicapped Children Act.

Public Law 94-142 (1975) mandated a "free and appropriate public education" for all handicapped children between the ages of 3 and 21, except where these age provisions interfered with state laws. Since the enactment of Public Law 94-142, most states have opted to provide services to handicapped children upon school entry at the ages of five or six (Cohen, Semmes, & Guralnick, 1979; Garwood, Fewell, & Neisworth, 1988; O'Connell, 1983).

Recognition of the need for earlier intervention for handicapped children between the ages of zero to five years resulted in amendments to Public Law 94-142 passed in 1983 and 1986, respectively, under Public Law 98-199 (Weintraub & Ramirez, 1985) and Public Law 99-457 (Harbin, 1988). Both amendments clearly supported the need for earlier intervention, however, Public Law 99-457 mandated the establishment and provision of services to the zero-to-five handicapped population (Ballard, Ramirez, & Zantal-Wiener, 1987).

Since the advent of Public Law 94-142, a plethora of research has been conducted on regular classroom teacher attitudes toward handicapped children in public school settings (Jones, 1986). Research related to preschool teacher attitudes toward accepting handicapped children has not been as abundant. Furthermore, the body of research related to preschool teacher attitudes has been conducted in very specific settings, limited in scope and focus to special preschools for handicapped children or model preschool programs (Anastasiow, 1978; Carlson & Clapp, 1983; Guralnick, 1981, 1986, 1987; Guralnick & Groom, 1988; Jenkins, Speltz, & Odom, 1985; Klein & Sheehan, 1987). In both the preschool and regular education teacher attitudinal research, teacher characteristics and educational backgrounds were fairly uniform within the respective groups.

A particular lack of research on day care providers' attitudes and willingness to accept handicapped children was noted in a review of the literature and lamented by other researchers (Bagnato, Kontos, & Neisworth, 1987; Chang & Teramoto, 1987; Fewell, 1986; Jones & Meisels, 1987; Klein & Sheehan, 1987).

The literature that was available regarding day care and handicapped children primarily focused on: (a) survey research designed to determine how many handicapped children were served within a limited sample (Berk & Berk, 1982; Chang & Teramoto, 1987); and (b) models to train day care providers in center-based programs to work with handicapped children (Bagnato et al., 1987; Jones & Meisels, 1987; Klein & Sheehan, 1987).

Efforts were made by some researchers to address the attitudes of day care providers toward handicapped children. However, several limitations were noted: (a) small sample size (Berk & Berk, 1982; Bagnato et al., 1987; Chang & Teramoto, 1987; Jones & Meisels, 1987), (b) geographic limitations (Berk & Berk, 1982; Chang & Teramoto, 1987; Jones & Meisels, 1987); (c) homogeneity in the type of day care setting (Bagnato et al., 1987; Berk & Berk, 1982; Chang & Teramoto, 1987; Jones & Meisels, 1987; Klein & Sheehan, 1987); (d) the majority of the research was conducted in center-based settings (Bagnato et al., 1987; Berk & Berk, 1982; Chang & Teramoto, 1987; Klein & Sheehan, 1987); (e) use of "model" or "high-quality" programs (Bagnato et al., 1987; Jones & Meisels, 1987; Klein & Sheehan, 1987); (f) sample populations were directors of day care centers and not the day care teachers/providers (Bagnato et al., 1987; Berk & Berk, 1982; Chang & Teramoto, 1987); and (g) a paucity of control variables for characteristics of the providers or directors (Bagnato et al., 1987; Berk & Berk, 1982; Chang & Teramoto, 1987; Jones & Meisels, 1987).

Research related to the type of educational training and level of educational attainment of day care providers and their willingness to accept handicapped children was scarce. In a national survey of services and personnel requirements, O'Connell (1983) found that 41% of the states had no specific standards for certifying teachers of the preschool handicapped. Klein and Sheehan (1987) substantiated the lack of any specialized training for day care providers to meet the needs of young handicapped children, citing (a) the high turnover rates of providers, (b) the absence of state-mandated requirements, and (c) the minimal educational level of day care providers. Similar concerns over a 10-year span were noted at a national level in the National Day Care Study of 1977 (Ruopp, Travers, Glantz, & Coelen, 1979) and Morgan's (1987) investigation of the state of national day care regulations. No specific data on the type and level of educational training of day care providers in Montana was available.

Probably the most thorough research on day care providers and their willingness to accept handicapped children was provided in an unpublished doctoral dissertation by Fritz (1985). Fritz (1985) found that the type of educational attainment was significantly related to day care providers willingness to accept handicapped children. Course work in special education was related to greater acceptance of handicapped children; while course work in child development was not directly related to greater acceptance of handicapped children. No study has been conducted in Montana which examined special education course work or child development course work of day care providers.

Additionally, Fritz (1985) found that the level of educational attainment was significantly related to day care providers' willingness to accept handicapped children. Day care providers who had some graduate school or who had completed a master's degree were more willing to accept handicapped children than teachers who had some college or high school level experience.

Although Fritz's study was more systematic and comprehensive than other studies conducted on day care providers, Fritz (1985) noted the following limitations: (a) the sample included only center-based day care, (b) the day care centers included in the study were selected because they demonstrated the "highest programmatic standards in the state" (p. 195), and (c) the study was conducted in a selected urban area. Fritz (1985) recommended that a similar study be conducted in a "greater variety of program settings" (p. 199). No such study has been conducted in Montana which examined the willingness of day care providers in day care centers, group home day care, and family day cares in both urban and rural settings to accept handicapped children. Additionally, a review of the research did not identify any other research that examined day care providers' willingness to accept handicapped children in differential settings.

The attitude of teachers toward handicapped children has been accentuated as a critical factor in determining the successful integration of handicapped children (Carlson & Clapp, 1983; Fritz, 1985; Guralnick, 1982; Haring, Stern, & Cruickshank, 1958; Jones, 1986). In a comprehensive examination of attitudes and attitude change in special education, Jones and Guskin (1986) contended that:

> The dramatic new laws, policies, and services directed toward improving the lot of handicapped cannot be fully implemented without increased receptivity toward them as persons with individual differences. Despite the assumption that full integration into communities and schools will alter traditional views toward the handicapped, the achievement of full integration appears to be possible only through a better understanding of attitudes towards persons with disabilities . . . . (p. 2)

The economic, legal, familial, and societal needs and demands have made it more likely that day care services will provide an important supplementary service to families of handicapped children and early intervention efforts (Barnett, 1988; Klein & Sheehan, 1987; O'Connell, 1983; Smith & Strain, 1988). Even though the provision for and the integration of services for the zero-to-five handicapped population may be "mandated," the examination of day care providers' attitudes toward accepting handicapped children may be a more effectual variable than state or national regulations. As of this date, no study of day care providers' attitudes toward handicapped children has been conducted in Montana.

In light of the current issues regarding the provision of services to young handicapped children and the likelihood that day care will be part of the comprehensive service delivery system, a study that examined the willingness of day care providers in Montana to accept handicapped children would be useful in the following ways: (a) by identifying selected characteristics of day care providers who would be most willing to accept handicapped children into their programs, (b) by identifying selected characteristics of day care providers in differential settings, (c) by providing helpful implications for service delivery options for young

handicapped children, and (d) by providing useful implications for the future educational and training needs of day care providers who serve young children.

Statement of the Problem

Selected variables were examined in this study, including age and parental status of the provider, years of experience in day care, years of experience with handicapped children, number of children served, the number of handicapped children served, and types of course work/training.

The problem of this study was to determine whether the willingness to accept handicapped children by day care providers in day care centers, group home day cares, and family day care settings in Montana differed according to their level of educational attainment and their type of training. Specifically, this study was conducted in order to: (a) determine whether the overall willingness to accept handicapped children by day care providers in day care centers, group home day cares, and family day care settings differed according to their level of educational attainment and their type of training; (b) determine whether the willingness to accept handicapped children according to their level of severity by day care providers in day care centers, group home day cares, and family day care settings differed according to their level of educational attainment and type of educational training; and (c) determine whether the willingness to accept handicapped children according to the type of handicapping condition by day care providers in day care centers, group home day cares, and family day care settings

differed according to their level of educational attainment and type of educational training.

Definition of Terms

For the purposes of this study, the following terms required definition:

1. Acceptance by Level of Severity: This term referred to the willingness of day care providers in family day care, group home day care, and day care centers to accept handicapped children by their level of severity into their programs as measured by the adapted version of the Family Day Care Integration Inventory (Meisels & Jones, 1987).

2. Acceptance by Type of Handicapping Condition: This term referred to the willingness of day care providers in family day care, group home day care, and day care centers to accept handicapped children by their type of handicapping condition as measured by the adapted version of the Family Day Care Integration Inventory (Meisels & Jones, 1987).

3. Day Care: Day care was defined as the developmental care and/or education of children between the ages of zero to five outside of their homes as a licensed or registered facility during a portion of the day.

4. Day Care Center: "A place in which supplemental parental care is provided to 13 or more children on a regular basis, including the provider's own children who are less than six years of age" (Department of Family Services, 1988, p. 8).

5. Day Care Facility: "A person, association, or place incorporated or unincorporated that provides supplemental parental care on a regular basis. It includes a family day care home, a day care center, or a group day care home" (Department of Family Services, 1988, p. 1).

6. Day Care Provider: A staff member in a licensed or registered day care facility who is responsible for the direct developmental care and supervision of children. This definition excludes directors of day care centers.

7. Educational Level: Educational level was defined as a day care provider's educational attainment based upon the following categories: less than a high school diploma, high school diploma, one to two years of college, graduate of a two-year college program, graduate of a four-year college program, some graduate school, and master's degree or higher.

8. Experience with Handicapped Children: This term reflected any work-related and/or personal experience with handicapped children.

9. Family Day Care: "A private residence in which supplemental parental care is provided to three to six children--no more than three children under two years of age from separate families on a regular basis, including the provider's own children who are less than six years of age" (Department of Family Services, 1988, p. 7).

10. Group Day Care Homes: "A private residence in which supplemental parental care is provided to 7 to 12 children on a regular basis, including the

provider's own children who are less than six years of age" (Department of Social & Rehabilitation Services, 1986, p. 1).

11. Handicapped: The term "handicapped" referred to the definitions of handicapping conditions under Public Law 94-142 which included deaf, deaf-blind, visually impaired, mentally retarded, learning disabled, emotionally disturbed, orthopedically impaired, communication disordered, other health impaired, and multiply handicapped.

12. Level of Severity: Level of severity referred to the degree of impairment at three levels: mild, moderate, and severe.

13. License: A written document issued by the Department of Family Services to a day care center which indicates compliance with the applicable licensing rules for day care centers. In the state of Montana, only day care centers are licensed.

14. Overall Willingness to Accept: This term referred to the overall or general willingness of day care providers in family day care, group home day care, and day care centers to accept handicapped children into their program without regard to the level of severity or type of handicapping condition as measured by an adapted version of the Family Day Care Integration Inventory (Meisels & Jones, 1987).

15. Parental Status: This term referred to day care providers with and without children.

16. Registered - A list of all family day care homes and group day care homes which is maintained by the Department of Family Services. The Department of Family Services "promulgates rules for registration and requires the day care provider to certify that the provider is in compliance with the registration rules" (Department of Family Services, 1988, p. 7). In the state of Montana, only family day care homes and group day care homes are registered.

17. Type of Training - Type of training was defined as the day care provider's primary field of study including: high school course of study, child development, special education, elementary education, related fields, and nonrelated fields.

18. Willingness to Accept - This term referred to day care providers' willingness to accept handicapped children into their day care programs as measured by the adapted version of the Family Day Care Integration Inventory (Meisels & Jones, 1987).

Questions to be Answered

The general questions of this study were:

1. Was there a significant correlation between the age of the day care providers and the overall willingness to accept handicapped children for each of the three groups?

2. Was there a significant correlation between the day care providers' years of experience in day care and the overall willingness to accept handicapped children for each of the three groups?

3. Was there a significant correlation between the day care providers' years of experience with handicapped children and the overall willingness to accept handicapped children for each of the three groups?

4. Was there a significant correlation between group size and the overall willingness to accept handicapped children for each of the three groups?

5. Was there a significant correlation between the number of handicapped children served and the overall willingness to accept handicapped children for each of the three groups?

6. Was there a significant difference between the means for parental status on the dependent variable, overall willingness to accept handicapped children, for each of the three groups?

7. Was there a significant difference between the means for the levels of educational attainment on the dependent variable, overall willingness to accept handicapped children, for each of the three groups?

8. Was there a significant difference between the means for the levels of educational training on the dependent variable, overall willingness to accept handicapped children, for each of the three groups?

9. Was there a significant difference between the means for the types of child development course work on the dependent variable, overall willingness to accept handicapped children for each of the three groups?

10. Was there a significant difference between the means for the types of special education course work on the dependent variable, overall willingness to accept handicapped children for each of the three groups?

11. Did the independent variables, levels of educational attainment and types of educational training, interact on the dependent variable, overall willingness to accept handicapped children?

12. Did the independent variables, levels of educational attainment and types of educational training, interact on the dependent variable (acceptance by level of severity) for each of the three groups of day care providers?

13. Did the independent variables, levels of educational attainment and types of educational training, interact on the dependent variable (acceptance by type of handicapping condition) for each of the three groups of day care providers?

14. Did the independent variable, level of educational attainment and the set of other independent variables (type of training, age of provider, parental status of provider, years of experience in day care, years of experience with handicapped children, group size, and number of handicapped children) account for a significant proportion of the variability in the dependent variable, overall willingness to accept handicapped children, for each of the three groups of day care providers?

15. Did the independent variable, level of educational attainment, and the set of other independent variables (type of training, age of provider, parental

status of provider, years of experience in day care, years of experience with handicapped children, group size, and number of handicapped children) account for a significant proportion of the variability in the dependent variable, willingness to accept handicapped children by level of severity, for each of the three groups of day care providers?

16. Did the independent variable, level of educational attainment, and the set of other independent variables (type of educational training, age of provider, parent status of provider, years of experience in day care, years of experience with handicapped children, group size, and number of handicapped children) account for a significant proportion of the variability in the dependent variable, willingness to accept handicapped children by the type of handicapping condition, for each of the three groups of day care providers?

Review of Relevant Research or Theory

The review of relevant research related to day care providers and their willingness to accept handicapped children has been organized in the following manner: (a) legislation, (b) day care and changing families which was subdivided into two sections including: changing families and the changing role of day care, (c) effects of preschool mainstreaming, (d) willingness to accept handicapped children into early childhood settings, and (e) education and training of day care providers.

Legislation and Handicapped Children

Public Law 94-142, the Education for All Handicapped Children Act, was passed by the United States Congress in 1975. With the enactment of this law came not only the clear recognition of the needs of handicapped children in this country but, more importantly, the mandated provision of services for these children in public school settings. This law (Public Law 94-142, 1975), in its initial form, mandated a "free and appropriate public education" for all handicapped children between the ages of 3 and 21, except where these age provisions interfered with state laws.

Although Public Law 94-142 designated substantially needed services for the 3 to 21 population of handicapped children, it essentially excluded the 0 to 3 population of handicapped children from receiving "a free and appropriate public education" (Hayden, 1979). Furthermore, the implementation of this law regarding the age guidelines of 3 to 21 varied among all 50 states (Garwood & Sheehan, 1989). The majority of the states which attempted to comply with the new federal regulations regarding handicapped children opted to serve the 6-to-18-year-old handicapped population in the public school settings, leaving the 3-to-5 and the 18-to-21-year-old population in a permissive status (Edmister & Ekstrand, 1987; Peterson, 1987).

This permissive status essentially meant that the public schools would provide services to handicapped children in these respective age groups if the public schools had programs that were serving the nonhandicapped population in

these age groups. Since the provision of services by the public schools to the under school age population was dependent on state laws, many preschool children were not guaranteed a "free and appropriate public education" until they reached school entry levels at the ages of five or six (Cohen et al., 1979; Garwood et al., 1988; O'Connell, 1983).

Recognition of the need for earlier intervention with handicapped children resulted in amendments to Public Law 94-142 passed in 1983 under Public Law 98-199 (Weintraub & Ramirez, 1985). These amendments not only recognized the need for early intervention with young handicapped children between the ages of three and five years but supported the development of services for handicapped children from birth to five.

Although Public Law 98-199 did not federally mandate services for the zero to five population of handicapped children, it clearly supported the need for earlier intervention through the provision of state planning and incentive grants (Weintraub & Ramirez, 1985). Subsequently, the Seventh Annual Report to Congress on the Implementation of the Education of the Handicapped Children Act (U. S. Department of Education, 1985) noted an increase in the number of states mandating services for some handicapped children dependent on age or specific disability between the ages of zero to five.

Later amendments to Public Law 94-142, passed in October 1986 under Public Law 99-457, basically reauthorized prior provisions for the zero-to-five handicapped population by specifically increasing the amount of funds through

state incentive grants (Garwood & Sheehan, 1989; Harbin, 1988). Targeting the zero-to-two and the three-to-five handicapped population, these new provisions required that the states develop a comprehensive and coordinated service system for the zero-to-two handicapped population with an interagency and family focus. By the school year 1990-1991, states were to have established services for all eligible handicapped children between the ages of three-to-five years or lose their funding for this particular age group (Ballard et al., 1987; Garwood & Sheehan, 1989; Weiner & Koppelman, 1989).

These new amendments propelled into motion a complex and diverse set of social, economic, political, educational, and child care variables that were unique to the zero-to-five handicapped population of children and their families (Barnett, 1988; Harbin, 1988; Vincent & Salisbury, 1988; Weiner & Koppelman, 1989). Prior to Public Law 99-457, the provision, adequacy, and consistency of services for young handicapped children was largely dependent on state laws with wide variations among the states. At the same time the school age population of handicapped children was primarily governed by federal laws regarding identification and service delivery within a public school system with an assurance of consistency within established federal guidelines. The public school had traditionally served as a central agency and model for the provision of services for the handicapped population when they reached school age. The model utilized by public school settings was comprised of a continuum of services which ideally identified the regular classroom as the "least restrictive environment" for

mainstreaming handicapped children into public school settings. No singular setting has been identified to serve as a central model for service delivery for the zero to five population of handicapped children (Barnett, 1988; Cohen et al., 1979; Edmister & Ekstrand, 1987; Fowler, Hains, & Rosenkoetter, 1990; Peterson, 1987). Presently, researchers (Bagnato et al., 1987; Barnett, 1988; Fewell, 1986; Fowler et al., 1990; Jones & Meisels, 1987; Karnes, 1986; Klein & Sheehan, 1987; Rule, Stowitschek, Innocenti, Striefel, Killoran, & Swezey, 1987; Smith & Strain, 1988) have targeted day care as one component of a service delivery system for young handicapped children and their families.

Day Care and Changing Families

Day care has become an increasingly viable option for handicapped children and their families for three major reasons: (a) the enactment of Public Law 99-457 has directed the focus of early intervention efforts and services for the zero to five population of handicapped children, (b) families have changed, and (c) the role of day care has changed.

Changing Families.

In an examination of changing economic and social influences on family involvement, Vincent and Salisbury (1988) stated:

> The nuclear family has disappeared. The "Ozzie and Harriet," "Leave It to Beaver," and "Archie Bunker" families with two parents and several children living in a home that they own is simply not a reality for many American children. The notion that mothers remain at home while their children grow up is not true for the majority of children, even preschool children. (p. 49)

Washington and Oyemade (1985) reported that only 11% of families now fit this previous notion of families.

Vincent and Salisbury (1988) have characterized the American family of the 1980s as one in "transition" (p. 49). This "transitional" quality has been loosely defined by a number of variables, including divorce, labor participation, single parenthood, teenage pregnancy, and poverty. Similar social and demographic trends affecting families have been scrutinized by other researchers (Blank, 1986; Caldwell, 1986; Galinsky, 1986; Halpern, 1987; Institute for American Values, 1989; National Commission of Working Women, 1985; Ruopp & Travers, 1982; Washington & Oyemade, 1985).

Vincent and Salisbury (1988) reported that 1.5 million children in this country are affected by divorce and that 67% of children born today will be raised in a single parent household during some portion of their developmental years. Caldwell (1986) predicted that by 1990 one in three marriages will end in divorce. In 1970 there were 3.2 million single parent households in the United States, and by 1984 this number had increased to 6.7 million (Vincent & Salisbury, 1988). It has been estimated that by 1990, 12 million children will live in single parent households (Blank, 1986; Caldwell, 1986; Vincent & Salisbury, 1988) and that the majority (90%) of these households will be headed by a female (Vincent & Salisbury, 1988).

This increase in the number of female, single parent households has been linked to the "feminization" of poverty (Halpern, 1987; Institute for American

Values, 1989; Vincent & Salisbury, 1988; Washington & Oyemade, 1985). Washington and Oyemade (1985) cited a study conducted by the Children's Defense Fund which indicated that the breakup of a marriage was the most common reason cited for seeking public assistance, accounting for approximately 45% of all AFDC (Aid to Families with Dependent Children) children. The "feminization" of poverty has also been linked to the rise in teenage pregnancy. Washington and Oyemade (1985) reported the number of teenage pregnancies has risen dramatically with 1 of 6 babies born to teenage mothers in 1979. Halpern (1987) estimated that teenage mothers accounted for 540,000 births every year. One half of those children were born to teenage mothers out of wedlock. According to Washington and Oyemade (1985), single parent mothers with children are three times more likely to be living in poverty than two-parent families; one in three female-headed families live in poverty compared to 1 in 10 male-headed families and 1 in 19 two-parent families.

Poverty in families with children under 6 years of age has also risen dramatically with poverty estimates for this preschool population at 25% (Blank, 1986; Halpern, 1987). However, in single-parent families the poverty rate for preschool children in 1983 was 68% (Blank, 1986). Ruopp and Travers (1982) and Halpern (1987) also called attention to the problems that two-parent families face when the second income of a dual-earner family keeps the family above the poverty line.

These societal and family changes have had a significant impact on the labor force participation in this country. Mothers of preschool children have comprised the most rapid growing segment of the labor force. Ruopp and Travers (1982) estimated that the labor force participation of mothers with children under the age of six had more than tripled from 14% in 1950 to 47% in 1980. Halpern (1987) estimated that single mothers of children under the age of six constituted 63% of the labor force participation. The National Commission of Working Women (1985) reported that according to the Bureau of Labor Statistics of 1984, 32.7 million (56%) of all children had working mothers. The number of children between the ages of zero to five was 9.34 million. For families with children under the age of three, Galinsky (1986) noted that the number of working mothers jumped from 35% in 1975 to 50.5% in 1985. Additionally, Halpern (1987) acknowledged that 65% of all employed mothers had children under the age of three. By 1990, 64% of all families will have mothers who work (Galinsky, 1986), and the number of children under the age of six was estimated to be approximately 24 million (Galinsky, 1986; Ruopp & Travers, 1982). A significant and growing number of children under the age of six will be in need of some type of nonparent child care (Blank, 1986; Galinsky, 1986; Halpern, 1987; National Commission of Working Women, 1985; Vincent & Salisbury, 1988).

Do these statistics on changing families differ for families of handicapped children? A review of the literature yielded no specific data. Fewell (1986) confirmed that no statistics were available for the number of working mothers of

handicapped children and the subsequent impact on nonparent care. Fewell (1986) estimated that the number of handicapped children under the age of six was approximately 2,300,000. Using the prevalence rates of working parents in the labor force, Fewell (1986) speculated that the percentage of working parents of handicapped children was roughly the same. Fewell (1986) projected that 1,106,604 handicapped children had working mothers in 1980, 1,475,303 in 1990, and 1,475,303 by the mid 1990s.

If Fewell's estimates are reasonable and the mandates for service to the zero to five population of handicapped children are considered, the implications for child care arrangements deserve immediate consideration. Fewell (1986) argued that the options for child care for families of handicapped children have been limited; however, families of handicapped children have similar needs for child care as families of nonhandicapped children. In addition, respite care, relief from family stress, and support services have been documented needs for child care by families of handicapped children (Fewell & Vadasy, 1987; Frey, Fewell, & Vadasy, 1989; Whitehead, Deiner, & Toccafondi, 1990). Bagnato et al. (1987) and Davidson (1990) contended that families of handicapped children have a greater need for day care services due to the financial strain commonly associated with the care and upbringing of a handicapped child.

Changing Role of Day Care. How has day care responded to the social and economic trends affecting families and children? Ruopp and Travers (1982) illustrated the changing focus and perceptions of day care from 1930 to 1980. In

the 1930s and 1940s, day care was perceived as a needed service in order for women to participate in the labor force during the depression and World War II (p. 13). In the 1960s the "war on poverty" sparked a growing interest in the early development of children from "disadvantaged" (p. 74) and low-income families. Day care and other early childhood programs were perceived as a service to "disadvantaged" (p. 74) children and families in order to ameliorate the effects of poverty. In the 1970s day care again emerged as a service needed to accommodate the increased participation of women in the labor force due to divorce, inflation, and personal and familial goals (pp. 77-78).

As early as 1971, Rowe testified before the Senate Finance Committee that day care was "an institution lagging behind the social change that has brought a need for it" (Westinghouse Learning Corporation and Westat Research, 1971, p. 2). Her testimony addressed the need for day care to accommodate the increased number of mothers from all socioeconomic levels who were entering the work force. This need to redefine the role of day care was graphically illustrated by Keyserling (1972) in Windows on Day Care, one of the first national reports on the state of day care in this country. Keyserling (1972) reiterated the need to change the national perceptions of day care from one of a welfare service to a service which accommodated the needs of all children and families. Keyserling (1972) called for expanded care for working mothers of all socioeconomic levels, more developmental opportunities of high-quality care for children living in

poverty, infant and toddler care, and day care for handicapped children and other children with special needs (p. 227).

The findings of the National Council of Jewish Women in Windows on Day Care (Keyserling, 1972) specifically addressed the need for change in the day care centers in this country. The study was conducted in day care centers in all of the major regions in the United States. One hundred and twenty-seven proprietary licensed day care centers operating on a full-time basis serving 6,400 children were investigated. Approximately half of the centers investigated were located in the South. The majority of users of the day care centers were preschool children between the ages of three and four years of age from families living in poverty and families with working mothers. Family day care homes were not included in the study, however, Keyserling (1972) estimated that approximately two million children "may be receiving" care in family day care homes, and fewer than 5% of them were "licensed or supervised" (p. 5).

Trends in the 1960s and 1970s caught the attention of the federal government and resulted in a new federal day care intervention which took the form of increased financial supports for day care. Ruopp and Travers (1982) in an examination of the federal expenditures in the National Day Care Study of 1979 found that these expenditures were minimal, especially for low income families. The National Day Care Study (Ruopp et al., 1979) accounted for approximately 2.9 million children in day care centers, family day care, and in-home day care. Preschool children between the ages of three and five were the

major users of full-time care in both center (66%) and family home day care (33%). Infants and toddlers were most frequently found in family day care homes (33%). Ruopp and Travers (1982) also found that the majority of the children in day care centers were white, however, minorities and low-income families were disproportionately represented. The findings of the national study indicated that the majority of the users of day care in the United States were either working, low-income single parents or dual-earner families who needed the second income.

The role of day care in the 1980s was in a state of flux. Phillips and Whitebrook (1986) examined conflicting statistics on child care workers and called for an accurate system of data collection on the number of child care providers based on current professional labels as well as accurate documentation of their educational levels, experience, and training. Fourteen years earlier Keyserling (1972) in Windows on Day Care called for a similar systematic collection of information by a central agency. Although efforts have been made since 1972, statistics regarding child care have been collected by a variety of agencies with little coordination and consistency between them (Phillips & Whitebrook, 1986).

Research and literature on day care in the 1980s have focused on the supply and demand of day care and the quality of day care in the United States (Hofferth, 1989; Institute for American Values, 1989; National Commission of Working Women, 1985; Phillips & Whitebrook, 1986). Weikart (1989) contended that there is a growing shortage of child care in the United States. His argument was based on the growing shortage of available child care workers who have been

leaving the field of child care due to low salaries. He suggested upgrading the quality of child care by providing higher salaries, better education and training of child care providers, and incentives to complete and/or further their education and professionalism of the field.

The Institute for American Values (1989) contended that from an economic perspective there was no shortage of child care arrangements but rather a shortage in the number of quality day care facilities. The Institute for American Values (1989) recognized that shortages existed in some communities, but, nationally, the child care market was working well "especially for middle and higher" (p. 6) socioeconomic groups. Hofferth (1989) supported this contention in her examination of supply and demand and concluded that the issue was complex and that the new focus for parents in the 1980s was one of quality and regulated services, not just the availability of programs. Hofferth (1989) reported that care in the child's home has declined, family day care had slight increases, while center-based day care including care for infants and toddlers had the most reported increases. However, care by a relative accounted for approximately half the care of all children. The reported number of children cared for by a relative (approximately one half) has been consistently reported by other researchers since 1970 (Institute for American Values, 1989; Keyserling, 1971; National Commission for Working Women, 1985; Ruopp et al., 1979; Ruopp & Travers, 1982; Wattenberg, 1977).

While the research in the 1970s sought to expand the national perspectives on day care to include a broader user base than low-income families, the late 1980's literature has refocused attention on poverty in America. The supply and demand for day care has affected poor and low-income families who have not been benefiting from day care services and who may need it the most, particularly if those children have been deemed to be "at risk." The Institute for American Values (1989) reported that poor and low-income families cannot afford unsubsidized day care center services of "either high or poor quality" (p. 4), using more informal arrangements. "Sixty percent of all families with incomes under $15,000 use unpaid relatives for child care" (p. 4). Day care centers were likely to be used twice as frequently by wealthier and college-educated mothers than mothers without a high school education. The Institute for American Values (1989) attributed this difference to the federal incentives. In 1972 "nearly 80% of federal child care funds went to low-income families" while, today, "only half do" (p. 4). In addition, the majority of the child and dependent care tax credits went to families in the middle- and upper-income brackets (Halpern, 1989; Ruopp & Travers, 1982).

Increasingly, researchers have sought to redefine the role and scope of day care in a multidimensional framework. Ruopp and Travers (1982) identified the following functions which have been supported by other researchers: (a) a service to children (Ruopp & Travers, 1982); (b) a service to parents (Blank, 1986; Caldwell, 1986; Goffin, 1986; Ruopp & Travers, 1982); (c) a source of support to

families such as, nutrition, counseling, parent education, health and social services, and coordination with other educational institutions (Blank, 1986; Caldwell, 1986; Fewell, 1986; Fewell & Vadasy, 1986; Galinsky, 1986; Ruopp & Travers, 1982; Travis & Perreault, 1981); and (d) a social policy tool to support employment, reduce welfare, and to increase responsivity of the government to children and families (Ruopp & Travers, 1982; Goffin, 1988).

Halpern (1989) identified three major social and demographic trends in the 1980s which have impacted child care services to families: (a) the growth of poverty among families with young children, (b) shifts in societal resources away from families with young children, and (c) the growing costs of child rearing (p. 34). Based on these trends Halpern concluded that: (a) families with young children will become more dependent on outside agencies for support in their child-rearing endeavors, (b) a collective sense of responsibility for children will continue to decline, and (c) parental and familial stress will increase (p. 34). Halpern (1989) stated that the "early childhood community" has "a crucial role to play in the design of programs that provide alternative visions to these trends and, more generally, in shaping debate about appropriate support for young children and families" (p. 40).

Effects of Preschool Mainstreaming

> When I pick up Sue, the children are always out on the playground. Sometimes, Sue and some other kids will be playing in the sandbox, and then suddenly the action will move to another part of the playground, and Sue will be left in the sandbox all alone. When I come up, she doesn't seem unhappy to be alone . . . sometimes I don't think she even notices.

> But I just want to grab her up and be her legs and run with her after the other children. I don't know if I'll ever get over that feeling. (Winton, Turnbull, & Blacher, 1984, p. 81)

Legal, social, and educational arguments for the integration of handicapped and nonhandicapped preschool children have been cogently articulated by several researchers since the 1970s (Bricker, 1978; Edmister & Ekstrand, 1987; Guralnick, 1978; Odom & McEvoy, 1988; Peterson, 1987; Spodek, Lee, & Saracho, 1983; Widerstrom, 1982). Presently, with the passage of Public Law 99-457, prior issues have been reintroduced within new contextual frameworks as the integration of young children with special needs assumes a more urgent and critical focus. Some of these concerns have been related to the concepts of mainstreaming, integration, normalization, and least restrictive environment within a familial, social, community, and early childhood context (Bailey & McWilliam, 1990; Barnett, 1988; Conn-Powers, Ross-Allen, & Holburn, 1990; Fowler, Hains, & Rosenkoetter, 1990; Garwood, Fewell, & Neisworth, 1988; Guralnick, 1990; Hutchins & McPherson, 1991; McLean & Hanline, 1990; Odom & McEvoy, 1990; Rice & O'Brien, 1990; Turnbull & Turnbull, 1990; Salisbury & Vincent, 1990; Winton, 1990).

Bailey and McWilliam (1990) captured the essence of the issues associated with preschool handicapped in the following statement: "Most early intervention programs for infants and preschoolers with handicaps are not normal" (p. 33). The principle of normalization, as defined by Wolfensberger (1972) was the "utilization of means which are as culturally normative as possible, in order to

establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible" (p. 28). Although Neisworth and Madle (1975) recognized the merit of "normalization" in day care settings in the 1970s, the application of this principle of normalization to the care and education of young handicapped children has been rare. Increasingly, researchers (Bailey & McWilliams, 1990; Winton, 1990) have re-examined this concept of normalization as it applies to the care and education of young handicapped children and their families.

A part of this normalization process has been the concept of mainstreaming. Mainstreaming has been commonly defined as the integration of handicapped children into regular classroom settings. On a continuum of services, the regular classroom setting has "ideally" been viewed as the "least restrictive environment." Historically, these terms have been defined within the context of public school settings. In short, what this means for the care and education of young handicapped children is still open to debate since no singular setting has been determined to be the least restrictive environment for handicapped infants and preschoolers (Peterson, 1987; Turnbull & Turnbull, 1990; Bailey & McWilliam, 1990; McLean & Hanline, 1990).

Mainstreaming, as defined by Kaufman, Gottlieb, Agard, and Kukic (1975), encompassed 3 components: the physical/temporal integration, instructional integration, and social integration of handicapped children with nonhandicapped children. Within the last decade probably the most researched aspect of preschool

mainstreaming has been the social integration of preschool handicapped children. Studies in the late 1970s through the 1980s have found that: (a) mainstream preschool settings provided an environment for positive social interactions (Apolloni & Cook, 1978; Guralnick, 1980, 1987; Guralnick & Groom, 1988, 1988a; Jenkins, Speltz & Odom, 1985; Hartup, 1978; Peterson & Haralick, 1977; Strain, Hoyson, & Jamesion, 1985); (b) merely placing a child in a mainstream setting did not guarantee the transfer and maintenance of social skills (Guralnick, 1988; Peterson & Haralnick, 1977; Snyder, Apolloni & Cooke, 1977); (c) young handicapped children exhibited higher levels of play in mainstream than in segregated settings (Esposita & Koorland, 1989; Guralnick & Groom, 1988; Jenkins, Speltz, & Odom, 1985); (d) nonhandicapped children did not appear to imitate the behaviors of handicapped children (Cooke, Apolloni & Cooke, 1977; Strain et al., 1985); and (e) peers as intervention agents have been effective in promoting social interactions (Apolloni & Cooke, 1978; Devoney, Guralnick, & Rubin, 1974; Hartup, 1978; Strain, 1984; Strain et al., 1985).

Two timely descriptions (Mori, 1981; Guralnick, 1990) of preschool mainstreaming in the 1980s are available which discuss historical and developmental contexts, mainstreaming and research environments, professional and parent perspectives, models of implementation and intervention, and social interaction. The present review section addressed only salient studies on the social integration of young handicapped children.

One of the few experimental research projects on mainstreamed handicapped preschoolers was carried out by Jenkins et al. (1985). The study was conducted to investigate the effects of an integrated preschool programs on child development and social interaction. Since several integration models exist, Jenkins et al. (1985) used a proximity model whereby nonhandicapped children were placed in a special handicapped preschool program and did not serve as models for handicapped children. Essentially, handicapped and nonhandicapped children were treated in a similar manner with the exception of legal requirements for IEP implementation. A segregated handicapped preschool program served as the comparative model in which only handicapped children were enrolled.

Forty-three preschool children from 3-6 years of age were involved in the study. Thirty-six of the children were mildly handicapped; while 7 were nonhandicapped. Classrooms utilized in this study were: 2 integrated and 2 segregated classrooms. The 7 nonhandicapped children were assigned to 1 or the other integrated classrooms on a matching, not random, basis. Pre-post assessments in language, cognition, motor skills, and peers' interactions were conducted. Attempts were made to control for classroom and teacher variables including physical space, teacher-child ratio, support staff, daily schedules, class activities, program materials, curricular models, and seven teaching behaviors.

Jenkins et al. (1985) found that no significant differences existed between handicapped children in integrated and segregated settings in language, cognition, and fine motor areas. Handicapped children in the integrated programs scored

significantly lower than handicapped children on gross motor skills in the segregated programs which Jenkins et al. attributed to the physical therapy IEP requirements of many of the handicapped children in the segregated programs. Handicapped children in the integrated programs scored significantly higher on the social measure for "peer entry situations" than handicapped children in segregated programs (p. 14). In the "peer entry situations," handicapped children were introduced to a nonhandicapped child in a play setting, whereby interactions were initiated by the handicapped child. Postmeasures indicated that the handicapped children in integrated settings engaged in more frequent cooperative play than handicapped children in segregated settings.

Jenkins et al. (1985) were quick to point out that these findings should not be interpreted to mean that handicapped children in integrated settings had acquired higher social skills than handicapped children in segregated programs. Rather, they offered an alternative explanation for the social interaction results. Jenkins et al. (1985) postulated that "the informal contact with nonhandicapped peers in classroom play settings [may] not necessarily produce better social skills by handicapped children but, rather, makes them more inclined to use whatever skills they do possess during subsequent, introductory contacts with nonhandicapped children" (p. 15). Jenkins et al. (1985) surmised that planned cooperative goals for social interaction between handicapped and nonhandicapped may be a more useful model for promoting social integration than a proximity model.

Guralnick and Groom (1988) investigated the effects of mainstream and specialized settings on the cognitive levels of play and peer interactions of 11 mildly developmentally delayed children. The same group of children were observed in both settings. Eight play groups were formed based on chronological age and developmental status and operated for a 4-week period, 2 hours per day in a 5-day week. The specialized settings were self-contained classrooms operating 2.5 hours per day on a 4-5 day week. Assessments were conducted on both social interactions and cognitive play through live and video taped interactions. Subsequent analysis were based on 40-minute observations of each child in video taped and live settings, yielding a total of 80 minutes per child.

Guralnick and Groom (1988) found that higher frequencies of both transitional and adult-directed interactions were observed in children in the specialized settings; while a considerably higher proportion of constructive play was observed in the same children in mainstream settings. Children in the mainstream settings engaged in more social interactions with their peers, including both positive and negative interactions. Guralnick and Groom (1988) noted "not only was the rate of social interactions in the mainstream setting more than twice that in the specialized setting, but higher rates were also noted for many individual social behavior categories that are typically associated with peer-related social competence" (p. 421).

Guralnick and Groom (1988) observed that the mildly delayed children chose to interact with their nonhandicapped peers of the same chronological age

more than they did with any other age group. Additionally, the mildly delayed children were not chosen as playmates as frequently as nonhandicapped children even though frequent interactions between handicapped and nonhandicapped occurred in the mainstream settings. The researchers speculated that frequency and quality of the cognitive play of handicapped children in mainstream settings "may well have significant developmental effects over time" (p. 422). However, Guralnick and Groom (1988) cautioned that merely placing handicapped children in mainstream settings does not guarantee the transfer and maintenance of social skills and recommended systematic training of social skills in mainstream settings.

Using the same data base, Guralnick and Groom (1988a) compared unilateral and reciprocal friendship patterns of handicapped and nonhandicapped preschool children in the play groups. Eight of the original 11 children were the subjects of this investigation including: 3 nonhandicapped 3-year olds, 3 nonhandicapped 4-year olds, and 2 mildly developmentally delayed 4-year olds.

Overall, 75% of the friendship interactions were positive, however, differences among the groups were significant. Guralnick and Groom (1988) found that handicapped children preferred the friendship of nonhandicapped 4-year olds, selecting them 65% of the time, while selecting the nonhandicapped 3-year olds 25% of the time. In contrast, the handicapped children were selected as friends less often by any of the three groups. Additionally, when Guralnick and Groom (1988) examined the interaction with friends, they found that for both the nonhandicapped 3- and 4-year olds, play with friends was more positive and

sophisticated than play with nonfriends. However, this difference in play interactions and quality was not noted in the mildly developmentally delayed children when they played with friends and nonfriends.

No differences were noted in the amount of unilateral play of the nonhandicapped 3-year olds and the handicapped 4-year olds. Reciprocal friendships were rarely observed in the mildly delayed children, and the ability to sustain friendships was impaired. Since sustained reciprocal friendships and group play required more sophisticated cognitive, language, and social skills, Guralnick and Groom (1988) voiced concerns that mildly delayed children would "continue to experience difficulties in establishing friendships" (p. 603) and encouraged further research to identify variables that impede the social development of developmentally delayed children that would subsequently be amenable to intervention.

Similar findings were obtained by Vandell and George (1981) in an examination of the social interactions of hearing and deaf preschoolers in an integrated preschool setting. Sixteen hearing and 16 deaf preschoolers were observed in video taped segments in order to examine the initiation and response patterns in social interactions.

Vandell and George (1981) found that hearing children tended to interact more with hearing children, and deaf children tended to interact more with deaf children. Nevertheless, important differences were found between the two groups. The number of successful initiations by hearing partners was significantly greater

than those of deaf partners. Vandell and George (1981) speculated that this difference may have been influenced by the fact that the deaf children received a significantly greater number of inappropriate signals.

Additionally, deaf children were more persistent in their communicative efforts than hearing children and were more effective in obtaining responses from a deaf peer than hearing children with hearing peers. Vandell and George (1981) observed that hearing children did not spontaneously generate alternative communication strategies when interacting with deaf peers and recommended the development of intervention strategies that would facilitate interpersonal communication and social interaction.

Esposito and Koorland (1989) conducted naturalistic observations on the play behaviors of 2 severely, and hearing impaired children in a segregated special preschool and an integrated day care center. A 5-year-old deaf girl and a 3½-year-old deaf boy were observed over a 4-day, 2-week period. Play behaviors were recorded using the Parton Scale and the Smilansky Scale. Eight, 10-minute observation were conducted on each child: 4 in the segregated setting and 4 in the integrated setting.

Although no cooperative play was observed in the deaf children in either setting, Esposito and Koorland (1989) found that for both children their levels of play were different in the integrated and segregated settings. Both children engaged in primarily parallel play in the segregated setting, while associative play was the predominant type of play in the integrated setting. Functional play

behavior was the most common form of cognitive play for both children in both settings. For the male subject, constructive play behaviors increased in the integrated setting; for the female subject, functional play in the segregated setting decreased as dramatic play increased in the integrated setting.

For purposes of social comparison, Esposito and Koorland (1989) observed 3, 4-5-year-old hearing children in the day care center using the established time intervals. Subsequent calculations were made on the average levels of parallel and associative play in hearing children. When comparing the results of both groups of children, Esposito and Koorland (1989) found that the play behaviors of both deaf children were "consistently in the range of normative peer behavior only when they were in the integrated setting" and that the play behaviors in the segregated setting "generally fell outside of the normative range" (p. 416).

Although differences in social play behaviors were noted in the differential settings, cognitive play did not appear to follow the same pattern. Esposita and Koorland (1989) contemplated the possibility that cognitive play was less yielding to rapid changes in environments and did not rule out the likelihood that the "cognitive development of hearing impaired children [could] be enhanced through integration" and that "the possibility of long-term gains should not be ruled out" (p. 417). Like Guralnick and Groom (1988), Esposita and Koorland (1989) viewed this research as an important step in identifying salient characteristics of the social environment that may facilitate the development of young handicapped children.

Two studies by Strain (1984) and Strain et al. examined the effects of integrated and mainstream settings on the social interactions of autistic children using peers as intervention agents. Strain (1984) found that prior to the implementation of the peer training model, positive social interaction in autistic children was higher in the integrated setting then the segregated setting. Following the implementation of the peer training model, the social interactions of the autistic children increased in the integrated setting.

Using multiple peer trainers, Strain et al. (1985) found that there was a marked improvement in the social interactions of the autistic children, whereby, "the level of positive interaction fell within the range established by their nonhandicapped peers" (p. 112). Additionally, Strain et al. found that the developmentally integrated program also had positive effects on the normally developing children. Noted decreases in "deviant" behaviors were observed.

Guralnick and Groom (1988, 1988a) and Esposita and Koorland (1989) substantiated some of the earlier concerns of Fredricks, Baldwin, Grove, Moore, Riggs, and Lyons (1978) regarding placement of special needs children in early childhood settings. Fredricks et al. (1978) examined the effects of normal day care settings of the social and language behaviors of moderately and severely handicapped children. Six handicapped children were observed over a 6-month period following placement in a day care center. Five moderate-to-severe handicapping conditions were represented in the children. The handicapped children had all been enrolled in a special preschool, could verbally communicate

to some extent, and were approximately the same chronological age as the nonhandicapped children in the day care setting. Baseline data was collected on 3 language behaviors and social interactions for both the handicapped and nonhandicapped. Posttreatment data was collected on the same variables but only with the handicapped children.

Children were observed in 2 settings: the motor room and art room. Teachers were trained to facilitate language behaviors through modeling and reinforcement and to encourage social interactions through the facilitation of play behaviors using the Parton Scale. Treatment conditions were carried out in the motor room, while the art room served as a basis for comparison.

Fredricks et al. (1978) found that the handicapped children did increase their levels of social interactions in the motor room from unoccupied, onlooker and solitary play to parallel and associative play. Treatment effects indicated that all of the handicapped children engaged in higher levels of play 50% or more of the time. These higher levels of play were also generalized to the art room where no treatment was provided.

Treatment effects for language behaviors were mixed. For verbal and nonverbal interactions, treatment data in the motor room indicated that all children were interacting 30% or more than baseline data indicated. These effects were transferred to the nontreatment settings with the exception of one child. Fora verbal initiations in the treatment setting, the number of verbal initiations increased for all children, while one child showed decreases from baseline data.

In the nontreatment setting 3 children showed increases in verbal initiations; while 2 demonstrated a loss in verbal initiations. For verbal responses 4 of the children demonstrated small increases in verbal responses. In the nontreatment settings only 2 children showed small increases.

Fredricks et al. concluded that training and structuring social and language interactions increased performance in these areas. Children's social interactions increased in the treatment setting and generalized to nontreatment settings. These same results were not observed for language interactions. Fredricks et al. (1978) speculated that language skill enhancement might be influenced by the length of time for integration, and different results might have been obtained under a longer investigation period.

Fredricks et al. (1978) found that the handicapped children had difficulty keeping pace with the routine schedule of the day care. They emphasized that "for moderately and severely handicapped children to benefit from placement in day care, Head Start, [etc.], the type and the extent of training that must be provided for the staff is complex and of long duration" (p. 205). Furthermore, Fredricks et al. (1978) suggested that placement in a preschool or day care setting, without adequate staff training, would possibly impede the development of moderately and severely handicapped children.

In a descriptive study of 13 model day care programs funded by the Handicapped Children's Early Education Program (HCEEP), Bagnato et al. (1987) compiled a profile of program characteristics including: regulations and

sponsorship, populations served, child and family components, in-service training, and subjective impressions of the program. The goals and activities of each program were reviewed. The most frequently stated goal across programs was the socialization of children.

Two clinical judgments of childrens' developmental status were made by day care staff using the Perceptions of Developmental Status (PODS) and the Development Profile (DP). Bagnato et al. (1987) reported that the social domain on both of the scales was the only observed within-group differences. Day care staff rated the social skills of the handicapped children "at the lowest level in terms of diagnostic classification and developmental skills" (p. 44). The authors acknowledged the importance of the mainstreamed environments as a milieu for the promotion of social development and speculated that the lack of adequate staff training might be attributed to the failure to meet the stated socialization goals.

As a whole, Guralnick (1990) described the research on preschool mainstreaming in the 1980s as a major contribution to our understanding of some of the "complex and controversial features associated with preschool mainstreaming (p. 2). Furthermore, Guralnick (1990) stated: "Perhaps the single most significant achievement in the field of early childhood mainstreaming in the decade of the 1980s has been the repeated demonstration that mainstream programs can be implemented effectively" (p. 3).

Willingness to Accept Handicapped Children Into Day Care Settings

Since the advent of Public Law 94-142, an abundance of research related to handicapped children in regular classroom settings in the public school system has been conducted on a variety of variables. A particular matter of importance to those individuals concerned about the education of handicapped children has been the examination of educator attitudes toward handicapped children (Donaldson, 1980; Gottlieb, Corman, & Curci, 1984; Horne, 1985; Jamieson, 1984; Lombardi, Meadowcroft, & Strasburger, 1982; Reid, 1984; Siller, 1984; Stephens & Braun, 1980). Consistent with the notion that attitude awareness is a prerequisite step for any meaningful and structural change, investigations of educators' attitudes focused on regular classroom teachers and how those attitudes influenced the potential integration and normalization process for handicapped children (Beare, 1985; Chorost, 1988; Diebold, 1986; Gans, 1987; Gersten, Walker, & Darch, 1988; Haring, 1958; Hirshoren & Burton, 1979; Jamieson, 1984; Larrivee, 1985; Larrivee & Cook, 1979; McCloskey & Quay, 1987; Salvia & Munson, 1986; Schmelkin, 1981).

Although a number of researchers (Allen, 1980; Bricker, 1978; Guralnick, 1982; Klein, 1975) have addressed the importance of preschool teacher attitudes toward handicapped children, research has been scanty. Moreover, research related to preschool teacher attitudes has been conducted in very specific settings, primarily limited in scope and focus to special intervention programs or "model programs" with little variability in teacher characteristics (Anastasiow, 1978;

Carlson & Clapp, 1983; Guralnick, 1986; Guralnick & Groom, 1988; Jenkins, Speltz, & Odom, 1985; Klein & Sheehan, 1987). Additional research has focused on the attitudes of the directors of preschool programs rather than the teacher in the preschool programs (Abelson, 1976; Gorelick, 1973).

One study compared differences in preschool teacher attitudes toward handicapped children in two "model" programs and community based programs. Carlson and Clapp (1983) reported on the PATHWAYS project funded by the U.S. Office of Education, Bureau of Education for the Handicapped as part of the Handicapped Children's Early Education Program (HCEEP). As part of the project, a study was conducted that examined differences in 79 preschool teacher attitudes and knowledge regarding handicapped children in mainstreamed and nonmainstreamed settings.

Thirty-eight percent of the teachers were employed by PATHWAYS, and 35% of the teachers were employed by Head Start. Both of these groups of teachers worked in mainstreamed settings and had prior training in child development and special needs. Twenty-seven percent of the teachers were employed in nonmainstreamed, community-based settings with little (10%) prior training.

Not surprisingly, significant differences in attitudes toward mainstreaming were found. PATHWAYS' teachers held stronger beliefs in the benefits of mainstreaming than Head Start or community-based teachers. PATHWAYS' teachers were more optimistic about mainstreaming handicapped children into

their programs than Head Start or community-based teachers. Additionally, PATHWAYS' teachers had significantly greater knowledge about handicaps than the other two groups. Carlson and Clapp (1983) concluded that those teachers with the greatest knowledge of handicapping conditions and mainstreaming had more positive attitudes toward mainstreaming.

Abelson (1976) in a survey of 45 preschool directors in Washtenaw County, Michigan, found that all 45 preschool directors indicated a willingness to accept handicapped children. Twenty-five of 45 directors indicated that they had a handicapped child enrolled in their programs prior to this study. Their willingness to accept handicapped children was dependent on the type of handicapping condition. Mental retardation and speech delays were the most acceptable, while physical impairments and blindness were the least acceptable.

Abelson's study (1976) lent support to an earlier study conducted by Gorelick (1973) who investigated 200 preschool directors willingness to accept referrals of handicapped children. Eighty-three percent of the directors indicated a willingness to accept the referrals, but acceptance was dependent on the type of handicapping condition. The most acceptable handicapping conditions were hearing and visual impairments of mild and moderate severity and mild mental retardation. Gorelick (1973) indicated that the second level of acceptance involved orthopedic handicaps, emotionally disturbed, mild cerebral palsy, epilepsy, and, specifically, Down's syndrome. Severe hearing and visual

impairments, severe mental retardation, cerebral palsy, and autism were considered the least acceptable.

A particular lack of research regarding day care providers attitudes toward handicapped children and willingness to accept handicapped children into their programs was evident in the review of the literature. Klein and Sheehan (1987) stated: "While much has been written about the need for day care, the effects of day care, and the quality of day care, there has been an astonishing absence of scholarly attention to the day care needs of handicapped children" (p. 14). An analysis of the limitations of the research has been provided in the Introduction in Chapter 1.

Despite the research limitations, some investigators have attempted to examine the attitudes of day care providers toward handicapped children. One study conducted by Berk and Berk (1982) in the Washington, DC, area attempted to assess the availability of day care services for handicapped children in 102 licensed day care centers based on the survey response of day care directors. Berk and Berk (1982) examined the number of center-based providers with special education backgrounds and found that 42% of the centers had one or more staff with training in special education. Out of these, 72% were willing to accept handicapped children into their centers compared to 47% of the centers without any special education staff. Berk and Berk (1982) found that 24% of the centers that had special education staff had handicapped children enrolled, while only 9% of the centers without special education staff had handicapped children enrolled.

Despite this difference, Berk and Berk (1982) did find that 58% of the centers were willing to accept handicapped children, but this willingness to accept handicapped children was dependent of financial, staff, and child variables. Out of the 58% willing to accept handicapped children into their programs, 34% of these centers indicated that they would charge additional fees for handicapped children. Hence, perceived cost was deemed to be a barrier to the enrollment of handicapped children. For those centers indicating a willingness to accept handicapped children, over half required that children be toilet trained or ambulatory. Berk and Berk (1982) were not hesitant to point out that the very entrance requirements precluded the admission of many handicapped children.

Chang and Teramoto (1987) conducted a study of 34 private day care centers in California and found that less than 1% of the enrollment in these centers was comprised of special needs children. Less than one half of the centers surveyed were willing to enroll a handicapped child. The primary limitations, perceived by the directors of the centers, were related to staff training and the lack of specialized equipment. Directors also expressed concern about lack of space, no money to remodel, no health workers, insufficient information regarding childrens' medical conditions, and no applications for handicapped children had been submitted.

The studies of Berk and Berk (1982) and Chang and Teramoto (1987) focused their attention on the willingness of the directors of day care centers to

accept handicapped children into their programs. Fewer studies have examined the attitudes of the teachers in day care programs.

In an unpublished doctoral dissertation, Fritz (1985) surveyed 210 teachers and/or teacher/directors in 66 day care centers serving preschool children in metropolitan counties in North Carolina. Fritz (1985) noted that the day care centers that were selected for the study represented the "highest programmatic and staff standards" and had the "best potential for preschool mainstreaming" (p. 94). Fritz (1985) found that child characteristics did influence day care teachers' willingness to accept handicapped children into their programs. The level of severity, the type of impairment, the number of impairments, and categorical labels were significantly related to teacher acceptance. Fritz (1985) found that the severity of the condition was the major factor influencing teacher acceptance. The number of impairments was deemed to be an important factor in teacher acceptance at mild levels of severity. Based on brief descriptions of an impairment, Fritz (1985) found that teachers considered speech related impairments the most acceptable type of handicapping conditions. Mild deficits in intellectual capacities were acceptable, but the acceptance level declined as the severity of the intellectual deficits increased. Teachers were more willing to accept visual and hearing impairments than orthopedic impairments.

When day care teachers were provided with only the categorical labels for handicapping conditions, differences were evident. Fritz (1985) found that the day care teachers were more willing to accept "educable mentally retarded, physically

handicapped, and learning disabled" than those children labeled "cerebral palsied, emotionally disturbed, trainable mentally retarded, or behavior disordered" (p. 124). Learning disabled children were ranked the most acceptable based on categorical labels, while deaf, blind, and autistic children were viewed as least acceptable by day care teachers.

Differences were also noted by Fritz (1985) when day care teachers were asked to rate their willingness to accept handicapped children based on child behaviors. Children who lacked self-sufficiency in toileting, eating, and ambulatory skills were the least acceptable to day care teachers. Teachers were more willing to accept children who were withdrawn, aggressive, or disruptive.

Fritz (1985) also investigated the impact of teacher characteristics on the day care teachers' willingness to accept handicapped children into their programs. Level of educational attainment was significantly related to greater teacher acceptance of handicapped children based on the ratings for type of impairment, number of impairments, and categorical labels, but not behaviors. Teachers with some graduate school or master's degrees were more willing to accept handicapped children into their programs based on the type of impairment, number of impairments, and categorical labels. Teachers with high school or some college course work were the least willing to accept handicapped children based on type of impairment, number of impairments, categorical labels, and child behaviors. However, teachers with less than a high school education had the

highest ratings for willingness to accept handicapped children based on child behaviors.

Fritz (1985) found that the type of course work was significantly related to acceptance. Course work in special education was related to greater acceptance of handicapped children, while course work in child development was not directly related to greater acceptance of handicapped children. Fritz (1985) noted that teachers without any prior course work in child development had the highest mean acceptance rating for child behaviors. Additionally, teachers with community college course work in child development had the lowest mean acceptance scores for all categories of acceptance. Significant differences were found between teachers with two or more courses in special education and teachers with less than two special education courses. Teachers with two or more courses in special education were more accepting of special needs children into their program.

Fritz (1985) also found that years of experience in day care and experience with handicapped children were related to greater acceptance. Teachers with less than 5-years experience in day care were more willing to accept handicapped children into their programs. Similarly, teachers with experience with handicapped children were more willing to accept handicapped children than teachers with no experience with handicapped children. No significant differences were found for the age of the teacher, group size, or adult/child ratio and willingness to accept handicapped children.

The need for day care for handicapped children has been well articulated by several researchers (Bagnato et al., 1987; Bailey & Winton, 1987; Fewell, 1986; Fewell & Vadasy, 1987; Frey, Fewell, & Vadasy, 1989; Karnes, 1986; Klein, 1981; Whitehead et al., 1990). Researchers (Campbell, Bellamy, & Bishop, 1988; Harbin & McNulty, 1990; Karnes, 1986; Klein & Campbell, 1990; O'Connell, 1983) have lamented the lack of qualified personnel in all service delivery options for young children with special needs. Since this concern was particularly appropriate for day options, training programs have been developed for day care providers to care for young handicapped children.

Rule, Stowitschek, Innocenti, Striefel, Killoran, Swezey, and Boswell (1987) reported on the Social Integration Program (SIP) which was designed to provide support and services to mainstream day care teachers in day care centers. All teachers participated in intensive, ongoing training procedures for working with handicapped children. As a part of the study, 20 of the original 30 teachers were assessed regarding their attitudes toward handicapped children at the end of their second year. Rule et al. (1987) found that all teachers had positive attitudes toward mainstreaming. Teachers recognized the benefits of mainstreaming for handicapped and nonhandicapped but indicated that teaching handicapped children involved more work. When queried as to whether or not they would recommend mainstreaming in day care to others, 19 out of 20 indicated that they would recommend such practices.

In an earlier analysis of the SIP model data, Rule, Killoran, Stowitschek, Innocenti, and Striefel (1985) speculated that the positive attitudes of the day care teachers was influenced by child progress. This speculation was based on the results of an open-ended questionnaire regarding the most beneficial aspects of the SIP training model.

Jones and Meisels (1987) reported on the Family Day Care Training Program, a federally funded demonstration program, designed to train family day care providers to care for handicapped children. The primary goals of the program were to increase day care providers' knowledge of child development and characteristics of special needs children and to improve provider-child interactions. In order to examine the effects of training, data was collected on 13 self-selected, family day care providers during the first 6 months of training during the second year of the program. The means' years of education for the family day care providers was 14.5 years.

Jones and Meisels (1987) found no significant differences in attitudinal changes as measured by the Integration Inventory. The investigators did find a significant positive correlation between attitudinal change and formal education. It should be noted that data on the attitudes of the participants prior to training were not available in this study. A significant change was found on pre-post measures of knowledge of development and special needs children, indicating that training was effective. A significant correlation was also reported on the knowledge scales and experience with handicapped children. Day care providers

with "more prior experience" with handicapped children had greater positive change in their knowledge base. Jones and Meisels (1987) were not hesitant in addressing the methodological flaws of this study including: small sample size, time frame, assessment tools, and characteristics of the sample population.

A variety of models have been developed to train day care providers in differential settings to care for young handicapped children (Bagnato et al., 1987; Bell & Chalufour, 1982; Bryant, Ramey, Sparling, & Wasik, 1987; Rule et al., 1987; Cambridge-Somerville Mental Health Center, 1989; Deiner & Whitehead, 1988; Jones & Meisels, 1987; Klein & Sheehan, 1987; McConnell, Sisson, Cort, & Strain, (1991); Montana University Affiliated Program Satellite, 1989; Weiner & Koppelman, 1989). The infancy of the training models for day care providers and handicapped children has most likely accounted for the general lack of documentation regarding the effects of training on selected teacher variables, teacher-child variables, and teacher-child-family variables.

Education and Training of Day Care Providers

The National Association for the Education of Young Children recognized day care as an integral part of the field of Child Development, identifying 67,000 center-cased programs in 1985 (NAEYC, 1986). Corsini, Wisensale, and Caruso (1988) reported that 165,000 licensed day care homes were listed nationwide in 1986, however, the total number of family day care homes, both licensed and unlicensed, was 1.8 million in 1975. Researchers (Almy, 1981; Corsini et al., 1986; Eheart & Leavitt, 1986; Institute for American Values, 1989; Morgan, 1987; Sale,

1980) have reported that 90% or more of the family day care homes were not licensed by any regulatory agency.

The compilation of an accurate data base regarding the number of child care facilities and child care workers in this country were confounded not only by the number of unlicensed or nonregistered day care facilities but also by the lack of consistency and reporting under state regulations (Berk, 1985; Clurman, 1984; Corsini et al., 1988; Eheart & Leavitt, 1986; Kagan, 1989; Morgan, 1987; NAEYC, 1987; Peters & Kostelnik, 1981; Sale, 1980) and by problems with the definitions and labeling of child care workers (Phillips & Whitebrook, 1986). Additionally, child care providers have one of the highest turnover rates for all occupations (NAEYC, 1985; Phillips & Whitebrook, 1986). The National Commission of Working Women (1985) documented that the turnover rate of center-based providers was 41.7% in 1980, and the rate was even higher for family day care providers. The National Association for the Education of Young Children (1985) estimated that:

> Between 1980 and 1990, 42% of all child care workers in educational and service positions and 59% of all child care workers in private household settings will need to be replaced each year just to maintain the current supply of child care providers. (p. 2)

Phillips and Whitebrook (1986) tackled the question, "Who are child care workers?", citing the problems associated with the definitions of child care workers commonly used by the U.S. Bureau of the Census and the U.S. Bureau of Labor Statistics. In a convincing analysis regarding the lack of a comprehensive data base, Phillips and Whitebrook (1986) called for: (a) an accurate count of the

number of child care workers, (b) new definitions based on occupational categories, (c) clarification of salary data, (d) job categories based on the differentiation of education and experience, and (e) data on training programs.

Given the problems associated with a comprehensive and reliable data base on child care facilities and child care providers in the United States, a national profile on child care workers is unavailable (Myer, 1980; Phillips & Whitebrook, 1986). This data has certainly impacted the research related to the education and training of day care providers.

Efforts have been made by researchers to examine the education and training of day care providers and to investigate the relationship of education and training with selected teacher-child variables. However, several limitations have been noted: (a) most of the research has been conducted in center-based settings (Arnett, 1986; Belsky & Steinberg, 1978; Belsky, Steinberg, & Walker, 1981; Berk, 1985; Eheart & Leavitt, 1986; Jacobson & Owen, 1987; Kaplan & Conn, 1984; NAEYC, 1984a; Ruopp et al., 1979; Whitebrook, Howes, Phillips, & Pemberton, 1989); (b) small sample size (Arnett, 1986; Berk, 1985; Jacobson & Owen, 1987; Kaplan & Conn, 1984; NAEYC, 1984); (c) most of the research has been conducted in university affiliated programs or model programs (Arnett, 1986; Eheart & Leavitt, 1986; Keyserling, 1972); (d) geographic limitations (Arnett, 1986; Berk, 1985; Eheart & Leavitt, 1986; Jacobson & Owen, 1984; Lindsay & Lindsay, 1987); (e) education and training variables have been ill-defined or inadequately reported (Almy, 1981; Austin, 1981; Berk, 1985; Eheart & Leavitt,

1986; Jacobson & Owen, 1984; Lindsay & Lindsay, 1987; Ouderkirk & Beker, 1980; Peters, 1981; Peters & Kostelnik, 1981; Wattenberg, 1977); and (f) homogeneity of teacher characteristics in center-based settings (Arnett, 1986; Berk, 1985; Jacobson & Owen, 1984).

Despite the aforementioned problems associated with establishing a reliable data base on the population of day care providers in differential settings, national research efforts have been conducted that examined the education and training characteristics of day care providers. The National Day Care Study (NDCS) (Ruopp et al., 1979) primarily investigated the quality and cost of federally subsidized, center-based day care for preschool children in 67 sites in Atlanta, Detroit, and Seattle. On a secondary level, additional data was collected on infants and toddlers in center-based programs and on 3,100 other center-based programs through telephone interviews.

For all child care providers in the NDCS centers in 1979, the average for years of education was 13.5, which was consistent with the available national data on center-based providers for all age groups. Day care teachers had a slightly higher level of educational attainment (14.3 years) than teacher aides (12.8 years). The percentage of caregivers with child-related, education/training followed similar trends. Fifty-six percent of the teachers in the NDCS centers had child-related education/training; while 39% of the teacher aides had child-related education/training. Not surprisingly, both teachers and teacher aides in the publicly funded centers had more child-related, education/training than teachers

and aides in parent-fee centers. Differentiation in types and levels of education and training were not scrutinized in this study. National data was not available for comparative purposes related to this study.

Education and training variables in the NDCS centers were related to quality care for preschool children. Child-related education/training was strongly related to caregiver behavior and developmental effects for children. Lead teachers with child-related education/training engaged in more social interactions with children, and the children engaged in more cooperative and task persistent behaviors. In centers with a higher proportion of teachers with child-related education/training, children demonstrated greater gains on achievement measures. However, the number of years of formal education, nor degrees in unrelated fields, were associated with caregiver behaviors or test score gains. These NDCS findings lead to a recommendation that specialized child-related education/training be required of day care providers with the stipulation that the training not be couched in formal education requirements.

Although not directly related to education and training variables, three factors that potentially impacted quality care for preschool children in NDCS centers were noteworthy: (a) the day care providers' years of experience in day care was not a good predictor of quality child care; (b) smaller groups were consistently associated with better care, socially active children, and test score gains; and (c) higher child/caregiver ratios were related to higher costs. Based on these findings, recommendations for maximum group size for 3-5-year-olds in

center-based day care were 16-20, gauged on an enrollment not an attendance basis; while maximum caregiver/child ratios ranged from 1:8-1:10 on an attendance not an enrollment basis. Prescott, Jones, and Kritchevesky (1972) expressed concerns not only about group size but also the size of centers and cautioned that day cares serving more than 60 children should be avoided "unless personnel, facilities, and directors are of 'unusual excellence'" (p. 50).

Almost a decade later Morgan (1987) in an investigation of the national state of child care regulations noted a trend in adding ongoing training requirements with 26 states requiring ongoing training on an annual basis. In 1986, 18 states required training or education for all classroom teachers in centers; while 7 states had no educational qualifications or ongoing training requirements. Nine states (including Montana) had educational requirements but permitted experience to be substituted. For day care center directors, 26 states required courses in child development; while 10 of those states required substantial college course work. Ironically, 47 states had provisions for developmental programs in day care centers. Nine states had no educational requirements for directors, and only 6 states required any administrative course work. Ten states defined differential staffing patterns with one track requiring more college courses than the other. Few educational requirements were identified for teacher assistants with most states requiring a minimum of a high school diploma and/or age requirement. For family day care providers, 27 states had no experience or

education requirements; however, 34 states had requirements for learning activities in family day care.

In view of the findings of the National Day Care Study (Ruopp et al., 1979), it was unclear why states focused on college course work or degree-related requirements. One possible explanation might have been related to the controversy surrounding the professionalization of child care workers which has been cogently articulated by several researchers (Almy, 1982; Austin, 1981; Corsini et al., 1988; Kagan, 1989; Lindsay & Lindsay, 1987; NAEYC, 1984, 1987; Ouderkirk & Beker, 1980; Peters, 1981; Sale, 1980; Whitebrook et al., 1989).

In 1987 the National Association for the Education of Young Children (NAEYC, 1987) issued a position statement based on the belief that all out-of-home child care settings must be publicly regulated and developed 7 major guidelines to ensure an effective regulatory system. One of the guidelines, in particular, appeared to be considerate of the major findings in the National Day Care Study. Specifically:

> Standards are appropriate to the type of setting and the number of children served and reflect current research findings concerning the determinants of quality child care, including factors such as: group size, adult-child ratios, staff knowledge, and training in early childhood education and child development, parent involvement and access, positive discipline, and developmental appropriateness of the program. (p. 66)

In 1988 the Child Care Employee Project coordinated the National Child Care Staffing Study (NCCSS) which was deemed to be "the most comprehensive" national examination of day care centers in the United States since the National Day Care Study of 1977 (Whitebrook, Howes, Phillips, & Pemberton, 1989, p. 41).

Using a random sample stratified for income levels, 227 day care centers in Atlanta, Boston, Detroit, Phoenix, and Seattle represented the final population of the study. One hundred and seven of the day care centers were for-profit and 120 were nonprofit. The final staff sample of 1,309 from the 227 day care centers was comprised of 805 teachers, 60 teacher/directors, 286 teacher assistants, and 158 aides. The final child sample of 260 was comprised of 53 infants, 97 toddlers, and 110 preschoolers.

In the NCCSS, Whitebrook, Howes, and Phillips (1989) targeted three major goals: (a) the relationships among staff characteristics, adult working environment, and child care quality; (b) the differences in child care quality, staff and adult working environments in relation to standards, accreditation, program auspice, and families served; and (c) identification of trends in center-based care since the National Day Care Study of 1977. The major variables examined in this study included: child development environment, adult work environment, teacher characteristics including education and experience, teacher-child interaction, children's development, turnover rates, and auspice and accreditation standards. Observations, interviews, and child assessments were the measures used to obtain data.

The ages of the teaching staff in the day care centers ranged from 25 to 64. Eighty-one percent of the teaching staff were under 40 years of age. Sixty-five percent of the married staff and 21% of the single staff had children. The educational levels of the teaching staff were determined to be high compared to

the average American female worker. Approximately 60% of the assistant teachers and 74% of the teachers in the day care centers had more than a high school diploma, ranging from some college education to bachelor's degrees or higher. Whitebrook et al. (1989) pointed out that in 1988 "more of the teaching staff had completed some college but fewer had received a college or graduate degree than in 1977" (p. 9). Whitebrook and her research associates (1989) directed attention to the fact that "despite gains in overall formal education and experience, child care teaching staff were paid even less in 1988 than in 1977" (p. 10) and that "little incentive exists for teaching staff to obtain more education, training, or experience" (p. 11).

Course work in early childhood education or child development was framed within an academic setting such as high school or vocational course and undergraduate or graduate courses. Sixty-five percent of the teachers and 57% of the teacher assistants had some course work in early childhood or child development. One half of the staff had received this training at the college level.

Compared to the National Day Care Study of 1977, the staff in the National Child Care Staffing Study (1988) were more experienced. Twenty-nine percent of the teachers and 58% of the teacher assistants had 3 years of experience or less in child care, but 19% had 10 or more years of experience. Again, years of experience were not a good predictor of quality child care.

Consistent with previous estimates (NAEYC, 1986; Phillips & Whitebrook, 1986) the NCCSS found similarly high staff turnover rates. Based on child care

director reports, the annual average turnover rate for staff was 41% in a 12-month period. Follow-up calls by NCCSS investigators also revealed a staff turnover rate of 37% in a 6-month period. However, when compared to the NDCS of 1977, the staff turnover rates in day care centers based on director reports were tripled over a 12-month period. What Whitebrook and her associates did find was that the staff most likely to leave were: new to the profession, had less training, worked in lower quality centers, and engaged in fewer developmentally appropriate practices. The most important predictor of staff turnover was staff wages which were abysmally low. Kagan (1989) viewed this issue as one of the major inequities inherent in the conventional policy regarding child care.

Unlike the NDCS of 1977, the NCCSS found that more years of formal education were the strongest predictor of quality child care. Specialized training was a predictor of quality care only in the infant classrooms. Teachers, who maintained memberships in professional child care organizations, met NAEYC accreditation standards, and Federal Interagency Day Care Requirements (FIDCR), had more training and experience; however, this accounted for only 14% of the total teaching staff. Nonprofit centers had teachers with higher educational levels and better quality care. Interestingly, "low- and high-income children were more likely than middle-income children to attend centers providing higher quality care" (p. 4). This finding has not been supported by other child care experts (Kagan, 1989). It was specifically noted that the majority of centers in the NCCSS were barely adequate. This "barely minimal" quality of child care in

the United States was underscored in testimony at a congressional briefing in 1989 (Daniel, 1990).

The findings of the NCCSS resulted in five major recommendations including: (a) better wages; (b) the development of "industry standards" for the adult work environment; (c) public education regarding the importance of "trained and compensated" teachers; (d) adopt state and federal standards for training, education, compensation, and adult-child ratios; and (e) promote formal education and training for child care teachers (Whitebrook, Howes, & Phillips, 1989, pp. 17-18).

The National Day Care Study of 1977 and the National Child Care Staffing Study of 1988 were 2 landmark studies of the quality of child care in day care centers in the United States. A paucity of data regarding the education and training of family day care providers was evident in the review of literature. Probably the most extensive study of the quality of child care in home-based settings was the National Day Care Home Study of 1976 (Divine-Hawkins, 1981).

The National Day Care Home Study (NDCHS) was a 4-year study, which examined family day care in urban settings including Los Angeles, Philadelphia, and San Antonio. The NDCHS investigators examined demographic patterns in family day care, services, cost, parent and caregiver characteristics, and caregiver-child interactions.

The NDCHS samples were obtained from a "2-stage" sampling process in order to obtain "broad profiles and in-depth information" (Divine-Hawkins, 1981,

p. 9). Seven hundred and ninety-three caregivers in sponsored, regulated, and unregulated day care settings were identified in the first stage, and 303 of those were selected for the main in-depth study.

Divine-Hawkins (1981) identified 3 major groups of family day care providers in the NDCHS study: (a) young white mothers in their late 20s and 30s with children in the home, (b) women in their 40s and 50s with their own grandchildren or a relative's child, and (c) women between 30 and 50 who cared for others' children. Divine-Hawkins (1981) characterized this third group as better educated than the other two groups. The median age for all groups (White, Black, and Hispanic) was 41.6 years.

In an analysis of education, experience, and training variables, Divine-Hawkins (1981) reported that the majority of the providers had completed high school, but one fifth had an eighth-grade education or less. The average length of experience among the family day care providers was 3 years. Unregulated caregivers had the least experience. Three fourths of all the caregivers had some training. In sponsored homes 80% of the caregivers had some training; while only 30% of the regulated homes and 20% of the unregulated homes had any training.

Although in the NDCHS parents rated experience as an important variable in their selection of day care providers, experience was not related to caregiver behaviors. Years of education showed no significant relationship to caregiver behavior across the 3 groups with the exception of the Hispanic sample. For this group years of education was associated with more educational activities with

children. Consistent with the National Day Care Study (Roupp et al., 1979), the NDCHS (Divine-Hawkins, 1981) produced similar results. Training was strongly related to positive caregiver-child interactions across all 3 groups regardless of the type or amount of training. Based on the NDCHS data, Divine-Hawkins (1981) recommended increased availability of day care training and the establishment of family day care credentialling.

In a demographic summary on child care providers, the National Association for the Education of Young Children (NAEYC, 1985) noted differences between the educational levels of center-based providers and family based providers. Based on data collected in 1977, the NAEYC report indicated that family day care providers had an average of 11.3 years of formal education and 30% had some postsecondary training. In an economic analysis of child care, the Institute for American Values (1989) cited a new study conducted by the Mathematica Policy Research (1989) which found similar results. Specifically, fewer than 30% of family day care providers had any postsecondary education, and over one third had not completed high school.

These estimates would not be surprising if one considered the data collected by Morgan (1987) regarding the large number of states that had no experience or education requirements for family day care providers. The trend for directors and teachers in day care centers to have higher educational levels has been evident in the research review. However, Lindsay and Lindsay (1987) in a study of 303 child care workers found that directors and teachers in day care

centers were more likely to have degrees in child development or education than family day care providers, but most of the degrees related to school age not preschool children. Since basic education/training appeared to be absent or minimal at best in most state standards (Morgan, 1987; Phillips, Lande, & Goldberg, 1990), it was not unusual for Klein and Sheehan (1987) to note that no state requirements for specialized training to meet the needs of handicapped children were found in their research survey.

Over the last decade researchers have examined educational, training, and experience variables in relation to quality child care. Consistent with the NDCS study of 1979, the Family Day Care Study (Divine-Hawkins, 1981) produced similar positive and strong relationships between the amount of training for family day providers and quality child care. In 1981 the National Association for the Education of Young Children (NAEYC, 1986) developed accreditation criteria for quality early childhood programs. Among these predictors of quality, staff training related to child development and early childhood education were deemed to be important indicators of overall program's quality and child outcomes. Clarke-Stewart (1982) summed up the prevailing professional attitudes of the 1980s in the book, Daycare, by stating: "Unlike specialized training in child development, neither general education nor the amount of experience in child care is a very good predictor of caregiver's behavior" (p. 107).

Howes (1983) investigated caregiver behavior in both center and family day care through observations of the social experiences of 40 toddlers and their

caregivers. Caregivers in centers had an average of 5 years of training, while family caregivers had an average of 2 years of training. The average years of experience for both groups was approximately 3 years.

The day care facilities in this study were community-based programs not associated with universities, research, or demonstration projects. Fifty percent of the caregivers had a bachelor's degree in child development or related field. Twenty-five percent had no special training, and 65% of the caregivers were mothers. Howe (1983) found that adult-child ratios and caregiver training were the best indicators of quality in day care centers, while a safe and appropriate environment was the best quality indicator in family day care. However, years of experience, coupled with training, was related to better quality care. Family and center day care providers, who had more years of experience and training, were more likely to engage in positive social interactions with children and less likely to restrict. Small groups and additional training were consistent with the results of the National Day Care Study (NDCS) of 1977. Unlike the NDCS results, Howe's data indicated that adult child ratios were associated with quality child care.

In an examination of the relationship between caregiver education and training on job performance, Berk (1985) conducted a study among 37 center-based, preschool day care providers in 12 cities. The sample, in general, was well educated and trained. Seventy-three percent of the sample had at least a bachelor's degree. Fifty-one percent had some type of teaching credential; one

fourth of these were certified in early childhood education. The average years of experience in day care were 3 years.

Berk (1985) found that the levels of education did relate to various caregiver behaviors. College-educated caregivers engaged in more encouraging, responsive behaviors and used more teacher direction. The facilitation of verbal skills in children was 3 times higher in the college educated than in the high school samples. No significant differences were noted in caregiver behaviors between the college educated with child-related preparation and college educated without child-related preparation. Berk (1985) suggested that "the impact of simply being college educated related to a similar set of behavior variables as having a child-related college major" (p. 119).

Similarly, no significant differences were found between the type of certification (early childhood, elementary, secondary) and no certification on the behavioral variables. However, caregivers with early childhood certification obtained significantly higher scores on child-oriented attitudes as gauged by the Measure of Child Oriented Attitudes (MTAI). Although college-educated caregivers, as a whole, were not significantly higher in child-oriented attitudes, Berk (1985) found that their attitudes were better integrated with their behaviors.

In contrast, Jacobson and Owen (1987) conducted a study among 43 caregivers of infants in center-based settings in order to investigate the importance of education and experience variables of infant caregiver interactions. Fifty-five percent of the sample had no child-related high school or college courses, and

most had little training. Over half of the sample had less than 3 years experience in infant care. Jacobson and Owen (1987) found that formal education had more negative than positive implications with generally low levels of infant stimulation. No significant relationships between infant-care training and the frequency or nature of infant-caregiver interactions was found. The variable of age, however, produced significant results. The older the caregivers, the more likely they were to hold the infant and engage the infant in higher level toy play.

In a doctoral dissertation, Arnett (1986) examined the effects of caregiver training among 66 day care providers in Bermuda on their child-rearing attitudes, knowledge of child development, and interactions with children. The training provided a 4-course sequence in communication, child development, child care and preschool activities/practicum over a 2-year period. The day care providers' training levels varied from "no training" to 4-year degrees in Early Childhood Education.

Arnett (1986) found that training was related to child-rearing attitudes that encouraged more independent behaviors. Training was also related to knowledge of child development and positive child interactions. Arnett stressed that when training was combined with overall education and experience, experience was the best indicator of child development knowledge.

Kaplan and Conn (1984), in conjunction with the Michigan Day Care Provider Training Project, pretested and posttested 17 caregivers in community-based day care centers after a 20-hour training program in order to ascertain

whether or not training improved caregiver settings and involvement with children. The educational levels of the providers, prior to the training, ranged from less than a high school degree to bachelor's degrees. Grouped data on all caregivers indicated that caregivers spent more time in physical, social, and emotional activities after training, however, no differences were evident in the use of more direct teaching methods to facilitate cognitive or language development. Kaplan and Conn (1984) concluded that training stimulated more nurturing behaviors rather than direct teaching methods.

Was there a relationship between training content and perceived parental preferences for types of day care? No study has been found that investigated such a relationship. Interestingly, Endsley and Bradbard (1987) investigated 210 parents who were dissatisfied with prior day care arrangements and found that parents most frequently criticized family day care for the lack of educational stimulation and undependability. Washburn and Washburn (1985) in an analysis of tasks/skills rated by degree of importance by family day care providers reported that family day care providers rated educational level of the provider as the least important skill out of a possible 25 skills/tasks. On the other hand, Almy (1981) reported that parents who chose family day care did so based on the greater availability and similarity in child-rearing values. Divine-Hawkins (1981) found that parental preferences for family day care settings were related to availability, experience, and training. Hofferth (1989) contended that parents in the 1980s were more concerned about the quality and regulation of day care not availability

of day care. For center day care, Atkinson (1987) compared 43 mothers' and 13 providers' preferences for teachers in 5 commercial day cares. Both mothers and providers rated "liking for children" and college academic work as their first and second choices of the most important teacher qualifications.

Eheart and Leavitt (1986) and Lindsay and Lindsay (1987) questioned whether or not day care providers were interested in training. Eheart and Leavitt (1986) interviewed 150 licensed home providers and 103 center-based providers in Illinois. Eighty-one percent of the center-based providers were college graduates; only 14% of the home-based providers were college graduates. Eighty-three percent of the center-based providers had some training or specialized degree. Sixty-five percent of the home-based providers had no training. Eighty-three percent of the center-based providers and 48% of the home-based providers desired more training. The desire for more training was significantly related to previous training experiences. Providers with prior training desired additional training.

Lindsay and Lindsay (1987) surveyed 303 child care workers in Durham, North Carolina. The sample consisted of 48 directors, 138 teachers, 55 teacher aides in preschools and licensed day care centers as well as 62 family day care providers. Fifty-eight percent of the directors, 43% of the teachers, and 29% of the teacher aides had college degrees, while 26% of the family day care providers had completed college. Ninety percent of the teacher assistants, 75% of the directors, 70% of the teachers, and 54% of the family day care desired more

training. Unlike Eheart and Leavitt (1986), Lindsay and Lindsay (1987) did not investigate the relationship between the desire for more training and previous training experiences. The trend in the Lindsay and Lindsay (1987) study did not appear to follow the same patterns.

In the 1980s, training was generally viewed as an indicator of quality child care. As a result, a number of training and credentialling programs were explored. Snow (1982) reviewed and analyzed 14 in-service day care training programs. Eight of the 14 training programs were designed for family day care providers. Teaching methods and content were widely diverse. The majority of the training sponsorship was university affiliated. Evaluation procedures were generally addressed in most of the studies, however, the quality of these evaluation procedures were considered to be low.

This concern regarding the lack of documentation of training programs and evaluation procedures was also noted by Peters and Kostelnik (1981) in a review of research on the preparation of day care personnel. Peters and Kostelnik described the evaluation procedures as "the weakest link in the system of day care personnel preparation" (p. 48). Although evaluative efforts have been made in regard to training effectiveness on a short-term basis, little research has been conducted that examined the transfer and maintenance of training (Peters & Kostelnik, 1981; Snow, 1982).

A wide variety of in-service training strategies, ranging from self-instructional methods to structured workshops and college courses, have been

developed since the mid-70s and continue to be utilized today (Agulrre & Marshall, 1988; Peters & Kostelnik, 1981; Snowe, 1982; Wattenberg, 1977). Training based on the developmental characteristics of day care providers was advocated in the late 1970s (Wattenberg, 1977; Vander Ven, 1979) but remains largely unexplored today. Training based on needs assessments of providers (Abbott-Shim, 1990), developmentally appropriate practices (Bredekamp, 1988; Snider & Fu, 1990), and credentialling of day care providers have been increasingly viewed as initiatives in the preparation of day care personnel (Almy, 1981, 1982; NAEYC, 1984; Peters, 1981; Phillips, 1990; Smith, 1986).

CHAPTER 2

METHODOLOGY

The method of organizing and presenting information in this chapter is as follows:

1. A general description of the procedures that were followed.

2. A general description of the population and sampling procedures which were utilized.

3. Documentation of the sources of evidence and authority were presented which included:

(a) methods of data collection,

(b) explanation of the independent and dependent variables,

(c) a listing of the statistical hypotheses,

(d) analytical techniques and research design, and

(e) limitations of the study.

General Procedures

1. A thorough review of the literature was conducted related to day care providers' willingness to accept handicapped children. The review of research addressed the following areas: (a) legislation; (b) changing families and day care which was subdivided into two sections including: changing families and the changing role of day care; (c) effects of preschool mainstreaming; (d) willingness

to accept handicapped children into early childhood settings; (e) education and training of day care providers.

2. A listing of all licensed and registered day care providers was obtained from the Montana State Department of Child and Family Services. This list of providers was organized into eight Montana districts (see Appendix A).

3. The list of all licensed and registered day care providers in Montana were grouped according to the type of day care setting: center day care, group home day care, and family day care.

4. Gallatin and Park counties in District 5 were selected to serve as the population for a pilot study (see Appendix B) in order to procure reliability data on the instrument and to strengthen the research design. To assess the reliability of the instrument, a test-retest method was implemented.

5. Since the population of day care providers in the pilot study area was unknown, the following procedures were utilized in order to obtain an accurate number of day care providers in day care centers, group home day cares, and family day cares:

(a) A letter was mailed out to all licensed and registered day care facilities in Gallatin and Park counties explaining the purpose of the pilot study (see Appendix C).

(b) Within a week of the original letter, a telephone call was made to each facility in the pilot population requesting the number and names of day care providers (excluding directors) in each day care program.

(c) The appropriate number of survey instruments for each facility were mailed out to each day care provider to complete and directly return to the researcher in the self-addressed and stamped packet (see Appendix D).

(d) Follow-up telephone calls were made to each facility one week after the initial mailing. Two weeks after the initial mailing, a second telephone call was made to each facility for those individuals who did not respond.

(e) A code book was constructed to serve as a guide for accurate recording of the data. Data summary sheets were compiled and entered into a computer. SPSS was used to analyze data for each of the three groups of day care providers.

(f) For test-retest purposes the same instrument was mailed out to the appropriate number of day care providers in each facility in the pilot population following a one-month interval from the initial administration. The same procedures for follow-up and data analysis were utilized in the second administration of the instrument. A total reliability coefficient was computed on the data from the test-retest procedure.

6. The remaining licensed and registered day care facilities (pilot population excluded) provided the population for this study. Day care providers in day care centers, group home day cares, and family day care settings served as the population in this study. No sampling procedures were utilized.

7. Since the listing of individual names of all day care providers was not available, it was necessary to determine the population of day care providers in day care centers, group home day cares, and family day care settings. A letter was mailed out to all of the day care facilities in Montana (excluding the pilot population) explaining the purpose of the study (see Appendix E).

8. Telephone calls were made to each facility in the study population requesting the number and names of day care providers (excluding directors) in each day care program.

9. The appropriate number of survey instruments were mailed out to each day care provider to complete and directly return to the researcher in the self-addressed and stamped packet (see Appendix F).

10. Follow-up postcards were sent to all participants one week after the initial mailing (see Appendix G). Follow-up survey instruments were sent during the third and seventh week after the initial mailing to those individuals who did not respond.

11. A code book was constructed to serve as a guide for accurate recording of the data. Data summary sheets for each of the eight districts were compiled and entered into a computer. SPSS was used to analyze the data for each of the three groups.

12. Data was compiled and statistical analyses were performed to test the hypotheses of the study. All null hypotheses were tested at the .10 level of significance.

Population Description and Sampling Procedure

The population for this study included all day care providers in three groups: licensed day care centers, registered group home day cares, and registered family day care centers in Montana. Day care providers in Gallatin and Park counties served as the population for a pilot study and were excluded from the population of this study. Since no listing of the individual day care providers in Montana was available, the initial task was to determine the population under investigation in this study.

The population for this study was derived from a current list of licensed or registered day care providers in the state of Montana. A list was obtained from the state department of Child and Family Services, the regulatory agency for day care providers in the state. This document was organized into the following eight Montana districts: (1) District 1 included Billings and surrounding areas; (2) District 2 included Butte, Anaconda, and surrounding areas; (3) District 3 included Glasgow, Fort Peck, and surrounding areas; (4) District 4 included Great Falls, Havre, and surrounding areas; (5) District 5 included Bozeman, Helena, and surrounding areas; (6) District 6 included Glendive, Miles City, and surrounding areas; (7) District 7 included Kalispell and Flathead areas; and (8) District 8 included Missoula and surrounding areas (see Appendix A).

Based on the list of day care providers issued by the Montana State Department of Family Services, it was estimated that the number of licensed and registered day care facilities in Montana was 1,076. These day care settings served

approximately 12, 629 children with an estimated number of day care providers at 1,724. A breakdown of the day care facilities in Montana was estimated to be: 147 day care centers, 354 family group day care homes, and 575 family day care homes.

No accurate data regarding the total number of day care providers was available. However, it was possible to estimate the number of providers in licensed or registered day care centers, group home day cares, and family day cares. In accordance with the Montana Day Care Licensing and Registration Standards of the Montana State Department of Family Services, minimum estimates of the day care providers were: one per family day care, two per group home day care, and a minimum of three per center day care. The minimum estimated number of day care providers in these facilities was 1,724 which included: 441 center providers, 708 group home providers, and 575 family day care providers. The educational levels and types of training of day care providers in Montana was unknown.

Sources of Evidence and Authority

Methods of Data Collection

Since the population was initially unknown, it was necessary to obtain an accurate number of day care providers in Montana in day care centers, group home day cares, and family day care settings. A letter was sent to all day care facilities in the population explaining the purpose of the study (see Appendix E).

Dillman (1978) suggested that a prior letter sent to the respondents was found "to increase response in surveys" [by eliminating] "the elements of surprise" (p. 17).

Following a one-week period, telephone calls were placed to each day care facility requesting the number and names of day care providers in each day care program. Follow-up telephone calls were made to those facilities that could not be reached. This procedure was not entirely necessary for family day care programs since a minimum of one provider was required, and the name of the provider was available. However, family day care settings were subject to the same procedures as the group home day cares and day care centers. High turnover rates in day care providers and day care facilities have been well documented (Hofferth, 1989; Institute for American Values, 1989; Keyserling, 1972; Morgan, 1987; National Commission of Working Women, 1985; Ruopp et al., 1979; Ruopp & Travers, 1982). These procedures ensured a more accurate and current listing of individual day care providers in Montana. This dual process of utilizing the combined mail and telephone procedures in the effort to locate participants in the initial phases of this study has been recommended by Dillman (1978). Dillman (1978) stated that the mail procedures have a "high probability of reaching the respondent where other methods fail" and that telephone calls have the advantage of "call-backs" which place them "on an equal basis" with mail procedures in "their ability to reach respondents" (p. 47).

The name of the facility and the number and names of individual providers in the facility were recorded in order to identify the participants, to calculate the

number of providers in each of the three day care groups, and to calculate subsequent response rates. The total number of day care providers in each of the three groups (day care centers, group home day cares, and family day care settings) was calculated and served as the population for this study. No sampling procedures were utilized. In a brief review of the problems associated with the use of "listings," Dillman (1978) concluded that a complete listing of the population is rare and that representativeness in sampling procedures "becomes a problem only when one deals with populations not completely enumerated" (p. 42).

After determining the total number in the population, the appropriate number of survey instruments and a cover letter were mailed out to each of the day care providers in the facilities (see Appendix F). Directors of day care centers who did not work directly with the children were excluded from the population. The day care providers were asked to complete and return the survey instrument directly to the researcher in the self-addressed and stamped survey instrument packet. In consideration of ethical issues, these procedures were used to minimize potential breaches of confidentiality. Fowler (1984) suggested that supervisors/employers of participants in a survey should not be allowed to view completed surveys.

Follow-up postcards were sent to all participants one week after the initial mailing to remind them of the survey and thank them for their participation (see Appendix G). Dillman (1978) found that most respondents to questionnaires "do

so immediately after they receive them" and that a one-week interval "conveys a sense of importance" without being "unreasonable" (p. 183). A second follow-up with a cover letter and survey instrument was sent to all nonrespondents during the third week following the initial mailing. The third and final follow-up, according to Dillman (1978), was sent to the nonrespondents during the seventh week following the initial mailing.

A response rate was calculated based on a method described by Dillman (1978) whereby the response rate is calculated "as a percentage of contacts with eligible respondents that result in completed interviews or questionnaires" (p. 50). In reference to response rate, Fowler (1984) stated that there was "no agreed upon standard for a minimum acceptable response rate" (p. 48). The return rate for mail surveys without appropriate follow-up procedures was generally less than 30% and "usually look nothing like the sampled populations" (Fowler, 1984, p. 49). Dillman (1984) argued that the response rate was only "one indicator of representativeness" [and that] "the prevailing obsession with response rate often leads to overlooking other barriers to representativeness" (p. 41). Dillman (1984) stated that the response rate was generally "not a good predictor" [and] "is certainly far less important" (p. 41) than other variables including: random sampling, selection criteria, locating the selected respondent, and substitution procedures.

Dillman (1984) developed an apparently successful procedure for implementing mail and telephone surveys called the Total Design Method. This

method has been outlined in this section and was utilized in this study. In an analysis of 50 individually mailed surveys from national, state, local, and university settings which utilized the Total Design Method, 48 of the surveys received response rates of 74%. For those surveys which received a response rate from 50% to 70%, only part of the Total Design Method was utilized. No study in this analysis received less than a 50% response rate (Dillman, 1978, p. 21). However, Dillman (1978) cautioned that the Total Design Method for general public surveys or large metropolitan areas has not been "thoroughly tested in some potentially difficult survey situations" and that "caution" should be exercised "in generalizing the results . . . to certain survey situations" (p. 21).

Based on a review of survey literature, Babbie (1989) recommended the following guidelines: "A 50% response rate is adequate for analysis and reporting, 60% is good, and 70% is very good" (p. 242). For this study the Total Design Method as described by Dillman was followed in an attempt to achieve a minimum response rate of 70%.

An adapted version of the Family Day Care Home Integration Inventory was used to assess day care providers' willingness to accept handicapped children (see Appendix F. Part II). The Family Day Care Home Integration Inventory was adapted by Meisels (Meisels & Jones, 1987) from the Classroom Integration Inventory developed by Haring, Stern, and Cruickshank in 1958 (see Appendix H). Meisels and Jones (1987) stated that there was "virtually no published research with which to compare the results" (p. 7) of the Family Day Care Home

Integration Inventory. Meisels and Jones (1987) asked nationally known experts in the field of early childhood special education to respond to the inventory and compared their responses to those of the day care providers in the study. These results were not reported nor were they available upon further written requests for the information from Dr. Meisels (see Appendix I). Conversations with Dr. Samuel J. Meisels confirmed that no other reliability and/or validity studies had been conducted on the instrument.

The instrument that was developed and utilized in this study consisted of two major parts. Part One (A) was designed to assess the independent variables of this study including the following provider related variables: age and parental status of the provider, years of experience in day care, years of experience with handicapped children, level of educational attainment, and type of educational training of the provider. Part One (B) was designed to assess the independent variables of this study including the following day care setting related variables: type of day care setting, group size, and the number of handicapped children served. Admission requirements and personal and program philosophies were also examined.

Part Two was an adapted version of the Family Day Care Home Integration Inventory. This instrument was utilized to assess day care providers' willingness to accept handicapped children. The items in Part Two consisted of a series of 27 vignettes (behavioral descriptions) that depicted children with nine differing types of handicapping conditions as reflected under Public Law 94-142

and three levels of severity for each of the nine handicapping conditions with the exception of multiple handicapping conditions. Since multiple handicapping conditions are frequently "severe," three vignettes representing one level of severity were depicted. Since labels appear to influence teacher attitudes toward handicapped children (Algozzine, Mercer, & Countermine, 1977; Fritz, 1985; Jamieson, 1984), labels were not assigned to the children depicted in the vignettes.

Part Two of the instrument consisted of a five-point scale for recording participant responses. Likert-type scales have been widely used in the assessment of attitudes (Dawes, 1986). Day care providers were asked to indicate their willingness to accept a handicapped child (Personal Practice A) into their program according to their degree of acceptance and their program or director's willingness to accept handicapped children (Program/Director Practice B). The categories were: (1) I would not be willing to accept this child into my day care group, (2) I would be willing to accept this child into my day care group with additional help and consultation, (3) I would be willing to accept this child into my day care group with additional full-time help, (4) I would be willing to accept this child into my day care group with consultation, and (5) I would be willing to accept this child into my day care group without any changes.

The instrument was subject to a pilot study among a population of day care providers in day care centers, group home day cares, and family day cares. Gallatin and Park counties were selected to serve as the population for the pilot study. Borg and Gall (1989) stated that pilot studies "rarely need more than 20

subjects" (p. 77). In contrast, Burton and Cherry (1970) recommended that "a more extensive pilot study is required" with large populations. Borg and Gall (1989) strongly recommended a preliminary investigation of research measurements and techniques in the form of a pilot study in order to develop a "sound research plan" (p. 77). Advantages of a pilot study as delineated by Borg and Gall (1989) included: preliminary testing of hypotheses; improvement of data collection, statistical, and analytical procedures; identification of unanticipated research problems; as well as feedback and data collection on the measurement instruments (pp. 77-78).

Reliability of the instrument was established through a test-retest method on the pilot population. Readministration of the instrument on the pilot population was conducted following a 1-month interval from the initial administration. Potential effects of memory from a shorter test-retest period and the potential effects of real changes from a longer test-retest period have been reported as factors in either overestimating or underestimating the reliability of an instrument (Borg & Gall, 1989; Ferguson, 1981; Henerson, Morris, & Fitz-Gibbon, 1987; Nachmias & Nachmias, 1987). Henerson et al. (1987) recommended a 1-month interval between test administration as a "good rule of thumb" (p. 148) in collecting test-retest reliability data. A total reliability coefficient was computed on the data from the test-retest procedure. A .80 total correlation coefficient was accepted as an indicator of the reliability of the instrument.

Gay (1985) reported that "what constitutes an acceptable level of reliability is to some degree determined by the type of test although a coefficient over .90 would be acceptable for any test (p. 181). Although standardized achievement tests typically have reported reliability coefficients of .90 and above, attitudinal scale reliabilities have generally been reported with a .70 reliability coefficient (Gay, 1985; Henerson et al., 1987). In regard to attitude measurement, Henerson et al. (1987) stated that "while reliability coefficients of above .70 are certainly desirable, lower coefficients are sometimes tolerated although this affects the confidence with which you can make decisions based on measurement results" (p. 154).

The instrument was submitted to three subject matter experts in the field of Special Education in order to evaluate the content validity of the instrument. Content validity described how adequately the items on the instrument measured the content (Borg & Gall, 1989). The purpose of the instrument and the administration procedures were described to the three subject matter experts. Specific objectives were developed to assess the items on the instrument. The experts were asked to evaluate whether or not the items measured the content (see Appendix J). The results from each of the three experts were compared in order to ascertain the content validity of the instrument.

Content validity has not been expressed in numerical form (Borg & Gall, 1989; Gay, 1985; Henerson et al, 1987; Nachmias & Nachmias, 1987). Gay (1985) stated that: "There is no formula for computing it [content validity], and there is

no way to express it quantitatively" (p. 158). Procedures for establishing content validity have relied on expert judgment through a comparison of the items with the content. Agreement among the expert judges indicated that the instrument had content validity, while disagreement among the judges indicated that the content validity of the instrument was weakened (Nachmias & Nachmias, 1987).

Explanation of Investigative Categories

The areas of investigation included 3 dependent variables and 10 independent variables. The dependent variables in this study were: (1) the overall willingness to accept handicapped children by each of the three groups of day care providers, (2) willingness to accept handicapped children by their level of severity by each of the three groups of day care provider, and (3) willingness to accept handicapped children by the type of handicapping condition by each of the three groups of day care providers. Part Two of the survey instruments was used to measure the three dependent variables. The independent variables were the educational levels of day care providers and the types of educational training of day care providers. Additionally, 9 other independent variables were included in this study: the age and the parental status of the provider, years of experience in day care, years of experience with handicapped children, the number of children per group, the number of handicapped children per group, and types of course work/training.

Statistical Hypotheses

The following hypotheses were tested at the .10 level of significance for each of the three groups in order to answer the questions of the study.

Statistical Hypotheses Tested by Pearson Correlation Coefficients

Null Hypothesis 1: There is no significant correlation between the age of the provider and their overall willingness to accept handicapped children for each of the three groups.

Null Hypothesis 2: There is no significant correlation between the providers' years of experience in day care and the overall willingness to accept handicapped children for each of the three groups.

Null Hypothesis 3: There is no significant correlation between the providers' years of experience with handicapped children and the overall willingness to accept handicapped children for each of the three groups.

Null Hypothesis 4: There is no significant correlation between group size and the overall willingness to accept handicapped children for each of the three groups.

Null Hypothesis 5: There is no significant correlation between the number of handicapped children served and the overall willingness to accept handicapped children for each of the three groups.

Statistical Hypotheses Tested by One-Way Analysis of Variance

Null Hypothesis 6: There is no significant difference between means of parent and nonparent on the dependent variable, overall willingness to accept handicapped children, for each of the three groups.

Null Hypothesis 7: There is no significant difference among the means for educational attainment levels on the dependent variable, overall willingness to accept handicapped children, for each of the three groups.

Null Hypothesis 8: There is no significant difference among the means for types of educational training on the dependent variable, overall willingness to accept handicapped children, for each of the three groups.

Null Hypothesis 9: There is no significant difference among the means for types of child development course work/training on the dependent variable, overall willingness to accept handicapped children, for each of the three groups.

Null Hypothesis 10: There is no significant difference among the means for types of special education course work/training on the dependent variable, overall willingness to accept handicapped children, for each of the three groups.

Statistical Hypotheses Tested by Two-Way Analysis of Variance

Null Hypothesis 11: There is no interaction between the independent variables, levels of educational attainment, and types of educational training on the dependent variable, overall willingness to accept handicapped children, for each of the three groups.

Null Hypothesis 12: There is no interaction between the independent variables, levels of educational attainment, and types of educational training on the dependent variable, willingness to accept handicapped children by level of severity, for each of the three groups.

Null Hypothesis 13: There is no interaction between the independent variables, levels of educational attainment, and types of educational training on the dependent variable, willingness to accept handicapped children by type of handicapping condition, for each of the three groups.

Statistical Hypotheses Tested by Multiple Regression Analysis

Null Hypothesis 14: The independent variables do not account for a significant proportion of the variability in the dependent variable, overall willingness to accept handicapped children, for each of the three groups of day care providers.

Null Hypothesis 15: The independent variables do not account for a significant proportion of the variability in the dependent variable, willingness to accept handicapped children by level of severity, for each of the three groups of day care providers.

Null Hypothesis 16: The independent variables do not account for a significant proportion of the variability in the dependent variable, willingness to accept handicapped children by type of handicapping condition, for each of the three groups of day care providers.

Analytical Techniques and Research Design

The analytic techniques to be utilized in this study consisted of three major statistical methods: correlation coefficients, analysis of variance, and multiple regression. The statistical hypotheses of this study were tested at the .10 level of significance. The probability of a Type I error, rejecting a true null, is called the level of significance (Ferguson, 1981). Kerlinger (1973) stated that the .05 level of significance was "apparently first chosen" by R. Fisher in his 1950 text, Statistical Methods for Research Workers, and has persisted with researchers "because it is considered to be a reasonably good gamble" for most "social scientific research" (p. 170). However, Ferguson (1981) stated that the level of significance was frequently adopted without regard to Type II errors, retaining a false null. "If too strict a level of significance is adopted, we may fail to reject the null hypothesis when, in fact, a fairly large difference exists" (p. 175).

Since this study was exploratory in nature, the implications for future placement alternatives for handicapped children and educational and training needs of day care providers were important considerations. For this study the consequences of committing a Type II error were considered more serious than a Type I error. By retaining a false null, Type II, the implications for the placement of handicapped children were great, in effect, concluding that pertinent characteristics of day care providers and their willingness to accept handicapped children were of no consequence when they really were of consequence. Similarly, the implications for the education and training of day care providers might have

been viewed as not important when there really was a difference in their willingness to accept handicapped children based on their educational levels and type of training. Furthermore, retention of a false null, Type II, had the potential of terminating further study in this area of research. Since a general inverse relationship exists between alpha and beta, a .10 level of significance was adopted for this study.

Correlation coefficients were used to test hypotheses one through five in order to determine whether there was a significant correlation between the separate independent variables and the dependent variable, overall willingness to accept handicapped children for each of the three groups. The dependent variable used in all separate analyses was the overall willingness to accept handicapped children. The separate independent variables were: age of the provider, years of experience in day care, years of experience with handicapped children, group size, and the number of handicapped children served.

One-way analysis of variance tests were conducted to test hypotheses 6 through 10 for each of the three groups. The dependent variable used in all separate analyses was the overall willingness to accept handicapped children. The separate independent variables in hypotheses six through eight, respectively, were: levels of parental status, educational attainment levels, levels of educational training, types of child development course work/training, and types of special education course work/training. Means were calculated for levels of the independent variables on the dependent variable in separate analyses for each of

the three groups in order to determine whether there was a significant difference between the means for the levels of the independent variables on the dependent variable. If a significant difference was found, the Newman-Kuels test was utilized to test all pair-wise differences. The Newman-Kuels method utilized a contrast-based error rate whereby "the difference between every mean and every other mean is calculated" (Ferguson, 1981, p. 310).

Two-way analysis of variance tests were conducted to test hypotheses 11 through 13 for each of the three groups in order to determine whether there was an interaction between the independent variables and the dependent variable. If no interaction was found, main effects were tested. If significant interaction was found, the data was plotted on a graph in order to ascertain whether the interaction was ordinal or disordinal. Ordinal interaction required a further examination of the main effects while disordinal interaction terminated the analyses. The independent variables for all analyses were the levels of educational attainment and the types of educational training. Three separate dependent variables were used. For hypothesis 11, the dependent variable was the overall willingness to accept handicapped children. For hypothesis 12, the dependent variable was willingness to accept handicapped children by level of severity. The dependent variable for hypothesis 13 was willingness to accept handicapped children by type of handicapping condition.

Multiple regression was utilized for hypotheses 14 through 16 in order to determine whether the independent variables accounted for a significant

proportion of the variability in the dependent variable for each of the three groups. Three separate dependent variables were used: overall willingness to accept handicapped children, willingness to accept handicapped children by level of severity, and willingness to accept handicapped children by type of handicapping condition. Kerlinger and Pedhazur (1973) cited several pertinent strengths of the multiple regression model including: (1) "multiple regression analysis is suited to almost any nonexperimental research in which there are several independent variables and one dependent variable" (p. 445); (2) "multiple regression is often the best method of analysis of nonexperimental data" (p. 444); and (3) multiple regression is able to "handle any number and kind of independent variables" (p. 444). Additionally, Kerlinger and Pedhazur (1973) cautioned researchers about the unreliability of regression weights and suggested the use of large samples of "100 and preferably 200 or more" in order to "keep standard errors small" (p. 442). A stepwise regression model was utilized in order to determine "the contribution of each variable already in the equation if it were to be entered last" (Kerlinger & Pedhazur, 1973, p. 290). The multiple regression analysis assisted in identifying characteristics of day care providers which significantly influence their willingness to accept handicapped children.

From the data collected in this study, appropriate correlation matrices, ANOVA tables, and multiple regression tables were constructed. Additionally, graphs depicting interaction data were also included.

Limitations and Delimitation of the Study

1. An extensive review of the literature was conducted through three E.R.I.C. computer searches utilizing combinations of appropriate E.R.I.C. descriptors related to: day care and handicapped children, preschool mainstreaming, teacher attitudes and attitude scales and day care training. The searches revealed a paucity of literature on day care providers and handicapped children. Identification of pertinent documents yielded a minimum of three journals relevant to this study. The review of literature was greatly facilitated by the interlibrary loan services of Montana State University which accessed pertinent dissertations, publications, and primary texts from across the United States. Additional searches were conducted and resources obtained from the University of Maine, Orono, Maine, and Eastern Montana College, Billings, Montana. Dr. Thelma Harms, University of North Carolina, Chapel Hill, Dr. Samuel Meisels, University of Michigan, Ann Arbor, and personal resources were instrumental in conducting the review of the literature.

2. The review of the literature encompassed a 12-year span from 1979-1991. In some instances it was necessary to review and cite salient documents prior to 1979.

3. The study was limited to academic year 1990-1991.

4. The study considered only licensed and registered day care facilities in Montana as determined by the Department of Family Services, the regulatory and licensing agency for day care facilities in Montana.

5. The study was composed of day care providers who provided direct care to preschool children in day care centers, group home day care, and family day care settings in Montana. Directors of day care centers who did not provide direct child care were excluded from the sample.

6. The results of this study could be generalized to day care providers in licensed day care centers, registered group home day cares, and registered family day cares in other large rural states. Although this study was limited to Montana, it would, hopefully, contribute to a growing pool of information related to day care and handicapped children.

CHAPTER 3

ANALYSIS OF DATA

The analysis of data in this chapter has been organized in the following manner: (a) results of the validity study; (b) results of the reliability study; (c) description of the population and response rate; and (d) tables and results of correlation analysis, one-way analysis of variance, two-way analysis of variance, and the multiple regression analysis.

Validity Study Results

The Family Day Care Home Integration Inventory (1987) was developed by Dr. Samuel J. Meisels in order to assess family day care providers' willingness to accept children with special needs into their programs (see Appendix H). An adapted version of the Family Day Care Home Integration Inventory was developed for this study in order to assess family, group, and center day care providers' willingness to accept handicapped children into their programs (see Appendix D).

The instrument was submitted to three subject matter experts in the field of Special Education. The purpose of the instrument and the administration procedures were described to the three subject matter experts (see Appendix J). In order to examine the content validity of the instrument, the three respondents were asked whether or not the instrument appeared to measure day care

providers' willingness to accept preschool handicapped children into their programs. All three respondents agreed that the instrument appeared to measure day care providers' willingness to accept preschool handicapped children into their programs. The subject matter experts felt that "the 5-point scale did a nice job of denoting a full range for a continuum of services for young children in day care settings" and that "the range and severity of handicapping conditions were sufficiently broad to assess a spectrum of attitudes." Additional comments regarding the vignettes were favorable such as: "Your vignettes appear to cover a full range of both severity and handicapping conditions and so should really enable you to distinguish both where providers 'draw the line' in regards to accepting children into their programs as well as distinguishing the level of assistance they perceive necessary to do so."

In Part 2, the subject matter experts were asked to evaluate the content validity of the vignettes. Labels and definitions for each of the 9 handicapping conditions and 3 levels of severity were developed. The vignettes were presented in random order. For each of the 27 vignettes, the reviewers were asked to assign a numerical code to indicate the type of handicapping condition and a letter code to indicate the level of severity. The results from the three subject matter experts were compared to the codes developed by the investigator. A review of the results indicated a general agreement and consistency among the expert judges. This agreement among the three subject matter experts denoted content validity of the instrument. One hundred percent agreement was obtained on 23 of the 27

items. Four of the items obtained an agreement of 66.66%. Upon further analysis, ratings for 2 of the 4 items indicated a difference in the level of severity. For the remaining 2 items, ratings indicated a difference in the type of handicapping condition. This disagreement among the judges indicated that the content validity of these 4 items was somewhat weakened.

A scrutiny of the discrepancies indicated that all 4 items were characterized by concurrent impairments. Potential problems with these items was anticipated by the investigator due to the multiple impairments in each of the items.

The category of multiple handicaps was characterized by 2 or more handicapping conditions that interfere with 2 or more developmental areas. Since the category of multiple handicaps is frequently severe, only 1 level of severity was presented. Additionally, concurrent impairments exist in categories such as mental retardation and hearing impairments. For example, mental retardation is characterized by intellectual deficits as well as deficits in adaptive behavior. In a similar vein, hearing loss and oral communication problems characterize the category of hearing impairments. However, the level of severity for both of these categories generally range from mild to severe. The possibility of confusing the terminology was anticipated by providing specific definitions for the 9 handicapping conditions which respondents were asked to review.

One reasonable explanation for the discrepancy may have been related to the labels for the conditions. The investigator, based on the respondents' analyses,

judged the content validity to be sufficiently consistent to use for the purposes of this study.

Reliability Study Results

Gallatin and Park counties in District 5 were selected to serve as the population for the pilot study in order to procure reliability data on the instrument. A listing of all licensed and registered day care providers in the state of Montana was obtained from the Montana State Department of Child and Family Services (see Appendix A). Ninety-nine day care facilities were listed in the pilot study area. Twelve of those names listed were repeated twice in the state department document and subsequently deleted, leaving a total of 87 facilities. A letter of intent was mailed out to all 87 licensed and registered day care facilities in Gallatin and Park counties. Three of the letters were undeliverable to the addresses obtained from the state department listing, resulting in a total of 84 facilities.

A telephone call was placed to all 84 facilities in the pilot population requesting the number and names of day care providers in each facility. Nineteen of the 84 facilities had no current telephone listing and were deleted from the study. Twelve of the day care providers were unable to be reached by phone. After three phone trials, these facilities were deleted from the study. Ten of the listed day care facilities were no longer providing day care. Two of the prospective participants refused to participate citing "too much paperwork."

The aforementioned circumstances resulted in a total of 41 eligible day care facilities in Gallatin and Park counties. These 41 day care facilities yielded a total of 81 day care providers that served as the population for the pilot study.

To assess the reliability of the instrument, a test-retest method was utilized. For the first administration, 81 surveys were mailed and 58 were returned, resulting in a response rate of 72%. For the second administration, 81 surveys were mailed and 57 were returned, resulting in a response rate of 70%. For both administrations of the instrument, 57 of the 81 mailed surveys were returned at a response rate of 70%. Of the 57 returned surveys for both administrations, 4 were not sufficiently complete to be used for analysis and were deleted from the study. An additional survey was deleted due to investigator error. The final analysis was conducted on 52 paired responses.

Part II of the instrument presented 27 vignettes, representing 9 handicapping conditions and 3 levels of severity. Day care providers were asked to rate their willingness to accept a handicapped child into their programs on a 5-point scale. For each vignette the day care provider was asked to indicate 2 sets of responses. The first response, entitled "Personal Practice (A)", assessed day care providers' willingness to accept a handicapped child into their program if the decision was entirely up to them. The second response, entitled "Program or Director's Practice (B)", assessed day care providers' perceptions of the program or directors' willingness to accept handicapped children into their programs.

Total reliability coefficients were computed on the data for both parts A and B from the test-retest procedure based upon N = 52. The total test score for Pre A and Post A yielded a reliability coefficient of r = .7927. The total test score for Pre B and Post B yielded a reliability coefficient of r = .7936. The total reliability coefficients of r = .7927 and r = .7936 were consistent with the sought correlation coefficient of r = .80 and were accepted as an indicator of the total reliability of the instrument. Table 1 shows the results of the Pearson Correlations for total test scores.

Further data analysis was conducted on individual test items. Reliability coefficients were computed on individual pretest and posttest items which yielded some curious results. Out of 54 separate analyses, only 17 coefficients reached the planned level of r = .80 or above. Twenty-seven of the coefficients were .70 or above; while 35 of the 54 coefficients were .60 or above. Out of the 54 separate analyses, 37 coefficients were below the planned level of r = .80 or above. Nineteen of the 37 were below an r = .60.

One possible explanation for the low correlations could be attributed to the scoring results of several respondents. In five individual cases serious disparities occurred in the rating process between the pretest and posttest scores. In these cases respondents rated the items as a 4 or 5 on the pretest and a 1 or 2 on the posttest or vice versa. This reversal of ranks, whether intentional or not, would most certainly affect the reliability of the items.

Table 1. Pearson Correlation Coefficients Item Test Scores

Item	r	# Agree	% Agree	Item	r	# Agree	% Agree
1.	.1988	43/52	82	28.	.3768	43/52	83
2.	.6288	36/52	69	29.	.6081	34/52	65
3.	.4138	40/52	77	30.	.4408	40/52	77
4.	.9149	45/52	87	31.	.9203	44/52	85
5.	.7114	41/52	79	32.	.6931	41/52	79
6.	.1671	44/52	85	33.	.4393	43/52	83
7.	.4830	40/52	77	34.	.4793	38/52	73
8.	.5724	44/52	85	35.	.5132	42/52	81
9.	.7281	40/52	77	36.	.7630	41/52	79
10.	.4137	37/52	71	37.	.3337	37/52	71
11.	.3877	35/52	67	38.	.3850	36/52	69
12.	.4272	39/52	75	39.	.3576	40/52	77
13.	.7601	44/52	85	40.	.7344	44/52	85
14.	.9463	46/52	88	41.	.9491	46/52	88
15.	.7306	49/52	94	42.	.8191	48/52	92
16.	.6001	43/52	83	43.	.6249	41/52	79
17.	.7012	40/52	77	44.	.7590	40/52	77
18.	.5413	43/52	83	45.	.5221	42/52	81
19.	.7765	43/52	83	46.	.6832	41/52	79
20.	.8731	45/52	87	47.	.8610	46/52	88
21.	.8217	44/52	85	48.	.8324	44/52	85
22.	.8210	45/52	87	49.	.8379	46/52	88
23.	.8778	49/52	94	50.	.9015	48/52	92
24.	.9010	47/52	90	51.	.8316	46/52	88
25.	.5578	40/52	77	52.	.6172	41/52	79
26.	.8573	45/53	87	53.	.8627	46/52	88
27.	.6699	41/53	79	54.	.7171	42/52	81

* Percentages rounded off to the nearest 100th

Interestingly, when the percentages of agreements were calculated for each of the 54 separate analyses, 32 of the 54 were at 80% of above; while 50 of the 54 were at 70% or above. Table 1 shows the results of the Pearson correlation coefficients for individual test items, the number of agreements for each of the 52 respondents on pre and post measures, and the percentages of agreements.

Based on consistent "feedback" from the day care providers in the pilot population, the second response, entitled "Program or Director's Practice (B)," was deleted from the instrument for the statewide study. Upon completing the reliability study, many day care providers reported that they "felt uncomfortable" assessing their directors' willingness to accept handicapped children.

Population and Response Rate

A list of all licensed and registered day care providers in Montana was obtained from the Montana State Department of Child and Family Services (see Appendix A). This document was organized into 8 Montana districts. The population for this study was comprised of all licensed and registered day care providers in the 8 districts, excluding Gallatin and Park counties in District 5, which served as the population for the pilot study. Nine hundred and seventy-nine day care facilities were listed within these parameters for 1990 through 1991.

A letter of introduction was mailed out to all 979 day care providers (see Appendix E). Following a 1-week period, telephone calls were placed to each facility requesting the number and names of providers in each day care program.

Day care center directors, who provided no direct care to children, were excluded from the study. Day care facilities were deleted from the original list if: (a) addresses and phone numbers were inappropriate, (b) program directors could not be reached after 3 phone trials, (c) the day care facility was no longer providing services, (d) the program served only infants and toddlers, and (e) the facility listed was not a day care.

Addresses provided in the state listing were "cross-checked" to current telephone directories. If inconsistencies were evident, telephone numbers obtained from current directories were "cross-checked" with the telephone information service.

Out of the 979 listed day cares, 430 were deleted. Two hundred and sixty-nine were "unreachable" due to the failure to contact the program director after 3 trials or inappropriate addresses and phone numbers. Many of the addresses were dated, and phones were "no longer in service." One hundred and twenty-six of the listed facilities were no longer providing services. Thirty-four of the facilities listed were not day care programs or were serving only the infant and toddler population. Only one individual refused to participate and was subsequently deleted from the study.

Five hundred and seventy-seven day care facilities were identified as eligible programs for the study. These 577 day care facilities yielded a total of 901 day care providers in family, group, and center day cares who served as the population for this study.

After establishing the population of the study, 901 surveys were mailed. Follow-up postcards were sent to respondents following a 1-week period. A second survey was sent to all nonrespondents during the third week following the initial mailing. Further procedures were terminated after the second mailing.

Seven hundred and twenty-nine were returned at a calculated response rate of 81%. Out of the 729 responses, 712 were sufficiently complete for analyses. The response rate, based on completed returns, was 79%. The following statistical analyses were based on a population of 712 day care providers.

Correlation Coefficients

Hypotheses 1 through 5 were tested with Pearson Correlation Coefficients using the .10 level of significance. The dependent variable used in all separate analyses was the overall willingness to accept handicapped children. The separate, independent variables were: age of provider, years of experience in day care, years of experience with handicapped children, group size, and the number of handicapped children served. The results of Hypotheses 1 through 5 were as follows:

Hypotheses 1 Through 5

Null Hypotheses 1. There is no significant correlation between the ages of the providers and their overall willingness to accept handicapped children for each of the 3 groups. Table 2 depicts the data.

Table 2. Results of Correlation Analysis Between the Ages of the Providers and the Overall Willingness to Accept Handicapped Children for Each of the 3 Groups.

Groups	r	df	2 tail p value
FDC	-.0947	273	.118
GHDC	-.1643	178	.028*
CDC	-.1922	255	.0018*
Total			

* Statistically significant at .10

The correlation between the ages of family day care providers and their willingness to accept handicapped children was not significant. Significant negative correlations were found for both group home day care providers and center day care providers and their respective willingness to accept handicapped children. As age increased in group home and center day care providers, their respective willingness to accept handicapped children into their programs decreased. Based on these findings, Null Hypothesis 1 was rejected for the group home day care providers and the center day care providers. Null Hypothesis 1 was retained for the family day care providers.

Null Hypothesis 2. There is no significant correlation between the providers' years of experience in day care and the overall willingness to accept handicapped children for each of the 3 groups. Table 3 depicts the data.

Table 3. Results of Correlation Analysis Between the Providers' Years of Experience in Day Care and the Overall Willingness to Accept Handicapped Children for Each of the 3 Groups.

Groups	r	df	2 tail p value
FDC	-.0544	273	.368
GHDC	-.2305	178	.0018*
CDC	-.0489	255	.434
Total			

* Statistically significant at .10

The correlations between the years of experience in day care for family and center day care providers and their respective willingness to accept handicapped children were not significant. A significant negative correlation was found between the years of experience in day care for group home day care providers and their willingness to accept handicapped children. As years of experience in day care increased for group home providers, their willingness to accept handicapped children into their programs decreased. Based on these findings, Null Hypothesis 2 was retained for family and center day care providers. Null Hypothesis 1 was rejected for group home day care providers.

Null Hypothesis 3. There is no significant correlation between the providers' years of experience with handicapped children and the overall willingness to accept handicapped children for each of the 3 groups. Table 4 depicts the data.

Table 4. Results of the Correlation Analysis Between the Providers' Years of Experience With Handicapped Children and the Overall Willingness to Accept Handicapped Children for Each of the 3 Groups.

Groups	r	df	2 tail p value
FDC	.1895	273	.0014*
GHDC	.1211	178	.104
CDC	.0985	255	.114
Total			

* Statistically significant at .10

The correlations between the years of experience with handicapped children for group home and center day care providers and their respective willingness to accept handicapped children were not significant. A significant positive correlation was found between the years of experience with handicapped children for family day care providers and their willingness to accept handicapped children. As years of experience with handicapped children increased for family day care providers, their willingness to accept handicapped children into their programs increased. Based on these findings, Null Hypothesis 3 was retained for group home and center day care providers. Null Hypothesis 3 was rejected for family day care providers.

Null Hypothesis 4. There is no significant correlation between group size and the overall willingness to accept handicapped children for each of the 3 groups. Table 5 depicts the data.

Table 5. Results of the Correlation Analysis Between Group Size and the Overall Willingness to Accept Handicapped Children for Each of the 3 Groups.

Groups	r	df	2 tail p value
FDC	.1069	273	.076*
GHDC	.0182	178	.808
CDC	.0332	255	.596
Total			

* Statistically significant at .10

The correlations between group size and the overall willingness to accept handicapped children for group home and day care center providers were not significant. A significant positive correlation was found between group size for family day care providers and their willingness to accept handicapped children into their programs. As group size increased, family day care providers' willingness to accept handicapped children increased. Based on these findings, Null Hypothesis 4 was rejected for family day care providers. Null Hypothesis 4 was retained for group home and day care center providers.

Null Hypothesis 5. There is no significant correlation between the number of handicapped children served and the overall willingness to accept handicapped children for each of the 3 groups. Table 6 depicts the data.

Table 6. Results of the Correlation Analysis Between the Number of Handicapped Children Served and the Overall Willingness to Accept Handicapped Children for Each of the 3 Groups.

Groups	r	df	2 tail p value
FDC	.2355	273	.0006*
GHDC	.0839	178	.264
CDC	.0768	255	.218
Total			

* Statistically significant at .10

The correlations between the number of handicapped children served by group home and center providers and their respective willingness to accept handicapped children were not significant. A significant positive correlation was found between the number of handicapped children served by family day care providers and their willingness to accept handicapped children. As the number of handicapped children served by family day care providers increased, their willingness to accept handicapped children into their programs increased. Based on these findings, Hypothesis 5 was rejected for family day care providers. Hypothesis 5 was retained for group home and day care center providers.

One-Way Analysis of Variance

Hypotheses 6 through 10 were tested with a one-way analysis of variance at the .10 level of significance. The dependent variable used in all separate analyses

was the overall willingness to accept handicapped children. The separate independent variables in hypotheses 6 through 10, respectively, were: parental status, educational attainment, types of educational training, types of child development course work/training, and types of special education course work/training. The results were as follows:

Hypotheses 6 Through 10

Null Hypothesis 6. There is no significant difference between the means of parent and nonparent on the dependent variable, overall willingness to accept for each of the 3 groups. Tables 7 through 12 depict the results.

Table 7. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Parental Status for Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	1	1.8177	1.8177	2.8199	.0943*
Within Groups	273	175.3321	.6446		
Total	274	177.1499			

* Statistically significant at .10

Table 8. Means for Overall Willingness to Accept Handicapped Children by Parental Status for Family Day Care Providers.

Group	N	Mean
1 - Parent	253	3.1404
2 - Nonparent	21	2.8342
Total	274	3.1169

A comparison of the means for parental status on the overall willingness to accept handicapped children by family day care providers yielded an F-ratio of 2.8199 with p = .0943. These statistics were significant at the .10 level of significance. Based on these results, Null Hypothesis 6 was rejected for family day care providers. Family day care providers with children were more willing to accept handicapped children into their programs than family day care providers without children.

Table 9. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Parental Status for Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	1	.0137	.0137	.0313	.8597
Within Groups	178	77.7941	.4370		
Total	179	77.8078			

Table 10. Means for the Overall Willingness to Accept Handicapped Children by Parental Status by Group Home Day Care Providers.

Group	N	Mean
1 - Parent	145	3.2644
2 - Nonparent	35	3.2423
Total	180	3.2601

A comparison of the means for parental status on the overall willingness to accept handicapped children by group home day care providers yielded an F-ratio of .0313 with p = .8597. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 6 was retained for group home day care providers.

Table 11. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Parental Status for Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	1	.0232	.0232	.0521	.8197
Within Groups	255	113.4185	.4448		
Total	256	113.4417			

Table 12. Means for Overall Willingness to Accept Handicapped Children by Parental Status for Day Care Center Providers.

Group	N	Mean
1 - Parent	172	3.3633
2 - Nonparent	85	3.3834
Total	257	3.3699

A comparison of the means for parental status on the overall willingness to accept handicapped children by day care center providers yielded an F-ratio of 2.8199 with p = .8197. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 6 was retained for day care center providers.

Null Hypothesis 7. There is no significant difference among the means for educational attainment levels on the dependent variable, overall willingness to accept handicapped children, for each of the 3 groups.

Table 13. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Educational Attainment Levels for Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	3	1.0903	.3634	.5588	.6427
Within Groups	271	176.2513	.6504		
Total	274	177.3416			

Table 14. Means for Willingness to Accept Handicapped Children by Educational Attainment for Family Day Care Providers.

Group	N	Mean
1 - High school diploma or less	124	3.1317
2 - 1-2 years college or 2-year graduate	103	3.0583
3 - Graduate of 4-year college	30	3.1568
4 - Some graduate school, master's degree, or higher	18	3.3086
Total	275	3.1185

A comparison of the means for educational attainment levels on the overall willingness to accept handicapped children by family day care providers yielded an F-ratio of .5588 with p = .6427. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 7 was retained for family day care providers.

Table 15. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Educational Attainment Levels for Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	3	.7276	.2425	.5538	.6463
Within Groups	176	77.0803	.4380		
Total	179	77.8078			

Table 16. Means for Willingness to Accept Handicapped Children by Educational Attainment Levels for Group Home Providers.

Group	N	Mean
1 - High school diploma or less	104	3.2415
2 - 1-2 years college or 2-year graduate	47	3.3578
3 - Graduate of 4-year college	18	3.1708
4 - Some graduate school, master's degree, or higher	11	3.1650
Total	180	3.2601

A comparison of the means for educational attainment levels on the overall willingness to accept handicapped children by group home day care providers yielded an F-ratio of .5538 with p = .6463. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 7 was retained for group home day care providers.

Table 17. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Educational Attainment Levels for Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	3	.4950	.1650	.3696	.7750
Within Groups	253	112.9467	.4464		
Total	256	113.4417			

Table 18. Means for Willingness to Accept Handicapped Children by Educational Attainment Levels for Day Care Center Providers.

Group	N	Mean
1 - High school diploma or less	79	3.3919
2 - 1-2 years college or 2-year graduate	83	3.3075
3 - Graduate of 4-year college	52	3.3981
4 - Some graduate school, master's degree, or higher	43	3.4160
Total	257	3.3699

A comparison of the means for educational attainment levels on the overall willingness to accept handicapped children by day care center providers yielded an F-ratio of .3696 with p = .7750. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 7 was retained for day care center providers.

Null Hypothesis 8. There is no significant difference among the means for types of educational training on the dependent variable, overall willingness to accept handicapped children, for each of the 3 groups. Tables 19-24 depict the results.

Table 19. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Types of Educational Training for Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	4	5.0421	1.2605	1.9753	.0985*
Within Groups	270	172.2995	.6381		
Total	274	177.3416			

* Statistically significant at .10

Table 20. Means for Willingness to Accept Handicapped Children by Types of Educational Training for Family Day Care Providers.

Group	N	Mean
1 - High school course of study	134	3.1656
2 - Child development	18	3.1173
3 - Special education or related field	36	3.3549*
4 - Elementary education	35	3.0095
5 - Nonrelated field	52	2.9074*
Total		

* Statistically significant at .10

A comparison of the means for types of educational training on the overall willingness to accept handicapped children for family day care providers yielded an F-ratio of 1.9752 with p = .0985. These statistics were significant at the .10 level of significance. Based on these results, Null Hypothesis 8 was rejected for family day care providers. The Newman-Kuels procedure identified a significant pair-wise difference between the means of Group 3 ($\bar{x}$ = 3.3549) and Group 5 ($\bar{x}$ = 2.9074) with p = .07335. Family day care providers with special education training or training in a related field were more willing to accept handicapped children into their programs than family day providers with training in a nonrelated field.

Table 21. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Types of Educational Training for Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	4	.6045	.1511	.3425	.8489
Within Groups	175	77.2034	.4412		
Total	179	77.8078			

Table 22. Means for Willingness to Accept Handicapped Children by Types of Educational Training for Group Home Providers.

Group	N	Mean
1 - High school course of study	101	3.2714
2 - Child development	19	3.1228
3 - Special education or related field	12	3.2346
4 - Elementary education	19	3.3684
5 - Nonrelated field	29	3.2503
Total	180	3.2601

A comparison of the means for types of educational training on the overall willingness to accept handicapped children by group home day care providers yielded an F-ratio of .3425 with p = .8489. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 8 was retained for group home day care providers.

Table 23. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Types of Educational Training for Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	4	.9877	.2469	.5534	.6967
Within Groups	252	112.4539	.4462		
Total	256	113.4417			

Table 24. Means for Willingness to Accept Handicapped Children by Types of Educational Training for Day Care Center Providers.

Group	N	Mean
1 - High school course of study	78	3.4340
2 - Child development	46	3.2794
3 - Special education or related field	31	3.2939
4 - Elementary education	69	3.4053
5 - Nonrelated field	33	3.3423
Total		

A comparison of the means for types of educational training on the overall willingness to accept handicapped children by day care center providers yielded an F-ratio of .5534 with p = .6967. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 8 was retained for day care center providers.

Null Hypothesis 9. There is no significant difference among the means for types of child development course work/training on the dependent variable, overall willingness to accept handicapped children, for each of the 3 groups. Tables 25-30 depict the data.

Table 25. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Types of Child Development Course Work/Training for Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	3	7.0674	2.3558	3.7494	.0115*
Within Groups	271	170.2741	.6283		
Total	274	177.3416			

* Statistically significant at .10

Table 26. Means for Willingness to Accept Handicapped Children by Types of Child Development Course Work/Training for Family Day Care Providers.

Group	N	Mean
1 - No child development course	81	2.8811*
2 - 1-2 child development courses	45	3.2049*
3 - 3 or more child development courses	22	3.0707
4 - Child development workshops/training	127	3.2476*
Total	275	3.1185

* Statistically significant at .10

A comparison of the means for types of child development course work/training on the overall willingness to accept handicapped children by family day care providers yielded an F-ratio of 3.7497 with p = .0115. These statistics were significant at the .10 level of significance. Based on these results, Null Hypothesis 9 was rejected for family day care providers. The Newman-Kuels

procedure identified a significant pair-wise difference between the means of Group 1 ($x = 2.8811$) and Group 2 ($x = 3.2049$) with $p = .07168$ and between Group 1 ($x = 2.881$) and Group 4 ($x = 3.2476$) with $p = .006311$.

Family day care providers with one to two courses in child development were more willing to accept handicapped children into their programs than family day care providers with no course work in child development. Family day care providers with child development workshops/training were more willing to accept handicapped children into their programs than family day care providers with no course work in child development.

Table 27. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Types of Child Development Course Work/Training for Group Home Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	3	.9450	.3150	.7176	.5427
Within Groups	175	76.8135	.4389		
Total	178	77.7585			

Table 28. Means for Willingness to Accept Handicapped Children by Types of Child Development Course Work/Training for Group Home Providers.

Group	N	Mean
1 - No child development course	55	3.3421
2 - 1-2 child development courses	24	3.1944
3 - 3 or more child development courses	17	3.0937
4 - Child development workshops/training	83	3.2561
Total	179	3.2588

A comparison of the means for types of child development course work/training on the overall willingness to accept handicapped children by group home day care providers yielded an F-ratio of .7176 with p = .5427. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 9 was retained for group home day care providers.

Table 29. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Types of Child Development Course Work/Training for Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	3	.7817	.2606	.5852	.6252
Within Groups	253	112.6599	.4453		
Total	256	113.4417			

Table 30. Means for Willingness to Accept Handicapped Children by Types of Child Development Course Work/Training for Day Care Center Providers.

Group	N	Mean
1 - No child development course	38	3.2992
2 - 1-2 child development courses	55	3.3919
3 - 3 or more child development courses	34	3.4924
4 - Child development workshops/training	130	3.3493
Total	257	3.3699

A comparison of the means for types of child development course work/training on the overall willingness to accept handicapped children by day care center providers yielded an F-ratio of .5852 with $p = .6252$. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 9 was retained for day care center providers.

Null Hypothesis 10. There is no significant difference among the means for types of special education course work/training on the dependent variable, overall willingness to accept handicapped children, for each of the 3 groups. Tables 31-36 depict the data.

Table 31. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Types of Special Education Course Work/Training for Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	3	9.6082	3.2027	5.1745	.0017*
Within Groups	271	167.7334	.6189		
Total	274	177.3416			

* Statistically significant at .10

Table 32. Means for Willingness to Accept Handicapped Children by Types of Special Education Course Work/Training for Family Day Care Providers.

Group	N	Mean
1 - No special education course	204	3.0133*
2 - 1-2 special education courses	19	3.2398
3 - 3 or more special education courses	9	3.4774
4 - Special education workshops/training	43	3.4892*
Total	275	3.1185

* Statistically significant at .10

A comparison of the means for types of special education course work/training on the overall willingness to accept handicapped children by family day care providers yielded an F-ratio of 5.1745 with p = .0017. These statistics were significant at the .10 level of significance. Based on these results, Null Hypothesis 10 was rejected for family day care providers. The Newman-Kuels

procedure identified a significant pair-wise difference between the means of Group 1 (x = 3.0133)) and Group 4 (x = 3.4892). Family day care providers with special education workshops/training were more willing to accept handicapped children into their programs than family day care providers with no special education course.

Table 33. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Types of Special Education Course Work/Training for Group Home Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	3	1.1200	.3733	.8568	.4647
Within Groups	176	76.6879	.4357		
Total	179	77.8078			

Table 34. Means for Willingness to Accept Handicapped Children by Types of Special Education Course Work/Training for Group Home Providers.

Group	N	Mean
1 - No special education course	121	3.2342
2 - 1-2 special education courses	8	3.1435
3 - 3 or more special education courses	15	3.5086
4 - Special education workshops/training	36	3.2695
Total	180	3.2601

A comparison of the means for types of special education course work/training on the overall willingness to accept handicapped children by group home day care providers yielded an F-ratio of .8568 with p = .4647. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 10 was retained for group home day care providers.

Table 35. Results of the One-Way Analysis of Variance Test on the Overall Willingness to Accept Handicapped Children by Types of Special Education Course Work/Training for Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Between Groups	3	.8083	.2694	.6052	.6122
Within Groups	253	112.6334	.4452		
Total	256	113.4417			

Table 36. Means for Willingness to Accept Handicapped Children by Types of Special Education Course Work/Training for Day Care Center Providers.

Group	N	Mean
1 - No special education course	128	3.3232
2 - 1-2 special education courses	45	3.4239
3 - 3 or more special education courses	22	3.5034
4 - Special education workshops/training	62	3.3799
Total	257	3.3699

A comparison of the means for types of special education course work/training on the overall willingness to accept handicapped children by day care center providers yielded an F-ratio of .6052 with p = .6122. These statistics were not significant at the .10 level of significance. Based on these results, Null Hypothesis 10 was retained for day care center providers.

Two-Way Analysis of Variance

Hypotheses 11 through 13 were tested with a two-way analysis of variance test at the .10 level of significance. The independent variables used in all separate analyses were the levels of educational attainment and types of educational training. The separate dependent variables in hypotheses 11 through 13 respectively were: the overall willingness to accept handicapped children, willingness to accept handicapped children by level of severity, and willingness to accept handicapped children by type of handicapping condition.

Due to the nature of the 4 x 5 design and low frequencies in the cells, the two-way analysis of variance tests are not reported.

Multiple Regression Analysis

Multiple regression analysis was used to test hypotheses 14 through 16 at the .10 level of significance. Multiple regression was utilized to determine whether the independent variables accounted for a significant proportion of the variability in the dependent variable for each of the 3 groups of providers. The independent

variables were: age of provider, parental status, years experience in day care, years experience with handicapped children, educational levels, types of educational training, the number of children in the group served, and the number of handicapped children in the group served. Three separate, dependent variables were used: overall willingness to accept handicapped children, willingness to accept handicapped children by level of severity, and willingness to accept handicapped children by type of handicapping condition.

The following tables illustrate the separate and collective contributions of the independent variables in relation to the dependent variables used in the separate analyses.

Hypotheses 14 Through 16

Null Hypothesis 14. The independent variables do not account for a significant proportion of the variability in the dependent variable, overall willingness to accept handicapped children, for each of the 3 groups.

Table 37. Analysis of Variance Regression for Overall Willingness to Accept Handicapped Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	20.37674	2.54709	4.31642	.0001*
Residual	266	156.96482	.59009		

* Statistically significant at .10

Table 38. Multiple Regression Analysis for Overall Willingness to Accept Handicapped Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.152458	2.256	.0249*
Educational training	-.224231	-2.832	.0050*
Parental status	-.081047	-1.277	.2026
Yrs. experience in day care	-.005084	-.064	.9492
No. children in group	.036387	.584	.5595
Yrs. experience HC children	.134497	2.051	.0412*
Educational level	.143104	1.728	.0851*
Age of provider	-.120046	-1.422	.1563

* Statistically significant at .10

Table 39. Summary of Stepwise Procedure for Overall Willingness to Accept Handicapped Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	No. HC children in group	.05545	16.028	.0001*
2	Educational training	.06697	9.76105	.0001*
3	Yrs. exp. with HC children	.08073	7.93325	.0000*
4	Age of provider	.09903	7.41967	.000*
5	Educational level	.10830	6.53394	.000*

* Statistically significant at .10

The multiple regression data depicted in Tables 37 and 38 indicated that 4 of the independent variables were significant at the .10 level of significance. The statistically significant, independent variables identified in the full-regression model were the number of handicapped children served, educational training, years of

experience with handicapped children, and educational levels. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .11490$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .08828.

A stepwise regression was conducted on the data and is reported in Table 39. An examination of the data indicated that the independent variables of the number of handicapped children served, educational training, years of experience with handicapped children, age, and educational levels each accounted for a statistically significant proportion of the variability seen in the dependent variable. Although the variable of provider age was not statistically significant in the full regression analyses, provider age, entered at Step 4 in the stepwise regression, was statistically significant.

Based on these findings, Null Hypothesis 14 was rejected for family day care providers as the independent variables did account for a significant proportion of the variability in their overall willingness to accept handicapped children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 40. Analysis of Variance Regression for Overall Willingness to Accept Handicapped Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	5.82233	.72779	1.72885	.0949*
Residual	171	71.98551	.42097		

* Statistically significant at .10

Table 41. Multiple Regression Analysis for Overall Willingness to Accept Handicapped Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.067155	.831	.4071
No. children in group	.003193	.043	.9660
Yrs. experience in day care	-.218494	-2.477	.0142*
Parental status	-.020277	-.273	.7854
Educational training	.048126	.421	.6740
Yrs. experience HC children	.093897	1.142	.2549
Age of provider	-.073546	-.840	.4020
Educational level	-.083884	-.724	.4704

* Statistically significant at .10

Table 42. Summary of Stepwise Procedure for Overall Willingness to Accept Handicapped Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. in day care	.05311	9.985	.0019*

* Statistically significant at .10

The multiple regression data depicted in Tables 40 and 41 indicated that the independent variable, years of experience in day care, was significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variable was $R^2 = .07483$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .03155.

A stepwise regression was conducted on the data and is reported in Table 42. An examination of the data indicated that the independent variable, years of experience in day care, accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 14 was rejected for group home day care providers as the independent variable, years of experience in day care, did account for a significant proportion of the variability in their overall willingness to accept handicapped children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 43. Analysis of Variance Regression for Overall Willingness to Accept Handicapped Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	8.12879	1.01610	2.39280	.0168*
Residual	248	105.31286	.42465		

* Statistically significant at .10

Table 44. Multiple Regression Analysis for Overall Willingness to Accept Handicapped Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.061978	.986	.3252
Educational training	-.063471	-.845	.3988
Parental status	-.068615	-1.035	.3018
Yrs. exp. in day care	-.013044	-.177	.8595
No. children in group	.005075	.081	.9359
Yrs. experience HC children	.150819	2.238	.0261*
Age of provider	-.253189	-3.423	.0007*
Educational level	.080830	1.069	.2862

* Statistically significant at .10

Table 45. Summary of Stepwise Procedure for Overall Willingness to Accept Handicapped Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.03692	9.777	.0020*
2	Yrs. exp. in day care	.05911	7.97897	.004*

* Statistically significant at .10

The multiple regression data depicted in Tables 43 and 44 indicated that 2 of the independent variables were significant at the .10 level of significance. The statistically significant, independent variables identified in the full-regression model were years of experience with handicapped children and age of provider. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .07166$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .04171.

A stepwise regression was conducted on the data and is reported in Table 45. An examination of the data indicated that the independent variables of provider age and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 14 was rejected for day care center providers as the independent variables did account for a significant proportion of the variability in their overall willingness to accept handicapped

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Null Hypothesis 15. The independent variables do not account for a significant proportion of the variability in the dependent variable, willingness to accept handicapped children by level of severity, for each of the 3 groups.

Table 46. Analysis of Variance Regression for Willingness to Accept Mildly Handicapped Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	17.17272	2.14659	3.45112	.0008*
Residual	266	165.45137	.62200		

* Statistically significant at .10

Table 47. Multiple Regression Analysis for Willingness to Accept Mildly Handicapped Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.093483	1.368	.1726
Educational training	-.180877	-2.258	.0247*
Parental status	-.067984	-1.059	.2906
Yrs. exp. in day care	.081668	1.012	.3124
No. children in group	.060637	.962	.3367
Yrs. experience HC children	.097084	1.463	.1445
Educational level	.101561	1.212	.2264
Age of provider	-.238957	-2.797	.0055*

* Statistically significant at .10

Table 48. Summary of Stepwise Procedure for Willingness to Accept Mildly Handicapped Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	Age of provider	.02725	7.648	.0061*
2	No. HC children in group	.05515	7.93762	.0004*
3	Educational training	.06808	6.59927	.0003*
4	Yrs. exp. with HC children	.07872	5.7696	.0002*

* Statistically significant at .10

The multiple regression data depicted in Tables 46 and 47 indicated that 2 independent variables were significant at the .10 level of significance. The statistically significant, independent variables identified in the full-regression model were educational training and age of provider. The portion of the total variance

of the dependent variable accounted for by the independent variables was R^2 = .09403. Upon adjustment for shrinkage, the adjusted R^2 was equal to .06679.

A stepwise regression was conducted on the data and is reported in Table 48. An examination of the data indicated that the independent variables of provider age, number of handicapped children in the group, educational training, and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 15 was rejected for family day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept mildly handicapped children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 49. Analysis of Variance Regression for Willingness to Accept Moderately Handicapped Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	23.29167	2.91146	3.42877	.0009*
Residual	266	225.86742	.84913		

* Statistically significant at .10

Table 50. Multiple Regression Analysis for Willingness to Accept Moderately Handicapped Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.156592	2.290	.0228*
Educational training	-.222723	-2.780	.0058*
Parental status	-.062825	-.978	.3288
Yrs. exp. in day care	-.021838	-.271	.7869
No. children in group	.025870	.410	.6818
Yrs. experience HC children	.078231	1.179	.2395
Educational level	.167726	2.002	.0463*
Age of provider	-.106282	-1.244	.2147

* Statistically significant at .10

Table 51. Summary of Stepwise Procedure for Willingness to Accept Moderately Handicapped Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	No. HC children in group	.04686	13.42269	.0003*
2	Age of provider	.05770	8.32836	.0003*
3	Educational training	.06782	6.57173	.0003*
4	Educational level	.08468	6.24461	.0001*

* Statistically significant at .10

The multiple regression data depicted in Tables 49 and 50 indicated that 3 independent variables were significant at the .10 level of significance. The statistically significant, independent variables identified in the full-regression model were the number of handicapped children in the group, educational training, and

educational levels. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .09348$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .06622.

A stepwise regression was conducted on the data and is reported in Table 51. An examination of the data indicated that the independent variables of the number of handicapped children in the group, age of the provider, educational training, and educational levels each accounted for a statistically significant proportion of the variability seen in the dependent variable. Although the variable of provider age was not statistically significant in the full regression model, provider age entered at Step 2 in the stepwise regression, was statistically significant.

Based on these findings, Null Hypothesis 15 was rejected for family day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept moderately handicapped children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 52. Analysis of Variance Regression for Willingness to Accept Severely Handicapped Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	25.06892	3.13362	4.18882	.0001*
Residual	266	198.99190	.74809		

* Statistically significant at .10

Table 53. Multiple Regression Analysis for Willingness to Accept Severely Handicapped Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.151450	2.238	.0261*
Educational training	-.200081	-2.523	.0122*
Parental status	-.084164	-1.324	.1866
Yrs. exp. in day care	-.047977	-.601	.5487
No. children in group	.019806	.318	.7511
Yrs. experience HC children	.169961	2.588	.0102*
Educational level	.117179	1.413	.1589
Age of provider	-.023739	-.281	.7792

* Statistically significant at .10

Table 54. Summary of Stepwise Procedure for Willingness to Accept Severely Handicapped Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	No. HC children in group	.05945	17.25684	.0000*
2	Yrs. exp. with HC children	.08039	11.88800	.0000*
3	Educational training	.09308	9.27074	.0000*

* Statistically significant at .10

The multiple regression data depicted in Tables 52 and 53 indicated that 3 independent variables were significant at the .10 level of significance. The statistically significant, independent variables identified in the full regression model were the number of handicapped children in the group, educational training, and years of experience with handicapped children. The portion of the total variance of the dependent variable accounted for by the independent variables was R^2 = .11188. Upon adjustment for shrinkage, the adjusted R^2 was equal to .08517.

A stepwise regression was conducted on the data and is reported in Table 54. An examination of the data indicated that the independent variables of the number of handicapped children in the group, years of experience with handicapped children, and educational training each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 15 was rejected for family day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept severely handicapped

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 55. Analysis of Variance Regression for Willingness to Accept Mildly Handicapped Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	2.46732	.30841	.74282	.6536
Residual	171	70.99831	.41519		

Table 56. Multiple Regression Analysis for Willingness to Accept Mildly Handicapped Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.030090	.364	.7160
No. children in group	-.016801	-.220	.8262
Yrs. exp. in day care	-.099798	-1.107	.2698
Parental status	-.049004	-.645	.5198
Educational training	-.034998	-.300	.7646
Yrs. experience HC children	-.026629	-.317	.7516
Age of provider	-.093543	-1.046	.2972
Educational level	-.007264	-.061	.9512

Table 57. Summary of Stepwise Procedure for Willingness to Accept Mildly Handicapped Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. in day care	.02292	4.17467	.0425*

* Statistically significant at .10

The multiple regression data depicted in Tables 55 and 56 indicated that no independent variables were significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was R^2 = .03358. Upon adjustment for shrinkage, the adjusted R^2 was equal to -.01163.

A stepwise regression was conducted on the data and is reported in Table 57. An examination of the data indicated that the independent variable of years of experience in day care accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 15 was rejected for group home day care providers as the independent variable did account for a significant proportion of the variability in their willingness to accept mildly handicapped children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 58. Analysis of Variance Regression for Willingness to Accept Moderately Handicapped Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	10.29980	1.28748	2.21797	.0283*
Residual	171	99.26131	.58048		

* Statistically significant at .10

Table 59. Multiple Regression Analysis for Willingness to Accept Moderately Handicapped Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.085218	1.066	.2880
No. children in group	.002180	.029	.9765
Yrs. exp. in day care	-.192787	-2.209	.0285*
Parental status	-.031413	-.427	.6699
Educational training	-.000024	-.002	.9982
Yrs. experience HC children	.056006	.689	.4920
Age of provider	-.148207	-1.711	.0889*
Educational level	-.078372	-.683	.4955

* Statistically significant at .10

Table 60. Summary of Stepwise Procedure for Willingness to Accept Moderately Handicapped Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. in day care	.06228	11.82159	.0007*
2	Age of provider	.07659	7.34015	.0009*

* Statistically significant at .10

The multiple regression data depicted in Tables 58 and 59 indicated that 2 independent variables were significant at the .10 level of significance. The statistically significant, independent variables identified in the full regression model were years of experience in day care and age of the provider. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .09401$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .05162.

A stepwise regression was conducted on the data and is reported in Table 60. An examination of the data indicated that the independent variables of years of experience in day care and age of the provider each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 15 was rejected for group home day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept moderately handicapped

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 61. Analysis of Variance Regression for Willingness to Accept Severely Handicapped Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	9.41524	1.17690	1.75902	.0883*
Residual	171	114.41048	.66907		

* Statistically significant at .10

Table 62. Multiple Regression Analysis for Willingness to Accept Severely Handicapped Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.055509	.687	.4927
No. children in group	.014134	.189	.8502
Yrs. exp. in day care	-.237334	-2.693	.0078*
Parental status	.009489	.128	.8985
Educational training	.113414	.994	.3217
Yrs. experience HC children	.159299	1.939	.0541*
Age of provider	.010691	.122	.9029
Educational level	-.105530	-.911	.3637

* Statistically significant at .10

Table 63. Summary of Stepwise Procedure for Willingness to Accept Severely Handicapped Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. in day care	.03721	6.87928	.0095*
2	Yrs. exp. with HC children	.06822	6.47911	.0019*

* Statistically significant at .10

The multiple regression data depicted in Tables 61 and 62 indicated that 2 independent variables were significant at the .10 level of significance. The statistically significant, independent variables identified in the full regression model were years of experience in day care and years of experience with handicapped children. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .07604$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .03281.

A stepwise regression was conducted on the data and is reported in Table 63. An examination of the data indicated that the independent variables of years of experience in day care and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 15 was rejected for group home day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept severely handicapped

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 64. Analysis of Variance Regression for Willingness to Accept Mildly Handicapped Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	7.74492	.96812	2.21461	.0270*
Residual	248	108.41291	.43715		

* Statistically significant at .10

Table 65. Multiple Regression Analysis for Willingness to Accept Mildly Handicapped Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.063611	1.009	.3139
Educational training	-.109374	-1.453	.1476
Parental status	-.068553	-1.031	.3035
Yrs. exp. in day care	-.027604	-.374	.7088
No. of children in group	-.042295	-.670	.5037
Yrs. experience HC children	.119997	1.776	.0770*
Age of provider	-.238305	-3.214	.0015*
Educational level	.120309	1.586	.1139

* Statistically significant at .10

Table 66. Summary of Stepwise Procedure for Willingness to Accept Mildly Handicapped Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.03390	8.94840	.0030*
2	Yrs. exp. with HC children	.04671	6.22262	.0023*

* Statistically significant at .10

The multiple regression data depicted in Tables 64 and 65 indicated that 2 independent variables are significant at the .10 level of significance. The statistically significant, independent variables identified in the full regression model were years of experience with handicapped children and age of the provider. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .06668$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .03657.

A stepwise regression was conducted on the data and is reported in Table 66. An examination of the data indicated that the independent variables of age of the provider and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 15 was rejected for center day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept mildly handicapped

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 67. Analysis of Variance Regression for Willingness to Accept Moderately Handicapped Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	10.15020	1.26878	2.25452	.0243*
Residual	248	139.56660	.56277		

* Statistically significant at .10

Table 68. Multiple Regression Analysis for Willingness to Accept Moderately Handicapped Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.052141	.828	.4087
Educational training	-.094695	-1.258	.2094
Parental status	-.059934	-.902	.3680
Yrs. exp. in day care	-.011371	-.154	.8776
No. of children in group	.009025	.143	.8864
Yrs. experience HC children	.108984	1.614	.1078*
Age of provider	-.255447	-3.447	.0007*
Educational level	.106242	1.402	.1622

* Statistically significant at .10

Table 69. Summary of Stepwise Procedure for Willingness to Accept Moderately Handicapped Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.04141	11.01692	.0010*
2	Yrs. exp. with HC children	.05325	7.14299	.0010*

* Statistically significant at .10

The multiple regression data depicted in Tables 67 and 68 indicated that the independent variable of providers age and years of experience with handicapped children are significant at the .10 level of significance. The portion of the total variance of the dependent variables accounted for by the independent variable was $R^2 = .06780$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .03772.

A stepwise regression was conducted on the data and is reported in Table 69. An examination of the data indicated that the independent variables of provider age and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 15 was rejected for center day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept moderately handicapped children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 70. Analysis of Variance Regression for Willingness to Accept Severely Handicapped Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	P
Regression	8	8.43509	1.05439	1.78641	.0802*
Residual	248	146.37650	.59023		

* Statistically significant at .10

Table 71. Multiple Regression Analysis for Willingness to Accept Severely Handicapped Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.052861	.833	.4056
Educational training	.003268	.043	.9656
Parental status	-.058119	-.868	.3860
Yrs. exp. in day care	-.001885	-.025	.9798
No. of children in group	.030853	.485	.6279
Yrs. experience HC children	.163351	2.402	.0171*
Age of provider	-.199165	-2.668	.0081*
Educational level	.018060	.237	.8132

* Statistically significant at .10

Table 72. Summary of Stepwise Procedure for Willingness to Accept Severely Handicapped Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.02022	5.26317	.0226*
2	Yrs. exp. with HC children	.04708	6.27482	.0022*

* Statistically significant at .10

The multiple regression data depicted in Tables 70 and 71 indicated that the independent variables of years of experience with handicapped children and provider age were significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variable was $R^2 = .05449$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .02399.

A stepwise regression was conducted on the data and is reported in Table 72. An examination of the data indicated that the independent variables of provider age and years of experience with handicapped children each accounted for a significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 15 was rejected for center day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept severely handicapped children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Null Hypothesis 16. The independent variables do not account for a significant proportion of the variability in the dependent variable, willingness to accept handicapped children by type of handicapping condition, for each of the 3 groups of day care providers.

Table 73. Analysis of Variance Regression for Willingness to Accept Visually Impaired Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	27.58041	3.44755	2.68257	.0075*
Residual	266	341.85393	1.28517		

* Statistically significant at .10

Table 74. Multiple Regression Analysis for Willingness to Accept Visually Impaired Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.145489	2.106	.0361*
Educational training	-.162973	-2.013	.0451*
Parental status	-.076011	-1.171	.2424
Yrs. exp. in day care	.008127	.100	.9207
No. of children in group	-.006450	-.101	.9194
Yrs. experience HC children	.092401	1.378	.1693
Educational level	.110412	1.304	.1933
Age of provider	-.116402	-1.348	.1788

* Statistically significant at .10

Table 75. Summary of Stepwise Procedure for Willingness to Accept Visually Impaired Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	No. HC children in group	.03657	10.36364	.0014*
2	Age of provider	.04829	6.90029	.0012*

* Statistically significant at .10

The multiple regression data depicted in Tables 73 and 74 indicated that the independent variables of the number of handicapped children in the group and educational training were significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .07466$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .04683.

A stepwise regression was conducted on the data and is reported in Table 75. An examination of the data indicated that the variables of the number of handicapped children in the group and the age of the provider each accounted for a statistically significant proportion of the variability seen in the dependent variable. Although the variable of educational training was statistically significant in the full regression model, it did not meet the criteria to enter the stepwise regression model. Age of the providers was not statistically significant in the full regression model; however, provider age met the criteria to enter the stepwise regression model at Step 2.

Based on these findings, Null Hypothesis 16 was rejected for family day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept visually impaired children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 76. Analysis of Variance Regression for Willingness to Accept Mentally Retarded Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	22.32174	2.79022	3.02986	.0028*
Residual	266	244.96069	.02090		

* Statistically significant at .10

Table 77. Multiple Regression Analysis for Willingness to Accept Mentally Retarded Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.040227	.585	.5590
Educational training	-.212466	-2.637	.0088*
Parental status	-.109959	-1.703	.0898*
Yrs. exp. in day care	.039568	.488	.6263
No. of children in group	.104199	1.644	.1013
Yrs. experience HC children	.124121	1.860	.0640*
Educational level	.135389	1.607	.1093
Age of provider	-.098460	-1.146	.2529

* Statistically significant at .10

Table 78. Summary of Stepwise Procedure for Willingness to Accept Mentally Retarded Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. with HC children	.02429	6.79604	.0096*
2	Parental status	.04029	5.70991	.0037*
3	Educational training	.05581	5.33985	.0014*

* Statistically significant at .10

The multiple regression data depicted in Tables 76 and 77 indicated that the independent variables of educational training, parental status, and years of experience with handicapped children were significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .08351$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .05595.

A stepwise regression was conducted on the data and is reported in Table 78. An examination of the data indicated that the variables of years of experience with handicapped children, parental status, and educational training each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for family day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept mentally retarded

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 79. Analysis of Variance Regression for Willingness to Accept Other Health-Impaired Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	26.20910	3.27614	3.64587	.0005*
Residual	266	239.02484	.89859		

* Statistically significant at .10

Table 80. Multiple Regression Analysis for Willingness to Accept Other Health-Impaired Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.128571	1.886	.0604*
Educational training	-.268410	-3.360	.0009*
Parental status	-.025842	-.404	.6868
Yrs. exp. in day care	.035386	.440	.6605
No. of children in group	-.026802	-.427	.6700
Yrs. experience HC children	.080550	1.217	.2245
Educational level	.270469	3.237	.0014*
Age of provider	-.166185	-1.950	.0522*

* Statistically significant at .10

Table 81. Summary of Stepwise Procedure for Willingness to Accept Other Health-Impaired Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	No. HC children in group	.03330	9.40548	.0024*
2	Age of provider	.04530	6.45263	.0018*

* Statistically significant at .10

The multiple regression data depicted in Tables 79 and 80 indicated that 4 independent variables were significant at the .10 level of significance. The statistically significant, independent variables identified in the full regression model were the number of handicapped children in the group, educational training, educational level, and age of the provider. The portion of the total variance of the dependent variable accounted for by the independent variables was R^2 = .09882. Upon adjustment for shrinkage, the adjusted R^2 was equal to .07171.

A stepwise regression was conducted on the data and is reported in Table 81. An examination of the data indicated that the independent variables of the number of handicapped children in the group and the age of the provider each accounted for a statistically significant proportion of the variability seen in the dependent variable. Although the variables of educational training and educational levels were statistically significant in the full regression model, they did not meet the criteria to enter the stepwise regression model.

Based on these findings, Null Hypothesis 16 was rejected for family day care providers as the independent variables did account for a significant

proportion of the variability in their willingness to accept other health-impaired children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 82. Analysis of Variance Regression for Willingness to Accept Emotionally Disturbed Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	34.41124	4.30140	3.41943	.0009*
Residual	266	334.60937	1.25793		

* Statistically significant at .10

Table 83. Multiple Regression Analysis for Willingness to Accept Emotionally Disturbed Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.197483	2.888	.0042*
Educational training	-.119953	-1.497	.1356
Parental status	-.075877	-1.181	.2385
Yrs. exp. in day care	-.083004	-1.028	.3048
No. of children in group	.046542	.738	.4609
Yrs. experience HC children	.098843	1.489	.1376
Educational level	.002309	.028	.9780
Age of provider	.066107	.773	.4399

* Statistically significant at .10

Table 84. Summary of Stepwise Procedure for Willingness to Accept Emotionally Disturbed Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	No. HC children in group	.06654	19.45952	.0000*
2	Educational training	.07677	11.30885	.0000*

* Statistically significant at .10

The multiple regression data depicted in Tables 82 and 83 indicated that the independent variable of the number of handicapped children in the group was significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variable was $R^2 = .09325$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .06598.

A stepwise regression was conducted on the data and is reported in Table 84. An examination of the data indicated that the independent variables of the number of handicapped children in the group and educational training each accounted for a statistically significant proportion of the variability seen in the dependent variable. Although the variable of educational training was not statistically significant in the full regression model, educational training met the criteria to enter the stepwise regression model at Step 2.

Based on these findings, Null Hypothesis 16 was rejected for family day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept emotionally disturbed

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 85. Analysis of Variance Regression for Willingness to Accept Hearing-Impaired Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	8.22671	1.02834	1.65034	.1108
Residual	266	165.74663	.62311		

Table 86. Multiple Regression Analysis for Willingness to Accept Hearing-Impaired Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.063764	.910	.3638
Educational training	-.061986	-.755	.4511
Parental status	-.010433	-.158	.8742
Yrs. exp. in day care	.057556	.696	.4873
No. of children in group	.005354	.083	.9340
Yrs. experience HC children	.093964	1.381	.1684
Educational level	.005084	.059	.9529
Age of provider	-.210955	-2.408	.0167*

* Statistically significant at .10

Table 87. Summary of Stepwise Procedure for Willingness to Accept Hearing-Impaired Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	Age of provider	.02379	6.65311	.0104*
2	Yrs. exp. with HC children	.03712	5.24346	.0058*

* Statistically significant at .10

The multiple regression data depicted in Tables 85 and 86 indicated that the independent variable of age was statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variable was $R^2 = .04729$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .01863.

A stepwise regression was conducted on the data and is reported in Table 87. An examination of the data indicated that the independent variables of provider age and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variables. Although the variables of years of experience with handicapped children was not significant in the full regression model, years of experience with handicapped children met the criteria to enter the stepwise regression model at Step 2.

Based on these findings, Null Hypothesis 16 was rejected for family day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept hearing-impaired

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 88. Analysis of Variance Regression for Willingness to Accept Children With Communication/Speech disorders by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	27.72427	3.46553	2.60049	.0094*
Residual	266	354.48422	1.33265		

* Statistically significant at .10

Table 89. Multiple Regression Analysis for Willingness to Accept Children With Communication/Speech Disorders by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.091194	1.319	.1885
Educational training	-.155213	l-1.915	.0565*
Parental status	-.086402	-1.330	.1846
Yrs. exp. in day care	-.037659	-.461	.6450
No. of children in group	.048829	.766	.4443
Yrs. experience HC children	.121341	1.808	.0718*
Educational level	.061423	.725	.4693
Age of provider	-.093038	-1.076	.2828

* Statistically significant at .10

Table 90. Summary of Stepwise Procedure for Willingness to Accept Children With Communication/Speech Disorders by Family Day Care Providers.

Step	Variable	R^2	F	p
1	No. HC children in group	.02651	7.43529	.0068*
2	Parental status	.03930	5.56408	.0043*

* Statistically significant at .10

The multiple regression data depicted in Tables 88 and 89 indicated that the independent variables of educational training and years of experience with handicapped children were significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .07254$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .04464.

A stepwise regression was conducted on the data and is reported in Table 90. An examination of the data indicated that the independent variables of the number of handicapped children in the group and parental status each accounted for a statistically significant proportion of the variability seen in the dependent variable. Although the variables of years of experience with handicapped children and educational training were statistically significant in the full regression model, they did not meet the criteria to enter the stepwise regression model.

Based on these findings, Null Hypothesis 16 was rejected for family day care providers as the independent variables did account for a significant

proportion of the variability in their willingness to accept children with communication/speech disorders into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 91. Analysis of Variance Regression for Willingness to Accept Learning-Disabled Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	20.02122	2.50265	2.11613	.0346*
Residual	266	314.58646	1.18266		

* Statistically significant at .10

Table 92. Multiple Regression Analysis for Willingness to Accept Learning-Disabled Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.117551	1.688	.0926*
Educational training	-.140506	-1.722	.0862*
Parental status	-.043847	-.670	.5032
Yrs. exp. in day care	-.036589	-.445	.6566
No. of children in group	.072351	1.127	.2606
Yrs. experience HC children	.067518	.999	.3187
Educational level	.040768	.478	.6332
Age of provider	-.077784	-.894	.3723

* Statistically significant at .10

Table 93. Summary of Stepwise Procedure for Willingness to Accept Learning-Disabled Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	No. HC children in group	.03005	8.45848	.0039

The multiple regression data depicted in Tables 91 and 92 indicated that the independent variables of the number of handicapped children in the group and educational training were significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .05983$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .03156.

A stepwise regression was conducted on the data and is reported in Table 93. An examination of the data indicated that the independent variable of the number of handicapped children in the group accounted for statistically significant proportion of the variability seen in the dependent variable. Although educational training was statistically significant in the full regression model, it did not meet the criteria to enter the stepwise regression model.

Based on these findings, Null Hypothesis 16 was rejected for family day care providers as the independent variable did account for a significant proportion of the variability in their willingness to accept learning-disabled children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 94. Analysis of Variance Regression for Willingness to Accept Physically Impaired Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	22.83929	2.85491	2.73208	.0065*
Residual	266	277.95909	1.04496		

* Statistically significant at .10

Table 95. Multiple Regression Analysis for Willingness to Accept Physically Impaired Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.122881	1.780	.0762*
Educational training	-.249691	-3.087	.0022*
Parental status	-.022724	-.350	.7263
Yrs. exp. in day care	-.024661	-.303	.7624
No. of children in group	-.010328	-.162	.8712
Yrs. experience HC children	-.064303	.960	.3381
Educational level	-.202251	2.391	.0175*
Age of provider	-.103768	-1.203	.2302

* Statistically significant at .10

Table 96. Summary of Stepwise Procedure for Willingness to Accept Physically Impaired Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	No. HC children in group	.02856	8.02719	.0050*

* Statistically significant at .10

The multiple regression data depicted in Tables 94 and 95 indicated that the independent variables of the number of handicapped children in the group, educational training, and educational levels were statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .07593$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .04814.

A stepwise regression was conducted on the data and is reported in Table 96. An examination of the data indicated that the independent variable of the number of handicapped children in the group accounted for a statistically significant proportion of the variability seen in the dependent variable. Although educational training and educational level were statistically significant in the full regression model, they did not meet the criteria to enter the stepwise regression model.

Based on these findings, Null Hypothesis 16 was rejected for family day care providers as the independent variable did account for a significant proportion of the variability in their willingness to accept physically impaired children into

their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 97. Analysis of Variance Regression for Willingness to Accept Multiply Handicapped Children by Family Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	19.78894	2.47362	2.56892	.0103
Residual	266	256.13187	.96290		

Table 98. Multiple Regression Analysis for Willingness to Accept Multiply Handicapped Children by Independent Variables for Family Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.091730	1.326	.1861
Educational training	-.129929	-1.603	.1102
Parental status	-.051371	-.790	.4299
Yrs. exp. in day care	-.002192	-.027	.9786
No. of children in group	-.001928	-.030	.9759
Yrs. experience HC children	.160470	2.390	.0176*
Educational level	.155861	1.838	.0672*
Age of provider	-.043092	-.489	.6187

* Statistically significant at .10

Table 99. Summary of Stepwise Procedure for Willingness to Accept Multiply Handicapped Children by Family Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. with HC children	.04549	13.00924	.0004*
2	No. HC children in group	.05498	7.91176	.0005*

* Statistically significant at .10

The multiple regression data depicted in Tables 97 and 98 indicated that the independent variables of years experience with handicapped children and educational level were statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .07172$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .04380.

A stepwise regression was conducted on the data and is reported in Table 99. An examination of the data indicated that the independent variables of years of experience with handicapped children and the number of handicapped children in the group each accounted for a statistically significant proportion of the variability seen in the dependent variable. Although educational level was statistically significant in the full regression model, it did not meet the criteria to enter the stepwise regression model. The number of handicapped children in the group was not statistically significant in the full regression model; however, the number of handicapped children in the group met the criteria to enter the stepwise regression model at Step 2.

Based on these findings, Null Hypothesis 16 was rejected for family day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept multiply handicapped children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 100. Analysis of Variance Regression for Willingness to Accept Visually Impaired Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	6.40469	.80059	.77167	.6282
Residual	171	177.40765	1.03747		

Table 101. Multiple Regression Analysis for Willingness to Accept Visually Impaired Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.044146	.535	.5934
No. of children in group	.028621	.375	.7082
Yrs. exp. in day care	-.127492	-1.415	.1588
Parental status	.005267	.069	.9448
Educational training	.071141	.610	.5427
Yrs. experience HC children	.008644	.103	.9181
Age of provider	-.069826	-.781	.4359
Educational level	-.080459	-.679	.4978

Table 102. Summary of Stepwise Procedure for Willingness to Accept Visually Impaired Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. in day care	.02591	4.73391	.0309*

* Statistically significant at .10

The multiple regression data depicted in Tables 100 and 101 indicated that no independent variables were statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .03484$. Upon adjustment for shrinkage, the adjusted R^2 was equal to -.01031.

A stepwise regression was conducted on the data and is reported in Table 102. An examination of the data indicated that the independent variable of years of experience in day care accounted for a statistically significant proportion of the variability seen in the dependent variable. Based on these findings, Null Hypothesis 16 was rejected for group home day care providers as the independent variable did account for a significant proportion of the variability in their willingness to accept visually impaired children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 103. Analysis of Variance Regression for Willingness to Accept Mentally Retarded Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	7.39199	.92400	1.55655	.1413
Residual	171	101.50924	.59362		

Table 104. Multiple Regression Analysis for Willingness to Accept Mentally Retarded Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	-.039019	-.481	.6311
No. of children in group	-.101672	-1.355	.1772
Yrs. exp. in day care	-.119348	-1.348	.1794
Parental status	-.067377	-.903	.3678
Educational training	.081404	.710	.4786
Yrs. experience HC children	.029945	.363	.7171
Age of provider	-.074904	-.853	.3951
Educational level	-.206301	-1.773	.07811*

* Statistically significant at .10

Table 105. Summary of Stepwise Procedure for Willingness to Accept Mentally Retarded Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Educational level	.02332	4.25055	.0407*
2	Yrs. exp. in day care	.02591	4.73391	.0309*

* Statistically significant at .10

The multiple regression data depicted in Tables 103 and 104 indicated that the independent variable of educational level was statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .06788$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .02427.

A stepwise regression was conducted on the data and is reported in Table 105. An examination of the data indicated that the independent variables of educational level and years of experience in day care each accounted for a statistically significant proportion of the variability seen in the dependent variable. Although years of experience in day care was not statistically significant in the full regression model, years of experience in day care met the criteria to enter the stepwise regression model.

Based on these findings, Null Hypothesis 16 was rejected for group home day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept mentally retarded

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 106. Analysis of Variance Regression for Willingness to Accept Other Health-Impaired Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	10.59212	1.32401	1.93146	.0582*
Residual	171	117.22023	.68550		

* Statistically significant at .10

Table 107. Multiple Regression Analysis for Willingness to Accept Other Health-Impaired Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	-.088165	-1.096	.2747
No. of children in group	-.023576	-.317	.7518
Yrs. exp. in day care	-.188606	-2.148	.0331*
Parental status	-.045468	-.614	.5398
Educational training	.016074	.141	.8877
Yrs. experience HC children	.211954	2.590	.0104*
Age of provider	-.111376	-1.278	.2030
Educational level	-.022510	-.195	.8456

* Statistically significant at .10

Table 108. Summary of Stepwise Procedure for Willingness to Accept Other Health-Impaired Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. in day care	.03773	6.98018	.0090*
2	Yrs. exp. with HC children	.06410	6.06091	.0028*

* Statistically significant at .10

The multiple regression data depicted in Tables 106 and 107 indicated that the independent variables of years of experience in day care and years of experience with handicapped children were statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .08287$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .03997.

A stepwise regression was conducted on the data and is reported in Table 108. An examination of the data indicated that the independent variables of years of experience in day care and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for group home day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept other health-impaired children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 109. Analysis of Variance Regression for Willingness to Accept Emotionally Disturbed Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	20.79125	2.59891	2.25130	.0260*
Residual	171	197.40319	1.15440		

* Statistically significant at .10

Table 110. Multiple Regression Analysis for Willingness to Accept Emotionally Disturbed Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.114642	1.435	.1532
No. of children in group	.059130	.800	.4249
Yrs. exp. in day care	-.161690	-1.854	.0655*
Parental status	-.005136	-.070	.9444
Educational training	.150763	1.335	.1836
Yrs. experience HC children	.139269	1.713	.0885*
Age of provider	-.101357	-1.171	.2433
Educational level	-.207911	-1.813	.0715*

* Statistically significant at .10

Table 111. Summary of Stepwise Procedure for Willingness to Accept Emotionally Disturbed Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. in day care	.03116	5.72436	.0178*
2	Yrs. exp. with HC children	.05947	5.59590	.0044*

* Statistically significant at .10

The multiple regression data depicted in Tables 109 and 110 indicated that the independent variables of years of experience in day care, years of experience with handicapped children, and educational level were significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .09529$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .05296.

A stepwise regression was conducted on the data and is reported in Table 111. An examination of the data indicated that the independent variables of years of experience in day care and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable. Although educational level was statistically significant in the full-regression model, it did not meet the criteria to enter the stepwise-regression model.

Based on these findings, Null Hypothesis 16 was rejected for group home day care providers as the independent variables did account for a significant

proportion of the variability in their willingness to accept emotionally disturbed children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 112. Analysis of Variance Regression for Willingness to Accept Hearing-Impaired Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	.89738	.11217	.23651	.9835
Residual	171	81.10262	.47428		

Table 113. Multiple Regression Analysis for Willingness to Accept Hearing-Impaired Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.026468	.317	.7518
No. of children in group	-.048041	-.622	.5350
Yrs. exp. in day care	-.061161	-.671	.5033
Parental status	-.034482	-.449	.6543
Educational training	-.047831	-.405	.6859
Yrs. experience HC children	.042176	.496	.6203
Age of provider	-.027372	-.302	.7627
Educational level	.016897	.141	.8881

The multiple regression data depicted in Tables 112 and 113 indicated that no independent variables were significant at the .10 level of significance. The

portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .01094$. Upon adjustment for shrinkage, the adjusted $\bar{R}^2$ was equal to -.03533.

A stepwise regression was conducted on the data. No independent variables reached the criteria to enter a stepwise regression model. Based on these findings, Null Hypothesis 16 was retained for group home day care providers as the independent variables did not account for a significant proportion of the variability in their willingness to accept hearing-impaired children into their programs.

Table 114. Analysis of Variance Regression for Willingness to Accept Children With Communication/Speech Disorders by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	9.51490	1.18936	1.19067	.3073
Residual	171	170.81288	.99891		

Table 115. Multiple Regression Analysis for Willingness to Accept Children With Communication/Speech Disorders by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.042223	.516	.6062
No. of children in group	.079109	1.046	.2971
Yrs. exp. in day care	-.187489	-2.101	.0371*
Parental status	.006104	.081	.9354
Educational training	.004160	-.036	.9713
Yrs. experience HC children	.026036	.313	.7546
Age of provider	-.039463	-.446	.6565
Educational level	-.000060	-.005	.9959

* Statistically significant at .10

Table 116. Summary of Stepwise Procedure for Willingness to Accept Children With Communication/Speech Disorders by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. in day care	.04158	7.72166	.0060*

* Statistically significant at .10

The multiple regression data depicted in Tables 114 and 115 indicated that the independent variable of years of experience in day care was significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variable was $R^2 = .05276$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .00845.

A stepwise regression was conducted on the data and is reported in Table 116. An examination of the data indicates that the independent variable of years of experience in day care accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for group home day care providers as the independent variable did account for a significant proportion of the variability in their willingness to accept children with communication and speech disorders into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 117. Analysis of Variance Regression for Willingness to Accept Learning-Disabled Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	8.29731	1.03716	1.62165	.1218
Residual	171	109.36689	.63957		

Table 118. Multiple Regression Analysis for Willingness to Accept Learning-Disabled Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.061393	.758	.4495
No. of children in group	-.038010	-.507	.6126
Yrs. exp. in day care	-.192347	-2.176	.0309*
Parental status	.017482	.235	.8148
Educational training	-.027781	-.243	.8085
Yrs. experience HC children	-.015128	-.184	.8545
Age of provider	-.074297	-.847	.3983
Educational level	-.089476	-.770	.4424

* Statistically significant at .10

Table 119. Summary of Stepwise Procedure for Willingness to Accept Learning-Disabled Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. in day care	.05001	9.37030	.0025*

* Statistically significant at .10

The multiple regression data depicted in Tables 117 and 118 indicated that the independent variable of years of experience in day care was significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variable was $R^2 = .07052$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .02703.

A stepwise regression was conducted on the data and is reported in Table 119. An examination of the data indicated that the independent variable of years of experience in day care accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for group home day care providers as the independent variable did account for a significant proportion of the variability in their willingness to accept learning-disabled children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 120. Analysis of Variance Regression for Willingness to Accept Physically Impaired Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	7.65205	.95651	1.31331	.2398
Residual	171	124.54240	.72832		

Table 121. Multiple Regression Analysis for Willingness to Accept Physically Impaired Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.208941	2.562	.0113*
No. of children in group	-.009353	-.124	.9015
Yrs. exp. in day care	-.094733	-1.064	.2887
Parental status	.036688	.489	.6254
Educational training	-.039789	-.345	.7303
Yrs. experience HC children	.009279	.112	.9111
Age of provider	-.013866	-.157	.8755
Educational level	.032038	.274	.7845

* Statistically significant at .10

Table 122. Summary of Stepwise Procedure for Willingness to Accept Physically Impaired Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	No. HC children in group	.04585	8.55396	.0039*

* Statistically significant at .10

The multiple regression data depicted in Tables 120 and 121 indicated that the independent variable of the number of handicapped children in the group was significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variable was $R^2 = .05788$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .01381.

A stepwise regression was conducted on the data and is reported in Table 122. An examination of the data indicated that the independent variable of the number of handicapped children in the group accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for group home day care providers as the independent variable did account for a significant proportion of the variability in their willingness to accept physically impaired children. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 123. Analysis of Variance Regression for Willingness to Accept Multiply Handicapped Children by Group Home Day Care Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	14.93300	1.86663	2.15001	.0337*
Residual	171	148.46144	.86820		

* Statistically significant at .10

Table 124. Multiple Regression Analysis for Willingness to Accept Multiply Handicapped Children by Independent Variables for Group Home Day Care Providers.

Independent Variables	Beta	T	p
No. HC children in group	.051712	.646	.5193
No. of children in group	.042765	.577	.5645
Yrs. exp. in day care	-.27443	-3.140	.0020*
Parental status	.004804	.065	.9481
Educational training	.084259	.745	.4576
Yrs. experience HC children	.163742	2.010	.0460*
Age of provider	.052448	.605	.5462
Educational level	-.022723	-.198	.8435

* Statistically significant at .10

Table 125. Summary of Stepwise Procedure for Willingness to Accept Multiply Handicapped Children by Group Home Day Care Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. in day care	.04524	8.43389	.0041*
2	Yrs. exp. with HC children	.08046	7.74374	.0006*

* Statistically significant at .10

The multiple regression data depicted in Tables 123 and 124 indicated that the independent variables of years of experience in day care and years of experience with handicapped children were significant at the .10 level of significance. The portion of the total variance of the dependent variable

accounted for by the independent variables was R^2 = .09139. Upon adjustment for shrinkage, the adjusted R^2 was equal to .04888.

A stepwise regression was conducted on the data and is reported in Table 125. An examination of the data indicated that the independent variables of years of experience in day care and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for group home day care providers as the independent variables did account for a significant proportion of the variability in their willingness to accept multiply handicapped children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 126. Analysis of Variance Regression for Willingness to Accept Visually Impaired Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	17.31882	2.16485	2.53232	.0115*
Residual	248	212.01279	.85489		

* Statistically significant at .10

Table 127. Multiple Regression Analysis for Willingness to Accept Visually Impaired Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.045489	.725	.4691
Educational training	-.007971	-.106	.9154
Parental status	-.035578	-.538	.5913
Yrs. exp. in day care	-.009184	-.125	.9006
No. of children in group	.065672	1.045	.2972
Yrs. experience HC children	.127780	1.900	.0586*
Age of provider	-.258817	-3.507	.0005*
Educational level	.001988	.026	.9790

* Statistically significant at .10

Table 128. Summary of Stepwise Procedure for Willingness to Accept Visually Impaired Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.05073	13.62888	.0003*
2	Yrs. exp. with HC children	.06686	9.09951	.0002*

* Statistically significant at .10

The multiple regression data depicted in Tables 126 and 127 indicated that the independent variables of years of experience with handicapped children and provider age were statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the

independent variables was $R^2 = .07552$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .04570.

A stepwise regression was conducted on the data and is reported in Table 128. An examination of the data indicated that the independent variables of provider age and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for day care center providers as the independent variables did account for a significant proportion of the variability in their willingness to accept visually impaired children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 129. Analysis of Variance Regression for Willingness to Accept Mentally Retarded Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	7.52615	.94077	1.50438	.1560
Residual	248	155.08777	.62535		

Table 130. Multiple Regression Analysis for Willingness to Accept Mentally Retarded Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	-.022447	-.352	.7250
Educational training	-.077597	-1.019	.3090
Parental status	-.011348	-.169	.8661
Yrs. exp. in day care	.026597	.356	.7218
No. of children in group	-.009268	-.145	.8847
Yrs. experience HC children	.102696	1.503	.1340
Age of provider	-.214415	-2.860	.0046*
Educational level	.044490	.580	.5622

* Statistically significant at .10

Table 131. Summary of Stepwise Procedure for Willingness to Accept Mentally Retarded Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.02936	7.71279	.0059*
2	Yrs. exp. with HC children	.04068	5.38578	.0051*

* Statistically significant at .10

The multiple regression data depicted in Tables 129 and 130 indicated that the independent variables of years of experience with handicapped children and provider age were statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the

independent variables was $R^2 = .04628$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .01552.

A stepwise regression was conducted on the data and is reported in Table 131. An examination of the data indicated that the independent variables of provider age and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for day care center providers as the independent variables did account for a significant proportion of the variability in their willingness to accept mentally retarded children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 132. Analysis of Variance Regression for Willingness to Accept Other Health-Impaired Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	5.98602	.74825	1.14842	.3315
Residual	248	161.58423	.65155		

Table 133. Multiple Regression Analysis for Willingness to Accept Other Health-Impaired Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.063693	.994	.3212
Educational training	-.099433	-1.299	.1951
Parental status	-.003892	-.058	.9541
Yrs. exp. in day care	.047390	.632	.5282
No. of children in group	.004632	.072	.9425
Yrs. experience HC children	.002049	.030	.9762
Age of provider	-.170331	-2.260	.0247*
Educational level	.116199	1.507	.1330

* Statistically significant at .10

Table 134. Summary of Stepwise Procedure for Willingness to Accept Other Health-Impaired Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.01834	4.76506	.0300*

* Statistically significant at .10

The multiple regression data depicted in Tables 132 and 133 indicated that the independent variable of provider age was significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variable was $R^2 = .03572$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .00462.

A stepwise regression was conducted on the data and is reported in Table 134. An examination of the data indicated that the independent variable of provider agē accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for day care center providers as the independent variable did account for a significant proportion of the variability in their willingness to accept other health-impaired children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 135. Analysis of Variance Regression for Willingness to Accept Emotionally Disturbed Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	6.37360	.79670	.91720	.5027
Residual	248	215.41801	.86862		

Table 136. Multiple Regression Analysis for Willingness to Accept Emotionally Disturbed Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.078581	1.222	.2229
Educational training	-.006392	-.083	.9337
Parental status	-.012927	-.191	.8490
Yrs. exp. in day care	-.117316	-1.558	.1250
No. of children in group	-.044704	-.694	.4885
Yrs. experience HC children	.121968	1.769	.1781
Age of provider	-.035204	-.465	.6421
Educational level	.039125	.506	.6135

The multiple regression data depicted in Tables 135 and 136 indicated that no independent variables were significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .02874$. Upon adjustment for shrinkage, the adjusted R^2 was equal to -.00259.

A stepwise regression was conducted on the data, and no independent variables met the criteria to enter a stepwise regression model. Based on these findings, Null Hypothesis 16 was retained for day care center providers as the independent variables did not account for a significant proportion of the variability seen in their willingness to accept emotionally disturbed children into their programs.

Table 137. Analysis of Variance Regression for Willingness to Accept Hearing-Impaired Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	7.71617	.96452	2.28148	.0226*
Residual	248	104.84500	.42276		

* Statistically significant at .10

Table 138. Multiple Regression Analysis for Willingness to Accept Hearing-Impaired Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.029957	.476	.6347
Educational training	-.127500	-1.695	.0913*
Parental status	-.060568	-.912	.3627
Yrs. exp. in day care	-.082284	-1.116	.2656
No. of children in group	-.046094	-.731	.4658
Yrs. experience HC children	.117090	1.735	.0841*
Age of provider	-.220756	-2.980	.0032*
Educational level	.131341	1.734	.0842*

* Statistically significant at .10

Table 139. Summary of Stepwise Procedure for Willingness to Accept Hearing-Impaired Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.03691	9.77301	.0020*

* Statistically significant at .10

The multiple regression data depicted in Tables 137 and 138 indicated that the independent variables of educational training, years of experience with handicapped children, provider age, and educational level were significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .06855$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .03850.

A stepwise regression was conducted on the data and is reported in Table 139. An examination of the data indicated that the independent variable of provider age accounted for a statistically significant proportion of the variability seen in the dependent variable. Although educational training, years of experience with handicapped children, and educational levels were significant in the full regression model, they did not meet the criteria to enter the stepwise regression model.

Based on these findings, Null Hypothesis 16 was rejected for day care center providers as the independent variable did account for a significant proportion of the variability in their willingness to accept hearing-impaired

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 140. Analysis of Variance Regression for Willingness to Accept Children With Communication/Speech Disorders by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	15.71879	1.96485	2.03623	.0429*
Residual	248	239.30672	.96495		

* Statistically significant at .10

Table 141. Multiple Regression Analysis for Willingness to Accept Children With Communication/Speech Disorders by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.040367	.639	.5237
Educational training	-.029984	-.397	.6916
Parental status	-.111688	-1.675	.0951*
Yrs. exp. in day care	.046319	.626	.5320
No. of children in group	.010024	.158	.8744
Yrs. experience HC children	.113286	1.672	.0958*
Age of provider	-.261900	-3.522	.0005*
Educational level	.005461	.072	.9428

* Statistically significant at .10

Table 142. Summary of Stepwise Procedure for Willingness to Accept Children With Communication/Speech Disorders by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.03168	8.34254	.0042*
2	Yrs. exp. with HC children	.04752	6.33683	.0021*

* Statistically significant at .10

The multiple regression data depicted in Tables 140 and 141 indicated that the independent variables of parental status, years of experience with handicapped children and provider age were statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .06164$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .03137.

A stepwise regression was conducted on the data and is reported in Table 142. An examination of the data indicated that the independent variables of provider age and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable. Although parental status was significant in the full regression model, it did not meet the criteria to enter the stepwise regression model.

Based on these findings, Null Hypothesis 16 was rejected for day care center providers as the independent variables did account for a significant proportion of the variability in their willingness to accept children with

communication and speech disorders into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 143. Analysis of Variance Regression for Willingness to Accept Learning-Disabled Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	18.92880	2.36600	2.94240	.0037*
Residual	248	199.41787	.80410		

* Statistically significant at .10

Table 144. Multiple Regression Analysis for Willingness to Accept Learning-Disabled Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.073984	1.186	.2366
Educational training	-.149084	-2.002	.0464*
Parental status	-.094934	-1.443	.1502
Yrs. exp. in day care	-.015830	-.217	.8286
No. of children in group	-.020234	-.324	.7463
Yrs. experience HC children	.155407	2.325	.0209*
Age of provider	-.261122	-3.560	.0004*
Educational level	.102568	1.367	.1728

* Statistically significant at .10

Table 145. Summary of Stepwise Procedure for Willingness to Accept Learning-Disabled Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.03598	9.51768	.0023*
2	Yrs. exp. with HC children	.05859	7.90390	.0005*

* Statistically significant at .10

The multiple regression data depicted in Tables 143 and 144 indicated that the independent variables of educational training, years of experience with handicapped children, and provider age were statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables was $R^2 = .08669$. Upon adjustment for shrinkage, the adjusted R^2 was .05723.

A stepwise regression was conducted on the data and is reported in Table 145. An examination of the data indicated that the independent variables of provider age and years of experience with handicapped children each accountd for a statistically significant proportion of the variability seen in the dependent variable. Although educational training was significant in the full-regression model, it did not meet the criteria to enter the stepwise-regression model.

Based on these findings, Null Hypothesis 16 was rejected for day care center providers as the independent variables did account for a significant proportion of the variability in their willingness to accept learning-disabled

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 146. Analysis of Variance Regression for Willingness to Accept Physically Impaired Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	12.76162	1.59520	2.39112	.0169*
Residual	248	165.44937	.66713		

* Statistically significant at .10

Table 147. Multiple Regression Analysis for Willingness to Accept Physically Impaired Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.020003	.318	.7506
Educational training	-.005228	-.070	.9446
Parental status	-.067507	-1.018	.3097
Yrs. exp. in day care	-.076371	-1.037	.3006
No. of children in group	.048528	.770	.4418
Yrs. experience HC children	.136971	2.032	.0432*
Age of provider	-.206297	-2.789	.0057*
Educational level	.141353	1.869	.0628*

* Statistically significant at .10

Table 148. Summary of Stepwise Procedure for Willingness to Accept Physically Impaired Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Age of provider	.02776	7.28208	.0074*
2	Educational level	.04724	6.29628	.0021*
2	Yrs. exp. with HC children	.05978	5.36198	.0014*

* Statistically significant at .10

The multiple regression data depicted in Tables 146 and 147 indicated that the independent variables of years of experience with handicapped children, provider age, and educational level were statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variables wa R^2 = .07161. Upon adjustment for shrinkage, the adjusted R^2 was equal to .04166.

The stepwise regression was conducted on the data and is reported in Table 148. An examination of the data indicated that the independent variables of provider age, educational level, and years of experience with handicapped children each accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for day care center providers as the independent variables did account for a significant proportion of the variability in their willingness to accept physically impaired

children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

Table 149. Analysis of Variance Regression for Willingness to Accept Multiply Handicapped Children by Day Care Center Providers.

Source of Variation	D.F.	Sum of Squares	Mean Squares	F	p
Regression	8	7.33233	.91654	1.12321	.3480
Residual	248	202.36849	.81600		

Table 150. Multiple Regression Analysis for Willingness to Accept Multiply Handicapped Children by Independent Variables for Day Care Center Providers.

Independent Variables	Beta	T	p
No. HC children in group	.072694	1.134	.2579
Educational training	-.001630	-.021	.9830
Parental status	-.021322	-.315	.7527
Yrs. exp. in day care	-.020474	-.273	.7853
No. of children in group	.034277	.534	.5940
Yrs. experience HC children	.147752	2.150	.0325*
Age of provider	-.099927	-1.325	.1863
Educational level	.035099	.455	.6494

* Statistically significant at .10

Table 151. Summary of Stepwise Procedure for Willingness to Accept Multiply Handicapped Children by Day Care Center Providers.

Step	Variable	R^2	F	p
1	Yrs. exp. with HC children	.01623	4.20608	.0413*

* Statistically significant at .10

The multiple regression data depicted in Tables 149 and 150 indicated that the independent variable of years of experience with handicapped children was statistically significant at the .10 level of significance. The portion of the total variance of the dependent variable accounted for by the independent variable was $R^2 = .03497$. Upon adjustment for shrinkage, the adjusted R^2 was equal to .00384.

A stepwise regression was conducted on the data and is reported in Table 151. An examination of the data indicated that the independent variable of years of experience with handicapped children accounted for a statistically significant proportion of the variability seen in the dependent variable.

Based on these findings, Null Hypothesis 16 was rejected for day care center providers as the independent variable did account for a significant proportion of the variability in their willingness to accept multiply handicapped children into their programs. A discussion of statistical significance and "meaningfulness" is found in Chapter 4.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

This study was designed to determine whether the willingness to accept handicapped children by day care providers in day care centers, group home day care, and family day care settings in Montana differed according to their level of educational attainment and their type of training. Selected variables were also examined, including age and parental status of the provider, years of experience in day care, years of experience with handicapped children, number of children served, and the number of handicapped children served. Seven hundred and twelve day care providers, representing all 8 Montana districts, were the subjects of this study. A breakdown of the 712 day care providers was: 275 family day care providers, 180 group home day care providers, and 257 center day care providers.

The analysis of data presented in Chapter 3 resulted in several conclusions and recommendations. This chapter will address conclusions based on the data analysis and will provide recommendations for the training of day care providers and for further study.

Conclusions

1. Age was related to willingness to accept handicapped children for group home and center providers. As age increased in group home and center

providers, the less willing they were to accept handicapped children into their programs. Family day care providers' willingness to accept handicapped children into their programs was not related to age.

2. Years of experience in day care for group home providers was related to their willingness to accept handicapped children into their programs. For group home providers, the longer they worked in day care, the less willing they were to accept handicapped children into their programs. Family day care and center day care providers' willingness to accept handicapped children was not related to years of experience in day care.

3. Years of experience with handicapped children was related to family day care providers' willingness to accept handicapped children into their programs. For family day care providers, the more experience they had with handicapped children, the more willing they were to accept handicapped children into their programs. Group home and center day care providers' willingness to accept handicapped children was not related to years of experience with handicapped children.

4. Group size was related to family day care providers' willingness to accept handicapped children into their programs. As group size increased, family day care providers were more willing to accept handicapped children into their programs. For group home and day care center providers, group size was not related to willingness to accept handicapped children into their programs.

5. The number of handicapped children served by family day care providers was related to their willingness to accept handicapped children into their programs. For family day care providers, the more handicapped children served in their programs, the more willing they were to accept handicapped children into their programs. For group and center providers, the number of handicapped children served in their programs was not related to willingness to accept handicapped children into group home and center day cares.

6. A significant difference was found between the means for parent/nonparent status for family day care providers. There was no significant difference between the means for parent/nonparent status for group home and center day care providers. Based on the data from this study, family day care providers with children were more willing to accept handicapped children than family day care providers without children. Parental status did not influence group home and day care center providers' willingness to accept handicapped children.

7. No significant differences were found among the means for educational attainment levels for any of the 3 groups. Levels of educational attainment did not influence day care providers' (family, group, center) willingness to accept handicapped children into their programs.

8. A significant difference was found among the means for types of educational training for family day care providers. No significant differences were found among the means for group home and day care center providers. Family day care providers who had training in special education and/or related fields were

more willing to accept handicapped children into their programs than family day care providers with training in nonrelated fields. A high school course of study, training in child development, and training in elementary education did not influence family day care providers' willingness to accept handicapped children into their programs. Types of educational training did not influence group home and day care center providers' willingness to accept handicapped children into their programs.

9. Significant differences were found among the means for types of child development course work/training for family day care providers. No significant differences were found among the means for types of child development course work/training for group home and day care center providers. Family day care providers who had 1-2 courses in child development or participated in workshops/training sessions on child development topics were more willing to accept handicapped children into their programs than family day care providers who had no course work in child development. Additional course work (3 or more) in child development did not influence family day care providers' willingness to accept handicapped children into their programs. Types of child development course work/training did not influence group home and day care center providers' willingness to accept handicapped children into their programs.

10. A significant difference was found among the means for types of special education course work/training for family day care providers. No significant differences were found among the means for types of special education

course work/training for group home and day care center providers. Family day care providers who had workshops/training in special education topics were more willing to accept handicapped children into their programs than family day care providers with no special education course. Course work in special education did not influence family day care providers' willingness to accept handicapped children into their programs. Types of special education course work/training did not influence group home and day care center providers' willingness to accept handicapped children into their programs.

11. Kerlinger and Pedhazur (1973) cautioned the researcher about statistical significance and meaningfulness in the following statement:

> A significant F ratio indicates that the increment in R^2 is statistically significant. With large samples even a minute increment will be statistically significant. Since the use of large samples is mandatory in regression analysis, it is also advisable to use the criteria of meaningfulness. This involves a decision by the researcher as to whether an increment is substantively meaningful. (p. 286)

In view of this statement, the results of the multiple regression analyses will be interpreted with caution. For these sets of data, meaningfulness seemed to be a more important consideration than statistical significance.

The results of the multiple regression analyses for Hypothesis 14 indicated that there were unique characteristics of day care providers in differential settings that accounted for a statistically significant proportion of the variability in their overall willingness to accept handicapped children into their programs. For family day care providers, the number of handicapped children served, educational training, years of experience with handicapped children, provider age, and

educational level appeared to influence their willingness to accept handicapped children. For group home providers, years of experience in day care appeared to influence their willingness to accept handicapped children. For day care center providers, provider age and years of experience with handicapped children appeared to influence their willingness to accept handicapped children.

In all sets of data for hypothesis 14, the R^2, which indicates the proportion of the variability in the dependent variable accounted for by knowledge of the independent variables, was below .12. Eight-eight percent or more of the variance in the dependent variable was not explained by these models. These results would indicate that the independent variables used in this study may lack meaningfulness and hold little predictive value in this sample of day care providers and their willingness to accept handicapped children into their programs.

12. The results of the multiple regression analyses for Hypothesis 15 indicate that there were unique characteristics of day care providers in differential settings that accounted for a statistically significant proportion of the variability in their willingness to accept handicapped children by level of severity.

For family day care providers, provider age, the number of handicapped children in the group, educational training, and years of experience with handicapped children appeared to influence their willingness to accept mildly handicapped children. The number of handicapped children in the group, provider age, educational training, and educational level appeared to influence family day care providers' willingness to accept moderately handicapped children,

whereas the number of handicapped children in the group, years of experience with handicapped children, and educational training appeared to influence their willingness to accept severely handicapped children into their programs.

For group home day care providers, years of experience in day care appeared to influence their willingness to accept mildly handicapped children. Years of experience in day care and provider age appeared to influence group home provider's willingness to accept moderately handicapped children, whereas years of experience in day care and years of experience with handicapped children appeared to influence their willingness to accept severely handicapped children into their programs.

For day care center providers, provider age and years of experience with handicapped children appeared to influence their willingness to accept mildly, moderately, and severely handicapped children into their programs.

In all sets of data for Hypothesis 15, the R^2 was below .12. Eighty-eight percent or more of the variance in the dependent variable was not explained by these models. These results would indicate that the independent variables used in this study may lack meaningfulness and hold little predictive value in this sample of day care providers' willingness to accept handicapped children by level of severity into their programs.

13. The results of the multiple regression analyses for Hypothesis 16 indicate that there were unique characteristics of day care providers in differential settings that accounted for a statistically significant proportion of the variance in

their willingness to accept handicapped children by type of handicapping condition into their programs.

For family day care providers, the following variables appeared to influence their willingness to accept handicapped children by type of handicapping condition: (a) for visually impaired and other health-impaired, the variables were the number of handicapped children in the group and provider age; (b) for mentally retarded children the variables were years of experience with handicapped children, parental status, and educational training; (c) for emotionally disturbed the variables were the number of handicapped children in the group and educational training; (d) for hearing-impaired children the variables were provider age and years of experience with handicapped children; (e) for communication/speech disorders the variables were the number of handicapped children in the group and parental status; (f) for learning disabled and physically impaired, the variable was the number of handicapped children in the group; and (g) for multiply handicapped, the variables were years of experience with handicapped children and the number of handicapped children in a group.

For group home providers the following variables appeared to influence their willingness to accept handicapped children by type of handicapping condition: (a) for learning disabled, visually impaired, and communication/speech disordered, the variable was years of experience in day care; (b) for mentally retarded the variables were educational level and years of experience in day care; (c) for other health-impaired, emotionally disturbed, and multiply handicapped,

the variables were years of experience in day care and years of experience with handicapped children; (d) for physically impaired, the variable was the number of handicapped children in the group; and (e) for hearing-impaired no variable was identified.

For day care center providers, the following variables appeared to influence their willingness to accept handicapped children by type of handicapping condition: (a) for visually impaired, mentally retarded, learning disabled, and communication/speech disordered, the variables were provider age and years of experience with handicapped children; (b) for other health impaired and hearing impaired, the variable was provider age; (c) for physically impaired the variables were provider age, educational level, and years of experience with handicapped children; (d) for multiply handicapped the variable was years of experience with handicapped children; and (e) for emotionally disturbed no variable was identified.

In all sets of data for Hypothesis 16, the R^2 was below .10. Ninety percent or more of the variance in the dependent variable was not explained by these models. These results would indicate that the independent variables used in this study may lack meaningfulness and hold little predictive value in the sample of day care providers and their willingness to accept handicapped children by type of handicapping condition into their programs.

Recommendations for Training

Based on the findings and conclusions of this study, the following recommendations are made for the training of day care providers:

1. For family day care providers, there was a significant, positive relationship between parental status and willingness to accept handicapped children. Training for family day care providers should capitalize on this positive relationship by providing workshops to enrich their understanding of families with special needs children and parenting a special needs child.

2. For family day care providers, there was a significant, positive relationship between years of experience with handicapped children and willingness to accept handicapped children. Knowledge of this relationship should encourage child care associations to recognize the contributions of family day care providers and encourage the development of specific skills in working with special needs children in the home setting through workshops/training sessions.

3. For family day care providers, workshops/training sessions in child development and special education topics should be provided as they positively influenced their willingness to accept handicapped children. Workshops/training sessions should be provided in a manner that is accessible for family day care providers and should not be couched in terms of formal course work in child development or special education. Interestingly, 45% of the family day care providers in this sample had a high school diploma or less.

4. Provider age and years of experience in day care negatively influenced group home providers' willingness to accept handicapped children into their programs. In this study group home providers were the oldest group of providers and had the most experience in day care. Additionally, 58% of the group home providers had a high school diploma or less and were the least educated group in the study. Since the age of the provider is largely uncontrolled in group home settings, training in child development and special education issues might be explored for those group home providers who are just entering day care settings.

5. Provider age was also negatively related to day care center providers' willingness to accept handicapped children into their programs. In this study, day care center providers were the youngest group of providers and the most educated, however, much of their course work was related to elementary education. As their age increased, they were less willing to accept handicapped children into their programs. As these providers are hired, directors of day care programs should encourage participation in training in child development and special educational topics.

Recommendation for Further Study

1. This study was an exploratory study of day care providers' willingness to accept handicapped children into their programs in community settings. This area of study has been explored in a very limited fashion for day care centers and even more sparsely for family day care settings. No study has examined group home

providers. Future studies should continue to examine day care options in differential settings for handicapped children.

2. The overall willingness to accept handicapped children by the 3 groups of day care providers was generally positive. Behavioral descriptors of children rather than categorical labels were used to assess day care providers' willingness to accept handicapped children which may have partially contributed to a more positive attitude toward acceptance of these children into their programs. Further research, which examines the willingness to accept handicapped preschool children, should continue to explore the development of research tools that provide more specific behavioral descriptors of young children with special needs.

3. Associated with the use of behavioral descriptors, research tools should examine which of those behaviors are deemed acceptable or not acceptable to day care providers. Potentially, some of those behaviors may be more amenable to change prior to or during placement in a day care setting.

4. As mentioned, the overall willingness to accept handicapped children by day care providers was generally positive. The 5-point Likert-type scale used in this study may have partially contributed to a more positive attitude toward acceptance of these children into their programs. The scale used in this study attempted to assess degrees of acceptance. For many of the day care providers in this study, their acceptance was conditional and depended on some degree of assistance in the form of additional help or consultation about the child's needs. Further research studies should continue to examine the degree of acceptance but

with other types of conditions or more specific conditions. Two of those conditions should be the amount of time the child would spend in the day care and placement options.

5. The instrument utilized in this study attempted to address the needs of day care providers in 3 different settings and may have been too generic. There are unique differences in the settings, and further research tools should attempt to address these differences.

6. Further studies should also explore the contributions of other independent variables since much of the variance was unexplained by the models used in this study. Some of the variables that might be considered in future studies are: reasons why individuals become involved in day care, accessibility considerations, financial considerations, insurance, and provider perceptions of their abilities to accommodate children with special needs.

7. Levels of education and educational training were independent variables of interest in this study. Due to problems with low frequencies in cell means, these variables were unexplored in the two-way analysis of variance tests. Types of educational levels, educational training, and types of course work should be revised to address potential problems in design and statistical analyses.

8. Probably more important than the broad examination of the types of educational training and educational levels is the examination of provider attitudes and need for course work and training. Further research should examine day care providers' needs for training, their willingness to participate in training, their

opportunities to participate in training, and the means by which training is delivered in differential settings.

9. Given the serious problems associated with locating and contacting the licensed and registered day care providers from the State Department list, improvement in the operations and functions of the State Department of Family Services in relation to the regulation of day care providers is necessary. Record keeping needs to reflect a current and accurate listing of day care providers to include information such as: full names of providers, phone numbers, type of day care, addresses, and the number of names of caregivers in the facility.

10. The State Department of Family Services should vigorously pursue the need for day care regulation and licensure and judiciously enforce the appropriate requirements. Particular attention should be paid to the regulation of group home providers.

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APPENDICES

APPENDIX A

LIST OF DAY CARE PROVIDERS IN STATE OF MONTANA

CURRENTLY LICENSED DAY CARE PROVIDERS

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
TODDLE TIME DAY CARE (SUEK)	1110 S BOZEMAN AVE	HELENA	BOZEMAN	DLE DONNA		R
						0
		1				
KERN MARILYN	1220 HARNEY DRIVE	8313804	BILLINGS	59101	123190	012
						12
		1				
						12
		2				
LINDER DEBRA D	610 N NOWLAN	8100005	GLENDIVE	59330	052090	006
MASSE LOREL	1013 17TH S S W	8100002	SIDNEY	59270	013191	006
- SMALL WORLD D C CENTER	623 N CENTRAL	8100001	SIDNEY	59270	123190	040
VASHUS KAYRENE	206 JUNIPER, F PARK	8100004	GLENDIVE	59330	051590	006
						58
		4				
LINDER DEBRA	610 N NOWLAN	8200005	GLENDIVE	59330	052090	006
MASSE LOREL	1013 17TH ST S W	8200002	SIDNEY	59270	013191	004
MILLER JUDITH	P O BOX 133	8200003	FAIRVIEW	59221	110990	006
						16
		3				
						74
		7				
TOTS, TMS & TALES INC.	P O BOX 221	8117455	HARLOWTOWN	59036	012290	020
BIBS TO BOOKS	417 HANSEN LANE	8115871	BILLINGS	59105	022891	024
BIBS TO BOOKS	417 HANSEN LANE	8118718	BILLINGS	59105	022889	020
CANDYLAND D C CENTER	P O BOX 44	8110898	GARYOWEN	59031	061690	020
COMMUNITY DAY CARE CENTER	310 NO 27TH	8110807	BILLINGS	59101	063090	115
CYMCA DROP IN CENTER	402 NO 32ND ST	8118712	BILLINGS	59101	033191	133
DISCOVERY DAY CARE	245 FOSTER LANE	8111249	BILLINGS	59101	033191	070
EMC TODDLER DAY CARE PROG	1500 N 30TH ST	8111624	BILLINGS	59101	103190	027
EVEN START CHILD CARE C	615 N 19TH ST	8111631	BILLINGS	59101	113090	033
FREE WILL BAPTIST DAY CARE	1438 ELAINE STREET	8112042	BILLINGS	59105	013191	045
FRIENDSHIP HOUSE DC	3123 8TH AVE SO	8118701	BILLINGS	59101	043091	049
GINGERBREAD HOUSE DAY CARE	916 DOROTHY LANE	8111208	BILLINGS	59105	063090	060
HAPPY HEARTS DAY CARE C	1006 E 1ST AVE NBN78	8114729	COLUMBUS	59019	113089	016
KID KOLLEGE	P O BX 50232	8113853	BILLINGS	59105	063090	135
KIDS ONLY	17 14TH ST WEST	8113867	BILLINGS	59102	063090	025
KOUNTRY KARE PRESCHOOL	P O BOX 200	8113862	SHEPHERD	59079	093090	040
LAUREL CHRISTIAN DAY CARE	519 5TH AVENUE	8114236	LAUREL	59044	113090	054
LITLE RASCALS DC #2	1407 CUSTER	8114271	BILLINGS	59102	083190	114
LITTLE FLOWER DAY CARE	120 SOUTH 34TH ST	8114277	BILLINGS	59101	093090	024
LITTLE SEEDS PRE SC & DC	2800 4TH AVE NORTH	8114278	BILLINGS	59101	103190	020
LOG CABIN DAY CARE CENTER	2330 REHBERG LANE	8114250	BILLINGS	59102	073190	035
LTL RASCALS PRSCHL & DAY CR	913 LAKE ELMO RD	8114254	BILLINGS	59105	053190	074
MAGIC FOREST CHILD CARE CTR	613 5TH AVE SO	8114699	LEWISTOWN	59457	063090	060
MAYFLOWER D C CENTER	2940 POLY DRIVE	8114728	BILLINGS	59102	073190	035

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
MCMOUSE HOUSE	1728 YELLOWSTONE AV	8114726	BILLINGS	59102	073190	043
MONTESSORI DAY CARE CENTER	2316 REHBERG LANE	8114734	BILLINGS	59102	093090	060
R & M CHILD CARE CENTER	P O BOX 128	8111258	BRIDGER	59014	022891	017
RED LODGE DAY CARE CENTER	308 S BROADWAY BX575	8116446	RED LODGE	59068	013191	040
ROLLING HILLS PRSCH/DAY CRE	114 LANTANA DR	8116460	BILLINGS	59101	093090	020
SECOND COMM DC & ENR CENTER	218 N 34TH ST	8116891	BILLINGS	59101	103190	030
SMALL WONDER C HILD CARE	512 W BROADWAY B 985	8110495	LEWISTOWN	59457	022891	048
ST FRANCES EARLY CHILD CEN	511 CUSTER	8116941	BILLINGS	59101	103190	050
SUNSHINE PRESCHOOL & DC	635 W 2ND STREET	8111225	HARDIN	59034	063090	035
TODDLE TOWN CHILDREN'S ACAD	2211 LEWIS AVE	8117403	BILLINGS	59102	103190	056
WEE DAY CARE CENTER	501 S 29TH BX 31154	8116915	BILLINGS	59107	123186	020
YMCA FULL DAY CHILD CENTER	402 N 32ND	8118705	BILLINGS	59101	113090	048
YMCA SCHOOL'S OUT PR	402 N 32ND	8118709	BILLINGS	59101	113090	028
YMCA SCHOOL'S OUT PRG	402 N 32ND ST	8118706	BILLINGS	59101	053190	028
YMCA SCHOOL'S OUT PROGRAM	402 N 32ND ST	8118714	BILLINGS	59101	093090	027
YOUNG FAMILIES PROGRAM INC	1001 N 30TH ST	8118704	BILLINGS	59101	123190	030
YWCA DAY CARE	909 WYOMING	8118708	BILLINGS	59101	093090	044
		41				1872
ACKLEY BRENDA	2008 AVENUE B	8210052	BILLINGS	59102	073190	001
ALBRIGHT DIANE	2014 SUNRISE AVE	8210054	BILLINGS	59101	033190	006
ALLISON GERALDINE	3085 JACKSON STREET	8210051	BILLINGS	59101	022891	006
BARNEY BRENDA	603 ERIE	8210517	LEWISTOWN	59457	013191	004
BIEHL COLLEEN	718 SO ADAMS BX 964	8210531	RED LODGE	59068	083190	005
BOLUYT JODI	1540 CLARK AVENUE	8210526	BILLINGS	59102	033190	005
BRENNAN SHELLY	6823 FREY ROAD	8210528	SHEPHERD	59079	053190	004
BRENNEISE RONDA	3309 TAHOE DRIVE	8210536	BILLINGS	59102	123190	003
BROWN DENISE	515 VAN BRAMER DR	8210534	BILLINGS	59102	053190	002
BROWN WYNN	3109 BOULDER AVENUE	8210537	BILLINGS	59102	013191	006
BUERKLE ESTHER	2543 LEWIS AVE	8210415	BILLINGS	59102	053191	006
BURNITE RENAE	518 ANDRICK AVENUE	8210535	BILLINGS	59101	063090	006
BURTON MARIAN	116 BURLINGTON	8210513	BILLINGS	59101	073190	004
BURTON MARY E	931 GINGER AVENUE	8210538	BILLINGS	59105	022891	003
BUTLER PATRICIA	813 W JANEAUX	8210495	LEWISTOWN	59457	013189	005
BYRD CHERYL	902 KALE DRIVE	8210502	BILLINGS	59105	123187	003
BYRD LENICE	3531 KINGSWOOD DR	8217443	BILLINGS	59101	053190	004
CALDWELL CINDY	4543 STONE STREET	8210896	BILLINGS	59101	053190	005
CALVIN VIOLA	708 6TH AVENUE	8210876	LAUREL	59044	073190	006
CARPENTER DOROTHY	334 ROOSEVELT AVE	8210884	BILLINGS	59101	113087	004
CHALUPA JOSEPH	107 21ST WEST	8210890	BILLINGS	59102	022889	004
CLARK THERESA	3736 GRECIAN WAY	8210894	BILLINGS	59102	013191	005
CLINE SALLI	745 JOYCE	8210887	BILLINGS	59105	123187	004
CONTRERAZ MARIA	3211 4TH AVENUE SO	8210893	BILLINGS	59101	013191	006
COOPER KATHLEEN	938 REX LANE	8210897	BILLINGS	59105	063090	004
D & M CHILD CARE CENTER	P O BOZ 128	8211258	BRIDGER	59101	033190	016
DANIEL SHERRY	609 MILES AVENUE	8211257	BILLINGS	59101	123190	004
DAVIS JEANNE	26 LEWIS AVENUE	8214678	BILLINGS	59101	083190	006
DAVIS VICKIE	721 GARNET AVENUE	8211263	BILLINGS	59105	123190	005
DECKER SHERRY	1219 AVENUE D	8211260	BILLINGS	59102	053190	006
DEDMORE VITORIA	1134 YORKTOWN	8211250	BILLINGS	59105	013189	006
DEERY DELORES	933 AVENUE B	8211224	BILLINGS	59102	043091	006
DEGELE CYNTHIA	105 YELLOWSTONE	8211261	LAUREL	59044	063090	006
DETIENNE LINNETTE	1628 AVENUE F	8211259	BILLINGS	59102	053190	004

CURRENTLY LICENSED DAY CARE PROVIDERS

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
DEVENNY LOLA	P O BOX 172	8211244	BIG SANDY	59011	083190	006
DOCKERY BRENDA	1326 AVENUE D	8211262	BILLINGS	59102	083190	006
DOSTAL SUSAN	2416 DAHLIA LANE	8211264	BILLINGS	59102	123190	003
DYCE MAJORIE ANN	205 SUBURBAN DR #8	8211265	BILLINGS	59101	022881	006
ELLIOTT DIANE	515 AVENUE D	8211632	BILLINGS	59102	033191	006
ELLIS TONI	116 WYOMING AVENUE	8211626	BILLINGS	59101	103190	002
ENGERBRETSON LISA	P O BOX 16	8211630	CUSTER	59024	083190	001
ESKRO CAROL	2508 RAINBOW LANE	8211625	BILLINGS	59102	073190	006
EVANS KIMBERLY	1011 10TH AVE	8211629	LAUREL	59044	022891	005
FENDER CAROL	741 GARNET AVENUE	8212057	BILLINGS	59105	063090	004
FERGUSON STACY	16 MACARTHUR	8212055	BILLINGS	59101	063090	004
FISHER LINDE	3281 PIPESTONE DRIVE	8212053	BILLINGS	59102	013191	006
FLOTKOETTER TRACIE	3408 GALATIN PLACE	8212054	BILLINGS	59102	103190	004
FUNK DONNA	203 2ND STREET WEST	8212040	ROUNDUP	59072	053190	006
FUSON LINDA	2925 MILLICE AVENUE	8212056	BILLINGS	59102	123190	005
GARRISON NONA	1148 BITTERROOT DR	8212456	BILLINGS	59105	083190	006
GASKILL MARILOU	1119 8TH AVE BX 925	8212443	LAUREL	59044	103190	006
GAUTHIER MERRIDY	1225 AVENUE D	8212470	BILLINGS	59102	043091	004
GITTINS BETTY	3455 OLD HRDIN RD#25	8212471	BILLINGS	59101	043091	006
HALVORSEN CONNIE	2414 MEADOWOOD	8212900	BILLINGS	59102	103187	005
HANCOCK CAROL SUE	1123 ELDORA LANE	8212910	BILLINGS	59105	113087	001
HARMONING GAIL	1836 BITTERROOT DR	8212919	BILLINGS	59105	103190	005
HART INGE	LL41 CENTRAL	8212908	BILLINGS	59102	113087	003
HAVENER SHERI	BOX 62	8212920	LODGE GRASS	59050	110390	006
HEIN JOYCE	4501 STONE	8212869	BILLINGS	59101	053190	005
HEINER Y MARIE	BOX 2403	8212901	BILLINGS	59103	113087	002
HEMPSTEAD RHONDA	3431 CANYON DRIVE	8212905	BILLINGS	59102	123187	004
HERMAN JODY	5 PICCOLO LANE	8212909	BILLINGS	59101	063090	006
HIGGASON KELLIE	1654 ROADRUNNER PL	8212923	BILLINGS	59102	013191	004
HINES JOANNE	3519 TIGARD	8212916	BILLINGS	59101	083190	006
HIRSCHI SUSAN	1231 BENCH BLVD	8212922	BILLINGS	59105	083190	005
HOFFERBER LAURA	1322 LYNN AVE	8213841	BILLINGS	59102	022891	006
HOLEN ARLENE	1035 TERRY AVENUE	8212850	BILLINGS	59102	083190	006
HOOVER CHERYL	2315 COLUMBINE DR	8212921	BILLINGS	59105	083190	004
HOWARD BARBARA	4312 BROCKTON AVE SW	8212864	BILLINGS	59101	013191	006
HUDSON DEBORAH	1112 NORTH 24TH ST	8212899	BILLINGS	59101	103190	005
HUTCHINSON JANE	121 JEFFERSON ST	8212817	BILLINGS	59101	043090	006
JENKINS PAM	3712 GRANGER AVE W	8213441	BILLINGS	59102	063090	005
JENSEN NANCY	1230 LONESOME PINE	8213436	BILLINGS	59105	053190	006
KARLS KATHY	235 AVENUE F	8213858	BILLINGS	59101	093190	005
KELLUM SHERYL	5124 RIMROCK ROAD	8213851	BILLINGS	59106	103190	005
KENNEDY MARGARET	929 AVENUE C	8213872	BILLINGS	59102	053190	004
KESLER CARYN	2216 41ST STREET W	8213871	BILLINGS	59106	033191	004
KETTERLING CLEO	20 NORTH CRAWFORD	8213873	HARDIN	59034	073190	006
KILLMANN LAURIE	1406 ST JOHNS AVE	8213874	BILLINGS	59102	073190	004
KLIMPER BETTY	1233 LEWIS	8213809	BILLINGS	59102	113090	006
KNUDSON JANET	752 OASIS	8213858	BILLINGS	59105	053190	005
KOEHN LYNN	345 CUSTER AVE	8213868	BILLINGS	59101	022891	006
KOLB LINDA	3953 BARRY DR	8213844	BILLINGS	59105	053188	005
KOSS BARBARA	3232 POLY DRIVE	8213875	BILLINGS	59102	083190	006
KROGEDAL KELLIE	3621 STONE STREET	8213870	BILLINGS	59101	033191	004
KUNKEL RITA	2521 HOOVER AVE	8213869	BILLINGS	59102	013191	006
LABRIE WENDY	4120 STONE ST	8214252	BILLINGS	59101	103190	006
LAFURGE CARLA	1448 WEST LANE	8214273	BILLINGS	59101	083190	006
LAFURGE LOIS	315 S W 3RD STREET	8214279	PARK CITY	59063	013191	006

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
LAMBERT NIKKI	45 MONROE STREET	8214267	BILLINGS	59101	053188	005
LANG DELAINE	4218 MURPHY AVE	8214228	BILLINGS	59101	053190	006
LAWRENCE CAROL	131 ERICKSON COURT	8214274	BILLINGS	59105	073190	006
LAWSON CAROL	4148 DUSTIN DRIVE	8214259	BILLINGS	59101	093090	006
LEE JOYCE	4401 MURPHY AVE	8214272	BILLINGS	59101	073190	006
LENNICK KATHLEEN	12 KING ARTHUR	8214281	BILLINGS	59105	123190	005
LINDER DEBRA	610 N NOWLAN	8210049	GLENDIVE	59102	123188	006
LINDT TAMMY	204 WINDSOR CIRCLE S	8214263	BILLINGS	59105	123190	003
LOCH JO ELLEN	684 CAIRO PLACE	8214280	BILLINGS	59105	013191	005
MARTINSON BETH ANN	1427 PARKHILL DR	8214730	BILLINGS	59102	083190	006
MARTINSON CAROL	4646 PHILLIP ST	8214741	BILLINGS	59101	993089	006
MCCANDLESS JAN	1317 AVE E	8214711	BILLINGS	59102	053190	006
MCCARTHY CHERYL	526 AVENUE EAST	8214740	BILLINGS	59101	073190	006
MCCOLLUM DEBBIE	423 CLARK AVENUE	8214749	BILLINGS	59101	063090	003
MCCOY DORIS	208 9TH AVENUE NO	8214732	LEWISTOWN	59457	013189	005
MCMULLIN MINA	220 AVE C	8214610	BILLINGS	59101	073190	006
MCRAE TAMMY	328 MONROE STREET	8214709	BILLINGS	59101	043088	005
MOLM KAREN	4126 STONE STREET	8214736	BILLINGS	59101	022891	005
MORALES DELTA	2263 2ND ST WEST	8214739	BALLENTINE	59006	093088	006
MUTH DELORES	4520 MITCHELL AVE	8214724	BILLINGS	59101	123190	006
MYERS ELAINE	3106 GEORGINA DRIVE	8214735	BILLINGS	59102	113087	002
MYERS GEORGANNE	1015 YALE	8214703	BILLINGS	59102	053188	004
NIELSEN NANCY	610 ALDERSON	8215033	BILLINGS	59101	103190	004
OEDEKOVEN MELINDA	1118 IRISTAN LANE	8215433	BILLINGS	59105	063090	004
OELUP DEBORA	1151 CRIST DRIVE	8215432	BILLINGS	59105	123190	003
OERTLI PATRICIA	1012 TERRY AVENUE	8215431	BILLINGS	59102	123190	005
OLDHAM LYN	1947 ALDERSON	8215429	BILLINGS	59102	073190	003
PERALEZ SALLY	4243 PHILLIPS	8216476	BILLINGS	59101	093090	006
PRINCIPE RITA	2615 MILES AVENUE	8215788	BILLINGS	59102	083190	004
PUST LAURA	1815 17TH ST WEST	8215870	BILLINGS	59102	093090	005
RAIDIGER LORRI	3343 BARLEY CIRCLE	8216474	BILLINGS	59102	022891	004
RAINES GENEVA	214 NORTH 20TH ST	8216481	BILLINGS	59101	043091	005
REAVES DENISE	1805 SUNRISE ST	8216482	BILLINGS	59101	063090	006
REHARD SHARON	241 ASHLEY COURT NO	8216479	BILLINGS	59105	013191	006
RICE KAREN	1809 LYNDALE LANE	8216478	BILLINGS	59102	083190	005
ROBERTS KIM	1326 BLUEBELL DR	8216483	BILLINGS	59101	093090	003
ROST ANNE	207 S CRESTWOOD	8216475	BILLINGS	59102	022891	005
RUFF LYNDA	4204 VAUGHN	8216484	BILLINGS	59101	063090	005
SCARFF JOAN	1436 AVENUE C	8216950	BILLINGS	59102	063090	004
SCHMALZ CATHERINE	429 ALDERSON	8216944	BILLINGS	59101	083190	004
SCHULZ VICKY	P O BOX 608	8216954	ABSAROKEE	59001	123190	005
SCHUYLER LAURIE	1419 ELDORADO	8216952	BILLINGS	59101	123190	004
SMITH LADAWN	1425 AVE E	8216852	BILLINGS	59102	093090	006
SORENSEN MARGARET	139 15TH AVE SOUTH	8216946	LEWISTOWN	59457	033091	004
SOUTHWORTH KATHRYNE	135 CARROLL TRAIL	8216947	LEWISTOWN	59457	043090	004
SPEED CINDY	636 TERRY	8216923	BILLINGS	59101	063090	004
SPENCER PAULETTE	STAR ROUTE BX 4582	8216953	ROSCOE	59701	123190	006
STUCKEY KATHLEEN	3003 STANFORD DRIVE	8216938	BILLINGS	59102	113090	005
SWANSON LAVONNE	720 LEWIS AVENUE	8216945	BILLINGS	59457	013191	006
TISDALE GENA	3766 HIGHWAY 87 SO	8217450	ROUNDUP	59072	013191	004
TOENYES CAROL	35 GRAND AVENUE	8217449	BILLINGS	59101	083190	004
TOOKER KAREN	13 SOMBERO	8217453	BILLINGS	59102	073190	006
VANG THAO LOR	536 1/2 YELLOWSTONEA	8217452	BILLINGS	59101	073190	005
VOGL TERESA	824 WEST BLVD	8218017	LEWISTOWN	59457	043090	004
WAGGENER CONNIE	4332 MURPHY AVENUE	8218288	BILLINGS	59101	063090	005

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
WALKER JOANN	346 WINDSOR CIRCLE S	8218291	BILLINGS	59105	053190	003
WALLITNER CINDY	1639 WICKS LANE	8218394	BILLINGS	59105	022891	004
WATTLES SUSAN	3227 LYNN AVENUE	8218393	BILLINGS	59102	123190	005
WEGLEY MARY	218 RICE LANE	8218292	BILLINGS	59105	083190	004
WILKINSON JULIAN	828 CUSTER AVE	8218290	BILLINGS	59101	123190	004
WILTING PAULA ANN	P.O. BOX 370	8218272	HARLOWTON	59036	033191	006
WOLBERD ANITA	2417 ELIZABETH ST	8218285	BILLINGS	59012	103187	005
WOOD MICHELE	518 KALLEN DRIVE	8218395	BILLINGS	59101	063090	004
YOUNG GINA	1439 COLTON BLVD	8215032	BILLINGS	59102	073190	006
ZILZ MARCY	2104 ANDERSON	8218908	BILLINGS	59102	073190	006
						756
		154				
ABBOTT MARY	915 CAROLINE	8310044	BILLINGS	59105	073190	010
ALBRIGHT DIANE	2014 SUNRISE AVENUE	8310054	BILLINGS	59101	123190	008
ANDERSON SUSAN	2940 LEWIS AVE	8310049	BILLINGS	59102	123190	012
ANGWIN PAT	1303 DUBLIN STREET	8310033	BILLINGS	59105	103187	012
AUBERRY BARBARA	614 AVENUE B	8310053	BILLINGS	59101	073190	012
BELEY SUSAN	P O BOX 221	8317455	HARLOWTON	59036	123190	012
BOLTON EVELYN	1030 NORTH CODY	8310522	HARDIN	59034	013191	012
BONILLA SHARON & JESSE	1104 28TH ST WEST	8310486	BILLINGS	59102	073190	012
BROWN DEANNA	3309 WINCHELL LANE	8310532	BILLINGS	59102	083190	006
BROWN EMILY	615 RIMROCK ROAD	8310525	BILLINGS	59102	033191	011
BURTON MARIAN	116 BURLINGTON	8310513	BILLINGS	59101	073188	006
BUTLER PATRICIA	813 WEST JANEAUX	8310495	LEWISTOWN	59457	073190	011
CARLSON LINDA	419 W 7TH BOX 1221	8310891	BIG TIMBER	59011	113090	010
CARLSON PAMELA	RT 1 BOX 39A	8310883	COLUMBUS	59019	093090	012
CLARK MICHELLE	1042 NUTTER BLVD	8310892	BILLINGS	59105	093090	012
COLEY CINDY	2528 LEWIS AVENUE	8310895	BILLINGS	59102	033191	010
CUSTER MYRNA	3525 POLY DIRVE	8310882	BILLINGS	59102	073190	012
DRAIN SCHULTE MARVA	1291 LONESOME PINE L	8316926	BILLINGS	59105	053190	012
GAHAGAN SUSAN	337 RHUBARB LANE	8312465	BILLINGS	59106	093090	006
GARTNER JOANNE	4111 MURPHY AVENUE	8312442	BILLINGS	59101	063090	012
GRANTHAM DIANN	114 CHERRY	8312472	BILLINGS	59101	033191	008
GREEN TOBY S	1902 AVENUE D	8312453	BILLINGS	59102	043091	012
GRUSSING TAMARA	2309 GRAND AVENUE	8312467	BILLINGS	59102	053190	012
HAUPT ANGELA	102 SANTA FE DRIVE	8312823	BILLINGS	59102	053190	012
HAWORTH MILDRED	110 SO SANTA FE DR	8312804	BILLINGS	59102	073190	012
HOGAN DEBORAH	248 N 3RD RTE 1 B105	8312905	COLUMBUS	59019	093090	012
HOPPER JODY	3201 GRANGER AVE E	8312917	BILLINGS	59102	093089	012
HOWELL KAREN	4803 HAZELNUT	8312918	BILLINGS	59106	083190	008
HUFFMAN EDNA JO	4020 RIMROCK ROAD	8312911	BILLINGS	59106	063088	012
JOHNSON ROSE	316 WEST CORCORAN	8313438	LEWISTOWN	59457	043091	012
KELLY AMANDA	P O BOX 182	8313877	STANFORD	59479	113090	009
KERN LUCY	946 MARIE DRIVE	8313860	BILLINGS	59101	093088	010
KLIMPER DOROTHY	548 ORCHARD LANE	8313810	BILLINGS	59101	053190	012
LANGBEHN JOAN	913 WEST SPRING	8314276	LEWISTOWN	59457	043091	012
LYNCH EVELYN	3009 37 1/2 ST WEST	8314275	BILLINGS	59102	123190	012
MACARAH MARY	326 BEVERLY HILLS BV	8314722	BILLINGS	59101	063090	012
MALLAK KHADIJA	4230 N CARLTON S W	8314743	BILLINGS	59101	043091	008
MAXWELL GINGER	1907 CANARY AVENUE	8314737	BILLINGS	59101	053188	011
MCCRARY MARILYN	131 7TH AVENUE WEST	8314745	LEWISTOWN	59457	043091	012
MIKES MARIANN	920 22ND STREET WEST	8314733	BILLINGS	59102	053190	012
MOHR DONNA	313 1ST STREET WEST	8314747	PARK CITY	59063	113090	010

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
MUELLER PEGGY	101 NORRIS COURT N	8314748	BILLINGS	59105	013191	008
MURRAY CHARLOTTE	4120 JANSMA AVE	8314746	BILLINGS	59101	083190	010
ODONNELL BONNIE	2611 GOLDEN BLVD	8315427	BILLINGS	59102	053190	012
OLSON W/WIGGS A	223 6TH ST WEST	8315430	ROUNDUP	59072	113089	009
PEARSON PEGGY	812 WEST PINE	8315874	LEWISTOWN	59457	033191	009
PETERSON LISA	4403 PHILLIP STREET	8315873	BILLINGS	59101	022890	009
PHILLIPS BETTY	730 AVENUE F	8315875	BILLINGS	59102	013191	012
ROMERO BERNADINE	911 WASHINGTON	8315476	BILLINGS	59101	063089	012
SCHMIDT MARGARET	127 GRAND AVENUE	8316933	BILLINGS	59101	043091	011
STADING DOROTHY	939 ARONSON AVE	8316910	BILLINGS	59105	053190	012
STOLT SHILEY	1 NORTH CHOTEAU	8316951	HARDIN	59034	033191	012
STROH SANDRA	1536 LYNN AVENUE	8316934	BILLINGS	59102	022891	012
SUPER LAUANNE	6923 PONY CIRCLE	8316949	SHEPHERD	59079	053190	011
TAYLOR CAROL	945 PRINCETON	8317432	BILLINGS	59102	053190	011
TEACHOUT KATHY	3544 ST JOHNS AVENUE	8317448	BILLINGS	59102	073190	012
THOM IRENE	2014 SUNRISE	8312044	BILLINGS	59101	083188	012
TUCKER KATHLEEN	2049 ST ANDREWS DR	8317451	BILLINGS	59105	053190	011
TURK SHELLY	1732 S 72ND ST WEST	8317454	BILLINGS	59106	013191	011
WAGNER SANDRA	310 4TH ST WEST	8318287	BILLINGS	59101	033191	012
WANNER DARLENE	104 3RD ST WEST	8318289	BILLINGS	59102	073190	011
ZIER KELLY	BOX 285	8318913	LODGE GRASS	59050	073189	011
						672
		62				
						3300
		257				
BUSY BEAVER PLAY SCHOOL	105 N UTAH	8120724	DILLON	59722	083186	016
BUTTE COMMUNITY DAY CARE C	25 W FRONT ST	8120035	BUTTE	59701	022891	075
BUTTE VO TECH D C CENTER	26 BASIN CREEK ROAD	8120792	BUTTE	59701	063089	016
BUTTE YMCA DAY CARE CENTER	405 WEST PARK ST	8120058	BUTTE	59701	123190	030
CARE BEARS D C SC (BROPHY)	3600 HANCOCK	8120761	BUTTE	59701	022891	016
DILLON COMMUNITY PLAY SCHOO	506 S PACIFIC	8120170	DILLON	59725	073190	020
EARLY CHILDHOOD EDUCATION C	WESTERN MT COL BX 4	8120730	DILLON	59725	093090	060
ENNIS COMMUNITY N SCHOOL	206 E WILLIAMS	8120711	ENNIS	59729	073190	020
IVIE JAMES	P O BOX 107	8120824	DILLON	59725	083189	030
MONTANA TECH DAY CARE	BOX 66 MONT TECH	8120803	BUTTE	59701	113190	020
MOUNT POWELL CENTER	305 WEST COLLEGE	8120397	DEER LODGE	59722	053190	035
PHILIPSBURG D C CENTER	GRANITE CNTY HOSP	8120753	PHILIPSBURG	59858	061588	015
RAINBOW END CHILDREN'S C	3500 WHITEWAY	8120777	BUTTE	59701	123190	037
						390
		13				
ACKERMAN CHERYL	2500 HANCOCK	8220795	BUTTE	59722	043091	006
ANKENY HARLEY F	BOX 204	8220758	WARM SPRINGS	59756	083190	003
BAIR LAURIE	2209 LOCUST	8220813	BUTTE	59814	083189	003
BAUER CELESTE	820 NORTH MONTANA ST	8220814	DILLON	59725	123189	002
BEASLEY JOYCE	517 W 6TH	8220835	ANACONDA	59711	123190	004
BEATTY DAVIDA	701 CHESTNUT	8220804	ANACONDA	59711	083190	006
BENTON MARLENE MARIE	4100 EAST LAKE	8220706	BUTTE	59701	123187	006
BICE JUDY	1042 MISSOURI	8220778	DEER LODGE	59722	063087	003
BOULEY CAROL	1821 GARFIELD	8220202	BUTTE	59701	021587	006
BURELL EDNA (FAY)	1425 WATERLINE	8220785	BUTTE	59701	013188	006

CURRENTLY LICENSED DAY CARE PROVIDERS

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
BURMS KIMBERLY JO	2212 PRINCETON	8220800	BUTTE	59724	063188	001
CAMPBELL KATHLEEN	618 WEST FOURTH	8220759	ANACONDA	59711	081588	004
CASTLETON RUTH	303 GALAXY DRIVE	8220788	BUTTE	59701	083190	006
CHARON VIOLA M	520 S MONTANA	8220739	BUTTE	59701	091586	001
COSTELLO ANGELINA	129 N IDAHO	8220030	BUTTE	59701	093090	006
CROSSMAN DIANE	2760 KOSSUTH	8220818	BUTTE	59722	022890	005
CULLEN DIANE	2900 GOODWIN	8220709	BUTTE	59701	083190	009
CURNOW PEGGY/CHINN KATHY	3825 GREEN LANE #9	8220782	BUTTE	59701	103189	012
DESHAZER LORI	410 S PACIFIC	8220826	DILLON	59725	043090	006
DONNELLY KATHLEEN	95 FERN LANE	8220789	BILLINGS	59725	083190	005
DUNSTAN CINDY	4209 SACREMENTO	8220679	BUTTE	59701	033191	006
EDMISTENA BARBARA	P O BOX 292	8220805	SHERIDAN	59749	093090	006
ELLINGSON LUCIENE	2234 MASSACHUSETTES	8220677	BUTTE	59701	093090	006
FISHER LINDA	108 W GOLD	8220781	BUTTE	59701	103188	001
FIVEY JEANINE F	3210 PAXSON	8220675	BUTTE	59701	063090	006
FORSBERG JOY	411 EAST THIRD	8220832	ANACONDA	59711	093090	005
GLEASON SYLVIA	BOX 551	8220828	DEER LODGE	59722	083190	004
GONZALES SHERRY	400 E FOURTH #13	8220833	ANACONDA	59711	103190	001
HABICH PEGGY JO	1801 ELM STREET	8220769	BUTTE	59701	113089	003
HARVEY FRANCES M	65 BENNETT	8220776	WALKERVILL	59701	063090	006
HEMMERT BONNY	3211 FLORAL BLVD	8220751	BUTTE	59701	002289	006
JEWELL JOY	1119 4TH STREET	8220779	DEER LODGE	59722	113086	002
KEANE DELORES	2131 WALL	8220671	BUTTE	59701	083190	006
KEARNS DEBBIE	431 S JACKSON	8220771	BUTTE	59701	123186	001
KEEFE CAROLYN	3245 MOULTON	8220820	BUTTE	59722	022890	006
KRULJAC KATHLEEN	717 CHESTNUT	8220770	ANACONDA	59711	123085	002
LANE SHIRLEY	514 HOLMES AVE	8220823	BUTTE	59722	033190	002
LEAN DALA	624 EAST FRONT	8220834	BUTTE	59701	113090	006
LEARY BLANCHE	23 E CENTER	8220079	BUTTE	59791	033191	006
LEIPHEIMER CHRISTINE	621 CHESTNUT	8220796	ANACONDA	59724	043089	005
MANLEY BRETAIGNE	1736 LONGFELLOW #15	8220743	BUTTE	59701	091585	004
MASSEY LUCILLE	P O BOX 213	8220807	ANACONDA	59749	093090	001
MCCLOSKEY CHERYL	4800 HARRISON #10	8220787	BUTTE	59701	083189	006
MCCLOSKEY KAE	2940 GOODWIN	8220822	BUTTE	59701	033191	006
MCMICHAEL LELA	2605 WALNUT	8220786	BUTTE	59701	053188	003
MELCHER LINDA	1206 E GLENDALE	8220697	DILLON	59725	091586	005
NEARY LINDA	1730 HARRISON	8220831	BUTTE	59701	083190	004
NELSON DAVID & JUDITH	1219 SUNSHINE	8220766	ANACONDA	59711	093086	005
NICHOLES MARY	2001 W PARK	8220793	ANACONDA	59711	093088	001
NICHOLSON JANICE	822 E 6TH	8220830	ANACONDA	59711	083190	002
O'BRIEN DIANE	208 WEST 4TH	8220361	ANACONDA	59711	103190	006
OLSON PAM	52 WATHENA DRIVE	8220790	BUTTE	59701	083188	005
PENNINGTON SALLY	820 OREGON	8220816	DEER LODGE	59722	123189	004
PETERS JUDY	306 S HAUSER	8220755	ANACONDA	59711	053186	005
PETRONI LAURIE	2331 PRINCETON	8220809	BUTTE	59701	123189	005
PLENERT CYNTHIA	217 S ATLANTIC	8220721	DILLON	59725	113090	003
PORTER TRACIE LYNN	2008 ABERDEEN	8220741	BUTTE	59701	091585	003
RAINBOW STATION	P O BOX 323	8220773	TWIN BRIDGES	59754	101589	006
REGAN JOAN M	413 VIRGINIA ST	8220737	BUTTE	59701	081585	003
RODRIGUES BETTY	503 W IRON	8220348	BUTTE	59701	081586	006
ROGERS DONA	1013 S DAKOTA	8220563	BUTTE	59701	033190	006
ROMERS ROXANNE	933 ZAREEOLA	8220811	BUTTE	59701	113089	006
ROWE DONNA	1501 W GRANITE	8220553	BUTTE	59701	041586	006
SAMPLES JOAN	2865 ST ANN	8220662	BUTTE	59701	022891	006
SCHARF MARY	631 S CLARK	8220775	BUTTE	59701	063087	002

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
SCHNEITER JULIE	2740 MOULTON	8220784	BUTTE	59701	113087	003
SCHOLLER ROSENA	510 ALDER	8220672	ANACONDA	59711	091589	005
SCHOLLER ROSENA LYNN	520 ALDER	8220762	ANACONDA	59711	093089	005
SCOTT LYNN	4107 TRENTON	8220565	BUTTE	59701	031589	005
SEAVEY ROSE	BOX 795	8220794	DEER LODGE	59722	053188	001
SELON SHEILA	2633 YALE	8220797	BUTTE	59724	043089	001
SELWAY JUANITA	635 S ARGENTA	8220783	DILLON	59725	103190	005
SHERRILL VELLA	1957 GARRISON	8220767	BUTTE	59701	113090	006
SNYDER DIANE	5101 WARREN # 6	8220722	BUTTE	59701	083188	003
SOTO MARGARET	918 CALEDONIA	8220745	BUTTE	59701	113086	002
STIMATZ-RICHARDS ROSALIE	3110 ST ANN	8220815	BUTTE	59814	123190	003
STONE KATHY	911 OREGON	8220791	DEER LODGE	59701	083188	001
TAMIETTI SHARA	610 WEST DALY	8220735	WALKERVILLE	59701	091586	004
TOIVONEN BECKY	3210 RICHARDSON	8220725	BUTTE	59701	091288	006
TORNEY DONNA	215 W THIRD	8220768	ANACONDA	59711	113086	006
TURNER DAVID	713 S MONTANA	8220780	BUTTE	59701	091587	006
VANRY MARCIA	2010 GARFIELD	8220819	BUTTE	59722	022890	004
WALKER CATHERINE M	22 N WALNUT	8220720	DILLON	59725	103190	006
WINSTEAD NANCY	130 N UTAH	8220829	DILLON	59725	033190	005
		84				372
BEATTY LORALEE M	110 MILKY WAY	8320693	BUTTE	59701	083190	010
BENTON MARLENE	117 FLEECER	8320706	BUTTE	59701	083189	012
BROWN SANDRA	3218 SANDERS	8320774	BUTTE	59701	053190	012
CAMPBELL KRIS	320 GRANITE MT ROAD	8320757	BUTTE	59701	123190	011
CLARK RUBY SUANNA	3255 WASHINGTON	8320799	DILLON	59701	073190	012
CLAWSON NONA & CHERYL	P O BOX 76	8320817	DRUMMOND	59832	022891	012
COHLHEPP PATTY	9900 HIGHWAY LO	8320806	BUTTE	59701	093089	010
CUCHINE DENISE	2021 CALIFORNIA	8320666	BUTTE	59701	073190	012
CULLEN DIANE	2900 GOODWIN	8320709	BUTTE	59701	083189	009
DAVIS KATHY	53 E. CENTER	8320029	BUTTE	59701	033191	010
IMMENSCHUH ANITA	P O BOX 234	8320802	PHILIPSBURG	59858	083190	010
KEANE DOLORES	2131 WALL	8320671	BUTTE	59701	083188	008
KEEFE CAROLYN	3245 MOULTON	8320820	BUTTE	59701	022890	006
KENISON DOLORES	480 KENTUCKY	8320716	DILLON	59725	033191	012
KRAUS RHONDA	1005 15TH STREET	8320827	BUTTE	59701	083190	009
LEIPHEIMER CHRISTINE	621 CHESTNUT	8320796	ANACONDA	59711	123189	011
LEWIS RENEA	1355 MOTOR VIEW ROAD	8320810	BUTTE	59701	033191	012
LOCATI MARY C	306 DIANE DRIVE	8320703	ANACONDA	59711	083188	010
MCGINNIS CINDY	5101 WARREN #8	8320836	BUTTE	59701	013191	010
NELSON JUDY	1219 SUNNYSIDE	8320825	ANACONDA	59711	043090	012
OLSON PAM	52 WATHENA DRIVE	8320790	BUTTE	59701	123190	011
POMROY C/THOMPSON K	218 S EXCELSIOR	8320821	BUTTE	59701	022891	012
RICH BONNIE	945 15TH STREET	8320007	BUTTE	59701	033189	012
SCOTT LYNN	4107 TRENTON	8320565	BUTTE	59701	083190	011
SHANNON ANDREA	1550 WEST GRANITE	8320803	BUTTE	59701	083189	012
SMITH DENISE/BROWN LAURA	P O BOX 123	8320812	SHERIDAN	59749	103190	011
STATION RAINBOW	BOX 167	8320773	TWIN BRIDGES	59754	123186	008
THE CARING PLACE (KELLY)	BOX 369	8320801	PHILIPSBURG	59858	083190	011
TORNEY DONNA	P O BOX 162	8320766	ANACONDA	59711	053189	012
TORNEY DONNA	P.O. BOX 162	8320768	ANACONDA	59711	053189	012
WILLIAMS PEGGY	3480 ST ANN	8320665	BUTTE	59701	093090	012
WINTER KATHY	112 5TH STREET	8320808	DEER LODGE	59722	083190	010

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
						344
		32				
						1106
		129				
POPLAR DAY CARE CENTER	BOX 815	8130597	POPLAR	59255	021991	016
SCOTTIE DAY CARE, INC.	P.O. BOX 465	8130848	GLASGOW	59230	073090	035
SMALL WORLD DAY NURSERY	521 CUSTER	8130791	WOLF POINT	59201	090187	020
						71
		3				
BEARROW SANDY	P O BOX 262	8230906	FORT PECK	59223	030791	006
BENSON PAMELA S	300 JOHNSON ST	8230904	WOLF POINT	59201	020791	005
BOOTHE NANCY C	BOX 1336	8230874	MALTA	59538	102987	006
BOYSUN KAREN	BOX 643	8230901	CULBERTSON	59218	101490	004
CLAUSEN MARGIE	BOX 791	8230855	MALTA	59538	101690	006
COMBS CINDY	RR 1 4503	8230912	GLASGOW	59230	041890	005
CROMWELL MYRA	BX 544	8230865	SCOBEY	59263	011488	006
CRUSE JO SNELL	P O BOX 162	8230896	FORT PECK	59223	102590	006
DOUGLAS PHYLLIS	127 CRESCENT DRIVE	8230899	WOLF POINT	59201	081790	004
DURAND JULIE	2722 6TH AVENUE N	8240038	GREAT FALLS	59401	123190	006
GUTTENBERG MARY JO	613 10TH ST N	8230876	GLASGOW	59230	063087	005
HADDIX VICKY	BOX 2	8230910	MEDICINE LALE	59247	032791	006
HANDRAN GLENDA		8230862	SCOBEY	59263	010287	005
HENDERSON ARLENE	P O BOX 584	8230898	MALTA	59538	022891	006
JACOBS KIM	BOX 614	8230875	CULBERTSON	59218	022591	006
LAWSON BARBARA	837 6TH AVE. SOUTH	8230883	GLASGOW	59230	043089	003
LEIBRAND LOIS	407 4TH AVE E	8230878	SCOBEY	59263	082087	005
LEMIEUX ROBERTA	305 5TH AVENUE SO	8230911	GLASGOW	59230	033091	005
LUND BLAIR	601 7TH AVE SO #6	8230907	WOLF POINT	59201	031591	002
LYTTE KIMBERLY	910 1ST AVENUE NORTH	8230905	WOLF POINT	59201	022191	004
MANDEVILLE ALICE	P O BOX 794	8230897	MALTA	59530	120189	006
MARY ANN HALL	904 7TH AVENUE NORTH	8230888	GLASGOW	59230	090988	003
MCCORMICK TAMMIE	720 1ST AVENUE E	8230900	CULBERTSON	59218	083090	006
MILLER SELMA	BOX 205	8230853	MALTA	59538	091086	006
MORIN PATRICIA	P O BOX 565	8230886	PLENTYWOOD	59254	081690	005
REILLY CYNTHIA	616 4TH AVE NO	8230902	WOLF POINT	59201	111590	002
SAMPSON KRISTINE	205 E INDIAN	8230879	WOLF POINT	59201	082090	006
SHEFFIELD DEBRA	P O BOX 213	8230895	FORT PECK	59223	092890	005
SHUMWAY LINDA	71 LOMOND	8230877	GLASGOW	59230	081790	004
SPENCER PAULETTE	BOX 509	8230872	MALTA	59538	082587	012
SUKUT LESSA	628 3RD AVE NO	8230871	GLASGOW	59230	082787	005
WIEBE SANDRA	BOX 762	8230891	MALTA	59538	121090	006
						167
		32				
DRURY ALICE	BOX 694	8330864	SCOBEY	59263	082590	010
GUTTENBERG MARY JO	613 10TH ST NO	8330880	GLASGOW	59230	063090	008
HALL MARY ANN	904 7TH AVENUE NO	8330894	GLASGOW	59230	090990	009
JACOBSON MARGARET	BOX 307	8330863	SCOBEY	59263	010791	012
KATE TROST (SMALL WORLD DC)	21 CUSTER	8330889	WOLF POINT	59201	090190	009

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
LEIBRAND LOIS	407 4TH AVENUE EAST	8330882	SCOBEY	59263	082090	011
MADISON CATHY	P O BOX 419	8330884	WOLF POINT	59201	053190	012
MILLER SELMA	PO BOX 205	8330853	MALTA	59538	091090	012
NELSON CONNIE	113 HORSESHOE DR	8330903	PLENTYWOOD	59254	113090	012
OLSON KELLEY	BOX 512	8330908	PLENTYWOOD	59254	032291	010
SORENSEN CHERRIL	601 BOX ELDER	8330890	PLENTYWOOD	59254	022291	010
SPENCER PAULETTE	BOX 509	8330872	MALTA	59538	082589	012
STOLEN ELLA MAE	815 4TH AVENUE NO	8330870	WOLF POINT	59201	060290	012
VINTON REBECCA	P O BOX 488	8330893	FRAZER	59225	082390	012
WARREN NICOEL JO	306 OLIVE STREET	8330909	PLENTYWOOD	59254	022291	010
		15				161
		50				399
A-J'S KIDDY COLLEGE	BOX 279 112 S MAIN	8141965	HARLEM	59526	043091	025
BETTY'S DAY CARE	1805 1ST AVE NORTH	8141814	GREAT FALLS	59401	053190	049
BETTY'S DAY CARE CENTER E	5005 2ND AVE NORTH	8141911	GREAT FALLS	59401	005319	075
BROWNING DAY CARE	BOX 239	8140280	BROWNING	59417	093090	071
CHILDRENS LEARNING CTR	3001 9TH AVE S	8141569	GREAT FALLS	59405	093090	032
EMPLOYEE CHILD CARE	3117 5TH AVE NORTH	8141879	GREAT FALLS	59401	083189	060
GRAMMA'S NURSERY (ABBAS)	2304 2ND AVE N	8140054	GREAT FALLS	59401	022891	042
KID'S KORNER	BOX 672	8141316	CHINOOK	59523	063090	032
KIDDIE CORNER	800 5TH AVE SOUTH	8141925	GREAT FALLS	59405	033191	044
MISS PENNYPAT'S(P.EMETT)	101 44TH ST SOUTH	8141674	GREAT FALLS	59405	083190	035
NORTHERN MONTANA HEAD START	1360 LINCOLN AVE	8142023	HAVERE	59501	053190	006
NORTHERN MT COLLEGE DC C	1210 BONINE DR #38	8141880	HAVRE	59501	113090	034
OPPORTUNITIES, INC DAY CARE	309 12TH ST S B 2289	8140161	GREAT FALLS	59405	103190	020
PARENTS DAY OUT PROGRAM	410 5TH AVE	8141897	HAVRE	59501	013190	025
SACAJAWEA (ALEXANDER)	820 29TH AVE N E	8141885	GREAT FALLS	59404	110188	035
SALVATION ARMY	1000 17TH SO	8141693	GREAT FALLS	59405	082589	060
ST THOMAS (KRISTIE JENSEN)	416 23RD ST NO	8140162	GREAT FALLS	59401	103190	148
STONE CHILD DC CENTER	P O BOX 1082	8141889	BOX ELDER	59521	022891	040
SUNNYSIDE PRESCHOOL	1818 19TH AV S B1583	8140603	GREAT FALLS	59403	013191	073
SUNSHINE D C CENTER	847 5TH STREET	8141891	HAVRE	59501	103190	040
TETON TODDLERS D CARE	25 THRID AVE S W	8141836	CHOTEAU	59422	093090	020
URSULINE DAY CARE	2300 CENTRAL AVE	8140133	GREAT FALLS	59401	022891	064
WEE-ONE CENTER	ROCKY BOY RT 1070	8141782	BOX ELDER	59521	073186	024
YWCA DAY CAMP	220 2ND STREET NO	8141746	GREAT FALLS	59401	053190	040
		24				1094
ALMOND PATTI & JON	330 18TH ST SW	8241869	GREAT FALLS	59404	033191	006
ALTRINGER REBECCA	4227 7THA VE NORTH	8241924	GREAT FALLS	59401	073190	006
BALLOWE MARTHA	3901 8TH AVE SOUTH	8241934	GREAT FALLS	59405	093090	005
BARNETT LAURA	1108 LINCOLN DRIVE	8242026	GREAT FALLS	59405	123190	003
BARTON LAURA ANNETTE	7 BIRCH STREET	8242037	GREAT FALLS	59405	123190	004
BERGH LORRENE	609 MONTANA AVENUE	8242049	HAVRE	59501	022891	006
BIRKOSKI PHYLLIS	3232 18TH AVE SO	8242038	GREAT FALLS	59405	013191	006
BLACK KATHY	P O BOX 163	8241994	CUT BANK	59427	063090	004
BOUMANS ILA KAY	BOX 383	8242057	VALIER	59486	031191	006
BRANDT DONNA	4638 B IRONWOOD	8241995	GREAT FALLS	59405	073190	004

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BROWN BETTY	%R M BROWN 611 6THST	8241840	GREAT FALLS	59401	073186	003
BROWN MARILYN	104 QUINCY BX 189	8241977	CHESTER	59522	043090	003
BUCHL GINNIE	130 MOUNTAIN VIEW BL	8241943	CUT BANK	59427	103190	005
BUCKNER CYNTHIA	52 CEDAR	8241997	GREAT FALLS	59405	073190	005
BUECHLER JUDITH	7 SO MONTANA STREET	8242032	CONRAD	59425	123190	003
BULLINGTON DANNA	6035 LARCH STREET	8242052	GREAT FALLS	59405	022891	006
BURDITT KAREN	17 NORTH KANSAS	8241586	CONRAD	59425	033191	006
CALL LEEANN	3412 1ST AVENUE NO	8242044	GREAT FALLS	59401	013191	006
CASSIDY MARY	3616 3RD AVENUE SO	8241817	GREAT FALLS	59405	113086	012
CHRISTIAENS SHARON	BOX 264	8242011	VALIER	59486	093090	006
CHVILICEK ARLYNE	1210 4TH STREET	8242044	HAVRE	59501	013191	006
CONTERAS LINDA	1029 LINCOLN DRIVE	8242034	GREAT FALLS	59405	123190	004
CRAWFORD LISA	112 MALSTROM DRIVE	8242058	GREAT FALLS	59405	033191	006
CRAWFORD SUSAN	4730 A JOSHUA	8241997	GREAT FALLS	59405	093090	006
CROYLE KATHLEEN	5146 B WALNUT ST	8242060	GREAT FALLS	59405	033191	006
DECKER WENDY	1404 2ND AVENUE NO	8242021	GREAT FALLS	59401	113090	004
DEDMON DOROTHY	3653 4TH AVE SO	8241891	GREAT FALLS	59405	083189	003
DEDMOND DOROTHY	3653 4TH AVE SO	8241819	GREAT FALLS	59405	083190	004
DOAN MARIBETH	408 51ST ST SO	8241944	GREAT FALLS	59427	103189	006
DOLCH GEORGIA	4806 DIANA DRIVE	8241820	GREAT FALLS	59405	093086	012
DOTSETH GLORIA	2604 2ND AVENUE N	8241235	GREAT FALLS	59404	063090	006
DUNCAN SONYA	639 LINCOLN DRIVE	8242036	GREAT FALLS	59405	123190	005
DURGAN DONNA	230 6TH AVE N E	8242024	CUT BANK	59427	113090	003
EAYRS BEVERLY	3646 5TH AVE SO	8241811	GREAT FALLS	59405	073190	012
EDWARDS BONNIE	1814 14TH AVE SO	8241826	GREAT FALLS	59405	113089	006
ELAM TERESA	P O BOX 316	8242033	BELT	59412	123190	005
FANNING DIANA	1222 LINCOLN AVENUE	8242047	HAVRE	59501	013191	006
FANNING KATHY	1223 MCKINLEY AVE	8241954	HAVRE	59501	123090	005
FARRISH STARR	3416 11TH AVE SO #8	8241940	GREAT FALLS	59405	120389	003
FLANIGAN CAROL JEAN	3108 3RD AVE SOUTH	8241999	GREAT FALLS	59405	083190	004
FLANKEY EVELYN	914 2ND AVE S	8240630	GREAT FALLS	59405	063090	006
FOLK MAXINE	1602 5TH AVE	8242039	HAVRE	59501	013191	005
FORD RENEE	843 N TETON	8241968	SHELBY	59474	033191	006
FOX KIMBERLY ANNE	4081 B AVENUE A	8241990	GREAT FALLS	59405	073190	003
GAY JOAN	101 QUINCY	8242029	CHESTER	59404	123190	006
GNOJEK LINDA	1920 1ST AVE NORTH	8242013	GREAT FALLS	59401	093090	004
GOODHART ALICE	1709 11TH AVE SOUTH	8242019	GREAT FALLS	59405	113090	006
GRAVES CHERYL	232 6TH AVE N E	8241984	CUT BANK	59427	043090	004
GUNNARSON MARILYN	521 5TH AVE	8240361	HAVRE	59501	123190	006
HAGEN VICKIE	201 4TH AVE NE	8241974	CUT BANK	59427	033190	004
HALSETH RENEE	1516 16TH ST SOUTH	8241957	GREAT FALLS	59405	123190	005
HAMBLEY ROBIN	134 3RD AVENUE S W C	8241988	GREAT FALLS	59501	053190	005
HAMMOND LILLIAN	1417 5TH ST	8241436	HAVRE	59501	083190	006
HANNANT JENNIE	3300 13TH AVE SOUTH	8242001	GREAT FALLS	59405	093090	005
HAPPY HEARTS DAY CARE	2116 2ND AVENUE NO	8241941	GREAT FALLS	59405	103190	006
HARRELL ANNE	4609 DIANA DRIVE	8242050	GREAT FALLS	59405	022891	005
HART ANITA	635 MADISON WAY	8242062	GREAT FALLS	59404	033191	006
HART PAMELA	705 2ND AVENUE SO	8241808	GREAT FALLS	59405	043086	005
HEIKKILA SHERRY	1375 13TH AVE SW #15	8242055	GREAT FALLS	59404	033191	003
HEMMER ETHEL MARIE	925 ASH AVENUE	8241825	SHELBY	59474	103187	004
HESS MARY LOU	12 NORTH MONTANA ST	8241716	CONRAD	59425	123190	006
HOOKS GAIL	143 16TH AVENUE N W	8242053	GREAT FALLS	59404	033191	006
HORAN RUTH	3520 1ST AVE S	8240152	GREAT FALLS	59405	093090	006
HORN CAROLYN	825 48TH ST SOUTH	8241878	GREAT FALLS	59405	073190	004
HOULAND KERRY	2121 CENTRAL	8241672	GREAT FALLS	59401	083186	006

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HUNTER REBECCA	8 BIRCH STREET	8241938	GREAT FALLS	59405	093089	005
HUSTON MARSHA FAYE	1621 7TH AVE NW	8241654	GREAT FALLS	59404	033188	006
IHDE CATHERINE	3604 4TH AVE NORTH	8241951	GREAT FALLS	59401	113090	006
JOHANNESEN KIM	709 11TH STREET	8241972	HAVRE	59501	033191	005
KASSMIER MARY	P O BOX 633	8242027	FORT BENTON	59442	123190	005
KELLER LINDA	837 N TETON	8241979	SHELBY	59474	043091	006
KENIK LORI	2418 5TH AVENUE SW	8241872	GREAT FALLS	59404	043091	006
KERBS JILL	602 CAROL DRIVE	8242061	GREAT FALLS	59405	033191	006
KIDDE CARE	2609 6TH AVE SOUTH	8241805	GREAT FALLS	59405	043086	011
KIRKHART LAURA	2613 9TH AVENUE SO	8241908	GREAT FALLS	59405	033189	005
KUGLIN LINDA	735 33RD B AVE N E	8240072	GREAT FALLS	59404	123190	003
LANSDOWNE AUDREY	406 13TH STREET SO	8241935	GREAT FALLS	59405	093089	001
LAUTENCHLAGER PAUL	1113 20TH AVE S W	8242007	GREAT FALLS	59401	903090	005
LAY LINDA	4124 6TH AVENUE SO	8241929	GREAT FALLS	59405	083190	006
LEISHMAN LANA	114 2ND AVENUE SE	8241936	CUT BANK	59427	093090	005
LEMBKE LEANORE	531 ELEVENTH STREET	8241955	HAVRE	59501	123189	002
LITTLE DOG SARAH	BOX 552	8241841	BROWNING	59417	083186	001
LOHSE MYRNA	213 SUNLOOP LANE	8241946	GREAT FALLS	59404	113090	004
LOSING LINDA	309 1ST STREET S E	8241850	CUT BANK	59427	093088	006
LYONS ARLINE	622 2ND STREET SE	8241989	CUT BANK	59427	063090	004
MACKEY TERI	512 36TH ST NORTH	8241930	GREAT FALLS	59401	083189	006
MALATARE CAROL	519 3RD AVENUS SW	8242028	GREAT FALLS	59404	123190	005
MANN BARBARA	1120 7TH AVE N W	8241691	GREAT FALLS	59404	073190	004
MARQUIS LORETTA	P O BOX 187	8241867	ULM	59485	033191	006
MARQUIS PAM	303 2ND AVENUE NORTH	8242051	CASCADE	59421	022891	006
MARTIN KATHLEEN	413 TENTH AVENUE	8241870	HAVRE	59501	043091	006
MARTINEZ MELINDA	133 MALSTROM DRIVE	8241985	GREAT FALLS	59405	043090	004
MCCALL WINONA	LINCOLN DRIVE	8242020	GREAT FALLS	59405	113090	003
MCCORMICK DEBBIE	705 12TH STREET	8242031	HAVRE	59501	123190	004
MCCORMICK HEIDI	417 MOUNTAIN VIEW	8241905	CUT BANK	59427	043090	004
MEIER KATHERINE	309 52ND ST SO	8241969	GREAT FALLS	59405	033190	004
MELTON SHAWNA	1093 LINCOLN DRIVE	8242010	GREAT FALLS	59405	093090	004
MOFFAT INA	3236 4TH AVE SOUTH	8241444	GREAT FALLS	59405	033190	006
MUNSON JEANETTE	633 34TH AVE N E	8242030	GREAT FALLS	59404	123190	006
MUROLO LAURIE	RR 2004	8241847	GREAT FALLS	59401	093087	003
MUROLO LAURIE	2802 13TH ST SOUTH	8241907	GREAT FALLS	59405	033191	005
MYRE SUE LYNN	RT 5 1219 FILMORE ST	8241923	GREAT FALLS	59403	063090	005
NEELY JUDY	425 TENTH STREET	8241775	HAVRE	59501	103190	006
OCHOA JULIA	3434 11TH AVE SO #7	8242009	GREAT FALLS	59405	093090	002
ONEIL ROBIN	240 WASHINGTON BLVD	8241964	GREAT FALLS	59404	012891	006
OWEN CYNTHIA	1901 12TH AVE SOUTH	8241890	GREAT FALLS	59405	103190	005
PATSY'S CHILD CARE (STOREY)	BOX 411	8241980	BROWNING	59417	053190	004
PAULSON LEEANN	1122 1ST ST SE	8241948	CUT BANK	59427	113090	004
PFEIFFER SHARON	753 SKYLINE DR	8241192	GREAT FALLS	59404	073188	006
POITRA LAURA	2820 1ST AVE NORTH	8241483	GREAT FALLS	59401	033191	006
POOR EDWYNA	1023 5TH STREET	8241971	HAVRE	59501	033191	006
RAPAGNANI MARILYN	705 52ND ST SO	8241888	GREAT FALLS	59405	093090	005
REMSEN LORRIE	134 1ST AVEN SE	8241899	CUT BANK	59427	022891	006
RILEY VICTORIA LEE	538 WHITEHALL CIRCLE	8241953	GREAT FALLS	59405	123189	004
RINGLER CHRISTINE	3408 1/2 4TH AVE N	8241396	GREAT FALLS	59401	063087	004
RITTER RUTH	2720 7TH AVENUE SO	8241883	GREAT FALLS	59405	083190	005
ROCHELEAU DORIS	1132 AVENUE C N.W.	8241915	GREAT FALLS	59404	053190	005
ROCHELEAU DORIS	1132 AVENUE C N.W.	8241917	GREAT FALLS	59401	053189	005
RSABESTIANS DENISE	1130 1ST ST S E	8241855	CUT BANK	59427	103190	006
SAUCIER RUTH	4034 4TH AVENUE NO	8241942	GREAT FALLS	59401	103190	001

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
SERVICE COLLEEN	1500 17TH AVE SO	8241978	GREAT FALLS	59405	043091	006
SHARPE KAREN	4545 B HICKORY ST	8242054	GREAT FALLS	59405	022891	006
SIMONSEN LORI	109 RIVERVIEW 5 EAST	8242015	GREAT FALLS	59404	093090	003
SINCLAIR CINDY	1402 5TH ST	8241792	HAVRE	59501	022887	005
SOUSSANA VIDANA	3305 6TH AVENUE NO	8242002	GREAT FALLS	59401	083190	005
SPENCER KYLE	423 10TH AVENUE	8241986	HAVRE	59501	053190	005
SPINDER JAMES MRS	BOX 1007	8241914	CHOTEAU	59422	043089	006
SPINDER SHIRLEY	BOX 1007	8241918	CHOTEAU	59422	043091	006
STAHL MARY	BOX 22	8241619	SUNBURST	59482	083190	006
STOKES JANET	P O BOX 523	8242014	VALIER	59486	093090	004
STOLTZ KIM	424 1ST S W	8241981	CUT BANK	59427	043090	004
SWEET VALERIE	128 MALSTROM DRIVE	8242021	GREAT FALLS	59405	113090	004
TAYLOR CAROL	401 21ST AVE SOUTH	8241996	GREAT FALLS	59405	073190	002
THE FUND DEPOT (JUSTUS)	610 BIRCH AVENUE	8242035	SHELBY	59474	013191	012
THOMPSON CAROL	628 SKYLINE DRIVE	8242046	GREAT FALLS	59404	013191	012
WALL PHYLLIS	4412 B GUMWOOD	8242059	GREAT FALLS	59405	033191	006
WANGSENG AMY	BOX 401	8241982	VALIER	59486	043091	006
WAREHIME VELMA	802 FRONT ST BX 612	8241764	FORT BENTON	59442	083186	002
WEST SHARON	923 2ND AVE SO.	8241676	GREAT FALLS	59405	123190	003
WICKUM NANCY	BOX 365	8241740	CHESTER	59522	022888	003
WRIGHT ELAINE	49 CLEAR CREEK CT	8241893	HAVRE	59501	113090	006
YTTREDAHL BARBARA	125 1ST AVEMIE S W	8241861	CUT BANK	59427	043091	006
						728
		142				
ADAMS SUSAN	528 32 AVE N E	8342043	GREAT FALLS	59404	013191	006
ADVENTURELAND DC (DIXON)	1925 5TH ST N W	8342012	GREAT FALLS	59404	093090	010
ALEXANDER LESLIE	529 RIVERVIEW DR N E	8341425	GREAT FALLS	59404	073188	012
ALFORD GLENDA	364 EAST CASCADE	8341916	SHELBY	59474	053190	010
ANDERSON NOREEN	126 12TH AVE NO	8341967	SHELBY	59474	033191	012
ANFINSON ROSE (WATCHFUL E)	3724 8TH AVENUE NO	8341904	GREAT FALLS	59401	033191	012
BERNIER JEAN	410 31ST ST N W	8341824	GREAT FALLS	59404	093090	011
BETTYS DAY CARE (GILPIN)	1722 1ST AVE NO	8341814	GREAT FALLS	59401	083186	011
BURSTOCK SHERYL	149 1 ST WEST	8341714	HAVRE	59501	083190	010
BURWELL LINDA	1121 FRONT BOX 519	8341583	FORT BENTON	59442	043087	011
CASSIDY MARY	3105 1ST AVENUE NO	8341817	GREAT FALLS	59401	123190	012
CASTRO VICKIE	1039 WASHINGTON AVE	8342042	HAVRE	59501	013191	005
CHRISTIAENS SHARON	BOX 264	8342011	VALIER	59486	093090	006
CONRAD BARBARA	715 42 A STREET NO	8341903	GREAT FALLS	59401	033191	012
COOK LYNN	1813 CHOUTEAU ST	8341809	FORT BENTON	59442	053190	012
DARKO CATHERINE MARY	BOX 434	8341927	CASCADE	59421	113090	011
DEAR JONI	1518 MONTANA AVENUE	8341991	BLACK EAGLE	59414	043091	012
DEGROAT KERI	37 SPARTAN MANOR	8341960	CONRAD	59425	022890	006
DELZER CHERYL	865 NORTH TETON	8341862	SHELBY	59474	123090	012
DISCOVERYLAND (RHODES/SACK)	726 CENTRAL AVE WEST	8341887	GREAT FALLS	59404	093090	012
DISCOVERYLAND TOO	726 CENTRAL AVE W	8341950	GREAT FALLS	59404	093090	012
DOLCH GEORGIA	4806 DIANA DRIVE	8341820	GREAT FALLS	59405	113089	012
DORCHEUS EVA	727 12TH STREET	8341970	HAVRE	59501	033191	012
ERICKSON J/BACHMEIER G	#86 - 86TH AVE WEST	8341898	HAVRE	59501	083190	012
FALCON SANDRA	2109 1ST AVENUE NO	8341744	GREAT FALLS	59401	073190	012
FELLER JOANN	1641 6TH AVE NW	8341519	GREAT FALLS	59404	093090	012
FIRST CHURCH OF GOD (OSTROM	BOX 505	8342048	BIG SANDY	59520	022891	012
FIRST STEP D C (DAVIS)	1307 7TH AVE NORTH	8342040	GREAT FALLS	59401	013191	011
FREEMAN IRMA	725 47TH STREET SO	8341905	GREAT FALLS	59405	033189	008

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
FRISBEE LAURIE	416 MOUNTAIN VIEW BL	8341788	CUT BANK	59427	123190	012
GOULET LAURA	610 8TH AVE NORTH	8341625	GREAT FALLS	59401	103190	012
HAPPYHEARTS DAY CARE	2116 2ND AVE NO	8341941	GREAT FALLS	59401	113090	012
HARTLY TERRI	802 W 10TH ST	8341877	HAVRE	59501	083190	010
HILL TOP CHILD CARE	1001 36TH AVE N E	8341823	GREAT FALLS	59404	093090	012
HOA JULIA	3434 11TH AVE S #7	8342009	GREAT FALLS	59405	093090	002
HOAG GAIL	312 12TH AVENUE NO	8341937	SHELBY	59474	053190	012
HONEYBEAR DAY C	1516 5TH AVE NORTH	8341812	GREAT FALLS	59401	083190	012
HRABE NANCY	1418 17TH ST SOUTH	8341843	GREAT FALLS	59405	073190	012
HUSTON MARSHA	913 AVENUE B N W	8341654	GREAT FALLS	59404	073190	012
JACQUES MITZI	400 10TH AVE S W	8341902	GREAT FALLS	59405	033191	012
JOCHEMS KRISTIN	117 5TH AVENUE S E	8342018	CUT BANK	59427	103190	011
JOHN ANNA MARIA	500 9TH ST N W	8341753	GREAT FALLS	59404	073090	012
JOHNS ANNA MARIA	501 9TH ST NW	8341961	GREAT FALLS	59404	043091	012
JONES JULIE	P O BOX 455	8341876	HAVRE	59501	083189	010
JOYFULL NOISE (JUSTUS)	1 SOUTH MARYLAND	8341987	CONRAD	59425	053190	012
JUST FOR KIDS (ALEXANDER)	244 21ST AVE NW	8341932	GREAT FALLS	59404	093090	012
KAREEN'S DAY CARE BROWNLEE	3204 7TH AVENUE N	8341475	GREAT FALLS	59401	033191	012
KIDDIELAND DC (MAVIS HILL)	1116 21ST AVE S W	8341649	GREAT FALLS	59404	013191	012
KIMBERLING SIDNY	1800 2ND ST #35	8342041	HAVRE	59501	013191	005
KIRKHART L/SCHMIDT P	2613 9TH AVENUE SO	8341908	GREAT FALLS	59405	033191	012
KUND M JEAN	2205 4TH AVE SOUTH	8341917	GREAT FALLS	59401	022890	010
LAYTON BEVERLY SUE	12 WEST JEFFERSON	8341875	CHESTER	59522	063088	012
LESLIE'S GROUP HOME	246 21ST AVENUE N W	8341933	GREAT FALLS	59404	093090	012
LINABARY RAMONA	1701 20TH AVE SOUTH	8341755	GREAT FALLS	59405	073190	012
LINDLAND SHARI	132 16TH AVE NW	8341886	GREAT FALLS	59401	073190	010
LITTLE PEOPLES PRESC	4209 LEWIS AVE	8341865	GREAT FALLS	59405	022889	012
LOSING LINDA	309 FIRST ST SE	8341850	CUT BANK	59427	103190	012
LUEKTKE SHARON	4624 B IRONWOOD	8342005	GREAT FALLS	59405	093090	006
MARKUSON ROBIN	PO BOX 604	8341725	SHELBY	59474	123186	012
MARQUIS PAM	303 2ND NORTH BX 35	8341857	CASCADE	59421	103190	011
MAXSON CAROL	3805 8TH AVE SOUTH	8341852	GREAT FALLS	59405	103190	010
MCDONALD MARAHAE	18181/2 19TH AVE S	8341900	GREAT FALLS	59405	022891	012
MEADOW LARK D C (SLACK)	2804 BONITA	8341838	GREAT FALLS	59404	093090	012
MELTON SHAWNA	1093 LINCOLN DRIVE	8342010	GREAT FALLS	59405	093090	004
MEYER JUDITH	683 SACAJAWEA DR	8341854	GREAT FALLS	59404	043091	012
NELSON TRINA	265 16TH AVE SO	8341901	GREAT FALLS	59405	033191	012
OCONNELL SUE	639 WEST 9TH STREET	8341682	HAVRE	59501	053191	012
PALISADES INFANT CARE	3102 FLOOD ROAD	8341912	GREAT FALLS	59404	033191	011
PALISADES PRE SC & C CARE	3102 FLOOD RD	8341866	GREAT FALLS	59404	073189	012
PAM'S DAYCARE	511 16TH ST NORTH	8341917	GREAT FALLS	59401	022891	010
PFEIFFER SHARON	753 SKYLINE DRIVE	8341192	GREAT FALLS	59404	123190	012
POGREBA DELORES	520 BENTON	8341939	SHELBY	59474	103190	012
POITRA LAURA	2820 1ST AVE NORTH	8341483	GREAT FALLS	59401	033190	006
PRESNELL PRISCILLA	1020 5TH AVENUE	8342004	HAVRE	59501	083190	006
RAY CHERYL	819 7TH AVE NORTH	8342016	GREAT FALLS	59401	013191	012
RIVERVIEW GROUP DC	516 32ND AVE N E	8341050	GREAT FALLS	59404	013191	012
SCHEELE RITA	1801 FRANKLIN	8341732	FORT BENTON	59442	013191	012
SCHRECK BARBI	4626 B IRONWOOD	8342003	GREAT FALLS	59405	093090	006
SMALL WORLD (PETERSEN)	609 39TH ST N	8341813	GREAT FALLS	59401	083186	009
ST THOMAS TODDLERS	416 23RD ST. NORTH	8341650	GREAT FALLS	59401	021586	012
SUNNYSIDE TOO (MCDONALD)	1613 17TH AVE SO	8341926	GREAT FALLS	59405	073190	012
TAYLOR JACKIE	909 AVENEU C N W	8341922	GREAT FALLS	59404	063090	012
THE GROWING ROOM	BOX 141	8341833	CHESTER	59522	022887	010
THOMPSON L/BRICKS R	10 17TH ST SOUTH	8342025	GREAT FALLS	59405	113090	010

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TINY TOT DAY CARE	1623 12TH AVE S	8340944	GREAT FALLS	59405	053190	012
TINY TOT II DC INC	1617 12TH AVENUE SO	8342056	GREAT FALLS	59405	033191	012
TITLAND MICHELLE	1127 10TH AVE NORTH	8342000	GREAT FALLS	59401	083190	011
TODDLE TOWN DAY CARE	5408 3RD AVE S	8341391	GREAT FALLS	59405	083190	012
TOT LOT DEBRA BLANK	1209 25TH AVE S W	8341795	GREAT FALLS	59404	022890	012
WHITAKER EVELYN	4209 LEWIS AVENUE	8341962	GREAT FALLS	59405	022891	010
WREN LAURA	2313 8THA VE SOUTH	8341959	GREAT FALLS	59405	093090	010
YOUNG PARENTS EDUCATION CEN	915 1ST AVE SOUTH	8341095	GREAT FALLS	59405	022891	012
ZUIDEMA GLORIA	1625 7TH AVE N W	8341884	GREAT FALLS	59404	083190	012
						1000
		93				
						2822
		259				
ABC DC CENTER STEIKROD	315 S 19TH AVE	8150016	BOZEMAN	59715	103090	085
ASMSU DAY CARE CENTER	1295 W GARFIELD	8150517	BOZEMAN	59717	032891	055
CHILDRENS DEVELOPMENT CTR	804 S WILLSON	8150472	BOZEMAN	59715	073190	066
CHLDRNS WORLD DAY CARE CTR	1221 BILLINGS AVE	8150440	HELENA	59601	113090	040
DULL KNIFE D C CENTER	DULL KNIFE MEMORIAL	8160311	LAME DEER	59043	113090	025
FLOC (PHILLIPS)	1225 KNIGHT	8151129	HELENA	59601	043090	030
FLORENCE CRITTENTON HM	846 5TH AVENUE	8150713	HELENA	59601	103190	008
GINGERBREAD HOUSE	409 EAST MAIN	8150994	EAST HELENA	59635	043090	022
HELENA FAMILY YMCA PRIME TI	1200 LAST CHANCE G	8150056	HELENA	59601	063090	175
KIDDIEVILLE DAY CARE CTR	1902 WILDER	8150733	HELENA	59601	063090	035
MOUNTAIN PINE DAY CARE CNT	311 W CALLENDER	8150953	LIVINGSTON	59601	043087	035
MOUNTAIN PINE PRESCHOOL	311 WEST CALLENDER	8150970	LIVINGSTON	59047	022891	026
PETE'S PLACE DAY CARE CENTE	101 S CALIFORNIA	8151021	HELENA	59601	123190	048
PLAYMATE DAY CARE CENTER	1225 KNIGHT	8150564	HELENA	59601	073190	040
POOH CORNER I DRUCKENMILLER	217 S 3RD	8150411	BOZEMAN	59715	113090	075
POOH CORNER II DRUCKENMILLE	402 SO THIRD	8150837	BOZEMAN	59715	093087	030
PRESBY DACY CARE (MRUSSACK)	26 BABCOCK BX 1150	8151037	BOZEMAN	59715	113090	028
RCKY MT DEVE COUNCIL DC	1421 N ROBERTS	8151167	HELENA	59624	083190	010
ROCKY MOUNTAIN MONESSORI	P O BOX 721	8151045	HELENA	59624	093090	046
TEDDY BEAR ISLAND PLAY SCHO	9TH ST ISLAND DR	8151100	LIVINGSTON	59047	083190	035
THREE R'S PRE-SCHOOL DC	545 SOUTH CALIFORNIA	8150846	HELENA	59601	033191	045
WEE CARE DAY CARE	105 SOUTH MAIN B 655	8151009	BOULDER	59632	063090	049
						1008
		22				
ABBOTT-KLAAS ANN	81515 GALLATIN RD	8251084	BOZEMAN	59715	022890	005
AMSK SHARON I	307 SO YELLOWSTONE	8251058	LIVINGSTON	59047	103190	004
ATKINS MARGARET	1122 5TH AVENUE	8250147	HELENA	59501	013190	006
BANNON JANET E	RT 62 BOX 3066	8251004	LIVINGSTON	59047	073190	005
BARNARD KAREN F	P O BOX 22	8251085	FT HARRISON	59635	033191	006
BARNHARDT KAREN L	2604 WESTRIDGE DR	8251262	BOZEMAN	59715	013191	004
BEANER PATTI	4655 LIBERTY DRIVE	8250817	HELENA	59601	093090	006
BENSON DARLENE M	BOX 882	8251007	EAST HELENA	59635	053190	006
BLAIR VICKI JO POWERS	645 LOGAN APT A	8251115	HELENA	59601	033191	004
BROUGHTON LISA KAY	312 YERGER DRIVE	8251183	BOZEMAN	59715	063090	005
BUCSIS LISA K	918 SO 15TH AVE	8251239	BOZEMAN	59715	103190	006
BURDEN BRENDA	324 NO WALLACE	8251134	BOZEMAN	59715	093090	004
BURGESS MARY	5553 BLACK BEAR RD	8251087	BOZEMAN	59715	033191	004

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BURNINGHAM JANE	706 N DAVIS	8250944	HELENA	59601	022891	004
BYFORD MARGE	5495 SAHARA COURT	8251216	HELENA	59601	093090	003
CASEY ROSEMARY	1422 WALNUT STREET	8251204	HELENA	59601	083190	003
CAZIER JULIE L	704 W GEYER	8251207	LIVINGSTON	59047	083190	005
CHRISTENSEN JO ANN	3301 THROPE ROAD	8251193	BELGRADE	59714	083190	005
CLINGAN CHRISTINE L	1380 CAYUSE	8251151	HELENA	59601	022891	005
CONNOLE JOAN	609 RHODE ISLAND ST	8251230	HELENA	59601	103190	006
CONWAY KAREN KAE	101 GRANT CHAMBER #3	8251245	BOZEMAN TY	59715	113090	005
CORREA JUDY A	2026 HAUSER	8251236	HELENA	59601	103190	005
COUNTRY SCHOOL DAY CARE	6910 BRISTOL LANE	8252049	BOZEMAN	59715	123190	006
CROGHAN LAURIE J	252 CIRQUE DRIVE	8251226	BOZEMAN	59715	093090	003
CUNNINGHAM JUDITH	1621 CANNON	8251160	HELENA	59601	022891	004
CYR JEAN	BOX 32	8251117	LINCOLN	59639	103190	006
DALY-HUIGEN MARY & GREG	932 PEOSTA	8251080	HELENA	59601	022891	006
DEFORD KIMBERLY	1465 KODIAK DRIVE	8250952	HELENA	59601	053090	006
DELLWO ARLENE	BOX 41	8251259	CLANCY	59634	013191	005
DROSTEN MARCIA	1539 EASY ROAD	8251254	HELENA	59601	123190	006
DZIAK JAMIE	2121 LOCKEY	8251107	HELENA	59601	083190	005
EDGAR JOY	P O BOX 5254	8251161	HELENA	59604	013191	006
EHLKE JOYCE & LEON	5461 N MONTANA	8251108	HELENA	59601	083190	006
ESHLEMAN TAMMY M	428 W BABCOCK APT 4	8251141	BOZEMAN	59715	113090	003
EVE KAREN	1485 VALLEY FORGE	8251198	HELENA	59601	063090	006
FAGAN DEE ANN W	26 GLACIER CT	8251155	BOZEMAN	59715	022891	004
FERRITER BETTY	BOX 745 MT CTY RT	8251145	MONTANA CITY	59602	113089	006
FIEGI SANDRA D	1321 WEST STORY	8251206	BOZEMAN	59715	083190	003
FITZMORRIS CARALYNN S	404 8TH	8251154	BELGRADE	59714	013191	004
FLATT BETTIE A	830 RINAY ROAD	8250811	HELENA	59601	103189	006
FRISCH HOLLYANN	BOX 32	8250766	CLANCY	59634	093090	006
FROST SUSAN D	402 8TH STREET	8251222	BELGRADE	59714	093090	004
GALLAGHER DARLENE	1203 HAUSER BLVD	8251118	HELENA	59601	083190	003
GAMRADT CHERI	410 COULEE DRIVE	8251159	BOZEMAN	59719	022891	006
GILCHRIST JULIE	2770 WINSLOW	8251235	HELENA	59601	113090	005
GODFRY KRISTINA	22 JEFFERSON CT	8251223	BOZEMAN	59715	093090	006
GOETSCH DIANE	1540 EASY ROAD	8251248	HELENA	59601	123190	005
GREEN DONALD	1624 WOOTEN ROAD	8251040	HELENA	59601	113090	006
GREER MARY J	219 SOUTH 5TH	8251059	BOZEMAN	59715	093090	005
GUENTHER CHRIS	413 AL DRIVE	8251163	BELGRADE	59714	021990	008
HAHN GAIL	225 S 9TH	8251036	LIVINGSTON	59047	063088	003
HANKINS NANCY L	P O BOX 413	8250854	TOWNSEND	59644	103090	005
HANSON THERESA A	496 SECRETARIAT	8251209	BELGRADE	59714	083190	005
HART SHARON	1216 SPRING ST	8251152	HELENA	59601	022891	003
HERMANCE RITA KAY	3860 KIM DRIVE	8251269	HELENA	59601	022891	004
HERN PATTY	3610 RAINBOW DRIVE	8251270	HELENA	59601	043091	004
HEYDON LINDA E	12 WEST HAYES #H-2	8251184	BOZEMAN	59715	063090	003
HOFFMAN TRACY	2589 PRICKLEY PEAR	8251197	EAST HELENA	59635	053190	004
HONADEL ANGIE KAY	19 4TH AVE E BX 352	8251234	THREE FORKS	59752	103190	004
HOUGHTON NANCY L	3811 RAVALLI #C	8251077	BOZEMAN	59715	123190	004
HUDOBA MERI	1430 SHIRLEY ROAD	8251265	HELENA	59601	013191	005
HUFTEL HOPE	BOX 596	8250989	CLANCY	59634	103190	003
HULETT BARBARA	3045 10TH AVENUE	8251273	HELENA	59601	022881	006
HUNGERFORD LINDA	P O BOX 714	8251215	WEST YELLOWSTONE	59758	093090	005
JOHNSON CANDACE JOYE	1835 BOULDER AVE	8251042	HELENA	59601	073188	003
JOHNSON CAROL Y	3818 CHOKECHERRY	8251256	EAST HELENA	59635	123190	004
JOHNSON DENA LUCILLE	KOUNTZ TR CT #69	8251088	BOZEMAN	59715	033189	000
JOURDONNAIS MARTA	3885 KITT DRIVE	8251165	HELENA	59601	113090	004

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
KERCHNER MARY	417 SOUTH RODNEY #3	8251189	HELENA	59601	073190	002
KIFER KATHRYN P	01 NO 16TH AVE	8251185	BOZEMAN	59715	063090	004
KNIGHT VIRGINIA MARIE	1123 STUART	8250799	HELENA	59601	083190	005
KOCHMAN CONIE	BOX 676	8251218	EAST HELENA	59635	073190	004
LANCASTER BARBARA	906 FLOWERREE	8251242	HELENA	59601	113090	006
LATHAM COLLEEN	3820 KARLA	8251267	HELENA	59601	022891	006
LAVINDER SHIRLEY A	317 E 16TH	8251054	HELENA	59601	083190	006
LEMKE AMY	54 KOUNTZ CT	8251240	BOZEMAN	59715	113090	006
LEVENGOOD JANET	BOX 28	8251110	TOWNSEND	59644	073190	002
LIVELY SUSAN	1000 STUART	8251246	HELENA	59601	123190	004
LOTT DOROTHY	BOX 188	8251180	EAST HELENA	59635	033190	001
LOVE CONNIE & PATRICIA	1214 DUSTRON RD	8251271	BOZEMAN	59715	033191	012
LUKE SALLY R	1425 EAST LYNDALE	8251076	HELENA	59601	013191	006
LUPARELL PEGGY	820 GETCHELL	8251274	HELENA	59601	022891	004
MAICHEL LEILA	BOX 243	8251205	CLANCY	59634	083190	006
MALSTROM GLORIA	7420 GREEN MEADOW	8250806	HELENA	59601	013191	004
MARIINO LYNDA	821 IDLEWILDE	8251074	HELENA	59601	043090	004
MARQUARDT REBECCA	P O BOX 1243	8251105	TOWNSEND	59644	063090	005
MARSHALL DIANE	3870 KARLA DRIVE	8251232	HELENA	59601	053190	004
MASON ANN	678 SIERRA ROAD WEST	8251279	HELENA	59601	033191	006
MASON DOUGLAS	527 S 13TH STREET	8251252	LIVINGSTON	59047	123190	004
MCCARL LEONA	1822 TOWNSEND AVE	8250727	HELENA	59601	093088	006
MCCARTHY PATSY	500 SO CALIFORNIA	8251217	HELENA	59601	093090	005
MCCAUGHEY CATHY	308 COULEE DR	8251153	BOZEMAN	59715	013191	005
MCGRANE SUSAN	4105 COUGAR DRIVE	8251176	HELENA	59601	053191	006
MCKELLIPS JULIE	P O BOX 751	8252050	LINCOLN	59639	123190	012
MCLAREN DEBORAH	1020 E BABCOCK	8251048	BOZEMAN	59715	083189	006
MCLAREN DEBORAH	615 NO GRAND	8252048	BOZEMAN	59715	083190	006
MEIER RENEE JO	930 N PARK	8251173	HELENA	59601	043090	005
MENDENHALL LISA S	6380 JACKRABBIT #18	8251275	BELGRADE	59714	033191	005
MESSEX ALISON	544 5TH AVENUE	8251219	HELENA	59601	083190	006
MILLER BRENDA F	1066 BRECKENRIDGE	8251220	HELENA	59601	083190	005
MODEN COLLEEN	2720 BANDERA	8250548	EAST HELENA	59635	093090	006
MORRISON LINDA	1485 KODIAK	8251229	HELENA	59601	113090	003
MORTON DONNA MARIE	1335 1/2 BOULDER	8251168	HELENA	59601	043090	003
MOSS SUSAN J	2908 BROADWATER AVE	8250991	HELENA	59601	093090	006
MOTHER GOOSE DAY CARE	439 N TRACY AVE	8251137	BOZEMAN	59715	043090	006
MUNDT DENISE A	49 CLOVERVIEW DRIVE	8251243	HELENA	59601	103190	005
MURPHY LISA R	814 COLE STREET	8251143	HELENA	59601	113090	004
MURRAY SHARON	9797 FOWLER LANE	8251253	BOZEMAN	59715	123190	006
NAFFZIGER HELEN S	8341 GOLDENSTEIN LN	8251156	BOZEMAN	59715	013190	003
NELSON JAMES & LINDA	BOX 1383	8251112	LIVINGSTON	59047	083189	005
NETTLETON REBECCA	P O BOX 673	8251016	EAST HELENA	59635	073190	006
NOBLE SUSAN	BOX 22 BLUE SKY H	8251210	CLANCY	59634	083190	006
OLSON BRUCE	33 BRIDGER VIEW CT	8250825	BOZEMAN	59715	063090	005
OMSBERG HELEEN	BOX 261	8251196	THREE FORKS	59752	073190	005
ORMS L/OWENHOUSE S	108 NO. 15TH AVE	8251121	BOZEMAN	59715	083189	012
PEARSON GEORGIA	1015 W LEWIS	8250841	LIVINGSTON	59047	093088	005
PEARSON GEORGIA	619 NORTH 12TH	8250842	LIVINGSTON	59047	083190	006
PEARSON KATHRYN JO	406 SOUTH CHURCH	8251094	BOZEMAN	59715	043089	006
PEARSON LUCI C	P O BOX 41	8251079	CLANCY	59634	013191	006
POLLINGTON MARGARET M	1900 CHOTEAU #3	8251277	HELENA	59601	033191	002
POTTER KATHLEEN	1128 HOLLINS	8251262	HELENA	59601	013191	004
RAGER DARCIA L	80876 GALLATIN RD	8251214	BOZEMAN	59715	093090	005
RAND CYNTHIA A	7970 NASH ROAD	8251172	BOZEMAN	59715	043090	005

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
REINHARDT CINDY	417 SO YELLOWSTONE	8251106	BILLINGS	59047	073190	005
RENN LORI A	3530 KEIR LANE	8251150	HELENA	59601	013191	003
RICE ARDIS	1317 STUART	8250741	HELENA	59601	053189	006
RIGGS TERESA	BOX 621 405 AL DR	8250693	BELGRADE	59714	053190	005
ROCKY MT DEVE COUNCIL	BOZX 1717	8251167	HELENA	59624	070689	010
ROGERS JAMIE S	725 SADDLE DRIVE	8251276	HELENA	59601	033191	004
RUF DORIS	6120 DRY CRK W BX766	8251255	MANHATTAN	59741	123190	003
SCHELL DARCY D	909 LOGAN	8251124	HELENA	59601	093090	004
SCHULTZ PAT K	309 SO 5TH AVE	8251162	BOZEMAN	59715	033191	006
SCULLY MAUREEN	503 WEST OLIVE ST	8251073	BOZEMAN	59715	123188	006
SHAW MARY HELEN	109 PAISLEY CT A	8251187	BOZEMAN	59715	073190	003
SIMONEAU MARGARET	618 WINTERGREEN CT	8251072	HELENA	59601	113090	006
SINCLAIR SHARLOTTE	1321 BOULDER AVENUE	8251208	HELENA	59601	083190	004
SKAW ANN	728 N BENTON	8251233	HELENA	59601	103190	006
SNYDER MARY A	113 SO 6TH AVENUE	8251225	BOZEMAN	59715	093090	004
SOMERS SHERRY	P O BOX 356	8251202	THREE FORKS	59752	083190	004
SORDI LUCY C	2405 W COLLEGE #36	8251138	BOZEMAN	59715	103190	006
STANDLEY SUSAN	660 EAST LEWIS	8250722	EAST HELENA	59635	113090	006
STEVENSON CAROL	3255 WYLIE DRIVE	8250963	HELENA	59601	022891	005
STEWART BRENDA JEAN	5820 NO MONT. #F1	8251002	HELENA	59601	013191	006
STOETZEL DALLAS	510 5TH AVE SO	8250149	GREAT FALLS	59405	093087	002
STOVALL DIANE	100 AMARANTHA CT	8251056	BOZEMAN	59715	083090	005
STROOP VICCI	1404 ELM	8251241	HELENA	59601	103190	001
STURN JOYCE A	707 POPLAR	8251174	HELENA	59601	043091	004
SULLIVAN PATRICIA	405 ICE POND ROAD	8250982	BOZEMAN	59715	083190	004
SUPRLOCK CHRIS	BOX 1154	8251258	TOWNSEND	59644	123190	005
TAVARY LINDA	123 HUMBOLT LOOP	8250532	HELENA	59601	033191	004
TAYLOR JUDITH KAY	2385 HAUSER BLVD	8251261	HELENA	59601	013191	006
THREE R'S D CARE HOME	545 SO CALIFORNIA	8251034	HELENA	59601	123187	006
TODDLE TIME DAY CARE (SUEK)	1110 S BOZEMAN AVE	8251062	BOZEMAN	59715	093090	003
TODDLE TIME DAY CARE (SUEK)	1110 S BOZEMAN AVE	8251068	BOZEMAN	59601	093090	004
TRAUCHT CHERYL	RTE 1 BOX 659C	8251266	EMIGRANT	59027	022891	005
VETSCH MARY	BOX 35	8251228	EAST HELENA	59635	103190	005
VETSCH MARY	BOX 35	8251238	EAST HELENA	59635	103190	005
VOGELE HEIDI	3783 DUDLEY STREET	8251211	EAST HELENA	59635	083190	003
WAGNER VICKY S	414 NO 16TH AVENUE	8251213	BOZEMAN	59715	093090	003
WALLACE PEGGY H	45 GLACIER CT	8251227	BOZEMAN	59715	093090	003
WELSCH ANNETTE	802 NO 17TH AVE #38	8251247	BOZEMAN	59715	123190	004
WESTPHAL DIANE L	2992 HERRIN RD #18	8251181	HELENA	59601	063090	003
WHITE JEANNIE C	BOX 5391 301 CLANCY	8251119	HELENA	59604	083190	005
WHITEMAN DONNA FORD	96 NORTH HOFFMAN	8251251	BELGRADE	59714	123190	005
WHITEMAN DONNA FORD (SUE)	96 NORTH HOFFMAN	8252051	BELGRADE	59714	123190	006
WICHMAN MARY	1000 NO 17TH #55	8251224	BOZEMAN	59715	093090	005
WILCOX LORI	24 NO 4TH AVE BX 631	8251272	THREE FORKS	59752	022891	004
WILLEMS SUZANNE	1505 KNIGHT	8251190	HELENA	59601	073190	003
WIRAK KASS	1701 KNIGHT	8250790	HELENA	59601	083190	006
WISEMAN SHERRI S	3725 CLINTON	8250921	EAST HELENA	59635	103190	004
WOODS JEANETTE MARIE	3865 KANDY DRIVE	8251035	HELENA	59601	022891	003
3 R'S DAY CARE HOME	537 S CALIFORNIA	8250846	HELENA	59601	123187	006
		172				832
ABBOTT MARIE	P O BOX 679	8351008	HELENA	59624	053187	003
AUSTIN IRENE J	P O BOX 848	8351175	EAST HELENA	59635	050190	011

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BADGER-AUSTIN JULIE	718 N TRACY	8351195	BOZEMAN	59715	073190	005
BARSTAD ELLEN SUE	PO BOX 462	8351019	WEST YELLOWSTONE	59715	093090	012
BIEBER GWEN	BOX 725	8350957	TOWNSEND	59644	083190	012
CHRISTENSEN JOANN	3301 THORPE RD	8351193	BELGRADE	59714	083190	004
CLEVELAND SHELBY	2320 SPOKANE CREEK R	8351182	EAST HELENA	59635	063090	012
CLOSE LINDA LEE	30 N HOWIE	8350864	HELENA	59601	053190	012
DUCHARME SHARON M	22550 S 6TH STREET	8351238	BANTA	95304	043090	010
FAMILY TREE DC (SHERMER)	15 NORTH RODNEY	8351188	HELENA	59601	053190	012
FEARON ROBERT & LORI	3325 BALDY DRIVE	8351278	HELENA	59601	033191	009
FENTON PAULA	1202 9TH AVENUE	8351131	HELENA	59601	103190	010
FRENCH DOUGLAS & LAVERNE	502 N WESTERN	8350911	BOZEMAN	59715	063090	011
GALLAGHER DARLENE	1203 HAUSER BLVD.	8351118	HELENA	59601	083189	006
GREEN DONALD	1624 WOOTEN RD	8351040	HELENA	59601	113089	012
GUENTHER CHRIS	413 AL DRIVE	8351163	BELGRADE	59714	022891	008
HAWLEY TERRY	607 N BOZEMAN	8350907	BOZEMAN	59715	083090	010
HERMAN BEVERLY	160 LINCOLN ROAD	8350999	HELENA	59601	013191	012
HESS VIRGINIA KIDS DC	107 SO AVE BOX 408	8351237	WHITE SULPHUR SPRI	59645	103190	012
HOBBY HORSE DC	523 E GALLATIN	8351029	BELGRADE	59714	022891	012
HUOT NELLIE	1929 LIVINGSTON	8351038	HELENA	59601	013191	012
JOCHEMS JEAN	BOX 893	8351116	EAST HELENA	59635	083189	004
JOHNSON DENA LUCILLE	KOUNTZ TR CT #69	8351088	BOZEMAN	59715	053190	011
KLATT ERNIE & SHIRLEY	402 N 5TH	8350904	BOZEMAN	59715	063090	012
KRESGE KRISTI	1221 CHESTNUT	8351075	HELENA	59601	123190	010
KURK BUNNY	6108 MT SHADOW CIR	8351178	BOZEMAN	59715	053090	006
LAY JENAY	2230 5TH AVENUE	8351050	HELENA	59601	063090	012
LIEDLE DONNA R	1123 5TH AVE	8351068	HELENA	59601	123189	012
LYTLE NIKKI A	416 HENDERSON	8351025	BOZEMAN	59715	113091	011
MCBRIDE ROXANNE	1421 BOULDER	8351280	HELENA	59601	033191	005
MOELLENKAMP LISA	421 STAUDAHER	8351191	BOZEMAN	59715	083190	012
MONKS HOLLY JEAN	12 WEST HAYES H-4	8351201	BOZEMAN	59715	083190	005
MOODY TERRI	1122 DUDLEY	8351114	EAST HELENA	59635	083190	011
MORTON DONNA MARIE	13351/2 BOULDER	8351168	HELENA	59601	022890	003
MUNCHKIN LAND (BLAIR)	645 LOGAN APT A	8351115	HELENA	59601	093090	012
PANTOJA COLLETTE M	512 AMSTERDAM ST	8350995	BELGRADE	59714	083190	010
PARSONS BARBARA	418 WEST LAMME	8350092	BOZEMAN	59715	053190	012
PEARSON DIANE KAY	2015 LOCKEY	8351027	HELENA	59601	123189	012
PEARSON KATHRYN JO	406 SOUTH CHURCH	8351094	BOZEMAN	59715	043090	005
PENGRA ETHEL J	1707 BUTTE AVENUE	8351093	HELENA	59601	043091	012
POSEY ROBERT & VIOLA	2808 VILLARD	8351257	HELENA	59601	022891	007
POTUZAK CAROL	319 NO 18 AVE	8351177	BOZEMAN	59715	053190	010
PRECIOUS MOMENTS PRE S	1000 6TH AVENUE	8351260	HELENA	59601	013191	009
REISBECK SHELIA	2408 SUNLIGHT CIRCLE	8351200	HELENA	59601	083190	012
RUSSELL CAROL J	327 NO HOBACK	8350998	HELENA	59601	123190	012
SCHNEIDER LYNNE K	2760 COUNTRY CLUB AV	8351169	HELENA	59601	043090	012
SCHULTZ LUELLA B	6980 N MONTANA	8351066	HELENA	59601	083189	010
SCULLY MARUEEN	503 WEST OLIVE ST	8351073	BOZEMAN	59715	043090	012
SIMMONS LINDA R	734 EAST SIXTH AVE	8351123	HELENA	59601	022891	011
SKAW ANN	728 N BENTON	8351233	HELENA	59601	103190	012
SMITH DIXIE	6 AGUILA COURT	8351179	EAST HELENA	59635	053190	001
SMITH MCDONALD CINDY	1000 NO 17TH #1	8351135	BOZEMAN	59715	093090	011
STRICKLAND JANIE C	P O BOX 327	8351199	THREE FORKS	59752	073190	005
SUNSHINNE DC (MARLOW)	401 N GRAND AVENUE	8351192	BOZEMAN	59715	083190	012
SUTTON B/MITTS A	709 WEST PARK	8351044	BELGRADE	59641	083188	009
SWINGS N THINGS (JACKSON)	STAR RT #93	8350913	CLANCY	59634	093090	012
TEDDY BEAR JUNCTION	715 POPLAR	8351026	HELENA	59601	123190	012

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TENDERCARE D CARE	4508 BADGER	8351132	HELENA	59601	093090	012
THACKERAY NORA	304 N ADAMS	8351032	BOULDER	59632	123190	012
THREE R'S D C HOME	545 SO CALIFORNIA	8351034	HELENA	59601	033190	012
TINY WORLD DAY CARE (KNOX)	BX 4393 419 S THIRD	8350646	BOZEMAN	59715	083190	011
TOPASH JENNIFER	1285 VAN ORSDEL RD	8351157	HELENA	59601	013191	008
TOTS-R-US (WENDT)	417 NO 21ST AVENUE	8351148	BOZEMAN	59715	123190	010
URDAHL POWERS PAMELA	3905 TOOLE ST	8351194	BOZEMAN	59715	073190	005
VELVETEEN RABBIT CHILD C	108 NO 15TH AVE	8351121	BOZEMAN	59715	083190	012
VOGEL ELAINE K	P O BOX 318	8350832	TOWNSEND	59644	083190	012
WEE FRIENDS D C	3010 WESTRIDGE	8351095	BOZEMAN	59715	043090	010
WHITE CHARLENE	38 SO LAST CHANCE GU	8351244	HELENA	59601	103190	012
WITTMER JULIE LEE	419 1/2 GIBBON B1209	8351203	WEST YELLOWSTONE	59758	083190	010
WORLD FAMILY SCHOOL #1	120 E STORY	8350513	BOZEMAN	59715	093090	012
						691
		70				
						2531
		264				
CONROY SANDRA	4115 PRAIRIE VIEW DR	8160397	COLSTRIP	59323	013190	024
HERITAGE CHILD CARE CENTER	806 4TH ST SE	8160355	SIDNEY	59270	113090	010
RAINBOW CENTER	GIRARD RT BX 5025	8160363	SIDNEY	59270	061590	025
SACRED HEARD D C & PRE SC	520 N MONTANA	8160384	MILES CITY	59301	063090	050
ST LABRE INDIAN SC DC CENT		8160386	ASHLAND	59003	113090	008
TENDER LEARNING CARE INC	121 E CT AV P BX 941	8160358	BAKER	59313	033191	030
						147
		6				
BAKER, SHERY E.	542 34TH AVE NW	8260372	SIDNEY	59270	103188	003
BIRRER KAREN L	P O BOX 882	8260389	BAKER	59313	022891	005
BOWLDS BRENDA	13 8TH AVE N W APT15	8260390	SIDNEY	59270	083188	003
BRANDNER RHONA	BOX 938	8260377	FORSYTH	59327	053088	006
COLGROVE GAY ELLEN	619 E BELL	8260382	GLENDIVE	59330	022891	005
CONRAD JUDY	213 2ND ST H P	8260245	GLENDIVE	59330	022891	006
DECKER ROSALIE	BOX 2430	8260368	COLSTRIP	59323	043089	006
GREVIOUS COTY	BLOOMFIELD RT	8260398	GLENDIVE	59330	083190	006
HARRIS COLETTE M	1618 BATCHELOR	8260379	MILES CITY	59301	093090	005
JOHNSTON JONI GALE	CASITAS DEL RIO #35	8260367	GLENDIVE	59330	022887	002
KIEL ROBIN LYNN	1719 N DALEY	8260365	MILES CITY	59301	073186	003
KIMBRELL KARIN	BOX 121 503 W 6TH	8260376	FAIRVIEW	59221	053088	006
LEISCHNER JOYCE L	1102 GARLAND	8260349	MILES CITY	59301	073190	005
MEANS ISABEL	802 6TH ST SE	8260054	SIDNEY	59270	053190	006
MEIDINGER AMANDA		8260373	TERRY	59349	123190	006
OLESKY DONNELLA	1123 S ROSSER	8260336	GLENDIVE	59330	083188	006
OTTROY DAWN D	221 N COTTAGE	8260406	MILES CITY	59301	101589	004
RAINEY CAROL L	130 PROSPECT DRIVE	8260412	MILES CITY	59301	022891	006
SACHER JEANETTE M	BOX 747	8260395	BAKER	59313	083190	006
SCHAEFER KIMBERLY	P O BOX 632	8260409	BROADUS	59317	043090	005
SCHETTINE JO ANN	1608 13TH ST S W	8260403	SIDNEY	59270	123190	006
SCHMIDT SHARON L	BOX 498	8260354	CIRCLE	59215	073186	004
STEINMETZ VICTOR & AMELIA	PO BOX 513	8260400	GLENDIVE	59330	103189	002
SWEDBERG ELSIE	MARSH ROAD	8260369	GLENDIVE	59330	073186	005
THORNBURG BRENDA	RT 1 BOX 2076-1	8260407	SIDNEY	59270	081690	003

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VERHASSETT SIGNE M	P O BOX 94	8260264	SAVAGE	59262	083188	005
YOST DEBRA K	P O BOX 422	8260410	EKALAKA	59324	022891	006
						131
		27				
BAKER SHERRY E	542 34TH AVE N W	8360372	SIDNEY	59270	103190	010
BAUMBERGER ROSE	P O BOX 61	8360388	SAVAGE	59262	083188	011
BREWER LINDA	RT 1 BOX 2423	8360391	MILES CITY	59262	083190	008
CONROY SANDRA	4115 PRAIRIE VIEW DR	8360397	COLSTRIP	59323	083190	012
EARLEY SHEILA	BOX 675	8360405	BROADUS	59317	080790	010
HEYEN PEGGY	710 THRUSH LANE	8360362	GLENDIVE	59330	073190	012
HILL BARBARA	802 S EARLING ST	8360331	MILES CITY	59301	073186	011
KIEL PEARL	1400 PEARL	8360411	MILES CITY	59301	022890	012
KLAUDT VALERIE	HC 68 BX 8437	8360385	GLENDIVE	59330	053188	010
MCRAE ROBIN	1709 BATCHELOR	8360408	MILES CITY	59301	102390	011
O'CONNOR LINDA	518 LINDEN FP	8360266	GLENDIVE	59330	113090	010
OLESKY DONNELL A	1123 S ROSSER	8360336	GLENDIVE	59330	083187	012
OTTOY DAWN D	221 N COTTAGE	8360406	MILES CITY	59301	081690	004
PRICE DOROTHY	102 N ROSSER	8360378	GLENDIVE	59330	071690	012
SWENSON MOLLY	111 12TH AVENUE SW	8360404	SIDNEY	59270	060690	012
THE TOT SPOT	BOX 82	8360401	BROADUS	59317	011689	005
UNTERSEHER JANET	708 EAST GRANT	8360338	GLENDIVE	59330	083190	008
WOLF DEBORAH	404 RIVERVIEW	8360370	GLENDIVE	59330	083190	012
ZACKER JEANETTE	BOX 747	8360395	BAKER	59313	083190	012
						194
		19				
						472
		52				
CARDEN SCHOOL	985 MERIDIAN ROAD	8170702	KALISPELL	59901	093089	040
CARDEN SCHOOL (BRUCE)	985 N MERIDAN	8170707	KALISPELL	59901	093090	040
CLEAR SKIES CHILD CARE	433 CENTRA	8170527	WHITEFISH	59937	063090	025
COUNTRY WOODS SCHOOL	P O BOX 857	8170701	WHITEFISH	59937	022891	030
EDWARDS BETH	BOX 415	8170559	ST IGNATIUS	59865	093088	005
GIFT OF LOVE (PORTEOUS)	602 MAIN ST	8170758	KALISPELL	59901	043090	040
KIDS "R" US - RIDDLE	P O BOX 461	8170604	ST IGNATIUS	59865	043090	035
LOVE & LEARN	1280 BURNS WAY	8170785	KALISPELL	59901	043090	049
MONTESSORI CENTER	5 PARK HILL RD	8170331	KALISPELL	59901	013190	060
SALISH KOOTENAI PRESC &DC	BOX 117	8170714	PABLO	59855	093089	031
SMITH MEMORIAL DAY CARE	BOX 1020	8170031	KALISPELL	59901	073190	049
ST JOHNS LUTHERAN D CARE	1024 MONT AVE	8170658	LIBBY	59923	053190	060
SUGAR N SPICE DAY CARE	255 SUMMIT RIDGE RD	8170231	KALISPELL	59901	022891	115
SUPER KIDS DAY CARE	BOX 184	8170657	BIGFORK	59911	123188	035
						614
		14				
ALBRIGHT VICKI	BX 23	8270724	ST IGNATIUS	59865	073187	005
ANDERSON JAYNE	1033 12TH ST WEST	8270813	COLUMBIA FALLS	59912	083190	006
BARRON MYRA	11122 1ST AVE EAST	8270815	KALISPELL	59901	083190	004
BENNER SUSAN	210 SULLIVAN CROSSR	8270841	COLUMBIA FALLS	59912	022891	003
BERNARD JUNE	P O BOX 1048	8270668	LIBBY	59923	022887	006

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
BICK KELLY	BOX 81	8270839	CHARLO	59824	022891	006
BISHOP RENE	260 MORNING VIEW DR	8270788	KALISPELL	59901	103190	004
BISSELL G/MARX A	740 TWIN BRIDGES RD	8270768	WHITEFISH	59937	013189	010
BOWDEN JUEL R	P O BOX 1111	8270102	THOMPSON FALLS	59873	073190	006
BRANDEWIE DEBRA	801 GRAND AVE	8270717	BIGFORK	59911	103186	012
BRIERLEY SUZY	328 10TH ST WEST	8270629	KALISPELL	59901	113090	005
BRUNER RITA	395 1ST AVENUE E N	8270747	KALISPELL	59901	073188	006
COONS SUSAN	76 MEADOWLARK DRIVE	8270585	KALISPELL	59901	093090	006
COUNSER LESLIE	1433 HWY 2 WEST	8270694	KALISPELL	59901	063086	006
CRAFT TAMARA	BOX 50	8270838	ST IGNATIUS	59865	022891	012
CRAWFORD DEBBIE	BOX 1048	8270650	EUREKA	59917	083186	005
DAVIES DENISE	380 4TH AVE E N	8270783	KALISPELL	59901	093090	005
DEBALDO COLEEN	1516 EAGLE DR	8270535	KALISPELL	59901	063087	005
DECKER LINDA	3130 CANAL ROAD	8270837	RONAN	59864	022891	004
DOLPHON EVELYN	6 12TH AVENUE EAST	8270829	POLSON	59860	113090	006
EVANS LYNDA	P O BOX 32	8270744	CHARLO	59824	063088	006
FAWCETT LYNN	238 FAIRVIEW DRIVE	8270638	KALISPELL	59901	041586	004
FISHER KATHLEEN	P O BOX 181	8270772	CORAM	59913	053189	012
GREER BEVERLY	21 MONTANA AVENUE	8270730	WHITEFISH	59937	093087	003
GUIDONI MARY	P O BX 2124	8270757	COLUMBIA FALLS	59912	083188	006
HAGEN ELIZABETH	1575 EAGLE DRIVE	8270790	KALISPELL	59901	113090	006
HUNTER JANICE	BOX 27	8270615	COLUMBIA FALLS	59912	093086	002
JACKSON BOBBIE	P O BOX 329	8270807	PABLO	59855	063090	006
JACKSON SUZANNE	918 ROUND BUTTE RD	8270761	RONAN	59864	093088	004
JOHNSON KEBBY	843 8TH STREET	8270809	WHITEFISH	59937	073190	004
KASBERG LESLIE	1425 5TH AVE EAST	8270805	KALISPELL	59901	053190	003
KELLER RHONDA	360 ELK TRAIL	8270832	WHITEFISH	59937	123190	006
KLINGLER YOLANDA	PO BOX 2021	8270603	KALISPELL	59901	083186	004
KNOLL MARTHA	BX 922	8270969	COLUMBIA FALLS	59912	022891	004
KNOLL MARTHA R	BOX 922	8270796	COLUMBIA FALLS	59912	022890	003
LAFLEY MARILYNNE	211 SPRING CREEK DR	8270816	KALISPELL	59901	083190	006
LAKE LISA	2191 TERRACE LAKE RD	8270764	RONAN	59864	113088	003
LIND FLORA	1329 7TH AVE E	8270066	KALISPELL	59901	033191	006
LOGAN DONNA	35 TAHOE DRIVE	8270808	KALISPELL	59901	073190	004
LOOMIS DEE ANN	435 W 2ND ST	8270781	WHITEFISH	59937	083189	012
LORD ROBERTA	1012 8TH STREET E	8270804	WHITEFISH	59937	043090	005
LYDA SHARON	BOX 3121	8270511	POLSON	59860	063086	003
LYONS MARY	174 BERNARD RD	8270778	KALISPELL	59901	073189	006
MACKER WENDY	PO BX 304	8270726	SUMMERS	59932	083186	002
MARENGO CYNDIE	407 19TH AVE WEST	8270728	POLSON	59860	083187	005
MARVIN JENNIFER	486 TWO MILE VISIT	8270840	KALISPELL	59901	022891	005
MAZE GERRY	757 OXFORD CIRCLE	8270834	KALISPELL	59901	123090	006
MEDHUS MICHELLE	TWO MILE VISTA APT#6	8270802	KALISPELL	59901	043090	005
MILLER SANDRA	420 MENNONITE CH RD	8270789	KALISPELL	59901	113090	006
MILLIRON DEBRA	PO BIOX 5216	8270831	KALISPELL	59901	113090	006
MYERS VERNA	BOX 522	8270794	TROY	59935	123190	006
PEELE JACKIE	P O BOX 1363	8270791	THOMPSON FALLS	59873	123190	006
PENROD ROSE	165 ALPINE DRIVE	8270827	BIG FORK	59991	113090	004
REED EMILY	807 HELENA FLATS RD	8270836	KALISPELL	59901	013191	003
REIBSOME JANET	BOX 1375	8270766	THOMPSON FALLS	59873	013191	012
RIEHL GEORGIA	1122 FOURTH ST WEST	8270697	KALISPELL	59901	083190	006
SCARBURRY MARIA	559 N MAIN	8270626	KALISPELL	59901	013189	012
SKIBSRUD LINDA	652 COUNTRY WAY N	8270440	KALISPELL	59901	113090	006
SMITH MACHEL	PO BOX 1342	8270725	KALISPELL	59901	073187	005
SPURLOCK HELEN	1653 WOODLAND AVE	8270691	KALISPELL	59901	083188	006

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
ST. JOHN JOAN	203 4TH AVE EAST	8270817	POLSON	59860	083190	012
STOCKWELL BETTY	874 5TH AVE W.N.	8270475	KALISPELL	59901	063087	002
STORY ELIZABETH	669 2ND AVE W M	8270774	KALISPELL	59901	053189	012
TAYLOR ANNE	539 KELLY RD	8270754	KALISPELL	59901	083190	006
TEMPERO PATRICIA	1588 TRUMBLE CR RD	8270801	KALISPELL	59901	033191	005
THOMPSON MARGARET	376 1ST AVE E N	8270711	KALISPELL	59901	022891	006
WELLS SHELLY	P O BOX 733	8270828	EUREKA	59917	103190	006
WHEELER ROSALIE	RT 1 BOX 47	8270769	ST IGNATIUS	59865	022889	012
WIGNER DIANE	403 MAPLE DRIVE	8270810	KALISPELL	59901	073190	003
WISE DOREENA	2097 AIRPORT RD	8270798	KALISPELL	59901	093090	006
WRIGHT DIANE	106 LIBERTY ST	8270771	KALISPELL	59901	043090	003
ZUNDEL MEMOREE	14 PANORAMIC DR	8270803	KALISPELL	59901	043090	012
		72				426
ALBRIGHT VICKI	P O BOX 23	8370724	ST IGNATIUS	59865	063090	012
BAETH JOYCE	P O BOX 58	8370731	LIBBY	59923	113087	012
BERENTZ TASHA	P O BOX 2864	8370821	KALISPELL	59901	093090	002
BICKNELL CYNTHIA	235 1ST STREET EAST	8370833	KALISPELL	59901	123190	008
BOWMAN KAYE	P O BOX 272	8370445	PABLO	59855	043091	012
BRUNER RITA	395 1ST AVE E N	8370747	KALISPELL	59901	033191	012
BURTON LINDA & PAULA	1102 4TH AVENUE EAST	8370755	KALISPELL	59901	083190	012
CABLE BONNIE	1215 MCDONALD LK RD	8370321	ST IGNATIUS	59865	103190	012
CHURMAGE VALORIE	811 RAILWAY	8370835	WHITEFISH	59937	123190	012
CONAWAY DEAN	100 BOON ROAD	8370756	SOMERS	59932	103190	012
CONWAY JANE	BOX 293	8370637	WHITEFISH	59937	083190	012
COOPER RUTH	P O BOX 1525	8370762	POLSON	59860	103190	012
COURSER LESLIE	1433 HWY 2 WEST	8370692	KALISPELL	59901	063090	012
CRONE CATHY	497 E RESERVE DR	8370799	KALISPELL	59901	033190	010
DEBALDO COLEEN	1516 EAGLE DRIVE	8370535	KALISPELL	59901	022891	010
DEVLIN GRACE	P O BOX 403	8370797	POLSON	59860	033191	008
ENGEBRETSON MARY	2226 MISSION WAY SO	8370736	KALISPELL	59901	022891	012
EVINS LYNDA	815 5TH AVE WEST	8370744	KALISPELL	59901	063090	012
FAUSKE CHERYL	711 3RD AVE WEST	8370823	KALISPELL	59901	103190	012
FAWCETT LYNN	238 FAIRVIEW DRIVE	8370638	KALISPELL	59901	063090	012
FISHER KATHLEEN	P O BOX 181	8370772	CORAM	59913	053190	010
FULLER BONNIE	15 ALBERT WAY	8370216	LIBBY	59923	083190	012
GALASSI MARIE	5725 HWY 93 S	8370641	WHITEFISH	59937	113090	012
GILLEY CHARLOTTE	604 9TH AVE WEST	8370558	KALISPELL	59901	043091	010
GREEN SONJA	BOX 486	8370822	HUNGRY HORSE	59919	093090	004
GREER BEVERLY	348 SOMERS AVE	8370826	WHITEFISH	59937	033191	012
GRIGSBY BETTY	P O BOX 2144	8370719	KALISPELL	59901	053190	012
HARBOUR JOYCE	P O BOX 579	8370759	COLUMBIA FALLS	59912	093090	012
HOUSE REGNA	1506 WOODLAND AVE	8370824	KALISPELL	59901	093090	012
HUNT RAQUEL	117 3RD AVE S E	8370708	RONAN	59864	113090	012
ISAACS GWENDELYN	P O BOX 66	8370845	PLAINS	59859	033191	006
JACKSON BILLIE JO	1275 HWY 93 N	8370842	KALISPELL	59901	033191	012
JACKSON SUZANNE	918 ROUND BUTTE RD	8370761	RONAN	59864	093090	012
JOHNSON JOANNA	P O BOX 175	8370598	PLAINS	59859	033187	012
KOHNSTAMM B/COVEY S	P O BOX 1574	8370814	WHITEFISH	59937	083190	012
KRAUSE MARY	BOX 575	8370723	BIGFORK	59911	063090	012
LAKE LISA	2191 TERRACE LAKE RD	8370764	RONAN	59864	113090	012
LEHNERT SHIRLEY	420 INDIAN HEAD ROAD	8370569	LIBBY	59923	013191	012
LOOMIS DEEANN	435 W 2ND ST	8370781	WHITEFISH	59937	083190	012

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MARENGO CYNDIE	407 19TH AVE WEST	8370728	POLSON	59860	083190	012
MCCREADY ETHEL	722 5TH ST S W	8370793	RONAN	59864	022891	012
MINEMYER JUDY	BOX 985	8370601	THOMPSON FALLS	59873	073190	009
MOLL SUSAN	P O BOX 1574	8370782	WHITEFISH	59937	093089	012
MONROE CONNIE	15 3RD AVE EAST	8370784	KALISPELL	59901	093090	012
NIX DAWN	603 4TH AVENUE EAST	8370818	KALISPELL	59901	083190	012
NOLAND KATHY	245 5TH AVE WEST	8370763	KALISPELL	59901	123188	007
OSBURN LANA	307 7TH AVE WEST	8370860	POLSON	59860	053190	012
PARRIS DONNA	1213 LOUISIAN AVE	8370678	LIBBY	59923	013190	012
PINNELL CAROL	1418 5TH AVE WEST	8370702	KALISPELL	59901	103190	012
PLACKO JOAN	P O BOX 127	8370830	POLSON	59860	113090	010
POSEIJKA ANITA	1319 2ND AVE E	8370750	KALISPELL	59901	083190	012
POWELL LINDA	711 3RD AVE E	8370646	KALISPELL	59901	063090	012
REUM CAROL	209 ROUND BUTTE RD	8370844	RONAN	59864	053191	012
RICHARDSON SHARON	4030 ROSEBRIER DR	8370737	MISSOULA	59801	103189	012
RIDDLE NORINE	BOX 516	8370604	ST IGNATIUS	59865	083187	012
RIGGLES PENNI	112 HIGHWOOD DR	8370729	LIBBY	59923	083188	010
ROOT JEANNA	612 10TH AVE WEST	8370698	KALISPELL	59901	083190	012
RUSSELL PEGGY	P O BOX 184	8370657	BIGFORK	59911	073190	012
SANDEFER LYNN	BOX 1584	8370694	COLUMBIA FALLS	59912	073190	012
SCARBURRY MARIA	559 NORTH MAIN	8370626	KALISPELL	59901	013191	012
SCHMITZ JOYCE	332 PHEASANT DRIVE	8370751	KALISPELL	59901	063090	008
SLOAN JUDY	301 7TH AVE WEST	8370843	POLSON	59860	033191	004
SMITH PATTI	P. O. BOX 632	8370688	BIG FORK	59911	043090	012
STAPLEY R/OLSON DIANE	P O BOX 642	8370811	TROY	59935	073190	012
STEPHENS VIRGINIA	319 MONTCLAIR DR	8370354	KALISPELL	59901	022891	010
STEWARD RITA	1030 7TH AVENUE EAST	8370820	KALISPELL	59901	083190	006
STORY ELIZABETH	698 3RD AVENUE W N	8370774	KALISPELL	59901	053190	012
STUART MARY	245 5TH AVE WEST	8370575	KALISPELL	59901	123189	012
STUART MARY	245 5TH AVEMIE WEST	8370595	KALISPELL	59901	123190	012
TAYLOR ANN	539 KELLY ROAD	8370754	KALISPELL	59901	083188	006
TAYLOR MARY	BOX 1629	8370819	COLUMBIA FALLS	59912	093090	012
THOMASON VIRGINIA	209 RD BUTTE RD WEST	8370533	RONAN	59864	103190	012
THOMPSON KAY	436 4TH AVE WEST	8370703	KALISPELL	59901	083190	012
WAGNER DOLORES	556 PINE AVENUE	8370670	WHITEFISH	59937	083190	012
WESTPHAL VALERIE	943 SECOND ST	8370740	WHITEFISH	59937	033191	012
WHEELER ROSALIE	209 ROUND BUTTE RD	8370769	ST IGNATIUS	59901	043090	012
WINCHESTER ANNETTE	P O BOX 921	8370686	PLAINS	59859	033190	008
WRIGHT NICOLE	220 3RD AVE EAST	8370639	KALISPELL	59901	053186	012
WRIGHT NICOLE	220 3RD AVENUE EAST	8370644	KALISPELL	59901	063088	012
YLONS MARY	174 BERNARD ROAD	8370778	KALISPELL	59901	053190	012
YOUNG ROSE MARY	1441 HWY 2 WEST	8370473	KALISPELL	59901	103190	012
ZECHIN PEGGY	BOX 1760	8370727	COLUMBIA	59912	113090	012
						902
		82				
						1942
		168				
ANGEL CHILD CARE	1011 GERALD	8180003	MISSOULA	59801	013191	055
ASSEMBLY OF GOD DAY CARE	BOX 469	8181003	HAMILTON	59840	022891	050
ASUM C CARE H PROGRAM	315 A CRAIGHEAD	8181265	MISSOULA	59801	033191	005
ASUM CHILDREN'S LEARING C	UNI C 105-B U OF M	8181122	MISSOULA	59812	022891	025
ASUM CHILDREN'S LEARNING CE	UNIVERSITY CTR 105B	8180400	MISSOULA	59812	022891	030

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
ASUM HOM PROGRAM (MANNING)	302-A CRAIGHEAD	8181090	MISSOULA	59801	013188	004
CAMP FIRE KIDS CLUB	2700 CLARK ST	8181162	MISSOULA	59801	093090	020
CENTRAL AVE DAY CARE CNTR	2405 W CENTRAL AVE	8180867	MISSOULA	59801	013191	049
CHILDREN'S CENTER	236 E SPRUCE	8180638	MISSOULA	59801	022891	032
CLARK FORK SCHOOL	432 EAST PINE	8180962	MISSOULA	59802	103190	037
CO-TEACH PRES & KINDER	U O M	8181266	MISSOULA	59812	022891	020
COMMUNITY CHILD CARE CENTER	2827 FT MISSOULA RD	8181063	MISSOULA	59801	053190	070
DWIGANS ANDREA	317 S 4TH ST	8180950	HAMILTON	59840	022886	010
EARLY CHILDHOOD CENTER	006 MCGILL HALL UOM	8180097	MISSOULA	59812	103190	032
EDU-CARE CENTER	603 EDITH	8180483	MISSOULA	59801	083190	036
EDU-CARE 2	408 STEPHENS AVE	8180931	MISSOULA	59801	093089	036
GRAY SHARON	3507 PAXTON ST	8181269	MISSOULA	59801	033191	005
HEAD START DAY CARE CENTER	WORDEN & PHILLIPS ST	8180062	MISSOULA	59802	022891	035
HOLLY HOBBY DAY CARE CNT	827 TURNER	8180624	MISSOULA	59802	053190	020
HOPPE PAMELA	1941 S 9TH WEST	8180940	MISSOULA	59801	093087	012
JACK & JILL NURSERY	1330 S 4TH ST W	8180040	MISSOULA	59801	033191	065
KALEIDOSCOPE KIDS	421 N 2ND	8180980	HAMILTON	59840	113090	028
KIDS' STUFF	2720 PARK ST	8181021	MISSOULA	59801	073190	020
LEELEE'S SMALL WONDERS IN	455 MOUNT	8181241	MISSOULA	59801	083190	013
LITTLE BO PEEP	301 S 6TH WEST	8180387	MISSOULA	59801	022891	028
LITTLE DIPPER DAY CARE	DRAWER 17	8180956	BONNER	59823	043090	020
LITTLE PEOPLE DAY CARE CENT	718 W PINE	8180909	MISSOULA	59802	073190	020
LITTLE WORLD CHILD CARE	2400 EATON	8180770	MISSOULA	59801	073189	030
LOLO PRESCHOOL & CHILD C	11150 NAPTON WAY	8180768	LOLO	59847	063090	034
LOVING CARE PRESCHOOL ED IN	1608 CHARLOTTE	8181117	MISSOULA	59801	103190	020
MINERAL COUNTY DAY CARE CNT	BOX 774	8180556	SUPERIOR	59872	103190	020
MORNINGSTAR INFANT DC CENTE	PO BOX 8104	8181102	MISSOULA	59801	103189	024
NOAH'S ARK LUTHERAN CCC	305 MARCUS STREET	8181086	HAMILTON	59840	013190	025
NYMAN BRENDA	251 N TRAVOIS	8181138	MISSOULA	59802	022889	002
PLAY SCHOOL DAY CARE CENTER	2439 S NINTH WEST	8180549	MISSOULA	59801	013191	042
PLAYMATE DAY CARE CENTER	540 FORD	8180590	MISSOULA	59801	073190	028
SALVATION ARMY AFTER SCHOOL	P.O.BOX 8123	8180878	MISSOULA	59807	103190	060
SALVATION ARMY DAY CAMP	PO BOX 8123	8180810	MISSOULA	59807	113089	060
ST JOSEPH'S CHILD CARE C	430 WEST PINE	8181107	MISSOULA	59802	103190	150
ST PAUL'S INFANT CENTER	202 BROOKS	8180749	MISSOULA	59801	123190	020
SUMMER ENRICHMENT PROGRAM	MCGILL HALL 109	8180183	MISSOULA	59812	093089	075
SUNSHINE CHILD CARE CENTER	218 NORTH 5TH ST	8180637	HAMILTON	59840	063090	020
SWANN'S BECKWITH MONTESSORI	715 E BECKWITH	8180530	MISSOULA	59801	093090	016
Y'S CHILD CARE CENTER	3000 RUSSELL	8181106	MISSOULA	59801	083189	036
YMCA AFTER SCHOOL CLUB	1901 SOUTH 10TH WEST	8181271	MISSOULA	59801	103190	030
YMCA AFTER SCHOOL PROGRAM	3000 RUSSELL	8181135	MISSOULA	59801	103190	065
YMCA KINDER CARE CLUB	1700 SOUTH AVE WEST	8181270	MISSOULA	59801	103190	035
YMCA SCHOOL'S OUT DAY CAMP	3000 RUSSELL	8181148	MISSOULA	59801	093089	100
YOUNG FAMILY PROGRAM NURSER	MCHS BLDG B 915 S AV	8180936	MISSOULA	59801	103190	013
YWCA PRE-SC/DC ADVENTURES	1130 W BROADWAY	8181168	MISSOULA	59802	123190	020
		50				1702
ADAMS JEANNIE	7700 FLAGLER	8281196	MISSOULA	59801	033190	005
ALLEN CAROL L	3211 ELDORA LANE	8281252	MISSOULA	59803	022191	003
AMAYA EUNICE	3803 DORE LANE	8280738	MISSOULA	59803	103189	006
ASUM (JOHNSON)	315 A CRAIGHEAD	8281265	MISSOULA	59801	123190	005
ASUM C CARE (FORSYTH)	519 GARNET CT	8281188	MISSOULA	59801	123189	004
ASUM C CARE HM PR WAGONER	400 BANNACK CT	8281119	MISSOULA	59801	083189	005

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
ASUM C CARE HM PROGRAM	304 A CRAIGHEAD	8281208	MISSOULA	59801	043091	005
ASUM CHILC CARE (RECTOR)	ELKHORN CT #1	8281239	MISSOULA	59801	083190	006
ASUM CHILD C (FARRIER)	118-B SISSON	8281231	MISSOULA	59801	083190	004
ASUM CHILD CARE (JOHNSON)	1016 YREKA COURT	8281272	MISSOULA	59801	043090	005
ASUM CHILD CARE H PROGRAM	210 B SISSON	8281255	MISSOULA	59801	083190	005
ASUM CHILD CARE HM PRG	302-A CRAIGHEAD	8281231	MISSOULA	59801	083190	005
ASUM CHILD CARE HOM PRG	2626 STRAND	8281202	MISSOULA	59801	022890	003
ASUM CHILD CARE HOME PRG	203-A CRAIGHEAD	8281179	MISSOULA	59801	093090	005
ASUM D C HOME PROGRAM	UNIV CENTER 105-B UM	8280998	MISSOULA	59812	022891	000
ASUM DAY CARE HOME PROGRAM	314-A CRAIGHEAD	8281098	MISSOULA	59801	033188	005
ASUMCHILD C HM PRG HAGAN	317-B SISSON	8281118	MISSOULA	59801	083189	004
BABBITT SUSANNA	P O BOX 212	8281267	CLINTON	59825	022891	004
BEASON M/BURGETT K	108 WINSLETT	8281199	STEVENSVILLE	59870	043090	012
BEICH CONSTANCE	219 WOODFORD	8280615	MISSOULA	59801	123190	006
BEZDICKE CHARLENE K	2605 VIEW DRIVE	8281177	MISSOULA	59801	123190	005
BISHOP JENNIFER R	5101 GHARRETT	8281259	MISSOULA	59803	022891	006
BORG BEVERLY	2515 S HIGGINS	8281115	MISSOULA	59801	093090	005
BRITTNER DENISE	#4 BRAATEN PLACE	8281220	EAST MISSOULA	59802	083190	005
BROWN SHERI J	1329 SHEERWOOD	8281214	MISSOULA	59802	083190	006
BUCHHOLZ BRENDA JO	250 SILVERBOW DRIVE	8281244	VICTOR LE	59875	113090	006
BURFIELD DIANA L	2124 HUMBLE ROAD	8281233	MISSOULA	59801	093090	003
CANHAM BRENDA	271 ST JOHNS	8281253	LOLO	59847	013191	004
CHARLICK DEBRA	514 NORTH 3RD WEST	8281197	MISSOULA	59802	043090	005
CLARK STEPHANIE	1019 PROPHYRY	8281201	BUTTE	59701	013191	005
COOK LINDA	117-A CRAIGHEAD	8280937	MISSOULA	59801	123186	004
COTTEN ANN	2427 NORTH AVE W	8281092	MISSOULA	59801	022891	005
COURT SANDRA	115 WAPIKIYA DRIVE	8281215	MISSOULA	59803	043090	004
CROMWELL MARY GLYNN	539 UNIVERSITY AVE	8281131	MISSOULA	59801	113090	006
CROOKS CONNIE	2608 LAURIE DR	8280852	MISSOULA	59801	022891	006
CROOKS CONNIE	2608 LAURIE DR	8280952	MISSOULA	59801	022889	006
DAHLGREN LAURA S	530 BLAINE	8281184	MISSOULA	59801	013191	004
DAHLGREN MARSHA	2008 37TH AVE	8280975	MISSOULA	59801	113090	004
DALE ELEANNE	PO BOX 321	8280018	MILLTOWN	59912	083186	004
DANELSON DEBRA	646 WOODFORD	8281189	MISSOULA	59801	913190	005
DAUBENBERGER CARLA	331 TYLER WAY	8281211	LOLO	59847	073190	006
DAWSON DONNA	2240 EAST VISTA	8281204	MISSOULA	59803	053190	006
DEBRUIN JOANNE	1816 35TH ST	8281121	MISSOULA	59801	083190	005
EDGAR MARGARET E	123 ARROWHEAD DRIVE	8281230	MISSOULA	59803	083190	002
EFTA DIANA	128 TAHOE DRIVE	8281151	MISSOULA	59803	073190	005
ESPINOZA DEBORAH	2295 MCCLURE ROAD	8281257	ARLEE	59821	022891	004
ESQUIBEL CARLENE	2236 E CRESCENT DR	8280961	MISSOULA	59803	053187	004
FANELLI CRISTINE	1215 PINEVIEW	8280989	MISSOULA	59802	013186	001
FAUSKE CHERYL	711 3RD AVE WEST	8280023	KALISPELL	59901	093090	006
FINLAY JANE	N E 5570 LWR WODCH R	8280881	FLORENCE	59833	123189	004
FLEMMER JUDY	4300 24TH AVE	8280736	MISSOULA	59803	083189	006
FOWLER BARBARA	303 PATTEE CANYON DR	8281062	MISSOULA	59803	033187	006
FOY MARCIA	8600 MOURNING DOVE	8281027	MISSOULA	59802	093090	003
GALLAGHER JUDITH M	2313 KENSINGTON	8281236	MISSOULA	59801	103190	004
GALLAGHER-MCCONAUGHEY K	5607 GHARRETT	8280985	MISSOULA	59803	103186	005
GARDNER BARB	404 BANNACK CT	8281163	MISSOULA	59801	083189	004
GEBERT KRISTA	8283 INDERLAND RD	8281210	MISSOULA	59802	073190	003
GERNER CATALINA	205 BUCK STREET	8280954	STEVENSVILLE	59870	033189	005
GIGGAR JUDY	457 COOPER LANE	8281154	HAMILTON	59840	083190	005
GRAY SHARON	3507 PAXON STREET	8281269	MISSOULA	59801	033191	005
GRUENHAGEN JOAN	2311 FAIRVIEW	8281132	MISSOULA	59801	093090	006

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
GUNTER DIANE	#14 HOLIDAY LANE	8281156	MISSOULA	59801	103189	006
HACKNEY LARAE	13700 LOLO CREEK RD	8281141	LOLO	59847	022889	003
HARPER MARGARET ANN	616 MINNESOTA AVE	8281193	MISSOULA	59802	033190	005
HAYS CARMEN	4022 SO AVE W BX 77	8280600	MISSOULA	59801	113090	006
HIGINBOTHAM FRANCES	3318 HOLLIS STREET	8281263	MISSOULA	59801	022891	006
HILZENDEGER DELORES	442 W SPRUCE	8280794	MISSOULA	59802	013191	006
HOLT LYNDA	311 MISSION	8281158	STEVENSVILLE	59870	093089	006
HOPPE PAMELA	1941 S 9TH W	8280940	MISSOULA	59802	123186	004
HYDE MAUREEN	BOX 92 205 MAIN	8281087	SUPERIOR	59872	123190	004
IMAN SUE ANNE	N W 205 DUTCH HILL R	8281166	HAMILTON	59840	083190	006
JACK & JILL NURSERY	1339 S 4TH WEST	8280876	MISSOULA	59801	033188	007
JAKUB LINDA	4885 SPURGIN RD	8281020	MISSOULA	59801	083187	005
JEMISON CHERYL ANN	207 ESSEX	8281246	LOLO	59847	103190	004
JENSEN LINDA L	220 MULLAN GULCH RD	8281235	ST REGIS	59866	013190	002
JONES DAWN A	13 PAMELA	8281247	MISSOULA	59802	123190	003
KALLIN TAMI	1511 VAN BUREN	8281101	MISSOULA	59802	053190	004
KINNEY ALLISON	629 WEST KENT	8281160	MISSOULA	59801	093090	003
KIRSCHTEN BETTY JO	2315 WEST VISTA	8281216	MISSOULA	59803	083190	006
KNIGHT PAMELA D	204 A CRAIGHEAD	8281181	MISSOULA	59801	093089	004
KOCH MOLLY A	6001 SKYVIEW DRIVE	8281262	MISSOULA	59803	033191	006
KOPITZKE KELLY	530 BENTON AVENUE	8281140	MISSOULA	59801	022891	004
KRZYZANOWSKI SUSAN	413 BURLINGTON	8281203	MISSOULA	59801	033191	005
KUHL WANDA	370 CUMBERLAND	8281173	LOLO	59847	103190	005
LAKE BONNIE	10505 WALDO ROAD	8281149	MISSOULA	59802	053190	004
LALUM PAULETTE M	421 PARK STREET	8281180	STEVENSVILLE	59870	103189	012
LARSON T/ZANDER B	1800 S RESERVE	8281161	MISSOULA	59801	083189	006
LAYTON SHIRLEY	4321 LONE ROCK SC RD	8280984	STEVENSVILLE	59870	083190	004
LEFLER KIMBERLEY	380 CUMBERLAND	8281095	LOLO	59847	022891	005
LILLIE GALE	2018 S NINTH ST W	8280930	MISSOULA	59801	103186	005
LINEBERRY JONI	381 7TH AVE E N	8280025	COLUMBIA FALLS	59912	093090	004
LITTLE DARYL L	8649 MOURNING DOVE D	8281228	MISSOULA	59802	083190	003
MANN JOYCE	225 BIG CORRAL ROAD	8280295	HAMILTON	59840	043091	005
MANTHIE DOROTHY	720 SOUTH AVENUE W	8280303	MISSOULA	59801	123190	006
MARTELLO JEAN	836 LOCUST	8281068	MISSOULA	59802	083187	001
MCCLOSKEY LINDA	230 RIDGEWAY	8281094	LOLO	59847	013191	004
MCCORMICK WENDY	P O BOX 9575	8281224	MOSCOW	83843	043091	003
MCGLYNN KATHERINE	525 CONNELL AVE	8280969	MISSOULA	59801	083190	006
MCHATTON BONNIE J	278 CAP DE VILLA	8281226	LOLO	59847	083190	006
MCKINNEY KERRY ANN	934 RIMINI COURT	8281245	MISSOULA	59801	083190	004
MEAGHER TERESA	8260 MORNING DOVE	8281256	MISSOULA	59802	123190	004
MEDERIOS GAIL	1423 PHILLIPS ST	8281073	MISSOULA	59802	083190	003
MEYERS RICHARD & CHERYL	P O BOX 1644	8281229	HAMILTON	59840	093090	006
MONROE GENI	1561 MOUNTAIN VIEW	8281124	MISSOULA	59802	083190	003
MOORE JIMMIE	1025 WOLF	8281167	MISSOULA	59802	103190	003
MORRIS CNYTHIA L	P O BOX 3	8281178	MILLTOWN	59841	123190	003
MULLIN PEGGY	4466 HOOVER LANE	8281084	STEVENSVILLE	59870	013191	001
NELSON SHARRY D	517 GARNER COURT	8281260	MISSOULA	59801	013191	005
NEWMAN CATHY A	529 BROOKS	8281195	MISSOULA	59801	033191	006
NORD PATRICIA	1921 S 5TH WEST	8280652	MISSOULA	59801	123190	003
NORDWICK PATRICIA KAY	18200 MULLAN ROAD	8281261	FRENCHTOWN	59834	022891	001
NOTTI ANNETTE	740 TURNER #18	8280279	MISSOULA	59802	123190	005
NUNNALLY WENDY L	1200 GRANT	8281198	MISSOULA	59801	022891	004
NYMAN BRENDA	251 N TRAVOLS	8281138	MISSOULA	59802	022891	003
OCONNOR MICHELLE	1945 S 5TH WEST	8281076	MISSOULA	59801	073190	006
ORTEGA CATHERINE	2511 DUNCAN DR	8281069	MISSOULA	59802	083188	005

CURRENTLY LICENSED DAY CARE PROVIDERS

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
BAKER SANDRA	PO BOX 168	8381085	SEELEY LAKE	59868	083190	012
BAYLOR KIT	4110 SO AVE W	8380832	MISSOULA	59801	123190	010
BAYLOR KIT	4110 SOUTH AVE W	8381083	MISSOULA	59801	103090	012
BETSON CONGETTA MAY	P O BOX 177	8381237	SEELEY LAKE	59868	083190	006
BINGHAM PATRICIA	2728 RATTLESNAKE DR	8380346	MISSOULA	59802	043090	012
BLAKE SHERRY A	622 5TH AVENUE EAST	8381182	SUPERIOR	59872	013190	012
CAMPBELL REBECCA	1722 COOPER	8381048	MISSOULA	59802	022891	011
DANELSON DEBRA	646 WOODFORD	8381189	MISSOULA	59801	022891	011
DEAN AMY	621 SOUTH AVE WEST	8381219	MISSOULA	59801	083190	012
DENMAN MARTHA	STAR ROUTE BX 202	8381194	BONNER	59823	033191	010
DESKINS NANCY	PO BOX 3354	8380943	MISSOULA	59806	013190	012
DESKINS NANCY	P O BOX 3354	8380943	MISSOULA	59806	012190	012
DEUTSCHMAN ROSALIND	2243 42ND STREET	8381077	MISSOULA	59803	083190	012
DUNCAN J/MUELLER S	910 TAYLOR ST	8381146	MISSOULA	59802	063090	012
EVENSON LINDA L	2242 42ND	8381206	MISSOULA	59801	053190	010
FEASON M/BURGETT K	109 CHURCH STREET S	8381199	TEVENSVILLE	59870	043091	012
FITE PEARL	115 6TH AVE WEST	8380212	POLSON	59860	073190	008
FOWLER BARBARA	303 PATTEE CANYON DR	8381062	MISSOULA	59803	043191	012
FRANCHUK DELORES	2324 BENTON	8381207	MISSOULA	59801	063090	012
GERNER CATALINA	205 BUCK ST	8380954	STEVENSVILLE	59870	073189	007
HARDIE MAYME	116 TAHOE DRIVE	8381137	MISSOULA	59803	022891	012
HENES LORI J	510 N 3RD STG WEST	8381176	MISSOULA	59802	123190	010
HOFMAN-HEIN LISA J	527 S 2ND WEST	8381165	MISSOULA	59801	093089	009
HOLT LYNDA	311 MISSION	8381158	STEVENSVILLE	59870	083190	012
HOPPE PAMELA	1941 S 9TH W	8380940	MISSOULA	59801	073189	012
HOPPE RUBY	144 ARROWHEAD	8380972	MISSOULA	59803	083190	012
HUGHES JUDY	3821 DORE LANE	8380288	MISSOULA	59801	103190	012
JACK & JILL NURSERY (INFANT	1330 S 4TH ST	8380876	MISSOULA	59801	033190	007
JOHNSON SUZANNE M	163 WYANT LANE SW	8381190	HAMILTON	59840	022891	012
KENDALL JUDITH	20750 OLD HWY 93 S	8380778	FLORENCE	59833	053190	012
KENNEDY LAUREL LEE	243 SOUTH CURTIS	8381218	MISSOULA	59801	083190	006
KESTER SALLY	2439 S 9TH WEST	8380898	MISSOUAL	59801	013191	012
KRZYZANOWSKI SUZAN	13 BURLINGTON	8381203	MISSOULA	59801	033190	005
LALUM PAULETTE M	421 PARK STREET	8381180	STEVENSVILLE	59870	103190	012
LARSON TAMMY/ZANDER BETTY	1800 S RESERVE	8381161	MISSOULA	59801	083190	010
MAUS JILL	514 5TH STREET	8381031	STEVENSVILLE	59870	093090	012
MCCALL LEATHY	528 B MINNESOTA	8380622	EAST MISSOULA	59802	043087	012
MILLER SAM W	2710 PARK STREET	8381185	MISSOULA	59801	013191	012
MILLER SAM W	522 EAST PINE ST	8381221	MISSOULA	59802	073190	012
MULLIGAN SARAH ANNE	518 SOUTH AVE WEST	8381248	MISSOULA	59801	123190	012
NIELD PATTI	514 FAIRVIEW	8381041	MISSOULA	59801	093090	012
OLSON BECKY	BOX 388	8381143	SEELEY LAKE	59863	053189	011
ORTEGA KATE	2511 DUNCAN DR	8381069	MISSOULA	59802	083190	012
OWENS BARBARA	205 WEST DESMET	8381209	HAMILTON	59840	063090	008
PFAU RUBY	936 COOLEY	8380656	MISSOULA	59802	103190	009
PODOBNIK LAURA LEE (ASUM)	203-A CRAIGHEAD	8381179	MISSOULA	59801	093089	005
POOR EVA	2200 S 10TH WEST	8381127	MISSOULA	59801	113090	012
REID PAMELA	4505 GHARRETT	8381066	MISSOULA	59803	063090	008
RENNAKER DONNA	BOX 72	8381155	DARBY	59829	083190	012
RICHARDSON NANCY	1312 27TH AVENUE	8381157	MISSOULA	59801	073190	012
RICHARDSON SHARON	4030 ROSEBRIER DR	8380737	MISSOULA	59801	123190	012
RICKETT TINA	1040 COOLEY	8380905	MISSOULA	59802	053190	010
ROBERTS CAROL	120 FRANKLIN	8380788	MISSOULA	59801	093089	010
RODDY BARBARA	1531 W SUSSEX	8381108	MISSOULA	59801	063090	012
SARGESON LISA L	2546 SOUTH AVENUE W	8381205	MISSOULA	59801	093089	007

CURRENTLY LICENSED DAY CARE PROVIDERS

NAME	ADDRESS	LICENSE	CITY	ZIP CODE	EXP DATE	SLOTS
SINGLETON JEANNE	2500 BRIGGS	8381139	MISSOULA	59803	022890	012
SKILLICORN DORIS-JEANNE	109 CASCADE	8380644	LOLO	59847	113090	012
SKOGRAND SHARON D	201 N E HIDDEN VALL	8381222	FLROENCE	59833	083190	012
SKOGRAND SHARON D	201 N E HIDDEN VALL	8381234	FLROENCE	59801	103190	012
SOMMERS MARY ANN	310 N GROVE	8380153	MISSOULA	59801	013190	012
SONTAG MILDRED	1754 S 5TH WEST	8380210	MISSOULA	59801	022890	015
STINGER PATRICIA	1361 CEDAR	8380875	MISSOULA	59802	123190	009
TAYLOR LILLIE	2113 36TH ST	8381134	MISSOULA	59801	083189	012
THORN KIM	2435 S 9TH W	8381011	MISSOULA	59870	093086	012
VANNICE ELIZABETH	816 WALNUT	8381037	MISSOULA	59801	103190	010
VANNOY DENISE	708 HEATHER DR	8381013	MISSOULA	59801	033191	010
WALKER KAREN G	314 SEVENTH	8381238	STEVENSVILLE	59870	103190	011
WEINGART TAMMY	935 2ND ST W RIVERSD	8381136	MISSOULA	59802	022891	007
WENNINGER KATE	201 CHESTNUT	8381089	MISSOULA	59801	123189	012
WILLIAMS DEBRA T	150 HIGHMORE	8380859	LOLO	59847	033191	012
WILLIAMSON CLAUDIA	403 SOUTH 6TH	8380979	HAMILTON	59840	113090	008
WOFFORD DESSIE	5545 OLD HWY 93	8381130	FLORENCE	59833	103189	010
WOLVERTON CAROLYN	1500 39TH ST	8381079	MISSOULA	59801	103189	012
YMCA CHILD CARE	3000 RUSSELL	8381106	MISSOULA	59801	063088	012
						812
		76				
						3284
		291				

APPENDIX B

LICENSED AND REGISTERED DAY CARE PROVIDERS IN PILOT POPULATION

CURRENTLY LICENSED DAY CARE PROVIDERS

Name	Address	License #	Exp. Date	# of Slots
Toddle Time D.C.	1110 S Bozeman Ave. Bozeman, MT 59715	Helena		R
R&M Child Care Cntr.	P.O. Box 128 Bridger, MT 59014	8111258	022891	17
ABC DC Cntr. Steikrod	315 S 19th Ave Bozeman, MT 59715	8150016	103090	85
ASMSU DC Cntr.	1295 W Garfield Bozeman, MT 59715	8150517	032891	55
Childrens Dev. Cntr.	804 S Willson Bozeman, MT 59715	8150472	073190	66
Mountain Pine DC Cntr.	311 W. Callender Livingston, MT 59601	8150953	043087	35
Mountain Pine PreSchl	311 W. Callender Livingston, MT 59047	8150970	022891	26
Pooh Corner I Druckenmiller	217 S 3rd Bozeman, MT 59715	8150411	113090	75
Pooh Corner II Druckenmiller	402 So Third Bozeman, MT 59715	8150837	093087	30
Presby Day Care (Mrussack)	26 Babcock BX 1150 Bozeman, MT 59715	8151037	113090	28

Name	Address	License #	Exp. Date	# of Slots
Teddy Bear Island Play School	9th St. Island Dr. Livingston, MT 59047	8151100	083190	35
Abbott-Klaas, Ann	81515 Gallatin Rd. Bozeman, MT 59715	8251084	022890	5
Amsk, Sharon I.	307 So. Yellowstone Livingston, MT 59047	8251058	022890	5
Bannon, Janet E.	Rt 62 Box 3066 Livingston, MT 59047	8251004	073190	5
Barnhardt, Karen L.	2604 Westridge Dr. Bozeman, MT 59715	8251262	013191	4
Broughton, Lisa Kay	312 Yerger Drive Bozeman, MT 59715	8251183	063090	5
Bucsis, Lisa K	918 So. 15th Ave Bozeman, MT 59715	8251239	103190	6
Burden, Brenda	324 No. Wallace Bozeman, MT 59715	8251134	093090	4
Burgess, Mary	5553 Black Bear Rd. Bozeman, MT 59715	8251087	033191	4
Cazier, Julie L	704 W Geyer Livingston, MT 59047	8251207	083190	5

Name	Address	License #	Exp. Date	# of Slots
Christensen, Jo Ann	3301 Thrope Road Belgrade, MT 59714	8251193	083190	5
Conway, Karen Kae	101 Grant Chamberlain #3 Bozeman, MT 59715	82512435	113090	5
Country School Day Care	6910 Bristol Lane Bozeman, MT 59715	8252049	123190	6
Croghan, Laurie J.	252 Crique Drive Bozeman, MT 59715	8251226	093090	3
Eshleman, Tammy M	428 W. Babcock Apt 4 Bozeman, MT 59715	8251141	113090	3
Fagan, Dee Ann W	26 Glacier Ct Bozeman, MT 59715	8251155	022891	4
Fiegi, Sandra D.	1321 West Story Bozeman, MT 59715	8251206	083190	3
Fitzmorris, Caralynn S.	404 8th Belgrade, MT 59714	8251154	013191	4
Frost, Susan D.	404 8th Street Belgrade, MT 59714	8251222	093090	4
Gamradt, Cheri	410 Coulee Drive Bozeman, MT 59715	8251159	022891	6

Name	Address	License #	Exp. Date	# of Slots
Godfry, Kristina	22 Jefferson Ct. Bozeman, MT 59715	8251223	093090	6
Greer, Mary J.	219 South 5th Bozeman, MT 59715	8251059	093090	5
Guenther, Chris	413 Al Drive Belgrade, MT 59714	8251163	021990	8
Hahn, Gail	225 S 9th Livingston, MT 59047	8251036	063088	3
Hanson, Theresa A	496 Secretariat Belgrade, MT 59714	8251209	083190	5
Heydon, Linda E	12 West Hayes #H-2 Bozeman, MT 59715	8251184	063090	3
Houghton, Nancy L.	3811 Ravalli #C Bozeman, MT 59715	8251077	123190	3
Johnson, Dena Lucille	Kountz Tr Ct #69 Bozeman, MT 59715	8251088	033189	0
Kifer, Kathryn P.	01 No. 16th Ave. Bozeman, MT 59715	8251185	063090	4
Lemke, Amy	54 Kountz Ct Bozeman, MT 59715	8251240	113090	6
Love, Connie & Patricia	1214 Dustron Rd. Bozeman, MT 59715	8251271	033191	12

Name	Address	License #	Exp. Date	# of Slots
Mason, Douglas	527 S 13th Street Livingston, MT 59047	8251252	123190	4
McCaughey, Cathy	308 Coulee Dr. Bozeman, MT 59715	8251153	013191	5
Mclaren, Deborah	1020 E Babcock Bozeman, MT 59715	8251048	083189	6
Mclaren, Deborah	615 No. Grand Bozeman, MT 59715	8252048	083190	6
Mendenhall, Lisa S	6380 Jackrabbit #18 Belgrade, MT 59714	8251275	033191	5
Mother Goose Day Care	439 N. Tracy Ave. Bozeman, MT 59715	8251137	043090	6
Murray, Sharon	9797 Fowler Lane Bozeman, MT 59715	8251253	123190	6
Naffziger, Helen S.	8341 Goldenstein Ln Bozeman, MT 59715	8251156	013190	3
Nelson, James & Linda	Box 1383 Livingston, MT 59047	8251112	083189	5
Olson, Bruce	33 Bridger View Ct Bozeman, MT 59715	8250825	063090	5
Orms L./Owenhouse S.	108 No. 15th Ave. Bozeman, MT 59715	8251121	083189	12

Name	Address	License #	Exp. Date	# of Slots
Pearson, Georgia	1015 W Lewis Livingston, MT 59047	8250841	093088	5
Pearson, Georgia	619 North 12th Livingston, MT 59047	8250842	083190	6
Pearson, Kathryn Jo	406 South Church Bozeman, MT 59715	8251094	043089	6
Rager, Darcia L	80876 Gallatin Rd. Bozeman, MT 59715	8251214	093090	5
Rand, Cynthia A.	7970 Nash Road Bozeman, MT 59715	8251172	043090	5
Riggs, Teresa	Box 621 405 Al Dr. Belgrade, MT 59714	8250693	053190	5
Schultz, Pat K	309 So 5th Ave Bozeman, MT 59715	8251162	033191	6
Scully, Maureen	503 West Olive St. Bozeman, MT 59715	8251073	123188	6
Shaw, Mary Helen	109 Paisley Ct A Bozeman, MT 59715	8251187	073190	3
Snyder, Mary A	113 So 6th Avenue Bozeman, MT 59715	8251225	093090	4
Sordi, Lucy C	2405 W College #36 Bozeman, MT 59715	8251138	103190	6

Name	Address	License #	Exp. Date	# of Slots
Stovall, Diane	100 Amarantha Ct. Bozeman, MT 59715	8251056	083090	5
Sullivan, Patricia	405 Ice Pond Road Bozeman, Mt 59715	8250982	083190	4
Toddle Time Day Care	1110 S Bozeman Ave Bozeman, MT 59715	8251062	093090	3
Toddle Time Day Care	1110 S. Bozeman Ave Bozeman, MT 59715	8251068	093090	4
Wagner, Vicky S	414 No 16th Avenue Bozeman, MT 59715	8251213	093090	3
Wallace, Peggy H.	45 Glacier Ct Bozeman, MT 59715	8251227	093090	3
Welsch, Annette	802 No 17th Ave #38 Bozeman, MT 59715	8251247	123190	4
Whiteman, Donna Ford	96 North Hoffman Belgrade, MT 59714	8251251	123190	5
Whiteman, Donna Ford (Sue)	96 North Hoffman Belgrade, MT 59714	8252051	123190	6
Wichman, Mary	1000 No 17th #55 Bozeman, MT 59715	8251224	093090	4
Badger-Austin, Julie	718 N Tracy Bozeman, MT 59715	8351195	073190	5

Name	Address	License #	Exp. Date	# of Slots
Christensen, Joann	3301 Thorpe Rd Belgrade, MT 59714	8351193	083190	4
French, Douglas & Laverne	502 N Western Bozeman, MT 59715	8350911	063090	11
Guenther, Chris	413 Al Drive Belgrade, MT 59714	8351163	022891	8
Hawley, Terry	607 N. Bozeman Bozeman, MT 59715	8350907	083090	10
Hobby Horse DC	523 E Gallatin Belgrade, MT 59714	8351029	022891	12
Johnson, Dena Lucille	Kountz Tr Ct #69 Bozeman, MT 59715	8351088	053190	11
Klatt, Ernie & Shirley	402 N 5th Bozeman, MT 59715	8350904	063090	12
Kurk, Bunny	6108 Mt Shadow Cir Bozeman, MT 59715	8351178	053090	6
Lytle, Nikki A.	416 Henderson Bozeman, MT 59715	8351025	113091	11
Moellenkamp, Lisa	421 Staudaher Bozeman, MT 59715	8351191	083190	12
Monks, Holly Jean	12 West Hayes H-4 Bozeman, MT 59715	8351201	083190	5

Name	Address	License #	Exp. Date	# of Slots
Pantoja, Collette M.	512 Amsterdam St. Belgrade, MT 59714	8350995	083190	10
Parsons, Barbara	418 West Lamme Bozeman, MT 59715	8350092	053190	12
Pearson, Kathryn Jo	406 South Church Bozeman, MT 59715	8351094	943090	5
Potuzak, Carol	319 No 18 Ave. Bozeman, MT 59715	8351177	053190	10
Scully, Marueen	503 West Olive St. Bozeman, MT 59715	8351073	043090	12
Smith, McDonald Cindy	1000 No 17th #1 Bozeman, MT 59715	8351135	093090	11
Sunshinne D C (Marlow)	401 N Grand Avenue Bozeman, MT 59715	8351192	083190	12
Sutton B./Mitts A.	709 West Park Belgrade, MT 59641	8351044	083188	9
Tiny World Day Care (Knox)	BX 4393 419 S third Bozeman, MT 59715	8350646	083190	11
Tots-R-Us (Wendt)	417 No 21st Ave. Bozeman, MT 59715	8351148	123190	10
Urdahl Powers, Pamela	3905 Toole St Bozeman, MT 59715	8351194	073190	5

Name	Address	License #	Exp. Date	# of Slots
Velveteen Rabbit Child Care	108 No. 15th Ave Bozeman, MT 59715	8351121	083190	12
Wee Friends Day Care	3010 Westridge Bozeman, MT 59715	8351095	043090	10
World Family School #1	120 E Story Bozeman, MT 59715	8350513	093090	12

APPENDIX C

LETTER TO DAY CARE PROVIDERS IN PILOT POPULATION

Montana State University
Bozeman, Montana 59717

Unit of Human Development and Counseling
Department of Health and Human Development
Herrick Hall

Telephone (406) 994-3240

November 5, 1990

Dear Day Care Provider:

My name is Laura Massey. I am an Assistant Professor in the Department of Health and Human Development at Montana State University. I am presently developing a research instrument designed to assess day care providers' willingness to accept some new children into their programs.

I am writing to solicit your participation in the development of this instrument. Specifically, I would like to request the participation of the day care teachers in your program in helping to develop reliability on this instrument. Any additional feedback on the format, design, length of time etc., would also be appreciated.

I will be calling you within a week to discuss this matter. I sincerely hope that you will consider participating in this project. Thank you for your time and effort.

Sincerely,

Laura Massey
Assistant Professor
Child Development

APPENDIX D

INITIAL INSTRUMENT DEVELOPED FOR PILOT STUDY

Dear Day Care Teacher:

Thank you for participating in the development of the enclosed instrument. As you know, this research instrument is being developed to assess day care teachers' willingness to accept some new children into their programs. This research is being conducted by Laura Massey, Department of Health and Human Development at Montana State University.

All of your responses will be confidential. Please note the number in the upper right-hand corner. This number allows for temporary identification in order to correlate two sets of responses.

Your participation in this project will require that you complete the instrument twice. The second instrument will be mailed following a two-week interval (upon receipt of the first instrument).

PLEASE ANSWER ALL QUESTIONS. ALL OF YOUR RESPONSES ARE IMPORTANT.

Part 1A: Asks some questions about you, the day care teacher.
Part 1B: Asks some questions about your day care setting.
Part II: Presents brief descriptions about a number of children. In each case two responses are required.

On **Line A**, circle the number that best indicates how you would handle each situation if it was ENTIRELY UP TO YOU.

On **Line B**, circle the number that best indicates how your program or director would handle each situation.

NOTE: If you are the director or run your own home day care program and also provide direct interaction with children, please respond to both A and B even if you feel it is a duplication of responses.

When you have finished the survey, please mail it as soon as possible in the self-addressed, stamped envelope provided. Again, I appreciate your willingness to assist in the development of the instrument. Thank you for your cooperation.

Sincerely,

Laura Massey, Assistant Professor
Health & Human Development

PART I. Please respond to the following questions about yourself and your day care setting.

* Handicapped: Refers to general developmental delays and specific handicapping conditions such as: mentally retarded, physically impaired, speech/language impaired, emotionally disturbed, learning disabled, health impaired, hearing impaired, visual impaired, and multiply handicapped.

Part 1A: Day Care Teacher

1. What is your present age?

   ____ years old

2. What is your parental status? (please check one)

   a. ____ With children
   b. ____ Without children

3. How many years have you worked in day care settings?

   ____ years

4. Have you had any experience (work-related or personal) with handicapped* children? (please check one)

   a. ____ No, neither
   b. ____ Yes, personal experience (family, friends)
   c. ____ Yes, work-related experiences
   d. ____ Yes, both (work and personal experiences)

5. How many years of experience have you had working with handicapped children?

   ____ years

6. What is the highest level of education you have completed? (please check one)

   a. ____ Less than a high school diploma
   b. ____ High school diploma
   c. ____ One to two years of college
   d. ____ Graduate of a two-year college program
   e. ____ Graduate of a four-year college program
   f. ____ Some graduate school
   g. ____ Master's degree or higher

7. Indicate the type of educational training that best reflects your primary course of study. (Please check one)

a. ____ High school course of study
b. ____ Child Development
c. ____ Special Education
d. ____ Elementary Education
e. ____ Related field (e.g., Speech Communication, Physical Therapy, Occupational Therapy, Psychology, etc.)
Specify: _____
f. ____ Nonrelated field (e.g., Business, Political Science, etc.)
Specify: _____

8. Have you ever taken any course(s) in Special Education? (Please check all that apply)

a. ____ No special education course ever taken
b. ____ One special education course taken
c. ____ Two special education courses taken
d. ____ Three special education courses taken
e. ____ Attended workshop/training session(s) on special education topics
f. ____ Other, specify: _____

9. Have you ever taken any course(s) in Child Development? (Please check all that apply)

a. ____ No child development course ever taken
b. ____ One child development course taken
c. ____ Two child development courses taken
d. ____ Three or more child development courses taken
e. ____ Attended workshop/training session(s) on child development topics
f. ____ Other, specify: _____

Part IB: Day Care Setting

1. Indicate the type of day care setting in which you presently work. (Please check one)

a. ____ Family day care
b. ____ Group home day care
c. ____ Day care center

2. How many children are there in the group with whom you work?

____ children

3. How many teachers are there in the group with whom you work?

____ teachers

4. How many handicapped* children are there in the group with whom you work?

____ handicapped* children

5. Does your day care have any of the following requirements for admission into your program? (Check all that apply for children 3 years or older.)

a. ____ None
b. ____ Child must be able to eat and feed self
c. ____ Child must be toilet trained
d. ____ Child must be ambulatory
e. ____ Child must be able to communicate verbally
f. ____ Other, specify: _____

6. My personal philosophy regarding my role as a teacher of young children in day care is best reflected in which of the following statements: (Please check only one)

a. ____ Provide an environment that meets the physical, health, and safety needs of the child.
b. ____ Provide an environment with developmentally appropriate activities that enhance a child's developmental needs (physical, social-emotional, language, and cognitive development).
c. ____ Provide an environment with academic/educationally structured activities that will help to prepare the child for school.
d. ____ Provide an environment where I assume the role of a "substitute mother."
e. ____ Provide an environment that is most conducive to business and financial growth.
f. ____ Provide an environment that meets the developmental needs of the child and the family: e.g., health screening, counseling services, etc.

7. In the day care setting in which I presently work, the program or director's philosophy regarding young children in day care is best reflected in which of the following statements: (Please check only one)

a. ____ Provide an environment that meets the physical, health, and safety needs of the child.
b. ____ Provide an environment with developmentally appropriate activities that enhance a child's developmental needs (physical, social-emotional, language, and cognitive development).
c. ____ Provide an environment with academic/educationally structured activities that will help to prepare the child for school (school readiness).
d. ____ Provide an environment where I assume the role of a "substitute mother."
e. ____ Provide an environment that is most conducive to business and financial growth.
f. ____ Provide an environment that meets the developmental needs of the child and the family: e.g., health screening, counseling services, etc.

PART II. In this section you will find brief descriptions of the behavior of a number of children. In each case indicate how you would prefer to handle the situation if the decision were entirely up to you (A) and how your program or director would handle each situation (B). Read each item and circle the response (number) which most closely describes how you would handle the situation (Line A) and how your program or director would handle each situation (Line B).

---

1 I would not be willing to accept this child into my day care group.
2 I would be willing to accept this child into my day care group with consultation and additional full-time help.
3 I would be willing to accept this child into my day care group with additional full-time help.
4 I would be willing to accept this child into my day care group with consultation.
5 I would be willing to accept this child into my day care group without any changes.

A Personal Practice - Indicate how you would handle each situation if the decision were entirely up to you.
B Program or Director's Practice - Indicate how your program or director would handle each situation.

Child X does not seem to catch onto things as quickly as most children and needs to have things explained over and over again. Eventually though, the child appears to learn most of what the other children do but at a slower rate.

Child X sulks frequently throughout the day and gets verbally aggressive whenever he/she loses the direct attention of the day care teacher.

When Child X wears a hearing aid, the child hears well. However, his/her speech is flat and hollow and somewhat unpleasant to listen to.

Child X eventually mutilates or destroys objects that he/she handles. In addition to the toys that are destroyed, Child X has managed to crack a wall panel in the class. The other children do not like to play with him/her.

Child X cannot communicate with others. The child is unable to understand teacher directions or activities of the day. Child X does not interact with others spontaneously and has only a fleeting interest in even simple toys.

1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B

1 I would not be willing to accept this child into my day care group.
2 I would be willing to accept this child into my day care group with consultation and additional full-time help.
3 I would be willing to accept this child into my day care group with additional full-time help.
4 I would be willing to accept this child into my day care group with consultation.
5 I would be willing to accept this child into my day care group without any changes.

A Personal Practice - Indicate how you would handle each situation if the decision were entirely up to you.
B Program or Director's Practice - Indicate how your program or director would handle each situation.

Child X weighs enough for two children of the same age. It is difficult for Child X to squeeze into a standard child's chair.

Child X has difficulty hearing and understanding some speech sounds, particularly when the classroom is noisy.

Child X wears a leg brace and walks with the aid of crutches. The child gets along by himself/herself and ordinarily needs little help from others.

Several times a week Child X says that he/she can smell bananas. Usually this means that he/she will soon fall to the floor in a convulsion which lasts for several minutes.

Although Child X has been in day care for sometime, he/she cannot seem to remember which "cubby" is his/hers. The child has difficulty attending to a task for more than a minute or two.

Child X has a difficult time grasping concepts and uses immature language patterns. The child's self-help skills are limited, needing help to accomplish these tasks. Child X plays alone most of the time or prefers to play with younger children.

1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B

1 I would not be willing to accept this child into my day care group.
2 I would be willing to accept this child into my day care group with consultation and additional full-time help.
3 I would be willing to accept this child into my day care group with additional full-time help.
4 I would be willing to accept this child into my day care group with consultation.
5 I would be willing to accept this child into my day care group without any changes.

A Personal Practice - Indicate how you would handle each situation if the decision were entirely up to you.
B Program or Director's Practice - Indicate how your program or director would handle each situation.

Child X is verbal and appears to be bright. However, he/she is unable to recognize his/her printed name, match pictures or shapes. Child X has difficulty drawing, hopping, throwing a ball, following simple directions, and using pencils, crayons, or scissors.

Child X wears a large hearing aid around his/her neck to make sounds louder. The child uses sign language to communicate and a little oral speech which is very difficult to understand.

Child X lost both of his/her legs in a car accident. The child's bladder discharges into a bag which must be emptied several times a day. Occasionally, during the day a rhythmical quiver passes over his/her face, and he/she becomes totally oblivious for a few seconds.

Child X must be strapped into a wheelchair everyday in order to support his/her body. Bladder nor bowel control are present and need to be tended to. Child X lacks any communication skills and does not appear responsive to teacher or children.

Child X rubs and blinks his/her eyes when engaged with books, puzzles, and other activities. Although Child X has been fitted with glasses, he/she has some trouble distinguishing pictures and shapes.

Child X wears thick glasses, and his/her eyeballs jerk from side to side. The child cannot see very well and stumbles over toys and other objects.

1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B

1 I would not be willing to accept this child into my day care group.
2 I would be willing to accept this child into my day care group with consultation and additional full-time help.
3 I would be willing to accept this child into my day care group with additional full-time help.
4 I would be willing to accept this child into my day care group with consultation.
5 I would be willing to accept this child into my day care group without any changes.

A Personal Practice - Indicate how you would handle each situation if the decision were entirely up to you.
B Program or Director's Practice - Indicate how your program or director would handle each situation.

Child X has difficulty starting to talk, grimaces and strains, and repeats sounds on about half of the words he/she utters.	1	2	3	4	5	A
	1	2	3	4	5	B
Child X does not communicate with children or adults. However, he/she repeats weather reports throughout the day.	1	2	3	4	5	A
	1	2	3	4	5	B
Child X moves about awkwardly with limbs in a continual tremor which become more pronounced when he/she is nervous or excited.	1	2	3	4	5	A
	1	2	3	4	5	B
Child X tires very easily and needs frequent opportunities to rest. Excessive stimulation or excitement must also be avoided.	1	2	3	4	5	A
	1	2	3	4	5	B
Child X can tell the direction from which sunshine enters the playroom. However, he/she cannot see pictures, objects, and people.	1	2	3	4	5	A
	1	2	3	4	5	B
Child X can get about only in a wheelchair. Someone must move the wheelchair or carry the child because he/she is unable to control any of his/her limbs.	1	2	3	4	5	A
	1	2	3	4	5	B
Child X's face is severely disfigured. The child wears a bib because he/she is not able to control his/her swallow. Child X does not speak very much, and what he/she does say is seldom intelligible.	1	2	3	4	5	A
	1	2	3	4	5	B

1 I would not be willing to accept this child into my day care group.
2 I would be willing to accept this child into my day care group with consultation and additional full-time help.
3 I would be willing to accept this child into my day care group with additional full-time help.
4 I would be willing to accept this child into my day care group with consultation.
5 I would be willing to accept this child into my day care group without any changes.

A Personal Practice - Indicate how you would handle each situation if the decision were entirely up to you.
B Program or Director's Practice - Indicate how your program or director would handle each situation.

Child X repeats a sound two or three times before he/she is able to go on. The child speaks when someone asks a question but does not talk much.

Child X is defiant and stubborn, likely to argue with the day care teacher, be willfully disobedient, and otherwise interfere with normal discipline. Child X teases other children and provokes many fights.

Child X has difficulty following simple rules and does not seem able to learn the flow of the day at all.

1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B
1	2	3	4	5	A
1	2	3	4	5	B

APPENDIX E

STATEWIDE STUDY
LETTER OF INTRODUCTION

Montana State University
Bozeman, Montana 59717

Unit of Human Development and Counseling
Department of Health and Human Development
Herrick Hall

Telephone (406) 994-3240

February 4, 1991

Dear Day Care Provider:

Recently there has been much discussion about the care and education of young children with special needs. Additionally, there seems to be very little research as to how day care providers feel about this issue, and I believe that it is important that they be heard. Therefore, I am asking for your cooperation in this research project by completing a survey that will be mailed to you shortly. The survey was developed in cooperation with approximately 80 day care providers from family, group, and center day care facilities. I have tried to make the survey instrument as manageable as possible so as to conserve your time and effort.

This statewide study is being conducted by Laura Massey, Department of Health and Human Development at Montana State University. Your participation in this study will help to meet the needs of children and their families as well as assist in determining the needs of day care providers in Montana.

Your responses will be absolutely confidential and will only be reported as grouped data. An identification number will be assigned for the sole purpose of mailing. This will enable me to check your name off the mailing list when the survey is received. Should you wish a report of the study, I will gladly make one available to you. When you receive your survey, just write "report requested" on the back of the return envelope.

I would be most happy to answer any questions you may have. My office telephone number is (406) 994-3300.

I wish to extend my sincere thanks for your assistance.

Sincerely,

Laura Massey
Unit of Human Development and Counseling
Montana State University

LM:sw

APPENDIX F

STATEWIDE STUDY
SURVEY INSTRUMENT

Dear Day Care Teacher:

Recently there has been much discussion about the care and education of young children with special needs. Additionally, there seems to be very little research as to how day care providers feel about this issue, and I believe that it is important that they be heard. Therefore, I am asking for your cooperation by completing this survey. The survey was developed in cooperation with approximately 80 day care providers from family, group, and day care center facilities. I have tried to make the survey as manageable as possible so as to conserve your time and effort.

This statewide study is being conducted by Laura Massey, Department of Health and Human Development at Montana State University. Your participation in this study will help to meet the needs of children and their families as well as assist in determining the needs of day care providers in Montana.

YOUR RESPONSE WILL BE ABSOLUTELY CONFIDENTIAL. An identification number will be assigned for the sole purpose of mailing. This will enable me to check your name off the mailing list when the survey is received. Should you wish a report of the study, I will gladly make one available to you. Please write "report requested" on the back of the return envelope.

PLEASE ANSWER ALL QUESTIONS. THERE ARE NO RIGHT OR WRONG ANSWERS. ALL OF YOUR RESPONSES ARE IMPORTANT.

Part 1A: Asks some questions about you, the day care teacher.
Part 1B: Asks some questions about your day care setting.
Part II: Presents some brief descriptions about a number of children. Circle the number that best indicates how you would handle each situation if the decision was entirely up to you.

When you have completed the survey, please mail it as soon as possible in the self-addressed, stamped envelope provided. I wish to extend my sincere thanks for your willingness to participate in this study. Thank you for your cooperation.

Sincerely,

Laura Massey
Department of Health and
Human Development
(406) 994-3300

PART I. Please respond to the following questions about yourself and your day care setting.

* Handicapped: Refers to general developmental delays and specific handicapping conditions such as: mentally retarded, physically impaired, speech/language impaired, emotionally disturbed, learning disabled, health impaired, hearing impaired, visual impaired, and multiply handicapped.

Part 1A: Day Care Teacher

1. What is your present age?

   ____ years old

2. What is your parental status? (please check one)

   a. ____ With children
   b. ____ Without children

3. How many years have you worked in day care settings?

   ____ years

4. Have you had any experience (work-related or personal) with handicapped* children? (please check one)

   a. ____ No, neither
   b. ____ Yes, personal experience (family, friends)
   c. ____ Yes, work-related experiences
   d. ____ Yes, both (work and personal experiences)

5. How many years of experience have you had working with handicapped children?

   ____ years

6. What is the highest level of education you have completed? (please check one)

   a. ____ Less than a high school diploma
   b. ____ High school diploma
   c. ____ One to two years of college
   d. ____ Graduate of a two-year college program
   e. ____ Graduate of a four-year college program
   f. ____ Some graduate school
   g. ____ Master's degree or higher

7. Indicate the type of educational training that best reflects your primary course of study. (Please check one)

a. ____ High school course of study
b. ____ Child Development
c. ____ Special Education
d. ____ Elementary Education
e. ____ Related field (e.g., Speech Communication, Physical Therapy, Occupational Therapy, Psychology, etc.)
Specify: _____
f. ____ Nonrelated field (e.g., Business, Political Science, etc.)
Specify: _____

8. Have you ever taken any course(s) in Special Education? (Please check all that apply)

a. ____ No special education course ever taken
b. ____ One special education course taken
c. ____ Two special education courses taken
d. ____ Three special education courses taken
e. ____ Attended workshop/training session(s) on special education topics
f. ____ Other, specify: _____

9. Have you ever taken any course(s) in Child Development? (Please check all that apply)

a. ____ No child development course ever taken
b. ____ One child development course taken
c. ____ Two child development courses taken
d. ____ Three or more child development courses taken
e. ____ Attended workshop/training session(s) on child development topics
f. ____ Other, specify: _____

Part IB: Day Care Setting

1. Indicate the type of day care setting in which you presently work. (Please check one)

a. ____ Family day care
b. ____ Group home day care
c. ____ Day care center

2. How many children are there in the group with whom you work?

____ children

3. How many teachers are there in the group with whom you work?

____ teachers

4. How many handicapped* children are there in the group with whom you work?

____ handicapped* children

5. Does your day care have any of the following requirements for admission into your program? (Check all that apply for children 3 years or older.)

a. ____ None
b. ____ Child must be able to eat and feed self
c. ____ Child must be toilet trained
d. ____ Child must be ambulatory
e. ____ Child must be able to communicate verbally
f. ____ Other, specify: _____

6. My personal philosophy regarding my role as a teacher of young children in day care is best reflected in which of the following statements: (Please check only one)

a. ____ Provide an environment that meets the physical, health, and safety needs of the child.
b. ____ Provide an environment with developmentally appropriate activities that enhance a child's developmental needs (physical, social-emotional, language, and cognitive development).
c. ____ Provide an environment with academic/educationally structured activities that will help to prepare the child for school.
d. ____ Provide an environment where I assume the role of a "substitute mother."
e. ____ Provide an environment that is most conducive to business and financial growth.
f. ____ Provide an environment that meets the developmental needs of the child and the family: e.g., health screening, counseling services, etc.

7. In the day care setting in which I presently work, the program or director's philosophy regarding young children in day care is best reflected in which of the following statements: (Please check only one)

a. ____ Provide an environment that meets the physical, health, and safety needs of the child.
b. ____ Provide an environment with developmentally appropriate activities that enhance a child's developmental needs (physical, social-emotional, language, and cognitive development).
c. ____ Provide an environment with academic/educationally structured activities that will help to prepare the child for school (school readiness).
d. ____ Provide an environment where I assume the role of a "substitute mother."
e. ____ Provide an environment that is most conducive to business and financial growth.
f. ____ Provide an environment that meets the developmental needs of the child and the family: e.g., health screening, counseling services, etc.

PART II. In this section you will find brief descriptions of the behavior of a number of children. In each case indicate how you would prefer to handle the situation if the decision were entirely up to you. Read each item and circle the response (number) which most closely describes how you would handle the situation (Line A).

---

1 I would not be willing to accept this child into my day care group.
2 I would be willing to accept this child into my day care group with consultation and additional full-time help.
3 I would be willing to accept this child into my day care group with additional full-time help.
4 I would be willing to accept this child into my day care group with consultation.
5 I would be willing to accept this child into my day care group without any changes.

Child X does not seem to catch onto things as quickly as most children and needs to have things explained over and over again. Eventually though, the child appears to learn most of what the other children do but at a slower rate.

Child X sulks frequently throughout the day and gets verbally aggressive whenever he/she loses the direct attention of the day care teacher.

When Child X wears a hearing aid, the child hears well. However, his/her speech is flat and hollow and somewhat unpleasant to listen to.

Child X eventually mutilates or destroys objects that he/she handles. In addition to the toys that are destroyed, Child X has managed to crack a wall panel in the class. The other children do not like to play with him/her.

Child X cannot communicate with others. The child is unable to understand teacher directions or activities of the day. Child X does not interact with others spontaneously and has only a fleeting interest in even simple toys.

1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

1 I would not be willing to accept this child into my day care group.
2 I would be willing to accept this child into my day care group with consultation and additional full-time help.
3 I would be willing to accept this child into my day care group with additional full-time help.
4 I would be willing to accept this child into my day care group with consultation.
5 I would be willing to accept this child into my day care group without any changes.

Child X weighs enough for two children of the same age. It is difficult for Child X to squeeze into a standard child's chair.

Child X has difficulty hearing and understanding some speech sounds, particularly when the classroom is noisy.

Child X wears a leg brace and walks with the aid of crutches. The child gets along by himself/herself and ordinarily needs little help from others.

Several times a week Child X says that he/she can smell bananas. Usually this means that he/she will soon fall to the floor in a convulsion which lasts for several minutes.

Although Child X has been in day care for sometime, he/she cannot seem to remember which "cubby" is his/hers. The child has difficulty attending to a task for more than a minute or two.

Child X has a difficult time grasping concepts and uses immature language patterns. The child's self-help skills are limited, needing help to accomplish these tasks. Child X plays alone most of the time or prefers to play with younger children.

1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

1 I would not be willing to accept this child into my day care group.
2 I would be willing to accept this child into my day care group with consultation and additional full-time help.
3 I would be willing to accept this child into my day care group with additional full-time help.
4 I would be willing to accept this child into my day care group with consultation.
5 I would be willing to accept this child into my day care group without any changes.

Child X is verbal and appears to be bright. However, he/she is unable to recognize his/her printed name, match pictures or shapes. Child X has difficulty drawing, hopping, throwing a ball, following simple directions, and using pencils, crayons, or scissors.

Child X wears a large hearing aid around his/her neck to make sounds louder. The child uses sign language to communicate and a little oral speech which is very difficult to understand.

Child X lost both of his/her legs in a car accident. The child's bladder discharges into a bag which must be emptied several times a day. Occasionally, during the day a rhythmical quiver passes over his/her face, and he/she becomes totally oblivious for a few seconds.

Child X must be strapped into a wheelchair everyday in order to support his/her body. Bladder nor bowel control are present and need to be tended to. Child X lacks any communication skills and does not appear responsive to teacher or children.

Child X rubs and blinks his/her eyes when engaged with books, puzzles, and other activities. Although Child X has been fitted with glasses, he/she has some trouble distinguishing pictures and shapes.

Child X wears thick glasses, and his/her eyeballs jerk from side to side. The child cannot see very well and stumbles over toys and other objects.

1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

1 I would not be willing to accept this child into my day care group.
2 I would be willing to accept this child into my day care group with consultation and additional full-time help.
3 I would be willing to accept this child into my day care group with additional full-time help.
4 I would be willing to accept this child into my day care group with consultation.
5 I would be willing to accept this child into my day care group without any changes.

Child X has difficulty starting to talk, grimaces and strains, and repeats sounds on about half of the words he/she utters.

Child X does not communicate with children or adults. However, he/she repeats weather reports throughout the day.

Child X moves about awkwardly with limbs in a continual tremor which become more pronounced when he/she is nervous or excited.

Child X tires very easily and needs frequent opportunities to rest. Excessive stimulation or excitement must also be avoided.

Child X can tell the direction from which sunshine enters the playroom. However, he/she cannot see pictures, objects, and people.

Child X can get about only in a wheelchair. Someone must move the wheelchair or carry the child because he/she is unable to control any of his/her limbs.

Child X's face is severely disfigured. The child wears a bib because he/she is not able to control his/her swallow. Child X does not speak very much, and what he/she does say is seldom intelligible.

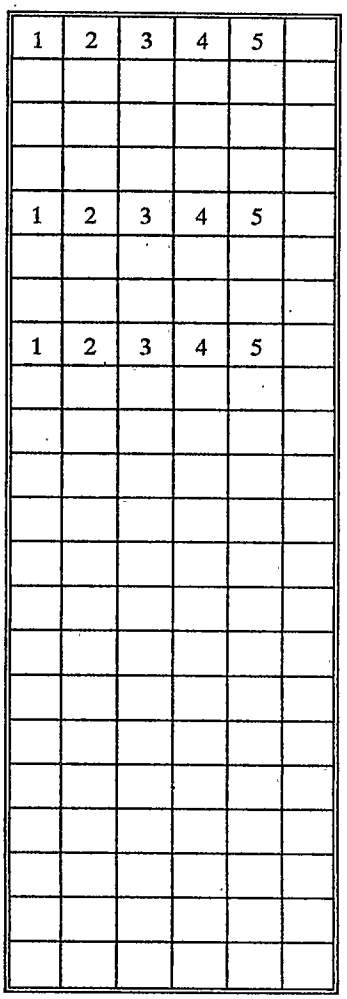
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

1 I would not be willing to accept this child into my day care group.
2 I would be willing to accept this child into my day care group with consultation and additional full-time help.
3 I would be willing to accept this child into my day care group with additional full-time help.
4 I would be willing to accept this child into my day care group with consultation.
5 I would be willing to accept this child into my day care group without any changes.

Child X repeats a sound two or three times before he/she is able to go on. The child speaks when someone asks a question but does not talk much.

Child X is defiant and stubborn, likely to argue with the day care teacher, be willfully disobedient, and otherwise interfere with normal discipline. Child X teases other children and provokes many fights.

Child X has difficulty following simple rules and does not seem able to learn the flow of the day at all.



APPENDIX G

POSTCARD FOLLOW-UP

Recently a survey seeking your opinion about young children with special needs was mailed to you.

If you have already completed and returned it to me, please accept my sincere thanks. If not, please do so today. It is extremely important that your opinion be included in this study if the results are to accurately reflect the opinion of all day care providers in Montana.

If by some chance you did not receive the questionnaire or it was misplaced, please call me at (406) 994-3300, and I will get another one in the mail to you. Your participation is greatly appreciated.

Sincerely,

Laura Massey

Laura Massey
Health & Human Development
Montana State University

APPENDIX H

FAMILY DAY CARE HOME INTEGRATION INVENTORY

FAMILY DAY CARE HOME INTEGRATION INVENTORY*

NAME:_____

DATE:_____

Introduction. Caregivers are typically faced with a wide variety of problems, arising from the many different kinds of children they work with each day. On the following pages you will find brief descriptions of the behavior of a number of children. In each case you are to indicate how you would prefer to handle the situation if the decision were entirely up to you.

Directions. Read each item on the following pages and circle the one response which most closely describes how you would handle the situation. the possible responses are as follows:

A. If you feel you could handle such a child in your home without any fundamental change in your present procedures.

B. If you feel you could handle such a child in your home provided advice from a specialist or consultant was occasionally made available to you whenever you felt a need for such consultation in dealing with a particular problem.

C. If you feel you could handle such a child in your home provided you had advice from a specialist and you had a full-time helper.

D. If you feel you could handle such a child part of the time in your home provided there was a specialist available to you who could provide extensive supplementary help for the child.

E. If you feel that such a child would benefit most by being assigned to a special school or program.

Mark each item clearly. To review, the alternatives are:

A. In a family day care home.

B. In a family day care home with consultation.

C. In a family day care home with full-time help.

D. Part-time in family day care and part-time in specialized services.

E. In special school.

* Adapted from Haring, N., Stern, G.G. and Cruickshank, W.M. Attitudes of Educators Toward Exceptional Children. Syracuse: Syracuse University Press, 1958.

FAMILY DAY CARE HOME INTEGRATION INVENTORY	Family Day Care Home	Family Day Care Home with Consul tation	Family Day Care Home with full time help	Part-Time in Family Day Care Home/ Part Time in Spec. service	Special School
1. Alfred is defiant and stubborn, likely to argue with the provider, he willfully disobedient, and otherwise interfere with normal discipline.	A	B	C	D	E
2. Barbara wears thick glasses, and her eyeballs jerk from side to side. She can't see very well, and stumbles over toys.	A	B	C	D	E
3. Chuck can get about only in a wheelchair. Someone must move it for him, or carry him in their arms, because he is unable to control any of his limbs.	A	B	C	D	E
4. Donald is five years old and does not speak very much. What he does say is very indistinct and unclear, with many missing or incorrect sounds.	A	B	C	D	E
5. Earl is four and wears a bib because he hasn't learned to control his swallow. He is generally cheerful and well-behaved, but talks very little and is incapable of following any but the most simple instructions.	A	B	C	D	E
6. When Alice wears her hearing aid she hears as well as any other youngster, but her voice sounds flat and hollow and is somewhat unpleasant to listen to.	A	B	C	D	E
7. Suzy frequently gets so excited she loses control of herself and wets the floor.	A	B	C	D	E
8. Ruth is very much like other four-year-olds in most respects but occasionally, during the day, a rhythmical quiver will pass over her face and she becomes totally oblivious for a few seconds.	A	B	C	D	E
9. Roger's face was severely disfigured in an auto accident, although he is completely recovered physically the surgeons do not expect to be able to make his appearance more acceptable for many years.	A	B	C	D	E

FAMILY DAY CARE HOME INTEGRATION INVENTORY	Family Day Care Home	Family Day Care Home with Consu ltation	Family Day Care Home with full-time help	Part-time in Family Day Care Home/ Part-time in spec. Svc.	Special School
10. Alan wears a leg brace and walks with the aid of crutches. He gets along quite well by himself though, and ordinarily needs no help from anyone.	A	B	C	D	E
11. Bernard is a bully, given to teasing other children and provoking fights with them.	A	B	C	D	E
12. Clara has a noticeable scar on her upper lip. Her speech seems to be coming through her nose, and she is hard to understand	A	B	C	D	E
13. Dotty is four. She has difficulty following the rules, and doesn't seem able to learn the flow of the day at all.	A	B	C	D	E
14. Flora has neither bladder nor bowel control and must be taken to the bathroom at frequent intervals.	A	B	C	D	E
15. Occasionally Edward will repeat a sound two or three times before he seems able to go on. He speaks when someone asks him a question, but does not talk much.	A	B	C	D	E
16. Chuck doesn't seem to catch on to things as quickly as most, and needs to have things explained over and over again. Eventually, though, he appears to learn most of what the others do even though it takes him much longer.	A	B	C	D	E
17. Doris is slow, absent-minded, and a day-dreamer. She seems unusually quiet and withdrawn, avoids others, and is inhibited and restrained in her behavior.	A	B	C	D	E
18. Greg tires easily and needs frequent opportunities to rest. Excessive stimulation or excitement must also be avoided.	A	B	C	D	E

FAMILY DAY CARE HOME INTEGRATION INVENTORY	Family Day Care Home	Family Day Care Home with Consu ltation	Family Day Care Home with Full-time help	Part-time in Family Day Care Home/ Part-time in Spec. Svc.	Special School
19. Jane can tell the direction from which the sunshine enters the playroom, but cannot see the pictures in an ordinary book.	A	B	C	D	E
20. Albert does not pronounce all of his speech sounds correctly, but he can be understood.	A	B	C	D	E
21. Jerry gets along with other children as long as he is left alone. He becomes extremely tense and anxious, however, whenever an adult speaks to him.	A	B	C	D	E
22. Virginia rubs and blinks her eyes occasionally when reading, and seems to find it difficult to distinguish between certain letters of the alphabet.	A	B	C	D	E
23. Roy as a bright purple birthmark which covers one cheek and the side of his neck.	A	B	C	D	E
24. Several times a week Lester says he can smell bananas. Usually this means that he will soon fall to the floor in a convulsion which may last for several minutes.	A	B	C	D	E
25. Bert could play songs with one finger on the piano when he was four. Now he has begun composing little melodies which may last for several minutes.	A	B	C	D	E
26. Laura's speech is laboriously slow, tortured, jerky and indistinct. Her voice is monotonous in pitch and she cannot control its intensity.	A	B	C	D	E
27. Harry sulks, and sometimes gets quite noisy whenever he loses the direct attention of the teacher.	A	B	C	D	E
28. Ben is unable to walk and has been confined to a wheelchair, although he manages this very skillfully and needs very little help.	A	B	C	D	E

FAMILY DAY CARE HOME INTEGRATION INVENTORY	Family Day Care Home	Family Day Care Home with Consultation	Family Day Care Home with Full-time help	Part-time in Family Day Care Home/ Part-time in Spec Svc	Special School
29. Les was born with a malformed left hand which is withered and misshapen up to the elbow.	A	B	C	D	E
30. When Terry was five he was run over, losing both of his legs and genitals. He gets around quite well now but his bladder discharges into a bag which must be emptied several times a day.	A	B	C	D	E
31. Hugh eventually mutilates or destroys everything that gets into his hands. He has even managed to crack a wall panel in the playroom. The other children do not like him to play with toys because he may break them.	A	B	C	D	E
32. Sam moves about somewhat awkwardly and his limbs are in a slight but continual tremor that becomes pronounced when he is nervous or excited.	A	B	C	D	E
33. Arnold is an extremely bright four-year-old who is far ahead of the rest of the children. He spends a good deal of his time working on a mathematical system he calls "kinestatics."	A	B	C	D	E
34. Bill has difficulty in starting to talk, grimaces and strains, and repeats sounds on about half the words he says in class.	A	B	C	D	E
35. Kate weighs enough for two children her age. It is almost impossible for her to squeeze into the standard child's chair.	A	B	C	D	E

JAY

Please read the description of Jay and answer the questions as if Jay would be coming to your family day care home. Thank you.

Jay, who is 4 years-old, is enrolled in a family day care home with 5 other children. He is an only child, and lives at home with both of his parents. Jay has cerebral palsy and is unable to walk unassisted. When he first joined the day care home he was still having trouble using a walker to maneuver himself about.

Jay is a self-assured, even-tempered child who easily engages in play with other children. Initially he needed assistance in moving his body to a seated position in a chair, and gross motor activities in general were difficult for him.

Jay's fine motor and manipulative skills were age-appropriate but he needed encouragement to engage in coloring and drawing activities. Jay also required help in learning skills. He did not know the names of shapes or how to count beyond the number three. He was unable to perform one-on-one matching tasks or to tell the difference between the smallest and largest object in a group. In the area of language, he had difficulty naming common objects and using simple prepositions appropriately. He also had difficulty in pronouncing certain sounds, and needed encouragement to engage in talk with other children.

Questions:

1. What specific steps would you take if you were preparing to have Jay in your home?

2. What goals would you have for Jay?

3. How would you accomplish these goals?

4. When Jay misbehaves, how would you deal with him in relation to the other children in the day care home?

5. Is there any good reason for the other children to "try out" Jay's walker?

6. How would you handle a situation where other children were scapegoating Jay or blaming him for things he did not do?

THE FOLLOWING ARE MULTIPLE CHOICE QUESTIONS:

7. How likely is it that Jay would respond to:
   a. a great deal of structure, repetition and practice during the day
      ☐ Very likely ☐ not very likely

   b. a minimum of provider direction and organization of furniture, toys and equipment
      ☐ Very likely ☐ not very likely

   c. one-to-one attention from the day care provider
      ☐ Very likely ☐ not very likely

   d. opportunities to work with several specialists, each of whom focuses on one of Jay's areas of need.
      ☐ Very likely ☐ not very likely

8. Jay will do well in a family day care home because:

   _____ a. He is not really very disabled.
   _____ b. He needs to play with normal children.
   _____ c. Family day care provides the type of social experiences he requires.
   _____ d. Any other child care setting would be too restrictive.

9. In preparing to have Jay in your home, how likely is it that you would:
   a. eliminate all extra objects from the home environment that may cause Jay's attention to wander.
      ☐ Very likely ☐ not very likely

   b. arrange for consultation from a specialist regarding his physical or learning problems:
      ☐ Very likely ☐ not very likely

   c. plan to make the housekeeping corner available for use as soon as Jay arrives:
      ☐ Very likely ☐ not very likely

   ____ d. expect to tell parents of the other children that Jay has problems "talking and learning":
      ☐ Very likely ☐ not very likely

10. How likely is it that one of your first ideas for Jay might be:
    a. to help him feel comfortable in the home:
       ☐ Very likely ☐ not very likely

b. to encourage his large motor development:
☐ Very likely ☐ not very likely

11. When Jay misbehaves, how likely is it that other children could be told that Jay:
a. is just the same as them:
☐ Very likely ☐ not very likely

b. doesn't talk very well:
☐ Very likely ☐ not very likely

12. How likely is it that one of the following family day care home arrangements might be hard for Jay:
a. a home with a dramatic play corner:
☐ Very likely ☐ not very likely

b. a home where every child is assigned to her own seat at the table and rest space:
☐ Very likely ☐ not very likely

c. a home with a lot of manipulative materials (small toys to play with) and a lot of different activities to choose from:
☐ Very likely ☐ not very likely

13. How likely is it that any of the following physical changes in the home environment might help Jay:
a. finding a small "private space" for him:
☐ Very likely ☐ not very likely

b. keeping the home basically unchanged during the course of the year:
☐ Very likely ☐ not very likely

c. planning the home around a large, open area in the center of the room:
☐ Very likely ☐ not very likely

14. How likely is it that a boy with Jay's disability would have made progress in the following areas if he had been enrolled in your home before you became involved in family day care training:
a. Jay would have a better, more positive sense of himself:
☐ Very likely ☐ not very likely

b. Jay would increase in his ability to pay attention to what the provider was trying to teach:
☐ Very likely ☐ not very likely

c. Jay would be able to share materials and space with other children:
☐ Very likely ☐ not very likely

d. Jay would talk enough to be happy in public kindergarten:
☐ Very likely ☐ not very likely

15. Will Jay enjoy and do well in family day care? Why or why not?

BECKY: A CASE STUDY*

Becky, aged 3 and a half years, is enrolled in a family day care home with 5 other children. Becky is an only child; she lives at home with both of her parents. When she first came to the family day care home Becky frequently used bizarre language and was very difficult to understand. She was often socially inappropriate, and she showed an unusual sensitivity to distractions and irrelevant details in her environment. In addition, Becky lacked confidence in her gross motor coordination when using objects and when drawing. In general Becky tended to perseverate, or constantly repeat the same thing, and to become absorbed in a fantasy world unless she was directed and focused by her provider.

When Becky first began family day care a number of general objectives were written for her by the special services coordinator. In particular, attention was to be devoted to helping her grow in terms of her speech and language development. It was also noted that progress would be sought in her ability to pay attention, to be independent, to share materials with other children, to make appropriate transitions, and to participate appropriately with other children during play activities.

Questions about Becky:

1. What specific steps would you take if you were preparing to have Becky in your home?

2. How would you like to see Becky grow and mature in your home? How would you try to achieve this?

3. When Becky misbehaves, how would you deal with it in relation to the other children in the family day care home?

4. Can you describe any particular physical arrangements of the home environment that might be of greatest assistance to Becky?

* Adapted from Becky: A Case Study by Samuel Meisels, Ph.D., 1981.

adapted from
Sam Meisels' Becky
1981

5. How likely is it that Becky would respond well to:
   a. a great deal of structure, repetition and practice during the day.

   b. a minimum of provider direction and of external organization within the home.

   c. one-to-one attention from a caregiver.

   d. opportunities to work with several specialists each of whom focuses on one of Becky's problem areas.

6. Is Becky a good candidate for family day care? Why?

PLEASE RESPOND TO ALL OF THE FOLLOWING QUESTIONS ABOUT BECKY

1. Becky will do well in a family day care home because:
   _____ a. she is not really very disabled.
   _____ b. she needs to play with normal children.
   _____ c. family day care provides the type of social experiences she requires.
   _____ d. any other childcare setting would be too restrictive.

2. In preparing to have Becky in your home, how likely is it that you would:
   a. eliminate all extraneous and distracting objects from the home environment:
   _____ very likely
   _____ probably
   _____ not very likely

   b. arrange for consultation from a specialist regarding her behavioral problems:
   _____ very likely
   _____ probably
   _____ not very likely

   c. plan to make the housekeeping corner available for use as soon as Becky arrives:
   _____ very likely
   _____ probably
   _____ not very likely

   d. expect to tell parents of the other children that Becky has problems "talking and paying attention':
   _____ very likely
   _____ probably
   _____ not very likely

Becky (cont'd)
page 3

3. How likely is it that one of your first ideas for Becky might be:
   a. to help her feel comfortable in the home:
   _____ very likely
   _____ probably
   _____ not very likely

   b. to encourage her fine motor development:
   _____ very likely
   _____ probably
   _____ not very likely

4. When Becky misbehaves, how likely is it that other children could be told that Becky:
   a. is a child who spends a lot of time in her own world:
   _____ very likely
   _____ probably
   _____ not very likely

   b. is just the same as them:
   _____ very likely
   _____ probably
   _____ not very likely

   c. doesn't talk very well:
   _____ very likely
   _____ probably
   _____ not very likely

   d. has trouble following directions and paying attention:
   _____ very likely
   _____ probably
   _____ not very likely

5. How probable is it that one of the following family day care home arrangements might prove difficult for Becky:
   a. a home with a dramatic play corner:
   _____ very likely
   _____ probably
   _____ not very likely

   b. a home where every child is assigned to her own seat at the table and rest space:
   _____ very likely
   _____ probably
   _____ not very likely

c. a home with a lot of manipulative materials and a lot of different activities from which to choose:
_____ very likely
_____ probably
_____ not very likely

6. How likely is it that any of the following physical changes in the home environment might assist Becky:
a. finding a small "private space" for her:
_____ very likely
_____ probably
_____ not very likely

b. keeping the home basically unchanged during the course of the year:
_____ very likely
_____ probably
_____ not very likely

c. planning the home around a large, open area in the center of the room:
_____ very likely
_____ probably
_____ not very likely

7. How likely is it that a girl with Becky's problems would have made progress in the following areas <u>if she had been enrolled in your home before you became involved in family day care training</u>:
a. Becky would have a better, more positive sense of herself:
_____ very likely
_____ probably
_____ not very likely

b. Becky would increase in her ability to sustain attention and focus on tasks:
_____ very likely
_____ probably
_____ not very likely

c. Becky would display increased ability to share materials and space with other children:
_____ very likely
_____ probably
_____ not very likely

d. Becky would acquire the social skills necessary for preschool:
_____ very likely
_____ probably
_____ not very likely

NAME:_____
DATE:_____

"WHO IS . . ."

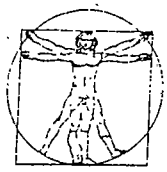
STRUCTURED FAMILY DAY CARE PROVIDER INTERVIEW

In your family day care home, who is . . .

1. Who is the quietest?
2. Who is the loudest?
3. Who makes people laugh the most?
4. Who gets mad the most?
5. Who gets yelled at the most?
6. Who gets yelled at the least?
7. Who plays with the child and special needs the most?
8. Who plays with the child with special need the least?
9. Who is the most responsible child in your home?
10. Who is the least responsible child in your home?
11. Who seems most aware of how the child with special needs feels?
12. Who seems least likely to know how the child with special needs feels?
13. Who cries the most?
14. Who smiles the most?
15. Who gets the most attention?
16. Who gets the least attention?
17. Who gets "told on" the most?
18. Who gets "told on" the least?

APPENDIX I

PERMISSION TO USE



Center For
Human Growth
& Development

The University of Michigan
300 N. Ingalls, 10th Level
Ann Arbor, MI 48109-0406
(313) 764-2443

January 8, 1990

Ms. Laura Massey
Department of Health and Human Development
Herrick Hall
Montana State University
Bozeman, Montana 59717

Dear Ms. Massey:

I am pleased to grant you permission to use and adapt the scales Sylvia Jones and I used in our family day care study. Unfortunately, I can not be of much help regarding the vignettes. I believe that they were simply crated as likely situations, but they have no research behind them that I can recall.

With best wishes,

Samuel J. Meisels
Research Scientist

SJM:sk

cc: Sylvia Jones

APPENDIX J

VALIDITY STUDY
LETTER AND OBJECTIVES

Montana State University
Bozeman, Montana 59717

Unit of Human Development and Counseling
Department of Health and Human Development
Herrick Hall

Telephone (406) 994-3240

Dear

Thank you for agreeing to evaluate the face and content validity of the enclosed instrument. Attached you will find a questionnaire and an attitudinal scale designed to assess day care providers (family, group and center providers) willingness to accept handicapped children into their day care settings.

Part 1A solicits demographic information regarding the day care teacher. Part 1B solicits information regarding the day care setting.

Part II includes a series of vignettes adapted from a scale developed by Dr. Samuel Meisels which was originally designed to assess family day care providers willingness to accept handicapped children into their family day care homes.

In this section, I have included 27 vignettes representing nine handicapping conditions at three levels of severity with the exception of multiple handicapping conditions. Since multiple handicapping conditions are frequently "severe", the area of multiple handicaps is represented in 3 vignettes at one level of severity.

You will find in the instrument that the labels for the handicapping conditions are absent. Since "labels" do influence teacher perceptions, I chose not to use them in the instrument. Instead, the vignettes focus on child behaviors that tend to be characteristic of specific handicapping conditions. Additionally, I have attempted to delete gender as a possible source of bias.

I would like you to evaluate two components: 1) evaluate the face validity of the entire instrument and 2) evaluate the content validity of the vignettes and handicapping conditions. Specific instructions are enclosed. Please return all materials in the enclosed self addressed, stamped envelope. Again, I want to thank you for your time and effort.

Sincerely,

Laura Massey
Montana State University

#2 CONTENT VALIDITY

Enclosed you will find a copy of the nine handicapping conditions with operational definitions. Each of these handicapping conditions has been assigned a numerical code in the left hand margin, ranging from 1 - 9.

On this same page, you will find a list of the levels of severity with operational definitions. Each of the three levels of severity has been assigned a letter code in the left hand margin, ranging from A - C. Please note that the definitions for the levels of severity have been defined in a broader context compared to the school age population, since no "least restrictive environment" has been determined for the preschool population of handicapped children.

In this section, you will also find a copy of the 27 vignettes, representing nine handicapping conditions at three levels of severity, with the exception of multiple handicapping conditions. Since multiple handicapping conditions are frequently "severe", the area of multiple handicaps is represented in 3 vignettes but at one level of severity. All of the vignettes focus on child behaviors that tend to be characteristic of specific handicapping conditions.

** INSTRUCTIONS

Please read and familiarize yourself with the definitions of the handicapping conditions and levels of severity.

Please read each of the vignettes. Assign only one condition and one level of severity to each vignette. A numerical assignment represents the handicapping condition; the letter assignment represents the level of severity.

If your analysis for a vignette is multiple handicaps, please review the definitions for mental reatrdation and hearing impairments, since concurrent deficits exits in each of these conditions.

SAMPLE:

	Condition	severity
Child X has.....	4	B

HANDICAPPING CONDITIONS

DEFINITIONS

Code	Handicapping Condition	Definition
1	Visually Impaired	Characterized by impairments which affect the child's ability to see objects, symbols, people and surroundings.
2.	Mental Retardation	Characterized by intellectual impairments and deficits in adaptive behavior.
3.	Other Health Impaired	Characterized by a chronic illness or physical condition that affects the child's general health.
4.	Emotionally Disturbed	Characterized by inappropriate behaviors or feelings under normal circumstances and an inability to develop or maintain satisfactory interpersonal relationships.
5.	Hearing Impaired	Characterized by impairments which affect the child's ability to hear sounds and interferes with oral communication skills.
6.	Communication Disorder	Characterized by an impairment which affects the child's ability to reproduce speech sounds and/or the ability to use language in a meaningful age appropriate context and is not attributed to hearing loss.
7.	Learning Disabled	Characterized by average to above average intelligence, no sensory deficits that account for learning problems and difficulty processing information that results in a discrepancy between potential and performance.
8.	Physically Impaired	Characterized by orthopedic or neurological impairments that affect the child's ability to move, use, feel or control body parts.
9.	Multiple Handicap	Characterized by two or more of the above conditions that severely affect two or more areas of development.

LEVELS OF SEVERITY

DEFINITONS

Code	Level of Severity	Definition
A	Mild	Characterized by the ability to function in a "normal" environment with few accomodations.
B	Moderate	Characterized by some difficulty in functioning within a "normal" environment, requiring additional support services.
C	Severe	Characterized by a great deal of difficulty functioning in a "normal" environment, requiring increased and specialized support services.

The following vignettes are presented in random order. Please assign only one handicapping condition (numerical value) and one level of severity (letter value).

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Vignette	Condition	Severity
Child X does not seem to catch on to things as quickly as most children and needs to have things explained over and over again. Eventually though, the child appears to learn most of what the other children do but at a slower rate.		
Child X sulks frequently throughout the day and gets verbally aggressive whenever he/she loses the direct attention of the teacher.		
When Child X wears a hearing aid, the child hears well. However, his/her speech is flat and hollow and somewhat unpleasant to listen to.		
Child X eventually mutilates or destroys objects that he/she handles. In addition to the toys that are destroyed, Child X has managed to crack a wall panel in the class. The other children do not like to play with him/her.		
Child X cannot communicate with others. The child is unable to understand teacher directions or activities of the day. Child X does not interact with others spontaneously and has only a fleeting interest in even simple toys.		
Child X weighs enough for two children of the same age. It is difficult for Child X to squeeze into a standard child's chair.		
Child X has difficulty hearing and understanding some speech sounds, particularly when the classroom is noisy.		
Child X wears a leg brace and walks with the aid of crutches. He/she gets along by himself/herself and ordinarily needs little help from others.		
Several times a week Child X says that he/she can smell bananas. Usually this means that he/she will soon fall to the floor in a convulsion which lasts for several minutes.		

Vignette	Condition	Severity
Although Child X has been in day care for some time, he/she cannot seem to remember which "cubby" is his/hers. The child has difficulty attending to a task for more than a minute or two.		
Child X has a difficult time grasping concepts and uses immature language patterns. The child's self-help skills are limited, needing help to accomplish these tasks. Child X plays alone most of the time or prefers to play with younger children.		
Child X is very verbal and appears to be bright. However, he/she is unable to recognize her printed name, match pictures or shapes. Child X has difficulty drawing, hopping, throwing a ball, following simple directions, and using pencils, crayons, or scissors.		
Child X wears a large hearing aid around his/her neck to make sounds louder. The child uses sign language to communicate and a little oral speech which is very difficult to understand.		
Child X lost both of his/her legs in a car accident. The child's bladder discharges into a bag which must be emptied several times a day. Occasionally, during the day a rhymical quiver passes over his/her face and he/she becomes totally oblivious for a few seconds.		
Child X must be strapped into a wheelchair everyday in order to support his/her body. Bladder nor bowel control are present and needs to be tended to. Child X lacks any communication skills and does not appear responsive to teacher or children.		
Child X rubs and blinks his/her eyes when engaged with books, puzzles and other activities. Although Child X has been fitted with glasses, he/she has some trouble distinguishing pictures and shapes.		
Child X wears thick glasses and his/her eyeballs jerk from side to side. The child cannot see very well and stumbles over toys and other objects.		
Child X has difficulty starting to talk, grimaces and strains, and repeats sounds on about half of the words he/she utters.		

Vignette	Condition	Severity
Child X does not communicate with children or adults. However, he/she repeats weather reports throughout the day.		
Child X moves about awkwardly and his/her limbs are in a continual tremor that becomes more pronounced when he/she is nervous or excited.		
Child X tires very easily and needs frequent opportunities to rest. Excessive stimulation or excitement must also be avoided.		
Child X can tell the direction from which sunshine enters the playroom. However, he/she cannot see pictures, objects and people.		
Child X can get about only in a wheelchair. Someone must move the wheelchair or carry the child because he/she is unable to control any of his/her limbs.		
Child X's face is severely disfigured. The child wears a bib because he/she is not able to control his/her swallow. Child X does not speak very much, and what he/she does say is seldom intelligible.		
Child X repeats a sound two or three times before he/she is able to go on. The child speaks when someone asks a question but does not talk much.		
Child X is defiant and stubborn, likely to argue with the day care teacher, be willfully disobedient, and otherwise interfere with normal discipline. Child X teases other children and provokes many fights.		
Child X has difficulty following simple rules and does not seem to learn the flow of the day at all.		

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