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

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

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

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

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

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APPROVAL

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

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TABLE OF CONTENTS

	Page
APPROVAL	ii
STATEMENT OF PERMISSION TO USE	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
ABSTRACT	x
CHAPTER:	
1. ORIENTATION OF THE STUDY	1
Introduction	1
Statement of the Problem	6
Conceptual Framework	6
Nominal Definitions	10
2. REVIEW OF THE LITERATURE	14
Family Day Care in the United States	14
Characteristics of Family Day Care Providers	17
Parent/Provider Relationships	21
Training of Family Day Care Providers	24
Conclusion	27
3. METHODS AND PROCEDURES	29
Research Questions	29
Null Hypotheses to be Tested	30
Statistical Hypotheses Tested by Chi Square	31
Statistical Hypotheses Tested by One-Way Analysis of Variance	31
Population and Sampling Procedures	32
Investigative Categories	33
Methods of Data Collection	35
Survey Instrument	36
Data Reduction and Transformation	38
Data Analysis	38

TABLE OF CONTENTS--Continued

	Page
Limitations	39
4. RESULTS	42
Main Analysis	45
Research Questions 1-5: Frequencies and Variances	45
Question 1	45
Question 2	46
Question 3	49
Question 4	49
Question 5	52
Further Analysis:	55
Null Hypothesis 1: Chi Square	55
Null Hypothesis 2 through 7: Analysis of Variances	56
Null Hypothesis 3	57
Null Hypothesis 4	57
Null Hypothesis 5	58
Null Hypothesis 6	59
Null Hypothesis 7	60
Summary of Analysis	60
5. DISCUSSION	62
Findings	62
Demographics	62
Education	63
Longevity	64
Training	64
Barriers	66
Implications For State Agencies	67
Implications For Resource and Referral Programs	68
Implications For Further Research	70
Summary	72
REFERENCES	73
APPENDICES:	
A. SURVEY INSTRUMENT	79
B. COVER LETTER	91
C. REMINDER POSTCARD	93
D. SECOND LETTER TO NONRESPONDENTS	95

TABLE OF CONTENTS--Continued

Page

E. PERMISSION LETTER TO USE QUESTIONS 97

F. MONTANA DEPARTMENT OF FAMILY SERVICES DISTRICT MAP 99

LIST OF TABLES

Table		Page
1.	Number of Registered, Family Day Care Providers in Sample, by District	34
2.	Number of Usable Responses Received by District	44
3.	Frequency Distribution of Providers by Education	46
4.	One-Way Analysis of Variance Test on DFS District which the Provider Resided by Preference for Lecture Courses as the Mode of Training	56
5.	One-Way Analysis of Variance Test on the DFS District in which the Provider Resides by Preference for Workshops as a Mode of Training	57
6.	One-Way Analysis of Variance Test on the DFS District in which the Provider Resides by Preference for Discussion Groups as a Mode of Training	58
7.	One-Way Analysis of Variance Test on the DFS District in which the Provider Resides by Preference for Home Study Courses as a Mode of Training	58
8.	One-Way Analysis of Variance Test on the DFS District in which the Provider Resides by Preference for Telecommunication Courses as a Mode of Training	59
9.	One-Way Analysis of Variance Test on Years Worked in a Child Care Setting and the Provider's View of Her Job Role	60

LIST OF FIGURES

Figure		Page
1.	Frequency Distribution of Barriers.....	48
2.	Frequency Distribution of Preferred Content Area Training Topics	50
3.	Frequency Distribution of Preferred Personal Development Training Topics	51
4.	Frequency Distribution of Prefered Modes of Training Delivery.....	53
5.	Montana Department of Family Services District Map	100

ABSTRACT

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

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

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

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

CHAPTER 1

ORIENTATION OF THE STUDY

Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statement of the Problem

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

Conceptual Framework

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

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

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

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

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

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

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

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

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

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

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

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

Nominal Definitions

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

(2) Child day care - Supplemental parental care provided to a child while the parent is at work or in a job training program.

(3) Registration - The process whereby the state maintains a list of all family day care homes, promulgates rules for registration, and requires the day care provider to certify that the provider is in compliance with the registration rules (Montana Department of Family Services, 1992).

(4) District - Geographic areas defined by the State of Montana Department of Family Services.

(5) Provider - A person who operates a family day care home.

(6) Caregiver - A family day care provider. This term was used interchangeably with provider.

(7) Training - Any type of educational experience to gain knowledge about working with groups of children and their families, administration, and business including the delivery systems such as college and vocational education courses, workshops, conferences, correspondence and home study courses, and individual peer visitation training.

(8) In-home training - Peer visitation training where a trainer works with the provider in the provider's home while the family day care is in operation.

(9) Supplemental parental care - The provision of child care by an adult other than a parent, guardian, or relative on a regular basis for daily periods of less than 24 hours.

(10) Regular basis - Providing supplemental parental care to children of separate families for three or more consecutive weeks.

(11) Microsystem - The interaction between the individual and the environment in an immediate setting (Bronfenbrenner, 1977).

(12) Mesosystem - The interaction between microsystems (Bronfenbrenner, 1977).

(13) Exosystem - The formal and informal social structures that affect the individual in the environment but do not contain the individual (Bronfenbrenner, 1977).

(14) Macrosystem - The overarching ideology and values of a culture (Bronfenbrenner, 1977).

(15) Social exchange - an exchange between two parties that involves a negotiated agreement based on trust and intimacy (Nelson, 1989).

(16) Market exchange - an exchange with clear obligations and rules such as a contractual agreement (Nelson, 1989).

(17) Urban - All territory, population, and housing units in places of 2,500 or more persons both incorporated and unincorporated (Bureau of the Census, 1991).

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

CHAPTER 2

REVIEW OF THE LITERATURE

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

Family Day Care in the United States

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

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

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

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

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

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

Characteristics of Family Day Care Providers

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

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

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

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

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

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

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

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

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

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

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

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

Parent/Provider Relationships

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

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

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

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

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

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

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

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

Training of Family Day Care Providers

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

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

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

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

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

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

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

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

Conclusion

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

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

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

CHAPTER 3

METHODS AND PROCEDURES

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

Research Questions

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

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

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

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

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

Null Hypotheses to be Tested

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

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

Statistical Hypotheses Tested by Chi Square

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

Statistical Hypotheses Tested by One-Way Analysis of Variance

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

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

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

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

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

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

Population and Sampling Procedures

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

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

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

Investigative Categories

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

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

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

Methods of Data Collection

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

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

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

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

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

Survey Instrument

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

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

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

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

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

Data Reduction and Transformation

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

Data Analysis

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

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

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

Limitations

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

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

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

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

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

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

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

CHAPTER 4

RESULTS

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

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

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

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

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

Table 2. Number of Usable Responses Received by District.

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

44

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

Main Analysis

Research Questions 1-5: Frequencies and Variances

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

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

Table 3. Frequency Distribution of Providers by Education.

N = 180

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

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

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

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

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

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