



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

Stanley D. Sullivan
Chairperson, Graduate Committee

Approved for the Major Department

June 14, 1991
Date

Donald Robinson
Head, Major Department

Approved for the College of Graduate Studies


June 14, 1991
Date

Henry L. Parsons
Graduate Dean

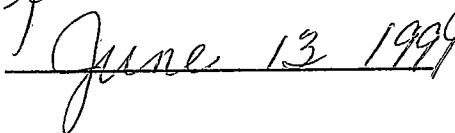
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ABSTRACT

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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)

