



2018

Family child care providers' perceptions of quality of training in the early head start program

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FAMILY CHILD CARE PROVIDERS' PERCEPTIONS OF
QUALITY OF TRAINING IN THE EARLY HEAD START PROGRAM

by

Carmen Hercules

A Dissertation Submitted to the

Graduate School

In Partial Fulfillment of the

Requirements for the Degree of

DOCTOR OF EDUCATION

Benerd School of Education
Educational Administration and Leadership

University of the Pacific
Stockton, California

2018

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by

Carmen Hercules

DEDICATION

Intellectual growth should commence at birth and cease only at death.

-Albert Einstein

This dissertation work is dedicated to Almighty God. Without Him by my side this work would not have been possible. Infinite thanks to my dear husband Felipe for all his unconditional support, I will always be grateful for your love; to my two daughters, Zuleyma and Joyce, for understanding my limited time and for constant encouragement; and to my son Fabio for his countless logical suggestions and emotional support. Thank you for your patience, I could never have done this without you.

ACKNOWLEDGMENTS

I would like to thank God for making my dream possible. Many, many thanks to my family, without their support and patience, this would never could have been accomplished. I would like to thank all who provided me with encouragement and support during this amazing journey of my doctoral program and the completion of my study. To my Chairperson Dr. Thomas Nelson and my committee members, Dr. Marilyn Draheim and Dr. Harriett Arnold, thank you for your continuous support and feedback. Special thanks to Dr. Oggins for discussing ideas, reading and editing drafts, consulting on data analysis, and providing feedback. Many thanks to members of my organization, Tony Jordan, Marissa Duran and Veronica Garcia who made my study possible. Many thanks to the study participants for their input and for their dedication to the field of family child care.

FAMILY CHILD CARE PROVIDERS' PERCEPTIONS OF
QUALITY OF TRAINING IN THE EARLY HEAD START PROGRAM

Abstract

By Carmen Hercules

University of the Pacific
2018

In order to give children quality child care, child care providers need appropriate training and coaching to develop effective teaching practices. Compared to center-based educators, family child care providers tend to have less education and training and offer fewer educational experiences. The purpose of this study was to investigate how family child care providers perceived the quality of Early Head Start training to support professional development, and to identify what professional areas and experiences or activities providers deemed crucial to their professional-development training. Bandura's (1997) social-cognitive theory described the way people learn from each other, and identified four factors—mastery experiences, vicarious experiences, social persuasion, and psychological factors—that are related to self-efficacy. Interview questions and observational coding of teacher training pertained in part to Early Head Start trainees' experiences of social-learning and self-efficacy during training.

Six female family child care providers were interviewed and were observed during training. Providers said that Early Head Start training helped them achieve some mastery of content and how to teach, but was not sufficiently hands-on or continuous to develop full mastery. Additionally, providers said training did not offer many opportunities for mastery learning, vicarious learning (from modelling, role plays, videos, or self-observation), or trainer

encouragement, although providers perceived better opportunities for social learning in professional development.

Providers felt more self-efficacy as educators than as resources/advocates for families. All of the providers said training had boosted their self-efficacy due to the amount of training received, knowing about specific activities, and/or because of encouragement from Head Start specialists or staff. However, less experienced or less educated providers said trainings did not offer enough hands-on practice or follow-up for full development of teacher self-efficacy.

Providers also said they understood program requirements but experienced stress completing paperwork. Providers suggested more training in series, more hands-on training, more small-group discussion and reflection, and training on how to support families and children and reduce provider stress. Additionally, providers wanted more mentoring or coaching in their facilities, more training specific to family childcare providers, and standards for trainers that included strong knowledge of early childhood education and family-child-care experience.

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Chapter 1: Introduction

The first five years of life are a critical stage in cognitive, emotional, social, and physical development (Heckman & Masterov, 2004; Shonkoff, Boyce, & McEwen, 2009). It is vital for child care providers to understand the importance of appropriate activities for the healthy development of infants and toddlers. Quality of early care also has an immense influence on easing transitions and frustrations in children's everyday life as families react to changes in daily life or in the family structure (Crosnoe & Cavanagh, 2010). Quality child care in any setting may be distinguished as a safe well-balanced educational environment in which caregivers knowledgeable in child development can engage children in appropriate developmental educational activities (NICHD Early Child Care Research Network, 2005). Often, child care providers use their common sense and years of experience as a foundation to provide care for children; yet in terms of experience, both general education level and training are important (Ghazvini & Mullis, 2002). Providers need training regarding early childhood education, curriculum, screenings, assessments, awareness of best practices, and policies required by programs in order to provide quality care to infants, toddlers and preschoolers, and to meet performance standards.

Early Head Start was founded as a national initiative to provide early learning opportunities for low-income children from birth to age three; children who fall into these categories are referred to as infant and toddlers. Family child care providers who serve infants and toddlers from low-income families may receive training and professional development in early childhood education from Early Head Start partnerships with local child care centers (agencies) (Selden, Sowa, & Sandfort, 2006).

The purpose of this study was to investigate how family child care providers perceive the quality of Early Head Start training to support professional development, and to identify what professional areas and experiences or activities providers deem to be crucial to their training and professional development. This chapter introduces the topic of study: the perceived quality of training and professional development for child care providers who participate in Early Head Start.

Key Definitions

Family child care is day care directed out of an owner's home; only some family child care homes are licensed (Office of Planning, Research, and Evaluation [OPRE], 2016). Home-based childcare settings are mostly small businesses that usually serve children under age 13; the number of children enrolled can vary (National Survey of Early Care and Education Project Team, 2015b). Some children come only part time, and the day or time can vary (National Survey of Early Care and Education Project Team, 2015b).

It is also important to define training, education, professional development, and professional-development training. Definitions used here will be similar to those used by Fukkink and Lont (2007), who reviewed 17 studies (1980-2005) of training for childcare providers. In the present study, *education* refers to years or amount of formal education: for example, having a college degree or graduate degree. *Training* refers to specialized instruction for caregivers, which may be received during formal education or may be received informally in workshops or other teaching settings, such as coaching, mentoring, and supervision. For example, as part of training, child care providers learn to use the Desired Results Developmental Profile (DRDP), an observation tool which educators use to record children's individual progress.

Caregivers who have begun employment may also have the opportunity to participate in *professional development*, where they improve their professional knowledge and skills by receiving training, coaching, mentoring, and supervision, or by engaging in their own learning to help them in their work. In a wide sense, professional development is the development of a person in a particular role (Villegas-Reimers, 2003).

According to the National Association for the Education of Young Children (NAEYC), professional development is “a continuum of education and planned experiences to prepare educators to enhance their knowledge, skills, behaviors, attitudes, and values as early childhood professionals” (LeMoine, 2008, p. 13). Professional development is embedded in several areas and experiences. Some experiences can be formal (for instance, attending workshops, mentoring, monthly meeting, or meeting with cohorts) or informal, such as reading documents related to areas of need (Ganser, 2000). Since teachers are considered and treated as active learners (Lieberman, 1990; McLaughlin & Zarrow, 2001), their professional development may also occur through experience and self-evaluation that occur in their professional careers (Glatthorn, 1995). *Professional-development training* refers to job-related training for caregivers that is often not part of formal education but instead is offered by government agencies (such as Head Start) or non-profit agencies to help caregivers develop their work and careers.

In the present study’s statement of research questions, and presentation and discussion of results, *training* will mostly refer to Early Head Start professional-development training conducted for working childcare providers in classrooms; however, providers’ comments about past training in other settings will also be mentioned. (Head Start also provides a variety of training for people in different professional positions, but that training will not be discussed here). For the present study, *professional development* will refer to activities outside classroom

training that support and enhance training, such as coaching or mentoring. Research suggests that training or professional development should include ongoing coaching and monitoring of participants in order to support an early childhood career structure and provide continuing support (LeMoine, 2008).

Background

Head Start began as a social-action program to help children in poverty. It was founded between the Fall of 1964 and Summer of 1965, at a time when social and political forces had come to focus on the problem of poverty (Zigler & Valentine, 1979). Head Start's goal was and still is to provide comprehensive services to low-income children and families (in the areas of education, health, nutrition, disabilities, and social services); the idea is to provide opportunities to children in poverty so they can excel and learn as much as their advantaged peers (Love et al., 2002). Since its emergence, Head Start has provided pre-school classes and services to over 31 million children from birth to age five; comprehensive services are also offered to the entire family.

In 1994, Early Head Start was founded as a national initiative to provide early learning opportunities for children from birth to age three; children who fall into these categories are referred to as infant and toddlers. In contrast to Head Start preschool programs, which offer most services in center-based settings, Early Head Start programs offer a greater percentage of services (41% in 2011) in home-based programs (ECLKC, 2011), including home-visiting services and family child care homes (Institute for Human and Social Development, n.d.). Early Head Start originally had 68 grantees funded by the Administration on Children, Youth, and Families in the USDHHS. By 2014, it had grown to more than 700 programs serving 62,000 low-income families with infants and toddlers across the United States (Love et al., 2005).

Currently, more than 60% of children from birth until age three are in non-parental child care (National Survey of Early Care and Education Project Team, 2014). Families using child care include almost 44% of those with infants and toddlers from birth to 12 months; 53% of families with children aged 12 to 24 months; and, 56% of families with children aged 24 to 36 months (National Survey of Early Care and Education Project Team, 2015a).

Several types of child care are available in the United States. Beside the family, child care is the most important part of the early childhood environment (Bronfenbrenner, 1979). Family child care is day care directed out of an owner's home; only some family child care homes are licensed (OPRE, 2016). In particular, low-income families and other minorities, including immigrant families, are especially willing to use relatives as caregivers (Fuller, Holloway, & Liang, 1996). In family child care programs, the environment is more like a family than the classroom environment offered in center-based settings, which is also usually more expensive (National Association for Family Child Care, 2013). As a result, many U.S. families prefer a family setting for child care (Zigler & Gilman, 1996).

In California, a licensed family child care facility may enroll up to 14 children if providers hold a large license, and 12 children if providers hold a small license (California Child Care Licensing, 2016). Family child care home programs usually offer care for a mixed-age group of children from birth to 12 (including infants, toddlers, preschoolers and school-age children), which benefits parents who have children of different ages and who prefer the children to be together in a family-style setting. According to Cook, Roggman, and Boyce (2011), placing children in high-quality family child care enhances child interaction with peers and does not interrupt the child's emotional bond with parents.

In order for children to receive quality care, child care providers need to have appropriate training and practice-based coaching to support providers' use of effective teaching practices that lead to positive outcomes for children (National Institute on Child Health and Development [NICHD] Early Child Care Research Network, 2002). Family child care providers who are well-trained can then help Head Start achieve its goal of providing opportunities for children in poverty to excel and learn as much as their advantaged peers (Love et al., 2002).

Quality training seeks to teach skills and knowledge for implementation of program curricula in early childhood education and for providing comprehensive services (such as supporting young children's social competence). Training should also focus on how to conduct screenings and assessments, such as the California State Department of Education's (2015) DRDP (see Chapter One), an observation tool which educators use to record children's individual progress.

On some occasions family child care providers will need training in how to provide inclusion and implementation of Individual Family Service Plans (IFSP) for children with disabilities who are eligible for services. An IFSP is a process created by a multidisciplinary team formed by parents, a service coordinator, and other professionals involved in early-intervention services for infant and toddlers (Zhang & Bennett, 2003). An IFSP (for children from birth to age three) or Individual Education Plan (IEP) for students aged three to 21 includes the student's present level of development, disability classification, and timeline for projected goals (Mervis & Leininger, 1992). By law, those IFSP goals need to be implemented into daily activity plans for those children identified with disabilities who are enrolled in the Head Start program. In general, a daily activity plan is defined as: "(a) written comprehensive and coordinated planned program of daily activities based on a statement of principles for the facility

and each child's individual development, as well as appropriate activities for groups of children at each stage of early childhood" (American Academy of Pediatrics, 2011, Chapter 3, p. 1). Moreover, being able to identify delays at an early stage is important so providers can make referrals to an appropriate agency or report concerns to the Head Start program. Krauss (1990) affirmed that the IFSP process will require a fundamental change in early interventionist training as well as new tasks and responsibilities for educators.

According to Garvis and Manning (2015), policy makers recognize teachers' qualifications as critical variables that can predict quality in early childhood care and education (ECCE). Strong knowledge about early childhood helps produce professional abilities as well as specific teaching skills which in turn produce a high-quality ECCE and positive developmental outcomes (Bowman, Donovan, & Burns, 2001; Manning, Garvis, Fleming, & Wong, 2015). Berk (1985) also discovered that compared to early childhood teachers with only a high-school diploma, teachers with a college degree (e.g., Associate's or Bachelor's degree) are more responsive and dedicated when communicating with children, even if college-educated teachers have not majored in ECCE. Quality pre-service early childhood education should include comprehensive knowledge and practical experiences with infants and toddlers. Initiating comprehensive services includes building collaborative relationships between child care providers and families enrolled in programs (Dunlap et al., 2006).

Early Head Start programs have developed comprehensive services in partnership with local child care centers (agencies) and family child care providers who serve infants and toddlers from low-income families (Selden, Sowa, & Sandfort, 2006). Comprehensive services benefit children, families, teachers and educators, and include:

- health, behavioral screening and development in general;

- meet nutritional standards and safety;
- increased professional development opportunities for teachers, and
- increased parent opportunities to engage to program activities (Administration for Children and Families, 2014a).

Becoming part of the Early Head Start program also requires additional monthly documentation from family child care providers and knowing how to do assessments, screenings and observations. Developing appropriate training can help target gaps within present training in order for providers to excel in providing quality care for children.

Description of the Research Problem

Training is a challenge for the practice of child care (Taylor, Dunster, & Polland, 1999; Whitebook, 2003; Zaslow & Martinez Beck, 2006). Research suggests that child care providers who have more education give better services and higher-quality care for children (Davis, Thornburg, & Ispa, 1996; Honig & Hirallal, 1998). Compared to family child care providers, center-based educators tend to have higher levels of education and training (Clarke-Stewart, Gruber, & Fitzgerald, 1994; Gable & Halliburton, 2003) and offer more educational and instructive experiences (Clarke-Stewart et al., 1994; Goelman & Pence, 1988; Kisker, Hofferth, Phillips & Farquahar, 1991), such as more stimulating toys and play materials (Clarke-Stewart et al., 1994).

One of the goals of the Head Start program is to provide professional development to educators. For family child care providers who wish to provide quality care for children, professional development may be the only avenue available to improve their knowledge and skills in child development. However, although research on family child care has focused on provider characteristics, quality of programs and extended services, and best practices

(Gerstenblatt, Faulkner, Lee, Doan, & Travis, 2014; Kontos, 1991; Lanigan, 2011), there is a lack of research on training for family child care providers, and especially for those in Early Head Start programs. According to Peters and Kostelnik (1981), standards for evaluation of caregiver training are often not reported. Postmodern views also suggest that it is essential to analyze models and programs not only in terms of group size or activities with children, but also considering regulations (such as Early Head Start regulations and whether providers understand them), standards, cost-effectiveness, and quality (Dahlberg, Moss, & Pence, 1999). The question of appropriate training for family child care providers, and especially those trying to meet requirements of Early Head Start programs, has yet to be answered clearly.

Purpose of the Study

The purpose of this study was to investigate how family child care providers perceive the quality of Early Head Start training to support professional development, and to identify what professional areas and experiences or activities providers deem to be crucial to their professional development training. Family child care providers receiving Early Head Start training for caregivers in a northern California county were interviewed for this study. This county is one of 11 northern California counties selected as pilot areas for a grant from the California Department of Education ([CDE], 2003) that funded partnerships between Early Head Start and childcare providers.

Guiding Research Questions

The overarching research question for this study was: How do family child care providers perceive the quality of Early Head Start professional-development training? Sub-questions were:

1. In what ways do family child care providers perceive that training and professional development from Early Head Start enhance the providers' learning?

2. In what ways do family child care providers perceive that training and professional development from Early Head Start enhance their self-efficacy as family child care providers?
3. How do family child care providers assess the value of training and professional development by Early Head Start?

Theoretical Framework: Bandura and Social-Cognitive Theory

Research has stated that child care quality is related to: child care providers' characteristics, professional development, and attitudes and practices, as well as to the socio-emotional stages of infants, toddlers and preschool-age children in care (e.g., Arnett, 1989; Burger, 2010; Forry et al., 2013; Fukkink & Lont, 2007; Loeb, Fuller, Kagan & Carrol, 2004). This study considering cognitive perspectives on training sought to understand providers' perceptions of how and what they learned in training, gaps in training, support received from agencies, and self-efficacy. Self-efficacy alludes to people's beliefs in their capacity to make a difference as a result of their performance (Bandura, 1977, 1997). Bandura's (1977, 1997) social-cognitive theory described the way people learn from each other, and identified four factors—mastery experiences, vicarious experiences, social persuasion, and psychological factors—that are related to self-efficacy. This study asked how providers perceived that professional development training helped them learn in these ways and whether such learning helped them develop greater self-efficacy as teachers or as resources and advocates for families (Cortes, 2016).

Significance of the Study

This study should make a contribution to the practice of training and professional development in child care. For many years, research on professional development has involved

documenting teacher satisfaction or willingness for transformation rather than the process of how professional development works (Desimone, 2009). Yet one must also consider the content of experiences and processes through which professional development is conducted (Fielding & Schalock, 1995; Ganser, 2000). Providers need training regarding early childhood education, curriculum, screenings, assessments, awareness of best practices, and policies required by programs in order to provide quality care to infants, toddlers and preschoolers, and to meet performance standards. To improve training, it is important to understand whether providers feel they receive the type of training and manner of training they feel is necessary in order to deliver quality care on a daily basis. For example, a single training for different levels of providers is likely to be insufficient to provide understanding of ECE or what agencies or programs expect. It is also important to understand what aspects of training build teacher self-efficacy. This study, based on Bandura's (1977) ideas about learning and the development of self-efficacy, can help inform professional development training that builds self-efficacy in the early childhood field.

In particular, this study addresses the importance of developing training and professional development tailored for providers working in family child care homes. Family child care providers work in their homes, without being part of a school system or receiving feedback from other providers, as center-based teachers tend to do (Fuligni, Howes, Lara-Cinisomo, & Karoly, 2009). To improve training and professional development for family child care providers, it is important to understand whether family child care providers perceive that they receive training and practice in early childhood education that is relevant to the settings they work in; whether they experience modeling and support from their peers; and/or whether and how they receive coaching in their own facilities. Understanding family child care providers' perspectives on Head Start training could also help improve collaboration with program staff.

This study will benefit educational leaders and policy makers in identifying the necessity of quality training to child care providers and helping leaders in early childhood education to tailor training to provider needs, the needs of the community, and requirements of Early Head Start programs. This goal is also consistent with a recommendation for improving professional development as stated in the 2012 Advisory Committee on Head Start Research and Evaluation:

The Committee recommends a federal cross-agency panel be established to develop a framework for identifying critical components of early childhood workforce preparation aimed at both higher education and non-credit-bearing professional development for early education teachers, home visitors, and administrators. (p. 24)

Chapter Summary

The first five years of life are a critical stage in cognitive, emotional, social, and physical development (Heckman & Masterov, 2004; Shonkoff et al., 2009). In order to give children quality child care, child care providers need to have appropriate training and coaching to develop effective teaching practices (Arnett, 1989; Howes et al., 1992; Kontos, Howes, Shinn, & Galinsky, 1995; NICHD Early Child Care Research Network, 1996, Vandell & Wolfe, 2000). Compared to center-based educators, family child care providers tend to have less education and training and offer fewer educational and instructive experiences (Clarke-Stewart et al., 1994; Goelman & Pence, 1988; Kisker et al., 1991).

Early Head Start was founded as a national initiative to provide early learning opportunities for low-income children from birth to age three. This chapter provided a brief history of Head Start and Early Head Start and the services they provide; described family child care and these providers' need for quality training and professional development, and stated the purpose of the study: to investigate how family child care providers perceive the quality of Early Head Start training to support professional development, and to identify what professional areas and experiences or activities providers deem to be crucial to their professional development

training. The chapter also provided key definitions for the study and briefly described the theoretical foundation of the study: Bandura's (1977, 1997) social-cognitive theory. The present study can help in developing training for child care providers and in improving Early Head Start. Chapter Two will provide a literature review, describing characteristics of family child care programs; historical foundations of Head Start and Early Head Start; research foundations regarding training for child care; the study's theoretical foundation (Bandura and social-cognitive theory), professional development and self-efficacy; and Early Head Start training and professional development.

Chapter 2: Review of the Literature

The number of families needing subsidized programs has increased dramatically due to passing of the Personal Responsibility and Work Opportunity Reconciliation Act in 1996 (Child Care Bureau, 2006). This chapter will describe aspects of family child care and family child care providers, aspects of quality child care and the need for good training for providers. The chapter will then discuss Early Head Start, ideas from social- cognitive theory about self-efficacy and factors that shape self-efficacy (Bandura, 1977, 1997), and how professional-development training can provide such learning for providers who participate in Early Head Start.

Characteristics of Family Child Care Programs

The majority of American children from birth to 4 spend time outside parental care before entering elementary school (U.S. Bureau of the Census, 2011). In family child care programs, the environment is more similar to a family environment than a classroom (National Association for Family Child Care, 2013). Family child care homes ordinarily provide care for children of mixed ages (from birth to 12, including infants, toddlers and preschoolers), which benefits parents who have children of different ages and want the children to be together.

According to a national study (National Survey of Early Care and Education Project Team, 2015b), home-based childcare settings are mostly small businesses, which usually serve about eight children under age 13 for a minimum of 5 hours per week in a typical week. The number of children enrolled can vary. Some children come only part time, and the day or time can vary. In California, where the present study was conducted, informal family child care serves up to four children. In formal family child care, providers can serve up to 14 children when family child care providers hold a large license, and 12 children if providers hold a small license (California Child Care Licensing, 2016).

On average, compared to centers, family child care homes offer smaller group sizes and smaller child-adult ratios. As a result, family child care homes also offer more one-to-one interaction with children (Clarke-Stewart et al., 1994). Home-based child care providers generally value close relationships with families and attempt to provide continuity of care (Kontos et al., 1995). Relationships between the child and the provider build a strong foundation of trust; the way that family child care providers connect to parents and children goes beyond documentation of signing in and out (Galinsky, 1994). Daily communication via technology allows parents and providers to talk about daily activities with children and to share pictures via text or email at parents' request (Del Grosso, Akers, Esposito, & Paulsell, 2014).

Continuity of care is one of the main reason parents select family child care. Parents value having a single caregiver and the opportunity to develop a long-term relationship with the child care provider. Parents connect quality in child care with educational characteristics only when children are about age three or older (Johansen, Leibowitz, & Waite, 1996). Families also often choose center-based or family child care according to their social status (Meyers & Jordan, 2006). Infants, toddlers, and preschoolers from low-income families are more likely to attend family child care homes than school-age children or children from middle-class or higher social-status families (Johansen et al., 1996).

Traditionally, licensing standards for child care have been poor. In some states of the U.S. the main requirements for obtaining a child care license are a driver's license, being 18 years of age, and having no criminal record., although other states require a Master's degree (Ackerman, 2004; Whitebook, 2003). According to Kellogg (1999), child care providers in the U.S. have been called "largely ill-prepared" (p. 57) and "randomly trained" (p. 57). Hayes, Palmer, and Zaslow (1990) also found that child-care-center directors often report requiring less

formal education for teachers of infants and toddlers than for teachers of older children. These directors thought that regardless of formal training or education, a warm and sensitive caregiver best establishes emotional relationships and autonomy, which are the most important developmental tasks for infants and toddlers.

One dimension of the quality of child care has to do with the quality of child outcomes (OECD, 2006), such as educational outcomes. One of the common measures used is the Early Childhood Environment Rating Scale-Revised ([ECERS-R]; Warash, Markstrom, & Lucci, 2005). The ECER-R includes different topic areas including literacy. For many children, a child care setting is a significant context for learning language, and the quality of early learning environments is often related to children's language development (Clarke-Stewart, Vandell, Burchinal, O'Brien, & McCartney, 2002; Dickinson & Neuman, 2006; Loeb et al., 2004; NICHD Early Child Care Research Network, 2005; Phillips & Morse, 2011). Studies show that stimulating use of language during the early years of life can serve as a foundation for basic communication skills that contribute to emergent literacy skills and readiness for school (Wasik, Bond, & Hindman, 2006). A study in Sweden (Berglund, Eriksson, & Westerlund, 2005) compared scores on vocabulary and comprehension for 18-month-old children at home, in family care, or at daycare centers, and found that children in family care had the lowest scores. About 30% of children who qualify for the Head Start program are not native English speakers (ECLKC, 2011). Therefore, providing training to providers in the area of language and literacy is important. Loeb et al. (2004) also found more problematic social behaviors among children if the provider had less than a high-school education. This might occur more often among family child care providers, who tend to be less educated than center-based providers (Clarke-Stewart et al., 1994; Gable & Halliburton, 2003; Kontos, 1991).

Child care providers who have no experience or education in early childhood have difficulties facing the challenges of infants and toddlers. Turnover in the field of child care in the United States is notable: on average 30% (U.S. Bureau of Labor Statistics, 1998). The main reasons are low wages, few job benefits, and limited opportunity for professional advancement (Whitebook, 1999), even though some providers offer their services 24 hours a day, 7 days per week, trying to accommodate their schedules to the needs of families (Meyers & Jordan, 2006). Regrettably, child care instability can cause poor developmental outcomes, especially for children who are already at risk—for example, due to low family socioeconomic status (Adams & Rohacek, 2010). Head Start was founded to assist poor children and families. Its history will be described next.

Historical Foundations: Head Start and Early Head Start

Head Start. Head Start began as a social-action program to help children in poverty. It was founded between the Fall of 1964 and Summer of 1965, at a time when social and political forces had come to focus on the problem of poverty (Zigler & Valentine, 1979). Head Start's goal was and still is to provide comprehensive services to low-income children and families (in the areas of education, health, nutrition, disabilities, and social services); the idea is to provide opportunities to children in poverty so they can excel and learn as much as their advantaged peers (Love et al., 2002). Since its emergence, Head Start has provided pre-school classes and services to over 31 million children from birth to age five; comprehensive services are also offered to the entire family. Statistics from 2013 showed that the program served almost one million children and pregnant women in facilities, family homes, and family child care homes (Early Childhood Learning & Knowledge Center [ECLKC], 2015).

Head Start is managed by the United States (U.S.) Administration for Children and

Families within the U.S. Department of Health and Human Services (USDHHS) and receives federal funding authorized by the U.S. Congress each year. Federal grants are awarded directly to public agencies with the motive of managing Head Start programs in local communities (ECLKC, 2015).

In 1972, Head Start began to develop the Child Development Associate (CDA) credential to help Head Start teachers become more competent. Soon the CDA became an important basic credential for professional development both in Head Start and in ECE education (Advisory Commission on Head Start Research and Evaluation, 2012). In the mid-to-late 1990's, Head Start revised its performance standards (1994), emphasized enforcing them (1997) and made important changes as part of reauthorization of Head Start (1998) (Haxton, n.d.). In 1994, Head Start performance standards claimed that program quality would be the primary focus; in 1996, a CDA-certified teacher was required in every classroom; and in 1997 Head Start required that programs operate with high quality, with qualified staff who had the skills, education, and experience to perform their jobs well (Haxton, n.d.). In 1998, Head Start also shifted its purpose from focusing on children's social competence to focusing on their school readiness; Head Start required that at least one teacher in a Head Start classroom should have an A.A. degree, and all classroom teachers should meet other professional requirements (Haxton, n.d.). In 1999, as part of improving children's school readiness, Head Start also emphasized best practices in ECE and collection of data on children's outcomes, in addition to teacher education and planning for career development (Haxton, n.d.).

National and state organizations also joined in on these goals. In 1991 the National Institute for Early Childhood Professional Development set the goal that by the year 2001, "All programs for young children will provide high-quality, developmentally appropriate care and

education” (Bredekamp, 1991, p. 35). Child care advocates recognized the significance of education and training for quality programs (e.g., Andreasen & Haciomeroglu, 2009) and recommended that state planners scrutinize child care providers’ opinions about training and education, their perspectives on appropriate training, and the barriers as well as incentives to seeking professional development and new opportunities (Gable & Halliburton, 2003). The state of Missouri also decided to require all early childhood practitioners working with young children to attend training at the “entering” level (Hansen & Gable, 2007). To define the content of the training program and curricula, the team members used early education concepts from recognized frameworks and best practices (Bredekamp & Copple 1997), the Creative Curriculum (Dodge & Colker 1998), as well as the CDA credential.

As well as seeking to improve children’s education, Head Start’s 1994 performance standards emphasized collaborating with child care and adding services for children aged 0-3 (Haxton, n.d.); these emphases will be described in more detail later. These changes helped make quality child care more available to low-income families.

After passage of the 1996 Personal Responsibility and Work Act, the United States focused on helping welfare-recipients transition from receiving cash assistance to working. To provide child care for working parents, the new welfare program, Temporary Assistance for Needy Families (TANF), conveyed child care development funds to provide child care services in children’s own homes or in the homes of relatives. As a result, state use of TANF for child care expanded from \$3 billion in 1999 to \$3.5 billion in 2000 (Center for Law and Social Policy, 2013). The federal and state governments also expanded opportunities for Head Start programs and child care providers to work together to meet needs of working parents (Administration for

Children and Families, 2014a) and provide professional development for Head Start teachers (Domitrovich et al., 2009).

Head Start programs have stringent requirements in order to be in compliance with the Head Start Program Performance Standards for child-teacher ratios; health and safety regulations; requirements for teacher education, professional development, and training standards; and supervision of children and the environment (Schilder et al., 2005). In 2008, Head Start also required that 10% of program slots were reserved for children with special needs, who would receive services to meet their needs (Haxton, n.d.).

Families are also supposed to be involved in their children's education and to be offered screenings, referrals, comprehensive services, and opportunities to participate in the program as volunteers so they can make connections between home and school (National Survey of Early Care and Education Project Team, 2015b). Head Start hopes to empower low-income families to participate in their children's education in the program and in the future. Families who receive services can also make a connection with the community and learn about resources they may need in the future (National Survey of Early Care and Education Project Team, 2015b). Schilder et al. (2005) reported that parents in agencies partnering with Head Start were more likely than parents with children in other agencies to report receiving referrals for social services, mental health, employment, GED preparation, English classes, immigration services, food stamps, and help with energy/fuel.

Head Start programs seek to offer quality care for all children enrolled in the program; indeed, they go far beyond most child care programs in offering training and support for children and families in poverty (Administration for Children and Families, 1998). According to research conducted on Head Start and other high-quality early-intervention programs (see Advisory

Committee on Head Start Research and Evaluation, 2012), participation in these programs has provided short-term improvement in children's language, vocabulary, and pre-reading skills (Currie & Thomas, 1995; U.S. Department of Health and Human Services [USDHHS], 2010); improved social-emotional skills in 3-year-olds (USDHHS, 2010), improved parent reading and cultural enrichment with 3-year-olds (USDHHS, 2010), and improved parent involvement with their children, with parents becoming more responsive, more sensitive, warmer, better attached to their children, and more effective in their discipline practices (Brooks-Gunn, Berlin, & Fuligni, 2000; Brooks-Gunn & Markman, 2005; USDHHS, 2010). Although research has shown that effects on school performance tend to fade out in elementary school (Advisory Committee on Head Start Research and Evaluation, 2012), Currie (2001) reported that Head Start participants were less likely to be placed in special education or held back a grade. Some research on adults who participated in Head Start as children has shown improved outcomes in adulthood (Garces, Thomas, & Currie, 2002; Ludwig & Miller, 2007). For example, compared to their siblings who did not participate in Head Start, White participants in Head Start had higher graduation rates, improved college attendance, and higher earnings in their 20's and Blacks who participated in Head Start were less likely to be booked and charged with crimes as adults (Garces et al., 2002).

Although these studies showed benefits for participating in Head Start, which serves children aged 3-5, some studies suggested providing intervention with children from birth. The Advisory Committee on Head Start Research and Evaluation (2012) noted several studies (Bradley & Corwyn, 2002; Duncan & Brooks-Gunn, 1997; Hair, Halle, Terry-Humen, Lavelle, & Calkins, 2006; Hart & Risley, 1995) which showed that children from low-income families (200% of poverty and below) showed less cognitive development at age two than children from

richer families. Research showed that childhood education starting in infancy could have effects that were medium to large on children's cognitive and social development (see Ramey & Ramey, 1998). Based on evidence from several preschool programs that helped children from infancy, Ramey and Ramey (1998) stated six principles for early intervention programs.

Principle 1: Principle of developmental timing. Generally, interventions that begin earlier in development and continue longer afford greater benefits to the participants than do those that begin later and do not last as long.... (p. 115)

Principle 2: Principle of program intensity. Programs that are more intensive (indexed by variables such as number of home visits per week, number of hours per day, days per week, and weeks per year) produce larger positive effects than do less intensive interventions.... (p. 115)

Principle 3: Principle of direct (vs. intermediary) provision of learning experiences. Children receiving interventions that provide direct educational experiences show larger and more enduring benefits than do children in programs that rely on intermediary routes to change children's competencies (e.g., parent training only.... (p. 116)

Principle 4: Principle of program breadth and flexibility. Interventions that provide more comprehensive services and use multiple routes to enhance children's development generally have larger effects than do interventions that are narrower in focus.... (p. 116)

Principle 5: Principle of individual differences in program benefits. Some children show greater benefits from participation in early interventions than do other children.... (p. 117)

Principle 6: Principle of ecological dominion and environmental maintenance of development. Over time, the initial positive effects of early interventions will diminish to the extent that there are not adequate environmental supports to maintain children's positive attitudes and behavior and to encourage continued learning related to school.... (p. 117)

Early Head Start and Head Start have built on these principles. Early Head Start serves children aged 0-3 (see Principle 1 above), and both programs provide complete comprehensive services, including direct educational experiences (see Principle 3 above) that are offered daily (see Principle 2 above), as well as other services (e.g., social, medical, dental, nutritional and mental health services; see Principle 4 above) to low-income families (Institute for Human and Social Development, n.d.). In addition, Early Head Start has joined with state agencies to provide additional services to low-income families with children in family child care homes.

Early Head Start. When it was funded and for many years afterwards, Head Start was better able to provide services for children aged three to five than to provide services for younger children (Institute for Human and Social Development, n.d.). Head Start also mostly provides services for part of the day, but many working parents are in need of full-time child care all day (Schilder, Kiron, & Elliott, 2003). In 1994, Early Head Start was founded as a national initiative to provide early learning opportunities for children from birth to age three who qualified in the low-income range of Early Head Start as well as the Head Start program.

In contrast to Head Start preschool programs, which offer most services in center-based settings, Early Head Start programs offer a greater percentage of services (41% in 2011) in home-based programs (ECLKC, 2011), including home-visiting services and family child care homes (Institute for Human and Social Development, n.d.). Early Head Start originally had 68 grantees funded by the Administration on Children, Youth, and Families in the USDHHS. By 2014, it had grown to more than 700 programs serving 62,000 low-income families with infants and toddlers across the U.S. (Love et al., 2005).

To meet both children's developmental needs and parents' workforce needs, government leaders and policymakers have supported partnerships between agencies and child care to deliver quality service across settings (Del Grosso et al., 2014). Family child care providers who participate in partnerships with state and federal programs receive ongoing training and extra funds to pay for college units if they are willing to attend (Del Grosso et al., 2014).

In January 2014, Head Start received expanded funding for a new initiative that extended Early Head Start standards and comprehensive services in order to partner with child care providers (Administration for Children and Families, 2014a). To implement Early Head Start child care, it is imperative for family child care providers to receive appropriate training (Kagan,

Verzaro-O'Brien, Kim, & Formica, 2000; Kisker et al., 2003). Training should be tailored to meet the needs of new staff and guide them in understanding what is required in terms of policies, regulations, professional development, and expectations of Head Start performance standards.

The Early Head Start Child Care Partnership was part of President Obama's early education plan to support communities in different states by expanding high-quality early learning (Schilder & Leavell, 2015). This initiative developed a special interest in research on the benefits and opportunities of Head Start and child-care partnerships. Training and technical-assistance projects are generally funded by the federal government to help Head Start and family child care providers implement and support partnerships (Schilder & Leavell, 2015). Head Start and Early Head Start provide funds (e.g., a monthly stipend for each Head Start or Early Head Start child in their care) that child care providers use to pay for equipment and materials (Buell & Cassidy, 2001; Schilder et al., 2005, 2009); Head Start and Early Head Start may also provide materials and equipment directly to child care providers, or offer loans (Buell & Cassidy, 2001; Ceglowski, 2006; Paulsell, Nogales, & Cohen, 2003; Schilder et al., 2005, 2009).

State policies that support business practices of child care providers (as set out by the Administration for Children and Families Office of Child Care) have also added a provision that requires that states and territories develop professional development opportunities that improve the knowledge of the child care work force so that child care providers can comprehensively support children's needs (Administration for Children and Families, 2014b). Both federal and state programs have promoted professional development among educators.

In 2016, in the Federal Register, the Office of Head Start (OHS) announced the first comprehensive revision of the Head Start Performance Standards since their first release in 1975

(ECLKC, 2016). The Head Start performance standards proclaim policy and regulations that need to be met by all Head Start and Early Head Start grantees (ECLKC, 2016). One regulation is the requirement to “provide appropriate training and technical assistance or orientation to the governing body, any advisory committee members, and the policy council” [Head Start Program Performance Standards section 1306.20(g)(1)]. These regulations include training on program performance standards and in determining, confirming, and documenting eligibility in order to be certain that participants understand the information they receive and can oversee and participate in programs in the Head Start agency (ECLKC, 2016). Training about curricula used, activity plans when working with children, individualization, inclusion, school readiness, assessments, and timelines are also essential to be in compliance with Head Start performance standards. Additionally, due to diverse backgrounds and levels of education, Early Head Start providers should have sufficient early childhood education offered to them from the Head Start program to meet the attachment needs of infants, toddlers, and preschoolers.

Specifically, the Head Start performance standards require the CDA credential as one of the minimum requirements nationwide to become a family child care provider affiliated with the Head Start program. Center-based teachers need to have at least a Bachelor of Arts (B.A.) degree to work in a Head Start program.

The CDA is a certification of knowledge in child care but is not a prerequisite for state licensure in child care. Offered as an incentive to encourage family child care providers to join the Early Head Start program, this credential aims to promote their professional development. The training manual includes eight chapters in child development from birth on. The credential must be completed within 18 months after the first month of providing services (Council for Professional Recognition, 2000); evidence of the knowledge acquired during training and

implementation also must be followed up to verify potential success in implementation of the credential.

Nationally, both state preschools and Head Start and Early Head Start programs require higher levels of staff education for center-based care than child care licensing regulations mandate (Schumacher, Greenberg, & Lombardi, 2001). In the federally funded Head Start program, only 50% of teachers nationwide had to upgrade their educational qualifications from the requirement of having a CDA credential—which involves 120 clock hours of instruction on topics such as children’s health, safety, and development (Council for Professional Recognition, 2000)—to obtaining an Associate’s degree, Bachelor’s degree, or advanced degree in Early Childhood or a related field by September 30, 2003 (“Head Start Act,” 1998; Head Start Performance Standards, 2016).

Research Foundations: Training For Child Care Providers

Importance of training. Education and training are imperative before anyone decides to provide professional care for children (Gable & Halliburton, 2003). Past experience in the field is not as good a predictor of successful quality teaching and care (Hayes et al., 1990). In training, providers learn about quality care for children (Clarke-Stewart et al., 2002; Gormley, 1995; Howes et al., 2008). Indeed, research studies have consistently identified caregivers’ specialized training and education as one of the strongest predictors of child care quality (Cost, Quality, and Child Outcomes Study Team, 1995; Howes et al., 1992; NICHD Early Care Research Network, 1996, Vandell & Wolfe, 2000). Pianta and Hamre (2009) suggested that it is the combination of having a Bachelor’s degree and having training that develops skills in how to teach that helps teachers improve their teaching. Another study found that the quality of teachers' language-arts teaching was related to being mentored and supervised, as well as to their

level of education (Bellm, Whitebook, Cohen, & Stevenson, 2005). Ongoing training is also necessary for continuous quality improvements (Munton et al., 1996).

However, research from seven studies of preschool programs has shown that having a Bachelor's degree does not determine a teacher's capacity to work effectively with preschool children (Early et al., 2007). In a study of Head Start teachers in 32 classrooms for 145 children, classroom quality was not determined by teachers' education, experience or attitudes (Bryant, Burchinal, Lau, & Sparling, 2006). According to Pianta and Hadden (2008), the quality of training programs' substance and content is the most important in improving children's outcomes. In the Bryant et al. (2006) study, children scored higher on achievement and pre-academic skills if they were receiving higher-quality instruction. However, only 9% of center-based classrooms met the criteria for developmentally appropriate instruction.

According to Hightower et al. (2011), educational theory calls for improving teachers' knowledge, skills, and classroom teaching in order to enhance student achievement. Fukkink and Lont (2007) reviewed 17 studies (1980-2005) of training for childcare providers; the review showed that trainings had a larger effect on developing caregivers' knowledge or attitudes than on developing their skills. The researchers chose evaluation studies of caregiver training that specialized in teaching skills for interacting with children in regular childcare settings. In these studies, the caregiver was the main focus of the evaluation, and the studies reported statistics on change in providers' knowledge, attitudes and skills after training. In the Fukkink and Lont (2007) study, most of the trainings taught a theoretical perspective and covered a broad range of topics. Most trainings also emphasized skills in interacting with children in a learning setting (14/17 studies), but fewer studies emphasized supervision and mentoring (9 studies), communicating with parents and staff (7 studies), or videotaped practice sessions (4 studies).

Additionally, only some studies used role-play or group discussions (Fukkink & Lont, 2007). Teachers also showed less learning when there was no curriculum used, when programs were large and when training was done at several sites (Fukkink & Lont, 2007). However, training for preschool teachers often does not use a curriculum but is given as a one-time workshop, with little follow-up (e.g., Garet, Porter, Desimone, Birman, & Yoon, 2001). Curricula also do not exist for family child care training (Abell, Arsiwalla, Putman, & Miller, 2014).

Providing mentorship to accompany didactic instruction can also benefit teachers (Helterbran & Fennimore, 2004; Howes, James, & Ritchie, 2003). Allowing teachers to observe and practice with mentors or coaches allows teachers to raise their skills and competence (Jacobs, 2001; Riley & Roach, 2006). Howes et al. (2003) also talked about the importance of teachers' receiving mentoring and supervision that allow them to reflect on their experience. Mentors should also help mentees review their performance and outcomes in the classroom (Moir, Barlin, Gless, & Miles, 2010).

According to the Advisory Study on Head Start Research and Evaluation (2012), mentoring is most successful when coaches intensively observe educators in their daily work setting (watching how well they implement the curriculum or appropriate teaching practices); when coaches model positive work with children, and when coaches give supportive feedback while educators demonstrate and continue positive practices (Landry, Anthony, Swank, & Monseque-Bailey, 2010; USDHHS, 2010). The coaching is also sequenced to build skills. Coaches also receive supervision, and mentoring from master coaches, and are expected to use effective coaching models, which may include video and distance methodologies. High-quality mentoring programs also need skilled, knowledgeable mentors and regular mentoring follow-up with classroom instruction, mentee engagement, and a school culture that supports mentoring

(Moir et al, 2010).

Training for family child care providers. In a study of 177 family child care providers, Fischer and Eheart (1991) also found that caregiving practices were affected by demographic characteristics, training, support networks, business practices, and business stability, but especially by training and support. Family child care providers with a background in early childhood education and child development tend to offer quality care by providing a safe, healthy environment with age-appropriate materials that promote individual interactions to stimulate cognitive and social-emotional development (Lanigan, 2011).

Yet compared to family child care providers, center caregivers tend to have higher levels of education and training (Clarke-Stewart et al., 1994; Gable & Halliburton, 2003; Kisker et al., 1991) and to offer more challenging toys and play materials (Clarke-Stewart et al., 1994) and more educational and informative experiences (Clarke-Stewart et al., 1994; Kisker et al., 1991). A national study of early childhood educators (National Survey of Early Care and Education Project Team, 2015b) found that 53% of center-based providers had any college degree (Associate's or higher) compared to 30% of listed homecare providers; also, 46% of center-based providers had a CDA credential compared to 38% of listed homecare providers. Fuligni et al. (2009) also found that center-based preschool providers were more likely to receive training in a curriculum (93% of public and 88% of private preschool teachers), and support in using it (respectively, 88% and 84%) than family child care providers, where 44% were trained on a curriculum and 38% received follow-up. OPRE (2015) also found that 74% of center-based classrooms or groups used a curriculum compared to 55% of family child care providers.

Compared to center-based providers, family child providers are also less likely to get support from other teachers, supervisors, or mentors, and are more likely to depend on

conferences and workshops for training (Fuligni et al., 2009). According to a national study (OPRE, 2015), center-based providers also have better access to specialists for developmental assessments (89%) compared to family child care providers (30%). Some center-based programs (26%) also have specialists to help with English language and to help children with special needs, but family child care programs do not have these specialists in their programs.

Trainers may find it challenging to meet the needs of providers who are at different levels of education or serve in different communities where priorities differ from one family to another. Lanigan (2011) found that family child care providers stated that they were not less professional or less committed to providing quality care than other providers, but they viewed their roles as early childhood educators as unique in terms of the way they operate (e.g., having children of mixed ages in their care), benefits to families in their care, and challenges. These issues appeared during discussion of the need for professional development delivered specifically for family child care providers and as they talked about professionalism and improvements in quality care. According to Dombro and Modigliani (1995), effective training and customizing of curricula (per site or location where providers reside) can lead to more effective professional development for family child care providers.

Many providers are also not able to attend training due to the time and days when training is offered. If training and professional development were mandated by the state, programs might request funding to provide support services for those who need substitutes or release time from work for assistants to ensure the success of the training (Cassidy, Buell, Pugh-Hoese, & Russell, 1995).

To summarize, specialized training for child care providers seems to be as important as general education; if the training is appropriate, both are significant and notable predictors of

child-provider interaction and quality education ratings (Fox, Hemmerter, Snyder, Perez, & Clarke, 2011). Equally important is continuous basic coaching after training in order to help child care providers internalize information provided during training (Fox et al., 2011). It is important to monitor providers' level of understanding of the training: whether they fully comprehend the content and purpose of the information, need changes in instructional methods, or need additional support (such as technical assistance after the training) in order to fulfill the goals of the training.

Theoretical Foundation: Bandura and Social-Cognitive Theory

For many years, research on professional development has involved documenting teacher satisfaction or willingness for transformation rather than the process of how professional development works (Desimone, 2009). Yet one must also consider the content of experiences and processes through which professional development will be conducted (Fielding & Schalock, 1995; Ganser, 2000). Professional development is embedded in several areas and experiences. Some experiences can be formal (for instance, attending workshops, mentoring, monthly meeting, or meeting with cohorts) or informal, such as reading documents related to areas of need (Ganser, 2000). Bandura's (1977, 1997) ideas about learning and the development of self-efficacy can also help inform professional development training that builds self-efficacy in the early childhood field. Albert Bandura's (1986) social-cognitive theory describes the way that self-influences, social-environmental influences, and behavior each play a role and interact in determining human cognition and behavior.

Self-efficacy. Self-efficacy refers to a person's belief that he or she is able "to organize and execute the course of action required to manage prospective situations" (Bandura, 1997, p. 2). According to Bandura (1977, 1997), past experiences provide vital information for learning.

Individuals use previous knowledge to develop expectations that influence future behavior. Repetition of success in certain areas, or mastery experiences, gives us a sense of control, or mastery, and elevates positive self-efficacy. However, negative past experiences will reduce a sense of mastery and decrease one's self-efficacy.

Self-efficacy is needed to give people a sense of control over events in their lives; it also refers to personal judgment of performance capabilities in a given area of activity that may contain stressful aspects (Schunk, 1985). According to Pajares (1996), environmental, affective and cognitive factors have an effect on our behaviors partly because these factors influence the way we think about ourselves. However, regardless of the environment, if we have high self-efficacy, we can overcome situations and control our behaviors. Self-efficacy can help people believe in their capabilities and can mobilize their motivation, which determines their selection of goals, and the effort, desire and persistence people put in to achieve their goals (Bandura, 1988, 1997; Tschannen-Moran, Hoy, & Hoy, 1998). Yost (2002) found that elementary-school teachers with high self-efficacy were more willing to try new practices and to challenge barriers in classrooms. Also, the stronger people's self-efficacy, the more career options they consider they have and the better they prepare themselves educationally for different pursuits (Hackett & Betz, 1995).

Self-efficacy is based on two primary factors: (a) belief about one's ability and (b) capacity to cope with a situation (Tschannen-Moran et al., 1998). Beliefs about one's ability are associated with personal factors, such as: knowledge, traits, skills, and strategies, instead of personal liabilities (Tschannen-Moran et al., 1998). The goals people choose also affect their belief in themselves. One can succeed in an activity but if it is not related to a personal goal, such success may not affect one's sense of self-efficacy. However, progress self-evaluation—or

seeing how well one meets important goals—can affect self-efficacy in a positive or negative way, and motivates behaviors (Bandura, 1997). One's belief in self can also be influenced by attributions, which are beliefs about self, based on past perceptions of reasons for succeeding or failing on a specific task (Weiner, 1985). Attributional analysis refers to judging self-efficacy for a task based on three dimensions (Tschannen-Moran et al., 1998). For example, was the teacher's success due to one specific situation or repeatable across situations (global or specific attribution)? Was it due to effort or skill or was it due to luck and/or resources (internal/external attribution)? Was the reason for success temporary or enduring (stable attribution)?

Ability to cope with a situation is also based on outcome expectations about carrying out a task: what one believes will happen if one is successful. However, one may not be able to carry out the task oneself. To decide if one is capable of coping with a situation, one will probably carry out task analysis—for example, seeking to understand factors that make teaching difficult or facilitate teaching, such as resources (Tschannen-Moran et al., 1998). In the task analysis, one also evaluates one's skill to determine if one can perform the task in a specific context (Tschannen-Moran et al., 1998). To carry out a task, one may also need to use self-regulation to control one's own motivation, thoughts, emotions, and behavior (Bandura, 1994). For example, one could regulate anxiety or depression to perform a task successfully. According to Bandura (1988), self-regulation functions through people's internal evaluations and standards for their own behavior. Self-regulated learners demonstrate high efficacy in their capabilities, which influences the goals for knowledge and skills they set for themselves and their commitment to meet challenges (Zimmerman, Bandura, & Martinez-Pons, 1992).

Some research has also been conducted on teacher self-efficacy—teachers' belief that they are able to make a difference by providing effective teaching (Coladarci, 1992). Toran

(2017) used the Teacher's Sense of Efficacy Scale to measure preschool teachers' self-efficacy. For example, with regard to beliefs about one's abilities, Toran found that greater teacher self-efficacy was related to graduating from a child development program or preschool teaching program; to receiving child-care consultation to work with children with behavioral challenges; and to receiving more hands-on consultation on behavior planning for specific children. Fung, Bruns, and Trupin (2010) also found that younger preschool teachers benefited more from a child care consultation program than older teachers did. With regard to ability to cope with the situation, Toran (2017) found that teachers in environments with more resources—such as a more prosperous school system or an urban setting—perceived greater ability to cope with their teaching situations.

Social influences. Bandura's (1977, 1997) social-cognitive theory has also described social influences that affect how people learn from each other. Bandura identified four factors—mastery experiences, vicarious experiences, social persuasion, and psychological factors—that are related to self-efficacy.

Mastery experiences. For teachers, mastery experiences involve learning by doing: learning to teach a specific subject—that is, cognitive content mastery (Palmer, 2006)—as well as learning how to teach—cognitive pedagogical mastery (Palmer, 2006)—in real-world settings. For example, it is important for child care providers to know the foundations for basic child development and literacy communication skills in order to address school readiness, as well as being able to care for and teach children well. Teacher self-efficacy increases when teachers understand the content of training and can assess what students know and guide them in positive learning activities (Bautista, 2011; Palmer, 2006).

According to Bandura (1977, 1997), mastery experiences are the most important factor in enhancing self-efficacy. For example, teachers can best assess their ability to teach a content area only in actual teaching situations (Mulholland & Wallace, 2001; Tschannen-Moran, Hoy, & Hoy, 1998). If people are used to easy successes, they expect quick results and can be easily discouraged if they fail. By overcoming obstacles through perseverance and effort, people can develop a resilient sense of efficacy (Bandura, 1997). Success in performance is less important in self-efficacy than thinking one is able to succeed: “Changes in perceived efficacy result from cognitive processing of the diagnostic information that performances convey about capability rather than the performances per se” (Bandura, 1997, p. 81). People who are persuaded that they can master activities are likely to try harder and longer and develop more skills than if they have low self-efficacy and are discouraged when problems arise (Bandura, 1997).

Vicarious learning. Bandura (1977, 1997) also expressed the importance of vicarious learning, or watching others modeling performance of tasks. When people see other people successfully performing certain activities in similar environments and situations, these experiences help people learn; they also are more likely to believe that they themselves have the capacity to perform the same task (Bandura, 1997).

According to Bautista (2011) and Bandura (1997), vicarious modelling can include:

- *effective actual modeling*: watching another teacher (e.g., a trainer, another provider) teach;
- *simulated modeling* of instruction in role-plays (e.g., with other trainees);
- *symbolic modeling* through hearing a story about teaching or watching a teacher in a video or visual materials;

- *self-modelling* by videotaping oneself or reflecting on one's performance (e.g., as part of inquiry-based hands-on activities); and
- *cognitive self-modeling*: imagining oneself performing a classroom practice successfully (e.g., providers imagine themselves providing best practice experiences to children) now or in the future.

Vicarious experiences of observing others succeed can instill confidence in one's own abilities (Bandura, 1997), especially if one can relate to the model as being like oneself.

Vicarious learning is especially important for individuals who do not yet have the vision that they have the capacity or enough experience to perform a task or reach goals (Tschannen & Hoy, 2001). However, because teacher efficacy can differ according to subject matter, vicarious experiences can benefit not only novice providers but also long-term providers who are learning in a new area (Tschannen & Hoy, 2001).

Social persuasion. Social persuasion is another important source of self-efficacy (Bandura, 1977, 1997). "Social persuasion refers to the verbal influences, which either provide encouragement in meeting a goal, or discourage behavior and creates self-doubt for the person receiving it" (Cortes, 2016, p. 19). Words of encouragement are necessary from time to time. Teachers who work at centers can benefit from receiving encouragement from co-workers or supervisors (Thoonen, Slegers, Oort, Peetsma, & Geijsel, 2011). Social persuasion is especially important for those who already have a certain level of self-efficacy and just need encouragement to perform with a high level of success (Bandura, 1977).

Physiological factors. Positive emotions and physiological factors also have an impact on how people interpret experiences and learn (Bandura, 1977, 1997). Physiological arousal can enhance efficacy or detract from it. For people with a strong sense of self-efficacy, affective

arousal can be energizing for performance. However, people with self-doubts may find that arousal interferes with performance (Bandura, 1997). For example, people who tend to have high levels of anxiety may show low levels of performance and low self-efficacy, whereas having positive attitudes can lead to positive emotions and have a positive impact on how people interpret experiences.

In a narrative study of five music teachers (De Vries, 2017), the two teachers with high self-efficacy in their music teaching thought all four learning factors shaped their self-efficacy. The teacher with the lowest self-efficacy reported no previous mastery experiences, vicarious experiences, social persuasion, or enhanced physiological states related to teaching. Bandura (1997) also thought that people differ in their perceived self-efficacy to learn from mastery experiences, vicarious experiences, social persuasion and physiological arousal.

Professional Development and Self-Efficacy

Teacher self-efficacy. For teachers, self-efficacy means that they believe they are able to make a difference by providing effective teaching (Coladarci, 1992). This can enhance their professional growth. They may become more interested in improving their practice and providing positive learning experiences for children they care for (Cortes, 2016), whereas teachers who do not believe in their abilities to teach are less involved in their teaching and daily planning (Garvis & Pendergast, 2011). It is important to build self-efficacy among child care providers in order for them to address areas of weaknesses without hesitation or fear of judgment by others. Teachers who feel a sense of positive self-efficacy are more willing to transfer skills learned in in-service training to their work in the classroom (Bray-Clark & Bates, 2003). In a study of family child care providers, Porter and Reiamn (2015) found that providers with greater

self-efficacy reported more motivation and social supports and greater intention to stay in the field.

Resource and advocate self-efficacy. For family child care providers, work-related self-efficacy includes not only (a) teacher self-efficacy, but also (b) resource and advocate self-efficacy (ability to help families with resources) (Cortes, 2016). As educators, family child care providers need to understand and provide appropriate experiences to each child under their care. Children come from different families and different cultures. Each family has its own cultural beliefs and values, and it is important for providers to understand these in order to make good connections with parents and provide a nurturing environment for children of different cultures. Having good communication with parents will help providers to know the children better and create positive learning outcomes, and providers will better understand how to help families with their children. Garcia (2004) found that teachers with high self-efficacy were more likely to ask families to participate in conferences and in school activities; this can bring a strong commitment that encourages children to continue with their education.

Building self-efficacy in different job roles. As family child care providers go through professional development, they may develop greater self-efficacy in their different job roles. Career development, as opposed to training for job skills, can be expressed as the choice to work in a combination of roles related to the career through the life span, and with emotional commitments to each of the roles (Super, 1990).

It is imperative for family child care providers to have self-efficacy that they have the necessary skills to manage different tasks at the same time. Family child care providers need to have a plan and strategies in order to accomplish these tasks in a successful manner. Professional development can assist providers in recognizing all the different tasks they do every

day and can help them reflect on new techniques for managing their time. Family child care providers who receive professional development may feel more competent as they shape others' behavior and actions, use organizational and management skills, and establish solid relationships with parents and staff who represent different programs.

Mastery learning. Since mastery of a task is an important factor in learning and developing self-efficacy (Bandura, 1977, 1997), professional development in early childhood education should emphasize learners' active participation (Im, Osborn, Sánchez, & Thorp, 2007). Ball and Cohen (1999) also wrote that change in providers' practices is most likely to occur when providers engage in active learning in practice. For example, hands-on teaching activities can help participants internalize information; spending more time teaching in classrooms can also help in developing a sense of mastery (Cantrell, Young, & Moore, 2003; Wingfield, Freeman, & Ramsey, 2000).

Hightower et al. (2011) also mentioned that professional development opportunities should be related to specific subject matter, should integrate teachers' previous knowledge, should be interactive and get teachers involved, should give teachers enough time to learn, and should include groups of teachers from the same school. It is also important for teachers to know the different ways students learn and to be aware of possible difficulties and frustrations in children's learning. Training should also allow providers to experience new information and activities which they can apply directly to children during their daily routines. As providers understand developmental concepts in more concrete ways and internalize the information, they will learn and implement new skills and create a sense of confidence.

Activities provided in training should also be relevant to the cultural environment and tailored to the needs of the program (or individual family child care providers) for successful

implementation (Fullan, 2007) and positive experience. Training should be designed in such a way that trainees can accept it, and trainers should frequently change strategies to ensure training addresses different-learning styles. Assessing family child care providers' level of education, training, and experience can help make training more relevant (Bording, Machida, & Varnell, 2000). Hoy and Spero (2005) also stated that mastery experience during teachers' pre-service training was especially influential in teachers' first year of work.

In efforts to help family child care providers to understand the importance of promoting healthy, nurturing, and supportive relationships to children under their care, the Department of Early Learning piloted a child care consultation program to help family child care providers and parents care for infants and young children with challenging social and emotional behaviors (Fung et al., 2010). The curriculum used for the training program was adapted from an established curriculum called Promoting First Relationships and used its materials, including handouts available in English and Spanish. Providers in the study reported on the increase of positive strategies they had learned for helping children with challenging behaviors and said that the services helped them to change their practices with children under their care. Providers also had more positive views of their knowledge of children's social emotional development and their own ability to manage problems and work with children, and felt greater self-efficacy as teachers.

Family child care providers also work and live in the same home, and need to balance between taking care of their own families and family space with providing an environment for children in care and their families. This situation can be a bit chaotic and blurred (Gerstenblatt et al., 2014; Kontos, 1991). Coaching at the providers' facilities is another example of informal training that is a predictor of effective teaching (Howes et al., 2008; Isner et al., 2011). In on-site

coaching, teaching assistants or coaches can assist providers at their own facilities as situations arise in the present moment. When coaches ask providers to analyze a situation and reflect upon it, providers can think critically, explore their own feelings and implement the most effective solutions (Im et al., 2007). Providers who are new to the field may be especially willing to implement new ideas and strategies, which can help to improve their self-efficacy. Extension of training, follow ups, and modeling in provider homes can help providers understand how to achieve balance between their own families and children in care. When trainers and mentors learn where the providers come from and work, they can also be better prepared with different strategies for training.

Mentoring should also be part of the technical assistance provided to family child care providers after they receive training. Mentoring leads to developing new skills and learning to handle stressful situations at work (Bellm, 1997; Hargreaves & Fullan, 2000). Strong mentorship requires assisting teachers to work effectively with adults, and helping them to be sure of their own judgments while also remaining open and receptive to the opinion of others. Mentoring helps teachers learn that they are not always the experts; they have essential information to learn from parents and other community members regarding particular children who have particular ways to learn (Hargreaves & Fullan, 2000). When providers serve as mentors for other providers, the mentor also experiences the value of transferring knowledge to others and develop self-efficacy (Cortes, 2016).

Vicarious learning. Vicarious learning involves watching others model performance of tasks (Bandura, 1977, 1997). To promote vicarious learning, professional development trainers can demonstrate exemplary teaching practices (Yoon et al., 2006) and provide models of effective communication and problem solving (Im et al., 2007). Family child care providers can

also learn different techniques from each other while participating in professional development training. Teachers can learn both from intentional modeling and from discussing their experiences with modelling, which will help them internalize information (Lee & Shaari, 2012). Professional development training should allow time for family child care providers to observe each other as they participate in training. After providers participate in cooperative learning groups (Scharmann & Orth Hampton, 1995) and experiment in solving problems together, they can also apply the same techniques when children are learning together or having conflicts among themselves.

Greater self-efficacy develops for those who view exemplary teaching practices (Cantrell et al., 2003; Wingfield et al., 2000), including those demonstrated in video case studies (Bautista, 2011), as well as for those who participate in cooperative learning groups (Scharmann & Orth Hapton, 1995). Bautista (2011) and Settlage (2000) found that both mastery experiences and vicarious experiences were important in the development of self-efficacy of science-education teachers.

Social persuasion. Family child care providers often work in isolation and do not have co-workers who can encourage them for their performance and accomplishments at their facility; family members may be their only support to build a sense of competence. Over time, providers can be discouraged and feel self-doubt (Hoy & Spero, 2005). Training and professional development that foster relationship building among family child care providers gives an opportunity for networking; when providers share knowledge and experiences, that will give the message that their type of work is valued and their self-confidence will increase. As providers give and receive encouragement, this can be a stimulus for making changes that make their line of work more pleasant while at the same time building self-efficacy.

Cortes and Hallam (2016) also described Communities of Practice (see also Buysse, Sparkman, & Wesley, 2003) which are groups that foster collaborative learning through the sharing of information and experiences (Wenger, 2000) and lead to positive changes in practice (Vescio, Ross, & Adams, 2008). Cortes (2016) reported that during monthly Communities of Practice meetings, teaching assistants gave providers opportunities to motivate each other through friendly competition and implementing new practices, similar to the effects of family child care providers participating in different networks (Lanigan, 2011). These groups also helped providers develop self-confidence (Cortes, 2016) while collaborating and reflecting on their practice in group sessions (Buysee, Sparkman, & Wesley, 2003).

Physiological factors. Family child care providers have reported that they need training in behavior management and stress management (Rusby, 2002), so that they do not burn out in their daily routines and become irritable with children they care for. In a study of 90 Head Start teachers, teachers' personal stressors were also related to less use of effective behavior management strategies in the classroom (Grining et al., 2010). When people have skills but do not feel able to apply them well and in a consistent manner, they may be placed in difficult circumstances (Wood & Bandura, 1989). Training can provide opportunities for practice that show providers they can eventually consistently succeed. "Showing the gains achieved by effortful coping behaviors not only minimized the negative impact of temporary distress but demonstrates that even the most anxious can eventually succeed through perseverance" (Bandura, 1977, p. 197). Eventually, as learners succeed in performing tasks, they see that they can perform them regularly and well.

Providers who are not well trained may also experience stress trying to meet deadlines required by state and federal programs. Early Head Start providers need to reconfigure services

to meet Early Head Start performance standards, which include comprehensive services and high-quality curriculum (Schilder et al., 2005). This requires intense training for providers in order for them to be in compliance with documentation requiring implementation of curricula and outcomes through regular screenings, portfolios, and observations. Some of the assessments used in family child care homes also need intensive training and long periods of observations which may be uncomfortable for providers (Berry, Bridges, & Zaslow, 2004). Some regulations may carelessly undermine child care providers' motivation to continue their training and growth in the child development field (Gable & Halliburton, 2003). For example, state programs such as the CDA credential should be mandated to cover various areas of child development and not only focus on the 120 hours that are mostly referred to under guidelines about managing a business.

Qualified trainers with at least a Master's degree in curriculum and instruction need to give appropriate ongoing training that identifies and responds to the interests and needs of trainees, develops specific and realistic goals for classes and avoids frightening changes (Dombro & Modigliani, 1995). According to Rusby (2002), trainees need a variety of experiences such as watching, hearing or reading about a topic. Trainees should also apply content learned according to their own skills and level of understanding of the context (Hoy & Spero, 2005). "Teachers need to understand their own needs and have a voice in implementing how to meet those needs" (Yost, 2002, p. 195).

Early Head Start Training and Professional Development

Head Start provides services to preschool-age children, whereas Early Head Start provides services to infants and toddlers. To implement Early Head Start child care, it is imperative for family child care providers to receive appropriate training (Kagan et al., 2000;

Kisker et al., 2003). Training should be tailored to meet the needs of new staff and to guide them in understanding requirements for policies, regulations, professional development, and expectations of Head Start performance standards. In addition, training in Early Head Start expectations regarding comprehensive services should be offered to partner agencies. State program services tend not to be as comprehensive.

In principle, Head Start partnerships with child care offer full-day services, high-quality care, and comprehensive services that meet the needs of families and children year round. Some state preschool and Early Head Start programs have also developed developmental programs and ongoing training for child care providers and have offered joint training for staff across both partners to better serve providers (Child Care Bureau, 1998; Whitebook, Gombo, Bellm, Sakai, & Kipnis, 2009). Head Start programs can provide their partners with quality professional development and opportunities for staff to improve and contribute to higher quality care for children and their families.

Child care programs offer services to children under five who can qualify for the Head Start program based on low income (Schilder & Leavell, 2015). However, whereas Head Start classroom staff receive quality training in almost all comprehensive services, child care settings vary in quality (Marshall, 2004); they generally do not have the stringent regulations or requirements to ensure universal quality of care for children that Head Start programs have. For example, licensing standards for centers in several states only focus on basic health and safety requirements (Schilder, Kiron, & Elliott, 2003).

Schilder et al. (2005) compared Head Start partnering child care agencies with agencies that did not participate in Head Start. They found that partnering agencies offered more opportunities for training and professional development, as well as for training offsite, and gave

higher ratings for the effectiveness of their training. For example, partnering agencies reported receiving training for: Head Start staff (60%); for parent involvement (60%); for literacy (53%), for cardiopulmonary resuscitation training (51%), for how to meet the Head Start Program Performance Standards (56%), and for the CDA credential or college courses (38%). Teachers at partnering agencies were also more likely to report using standardized assessments and a structured curriculum for children, especially Creative Curriculum, High Scope, or Bright Beginnings. Partnership agencies were also more likely to report using the self-study instrument from the National Association for the Education of Young Children; were more likely to ask Head Start staff to help with assessment than other centers were; and were more likely to talk with parents about children's progress. One barrier for partnering agencies was that some directors thought the trainings were offered at inconvenient times and places. Some director also reported difficulties in working with parents to fill out paperwork and determine parents' eligibility.

Although there is very little empirical literature on perceptions of Early Head Start providers regarding training, some evaluation research on Early Head Start can help guide directions for training. In the Early Head Start evaluation, Love et al. (2005) studied 17 programs from the first two waves of 143 programs that were funded. The study included site visits and well-developed criteria for measuring implementation of programs; about one third of the programs implemented all the performance standards early on, one third implemented them later, and the rest did not implement the standards during the evaluation period. The study of 3-year-olds showed improved cognitive and language functioning, and reduced aggressive behavior as rated by their primary caregiver (Love et al., 2005). Compared to children in the control group, children in Early Head Start were also more likely to engage emotionally with the

parent during semi-structured play and to maintain attention to objects. Compared to parents in the control group, Early Head Start parents were also more likely to read to their children every day, were more supportive of children's learning and development, were more emotionally supportive, and spanked less. The study also found that programs that met the performance standards (early or later) had more impacts for children and their parents. Impacts were also greater for children and parents in mixed-approach programs combining home- and center-based services. Raikes et al. (2006) also used data from 11 home-based sites in the Early Head Start Research and Evaluation study. They found that during the home visit with a child and parent, the amount of time the Early Head Start teacher spent on child-focused activities was related to children's cognitive and language scores and parent support for language and learning when children were three years old.

For Early Head Start teachers, these findings would suggest that it is important for them to follow the Head Start performance standards in order to help children make cognitive and social gains. The teachers should be sensitive to aspects of child-focused instruction, such as children's age and learning style. The research would also indicate that the quality of providers' interactions with children in the facility could be related to children's development of attention span and engagement with parents. Providers' direct contact with parents could also affect parents' involvement with children's learning and play at home.

Considering assessment of children's and parent's learning has also been recommended by the Advisory Committee on Head Start Research and Evaluation (2012). The committee recommended mentoring linked to a curriculum focused on school readiness that was also linked to assessment of child outcomes:

Complementing Head Start's increased emphasis on teacher educational attainment, we strongly recommend a carefully developed system for mentoring and coaching to assist

early educators in actually implementing specific positive practices in interactions with children that are supported by the evidence. Our recommendation is not just for more mentoring and coaching, but for a system of mentoring and coaching that is closely coordinated and aligned with the designated priorities for children's school readiness, and the implementation of curricula for which there is evidence that they support these specific aspects of school readiness, with child assessments used to monitor progress. (pp. 53-54)

Chapter Summary

Head Start seeks to provide comprehensive services to low-income children and families so that children in poverty can excel and learn as much as their advantaged peers (Love et al., 2002). In 1994, Early Head Start was also founded as a national initiative to provide early learning opportunities for children from birth to age three who qualified in the low-income range of Early Head Start as well as the Head Start program. Head Start requires that both programs operate with high quality, with qualified staff who have the skills, education, and experience to perform their jobs well (Haxton, n.d.). The Head Start Program Performance Standards include requirements for teacher education, professional development, and training standards (Schilder et al., 2005). Comparing child care agencies that partnered with Head Start to agencies that did not, Schilder et al. (2005) found that partnering agencies offered more opportunities for training and professional development and rated the training as more effective.

According to Pianta and Hadden (2008), the quality of training programs' substance and content is the most important factor in improving children's outcomes. However, a review of training for childcare providers showed that trainings had a larger effect on developing caregivers' knowledge or attitudes than on developing their skills (Fukkink & Lont, 2007). The Advisory Committee on Head Start Research and Evaluation (2012) recommended that Head Start teachers receive mentoring linked to a curriculum focused on school readiness that was also linked to assessment of child outcomes. Yet family child care providers are less likely than

center-based preschool providers to receive training in a curriculum and support in using it (Fuligni et al., 2009). In general, family child care providers have less education and training than center-based providers (Gable & Halliburton, 2003; Kontos et al., 1995) and are more likely to rely on professional development training and support to assist their caregiving practices.

Albert Bandura's (1977, 1997) ideas about learning and the development of self-efficacy can help inform professional development training that builds self-efficacy in the early childhood field. According to Bandura, self-efficacy alludes to people's beliefs in their capacity to make a difference as a result of their performance, and it can develop through mastery experiences, vicarious experiences, social persuasion, and psychological factors. According to Bandura (1977, 1997), mastery experiences are the most important factor in enhancing self-efficacy. Watching and learning as others model performance of tasks (vicarious learning) can also help people believe they could master the same task. Social persuasion refers to verbal influences; encouragement can help people perform with a high level of success. Positive emotions and physiological factors also affect how people interpret experiences and learn. For example, affective arousal can energize performance. Thus, these modes of social learning can all help develop mastery and self-efficacy and are holistic and interconnected.

Professional development in early childhood education can encourage these types of learning and development of self-efficacy by emphasizing learners' active participation ((Im et al., 2007), providing mentoring (Bellm, 1997; Hargreaves & Fullan, 2000), and offering cooperative learning groups (Scharmann & Orth Hampton, 1995) or Communities of Practice (Buisse, Sparkman, & Wesley, 2003) that encourage vicarious learning and provide encouragement. As providers see that they can perform regularly and well, they may develop greater self-efficacy as teachers and resource/advocates (Cortes, 2016). Porter and Reiamn

(2015) found that family child care providers with greater self-efficacy reported more motivation and social supports and greater intention to stay in the field.

Early Head Start programs can provide family care providers with quality professional development that helps contribute to higher quality care for children and their families.

However, there is very little empirical literature on perceptions of Early Head Start providers regarding their training, including the types of social learning in which family child care providers engage during training or factors related to providers' development of self-efficacy.

The present study asked providers to consider how well Early Head Start training helps them carry out their roles as family child care providers. Face-to-face semi-structured interviews of six family child care providers and observation of these providers during training helped give perspectives on these family child care providers' experiences of Early Head Start training.

Chapter Three will describe the methodology for the study, including the research design, sampling method, data collection procedure, process for coding data, role of the researcher, researcher bias, assumptions, and limitations of the study. Concepts, definitions, and examples for data collection and analysis will also be provided.

Chapter 3: Methodology

Introduction

For more than two decades, the federal and state governments have been developing incentives for Head Start programs and child care providers to provide effective educational services to preschool children and their families (Kagan & Cohen, 1997). Head Start programs believe in quality care for all children enrolled in the program and go far beyond most child care programs regarding training and support (U.S. Department of Health and Human Services, Head Start Bureau, 1998). In January 2014, Head Start received expanded funding for a new initiative that extended Early Head Start standards and comprehensive services in order to partner with child care providers (Administration for Children and Families, 2014a). One goal of the initiative is to provide professional development for providers who offer services for infants and toddlers, as well as preschool-aged children.

The purpose of this study was to investigate how family child care providers perceive the quality of Early Head Start training to support professional development, and to identify what professional areas and experiences or activities providers deem to be crucial to their professional development training.

A qualitative multiple case study using interviews and observations allowed providers to express their perceptions of the training offered, their development of self-efficacy, and the types of learning that help build self-efficacy. The overarching research question for this qualitative multiple case study was: How do family child care providers perceive the quality of Early Head Start professional-development training? Sub-questions were:

1. In what ways do family child care providers perceive that training and professional development from Early Head Start enhance the providers' learning?

2. In what ways do family child care providers perceive that training and professional development from Early Head Start enhance their self-efficacy as family child care providers?
3. How do family child care providers assess the value of training and professional development by Early Head Start?

This chapter describes the study's methodology, including the research design, instrumentation, data collection procedure, data analysis procedure, researcher role and bias, and assumptions and limitations.

Research Design

This qualitative multiple case study was conducted for the purpose of understanding child care providers' perspectives of the quality of EARLY HEAD START professional development training. A case study can provide an understanding of a complex issue, investigating an individual case and its context or adding information to what is already known (Yin, 1984). Yin (2016) discussed the way qualitative case studies may use four types of data as multiple sources of evidence to increase construct validity. *Interviewing* illustrates language: a person's explanation of some behavior, belief or viewpoint. *Observing* illustrates people's gestures, social interactions, scenes and the physical environment (for example, the communication between two people; group dynamics; or spatial arrangements). "The reason to conduct observations is to provide knowledge of the context or to provide specific incidents, behaviors that can be used as a reference point" (Yin, 2016, p. 138). Observation can also note *feeling* which illustrates sensations (e.g., interpretation of other people's comfort or discomfort). A fourth source of data that Yin (2016) mentions—documents—was not used for this study.

The case study approach deals directly with the individual case in its context and gets close to the subject of interest (Starman, 2013; Yin, 1984). In this study, interviews with individual family child care providers elicited providers' perceptions (or views) of how professional development helps them learn and develop self-efficacy (Bandura, 1977, 1997) to better serve children under their care. Observations are also useful when participants are reluctant to discuss the topic (for example, if trainees are afraid of criticizing the trainer) and may notice aspects of training that seem routine to participants.

To structure interviews and observations, the present study used categories for providers' self-efficacy from Cortes (2016) and categories for Bandura's (1977) learning factors from Bautista's (2011) study, which asked how an ECE course using different mastery and vicarious learning techniques influenced ECE majors' self-efficacy. Table 1 shows ideas from theory and definitions of terms that guided the design of this study's interviews and observations, which will be described later. Table 1 also gives examples of statements or observations that were coded during data analysis.

Table 1. Concepts, Definitions, and Examples for Data Collection and Analysis

IDEA FROM THEORY	DEFINITION	EXAMPLES (can be coded from interviews, class observations)
SELF-EFFICACY	Believe one can perform a difficult activity, overcome difficulty	
Teacher efficacy	Teacher thinks s/he can teach and care for children so children learn better, benefit	Teacher thinks s/he has knowledge, strategies to teach ECE effectively
Resource/advocate efficacy	Teacher thinks s/he can provide resources and advocacy to benefit families	Teacher offers resources; balances family and provider role
MASTERY LEARNING		
Cognitive content mastery	Success in understanding ECE subject-matter content	Design a lesson plan, is able to answer questions on topic
Cognitive pedagogical mastery	Success in understanding how to teach, care for children	Model a learning cycle; can manage a classroom
Unspecified cognitive mastery	Success in understanding unspecified cognitive task	E.g., able to use the internet to find information
VICARIOUS LEARNING		
Effective actual modeling	Observe other teachers teach	Receive coaching; watch as a student-teacher
Simulated modeling	Simulated classroom practice	Role-play, exercise
Symbolic modeling	Watch teachers on TV or visual media	Watch video with examples
Self-modeling	Videotape self or reflect on one's performance	Group discussion of experience teaching
Cognitive self-modeling	Imagine self teaching successfully	Plan a lesson, visualize teaching
SOCIAL PERSUASION	Receive positive feedback or encouragement on one's performance	Receive encouragement from teacher, peers
PHYSIOLOGICAL AROUSAL	Response to stress and anxiety during training or teaching	Report more comfort teaching
OTHER	Cannot be categorized	

Respondent Selection Strategies

To complete 120 required hours of training, all Early Head Start-providers need to be enrolled in some type of training; this could include training from accredited agencies, from a community-college Associate's degree program, or from a CDA credential program. Providers who serve state and Early Head Start children get the benefit of the credential program free of charge.

This study used purposive sampling to recruit participants based on specific provider characteristics (Patton, 2015). To be eligible for the study, individuals needed to meet the stipulated criteria of the study: (a) family child care providers who participate in Early Head Start in one California county; and (b) participate in Early Head Start training. No children were observed as part of this study.

With the permission of Early Head Start, as indicated by a letter, I began recruitment of six participants by attending one of the quarterly providers' meetings mandated by the partner agencies of one county. The number of attendees is usually 24 providers. I shared announcements of the study and invitations to participate during professional development training. A recruitment flyer (Appendix A) provided basic information regarding the study. I also provided a contact email address as well as a phone number for those interested in participating in the study. Six providers said they wished to participate. I verified that these providers met the stipulated criteria above. I also let providers know that the study involved two interviews (which could take 1 hour each) regarding their perceptions of professional-development training from Early Head Start. I let them know that their responses were confidential, that participants would be given a pseudonym in the dissertation to protect anonymity and confidentiality, that their answers would not have any effect on their work as

providers, and that they could withdraw from the study at any time. The anticipated benefits of the study were that providers could consider their needs as providers, the benefits of training, or areas of training that might need improvement.

Instrumentation/Data Collection

This study used face-to-face semi-structured interviews of child care providers; interviews included pre-written guiding questions in a standardized open-ended questionnaire (Appendix B), where the interviewer was also able to extend questions to probe providers' responses. Open-ended questions allowed providers to express their perceptions—their views, feelings, attitudes, and experiences. Semi-structured questions also made it possible to ask all participants the same questions, but also ask extra questions of individual providers to seek clarification. The semi-structured format also allows a free flow of natural conversation and provides natural stages for transitions (Rubin & Rubin, 2005). The interviews' main objective was to understand how family child care providers perceive the quality of Early Head Start training and professional development: perceptions of learning experiences during training; extra support and professional development received after training; and development of self-efficacy in performing their jobs. The interviews aligned with and were the main source of data used to address the study's research question and sub-questions about self-efficacy, social learning, and learning context. Table 2 gives sample questions. Data analysis asked what percentages of participants reported developing self-efficacy, learning with different techniques, and value of specific contextual factors.

Table 2. Sample Interview Questions

IDEA FROM THEORY	SAMPLE INTERVIEW QUESTION
SELF-EFFICACY	
Teacher efficacy	Would you say you feel confident about your ability to plan and carry out positive and educational activities for infants and toddlers in your work at your facility? Why or why not?
Resource/advocate efficacy	Would you say you feel confident about your ability to work with families to provide information or support? Why or why not? How well do you feel Early Head Start training is preparing you to do this, and why?
MASTERY LEARNING	
Cognitive content mastery, cognitive pedagogical mastery	In your training or professional development, what hands-on practice or coaching have you received to learn how to teach or care for infants and toddlers? Has this training helped you feel more confident about your work in your own facility, and why or why not?? Ideally, Early Head Start training would offer ample child-development information and strategies to work effectively with infants and toddlers. How well do you think your current Early Head Start training is meeting this goal, and why?
VICARIOUS LEARNING	
Effective actual modeling, simulated modeling, symbolic modeling	In training, what opportunities have you had to observe and model others teaching—for example, your teacher, classmates, people you role-play with, or a video? Has this training helped you feel more confident about your work in your own facility, and why or why not?
Self-modeling, cognitive self-modeling	In training, what opportunities have you had to observe your own teaching or child care (for example, in a video), reflect on this (as in class discussion) or imagine this in the future? Has this training helped you feel more confident about your work in your own facility, and why or why not?
SOCIAL PERSUASION	
PHYSIOLOGICAL AROUSAL	In training, in what ways do you receive positive encouragement for your work or to continue with professional development? Has this encouragement helped you feel more confident about your work in your own facility, and why or why not? In what ways, if any, does stress or anxiety affect your sense of your ability as a family child care provider or as a learner? a. What aspects of Early Head Start training help you deal with stress during training? b. What aspects of Early Head Start training help you deal with stress in your work as a family child care provider?
LEARNING CONTEXT	
	How effective do you think the Early Head Start training presentations are, and why?

Observation of training was another method of gathering information used for this study. The observation noted characteristics of classrooms (such as size of class), activities performed by the trainer and trainees during training, and how the trainer taught and provided opportunities to practice the content of the training to check for understanding of the subject content. I also observed differences in the way that study participants engaging in training demonstrated their capabilities to acquire knowledge, learned new skills, mastered the materials and teaching, and learned from others as they modeled from them, received encouragement or discouragement, or experienced anxiety or failure.

In observing training, I used an observation protocol to list descriptive and reflective notes (Creswell, 2014), with one page for each. The descriptive notes included course name and topic, time of day and classroom arrangement, class teaching and learning activities, and comments about learning or self-efficacy. The descriptive protocol (Table 3) used the same typology for observing self-efficacy and social learning that was used to design the interview questions which made it possible to compare responses from the interviews and observations. The reflective notes recorded my feelings and thoughts about how the trainer presented the material, how trainees responded, and interactions of trainer and trainees, including body language. I also noted things that were not expected to happen but did, or did not happen that might have been expected to happen (Patton, 2015).

Table 3. Protocol to Code Observations of Trainer and Trainees

IDEA FROM THEORY	OBSERVATION: TRAINER	OBSERVATION: TRAINEE	T1	T2
SELF-EFFICACY	Trainer assesses trainee skill, offers positive or corrective feedback	Trainee makes judgments of competence		
Teacher efficacy, resource/advocate efficacy		Trainee mentions efficacy as teacher or resource/advocate		
MASTERY LEARNING	Trainer provides chances for hand-on teaching in class or as an assignment	Trainee does hands-on teaching in class or homework; willing to try again		
Cognitive content mastery	Teaches ECE subject-matter: curriculum, lesson guide, and activities help trainee master ECE content	Trainee shows learning of ECE content: e.g., design lesson, knowledge to answer questions		
Cognitive pedagogical mastery	Curriculum and activities help trainee understand how to teach, care for children	Trainee shows learning of pedagogy: e.g., assess/guide learning, behavior		
Unspecified cognitive mastery	Trains on unspecified cognitive task	Learns unspecified cognitive task		
VICARIOUS LEARNING (about teaching)				
Effective actual modeling	Demonstrates teaching for children; coaches	Watch trainer or peer teach, receive coaching		
Simulated modeling	Offers simulated classroom practice	Engage in or watch role-play		
Symbolic modeling	Shows relevant video	Watch video, hear story		
Self-modeling	Asks trainee to videotape self or reflect on performance	Discusses or writes on own teaching		
Cognitive self-modeling	Gives class exercise to imagine self teaching	Plans lesson, visualizes teaching		
SOCIAL PERSUASION	Encourages trainees	Receives trainer/peer encouragement		
PHYSIOLOGICAL AROUSAL	Training on response to stress and anxiety	Shows anxiety or excitement in class		
Class topic (and time):				
Room arrangement:		Materials	Size of class	Size of small groups

Data Collection Procedures

Before data collection, participants gave informed consent to be interviewed and observed (Appendix C); the informed consent also included consent to digitally record the interviews. Participants were notified regarding confidentiality and the process of conducting the interviews. Data collection for the study took 1 month.

Interviews with each provider involved one session of about 1 hour, followed by a brief follow-up session after review of the transcript. I conducted the interviews. After reviewing the first interviews, I conducted a second interview to request follow-up information and ask if providers would like to add details or factors that were not shared during the first interview. I tried to bracket any preconceptions so that they did not bias data collection or analysis. The interviews were conducted individually and at a date and time convenient to providers. In order to conduct the study with reliability, I followed procedures faithfully and ethically and indicated clear details from the beginning to the end of the study.

To transcribe digitally recorded interviews, I first used software to transcribe digital information. I then played the interviews back and checked the transcriptions to correct errors, added anything that the software program did not pick up, and added nonverbal aspects of the interview such as pauses or laughter. In order to help reduce bias and improve reliability, I also performed member checking, sharing transcribed interviews with the providers so they could correct the transcripts or add anything they thought was missing (Creswell & Miller, 2000); none of the providers wished to add or remove information from the transcripts. Also, to ensure that the questions were valid, I shared my interview questions with colleagues and requested feedback prior to presenting the questions to participants. Comparison of responses across providers also helped provide validity for the study responses.

Another method of gathering information was through observing five professional-development trainings offered to child care providers in one county (these settings will be described further in Chapter Four). I observed each participant in a training, after conducting the interviews. For one training, I observed two participants at a time. I also observed the physical setting, the name of the training and content; the materials used; the comments and questions of trainer and trainees, conversations, and trainer and provider behaviors in order to understand participants' patterns and interactions (Patton, 2015).

Examples of provider self-efficacy that were observed included providers' comments in class about whether they were capable of learning or teaching the content area (Mulholland & Wallace, 2001; Tschannen-Moran et al., 1998). I also observed if the trainer provided hand-on activities to reinforce mastery experiences, appeared to know the audience and provide activities and different ways of learning to meet their needs, and offered positive feedback to family child care providers regarding their ability to learn new skills. I also observed whether providers seemed to show they were learning concepts of ECE or pedagogy as they carried out or completed particular tasks. Observation of provider mastery experiences could also include how providers responded if the answers they provided to the trainer were not correct; I also observed if they recovered quickly and provided a better answer later or if they gave up when they faced difficult situations.

I also observed whether the trainer provided vicarious-learning opportunities to family child care providers to observe peers teaching or videos in which they could learn from modeling, as well as group activities in which providers could simulate the content learned in the training (Bandura, 1997; Bautista, 2011; Palmer, 2006, 2011). Since trainers themselves serve as models, I also observed whether family child care providers tried to replicate the trainer's

activities during training and their willingness to practice new strategies to the point where they felt similar success. I also observed how peers learn from each other. Additionally, I observed social persuasion: how the trainer validated participants' efforts and encouraged them to continue their professional development family child care, and how providers encouraged each other or referred to encouragement received from family or others. I also observed participants' physiological state as they came to training: if they seemed anxious or excited, whether they engaged actively in the training, and whether they approached challenges calmly or with anxiety or confusion. I also observed whether the trainer provided opportunities to lower anxiety, for example, by having providers work in groups. For examples of other behaviors observed, please see Table 3 above.

Data Analysis Procedures

The goal of coding the interviews and observations was to identify themes and subthemes that revealed participant perspectives (Bradley, Curry & Devers, 2007) and experiences of social learning (Bandura, 1997)—i.e., mastery experiences, vicarious experiences, physiological state and social persuasion—and self-efficacy (Bandura, 1997). Data were coded using Hatch's (2002) nine-step process for typological coding. Hatch suggests coding qualitative data based on predetermined categories or typologies, which may come from theory. In this study, typologies guiding coding (see Table 1) were: (a) forms of self-efficacy, e.g., as teacher and family resource/advocate (Cortes, 2016), as well as (b) the presence of four types of social learning during training (Bautista, 2011; Bandura, 1977, 1997), and (c) providers' perception of how well training met their needs and enhanced their professional development. For interview material that was not related to self-efficacy or social learning, an inductive coding process was used

(Hatch, 2002), using Hatch's nine-step coding process but grouping information by related content instead of by typological categories.

To examine participants' perceptions of the effect of training on self-efficacy, I coded for two self-efficacy domains identified by Cortes (2016): (1) *teacher self-efficacy*: providers' perspectives or beliefs in their developing ability to effectively provide good experiences to the children under their care; and (2) *resource and advocate self-efficacy*: providers' perspective of their developing effectiveness to (a) serve as resources to families by providing them with information on how to care for and advocate for their children; and (b) balance between the role of provider and own family responsibilities.

For example, self-efficacy as resource/advocate could be coded to include:

- providers became able to provide information to parents; providers became able to refer distressed parents to Leaps and Bounds; providers knew the staff at Head Start or the partner agency and could refer parents to staff, depending on area of need; and/or providers became able to explain Early Head Start policies and procedures to parents; providers learned to balance their family schedule and work schedule; or to balance using the same environment for both work and family (Kontons, 1992).

I also coded providers' descriptions of the types of learning that they felt helped them develop self-efficacy (Bandura, 1977, 1997). To code *mastery experiences* during professional development training, I coded:

- *cognitive content mastery*: e.g., providers felt they learned to enhance children's literacy; providers felt they learned to provide daily experiences to children according to their developmental level and special needs;

- *cognitive pedagogical mastery*: e.g., providers felt able to minimize children's negative behaviors; providers felt they came to understand children's transitions from home to facility; and/or learned to validate children's culture.

I also coded providers' descriptions of mastery learning, such as practice in teaching during training or during one-on-one coaching received at the facility.

Additionally, I coded *vicarious learning* according to whether providers mentioned observing others, modeling others, engaging in role-play, and/or reviewing or imagining their own teaching (e.g., in training groups), and whether this seemed to help them understand concepts. To code *social persuasion*, I recorded mentions of ways that training offered providers encouragement or support for their work from trainers, other providers, or family. To code *enhancement of physiological factors*, I coded providers' descriptions of changes in physiological reactions that helped in developing self-efficacy, such as learning how to reduce burnout and perceived comfort to participate in future trainings. I also used field notes to describe relevant nonverbal expressions of the provider, including facial expressions and tone of voice that indicated satisfaction or negative reactions.

To code *context for learning*, I also noted repeated words, phrases, and patterns about aspects of the training, materials, classroom, or family care facility that were related to providers' self-efficacy and learning. This could include concerns, satisfactions, desires in training, and views of the adequacy of professional development, such as "good training." I also counted the number and percentage of individuals who expressed common themes. Where at least three providers expressed themes, I presented numbers for these themes. I also used quotes to illustrate providers' perspectives.

Coding process. Following Hatch (2002), transcripts were first read several times for accuracy, and data were not coded. After one selects the typology for coding (step 1), one reads the entire interview with a typology in mind, marking passages related to the typology or category of meaning (step 2). In step 3, the coder records the main ideas related to a typology or category of meaning on a summary sheet for each participant, including a brief statement of the main idea in the summary sheet.

Questions for the study were written specifically to address the three research questions, as well as to ask about demographics, context of family child care, and motivation for training and development. After reviewing transcripts (step 2), I grouped and coded providers' answers according to their answers to questions, as follows: demographics, context for work in family child care, motivation for attending trainings and professional development, effect of training and professional development on learning, effect of training and professional development on self-efficacy, and evaluation of training and professional development. In step 3 of the coding, I recorded the main ideas for these sections and the social learning typology on a summary sheet for each participant, including a brief statement of the main idea in each section and overall. The summary statements helped to identify common themes for providers within sections and the social learning typology, as well as themes for individual providers across sections.

The coder should then look for patterns, relationships and themes within the typology or major category of meaning (step 4); for example, Hatch (2002) suggests looking for similarities, differences, frequency, sequence, correspondence and causation. This will be an opportunity to understand each person's perspective and organization of ideas (Creswell, 2014) related to that typology. Means-end statements were used to identify and code examples of types of work, training, or professional activities (Table 4).

Table 4. How Themes Were Coded Using Statements Reflecting Coding Patterns

Context for work in family child care job

- Like about job: Rationale
- Do in job: Means-end (what is done in job)
 - What they like about work with children: Rationale
 - Context for work: Correspondence:
 - Effects of work: Cause-effect
- Stress: Means-end: How stress occurs
 - Context for stress: Correspondence:
 - Effects of stress: Cause-effect

Motivation for attending trainings and professional development

- Type of activity valued, why: Means-end, Rationale
- Intrinsic and extrinsic motivation: Difference
- Barriers to attendance, why: Difference, Rationale

Effect of training and professional development on learning

- Cognitive-content mastery Activities for learning of concepts (Means-end)
- Cognitive-pedagogical mastery: How activities do or do not affect ability to teach
 - Compared to optimal training or learning content-mastery: Difference
 - How and why training is less effective: Means-end, cause-effect
 - Application of concepts: Means-end
 - Sequence of training
 - Frequency of training or professional development
 - Context of training: Correspondence
- How training shows social learning characteristics: Means-end, frequency:
 - Social learning outside training: Difference:

Effect of training and professional development on self-efficacy

- Two types of self-efficacy: teacher and resource/advocate
 - Examples of efficacy, lack of efficacy (Similarity, Difference, Means-end)
 - Social context of self-efficacy: Correspondence
- Impact of schooling, experience, training: Means-end, cause-effect
 - How Early Head Start training affected self-efficacy: Means-end, Rationale
 - Need for additional training: Means-end, Rationale

Evaluation of training and professional development

- Understand or question Early Head Start requirements, why (Similarity, Difference, Rationale)
- Recommendations to improve training or professional development: Means-end, Rationale, Frequency
- Recommendations to standardize training of trainers: Means-end, Rationale

Statements about frequency or sequence of activities used in training or professional development were also coded in step 4 (see Table 4), as were correspondence statements which identified context (such as parent context or program context) for activities, stress, or perceived self-efficacy. Cause and effect statements about perceived effects of activities or context on learning or self-efficacy were also coded, as were providers' statements of rationales for liking their work, feeling motivated for training and professional development, or suggesting improvements to training and professional development. Coding similarities in statements helped identify common themes (e.g., similarities in what people liked about their work and said they did in their work). Coding differences in statements helped to identify discrepancies between providers' statements within section: e.g., differences between learning subject content and how to teach. Coding differences also helped to address Hatch's (2002) step 6 of looking for quotes that do not support patterns.

In step 5, one codes entries in terms of the patterns one has noticed, recording which quotes go with which patterns (Hatch, 2002). Coding was carried out by cutting and pasting material into coding categories within each transcript. All of the material in each transcript was coded. Except for information that might personally identify the provider, most information was also reported in terms of categories in Chapter Four.

In step 6, one asks if the patterns are demonstrated by the data and looks for quotes that do not support the pattern (Hatch, 2002). In step 7 of Hatch's (2002) coding process, one looks across the individual interviews at how the patterns relate to each other across sections and across interviews; Hatch suggests using visual representations to show common patterns. To carry out step 7, EXCEL code sheets were used to summarize information across providers for each main section coded. The first page of the EXCEL worksheet for each section grouped

themes and sub-themes within similar topics (e.g., large class size) for all providers. Providers' initials were listed in six columns at the top of the page, and themes and sub-themes were listed horizontally. Where a provider made a statement of a theme or sub-theme, the page number was listed; otherwise the EXCEL cell was left blank. Within the code sheet, each provider also had her own worksheet which gave quotes for each statement coded for each theme and sub-theme. Using EXCEL made it possible to see patterns and difference in patterns for each person (step 6) and across providers (e.g., according to level of education) and to count responses for tables (step 7). Where at least three providers gave a similar response, these findings were shown in the chapter tables.

Hatch then suggests writing patterns as one-sentence generalizations that state a relationship between two or more concepts (step 8) and choosing strong quotes to support these patterns (step 9). I presented generalizations, quotes, and observational data in Chapter Four.

One can also use observational data to support or challenge the patterns suggested by the interviews (Hatch, 2002). Observations of the providers were cross-referenced with their interviews. Observations may (a) provide context for understanding the way training is implemented, such as type of course content, materials and curriculum used, or the way that class size and physical aspects of the classroom affect teaching and learning. Observations may also (b) provide validation for interviews, or (c) be discrepant from interviews. For example, a trainer may ask trainees to engage in role plays but a shy trainee or a trainee in a crowded class may not participate. The participant may state that the class engages in role plays without stating that he or she does not. Observing the discrepancies can help in providing a more complex picture of the conditions for learning and development of self-efficacy during training.

In writing up the findings, I asked how the data addressed my research questions and theoretical framework: examining family child care providers' perception of quality of professional development in the Early Head Start program as this was related to types of learning experiences, development of self-efficacy, and perceptions of the quality of training and professional development. I also asked how learning, self-efficacy and context of training were related, so as to improve the conditions and quality of professional development.

Role of the Researcher

I work for the Head Start program and have field experience working with child care providers. My familiarity with the situations family child care providers experience has inspired my interest in their professional development and helped guide selection of the research questions in order to provide understanding of how family child care providers perceive the quality of Early Head Start professional development. My role as an outside research observer allowed me to be careful and systematic in making observations (Patton, 2015) regarding facial expressions, voices and behaviors of the six family child care providers.

Researcher Bias

I clearly acknowledge my personal bias in favoring Bandura's (1977, 1997) factor of social persuasion as a motivating factor in training. In my experience, creating a warm environment where the providers feel supported to ask questions and express their concerns is as important as the content of the training. In interviewing and observing participants, I could have been more aware of how participants' experiences of encouragement, inclusion, and support affected their learning than I was of other types of experiences that affected their learning, such as participants' physiological arousal. In order to avoid personal biases, I constantly reminded

myself of the importance of my ethical and professional duty as a researcher who can be an instrument to collect data from various perspectives.

Assumptions

Several assumptions came to my mind after realizing that child development is my passion and field of work. The first assumption was that providers want the best quality services for infant and toddlers, and look for the best training to meet their needs. The second assumption was that providers truly are interested in professional development to improve their services and their businesses. The third assumption was that providers would be interested in talking honestly about this topic. The fourth assumption was that providers' perception of quality training is targeted to gain knowledge to provide quality care and not to learn how to fill out paperwork. The fifth assumption was that providers might feel rushed to finish the interview after work hours. At the beginning of the interview I created a warm environment by being a good listener and letting providers know that their truthful responses had a high level of value.

Chapter Summary

A qualitative multiple case study using semi-structured interviews and classroom observations was conducted with six family child care providers who work with Early Head Start. The purpose was understanding child care providers' perspectives on the quality of Early Head Start professional development. Open-ended questions allowed providers to express their perceptions. I also encouraged participations to share their opinions honestly as a way of improving training. Data were coded using Hatch's (2002) process of typological coding and inductive coding to identify the way that different types of learning and the development of efficacy were perceived to occur during Early Head Start training and professional development. In writing up findings, I asked how the data addressed my research question and theoretical

framework: examining family child care providers' perception of quality of professional development in the Early Head Start program so as to improve the conditions and quality of professional development. Results are presented in Chapter Four.

Chapter 4: Findings

The purpose of this study was to investigate how family child care providers perceive the quality of Early Head Start training to support professional development, and to identify what professional areas and experiences or activities providers deem to be crucial to their professional development training. Six female family child care providers receiving Early Head Start training for caregivers in a northern California county were interviewed for this study. Their demographic profiles are described below.

Katya: Of the six providers interviewed, she has the least experience, about two years as a family child care provider. She has completed a CDA credential. Her experience as a mother led her to become a family child care provider. She wants children to learn from her and to be safe. She also cares about children's well-being and wants to learn more about such subjects as trauma.

Heather: She shared that she is passionate about her job as a family child care provider. She has been in the field for about seven years. She works with different child care programs in the area, possesses a CDA and has taken a few ECE classes in college. She loves to read with children, and uses creative activities to extend their knowledge. She is also interested in culture, has bilingual books in her classroom, and talks to children in her facility in both English and Spanish.

Carla: She has been in the field for more than 26 years. Before opening her facility she worked in a center as an assistant. While raising her family she decided to open her own child care facility. She has a CDA certificate and has taken college classes. Carla especially enjoys playing with the children, and sings songs and dances with them. "And sometimes when I'm

working with kids and our facility, we video to show the kids what to do or what can we do and the kids like to see themselves on a video.”

Betty: In the field of family child care for 29 years, she considers education a foundation to provide high-quality services to children, and has completed her Associate of Arts (A.A.) degree. She likes to attend trainings to get new ideas to implement in her classroom; has enrolled her own staff in CDA training; and likes to share ideas with other providers.

Rose: Working for agencies, including center-based care, has given her a strong interest and experience in providing high-quality childcare. She has worked as a family child care provider for 14 years and obtained her Master of Arts (M.A.) degree. Interested in high-quality childcare, she likes to learn new trends in the field and collects information to share with families.

Sylvia: The provider who seemed the most interested in business, she has been in the field for 25 years, has experience working with different programs, and has completed her Master’s degree. She likes to follow trends in ECE as well as policies and procedures of the programs. Very independent, she does her own research on current issues and tells parents about it “it makes me very confident on that one because then I have parents that would say, ‘Oh, well you did say research says.’ because I do research.”

To summarize, three (50%) providers had a CDA, one (17%) an A.A., and two (33%) an M.A. On average, providers had worked in childcare 17.33 years ($SD = 10.89$), had a business 13.40 years, ($SD = 11.10$) and took care of 11 children ($SD = 2.10$) at one time and about 15 children ($SD = 7.76$) at different times in a week (see Table 5). The ages of children cared for ranged from three months old to 11 years old. All of the providers worked with infants, toddlers,

and preschool-aged children, but only three worked with school-aged children. Two providers spoke Spanish as well as English.

Table 5. Characteristics of Providers

Number of children in care	At one time			At different times		
	<i>N</i>	%	<i>M (SD)</i>	<i>N</i>	%	<i>M (SD)</i>
8	1	16.67	11 (2.10)	1	16.67	14.67 (7.76)
10	2	33.33				
12	2	33.33		3	50.00	
14	1	16.67		1	16.67	
30 (at different times)				1	16.67	

Introduction to Providers: Views of Work and Stress in Childcare

The six family childcare providers who participated in the study were asked what they did in their jobs, what they enjoyed about their positions, and what they found stressful about them. Five of the providers said they work in the field of family childcare because they like children and/or like having a positive impact on them. Katya said, “I love kids. It's fun. It's challenging, but I love to take care of the kids... it's a good feeling when they were like growing up that you're a part of their growing. They're learning for me.” Sylvia added, “The kids that comes into the daycare, I consider them like my own kids. So I raise them with my values, with everything that I learned just like my kids. They are like no other.” One person also said she liked the work because it was flexible, and another liked being home with her family, though she also said her home was a “working home.”

Providers described their work as family childcare providers in several different ways. The majority ($n = 5$) described their work in terms of educating children, with another emphasizing working with different families and programs. Katya (the least experienced provider) enjoyed helping children learn, and also emphasized supervising children's naps, feeding, comforting and cleaning.

What I do is take care of the kids, like you know, when they get in we have to make sure their hands are clean and we have to feed them like every two hours. Put them for a nap, comfort them if they are, you know, ask them how they feel if they need to be comforted and we have to comfort them. ... I can say it's a lot of work. I mean it's for the hands-on, for the kids and work so it's all together in one so I should have time for the kids and time for the paperwork. But for hands-on, for the kids, I really have to take care of the kids. Supervise. And the most important thing is keeping them safe.

Two of the most experienced providers also mentioned running a program. Rose emphasized running a high-quality childcare program that met Head Start standards.

For family childcare homes, their requirements are ridiculously low. Like you don't even have to have any education for licensing, just a regular family childcare home. They're very minimal. For Head Start, it's a different standard because they're putting us as center-based. Um, but people who just want to get in the family childcare home business is, they don't have any concept. They just want the money.

Also a program director, Sylvia described being the “mother” of 14 children in childcare and emphasized the many tasks of her job.

You wear many hats so sometimes, you know, when kids get sick then you play as a nurse and then sometimes your bathroom doesn't work so you play as a plumber, and then you are also an educator because then you do circle time and learning time and play with the kids, you know, indoor, outdoor. It's not like you're employed in another place because when you're employed in another place you just focus on one thing—that is, just like the day-to-day operation of the learning and growing because you don't have to worry about the business operations side of it. Yeah, part of it (center-based care) is the parents but it's more on education and focus on one thing than when you are working on it from home. But as a provider you wear many hats—incorporating the whole thing, the family, the kids, the business. Then the staff is like, you're all in one.

As well as discussing what they liked about their work, providers talked about stress that come with the job, including having multiple roles and responsibilities as they took care of

children and worked with parents. Sylvia described being tired and losing patience after work: “You're giving yourself for the whole hours that you are open, you're giving, giving, giving, giving, giving.” Three providers also talked about stress they experienced working with children: for example, when several cried at the same time, or when providers were trying to understand what problems the children might be having at home and bringing into the classroom.

Carla said:

Sometimes the children, they have bringing a hard day. Sometimes they may be passing some problems at home. I can see sometimes they're different and their social emotional, they come very emotional to the daycare so I have to work extra solving those kids. So then sometimes somebody started with the emotional, very high and the other one is there too. It's a little stressful because for one people are like a family home daycare and sometimes I'm by myself. But I have to do the best of my self-control and knowledge and everything to get the stress to go away.

Katya also spoke of stress in taking care of several children herself.

It's stressful, it's like, you know, two or three kids crying at the same time. So you don't know which one you have to go first. So it's like, “O.K., all right, calm down, O.K., I'm coming.” It's stressful that way because you know, you want to comfort all of them, but they're all at the same time, we have all the time two or three. But then still when, if they need me, then you know, it's like, O.K., which one wants me first?

Katya added that there was not much time to talk to parents about their concerns for their children as parents picked up and dropped off their children

Providers also described the strain of working with families. “It's stressful to be working with parents with different ways of thinking than us,” Heather said. Three of the providers also reported stress in that they did not know how to talk to parents about meeting program requirements for eligibility, attendance, or not bringing toys to the childcare home. Rose commented, “I need to talk to the family about it (attendance) and do it and I don't know how to do that like at all.” Carla, who described herself as flexible and easygoing, said:

I'm the one who wants to let the children, parents, do whatever they want to make it easy for them. Sometimes parents let them bring toys here or toys every day and it's stressful

a little bit because I need to follow policies and then I have to work with the children, you know, sometimes you don't feel that there's help from parents.

Additionally, all of the providers mentioned the stress of completing Early Head Start paperwork. Three providers expressed stress about taking time to complete forms without taking time away from children. Katya said:

The stress part is like, O.K., they will tell us, oh this paperwork. You have to get it done. You have to have this one and this, we have a due date. They have to finish it. So in our mind is stressing out what we can do something to help the child to learn more, how we can provide for our needs? But we are stressing out though. How are we going to finish [the paperwork] They should have provided us how we're going to do it.

Rose also mentioned the stress of finding or training qualified staff so that she would have time to do office work, including completing paperwork.

It's very stressful because I'm trying to work with the children but also get staff that are able to do what they're supposed to be doing, with me being able to do my office work, and it affects your sense of ability as a family childcare provider. I just feel like I'm all over the place. Like I don't have that support of getting all of this, like, you know, trainings that I can actually support my staff with, um, because I can only do so much as a trainer myself. Um, so it's just very stressful.

Two providers also said they sometimes did not understand the forms. Carla shared, "I wish to understand better, um, is paperwork because sometimes we go into the meetings and then for the training, and when we come back, I forgot how to do what... or I didn't understand well."

Heather added:

It affects me, it gives me a lot of stress when I have forms and I don't have the training to understand the forms. For example, uh, the activity plans, we've been changing it like so many times. Sometimes I don't understand why do I have to put this here and why so many information so much, so much. And when I don't have that training, it's hard for me to understand it and I just stress out.

Heather said she wanted to know more about why requirements were needed: "I wish I understood better, um, the changes maybe because some days we have the changes, they don't

explain why, why are we having this change. And when I asked and then I have an answer, I feel better.” Betty also wanted to know more about requirements for the forms.

Even though I know what my requirements are, I like to know what the requirements of our specialists are because that helps me understand both sides of, um, when they need something, the importance of it, why they need it.

Providers suggested creating a video on how to do the forms or completing the forms together in order to ease the stress.

Motivation For Training And Professional Development

With some context about providers’ experiences with family childcare, we can now ask about the six providers’ experiences with Early Head Start training and professional development. Asked about their motivation to participate in Early Head Start training, all six of the providers indicated that they wanted to improve their work as childcare providers. The three participants who did not have an A.A. degree (Carla, Heather, and Katya) emphasized improving their knowledge in child development and early childhood education in order to provide better experiences for the children under their care. Heather said she was motivated by topics that helped her to improve her teaching in literacy and language. Carla and Katya also mentioned that they could use the training not only for the children in childcare but also for their own children or grandchildren. Katya said: “I can apply to my kids too at the same time with the children that I’m taking care of.” Carla said:

I need to learn and I perceive them, the behaviors and their emotionals and everything. But sometimes I have to learn again, like all children are different. And you serve different ages here.... I'm improving on my uh, professional development, um, now before with my own children because I have to stay with them and work with them and now they have their children too, and now it's my granddaughter and another one on the way. And I like to know more things about it and to work with them too.

The three providers with a higher degree also said they were motivated to attend Early Head Start training to improve their work by getting information for parents (Betty and Rose) or

to learn how to conduct a daycare business (Sylvia). These providers also said they were interested in making contact with others in the field. Sylvia liked hearing different speakers from different backgrounds, and Betty wanted to share ideas with other providers.

It's a good time to collaborate with your peers of people that's in your group and um, feed off of other people's ideas. Um, I feel that that's much more needed for us to be able to do that; we don't get that time to do that on our own.

Asked about their motivation for professional development, Providers K. and C. again mentioned learning to provide better experiences for infants and toddlers. In contrast, three providers with higher levels of education (Betty, Rose, and Sylvia) and another provider (Heather) said they were motivated to attend to learn something new. Betty said, "It should be a priority for everyone. I mean there's always something to learn. There's always something new, because we don't know everything. Things change frequently." Heather, who had two assistants, also wanted to be sure they learned from her. "There's always something to learn every day and there's always people learning around me. So there's, I have to keep up, I have to learn to be better with the kids." And Sylvia emphasized keeping up with children as their experiences in society changed: for example, as their families used technology at home.

I'm very motivated to learn professional development because like what I said, you know, every single year there are things that stays the same when you're teaching the kids and there are always, always every single year, different groups of kids that they develop and they evolve and it's a different issue.... My analogy to that is that in the old times they used kerosene lamps. Right now you're doing click, you turn on the electricity, so say it's like that. If you don't stay apprised with that, you're going to be left behind with the knowledge and skills that you can help a child and family with.

Sylvia also mentioned wanting to be current in trends of early childhood education. "because the program is always evolving: laws, rules, everything is evolving."

Although Rose also wanted "more information on what's coming new," she said she wasn't learning much that was new: "I'm not very motivated with the ones that they're offering because

I feel like I'm already done those training multiple times.” However, she found some motivation in getting information she could give to parents.

Another reason providers were motivated to participate in training and professional development was to meet requirements for job permits. Betty valued being able to complete her CDA fast; Rose said she attended training and professional development to get the growth hours she needed to maintain her Director’s permit, and Sylvia said she attended professional development for salary reasons. Additionally, Carla mentioned that “education counts a lot for the parents.” However, scheduling professional development trainings could also be difficult, three providers said. Betty said she needed more advance notice for training than two weeks. Rose shared, “I just have to find somebody to watch my children.” If trainings were offered far from their facilities, providers also needed to drive a long distance to get to the training after work. “I'm spending two hours, you know, a little bit more because I have to drive there and drive back,” Rose said. Carla added, “Uh, sometimes the time stops me or, or most of the time the weather... sometimes it's ugly weather and we have to drive at nighttime alone too.”

To summarize, all six of the providers wanted to attend Early Head Start training to improve their work as childcare providers. However, providers with less than an A.A. degree focused on learning more about child development and early childhood education. Providers with more education also mentioned wanting to attend training or professional development as a way to network with others to get new ideas, pick up information for parents, and update their knowledge to follow new trends or standards.

Learning In Training And Professional Development

Training information and strategies. Providers were also asked if training provided ample child development information or strategies that helped improve their knowledge in the

field (cognitive content mastery) or knowledge of how to teach (cognitive pedagogical mastery). All of the participants agreed that they learned some subject matter in the field from training.

Katya, the least experienced participant, said, “There's a lot of things that I have to learn and having training is really a good help for me.” Katya thought Early Head Start training taught her more about child development than the CDA did.

I think for me that Early Head Start training is more on child development and it's like is helping us a lot. How to understand the um, the education. I mean the learning part of the child. I think a CDA training is in the different part, is more on resources. So how are we going to help the parents and also the CDA is more on the business side kind of thing. But for me, I think Early Head Start is more helpful to us because it's for the um, the development of the child.

Carla agreed that the CDA program had not taught her enough about “the whole, um, areas for, to work with the child and the child development, um, kids’ needs. In the training of the CDA, the most effective part was to do the binder” in which she synthesized what she learned.

In Early Head Start training, Carla and Heather liked the activities they learned for working with children. Carla said:

The strategies that helped me are sometimes the workshops and books that the program wants to have for the providers. Some of the books have some ideas to encourage providers to get ideas to work with incoming families with activities for them.

Additionally, Betty and Rose mentioned getting some training in Creative Curriculum, curricula from the Center on the Social and Emotional Foundations for Early Learning [(CSEFEL), n.d.) or other curricula. However, Rose, who already had an M.A. and was interested in new educational techniques, said she didn’t learn much from training. Although she admitted that “some of the presentations are really good,” mostly the information was familiar and repetitive.

Um, lately within the last maybe two years, every time I've gone to a training with you guys, I kind of don't really learn anything, which is hard for me because I want to learn, but every time I go to a training it's like I already know this information.

She added:

So like I've heard of these like little transition cards or something like that. Like I've never heard of that, or like Conscious Discipline, like we don't do that, you know. And what was the other one? Um, the CSEFEL, like the social, emotional, like those kinds of things like, within the development of children, not just the environment, we need more of that rather than health and safety, and we don't need that anymore and they keep bringing it up.

She also suggested that trainers could revise their lectures and add new material: “So like if it was, say it's say from Frog Street, like if the trainer would teach it a little bit differently or not go like on the same, then I think I might learn a little bit more.” For new ideas, she and Betty both wanted to talk with other providers during training.

Sylvia, who also had an M.A., also looked for different workshops outside Early Head Start training. She liked getting training specific to children's ages that was more current than what she learned in graduate school. She also individualized training for herself, choosing training topics based on assessment of her work with children.

We also pick topics based on our, you know, how we have assessments. O.K., so we know which areas where we're lacking, in science, math or language literacy or multilingual or a bilingual education and multilingual education. So all that stuff. So based on that they have training like what you said from... Early Head Start and from school as well, and then so, uh, the different kinds of trainings.

More mastery of subject than hands-on mastery of pedagogy. Although the providers thought Early Head Start training could be helpful, all six providers agreed that there wasn't enough hands-on training. Four providers said that they learned more about the topic (cognitive-content mastery) than about how to apply it hands-on in their teaching (cognitive-pedagogical mastery).

For instance, Katya, the least experienced provider, said she had learned to evaluate children's development.

Say for example, O.K., physical development, are they doing their fine motors, are they doing their gross motors, or do they really need more help. So once they provide us the strategies and we meet the goal, so it means, oh, they're good meeting, we're meeting the goal.

Katya also said she had learned to understand the effects of trauma on children.

Let's say like just we have recently the trauma like really helps me a lot because...when I observe this child needs this or that, so it doesn't mean that there's something wrong with them. Sometimes we were thinking, oh maybe something wrong with his... or the help, but sometimes it's just maybe they have like experience at their home. Maybe they're like their parents is not, you know, they have conversation, this and that, they have arguments and the child is involved. So the child is bringing it here in the daycare.

However, Katya mentioned insufficient training in the four domains of child development—physical, cognitive, socio-emotional, and language and literacy domains: “We're not getting much hands-on trainings, more trainings on how we will do the four domains” to help children learn and develop.

You have your um, you have your trainings, this is what we do for the physical, cognitive. O.K., but we need to learn more **how** we're going to do it. So that way we will understand more. We will learn more. So if there is hands-on, oh, so this is what we can do. That kind of activity will help us to... we'll have more learning not only for the child, but for ourselves, that we will learn both.

She also wanted more examples of how to work with individual children in the four domains:

“O.K., this is the activity that you can do to help them more” so you will know or “your child is this and that,” or they're more in their cognitive or which one they're lacking... so at least we can improve that.

She added that PowerPoint lectures did not show her how to do the activities.

The teaching activities and materials, that's not really helpful because they will just give what they have in PowerPoint, they will just write it down there. We need more trainings and presentation and videos or let's show us how you're doing the activity, hands-on activity, so that way we understand more better than if you will give us just training and writing it down.

Heather said that she liked learning about activity planning for children but wanted to practice with the materials in the classroom.

A daily activities for me is when we have hands-on, because that's the way I learn, and when we have the stuff and we do it there and we try it and also on paper.... If the trainings they had are more hands-on and we will be able to do it there, then it would probably be easier for me to come home and do it.

Carla shared:

Sometimes the activities or the workshops or the training are good. But sometimes we don't have materials to have (for) the children and sometimes we cannot practice the concept because we don't have the same material because we come home and we saw the activities but we had to find different materials or practice in a different way.

Betty, a long-time provider with an A.A., also valued learning about Creative Curriculum, but indicated that as part of receiving the training, providers needed to learn how to implement the activities step by step in a plan.

The handout (for a specific training) was great, but the networking on that was a little confusing. You didn't know what to really do and how to apply it to your lesson plan. And I think a lot of providers, you're giving them these activities, but after you give them the activity, what do they do with it? How do they apply it to their daily scheduling, you know, how often do you do that activity?

I think that I speak for many providers in that aspect, not just for myself, but I think a lot of them would benefit from learning at a different... not just a snippet of information... more of a connection: "Where would you put this activity? Can you show me where and how to write it on your lesson plan and how would you implement this into your program?" So take each, each step as far as from brainstorming up the idea and then putting it together and then applying it to your lesson plan and then executing it out there to the children and setting it up. And how would you get that in your day? So step by step and activity and you would do that for each domain and each activity that they would have available to help providers connect.

She also thought providers should have opportunities to practice the hands-on activities to gain new ideas about how to do them better.

I think I could use a lot more of those ideas and is there a better way than what I'm doing? I may be doing it right, but maybe once we all go through, we go step by step, maybe we'll find a better way or maybe somebody will have that aha moment, they got it that they're struggling with the lesson plan and this may help.

Similarly, Rose agreed that providers needed more practice with Creative Curriculum, including understanding how to apply it in their homes.

You guys are pushing Creative Curriculum but you're not training us on like exactly. So like if it's routine then you're going to actually go through it and have us do activities based on the routine of the day, you know, and just go through that like more hands-on, not just giving us the information because we have the information; we need to know how to practice and use the materials in our family childcare home yet.

Sylvia, the provider with the most combined experience and education, said Early Head Start training was “enhancement” but that providers needed to seek out other hands-on training from speakers invited by Early Head Start and other agencies. “They invite a lot of different speakers from different backgrounds for us to use hands-on the next day or the following week or the following month, activities that we can use,” she said. “Yes. They are so full of resources....It's like three to four times every month. And then we also just got out a week ago about the County Office of Education and Early Childhood annual training for half a day.”

Need more materials used in training. During interviews, all of the providers expressed a need for more visual aids and materials to be used in the classroom rather than relying on PowerPoint lectures where only the trainer was talking. For example, providers said they wanted more handouts. Rose liked having her own copy of the PowerPoint so she could write notes on it and not have to struggle to write everything down. She and Betty also liked having information for parents. Heather wanted paperwork showing how to do activities; she said, “I'm more like a paper person than on computer. If I have it on paper, maybe I'll look at it.” She added: and “more examples of what they're talking about, more objects and displays so that way we see it and not only [that] we read it and we hear it, but we see it.” Katya also suggested putting examples and video clips on the Early Head Start website and having a DVD to take home.

Training not thorough enough. Three providers also said the trainings were too short or didn't happen often enough to fully understand the content of the topic. “The training is only maybe two hours,” Carla said: “Sometimes it's not long enough to cover all the information....”

The training, sometimes we jump to another question and other things and we didn't have enough training for that.” Heather agreed:

I think we need more information, um, on the same topic but more times in a month or in a certain period of time that we still have. Sometimes they do one and then they don't do one until probably next year on the same subject....And I think if they do it they will do like one subject once or twice a month, maybe that'll get us more, learn more.

Rose mentioned that sometimes important topics—such as socio-emotional factors in children's learning—were taught in one session but needed more follow-up.

Um, sometimes there is a follow up and sometimes there's not a follow up...So a one-time thing like and yeah, we got our notes on what we need to do, but how, how do you want us to do that? How is, you know, how is that going to help us? You can't just give us the information and then, you know, stop from that point. Like especially CSEFEL social emotional is so big, right now. And a lot of children are not getting that experience that I think us providers need that training a little bit more and support to help.

She compared follow-up for the CSEFEL to Early Head Start follow-up for health and safety rules.

If it was licensing requirements that you guys needed to put a training on as in health and safety, then you guys followed up on that because it was a licensing requirement or it was a federal requirement. But some of the trainings, like the CSEFEL, you know, social-emotional, they came out and did it and we haven't had one (follow-up) training on that at all.

Class sizes too big. Five of the providers also agreed that the class sizes were too big, and they didn't get a chance to talk and ask questions. “It's all crowded and you will not be able to understand what is the training all about,” Katya said. Rose commented, “Most instructors are like ‘Any questions?’ You know, not having them ask ‘What about you?’ You know, like get them involved. You know, like get everybody involved to start talking and sharing their information.” Sylvia asked how it was possible to learn well in a large classroom.

Look at the high-quality childcare ratio: so training and the childcare ratio in training would be similar way. One (adult) to four infants: One, two, three. So here we are with training, we have to follow that ratio. How can that one person and then you've got like 50 people, how can you do one-on-one with them?

Social learning. This study also asked about whether providers had training or professional development that reflected Bandura’s (1977) categories of social learning.

Mastery learning. When providers were asked about their experiences of mastery learning—such as hands-on teaching experience—during training, five said they did not have these experiences in training, and Betty responded that she had only a little practice in the classroom, but “nothing really intense that has connected the dots for me.” However, three providers mentioned learning how to observe children. Betty mentioned her participation in CLASS training offered by the state in which she learned to observe children. Katya also mentioned learning how to do observations and Sylvia mentioned learning how to conduct DRDP assessments of children’s progress on the computer.

The least experienced provider, Katya, also mentioned needing more hands-on support—such as coaching or mentoring—after trainings. Katya stated: “There’s no follow up activities or support or mentor.” She continued:

Like you will ask us “How's the training going on?” or “What did you do to improve the training?” There is no follow up on what we have to do. Or “Did you guys like....” O.K., let's say “Have you guys, uh, implemented this kind of activity?” but they're not providing us that kind of activity, so how they're going to follow up if they're not providing anything, any activities or follow up. So it's like there is no follow up, there's no mentoring. So it's like we need more on those, many trainings for that. That will be helpful.

Heather said: “I had some training and um, some hands-on practices in coaching, but I don't think it's enough.”

However, four providers said they received hands-on instruction outside the classroom. Carla indicated “Uh, we have home visits from them and mentoring too, for people to work with us, help us in some areas.” Betty added that she could request follow-up, although it wasn’t scheduled:

I know that there are people that I can call that if they're available they can give you input or you could schedule for them to come out. But to actually have somebody follow up with that or to actually come on their own and have a scheduled time, no.

Rose and Sylvia also mentioned receiving coaching from their specialists. “It’s like a new pair of eyes or even multiple eyes coming in [to the facility] and seeing,” Rose said. Her specialist also helped her deal with stress and recommended changes to be in compliance with guidelines. Although Sylvia also mentioned receiving feedback from her specialist, she wished she saw more modeling. She also said her specialist emphasized following guidelines instead of following up on training.

There's no follow-up on the training part and then the family childcare specialists are just, “O.K., we need to get these things done.” You know, more on following the guidelines instead of following up with the training: “O.K., what can I help you with? O.K., here's extra strategies that you can use. O.K.?”

Vicarious learning. Providers were also asked what opportunities they had in training or professional development to observe and model others teaching—for example, a teacher, classmates, people they role-played with, or a video. Overall, providers said they did not have opportunities to observe and model others during training. For example, three providers mentioned that they did not do role-plays in training. “Whatever we learned from the training, we do it in the classroom but not necessarily like role-playing it,” Sylvia said. Betty shared, “I haven't had much training in role-play. None of our trainings have given us that opportunity. Um, if they had, I think it would have made an impact on me.” Additionally, although the providers mentioned watching videos, Rose said, “The only videos that we see are the professionals like talking about it, not actually role playing. Every once in a while we get videos that show role-playing, but there's not much.” Katya agreed, “I don't think there is some like video or like something that we can model.”

Providers also said they did not have much time or opportunity to learn from and model each other. Heather said “We hadn't had any opportunity in classrooms because there's always a large group of people and we don't have small groups to talk with other providers.” Rose, an experienced provider, also said that other providers learned more from her than she did from them.

I don't really learn that much just because I'm the only one talking about it. And then they asked me, well, how do I do this? Like, you know, for instance, I said something about, you know, putting labels on the shelves of where they go. And they're like, well, “what if you don't have that much space?” So then I had to give them a suggestion that peer to peer I think really helped that other person, but it didn't really help me because I already knew about it.

However, providers did mention that a specialist outside training could be a role model.

Betty said:

Well, I feel that our specialist does a good job at that. She really is a positive role model for us and she actually does support us and what we need, encourages us and she always does it in a positive way and she always lets us come up with solutions. She doesn't tell us how to do things. She brainstorms with us and the service specialist that comes here.

Yet, Sylvia said her specialist should do more modeling: “Instead of just observing, looking, and then judging it from there and just telling, telling you, how about modeling it?” However, she had benefited from watching a coach in training for another job.

Self-modeling. When providers were asked what opportunities they had in training to observe their own teaching or child care (for example, in a video they took of themselves teaching), reflect on this (as in class discussion) or imagine this in the future, they also said they did not have these opportunities. Katya wished she got more constructive feedback on her teaching ability—for example, by videotaping her performance and bringing it to training.

We don't have any opportunity to show like what we're doing; they haven't tell us, “O.K., you can bring your videos or pictures to show that like what we're doing.” I think it will be better.... Like, “O.K., well you guys have like a sample of videos and how you're dealing with your kids” and say, “Oh, this is science and math.” At least like, you know,

the ones who are attending the training, they will have an idea. “Oh maybe that's the one I have to do for the child to learn” or maybe, “Oh, that's what I'm lacking for.” So they will think, “Oh, maybe that's... I should do that too.” So it will help us as providers. It will help us understand that we have to do this more better and more understanding, so the child will be more, they will learn more from us.

Sylvia also thought it would be helpful for providers to observe their own teaching in a video and reflect upon on it or bring the video to other providers, as a way to reinforce or improve the quality of their work and model other people’s strategies.

I think this is the part that we don't have, this component video, O.K., like say for example, that a certain child, number one, is having behavioral issues, you film it, that kind of behavior issues and what strategies you have used at that moment at that time and then see how you can enhance it, how you can do it better and then take that video to the training and then everybody can look at it and share strategies. We don’t have that.

Sylvia also thought the videotapes could be used as the basis for role-plays.

We don't have any of that support, like you'll film a certain situation and take it over there and then everybody can have their opinions and then role play how you can strategize. No, we don't have that opportunity.

Rose said she had not been videotaped in training, but she videotaped herself and her staff as a way to improve the facility and teaching strategies. She said:

I've never had the opportunity within a training to see my own like, but here at my facility I have cameras so I go back and watch myself in the videos because I sit there and um, you know, with all my staff, what I've done since I've had the cameras is in staff meetings. We go back and watch the videos and we see what we can change, how we can change it because when we were having a lot of issues with um, other staff, I had to really hone down on having them watch themselves.

Um, so I do know the videos do help watching your own teaching, really do help you to be like, “Oh, that was me.” Yes. [Within yourself?] Within myself and within my staff, but I've never had somebody come out and actually record me and then show other people. No, I've never had anything in training.

Social persuasion. Asked if they received positive encouragement for their work or to continue professional development, only three participants (Carla, Heather, and Rose) said they received some encouragement during training. Heather said “Some trainers, not all the persons,

but some of the persons that give the trainings are really encouraging and that helped me feel more confident.” “Sometimes we receive words, but not a lot,” Carla said. Rose said,

There are some people, some trainers that I've been to that will say, you know, you're doing a good job, but not a lot. I don't actually hear a lot of that. It's not like a peer to peer. It's more like the instructor teaching and nothing else. Like they don't want to hear from... like they don't really hear from us.

“We don't receive any positive encouragement because that's what we're lacking in the trainings,” Katya said. Sylvia also mentioned “I didn't get anything like ‘Great job, you get this professional development, here's some gift card,’ whatever. Nothing.”

However, Betty and Rose mentioned getting support and encouragement from specialists outside training. Betty mentioned,

Well, I feel that our specialist does a good job at that. She really is a positive role model for us and she actually does support us and what we need, encourages us and she always does it in a positive way and she always lets us come up with solutions.

Encouragement is necessary to motivate providers, Carla said: “We need to have motivated in some ways because we do very hard work. We work with all different ages, and it's more challenging than if you work only with one age of the children.”

Physiological states. Another factor that affects learning is physiological states (Bandura, 1977, 1997), which refers to one's emotional state and how events are perceived and interpreted as one learns. Three participants (Carla, Katya, and Rose) mentioned the stress of noise and not being able to hear during training. In a large classroom, “Sometimes we don't hear what the people say because we are on one side and they are on the other side,” Carla said. Rose added:

It's really hard to listen to the teacher in English and then have a whole group in the back talking in Spanish because they're trying to translate it to each other; it's doesn't really work at all because I get so distracted with them talking even though I have no idea what they're saying, but it's really distracting.

Carla, a Spanish speaker, also felt stress in speaking English in front of others.

People like me, we are afraid to talk in front of the other people. They speak English very well. And, and when we try to um, talk and sometimes I feel like everybody is looking at us like, you know.

Additionally, Rose mentioned the stress of taking notes from the PowerPoint: “We have to write down in a struggle.” And, “I think a lot of providers, you know, they struggle with not knowing,” Betty said.

To summarize (Table 6), all of the providers felt that they gained some knowledge of child development (cognitive-content mastery) and how to teach (cognitive-pedagogical mastery). However, they all said they didn’t have enough hands-on practice in training and needed more materials used there. Providers also said that trainings on a specific subject were too short and/or infrequent. Providers also thought training did not offer many experiences of mastery learning, vicarious learning, learning through self-observation, or positive encouragement (social persuasion) during training. However, outside training, some learned from and received support from childcare specialists (who they would see twice a month at their facility), from child-development specialists (who would visit some providers once a month), or from other childcare trainings.

Table 6. Provider Reports of Social Learning In Training and Professional Development

	In training <i>N</i>	Outside training <i>N</i>
Some cognitive content mastery, cognitive pedagogical mastery	6	
Not thorough or hands-on enough	6	
Need more materials used in training	6	
Social learning		
Mastery learning: hands-on practice teaching		
No	5	1
A little/Some (coaching, mentoring)	1	3
Yes (coaching, mentoring)	0	2
Vicarious learning		
Observe and model others		
No	4	1
A little/Some (watch video, talk to peers)	2	0
Yes (specialist, other setting)	0	2
Didn't say	0	3
Observe own teaching		
No	6	0
Yes (film self, receive assessment scores)	0	2
Didn't say	0	4
Social persuasion: Positive encouragement		
No	3	0
A little/Some (trainer)	3	0
Yes (specialist)	0	2
Didn't say	0	4
Physiological arousal or stress affects learning		
Yes	4	
Didn't say	2	

Providers' Self-Efficacy As Teachers and Resources/Advocates

Data for the study were also coded regarding whether participants in the study felt self-efficacy as family childcare providers. Bandura (1997) defined self-efficacy as an individual's beliefs in his or her own capacity to perform behaviors necessary to produce specific performance. Self-efficacy also refers to personal judgment of performance capabilities in a given area of activity that may contain stressful aspects (Schunk, 1985).

Teacher self-efficacy. All six of the family child care providers in this study reported feeling competent providing positive and educational activities for infants and toddlers in their care. The providers described themselves as able to “help children,” or said they were “proficient,” confident,” “competent” or skilled based on education and years of experience.

Providers also gave examples of their abilities. Katya indicated that children in her care learn and show progress due to experiences provided at the family child care home facility; she also felt able to deal with children's feelings. Betty indicated being able to offer individualized goals to children according to their developmental level, and seeing results as children learned at their own pace. Carla said she had many activities for families, and Rose mentioned having a whole binder “just full of activities that I've created myself or looked up” and having staff that offered children positive activities and learning experiences. Sylvia said that she was able to prepare children for kindergarten. Another example of self-efficacy mentioned was feeling comfortable offering care in one's home (Carla). However, Heather wanted more training: “I do feel confident about my ability, um, but I do think that um, if I had more training it would be better for me.”

Self-efficacy as resources/advocates or families. Although providers expressed self-efficacy about working with children, only two providers (Carla. and Sylvia) reported strong

self-efficacy as a resource and advocate working with families. Carla said, “I’m confident in my working with families because I have a long experience working with parents ... and a lot of things to work with the families.” Sylvia also felt confident about providing information to families as a result of staying current on research in child development. “I train in self-development, reading books. So I’m like the type of person that goes out there and really takes a look, see what I can offer of value to the children and to the families that I serve.” She added:

I don’t rely on school training. I just don’t rely on those things I learn from school. But uh, I rely on self-development and self-study on that part. So that is why it makes me very confident on that one because then I have parents that would say: “Oh, well, you say research says...” The Early Head Start training, they do prepare you, but not 100%.

Rose also felt confident providing information to parents, but Betty mentioned not having resource information for families at her fingertips. Three of the providers (Katya, Heather, and Rose) also said they were able to communicate with families but needed more training. Heather said, “I feel confident to a certain point with my families because we have communication, but um, I think I need more training on how to properly help with it and deal with what their needs are, their problems.”

Importance of experience, education and training in self-efficacy. Overall, the providers interviewed shared that their confidence to perform well was based on their experience as providers ($n = 6$), years in the field ($n = 4$), education ($n = 4$), training ($n = 6$), or a combination of these. “I feel better than one teacher because of my experience, because of the training received and all the work I do for the children,” Carla said, also mentioning, “I’m confident in my working with families because I have a long experience working with parents.” Betty, who has an A.A. in Early Childhood Education, indicated, “Yes. I feel I’m very competent. I have plenty of years behind me and experience and schooling and I’m pretty confident.” She thought her hands-on experience was especially important:

I feel that I have a lot of knowledge in the field. Especially hands-on and day-to-day, things that arise that a lot of people don't learn by going to school or taking trainings because they are so set in guidelines and just superficial.

However, Rose, who has a Master's degree, commented, "And then schooling kind of helped me too because I had to do all the internships...they really helped me make sure that I was doing (activities), you know, appropriately." Sylvia who has a M.A., also spoke of taking "a lot of units on infants and toddlers," understanding how to apply information hands-on to children, and developing her own curriculum based on theory, which helped her prepare children for school.

On my curriculum that I developed. I combined the good things about Piaget, the good things about play, the academic part of it, not just like one thing, you know. So I took the best part of all the early childhood developmental theories. What are the good parts of them? Because if you're going to look at them, it's not good to have just like all knowledge, knowledge, knowledge and not having play, you know what I mean? So I took each one of those positive things that they can offer and I incorporated that before I was partnering with [name of program]. And so the children, when they go to kindergarten, the kindergarten teachers over here are, "Oh, we're so glad the kids are like boom, just right out there." And they picked it up from there.

Training boosted self-efficacy. All of the providers also said that training boosted their teacher self-efficacy. Even though Sylvia has an M.A, she valued "all of those training and knowledge that I have learned throughout the years."

You could just have all the education and you don't have the training, it's still not balanced, but if you have education and training at the same time, I mean that's a perfect combination. That's why I tell my parents, I said, "I know I charged a lot for my daycare but you know what?" I said, "You have experience and education all in one house."

Similarly, Rose, who also has an M.A., said, "I feel like I'm really experienced and knowledgeable in the field because I've taken so many classes and I always go to the trainings."

The four providers who did not have a four-year college degree or M.A. in Early Childhood Education mentioned that training helped them feel greater teacher self-efficacy because it taught them how to work with children and because the training provided support.

Katya, who had the least education and experience of the providers, said, “I’m confident like, because this training is helping us a lot and yeah, just what I mentioned earlier, there are more trainings and more they will give us more, um, activities that we can do to help the children.” She added, “I feel confident because right now we have like, you know, the contract with the county in Early Head Start. So they are providing us information and support, which is helpful.”

Carla said the training made her feel more confident because it reminded her “again and again what to do with the toddlers.” She added, “When we have received some help from the program, that helps us a lot.” “Some of the persons that give the trainings are really encouraging,” Heather reported, “and that helped me feel more confident.” Betty also felt greater efficacy because of the support she received: “just being part of the Early Head Start because of the people that we work with. Um, our specialists in the office, they’re great.” However, Rose said that although her specialist helped by talking to families about attendance, it was necessary for Rose to learn to do this herself to feel self-efficacy.

Training insufficient for developing full teacher self-efficacy. Four participants who had less formal education than two others also said that trainings did not offer enough hands-on practice to support development of full teacher self-efficacy. “The trainings are good,” Carla indicated, but added that they were only one or two hours long and “not enough for understanding their whole program and the whole, um, areas for, to work with the child and the child development, um, kids’ needs.”

Well, my competence, personal confidence is good (but)... we don't have enough time to get the whole training and no, it's not break it in pieces too for us to understand the whole thing to, for learning and uh, we need more, more time or the small group for me, that way I can, I can understand better and I can have my questions and I can do better with the infants and toddlers.

Asked if the training helped her feel confident, Heather said, “I had some training and um, some hands-on practices in coaching, but I don't think it's enough.” Responding to the same question, Betty said that there wasn't enough follow-up after training. Thinking about training, Sylvia said, “It's an enhancement, (but) not like the whole one-stop resource for you to be able to become confident.”

Need more training on working with families. As well as evaluating how training affected teacher self-efficacy, providers wanted more training on working with parents and families. Two providers thought providers needed more training on how to engage families in their children's education at home. Rose said:

I think we need more trainings on working family involvement, getting them motivated and want to do things because um, most of my families believe that I'm a child care provider or teacher that we have to do everything here. Um, and I feel it's a two-way street that they have to also put in part to get them to that next level.

Sylvia agreed:

They don't understand that I give a hundred percent of me and they need to give a hundred percent of them at home also. Because whatever I teach here in the early childhood educational program will be, should be taught also at home so that there is a congruency, you know, a good mix for the child.

Three providers also wanted to learn how to talk with parents about their needs and their concerns for their children. Katya shared:

Early Head Start has started training us preparing for families. ... we need like more trainings. Like what I mentioned: how we will find out if the child is having health issues or they're having like stress or they're having the stress from their parents from at home. They're bringing it over here. So we have to have like trainings, oh, maybe bring examples and like [asking the family], “O.K., you want the child came to our daycare and in a way she's so quiet and what's going on?”

Carla also wanted more information and resources on how to support parents who were concerned about their children.

Sometimes we need more information and resources so that way we can, um, help the parents do and some with some conflicts or some information about, um, like for the kids they say, um, “I have a feeling my kid is not talking a lot. So how can we help them with some pamphlets or let them know where can they find resources to know if my child is, is well-developed?”

Carla added, “It’s very important to have support from the program because they like to implement help to the parents, so providers has to have support and that way we can support the parents.”

Additionally, Betty asked for more contact information about resources and wanted to know more about how parents qualify for Early Head Start. “It’s important for us to know the steps, what the parents have to go through, not through just a quick little video.”

Because sometimes we’ll get their paperwork, they’ll bring it to us, “I don’t know how to fill this out” and so we have to guess or we have to send them off, go to the office and talk to them, you know, and sometimes they get discouraged so it’s time-consuming.

Other concerns mentioned were making sure parents understood Early Head Start policies about attendance (Rose) and understanding how parents used technology such as cell-phones or Internet filters with children in the home (Sylvia). Sylvia said:

Because I just noticed that there’s a lot of behavior issues nowadays because of technology. Like, O.K., the parents use technology like the cell phone here and then the kid would be there for like three, four hours while they’re doing whatever they’re doing and then the time, you know, it, I don’t know, there’s no filters on the things that they’re looking at on the Internet and then their manifesting that through their behaviors because it’s unsupervised, you know. So that’s the information probably that’s very current right now that maybe more information and strategies on that one.

Need more training on dealing with stress. Self-efficacy also refers to feeling capable of good performance even when an activity may contain stressful aspects (Schunk, 1985). It is important to deal with one’s stress because it affects the children in childcare, providers said.

Betty said:

I think it affects the kids. You’re not going to be on your game, they’re not going to be on task, it’s going to throw your day off, so of course. Yeah. And depending on how far you

take that out, if you don't resolve that issue before the next day, then your next day will be the same way.

Sylvia added that it helped to have a way to deal with stress in the classroom:

Of course, you know, when you're stressed you're not being a great provider for the children. And the kids would feel that if you're stressed: "You're all so stressed."

So it's like when I go inside the classroom, I have like a physical checkup of myself first, take a deep breath, and then get into the classroom. I noticed that too, if my staff is stressed, I would tell them go take a break for a little bit. You know then "Come out later on when you are feeling better." It does affect a lot.

However, four providers interviewed for the present study mentioned that there was not enough training addressing stress. Sylvia said, "We didn't have a lot of training on that so far. Last year we only have one stress training, there's not a lot, a whole deal, in helping providers to cope with stress, stress coping strategies." For Heather, a training on stress and self-care had been helpful: "They show us how to deal with ourselves when we're stressed and how to feel better. And it really did help me, um, I think I started loving myself more after that training." Carla also thought that training on meditation or yoga would be supportive, motivating for providers and children, could be used to calm children, and would help providers remain in the field.

Well, I only remember one class to how they deal with stress, but I was able to attend and I would like to have more support with the stress, like meditation classes. Like a yoga retreat, all those classes I think, and (it would be) motivating more the providers and they can motivate kids too. And meditation classes, if you knowledge a little bit, you can help kids handle it to calm down and, or behaviors or social emotional. They do like a yoga class, like maybe once a month or even two months. One class, one hour, two hours, I think is good motivation for, to keep it, to keep working with children.

In addition, Betty suggested that training on stress—for example, on healthy eating or exercise—could be incorporated into other trainings.

I'll see that training on relieving stress and I won't go to it because I don't have time for that because I've got things to get done. But I think that incorporating that in with other regular trainings will help cover those 'cause you already have me there. And so then I

can listen. Just adding, just a snippet into, you know, healthy eating or maybe an exercise that you can do.

In summary (Table 7), most of the providers interviewed felt more confident working with children and providing appropriate learning experiences at their facilities than serving as resources and advocates for families. Providers said their confidence to perform well was based on experience, education, training, or a combination of these. All of the providers said training boosted their self-efficacy but was insufficient to develop full-self-efficacy. The two most educated providers said a balance of education and training was important. Four providers with less experience or less education said training provided support and taught them how to work with children. Yet, they also said training did not offer enough hands-on practice or follow-up to support full development of self-efficacy as childcare providers. All of the providers thought additional training on families would help them better teach children or provide resources and advocacy for families. Four providers also wanted more training on coping with stress.

Table 7. How Training and Professional Development Enhanced Self-Efficacy as Family
Child Care Providers

Coded items	<i>N</i>
Provider feels self-efficacy as a teacher	6
Provider feels self-efficacy as a resource/advocate or families	
Yes	2
Some	4
Why provider feels self-efficacy as provider	
Experience as provider	6
Years in field	4
Education	4
Training	6
Training boosted self-efficacy	6
Because of amount of training, specific training activities	4
Because of contact, help, encouragement from trainers, specialists and office	4
Training is insufficient to develop full self-efficacy	6
Insufficient hands-on activity, feedback or follow-up for full self-efficacy	4
Need more training on working with families	6
Need more training on dealing with stress	4

Evaluation of Training and Professional Development

Providers in the study also answered questions about how they evaluated Early Head Start program requirements and would improve training and professional development. Some information presented above will also be reviewed to provide context.

Evaluation of Early Head Start program requirements. The goal of Early Head Start is to offer quality care to children enrolled in the program and to their families. Understanding program requirements allows providers to meet standards stipulated by the program.

Understanding program goals. When the family child care providers in this study were asked if they understood the goals and requirements of the program, they all said yes. Heather said the program kept her informed: “So I do understand their requirements because um, the school, the agency does a really good job like telling us what's the changes, what's next with what to do.” Carla also said she had to understand the standards for her job: “That’s required for Head Start because I provide care for Early Head Start program for the kids and especially the early, early age training.” Rose responded that she agreed with the standards “because I want to be a high quality family childcare. I run like a center, so I love all of those standards and qualifications that they provide.”

However, three providers also had questions or concerns about program requirements. Rose shared that some of the Early Head Start standards (such as how to hang pictures on the walls of a family child care facility) were hard to meet because her child care facility is also her home: “Um, I know it's really hard to keep up with some of them because it is my home.” She also said that the short time she had to fix any problems to meet Early Head Start standards could be a little stressful. Two providers (B. and H.) also wanted to know more about why specialists required information or why changes in forms were required. As mentioned above, all of the providers also reported stress with completing Early Head Start documentation in a timely manner. Providers are to comply with deadlines throughout the program year.

Training availability and emphases. Scheduling to attend trainings was another concern that providers reported. Betty said she needed more advance notice for training.

I think, uh, my schedule is a big thing, but also not being able to have the trainings scheduled out far enough where I can plan ahead of time. I know that most of our trainings are put in and available within two weeks but those ones are really hard.

Carla also wished for more trainings near her home.

Providers are not only looking for professional development for themselves but also for their assistants. The CDA credential is one of the options which the Head Start program offers to those who qualify. However, Betty and Rose had difficulty finding CDA training for their staff. Betty said, "They provided the need for the CDA, which is completed on my part. I think that finding the trainings for others, my assistants, trying to find those trainings for business, was really difficult." She added, "I think that covering the information, I think it did O.K. if you read the chapters and you read the whole book; as far as the trainings, I don't think it gave much in the trainings." Betty, who has an A.A., suggested that Early Head Start should help with college classes or tuition: "those kinds of things: helping us grow and not just workshops, and more professional, make it worth us for to grow professionally."

Rose instead wanted more training follow-up on curriculum and less training follow-up on Early Head Start health and safety requirements for childcare licensing. Sylvia also said her specialist was sometimes less concerned about following up on training than on meeting Early Head Start guidelines: "So I see the family childcare specialist and all of that, not as mentor and coaches, I see them as more like regulatory agencies, they're on regulations." Sylvia also wanted Early Head Start to spend more on new materials for family child care centers instead of spending so much on staff.

Evaluation of Early Head Start training. As mentioned above, all of the participants said that Early Head Start trainings were not thorough enough or hands-on enough, and all said that more materials should be used in training. Four providers (Carla, Heather, Rose and Sylvia) also said they wanted more updated materials used in training, although Carla said she did like receiving new toys to work with children. Reflecting on the quality of Early Head Start training

and professional development, Sylvia said, “It's enhancement, not like 100% that would be your only source, but it is a great source, but not enough source.”

As a daycare provider, you need to go out there and get other information, you know, the training that they offer...yes it's beneficial, but it's not like the whole thing enough. It's not enough for a daycare provider to prepare that.

Training in series. When the six providers were asked if they would like more training conducted as series, they all said yes. Heather said it would be less stressful than trying to learn everything at once.

It's better to have a planned sequence. Because it's in sequence of these—step by step: not like one, it's all getting one is going to be like stressful. It's too much to think ... A planned sequence of training that would be ideal for me.

Providers also added that doing trainings in sequence would allow more retention; after reviewing what they had learned from the previous training, they would be ready to go back for more information. If they didn't understand the material on one day, they might understand it the next time. Heather said:

I would like to have more sequence on one topic.... A planned sequence of training that would be ideal for me.... And sometimes because I think sometimes it's just the way you feel on that day and that's how you learn and maybe you're not, you have so many things in your head or you will have problems that you don't get that message that they want to get to you. And if you have another day where you were feeling better, you're open to learn.

With a series, providers could also repeat the classes that were difficult for them, Sylvia said:

That would be so nice to have a planned sequence. O.K., today you're going to learn how to do this, next time this, instead of just like getting topics here and there, “maybe they need this” or “maybe they need science.” Or maybe have a curriculum that we can look at the whole curriculum throughout the whole year. “O.K., I got that one. O.K., maybe I can retake that one.”

Rose added that some training could be offered as an individual workshop. However, a series would be better for training on curriculum, and providers should attend every session.

Some of them I think just an individual training would be good. If it's like a full curriculum, then I think it needs to be a series of different steps. So like Creative Curriculum, there could be three books, so a training for each book, a series of that would be good.... I think it needs to be a series of different workshops and everybody has to go to all of them. If you're going to enroll in the first training, you need to enroll in all six of the workshops if that's the necessary steps.

Rose added: “Not just giving us the information because we have the information; we need to know how to practice and use the materials in our family childcare home yet.” Betty agreed that she wanted training “more tailored to our needs as far as, again, the way they present their trainings and the activities that they actually give us in the trainings and doing it.” She also wanted more training on business management.

More time in small groups. All six providers also expressed their desire of having more time for small groups during training in order to learn from each other, understand better, and ask questions. Carla indicated, “We need more, more time or the small group for me, that way I can, I can understand better and I can have my questions and I can do better with the infants and toddlers.” Providers also expressed their desires of having more time among themselves to exchange ideas and provide feedback to others from the same field. Rose mentioned, “I’d say more of the peer to peer. Like when we're in the trainings, more of those, like talking in a group about what we do.” Katya agreed:

So we can share all our strength and our weakness so that way... O.K., let's say we are weak on this kind of domain and there are strength on social-emotional, another provider. So that way when they share it and then what activity they're doing so that way we will learn more from each other of the providers.

Betty also spoke of “doing small groups and rotation and sharing and just networking and being able to help one another, because one may learn from one person but not another. So maybe they pick up something different, small groups is the best.”

Separate trainings for different groups of providers. Four providers also said they wanted separate training for family child care providers. Katya said:

I think it's better, if like you know, they will have the group all only for childcare providers in one type. So you know, we can share, "Oh this is what we're doing in our house" so we can share all together and we will put it all together so that way it will help us a lot.

Betty shared, "I think that we need networking and things that actually apply directly to family childcare that work with Early Head Start because we work with blended-age groups."

Rose also suggested separate training for providers based on their primary language:

...and the different classes, English and Spanish, that would also help a lot because I'm not going to be distracted (by Spanish speakers talking at the back of the room). And I think it might help the Spanish speakers a little bit more because they're actually able to talk to the exact instructor about the information.

The value of training also varies according to providers' level of education and how they perceive they can use the information. For providers with more education, the areas that are commonly taught in training may not be appropriate. Rose, who has a M.A., expressed:

So I feel like I'm really experienced and knowledgeable in the field because I've taken so many classes and I always go to the trainings. Um, lately within the last maybe two years, every time I've gone to a training, I kind of don't really learn anything, which is hard for me because I want to learn, but every time I go to a training it's like I already know this information. Everything that they're teaching are things that I've already tried, here.

Rose went on to suggest "training for like people who already have their education that need more."

Evaluation of Early Head Start professional development. Early Head Start offers professional development trainings to providers to enhance their knowledge in early childhood education in general. Four providers felt that Early Head Start professional development could be improved. "I think we're working on it," Heather shared: "I think they're [Early Head Start

is] still like learning with us and we're learning with them. So, um, I think we still have a long way to go.”

As part of improving professional development, four providers (K., C., B., and S.) mentioned wanting more mentoring and coaching in order to learn how to appropriately implement activities and information that they had learned in training. Sylvia said “I would definitely do a lot of coaching and a lot of hands-on mentoring” and suggested that the family care specialist could do the mentoring as part of training.

Meaning to say the family childcare specialist would come in and say, “O.K., let's do a circle for the whole entire day. Say how do you like to be here in the classroom the whole entire day modeling from the training that they were talking about, instead of just coming in for an hour, just do observation, get your paperwork done and then leave.

She also suggested, “Assign two or three mentors that would come in on a daily basis to go to this family daycare provider.” Sylvia added, “I think we need to have a unique presentation on modeling, coaching, mentoring, geared for family daycare homes only—that is, if you want high-quality childcare in the family daycare, home setting.”

Betty also wanted more coaching on working on literacy with children of different ages at the same time.

Literacy is always a hard area too, especially because we have so many mixed-age groups and so you want to be able to gear it to every aspect because you have from infants all the way through five years old, you have a big range that you have to adjust. So how to, maybe even a literacy coach would be good in training.

Qualifications for trainers. When providers were asked if standards for trainers should be standardized, they all said yes. The five most experienced providers thought trainers should be knowledgeable, as shown by having more education, such as a Bachelor of Arts (B.A.) or M.A. in early childcare education, or having more training experience (such as certifications or having given more trainings). Heather said,

I think the trainers should be more educated than the person that are gonna go to the training. Uh, for example, if the persons that are going to go get the training have a B.A., then their trainers should have a Master's so that way they can teach and the person with the B.A. can understand and be more.

Five providers also thought it was important for trainers to be familiar with family child care homes and how they function with different age groups, and that trainers should customize training to meet the needs of family child care providers and the children they serve. “They need to know not only by the book, they need to know the real, real work we providers do to the kids,” Carla said. Sylvia said,

We need to have an experienced person with the knowledge and hands on in a family daycare home, how the components work together. O.K., this is what you're doing in the classroom. However, put that into your family daycare home, it's not a good fit because in a classroom, we get extra teachers, we get supervisors that would do all of that to cover whatever's lacking. In a family daycare home, that is not the situation. In the classroom, the teacher's out there just focused on one thing. In a family daycare home, it's totally more complicated, more diverse, the role of a daycare provider.

To summarize (Table 8), the six providers said they understood the goals and requirements of the Early Head Start program, but some questioned program requirements and training availability and emphases. All six providers wanted more training conducted as a series and more time for small groups, four also wanted updated training materials. Four providers also wanted more mentoring and coaching. Asked if standards for trainers should be standardized, all providers said yes, based on knowledge of early childhood education and/or experience as a family child care provider.

Table 8. Providers' Evaluation of Early Head Start Program Requirements, Training and Professional Development

	<i>N</i>
Evaluation of Early Head Start program requirements	
Understand the goals and requirements of the program: Yes	6
Have questions or concerns about goals and requirements	3
Have issues with completing paperwork	6
Question training availability and emphases	3
Evaluation of Early Head Start training and professional development	
Should conduct trainings in series	6
Training materials should be updated	4
Need more work in small groups	6
Want separate trainings by type, language, or education of provider	4
Want more mentoring and coaching	4
Standards needed for trainers: Yes	
Knowledgeable, educated about early childhood education	5
Experienced in family child care	5

Findings From Observations

Observations of providers and classrooms were also conducted to compare with findings from the interviews. To make observations of providers during training, the researcher sat at the back of the room and took notes. For one training, the trainer asked the researcher to move closer to the trainees. The researcher took notes on the training when trainees were engaged in answering trainer questions. Table 9 shows that providers were observed in five different trainings: one overview on curriculum (with 35 trainees), two on the overview of California's CSEFEL (with 35 and 9 trainees each), one overview on meaningful observations of children (with 9 trainees), and one overview on state/ federal requirements for new forms (with 15 trainees). Four trainings included center-based teachers (for preschoolers and infants and

toddlers); however, training 5 on completing forms was for family childcare providers only. Trainings 2 and 5 were given in the evening. In trainings 1 and 2, students sat in rows and then met in groups, whereas in trainings 3, 4 and 5, students sat in groups at tables. All of the trainings used PowerPoint slides and handouts. It appeared that trainers used some materials that may have been difficult for less educated providers to understand.

Table 9 shows that all of the trainers showed that they knew their subject-matter (cognitive-content mastery) and four gave examples or information on how to teach (cognitive pedagogical mastery), including setting expectations for children (positive classroom climate, saying “stop” in a respectful tone), preparedness (handling transitions in the day, classroom hot spots, consultants to contact) and emotional communication (emotional literacy). Classes also included peer-didactic activities where students were asked to meet in groups to read or discuss an article and report back to the class.

Table 9. Context and Trainer Behaviors From Classroom Observations

	Training 1	Training 2	Training 3	Training 4	Training 5
Topic	Curriculum (Overview)	California's CSEFEL (Overview)		Meaningful observations (part 2) (Overview)	State/federal requirements for new forms
Class size	35 providers & center-based teachers	33 providers & center-based teachers	9 providers & center-based teachers	9 providers & center-based teachers	15 providers and assistants
Class arrangement	Sat in rows, then 6 groups of 5-6 each	Sat in rows, then 5 groups of 6-7 each	2 tables, 4-5 each table	3 tables, 2-4 each table	5 tables, 2-5 each table
Materials	PowerPoint, books, pages at tables, handouts	PowerPoint, handouts, cut-out materials	PowerPoint, handouts	PowerPoint, books-folders, handouts	PowerPoint, forms

TRAINER BEHAVIORS					
MASTERY LEARNING					
Cognitive-content mastery (peer didactic)	Yes and no: PowerPoint on activity objectives' alignment to curriculum: did not check understanding (peers read in groups, read to class)	Yes, PowerPoint & discuss pyramid model of CSEFEL (Group reads article, one person shares with class)	Yes, PowerPoint & discuss pyramid model of CSEFEL (With partner, read and discuss key ideas in three article briefs)	A continuing workshop that had new students: Yes, discuss <i>describing</i> , <i>interpreting</i> Not defined at first; definitions given later	Yes, discuss questions on new state/federal forms used to pay provider, when new rule starts
Cognitive-pedagogical mastery (peer didactic)	Yes, discuss classroom climate; saying "stop"	Yes, setting expectations, handling transitions in the day, consultants	Yes, being positive, cues, hot spots, emotional literacy	Yes, shown with work sample (such as children's drawings)	No

Table 9 (continued)

	Training 1	Training 2	Training 3	Training 4	Training 5
VICARIOUS LEARNNG					
Effective actual modeling	No modeling of activity sheet; yes, saying “stop”	No	Yes, teacher praised student skills	No	No
Simulated modeling (peer didactic)	Yes, Exercise: DRDP alignment task but not modeled, groups read instructions; role-play teacher-child interaction	Yes, exercise: “Tell me what to do instead?”	Yes, exercise on promoting success: Share one’s own positive moment; how to do for child	Yes, observation exercise: describe vs. interpret	Yes, how to complete forms using the Kahook cell-phone game
Symbolic modeling	Yes, video: Interaction of teacher with toddlers	Yes, trainer discusses cultural experience in work with migrants	Yes, video	Yes, video on DRDP assessment of children’s individual progress	Yes, model of completing form on cell phone
Self-modeling	Yes, discuss classroom climate in own job, no reflection	Yes, encourages students to share about positive moments	Yes, encourages students to share about positive moments	No	No, but one student talked about children in her care
Cognitive self-modeling	No	No	No	No	No
SOCIAL PERSUA-SION	Yes, general positive response to answers; “impact of work on children”	Yes, general positive response to answers, providers “effective”	Yes, general to class; Specific to student for developing better skills	Yes, general positive response to answers	Yes, general positive response to class ability to play cell-phone game

Although the trainers knew their material, they did not always check for understanding. This was especially true in the large classes. From the beginning of the training, the trainers would introduce themselves and begin to present the PowerPoint as if all trainees were familiar with the topic. No questions were asked as to whether there was anyone new in the audience or anyone needed extra help before moving on to the next slides. The trainees sat quietly listening to the information provided. Even when they looked puzzled, they did not raise their hands and ask for clarification or guidance.

The observations also showed that the trainers did not always practice the content in class. For example, in one class, the trainer asked trainees to read aloud at their tables and share examples from their own home settings before reporting back to the large group. Participants became engaged with reflecting on the way the material applied to their own work, but only had five minutes for discussion. Trainees were also not asked to write down how they would implement the lesson into their daily activities. In the CSEFEL training discussing a pyramid model of an effective workforce, several topics were covered and many handouts and web-sites were given to the trainees. Trainees were also given short articles to discuss at their tables. Although the topic could have invited reflection from the trainees, as well as the trainer, little time was allowed for that. The workshop on meaningful observation was the second one in a series. Some of the participants in Part Two had not attended Part One. However, the trainer did not review definitions given in the previous class before asking trainees to apply those concepts in an activity. The fifth training—a workshop on state and federal requirements—was taught using a cell-phone game that was too complicated for some participants.

With regard to trainees, one factor that seemed to affect trainees' cognitive content mastery was the size of the class. In the two classes with more than 30 people, neither of the

observed providers asked questions. They also sat in the back. However, in the two classes with nine people, both providers who were observed asked questions throughout the training. In the class where the trainer hadn't discussed the difference between *describing* vs. *interpreting* (because she had already discussed the definitions in the prior training), one provider who had not been at the prior training had trouble giving the correct answer as to which word applied to the observations. The provider guessed incorrectly twice and then asked for clarification. The trainer approached her, gave her an individualized explanation, and then the provider nodded and got the correct answer the next time. Additionally, in the smaller training, a Spanish speaker was able to speak with people at her table, participated in the class discussion and received individual attention from the trainer. However, in a large class where chairs were arranged in rows, another Spanish speaker sat in the back of the room and did not participate.

Another factor that seemed to affect trainees' cognitive-content mastery was whether they were comfortable with the technology being used. In a class that used a cell-phone game, one provider observed was not comfortable with the technology. She tried once, put her phone away, then got it out again. After participants logged in, their names appeared on a big screen at the front of the class. However, this provider's name did not appear there. The trainer went to her table to assist, and the provider logged on and answered one question. However, the questions were asked very quickly, and she stopped after the first question. Afterwards, she said she didn't like the competitive nature of the game. Her assistant was also in the class and didn't participate. Instead of paying attention in class, the provider and her assistant talked about the next day's work.

In contrast, another provider who was observed logged in quickly, answered all the questions correctly, and had the highest score on the screen at the end of the game. She also

taught her assistant how to play the game. Although the goal of the exercise was to teach new information and to see what providers knew, it appeared that use of the cell-phone game could have interfered with some people's mastery of the material. The focus became competition and knowledge of the game technology. Additionally, the game could have made some people doubt their ability to learn and reduced their self-efficacy.

With regard to vicarious learning, Table 9 also shows that three of the trainers did not show any modelling of teaching behaviors (effective actual modelling), although two trainers did model behaviors. In response to a question in class, one trainer showed trainees how to say "stop" to children (without using the word "stop"), and another trainer praised a trainee while the class was talking about giving children positive support. However, even for these two trainers, modelling did not appear to be a norm.

Observations were also made as to whether the class learned from simulated modelling (such as a role-play or game) or from symbolic modelling (such as a video or story). Table 9 shows that all of the trainers used exercises for simulated modelling, and videos or a cell-phone game for symbolic modelling. However, the simulation was not always thorough enough for a full understanding of the concepts. For example in the curriculum class, trainees were asked to align observations to a DRDP assessment of children's progress but did not have time to reflect on their answers. Additionally, trainees did always participate fully. For example, one Spanish-speaking provider observed in a large class only role-played two lines of dialogue. In a small class where the trainer was watching, she might have participated more. Also, the trainer reviewed the answers of only those trainees who wanted to share answers, so not everyone got feedback on their answers.

Three of the trainers did provide opportunities for self-modelling, where participants could speak about their personal experiences and the experiences of others (Table 9). However, trainees did not have much time to reflect before sharing these experiences. When they did reflect—and especially when they reflected on what they didn't know, the class and trainer became engaged and shared ways to address the situation described. This happened in a large class and was the liveliest part of the class. However, only one trainee's experience was discussed. Two of the trainings did not elicit stories, perhaps because the trainers (who were teaching observation skills or how to fill out forms) seemed especially focused on their tasks. None of the trainers asked trainees to imagine themselves in the future (cognitive self-modeling) but the curriculum instructor asked trainees to imagine the children they taught in 10 years.

With regard to positive encouragement, all of the trainers gave brief positive feedback (such as “good job”) to the whole class (Table 9). However, one trainer individualized her positive feedback to a specific trainee when the trainee shared and reflected upon her own experience making a book with a family. The provider then stated that she had become a better observer, which demonstrated teacher self-efficacy. The praise this trainee received could have encouraged other class participants to model her behavior.

Observations were also made about physiological arousal that affected learning. Some trainees at times showed distress or puzzlement when they were not able to understand the material, and the cell-phone game also seemed to make some anxious. Some providers also seemed distracted by people talking at tables or at the back of the room; this was less of a problem in small classes, where most people were participating.

To summarize, the findings from the observations aligned with the answers from the interview questions. Like the interview answers discussed for Research question one, the

observations suggested that trainings were not thorough enough and did not offer enough hands-on practice. Probably the training sessions would have been richer and more informative if they had been offered across two or three sessions. Also, the trainings did not seem to offer opportunities for mastery learning (in the form of practicing teaching) or effective actual modelling of the trainers, who mainly lectured or facilitated activities. In the interviews, the providers did mention watching videos, and the trainings did use videos (a form of symbolic modelling). However, none of these videos applied to family childcare providers, and so they may have provided limited opportunities for vicarious learning. Providers also had some opportunities to describe their experiences (self-modelling), but did not have much time to reflect on these experiences, or to reflect on possible experiences in the future (cognitive self-modelling), again providing limited opportunities for vicarious learning.

One thing that the observations showed, which was not mentioned during the interviews, is that trainers used exercises or a game for simulated modeling to illustrate such concepts as aligning observations and assessment, describing and interpreting, or filling out forms. Providers may not have mentioned these exercises during their interviews because they were not asked about them, considered them hands-on practice, which they considered insufficient, or did not think the exercises related specifically to taking care of or educating children or to family child care specifically.

With regard to positive encouragement (social persuasion), providers had stated in their interviews that they did not receive much encouragement in training. The observations showed that all of the trainers gave brief positive feedback to the class. However, it is not clear if this feedback was individualized enough to help trainees learn. The observations for physiological arousal also supported the interviews in showing that providers' learning was affected by noise

or anxiety about not understanding the material. The observations also supported interview answers for Research question two because they showed that encouragement from the trainer could help support teacher self-efficacy, but lack of complete understanding of the training material or task (such as how to play the cell-phone game) seemed to have the potential to discourage teacher self-efficacy.

Chapter Summary

To summarize the findings, the six providers in the present study all wanted to attend Early Head Start training to improve their work as childcare providers. However, providers with less than an A.A. degree focused on learning more about child development and early childhood education, whereas providers with more education also mentioned wanting to attend training or professional development as a way to network with others to get new ideas, pick up information for parents, and update their knowledge to follow new trends or standards. All of the providers said that Early Head Start training was not sufficiently hands-on or continuous to develop mastery of the material taught; it also appeared that large classes made it harder to learn. Providers also said they did not give many opportunities for social learning in training, such as mastery learning, modelling, role plays or self-observation, although some providers said there were better opportunities for social learning outside training, as part of professional development. Less experienced providers also felt that Early Head Start training was not thorough enough to boost their teacher self-efficacy.

To improve training, providers suggested more follow-up training in series, as well as more mentoring or coaching in their facilities; more hands-on training, including using relevant and updated materials; more time for discussion and reflection with peers in small groups, and greater trainer use of positive encouragement. Providers—who reported less self-efficacy as

resources/advocates for families than as teachers—also wanted training on new topics, including more training on how to support families and children, as well as on how to reduce provider stress.

All providers said they understood Early Head Start requirements, but some also had questions or concerns, and all had issues about stress in completing paperwork. With regard to other suggestions for improving EFS training and professional development, providers recommended more training specific to family childcare providers, Spanish speakers, or providers with advanced education; recommended more advanced notice of training; and thought trainers should meet high standards of knowledge and experience with family childcare settings. The implications of findings from this study will be discussed in Chapter Five.

Chapter 5: Discussion, Conclusions, and Recommendations for Further Research

Restatement of the Purpose of the Study

The purpose of this study was to investigate how family child care providers perceived the quality of Early Head Start training to support professional development, and to identify what professional areas and experiences or activities providers deemed to be crucial to their training and professional development. In order to give children quality child care, child care providers need to have appropriate training and practice-based coaching to support their use of effective teaching practices that lead to positive outcomes for children (NICHD Early Child Care Research Network, 2002). Compared to center-based educators, family child care providers tend to have lower levels of education and training (Clarke-Stewart et al., 1994; Gable & Halliburton, 2003) and offer fewer educational and instructive experiences (Clarke-Stewart et al., 1994; Goelman & Pence, 1988; Kisker et al., 1991). One of the goals of the Head Start program is to provide professional development to educators. For family child care providers who wish to provide quality care for children, professional development may be the only avenue available to improve their knowledge and skills in child development.

The overarching research question for this study was: How do family child care providers perceive the quality of Early Head Start professional-development training? Sub-questions were:

1. In what ways do family child care providers perceive that training and professional development from Early Head Start enhance the providers' learning?
2. In what ways do family child care providers perceive that training and professional development from Early Head Start enhance their self-efficacy as family child care providers?

3. How do family child care providers assess the value of training and professional development by Early Head Start?

Characteristics of the Sample

In the sample for this study, the largest group of family child care providers (50%) had less than a college education, the second largest group (33%) had a graduate degree, and only one had an A.A. These findings are similar to the educational background of family child care providers in a study of 103 preschool teachers and family child care providers in Los Angeles (Fuligni et al., 2009). Compared to preschool teachers, family child care providers in the Fuligni et al. (2009) study had higher percentages of not attending college (42%) but also relatively high percentages who had a graduate education (21%); only 5% had an A.A. degree (Fuligni et al., 2009). It is important to recognize that the educational backgrounds of family child providers may vary, and affects their expectations and perceptions of training and professional development. For example, in the present study, providers with less than an A.A. degree viewed professional development in terms of learning more about child development and early childhood education. Providers with more education also viewed professional development as a way to network with others to get new ideas, pick up information for parents, and/or follow new trends or standards. Assessing family child care providers' level of education, training, and experience can help make training more relevant (Bording et al., 2000). For trainers, knowing the population attending the training ahead of time may help in preparing materials and information that can make the training interesting and useful for everyone.

It should also be noted that the providers had worked in their field on average more than 17 years. As a result, these providers were very knowledgeable about what was crucial to their training and professional development as family child care providers.

Discussion: Research Question One

Research question one asked, “In what ways do family child care providers perceive that training and professional development from Early Head Start enhance the providers’ learning?” Palmer (2006) described two types of mastery experiences for people who are learning to teach: (a) cognitive content mastery—mastery in understanding of subject content—and (b) cognitive pedagogical mastery—mastery of *how* to teach the subject. In the present study, participants said training helped them develop some mastery in each of these areas, but not enough to internalize the material and develop self-efficacy.

Gaps in training topic areas. In the present study, data from interviews and five observations of trainings showed that Early Head Start trainings covered a broad range of topics, with some training based in theories of learning and child development (for example, four domains of child development, CSEFL pyramid). Four out of five of the observed trainings emphasized skills in working with children; these trainings were overviews, as compared to more extensive and thorough trainings on the same topics which Head Start also offers, most often during the day when family care providers cannot attend. One training that was observed for the present study also emphasized completing forms. None of the five trainings that were observed addressed topics of working with families or strategies for reducing stress. In interviews, providers also said they were lacking training in these areas. Providers also said they had insufficient or no experience in training with role-plays or videotaped practice sessions, and did not have time or the opportunity to model each other in small group sessions. Some also described insufficient experience with mentoring in professional development.

The training that participants in this study described is similar to that described in the Fukkink and Lont (2007) review of 17 studies (1980-2005) of training for childcare providers.

The researchers chose evaluation studies of caregiver training that specialized in teaching skills for interacting with children in regular childcare settings. In these studies, the caregiver was the main focus of the evaluation, and the studies reported statistics on change in providers' knowledge, attitudes and skills after training. In the Fukkink and Lont study, most of the trainings taught a theoretical perspective and covered a broad range of topics, similar to the present study. The trainings also emphasized skills in interacting with children in a learning setting (14/17 studies), but placed less emphasis on supervision and mentoring (9 studies), communicating with parents and staff (7 studies), or videotaped practice sessions (4 studies). Additionally, only some studies used role-play or group discussions (Fukkink & Lont, 2007). The review also showed that trainings had a smaller effect for caregivers' development of skills than their development of knowledge or attitudes.

As in the present study, trainees in child care programs might generally benefit from less didactic training presentations and more hands-on practice and modelling as a way of developing skills. Bandura (1977) has written that mastery is linked to repetition of success; when providers lack opportunities for hands-on practice, they miss opportunities for repeated success and internalization of material that leads to mastery and development of self-efficacy. Providers in the present study also wanted to be able to see and touch the materials they would be using in activities in their facilities. Similarly, Rusby (2002) mentioned that trainees need a variety of experiences such as watching, hearing or reading about a topic. Ball and Cohen (1999) wrote that change in providers' practices is most likely to occur when providers engage in active learning in practice.

Providers in the present study also said they did not see examples of trainers modelling behaviors for interacting with children; this was also mostly not seen during the five trainings

that were observed. When trainers focus on delivering large amounts of content in PowerPoints, without leaving enough time for questions, reflection, and sharing experience, they miss an important opportunity to model exemplary teaching practices (Yoon et al., 2006) and effective communication and problem solving (Im et al., 2007).

Need for hands-on or continuous training. In the present study, as they described wanting hands-on training, providers also said they wanted to see a full cycle of learning: from understanding concepts in the behavior domain being targeted for the children; selecting an appropriate activity to use and putting it in a lesson plan; practicing with appropriate materials, like those they would use in their facilities; and understanding how to complete observations and paperwork. Having such understanding is important because the ability to analyze tasks involved with a situation is related to the ability to cope with a situation (Tschannen-Moran et al., 1998) and to self-efficacy. As Fullan (2007) mentioned, activities provided in training should also be tailored to the needs of individual family child care providers) for successful implementation and positive experience. Role-plays or simulations could have given providers the opportunity for this practice targeted to child-focused activity, but providers said they did not engage in role plays during training. Instead, observations showed that trainers mainly used exercises in which (a) trainees discussed concepts in groups and reported back to the class (peer-didactic activities) or (b) applied concepts in exercises, such as aligning observation and curriculum or distinguishing between describing and interpreting. Trainees probably would have benefited from longer and more frequent practice with exercises (which might be possible in a series of trainings), or from guided practice role-playing implementation of child-focused activities. Research has found that professional development training is more effective when trainees can practice with feedback in naturalistic contexts (Putnam & Borko, 2000). Receiving

feedback in training is especially important to family child care providers because they do not receive feedback from other teachers or supervisors in the workplace in the same way center-based teachers do (Fuligni et al., 2009).

Need for more vicarious learning and reflection during training. In interviews, providers also said they had insufficient or no experience with videos showing modelling, or videotaped practice sessions. Although observations showed that training used films, two providers said they didn't see any modelling in films, one provider said films mainly showed people talking. Greater self-efficacy develops for those who view exemplary teaching practices (Cantrell et al., 2003; Wingfield et al., 2000), including those demonstrated in video case studies (Bautista, 2011). However, in the observed trainings, only short two- or three-minute video clips were shown, and none showed a family child care setting. Although the films addressed child care topics that family child care providers could have imagined themselves carrying out (self-modelling), providers might have benefited from seeing videos specific to family child care homes. Some home-based videos show an educator teaching a set of parents how to work with their children. However, there is a lack of videos showing family childcare providers in their facilities working with children of different ages and modifying activities to target children of different developmental levels.

It is possible that providers in the present study were eager to videotape and share videos of their own teaching to reflect the actual environment of family childcare homes. However, providers did not have these experiences during training, although two providers described videotaping in their own facilities, and one used the video as part of learning with staff. This could also show providers how children are learning or interacting with each other and staff. Watching and assessing videotapes of their own teaching could help give providers adequate

time to reflect on their practices, set goals, and self-evaluate, which are important components of high-quality professional development (Bowman et al., 2001). Progress self-evaluation—or seeing how well one meets important goals—is an important part of developing mastery and self-efficacy (Bandura, 1977, 1997).

The present study also found that providers had some opportunities to describe their experiences (self-modelling), but did not have much time to reflect on these experiences in small groups (which could have allowed both self-modelling and modeling of others), or to reflect on possible experiences in the future (cognitive self-modelling), again providing limited opportunities for vicarious learning. Reflection has been described as an important component of internalizing what is learned (Mezirow, 1997).

Bandura (1977, 1997) has emphasized the importance of vicarious learning, or learning from exemplary models similar to oneself: for example, trainers' offering examples of exemplary teaching practices (Yoon et al., 2006) or providing models of effective communication and problem solving (Im et al., 2007). The lack of opportunities for vicarious learning that was reported in the present study could be especially important for less experienced teachers. According to Tschannen and Hoy (2001), vicarious learning is especially important for individuals who do not yet have the vision that they have the capacity or enough experience to perform a task or reach goals. Trainers should also remember that providers value sharing their work experiences with each other. Cortes (2016) reported that during monthly Communities of Practice meetings, providers motivated each other with friendly competition and implementing new practices, similar to the effects of family child care providers participating in different networks (Lanigan, 2011). These groups also helped providers develop self-confidence (Cortes, 2016) while collaborating and reflecting on their practice in group sessions (Buysee et al., 2003).

Need for more mentoring and coaching. In their answers to Research question one, some providers said that their only experiences with mastery learning or modeling came through interacting with a child care specialist or coach in their home. Providers said these staff helped them brainstorm solutions, could be a new pair of eyes on the classroom, helped them deal with stress, and encouraged them, helping them develop greater teacher self-efficacy. It appeared that these staff served multiple roles, including the multiple roles of coaches—such as model, facilitator, and emotional support (Ryan & Hornbeck, 2004).

All family child care providers in the Early Head Start program see specialists twice a month for help with forms, observations, or other tasks. Additionally, providers who need to develop skills in teaching or organization can get coaching from a certified coach twice a month. Although more experienced providers might need coaching for how to approach families and situations, and can ask specialists for assistance, they receive help only if they ask. In general, the providers wanted to receive more mentoring at their own facilities. This is important because teachers can best assess their ability to teach a content area (or their mastery) only in actual teaching situations (Mulholland & Wallace, 2001; Tschannen-Moran et al., 1998). Ideally, Early Head Start would increase opportunities for mentoring or coaching. However, given the current lack of mentors for all trainees, this makes it more important for trainers to cover topics of stress and work with families and also to give providers time to talk and exchange ideas in small groups.

Discussion: Research Question Two

Research question two asked: “In what ways do family child care providers perceive that training and professional development from Early Head Start enhance their self-efficacy as family child care providers?” Two kinds of self-efficacy were investigated in this study.

Teacher self-efficacy refers to teachers' beliefs that they can make a difference by providing effective teaching (Coladarci, 1992). They may become more interested in improving their practice and providing positive learning experiences for children they care for (Cortes, 2016). Resource and advocate self-efficacy refers to providers' ability to help families with resources (Cortes, 2016).

In the present study, providers reported having teacher self-efficacy based on their education, experience and/or training. Some also seemed to feel that both their education and training influenced their sense of being good teachers. These findings are consistent with research (Fox et al., 2011) which shows that receiving specialized training for child care providers seems to be as important as general education; if the training is appropriate, both are significant and notable predictors of child-provider interaction and quality education ratings.

The present study also showed that teachers felt greater teacher self-efficacy when they felt that training provided a number of activities to use in their classrooms. This is consistent with research which finds that teacher self-efficacy increases when teachers understand the content of training and can guide children in positive learning activities (Bautista, 2011; Palmer, 2006). On the other hand, teachers with less experience or education felt that training was insufficiently thorough or hands-on to develop full self-efficacy. Both of these findings point to the importance of a sense of mastery of how to teach in developing teacher self-efficacy (Bandura, 1977, 1997). According to Bandura (1977), of all the factors shaping self-efficacy, mastery experiences are the most important; in other words, personally experiencing success results in higher self-efficacy, whereas exposure to failure lowers self-efficacy.

People with self-doubts may also find that physiological arousal interferes with performance (Bandura, 1997); in the present study, such arousal was shown in training when

trainees were using an unfamiliar technology or giving the wrong answer. One aspect of self-efficacy is learning to control (or self-regulate) one's own motivation, thoughts, emotions, and behavior (Bandura, 1994). Training in stress management could help childcare providers self-regulate when they experience stress and physiological arousal. Mentoring can also lead to developing new skills and learning to handle stressful situations at work (Bellm, 1997; Hargreaves & Fullan, 2000).

Providers in the present study also said they felt more confident because of contact, help, and encouragement from trainers, specialists and the Head Start office. This is consistent with research which shows that positive encouragement (a form of social persuasion) boosts self-efficacy (Bandura, 1977, 1997). In particular, one study showed that child care providers' mentors tried to build up mentees' confidence, encouraging them to attend workshops and get higher degrees (Peterson, Valk, Baker, Brugger, & Hightower, 2010). It should also be noted, however, that a trainer's general positive encouragement (such as saying "good job") to a class seemed to be less meaningful to providers than individualized feedback and encouragement, which could help providers attribute success to their own knowledge and skills (Weiner, 1985), reinforcing mastery (Bandura, 1977, 1997).

The present study also found that providers felt more self-efficacy in working with children and providing appropriate learning experiences at their facilities than in serving as resources and advocates for families. The providers mentioned that they did not always know how to carry out such complex tasks as communicating with families, engaging them in their children's education, or enforcing facility policies. One provider commented that it was sometimes difficult to understand families who did not think the same way she did. Providers were also concerned about understanding how family problems might affect children in the

classroom. It could be that the lack of training providers received on families could help explain why the family child care providers tended to report less self-efficacy in that area.

Helping providers develop greater self-efficacy has important implications both for the providers and for the children they serve. In a study of family child care providers, Porter and Reiman (2015) found that providers with greater self-efficacy reported more motivation and social supports and greater intention to stay in the field. Garcia (2004) also found that teachers with high self-efficacy were more likely to ask families to participate in conferences and school activities; this can bring a strong commitment that encourages children to continue with their education.

Discussion: Research Question Three

Research question three asked: “How do family child care providers assess the value of training and professional development by Early Head Start?” Providers in the present study had high expectations of professional development in terms of expecting to become experts themselves and developing confidence in their own abilities to teach. Providers’ suggestions for improving Early Head Start training and professional development are discussed below.

Training in series and small groups. With regard to evaluating Early Head Start training, providers thought there was room for improvement (see Research question one), and suggested more follow-up training in series and more training using small groups. There is research support for making these changes. In a meta-analysis study of training in 17 child care programs (with 8-24 participants each, and on average 19 participants), Fukkink and Lont (2007) found that fixed-curriculum courses (in a series) were more effective in developing trainees’ knowledge and skills than courses that did not have a fixed curriculum. Large-scale training programs (of up to 24 trainees) were also not very effective compared to training with smaller

class sizes. In observations in the present study, Early Head Start trainings had 9 to 35 participants (including center-based teachers), and larger classes appeared to be less effective in engaging providers' participation and understanding of content than small classes where providers could ask questions and get feedback on their performance. In the present study, the two family childcare providers in large classes did not speak much. It could be that less educated family childcare providers may not want to embarrass themselves in a large class by asking questions that might seem simple to others in the class.

Developing training about and for families. Providers in the present study also said they wanted more training addressing family engagement in order to support families. For family child care providers, work-related self-efficacy includes not only (a) teacher self-efficacy, but also (b) resource and advocate self-efficacy (ability to help families with resources) (Cortes, 2016). Garcia (2004) found that teachers with high self-efficacy were more likely to ask families to participate in conferences and in school activities; this can bring a strong commitment that encourages children to continue with their education.

Currently, Early Head Start in the county offers trainings on family engagement. However, some of these trainings are available only to center-based teachers and staff, even though centers already have a family service worker to help with families. In their school-readiness plans, providers may expect parents to perform activities the parents agreed on, such as potty-training or educational activities; however, parents may not understand the importance of being engaged with their child's education. The family trainings for Early Head Start center-based staff focus on connecting with parents and encouraging their support for their child's education. Family childcare providers could also benefit from greater availability of this training, tailored to their own needs, communities, and lower level of education. Research has

shown that when child care staff receive training on family-centered practices, they feel more positive about offering family-centered care (King et al., 2003). However, lack of training about families and lack of confidence in dealing with families can negatively affect engaging families in a relationship (Bailey, Buysse, Edmondson, & Smith, 1992; Christenson, 2004). As mentioned above, in this study, the lack of training on families could help explain why the family child care providers reported less self-efficacy as resource providers and advocates for families than as teachers and caregivers. To help clarify expectations for parents, Early Head Start staff could provide training to parents twice a year to help them understand parents' role in their child's education. Such trainings are not available for Early Head Start parents in this county at this time.

Developing training on provider stress. Providers in the present study also mentioned wanting more training on dealing with stress. Family child care providers may have assistants but often work in isolation from other providers (Peterson et al., 2010), without receiving much help, guidance, or validation as they serve children in their facility or provide resources to parents who sometimes only connect to resources through them. Family child care providers may also work long hours; some even work on weekends (Meyers & Jordan, 2006). They also work and live in the same home; this situation can be a bit chaotic and blurred (Gerstenblatt et al., 2014; Kontos, 1991). Family child care providers have reported that they need training in behavior management and stress management (Rusby, 2002), so that they do not burn out in their daily routines and become irritable with children they care for. Providers in this study suggested training or workshop on stress management, including meditation, yoga, self-care and healthy eating. The Conscious Discipline (n.d.) series of trainings also addresses teaching children behavior management and self-control, as well as teaching providers techniques for relaxation

and time management. As was mentioned in this study's interviews with providers, learning to cope with stress can benefit not only providers but also children. An educator who knows how to control stress levels can give the children the security and responsiveness they need for learning (Hamre & Pianta, 2004).

Mentoring and coaching. With regard to improving professional development, providers mentioned wanting more frequent opportunities for mentoring or coaching. This could be an avenue to support providers to have a clear vision of the purpose of training, giving them ideas on how to implement what was learned during trainings and the opportunities to ask questions in their own environment. Also, when coaches ask providers to analyze a situation and reflect upon it, providers can think critically, explore their own feelings, and implement the most effective solutions (Im et al., 2007). In receiving guidance on how to use the materials available to them, providers may also better internalize the information given (Fox et al., 2011). Providers could also benefit from modelling of how to work with children of different ages at the same time. The benefits that providers expected from mentoring are consistent with other research (Bellm, et al., 2005) which reported that the quality of teachers' teaching was related to being mentored and supervised, as well as to their level of education.

Some research has demonstrated that family child care providers who received visits from a support person/mentor tended to receive higher ratings for quality of teaching (Raikes et al., 2003). Another study (Neuman & Cunningham, 2009) found greater improvements in language and literacy practices for center- and home-based early educators who took coursework together with 32 weeks of intensive coaching, as compared with educators who only took coursework. It also appears that weekly in-class coaching produces more improvement in

preschool classroom quality and child outcomes than monthly coaching (Ramey & Ramey, 2008).

Training specific to family childcare providers. Providers in the present study also recommended trainings tailored for family child care providers. Similarly, Hoy and Spero (2005) wrote that trainees should apply content learned according to their own skills and level of understanding of the context. Trainings for family child care providers should include sharing ideas on how daily routines and activities are presented in the home environment, and showing the value of family child care providers' work. Since family child care settings have children of mixed ages, trainings on children's social emotional understanding should also discuss how children of different ages interact with and learn from each other. Having a chance to discuss classroom practices and use materials relevant to the family child care setting can also serve as the foundation for coaches and mentors to ask family child care providers to reflect on issues that are unique to their setting, helping them engage more deeply in their learning. Providers could also discuss how to align their facility's policies to program policies and how to apply policies to work easily with families. In another study, Lanigan (2011) also found that family child care providers wanted professional development delivered specifically for them. The family child care providers stated that they were not less professional or less committed to providing quality care than other providers, but they viewed their roles as early childhood educators as unique in terms of the way they operate (e.g., having children of mixed ages in their care), the benefits to families in their care, and the challenges.

Trainer qualifications. When they were asked whether standards for trainers should be standardized, providers said yes, with most suggesting that trainers should have high levels of knowledge of early childhood education and experience with family child care. Dombro and

Modigliani (1995) also suggested that qualified trainers with at least a Master's degree in curriculum and instruction need to give appropriate ongoing training that identifies and responds to the interests and needs of trainees, develops specific and realistic goals for classes and avoids frightening changes. Providing trainings tailored to family child care providers may imply trainers' visiting providers' facilities to observe how they function, the spaces used, specific kinds of materials used, and the age ranges of children served. According to Dombro and Modigliani, effective training and customizing of curricula (per site or location where providers reside) can lead to more effective professional development for family child care providers. Trainers with experience in family child care may also be especially inspiring to family child care providers. Vicarious experiences of observing others succeed can instill confidence in one's own abilities (Bandura, 1997), especially if one relates to the model as being like oneself.

Conclusions

Six female family childcare providers participated in semi-structured interviews and were observed in training. Three providers had a CDA, one an A.A., and two an M.A. Providers had worked in the field two to 29 years, for an average of 17 years.

In response to Research question one, all of the providers said that Early Head Start training helped them achieve some mastery of the subject matter and of how to teach in real-world settings, but was not sufficiently hands-on or continuous to develop mastery of the material taught. Providers in the present study also said, and observations suggested, that in some cases large classes also made it harder to learn. These findings are consistent with other research which found that trainees in preschool education programs tended to show greater gains in developing knowledge than skills and showed less gain in large programs (Fukkink & Lont, 2007).

Additionally, providers reported that training did not offer many opportunities for social learning (Bandura, 1977, 1997), such as mastery learning or vicarious learning (e.g., from modelling, role plays or self-observation) (see Bautista, 2011). However, some providers said there were better opportunities for social learning outside training, in professional development. These findings appear to be unique to this study, because most studies of typical training reviewed were not designed to ask about whether Bandura's (1997) principles for social learning were applied in the classroom.

In response to Research question two, providers felt more self-efficacy in working with children and providing appropriate learning experiences at their facilities than in serving as resources and advocates for families. Providers said their self-efficacy was related to their education ($n = 4$), experience ($n = 6$), and training ($n = 6$). All of the providers said that training had boosted their self-efficacy, especially in their ability to work with children. Providers felt more confident because of the amount of training they had received, knowing about specific training activities, and/or because of contact, help, and encouragement from trainers, specialists and the Head Start office. However, less experienced providers also said that trainings did not offer enough hands-on practice or follow-up after training to support full development of self-efficacy as child care providers. Similarly other researchers have found that teacher self-efficacy increases when teachers understand the content of training and can assess what students know and guide them in positive learning activities (Bautista, 2011; Palmer, 2006).

In response to Research question three, all providers said they understood Early Head Start requirements, but some also had questions or concerns, and all experienced stress in completing paperwork. With regard to training, providers suggested more follow-up training in series, more hands-on training, more time for discussion and reflection in small groups, and more

encouragement from trainers. Providers also wanted training on new topics, including on how to support families and children, as well as on how to reduce provider stress. Additionally, providers wanted more mentoring or coaching in their facilities, recommended more training specific to family childcare providers, and thought trainers should meet high standards of ECE knowledge, as well as having experience in family childcare settings.

Some findings from this study were unanticipated. Only one provider, who had the most experience and education, used assessments of children's learning to measure her own accomplishments and to get additional training based on those assessments. Other providers may instead have thought about the assessments as a sign of children's progress and developmental level but without considering their own role in helping children develop. This study also helped in better understanding why providers feel stress about completing paperwork; the providers spoke about how busy they were caring for children and taking care of multiple tasks, without having enough time for paperwork or enough opportunity to ask specialists or other providers about how to complete the paperwork. Another unexpected finding from the observations is that training did not seem to address providers' stress, even though providers said that stress affected their work in the classroom and their self-efficacy. These findings will be discussed below.

Implications for Programs

Based on this study's interviews with family child care providers, there are several implications for Early Head Start.

Reducing stress with paperwork. First, it is important to consider how Early Head Start can reduce the stress of completing required documentation for the program. Early Head Start paperwork involves the following:

- taking observations of children in various domains, including work samples, pictures and videos;
- completing assessments (using the observations),
- developing school-readiness plans for each child, which also include parent input; and
- developing an activity plan for all the children, including activities for specific children, in order to target school-readiness goals.

In order to help ease the stress of paperwork, Early Head Start could schedule workshops twice a month for family child care providers to do their paperwork together at a time of their choice. Providers could bring their observational materials and forms, and complete them as a group, sharing ideas about how to do the observations and assessments. Child care specialists could be available to answer questions, give examples, and explain requirements and changes in the forms. This could help providers and specialists meet their deadlines and reduce providers' stress about not understanding the forms or requirements. More experienced providers could also help less experienced providers, modelling effective strategies for taking observations or coming up with appropriate activity plans and experiences for infants and toddlers. Providers could also share pictures of their facilities and help each other with projects. According to Lee and Shaari (2012), when teachers share successful strategies with their peers, in a practice-based approach, this helps teachers internalize what they are learning and learn more quickly. These meetings could also help family childcare providers develop a supportive network and reduce their isolation.

Early Head Start should also provide trainings that target required forms at the beginning of each program year for those providers who need the extra assistance. Currently Early Head Start providers receive little training on how to complete state and federal forms. As the

observations also showed, it may not be effective to use new technology to introduce the forms, as compared to using the actual forms. Practicing completion of the forms during training can help minimize providers' stress, especially when forms are being introduced or modified. When possible, providers also need enough advance time to recognize that changes are being made in order to meet new federal or state requirements. Early Head Start should give reasons why those changes are being made, and state how the changes will help benefit children and their families. Addressing these issues is important in part because some regulations may undermine child care providers' motivation to continue in the child development field (Gable & Halliburton, 2003).

Improving training. The study's findings also suggest that trainers should design training that incorporates the four social learning factors mentioned by Bandura (1977). According to Bandura (1977), self-efficacy alludes to people's beliefs in their capacity to make a difference as a result of their performance, and it can develop through mastery experiences, vicarious experiences, social persuasion, and psychological factors. Trainers should be introduced to these different types of learning and the impact they have on learners' performance (see Bautista, 2011) so that trainers can incorporate aspects of social learning into their own style of training. Using role-plays or videos taken at home as part of training can also help providers reveal aspects of their work and environment to help trainers understand the context of their work. For example, providers can show the stress they experience when trying to complete observations while taking care of children of different ages. This could lead to trainers' and classmates' suggesting other ways to conduct the observations (for example, throughout the day). The trainer could also ask class participants to role-play collecting observations in the presence of others (e.g., those designated as other children in the role-play).

Another way to improve training would be to have a training “comments and questions box” where providers could put notes in the box about how training could be improved to better meet their own preferred ways of learning. Providers could also ask questions that they don’t want to share in a large group. Based on this feedback, trainers could follow up questions in future trainings, could change the way they present material or the classroom setting, could allow more time for discussion, or could respond to individuals as needed. This could help family child care providers feel more involved in training and as if they have a voice.

Another area of training that could be improved is teaching providers how to train and work with their staff. For example, staff can help with doing observations, doing paperwork, setting up for activities, and taking care of children. When staff are properly trained, the provider will have more time to do individualized and developmentally appropriate teaching with children and more time to do paperwork and office work.

An area of professional development that could be improved is better matching mentors or coaches to more experienced staff, who may have specific issues they want to work on—for example, how to speak to parents about policy issues. Specialists may also need to be flexible in timing their visits so they can provide coaching when providers are actually meeting with parents. One provider also spoke about reviewing children’s assessment outcomes and selecting training that would help her improve outcomes. Specialists could help providers to identify areas for improvement and plan their training accordingly. Hightower et al. (2011) mentioned that deepening subject-matter knowledge and understanding how students learn are important in teachers’ professional development. Specialists too may need additional training so they can help more experienced providers get the training and coaching they need.

Improving access to training and education. Early Head Start in the county studied could also consider how to give a greater amount of advanced notice of trainings to make it more possible for providers to fit the training into their schedules and hire substitutes, if needed. Programs might request funding to provide support services for those who need substitutes or release time from work for assistants in order to ensure the success of the training (Cassidy et al., 1995).

Some providers, and especially more experienced providers, may also be eager for workshops in new or specialized areas, such as technology, specialized curriculum, certifications, budgeting or business practices. Additionally, one provider in the present study mentioned looking for support for taking college courses. Early Head Start should ask providers to state what other trainings they might like to see offered and encourage providers' taking relevant college courses.

Directions for Future Research

Future research could ask how family child care providers' training affects their work with children. According to Bandura's (1977) model of self-efficacy, teachers who have a high sense of self-efficacy have the skills to approach tasks and challenges and are willing to try new practices. As teachers attain self-efficacy, not only is the teacher able to provide appropriate experiences to infant and toddlers, but children may also be developing greater self-efficacy as well, when providers are able to model for them. Studies could ask about the relationship between provider training and self-efficacy and children's self-efficacy. In general, studies of the effects of child care providers' training on their work, including interaction with children, is limited (Daniels & Shumow, 2003; Kontos & Wilcox-Herzog, 2001; Whitebook, 2003).

Also, social-cognitive theory acknowledges that career behavior is affected by structural factors such as job-training opportunities, knowledge of social policies, technological developments, community resources, the educational system, and other environmental factors (Mitchell & Krumholtz, 1990). Future research can ask how these factors influence providers' competencies, values, and interests. The stronger people's self-efficacy, the more career options they consider they have and the better they prepare themselves educationally for different pursuits (Hackett & Betz, 1995).

This study has examined perceived gaps in training and professional development for family child care providers working with Early Head Start. Future research is suggested in order to better understand the needs of family child care providers. Additional research could ask:

- (1) What specific training activities and opportunities are provided that are tailored to family childcare providers?
- (2) What specific training activities and opportunities are provided to help family childcare providers reduce their stress? For example, how do family child care providers assess the value of training in relaxation, training in time management, training in staff management, or increased opportunities to exchange social support?
- (3) What training is provided to families to help them better support family child care providers?

This research should be conducted longitudinally with larger samples to understand the way that opportunities in training and mentoring make a difference in how family childcare providers work, develop self-efficacy, and decide to remain in the field.

Summary

Training and support are among the most important factors to assist caregiving practices of family child care providers (Fischer & Eheart, 1991). This study of family child care providers' perceptions of Early Head Start training and professional development provided useful information on ways that this training and support could be improved, especially in incorporating activities that draw on a social-cognitive framework (Bandura, 1977, 1997; Bautista, 2011).

The research literature tends to describe family child care providers as having less education than center-based teachers because of the low standards for education required by family child care licensure (Clarke-Stewart et al., 1994; Gable & Halliburton, 2003; Kontos, 1991). However, family child providers participating in Early Head Start have more accountability for quality education than family child providers in general. In the present study. Early Head Start providers in the study went beyond giving yes or no answers to the interview questions, but instead gave detailed and honest responses about how training could be improved. It seemed that they had been waiting for the opportunity to share. The family child care providers were eager for high-quality training tailored to their needs and eager for acknowledgement of the value and challenge of their work. They also gave excellent suggestions for improving training and coaching that would support them in different areas. They were also eager to get new ideas from training and in their discussion with each other. Head Start and other training agencies should highly value family child care providers' input on improving training and professional development, thereby also improving the lives of the children and families served.

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APPENDIX A: RECRUITMENT FLYER

Invitation to participate in a research study

BE PART OF CHANGE

Seeking family child care providers who are currently participating in Early Head Start.

-Willing to participate in two confidential interviews of one hour with researcher for her doctoral dissertation about professional development and training for family child care providers at Early Head

Looking for family child care providers who:

- have a degree in ECE or other than early childhood education;
- have English or Spanish as a primary language.

If you are interested in participating please contact:

Carmen Hercules @ 209-505-3204
or via e-mail: professor.chercules@gmail.com

APPENDIX B: INTERVIEW QUESTIONS

1. Tell me about your work as a family child care provider.
 - a. What do you do in your work, and how long have you worked in this field?
 - b. How many children do you take care of on a regular basis? How old are they?
 - c. What do you like about your work? What is stressful?
 - d. How do you perceive your level of knowledge in child development in early childhood? What education or training in the field have you received in the past and currently?
 - f. How well do you understand the goals and requirements of the Early Head Start partnership that you work for? What do you wish you understood better?
 - g. What motivates you to continue professional development, or what are some reasons it is not a priority for you?
 - h. What motivates you to attend training offered by the Early Head Start program?

2. Would you say you feel confident about your ability to plan and carry out positive and educational activities for infants and toddlers in your work at your facility? Why or why not?

3. Ideally, Early Head Start training would offer ample child-development information and strategies to work effectively with infants and toddlers. How well do you think your current Early Head Start training is meeting this goal, and why?
 - a. What information and strategies are most helpful for you as you plan and prepare positive daily activities for children?
 - b. What information or strategies do you need that you are not getting?
 - c. How could the topics and learning activities be better tailored to your needs?
 - d. How does the Early Head Start training compare to CDA training?

4. Would you say you feel confident about your ability to work with families to provide information or support? Why or why not? How well do you feel Early Head Start training is preparing you for this, and why?

The next questions ask about specific aspects of Early Head Start training and professional development.

5. In your training or professional development, what hands-on practice or coaching have you received to learn how to teach or care for infants and toddlers? Has this training helped you feel more confident about your work in your own facility, and why or why not?

6. In training, what opportunities have you had to observe and model others teaching—for example, your teacher, classmates, people you role-play with, or a video? Has this training helped you feel more confident about your work in your own facility, and why or why not?

7. In training, what opportunities have you had to observe your own teaching or child care (for example, in a video), reflect on this (as in class discussion) or imagine this in the future? Has this training helped you feel more confident about your work in your own facility, and why or why not?

8. In training, in what ways do you receive positive encouragement for your work or to continue with professional development? Has this encouragement helped you feel more confident about your work in your own facility, and why or why not?
9. In what ways, if any, does stress or anxiety affect your sense of your ability as a family child care provider or as a learner?
- What aspects of Early Head Start training help you deal with stress during training?
 - What aspects of Early Head Start training help you deal with stress in your work as a family child care provider?
 - Has training on dealing with stress helped you feel more confident about your work in your own facility, and why or why not?
10. How effective do you think the Early Head Start training presentations are, and why?
- Is each training long enough to cover the information provided or too long, and why?
 - Would you prefer a planned sequence of training or one workshop, and why?
 - How well do the curriculum, training, teaching activities and materials help you understand and practice the concepts?
 - Should the materials used during training be updated or do they seem relevant now, and why?
 - Do you prefer small groups or large groups in training, and why?
11. What other follow-up activities or support (for example, extra training, mentoring, supervision, home visits, meetings with other family child care providers) are you receiving from your agency or Early Head Start to reinforce the information or strategies presented during training? How helpful do you consider this support and why? How often do you receive follow-up support?
12. Overall, how well do you feel that Early Head Start is meeting your needs of professional development, and empowering you to succeed in your field and why?
- Based on prior training or your opinion, what would you like Early Head Start to do to improve your professional development?
 - If you were asked to change strategies for training, what would you change to [How could Head Start] better serve the field of family child care homes?
 - What is your opinion about the idea that all child care trainers should be required to meet standards for training?

APPENDIX C: INFORMED CONSENT TO PARTICIPATE IN RESEARCH

Title of the Project: How family child care providers perceive the quality of Early Head Start professional development.

Principal Investigator: Carmen Hercules

Purpose of the research

The purpose of the research is to document experiences in the area of professional development. Sharing your personal experiences and your own perceptions as a family child care provider who is currently receiving training provided by Early Head Start makes you a candidate for the study. The focus of this study is to understand providers' perception of the quality of Early Head Start professional development training.

What will you be asked to do?

Interview. If you decide to participate in the study, the researcher will ask you to participate in an interview to talk about your personal experiences with participation in the professional development training provided by Early Head Start. Interviews will be recorded on audiotape for the purpose of transcribing information. You will be sent the transcript and may edit it or add information to it. At the end of the study the researcher will share the findings of the study with you.

Observations: Approximately two unobtrusive observations of your training as a family child care provider will be conducted. As an observer I will take notes on the training and will not record your individual name but will use a code-name instead. Notes will be destroyed after a year from the date of the training.

Duration

The duration of the study is about six months. One interview of one hour will be conducted at the beginning of the study. Another interview of one hour will be conducted at a later time before the end of the six months of the study. Our meeting times will be during the two interviews and one time to share findings.

What are the possible risks?

You may feel some discomfort as you share your experiences and personal opinions during the interviews. The information shared is used solely for the purposes of this study and will not affect participants with Early Head Start or partnership agencies.

Confidentiality

Your responses to interview questions will be kept confidential. At no time will your actual identity be revealed. To ensure confidentiality a random code will be assigned to your responses, which will be kept in a secure location. The recording will be destroyed or erased after the dissertation has been accepted.

Participation and withdrawal

Your participation in this study is completely voluntary, and you may refuse to participate or withdraw from the study without penalty. You may withdraw by informing the researcher that you no longer wish to participate (no questions will be asked).

What are the benefits?

This is an opportunity for you to share your experiences concerning professional development and structures of training to meet your needs in your profession. Your answers will help in understanding how to improve professional development training for family child care providers in Early Head Start.

Who should you contact if you have any questions or concerns?

If you have any questions about this study, please contact the principal researcher, Carmen Hercules, at (209) 505-3204 or professor.chercules@gmail.com.

If you have any questions or concerns about your rights as a research participant may contact the University of the Pacific Institutional Review Board at: tnelson@pacific.edu

Your signature on this form means that: (1) you are at least 18 years old; (2) you have read and understand the information provided in this form; (3) you have asked any questions you have about the research and the questions have been answered to your satisfaction; and (4) you accept the terms in the form and volunteer to participate in the study. You will be given a copy of this form to keep.

_____	_____	
Print Name of Participant	Signature of Participant	Date
_____	_____	
Person Obtaining Consent	Person Obtaining Consent	Date
(PRINTED NAME)	(SIGNATURE)	

University of the Pacific IRB Approved Form: Initial _____