

OKLAHOMA FAMILY CHILD CARE HOME
PROVIDERS: BEST PRACTICES
AND PROFESSIONALISM

By

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CHAPTER 1

INTRODUCTION

Being a Family Day Care Provider requires the wisdom of a parent, the knowledge of a social worker, the skill of a pediatrician, the tact of a mediator, the patience of a saint; not to mention the savvy of an entrepreneur running a small business. -June Solnit Sale, 1988 STC FDC Conference (Gellert et al., 1997)

Family Child Care

Family child care is a unique concept that provides early childhood learning in a state licensed home environment for a small group of children. With its home-based setting that serves fewer children than child care centers, the link to family environments is natural and logical. Family child care serves as a crucial resource for families who cannot find or afford child development center care. Further, for those families that work outside of the hours when child care centers traditionally operate, family child care fills a needed niche.

The lives of professionals who care for children in their homes is changing. With comprehensive changes in the United States welfare policy and related child care initiatives, these change agents have thrust family child

care into the national spotlight. In the past, family child care providers have often felt invisible and unacknowledged in policy discussions. Within the past two decades, family child care home providers have been forced to invent a professional path for themselves. Providers are broadening the older view of their work as "babysitting" to create a new self-definition as early childhood educators and small-business operators (Haack, 1998, pg. 5).

While it is difficult to assess the quality in family child care homes due to lack of regulation by many states, many providers have begun to strive for higher standards to ensure children's health, safety, and cognitive development. Further, many family child care home providers have come out of isolation to network with other providers and are participating in early care and education support initiatives as well as communities of practice. With a history rich in adult learning opportunities, family child care home providers have continued to grow and fill an important need in caring for young children.

Families and Family Child Care

Many family members of young children tend to gravitate towards family child care. Two groups of families stand out: families in which mothers are employed

part-time and families with children under the age of three (Kontos, 1992, p. 5). The familiarity of a home setting, flexible hours, affordability, and the convenience of a neighborhood location, all are frequently cited as reasons for widespread use of family child care (Kontos, 1992, p. 5). Most mothers get their information about child care from other mothers. Some use child care referral counselors at a child care resource and referral agency (Modigliani, 1997, p. 19).

In Oklahoma, Child Care and Development Funds allotted by Department of Human Services Division of Child Care support nine child care resource and referral agencies to assist families by connecting them to information while providing one-on-one counseling opportunities to help them choose quality care for their children. These community based resource and referral agencies: (a) support Oklahoma's families in nurturing their children and balancing the demands of family and work, (b) compile, analyze, and share information with parents, child care providers, and communities, (c) support family child care home providers and center-based care for children, and (d) build connections with business in communities to create appropriate policies on family and children's issues and to generate additional resources for child care (NCCIC, 2002).

One study that looked closely at predictors of satisfaction with child care found:

The most important contribution of this study is the identification of different predictors of satisfaction with care characteristics for parents using center-based child day care, parents using family child care, center-based child day care providers and family child care providers. Consistent with other research, overall satisfaction with care was high for all groups [Bigat & Gensheimer 1986; Shinn et al. 1991]. On the dimensions of the care setting's structural quality (e.g., health and safety, group size) and the quality of interactions between providers and children (e.g., provider's warmth, attention to children), parents using and providers of center-based child day care and parents using and providers of family child care were equally satisfied. (Britner and Phillips, 1995, p. 1145)

The number one attribute that families look for in child care is trust in the adults who will be responsible for their children. In addition, parents wanted caregivers who: (a) appeared to like children and knew how to get along with them, (b) displayed a positive attitude and personality, (c) provided an environment that was safe, healthy and clean, and (d) provided an environment that offered a certain degree of structure as well as educational opportunities and activities (Modigliani, 1997, pp. 24-28). In Oklahoma, these areas are regulated by the Department of Human Services Licensing Requirements for Family Child Care Homes and Large Child Care Homes. State

licensing is a form of consumer protection for parents and a regulatory agency for providers.

Family Child Care: Oklahoma Child Care Licensing Laws

In a recent Working Paper by the Foundation for Child Development (Gazan, 1998), licensing is defined as a "government regulation of a private enterprise that involves public interests" (Haack, 1998, p. 10). Thirteen states license all homes that care for any unrelated child (Morgan & Azer, 2001). Oklahoma is one of those states that provide license and regulation to individuals providing for the care of one or more children in a home environment. While child care centers are "facilities providing care for eight or more children and operates more than 30 hours per week" (DHS Licensing Standards for Child Care Centers, revised 1997, p. 2), a family child care home in the State of Oklahoma is defined as follows:

Family Child Care Home-a family home which provides care and protection for seven or fewer children for part of the 24-hour day.

Large Family Child Care Home-a residential family home that provides care and supervision for eight to twelve children for part of the 24 hour day. (DHS Licensing Standards for Family Child Care Homes and Large Child Care Homes, revised 2000, p. 3)

Typically, many states define family child care as taking place in a residential setting or in the home of the provider of care. Overall, child care licensing laws

affect three major areas: health and safety, adult/child ratios and group size, and the education and training of providers (Haack, 1998, p. 10). Currently, Oklahoma has 4,184 licensed and regulated family child care homes (NCCIC, 2002). In addition to being licensed, family child care homes have an option to participate in a quality initiative developed to award those that are striving for higher quality of care provided to young children. This program is called "Reaching for the Stars".

Reaching for the Stars Initiative

In February of 1998, the Oklahoma Department of Human Services adopted a program initiative to provide financial incentives to family child care homes and child care centers to improve the quality of their care of Oklahoma's children. The initiative is now known as "Reaching for the Stars". A major research study entitled "Cost, Quality and Child Outcomes in Child Care Centers" had just been released and the major findings concluded that child care at most centers was poor to mediocre and that almost half of the infants and toddlers received inadequate care (Helburn et al., 1995).

Concerned legislators went to the Division of Child Care and encouraged leaders to design a program to raise the standard of care for young children. After much

discussion of policy-makers and experts in the field of early care and education, the following objectives were established for the program:

1. The program would raise the DHS reimbursement rate which would result in more slots for children whose families were receiving child care assistance;
2. The program would improve the competency level of child care providers, increasing the overall quality of their programs; and,
3. The program would provide a system whereby parents could evaluate the quality of child care programs. (vonBargen, 1998, p. 2)

Then came the task of determining criteria based on quality levels. After much research on the factors shown to have the greatest impact on the quality of care, the leaders determined that those factors were teacher qualifications, training, and wages (vonBargen, 1998). Significant thought and work by an appointed committee helped to make recommendations based upon best practices in the developmentally appropriate care of young children based upon national benchmarks and research studies.

Initially, three levels were introduced and were referred to as the One-, Two- and Three-Star rating. In 2001, the One-Star Plus was the fourth level implemented into the system. These four levels, beginning with the One-Star, recognize facilities that meet only minimum licensing standards. Higher levels encompass more training

requirements, achievement of national credentials or degrees with child development hours, and successful completion of a national accreditation program. One such accreditation program in relation to quality for family child care homes came from the national organization, the National Association for Family Child Care.

National Association for Family Child Care

The National Association for Family Child Care (NAFCC) came into existence in 1982 to "support the professionalism of family child care and to encourage high quality care for children" (Mangano, 1999, p. 27). Today, this entity is a national membership organization representing and working with more than 400 state and local family child care provider associations across the United States (NAFCC, 2002). NAFCC (2002) reports that these groups represent more than one million family child care providers caring for more than four million children in the United States (<http://www.nafcc.org>).

In 1988, this organization developed its first accreditation system. Ten years later, NAFCC reported accredited family child care providers in 44 states and the District of Columbia. A survey conducted by Child Care Aware in 1995 suggests that by far the greatest reason why providers become accredited is to improve the quality of

care and education they offer (Dombro & Modigliani, 1995, p. 29). It also increases the provider's professionalism and self-esteem which greatly impacts the quality of care received by the children. Further, family child care home providers increase their leadership skills thus seeking professional development opportunities by serving as a trainer or mentor to other peers in their community. The next greatest reason that providers seek accreditation is that they see this as their professional responsibility as well as they see this as an opportunity to include demonstrating competence and to attract and keep families in their programs (p. 29).

The mission of the National Association for Family Child Care is to support the profession of family child care and to encourage high-quality care for children by providing an accreditation system, leadership training, technical assistance, public education and policy initiatives (<http://www.nafcc.org>). While most providers begin the work of family child care as an extension of their own parenting to children in their community, many go on to make an intentional career choice. Thus, these family child care home providers tend to offer higher quality care which leads to significant interest in professional development, education, and training.

Oklahoma's Professional Development

Since 1995, licensed child care providers in Oklahoma have been challenged to achieve more education by state mandate which has encouraged family child care home providers to create environments that are more conducive to professionalism and quality. In an attempt to support family child care providers in reaching a professional realm, Oklahoma has created an array of state programs funded by the federal Child Care and Development Fund. The programs initiated recently are aimed at the recruitment and retainment of quality child care providers to care for Oklahoma's children.

Those programs include community-based training, accreditation support, distance learning, scholarships to attend college at the two-year institution, payment of fees to cover the cost of the Child Development Associate (CDA) assessment, cash incentives for the accrual of college credit in early childhood education, and scholars to assist candidates attempting to complete a 2 year degree or certificate of mastery in early childhood education or child development. With the evolution of this professional development path, family child care home providers have committed themselves to lifelong learning and have embraced

and applied many of the foundational principles of adult learning.

Adult Learning

For family child care home providers, this newly woven path of professional development has linked them into established adult learning principles. These principles add meaning and insight to the learning processes that have been necessary to the growth of the family child care home profession. Key to their development are the principles of andragogy, self-directed learning, motivational theory, learning how to learn, critical reflection, and transformative learning.

Andragogy

Andragogy has been found to be one of the most popular ideas in regards to the education and training of adults (Knowles et al., 1998). Andragogy's focus is on the adult learner and their life situation (Merriam & Caffarella, 1999). As the art and science of helping adults learn (Knowles, 1970), andragogy is based on five assumptions about the adult learner:

1. As a person matures, their self-concept moves from dependent to a more self-directed being;
2. As an adult accumulates life experiences, those experiences become an increasing resource for learning;

3. Readiness of the adult to learn becomes oriented to the developmental tasks of social roles;
4. As an adult matures, there is a change in time perspective from future application of knowledge to immediacy of application, thus an adult is more problem centered than subject centered in learning;
5. Motivation for learning is related to internal factors rather than external factors. (Merriam and Caffarella, 1999, p. 272)

In 1984, Knowles added a sixth assumption deemed as the motivation to learn. He found that "the most potent motivators are internal pressures such as the desire for increased job satisfaction, self-esteem, quality of life, and the like" (Knowles et al., 1998). To experience success in the andragogical model, self-directedness is a priority for the adult learner.

Self-Directed Learning

Tough, in collaboration with Knowles, wrote the first comprehensive description of self-directed learning which he termed "self-planned learning" (Merriam & Caffarella, 1999). Research has found that adults want to learn about concepts that are relevant to their current life situations which includes career choices or hobbies. Further, the adult learners want to immediately apply these concepts to their current life situations. Self-directed learning can be grouped into three major goals:

1. To enhance the ability of adult learners to be self-directed in their learning;
2. To foster transformational learning as central to self-directed learning; and,
3. Promote learning and social action as an integral part of self-directed learning.
(Merriam & Caffarella, 1999, pp. 290)

As it relates to the family child care home provider and their desire to become a professional, this supports that as learners they are accepting responsibility for their learning as it relates to providing appropriate environments for children to learn and grow. Secondly, to provide better environments, the providers have transformed themselves based on previous experiences in environments not suited for children to learn appropriate practices. Third, the providers have had to be more self-directed in their learning since the provider works in complete isolation unlike center-based providers.

Tough's (1979) findings found that approximately 90% of adults are involved in at least one primary learning effort each year; the typical adult carries out five learning efforts annually. Approximately 70% of those adults involved in learning endeavors engage in self-directed learning projects. Hence, the ability to learn on one's own is critical to personal growth and development with the assistance of another key ingredient—motivation.

Motivational Theory

There is a strong link between the motivation to participate in a learning activity and an adult's life experiences and developmental issues. This is best explained by Houle's typology:

1. Goal-oriented learners use education as a means for acquiring a goal;
2. Activity-oriented learners participate for the sake of the activity itself and the social interaction; and,
3. Learning-oriented participants seek knowledge for its own sake. (Merriam & Caffarella, 1999, p. 54)

This last decade has seen the tremendous growth of professional development in the field of family child care. Becoming credentialed has the potential to provide significant motivation to a provider. With incentives related to monetary reimbursement and a higher placement of occupation in social structures, the general public starts to begin to be better informed regarding the significance of the work performed by the home provider. "The interests, needs, and motivations of any learner, child or adult, are primarily a matter of the emotions not, the intellect. Any learner, in a classroom or elsewhere, brings to the learning transaction such feelings of self-esteem, fear, jealousies, respect for authority, need for status and prestige, and so on" (Kidd, 1973, p. 93). With the support

provided to family child care home providers in Oklahoma, motivation to participate and to succeed through education and professional development is becoming a reality and an opportunity to continue learning everyday.

Learning How to Learn

"Learning how to learn involves possessing, or acquiring, the knowledge and skill to learn effectively in whatever learning situation one encounters" (Smith, 1982, p. 19). Learning how to learn is comparable to the learners' development of initiative, creativity, self-confidence, originality, self-reliance, enterprise, and independence (Smith, 1976, p.4).

"Learning how to learn happens in everyday lives" (Ghost Bear, 2001, p. 13). Lifelong learning is a critical concept as it relates to the developing adult. Because responsibility of the learning is on the learner, the individual must have a general understanding of learning and foundational academic skills of reading and writing. Understanding the concept of learning how to learn as it relates to everyday lives is crucial to the quality of life an individual may have throughout their lifetime. "Almost everyone undertakes at least one or two major learning efforts a year...the median is eight projects a year, involving eight distinct areas of knowledge and skill, it

is common for a man or woman to spend 700 hours a year in learning projects" (Smith, 1976, p. 36). Thus, the concept of learning how to learn is helpful to people seeking to expand the effectiveness of their learning processes (Knowles, 1998).

The learner needs general understandings, basic skills, self-knowledge and educational processes (Smith, 1976). Therefore, the family child care home provider is actively engaging, daily, in on-going practices in the care of the children in their home. Many times this adult learning is based upon previous life experiences that are critically reflected upon based on the individual's childhood or while caring for others such as siblings or neighbors.

Critical Reflection

Reflection is a cognitive process (Merriam & Caffarella, 1991, p. 328). Mezirow (1991) differentiates among three types of reflection:

1. Content-thinking about the actual experience itself;
2. Process-thinking about ways to deal with the experience;
3. Premise-involves examining long-held, socially constructed assumptions, beliefs, and values about the experience or problem. (Merriam & Caffarella, 1991, p. 328)

Critical reflection allows the learner to self-reflect on skills learned (Mezirow, 1990, p. 12). The concept of reflection outlined by Dewey includes:

Turning a subject over in the mind and giving it serious and consecutive consideration (Dewey, 1933, p. 3); Active, persistent, and careful consideration of any belief or supposed form of knowledge in light of the grounds that support it and the further conclusions to which it tends. Reflective thinking originates in a state of doubt or perplexity about a given matter, seeks through enquiry to resolve the perplexity, and invites in the process criticism, examination and test. (Dewey, 1933, pp. 12-16).

To Dewey, experience is the result and the reward of the interaction of the person to the environment which leads to a transformation of interaction in participation and communication (Bauer, 1991, p. 16). This process encourages the learner to engage in all aspects of life followed by reflection, followed by further experiences and exploration, followed by further reflection. This type of process allows the learner to gain a larger grasp of practice which is continually developing and emerging.

Schön (1987) found that reflection can make a difference to what the learner is doing and therefore has immediate significance for practice (p. 28). Reflection-in-action takes a professional form in the shape of reflection-in-practice. Further stages of reflection involve reflection upon our reflection-in-action to produce

a verbal description of it, and then reflection upon the description which emerges, so as to facilitate a reflective grasp of practice which is ever widening (Schon, 1987, p. 31). Family child care home providers often use these reflection-in-action practices when working daily with young children. By attending training regularly, these skills assist them in gaining further professional knowledge in regards to caring for young children. These reflections have led to transformative experiences over the individual's lifetime. This transformation is significant to the level and type of care provided to the children in the family child care home setting.

Transformative Learning

Mezirow's transformational learning theory maintains a central role in adult learning. Transformative learning is the process of effecting change in a frame of reference (Mezirow, 1997). Throughout life, adults have acquired a multitude of experiences with which associations, concepts, values, feelings, and conditioned responses have developed. These frames of reference are the primary result of cultural absorption and influences of parents or primary caregivers throughout the individual's life-time. It is these frames of reference that are transformed through critical reflection. One may assume to care for a young

child would be quite simple. However, based upon the frames of reference of the family child care home provider, they may or may not be able to perform with an ethical and appropriate choice of behavior adequate to support the young children in their care. Through the transformative process, the provider can become critically aware of how and why they care for children and that by increasing one's awareness, beliefs, and assumptions—they become a better professional in meeting the needs of the children and families served in their home.

Transformative learning cannot be taught; it is the learner who experiences transformative learning (Grabove, 1997, p. 90). Authenticity between the educator and the learner is critical to the facilitation of teachable moments, especially those of fostering critical reflection on the part of the learner. Negotiation of the learners own values, meanings, and purposes are crucial since transformative learning is a social rather than a private process. "Learning may be defined as the process of making a new or revised interpretation of the meaning of an experience, which guides subsequent understanding, appreciation, and action" (Mezirow, 1990, p. 1). Thus, through the transformative process, the family child care

home provider has progressed by the utilization of best practices to better serve the young children in their care.

Statement of the Problem

Licensed family child care home providers are a necessary part of Oklahoma life. With over a quarter of a million Oklahomans under the age of five, the majority of these children live in a household where both parents or the only parent works (Oklahoma Commission for Human Services, 2001, pp. 33-34). Further, three out of five mothers with children under age six are in the workplace (Oklahoma Commission for Human Services, 2001, p. 34). Many of these children are in some type of child care setting during the day or at night which includes licensed family child care. Over 4,184 licensed homes are in Oklahoma (NCCIC, 2002) with estimates that over 30,000 children are cared for in a family child care home setting. Recent statistics show that over 1,013 homes have obtained a starred level in the Oklahoma "Reaching for the Stars" initiative (Oklahoma Department of Human Services, 2002).

Established family child care home professionals are state-licensed, small-business owners. They have extensively participated in early childhood professional development opportunities through college courses, seminars, and conferences, and many have facilitated adult

learning at these events. Many of these practitioners have been in business for 20 or more years and have served as mentors for other early childhood professionals through established family child care home networks. Several have served as officers in local, state, and national early childhood organizations.

Although there are recognized leaders in the family child care field, there are no current standards which describe their perceptions of professionalism and best practices. This creates an investigative opportunity for research and analysis in the fields of adult and early learning in relation to the field of family child care.

Purpose Statement

The purpose of this study was to describe the perceptions of experienced family child care home providers about best practices and professionalism in their field. An emphasis was placed on how providers conceptualized their traditional role versus their new role since the inception of the "Reaching for the Stars" quality initiative launched in Oklahoma. These emerging concepts of being a quality family child care home included: (a) their view of their role in mentoring, (b) importance of networking, and (c) participation in training and professional development opportunities.

The focus of the study was to describe the emerging learning tasks of being a quality family child care home, which included best practices, mentoring, networking, and participation in training and professional development opportunities. Emphasis was placed on adult learning principles of self-directed learning, motivational learning theory, learning how to learn, critical reflection, and transformative learning.

Research Questions

To accomplish the purpose of this study, the following research questions were addressed:

1. What do family child care home providers who are working in Two- or Three-Star homes consider best practices for quality family child care homes?
2. What perceptions do family child care home providers have regarding training and education necessary to be a quality family child care home provider?
3. How is this training and education acquired and maintained to meet National Association for Family Child Care and child care licensing requirements?
4. What adult learning principles are applied by family child care home providers in order to gain knowledge of developmentally appropriate practices to use with the children in their care?
5. What are the perceptions of family child care home providers regarding their future professional challenges?

Qualitative research methods were used to collect data for this study. The data results were used to reveal the participating family home providers' perceptions of best practices and professionalism to address the research questions.

Definition of Terms

Accreditation (NAFCC)-A process by which family child care home providers have their environments assessed based upon the following content areas: Relationships, Environment, Activities, Developmental Learning Goals, Safety and Health, and Professional and Business Practices (Mangano, 1999, p.28).

Adult Learning-The process of adult gaining knowledge and expertise (Knowles, Holton, & Swanson, 1998, p.124).

Andragogy-The art and science of helping adults learn (Knowles, 1980).

Benchmarks-The result of a systematic search for and implementation of best practices (Camp, 1995, p. 4).

Best Practices-A professional's decisions and actions based on knowledge and evidence that reflect the most current and innovative ideas available (Dunn, 2000, pp. 1-2).

Child Care and Development Fund-This program, authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education (<http://www.acf.hhs.gov/programs/ccb/geninfo/ccdfdesc.htm>).

Child Development Association (CDA)-A national credential administered by the Council on Professional Recognition. This credential consists of 120 clock hours of training based upon competency areas and

review by peers in the classroom and successful completion of an exam. Once confirmed, this credential is valid for three years upon date awarded (<http://www.cdacouncil.org>).

Child Care Resource and Referral Agencies-Nine agencies located statewide in Oklahoma that assist families by connecting them to information while providing one-on-one counseling opportunities. They also support family child care home providers and center-based care for children and build partnerships between child care and the business community in which they are located (<http://www.occrra.net/aboutus.html>).

Center for Early Childhood Professional Development-The Center supports individuals who work in licensed child care settings in Oklahoma by providing training, support programs and professional development opportunities (<http://www.cecpd.org/aboutus.htm>).

Certificate of Mastery-A certificate programs that allows an individual to work toward an attainable goal without taking the general education required for an associate degree. College credits earned apply toward the Associate of Applied Science or Associate of Art degrees.

Community of Practice-Groups of people informally bound together by shared expertise and passion for a joint enterprise (Wenger & Snyder, 2000, p. 139).

Critical Reflection-The process by which the learner self-reflects on skills learned (Mezirow, 1990, p. 12).

Department of Human Services Child Care Licensing-the regulatory agency responsible for monitoring mandated child care licensing laws in the State of Oklahoma.

Developmentally Appropriate Practices- The knowledge about how children learn and develop and based upon the outcome of appropriate provider or teacher decision-making regarding each individual child (Bredekamp & Copple, 1997, p. 9).

Division of Child Care-A division within the Oklahoma Department of Human Services that administrates the

Federal Child Care Development Fund and the statewide licensing program that monitors child care programs for compliance with minimum requirements (<http://www.okdhs.org/childcare/>).

Family Child Care Home Provider-an individual over the age of 18 that provides care to young children in a home setting.

Learning How to Learn-Possessing, or acquiring, the knowledge and skill to learn effectively in whatever learning situation one encounters (Smith, 1982, p. 19).

Motivational Theory-Individuals are motivated to participate in a learning activity based upon the adult's life experiences and developmental issues.

National Association for the Education of Young Children-One of the leading professional organizations that exists for the purpose of leading and consolidating the efforts of individuals and groups working to achieve health development and constructive education for all young children (http://www.naeyc.org/about/mission_statement.asp).

National Association for Family Child Care (NAFCC)-A national membership organization formed to recognize the need for a permanent, national voice for family child care (<http://www.nafcc.org>).

Professional-A person following a learned profession, one who earns a living in a given or implied occupation, a skilled practitioner; an expert (The American Heritage Dictionary, 2000).

Professional Development-One aspect of lifelong learning that practitioners undertake to continually learn, whether it be formally or informally, about their chosen job-related field or discipline.

Reaching for the Stars Initiative-A voluntary, multi-leveled, program that provides financial incentives for family child care homes and child care centers who are improving the quality of care given to young children enrolled in licensed child care programs in

Oklahoma (<http://www.okdhs.org/childcare/ProviderInfo/StarsProgram/StarCriteria.htm>).

One Star Family Child Care Home-operates under a state license.

One Star Plus Family Child Care Home-operates in compliance with license requirements, has obtained additional training and reads to children daily; after 12 months, it offers five methods of parent involvement and is assessed using the Family Day Care Rating Scale.

Two Star Family Child Care Home-is accredited through the National Association of Family Child Care and is in compliance with licensing requirements; or, meets all One-Star Plus criteria and the criteria for home provider qualifications.

Three Star Family Child Care Home-meets all One Star Plus criteria and is accredited through the National Association of Family Child Care.

R.E.W.A.R.D. Oklahoma-Provides education-based salary supplements to teachers, directors, and family child care providers working with young children in child care settings. The program is designed to provide children with more stable relationships and better-educated teachers by rewarding education and continuity of care (www.ecaok.org/reward_oklahoma.htm).

Scholars for Excellence in Child Care-Provides mentoring and support services while encouraging Oklahoma's child care providers to pursue a formal education in child development.

Self-directed Learning-A learning activity that is self-planned, self-initiated, and frequently carried out alone (Knowles, 1980).

T.E.A.C.H. Early Childhood® Oklahoma-A comprehensive scholarship program for early childhood providers that links education and compensation (http://www.ecaok.org/teach_early_childhood.htm).

Two-Year Degree-Refers to the Associate in Arts or Associate of Applied Science Degrees offered by the

Oklahoma Community College System in Early Childhood
or Child Development.

Two-Year Institution- Refers to all Community College's in
Oklahoma that support Associate Degrees and
Certificate of Mastery programs in early childhood
education or child development.

Transformative Learning-An interpretation of information
utilizing one's existing set of expectations, or
frames of reference, through which meaning and
ultimately one's life is constructed (Mezirow, 1997,
p. 5).

CHAPTER 2

PERSPECTIVES FROM THE LITERATURE

History of Family Child Care

With the assistance of a timeline developed by Sandra Gellert and others (1997), the field of family child care can be traced back as far as November of 1863 (pp. 68-88). A small house on Helmuth Street in Philadelphia, Pennsylvania, became the First Day Nursery in America. Twenty-two years later, the first family day care home licensing law was instituted in Pennsylvania. The law prohibited anyone from offering care to three or more children less than three years of age without a license from the mayor of the town, justice of the peace, or magistrate of the locality (Allsup, 1991). Seven years later, Massachusetts enacted the first child care-related licensing law. By the early 1940s, California, Indiana, Michigan, Nebraska, Utah, and Wisconsin began licensing homes separate from child development centers that care for children in a larger group environment. Shortly after that, funding from government sources began. In 1967, a federal subsidy program called Title XX was established to fund

out-of-home care for children from low income families. Title XX was closely followed by Social Security Amendments to fund both day care and family child care homes.

The phenomena of child care in a family home setting began to be noticed from the research perspective with the first publication in 1961. Titled, "Mother Substitutes for Employed Mother: An Exploratory Inquiry," a study done in Spokane, Washington by Joseph Perry in Marriage and Family Living (November), family child care became the focus of non family-extended care. Several other research projects quickly followed which led to further government regulation of home environments in several states.

Along with the changes in national and state laws, professional development of the family child care field was changing. California took the lead in the first professional development organization or "peer association" in 1958 in Los Angeles. From 1970 forward, family child care projects were funded with mini-grants from corporations or foundations to assist those working in family child care to begin meeting their licensing regulatory training needs. This included the first regional conference for providers which took place in 1972 at the Pacific Oaks College in Pasadena, California. After a series of conferences, it was found that resources and

training were necessary to meet the specific needs of family child care home providers. An example of initial resources designed for providers to assist with their business role was entitled "Calendar-Keeper" which was published by Redleaf Press and distributed in 1977. In 1980, the first five-part training series was developed and debuted on public television entitled, "Family Day Care: A Full Time Job".

By 1987, the first large movement by states to require training for family day care providers ensued which was closely followed by a second movement in 1991. At such time, an explosion of training materials began to be developed specific to the needs of the family child care home provider which engaged the need of this learner population. As the momentum grew, the need for licensure became more apparent. Especially in regards to the family child care home environment.

Oklahoma Child Care Licensing

A family child care home in the State of Oklahoma provides care and protection for seven or fewer children while a large family child care home provides care and supervision for eight to twelve children. Both environments can provide care for part of the 24-hour day

(DHS Licensing Standards for Family Child Care Homes and Large Child Care Homes, revised 2000, p. 3).

Child care in Oklahoma made its first attempt at child care licensure by the enactment of the 1953 Oklahoma Children's Agency Licensing Act, Title 10, Chapter 18 (Allsup, 1991). Unfortunately, this law placed facilities outside the jurisdiction of the law which included children's homes. One such home located outside of Wewoka, Oklahoma, in 1961 was opened to serve children and was called Miracle Hill. The purpose of the home, which was supported by voluntary donations, was to care for a large number of children ranging from infancy to adolescents. The children living at Miracle Hill were exposed to living conditions that were hazardous and they were cared for by adults that lacked training and regular pay which led to a high turn-over rate (Allsup, 1991). After repeated community reports and observed inappropriate conditions and behaviors by staff of the home, legal action took place in an effort to amend the licensing law. While Miracle Hill cannot be credited as the single event which caused the amendment of the law, one group called the Oklahoma Association of Children's Institutions and Agencies played a major role in the enactment of the Oklahoma Child Care Facilities Licensing Act. The act was passed by the

legislature and signed by the governor on May 23, 1963
(Allsup, 1991).

In the 1970's, the passage of Title XX was intended for states social services to increase state flexibility in using social service grants. With that money came the opportunity to encourage each state to furnish services with goals that encompassed:

1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
3. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and,
5. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions. (http://www.ssa.gov/OP_Home/ssact/title20/2001.htm)

It was with these funds that Oklahoma laid its foundation to improve conditions for the care of young children. This included funding its latest program, Reaching for the Stars, a quality child care initiative.

Oklahoma's Reaching for the Stars Quality Levels

After much research on the factors shown to have the greatest impact on the quality of care, Oklahoma child care

leaders determined that those factors were teacher qualifications, training, and wages (vonBargen, 1998). To begin forming a strategy to support these quality indicators, a subcommittee was compiled from members of the Welfare Reform Committee that was appointed by the governor. This group was named the Quality Child Care subcommittee which was facilitated by members of Division of Child Care, and it consisted of representatives from higher education institutions, other state agencies that supported young children's issues, and key local and state political leaders.

To address the issue of compensation, the committee looked to a 1996 child care market rate survey and found major rate differences. Market rate differences were determined by the rate paid by private-paying families. The group designated Oklahoma counties as high, medium, or low market rate areas. Typically, high-rate counties were in metro areas, medium counties were located in areas surrounding large metro areas, and low-rate counties were in rural areas. The committee also recommended paying Title XX reimbursement rates closer to market rates based on the area to assist providers in centers and family child care homes who met and exceeded the quality criteria developed for the higher differential quality level

(vonBargen, 1998). Further, they also recommended that additional funds be allocated for families receiving child care subsidy. With a poverty rate of children under five at 26.8% (NCCIC, 2002), Oklahoma continues to move toward a reimbursement structure compatible to the rates driven by local communities.

Four differential quality levels were established. The committee recommended that programs who met and maintained current licensing standard be classified as One-Star program. Additional levels were designed for family child care homes that reflected a One-Star Plus, Two-and Three-Star quality differential levels. The following criteria was determined:

The One-Star Plus home "operates in compliance with licensing requirements, but the provider has obtained additional training and reads to children daily. In addition, within 12 months, the home provider must offer five methods of parent involvement as well as obtain training in and perform a self-assessment using the Family Day Care Rating Scale".

The Two-Star home requirements state that the home "must be nationally accredited and in compliance with licensing requirements. In addition, as another option to be Two-Star, the home must meet all One-Star Plus criteria and the criteria for home provider qualifications. These qualifications include: an early childhood credential or degree with hours in child development".

To be a Three-Star family child care home, the provider "must again be nationally accredited through the National Association for Family Child Care and meet all Two-Star criteria" (<http://www.okdhs.org/Childcare/DivisionInfo/Definitions.htm>).

Family child care home providers have the opportunity to become nationally accredited through their national organization, the National Association for Family Child Care (NAFCC) which developed "The Quality Standards for NAFCC Accreditation". After extensive research, NAFCC Accreditation has set the national benchmark for best practices and quality in a family child care home setting.

National Accreditation

The Quality Standards for the revised NAFCC Accreditation (1998) system were developed through a 3-year collaborative process between the Family Child Care Accreditation Project and the National Association for Family Child Care. Feedback was encouraged by utilizing work groups across the country which consisted of providers, parents of children in family child care, and other early childhood professionals. Once piloted, widespread review of related research with additional review of standard drafts were compiled for further extensive analysis (NAFCC, 2002). Since that time, "The Quality Standards for NAFCC Accreditation" were implemented

and are in current use and recognized by Oklahoma's tiered-reimbursement program, Reaching for the Stars Two- and Three-Star criteria rating.

The accreditation process takes place over three phases including: (a) self-study, (b) an observer visit, and (c) the Commission decision (NAFCC, 2002). Fees are also paid at the beginning of the process and before the completed self-study is reviewed during the observer visit. The NAFCC standards were developed based on the concept of developmentally appropriate practice and cover six major content areas: (a) Relationships, (b) Environment, (c) Activities, (d) Developmental learning goals, (e) Safety and health, and (f) Professional and business practices (Mangano, 1999, p.28). Some standards within the content areas are designated as mandatory while the remainder of the standards, 90%, must be met to qualify for accreditation (p. 29).

This criterion assists the family child care home provider to create a place where young children feel comfortable, happy, and welcome while involved in developmentally appropriate activity for the multi-ages typically served in the family child care home setting. To become accredited involves a significant commitment to training and professional development on the behalf of the

family child care home provider. This has led to a standard of best practices utilized by the provider to insure quality child care practices in their home.

Best Practices in Family Child Care

An understanding of the nature of development during the early childhood years generates guidelines for best practices as it relates to the family child care home environment. Providers must know about child development and the implications of this knowledge in regards of how to teach young children. In addition, what to teach and when to teach it is based upon continued assessment of the young child to adapt curriculum and instruction to meet the child's strengths, needs, and interests (Bredekamp & Copple, 1997, p. 16). Hence the term "developmentally appropriate practice" becomes inclusive to the family child care home environment. Developmentally appropriate practice is the knowledge about how children learn and develop based upon the outcome of appropriate provider or teacher decision-making regarding each individual child (Bredekamp & Copple, 1997, p. 9). With the knowledge of how children learn, providers become better suited to care for the children in their care by utilizing best practices.

Notably, "best practices are a professional's decisions and actions based on knowledge and evidence that

reflect the most current and innovative ideas available” (Dunn, 2000, pp. 1-2). The family child care home provider supports this concept by receiving continued training and education required not only by state mandated standards but by also pursuing national accreditation. This allows the provider to offer an appropriate and consistent learning environment with learning areas or centers. In addition, appropriate materials and equipment, exceptional curriculum, positive parent relationships, and ethical code of conduct supports children and their families while respecting cultural diversity. All of these components are intertwined in the NAFCC Accreditation standards which are national benchmarks designed to support best practices and professionalism in family child care. During this process of learning, family child care home providers have embraced this opportunity by utilizing the concept of “communities of practice”. Whether it is attendance at community trainings, professional organizational meetings, college coursework or use of the web, providers are sharing and networking to become providers of quality.

Communities of Practice

Communities of practice are “groups of people informally bound together by shared expertise and passion for a joint enterprise” (Wenger & Snyder, 2000, p. 139).

Further, they are groups of people "that share their experiences and knowledge in free-flowing, creative ways that foster new approaches to problems" (p. 140). Today's communities of practice have evolved over time and are as varied as the situations that allow them to form and grow.

Everyone belongs to a community of practice. At work, home, or school, human beings belong to several communities of practice in many different aspects of life. The communities of practice in which humans' belong change over the course of time. Dynamics such as families, the type of work and colleagues that individuals are surrounded by, and access to the world-wide web allow opportunities to gather together as groups. This is done in virtual chat rooms allowing entrée to many types of people, their cultures, and common interests. Communities of practice are an integral part of the human society and date back many, many decades.

Family child care professionals have had to adapt with the comprehensive changes in the United States welfare policy and related child care initiatives. In the past, family child care providers often worked independently with little or no contact with other peers. Within the past two decades, family child care home providers have been forced by federal and state mandates to invent a professional path

for themselves. Along the way, providers have begun to network with other providers and are participating in early care and education support initiatives, the Internet, community resources as well as each other. This evolution of the family child care home provider has led to the development of many informal networks in Oklahoma, which can be viewed as communities of practice. This concept of community of practice surrounds the foundational theories of social learning.

Social Learning Theory

It is very evident that the foundation on which the concept of community of practice is directly linked lies in the theories of social learning that stem from the work of Abraham Maslow, Carl Rogers, and Albert Bandura. It is from this work that many theorists of today have carved many different concepts relating back to adult learning principles. A discussion of social learning theory is key to understanding why learning in social settings and circles is relevant to the community of practice.

Maslow theorized that individuals have basic needs that can be placed in a hierarchy. This hierarchy was based on six kinds of needs that are arranged in an order such that the fulfillment of lower needs propels the individual to the next highest level (Crain, 1992, p. 320).

The highest needs which Maslow termed self-actualization, refers "to the actualization of one's potentials, capacities, and talents" (p. 320). It is from this hierarchy that the individual derives self-esteem and the desire to thrive. Humans have an inner need to belong. Contact with others is key to learning.

From the field of psychology came the work of Carl Rogers and Albert Bandura. Rogers was concerned with significant learning that leads to personal growth and development. According to Rogers, this type of learning has significant characteristics:

1. Personal involvement: the emotional and cognitive aspects of a person should be involved in the learning event.
2. Self-initiated: a sense of discovery must come from within.
3. Pervasive: the learning makes a difference in the person's behavior, attitudes and in some instances their personality.
4. Evaluated by the learner: The learner determines whether the experience is meeting the need that they have.
5. Essence is meaning: when taking part in experiential learning, the learner becomes more involved and engaged in the total experience. (Merriam & Caffarella, 1999, p. 258).

Bandura believed that learning is set solidly within a social context. His theory had particular importance to adult learning in that it accounts for both the learner and the environment in which he or she functions. "Behavior is

a function of the interaction of the person with the environment. This is a reciprocal concept in that people influence their environment, which in turn influences the way they behave" (Merriam & Caffarella, 1999, p. 260). Bandura also strongly believed that in social situations people often learn much more rapidly simply by observing the behavior of others, better termed as "observational learning" (Crain, 1992, p. 176).

Maslow's hierarchy of needs, Rogers' principles of adult learning, and Bandura's social learning theory supports that an individual entering into a community of practice must be self-actualizing. In addition, they must also be willing to work within a social context and be hungry for an opportunity for significant learning that leads to personal growth and development.

Community of Practice-Social Learning

Belonging to a community of practice is an informal process.

Communities of practice set their own agendas and establish their own leadership. Membership into a community of practice is self-selected. In other words, people in such communities tend to know when and if they should join. They know if they have something to give and whether they are likely to take something away. Members of an existing community, when they invite someone to join, they also operate on a gut sense of the prospective member's appropriateness for the group (Wenger & Snyder, 2000, p. 142).

Wenger asserts a social theory of learning. His perspective places learning in the context of the lived experience of participation in the world which, in turn, is a large part of human nature and is both life-sustaining and inevitable (Wenger, 1998, p. 3). In addition, Wenger is quick to state that his theory is not a replacement for other learning theories, yet it is more of a primary focus on learning as social participation.

Participation here refers not just to local Events of engagement in certain activities with certain people, but to a more encompassing process of being active participants in the practices of social communities and constructing identities in relation to these communities. (Wenger, 1998, p. 4)

This social perspective on learning may be summarized by the following principles:

1. Learning is inherent in human nature.
2. Learning is first and foremost the ability to negotiate new meaning.
3. Learning creates emergent structures.
4. Learning is fundamentally experiential and fundamentally social.
5. Learning transforms our identities.
6. Learning constitutes trajectories of participation.
7. Learning means dealing with boundaries.
8. Learning is a matter of social energy and power.
9. Learning is a matter of engagement.
10. Learning is a matter of imagination.
11. Learning is a matter of alignment.
12. Learning involves an interplay between the local and the global.
13. Learning cannot be designed, it can only be facilitated. (Wenger, 1998, pp. 226-229)

Participating in a professional organization, network, or chat room allows opportunity that shares common views is an action to form a belonging which shapes what an individual does, who they are, and how they interpret what they do.

To begin the formation of Communities of Practice, there needs to be a process which discovers what is wanting to happen, what is natural to existing interests, what will emerge and prosper from the existing interests and commitments of competent and motivated individuals. These communities need to be provided a space to discover themselves and be nurtured in their early formative times. (McMaster, 1998)

Principles of adult learning must be nurtured in any community of practice. With a group of people interested in learning more about child development, best practices, and professionalism a discussion of adult learning in the community of practice is necessary.

Adult Learning in Communities of Practice

Adult learning theory stems from a revolutionary theorist named Eduard C. Lindeman whose key assumptions on adult learning theory derived from his publication titled The Meaning of Adult Education published in 1926. These assumptions have stood the test of time by being supported by research and constitute the foundation of adult learning theory. Those assumptions are:

1. Adults are motivated to learn as they experience needs and interests that learning will satisfy.
2. Adult's orientation to learning is life-centered.
3. Experience is the richest source for adults' learning.
4. Adults have a deep need to be self-directing.
5. Individual differences among people increase with age. (Knowles, et. al., 1998, p. 40)

Communities of practice are based on four assumptions as to what matters about learning and the nature of knowledge, knowing, and knowers:

1. We are social beings. Far from being trivially true, this fact is a central aspect of learning.
2. Knowledge is a matter of competence with respect to valued enterprises—such as singing a tune, discovering scientific facts, fixing machines, writing poetry, growing up as a boy or girl, and so forth.
3. Knowing is a matter of participating in the pursuit of such enterprises, that is, of active engagement in the world.
4. Meaning—our ability to experience the world and our engagement with it as meaningful—is ultimately what learning is to produce. (Wenger, 1998, p. 4)

These assumptions, based upon the foundational work of Lindeman, have become cornerstone to Wenger's social theory of learning. Wenger's theory created and integrated into these components what he felt necessary to characterize social participation as a process of learning and of knowing. Those components include:

1. Meaning: a way of talking about our changing ability—individually and collectively—to experience life and the world as meaningful.
2. Practice: a way of talking about the shared historical and social resources, frameworks, and perspectives that can sustain mutual engagement in action.
3. Community: a way of talking about the social configurations in which our enterprises are defined as worth pursuing and our participation is recognizable as competence.
4. Identity: a way of talking about how learning changes who we are and creates personal histories of becoming in the context of our communities. (Wenger, 1998, p. 5)

These assumptions and components are deeply unified and equally defining as it relates to learning. Learning is not a separate activity.

Learning is something we can assume—whether we see it or not, whether we like the way it goes or not, whether what we are learning is to repeat the past or to shake it off. Even failing to learn what is expected in a given situation usually involves learning something else instead. (Wenger, 1998, p. 8)

A community of practice is a special type of informal network that emerges from a desire to understand common ideas and thoughts among members of a particular specialty or social group. Communities of practice are small groups of people who have worked together over a period of time and through extensive communication have developed a common sense of purpose and a desire to share knowledge and experiences. By looking at many different types of

communities of practice, two such historical examples are relevant in the field of adult education.

Historical Examples

While there are numerous historical communities of practice, two examples of a community of practice rise to the surface as it relates to adult education. These examples utilized distinct approaches and arenas to achieve empowerment and social change. Both theorists viewed education as the principle instrument through which social change and liberation could occur. Those theorists were Myles Horton and Paulo Freire.

The first example surrounds the viewpoint of Myles Horton who founded the Highlander Folk School. Highlander embodied the triumph of human spirit while serving as an opening for ideas, individuals, and ideology to converge (Conti, 1977). Horton's approach to adult education was in the belief that when people get together as a circle of learners, problems and experiences can be discussed amongst the group and answers could be found (Peters & Bell, 2001, p. 251).

Thus, Highlander is an idea and a process. It is the idea that people have within themselves the potential to solve their own problems through the process of realizing that their problems are shared by others, that problems can be solved collectively, and that their individual problems are not solved until the common problem is

resolved for everyone. Clearly, this entire approach places a premium on the concepts of democracy, trust, and humandignity. (Conti & Fellenz, 1986, p. 2)

"I always thought my role was to pose questions and help people examine what they already knew. By questions, you help people to know what they already know but don't know they know" (Horton & Freire, 1990, p. 10). He worked outside of the formal education system involved in many movements from the 1950's to the 1970's which included the union labor, civil rights, and ecological grassroots movements. For Horton, real learning took place when the community of people did something with the knowledge and insights they acquired. Much of his work was completed at the Highlander Research and Education Center in Tennessee, a community of practice which embraced people in an environment that was informal yet powerful.

The second example of a historical community of practice surrounds the work of Paulo Freire. Freire worked with the poor in Latin America who suffered from oppression due to their social situation. His quest was to assist the poor in identifying and discussing their common problems which, in turn, assisted these individuals in educating each other. This type of education paved the way for meaningful social change as well as an opportunity for

people's minds to be opened and the issues brought to a level of awareness.

Freire and Horton agreed that becoming critically aware of one's own dignity and worth is also an essential element in advancing an individual toward enlightenment and ultimate social action (Conti, 1977, p. 41). "Both strive for the personal involvement of the learner in a non-threatening supportive environment" (p. 42). Hence, these communities of practice supported individuals by binding them together due to their collective plights and need for change. These groups of individuals shared their experiences, viewpoints, accumulated knowledge which led to solutions to end their oppression. "It is only when we feel we are members of a community, together and supporting each other in our endeavors, do we feel secure enough and comfortable enough to challenge and be challenged in ways that move things forward rapidly and can be counted on to produce results" (McMaster, 1998, p. 1).

Building Today's Communities of Practice

It is important to reiterate that communities of practice have been around for a very long time. They exist throughout societies, inside and across organizations, schools, and families in both conscious and unconscious forms.

1. Some are potential. They are possible communities among people who are related somehow, and who would gain from sharing and developing a practice together.
2. Some are active. They function as communities of practice, actively pursuing an enterprise, negotiating their forms of participation, and developing their own histories.
3. Some are latent. They are a kind of "Diaspora" among people who share past histories and can use these histories as resources (Wenger, 1998, p. 228).

Thus, communities of practice are no "new fad". They are about content, about learning as a living experience of negotiating meaning, and not about form (Wenger, 1998, p. 229).

Business and industry have capitalized on the concepts and ideas of a community of practice. A recent study by the American Productivity and Quality Center says, "Communities of practice are the next step in the evolution of the modern knowledge-based organization" (Pór, 2002). Because these communities are organic, driven by the value to its members, surrounds changing topics, bound to people's sense of connection, they are very different from teams or other types of organizational structure (McDermott, 2000).

Many picture these communities stemming first from their homes and secondly from their workplaces which allow face-to-face encounters. However, the exponential growth

of the Internet as a home for the mind has opened up the possibility of a third option—virtual communities. This is a venue that many family child care home providers have tapped into.

Virtual Communities

In this past decade, established family child care professionals have extensively participated in early childhood professional development opportunities through college courses, seminars, conferences, and through e-mail list-serv participation. With many of these practitioners having been in business for many years, their shared collective knowledge has impacted the community of family child care home providers in Oklahoma. Virtual communities are now a large part of the communication and knowledge sharing by these practitioners. Virtual communities are a different kind of place. It is an expanding network of information and resources created by people of all walks of life to reflect their needs, interests, and overall contribution to the cyber world we now live in.

The Internet is a parallel universe, created by us, the same people who created the society we live in physical space. It offers us, perhaps a place to practice being our best selves, to increase communication, and to use that to solve some of the problems we face individually and globally. (Davis, 2002, p. 2)

The Internet has allowed individuals to find those that are like-minded people to share interests, opinions, passions, revelations and over-all freedom to communicate. E-mail has forced this third community to take advantage of its most powerful possibilities—reflection (Davis, 2002, p. 3). Because individuals must compose messages as responses, there is a possibility for thought (p. 3). This electronic community allows individuals to have complete control over their individual timing and interactions. Due to this feeling of safety, the individual taps into Maslow's hierarchy related to "belonging" (p.3).

Communities grow through shared opinions, comments, and criticism. When the individuals interact, that is the glue that a community is made of. "A persistent environment allows patterns to emerge which form the basis of growing collective wisdom" (Davis, 2002, p. 4). The tapping into the reservoir of collective experiences and expertise, help solve problems together individually as well as professionally.

There are a variety of examples of communities of practice that can be found on websites related to many different topic areas. Some are grassroots networks while others are supported by the public and private sector. One such pervasive community of practice is that of eBay. Since

opening on Labor Day of 1995, eBay has grown to a community of over 49.7 million registered users that openly talk about themselves as being a "unique online community" (eBay, 2002). These registered users "engage in commerce using state-of-the-art technology as they buy and sell goods through an Internet auction house" (Ghost Bear, 2001, p. 63). Specific community values guide eBay and are strongly encouraged to the community members in which they support and do business with.

Obviously the impact of the web has created a massive amount of communities of practice. "Our sense of time and space is being radically altered by technological innovations like the Internet" (Gardner et al., 2001, p. x). Communities of practice are true phenomena in the professional family child care home provider network of Oklahoma, especially those providers participating in the Reaching for the Stars initiative. The sharing of ideas and expertise have only encouraged providers to step to a higher level of professionalism and utilization of best practices in the care of young children.

Best Practices and Professionalism

A professional is defined as "worthy of high standards; having much experience and great skill in a specific role; authority, expert, specialist, and veteran"

(Gellert, 1995, p. 3). The dictionary defines a professional as "a person following a learned profession, one who earns a living in a given or implied occupation, a skilled practitioner; an expert" (The American Heritage Dictionary, 2000).

Becoming a professional involves a bargain between a person and the community. People agree to provide needed services; the community agrees to compensate them for the services and recognize their right to perform those. The relationship between practitioners and the public they serve is always a delicate balance, with the professionals interested in securing more rights and the public seeking more services. (Gardner et al., 2001, pp. 16-17)

Improving the quality of child care in the United States by professionalizing its workforce has become a priority in recent years. This has led to many efforts nationwide to address issues related to best practices and professional development of individuals working in child care.

Cornerstone to the professionalizing of the field was based on several factors. The creation of the Code of Ethical Conduct and Statement of Commitment (NAEYC, 1997), development of the NAEYC Standards for Early Childhood Professional Preparation (NAEYC, 2001), as well as the design of a Conceptual Framework for Early Childhood Professional Development (NAEYC, 1993), all are position

statements of the National Association for the Education of Young Children (NAEYC). These documents are core values deeply rooted in the history of the field as well as highly researched. This is the theoretical framework used to promote high-quality early childhood programs for all young children and their families.

NAEYC's National Institute for Early Childhood Professional Development fosters the development of "a comprehensive, articulated system of professional development for all individuals working in all early childhood settings, recognizing that individuals will pursue different career paths and will bring different experiences, resources, and needs to the preparation process" (NAEYC, 1993, p. 1). To compliment this system, the creation of a national credential administered through the Council on Professional Recognition called the Child Development Associate (CDA) was developed. The Council has assessed and credentialed more than 85,000 CDAs with a growing rate of more than 10,000 people per year as a result of an increase in demand from many employers and state child care licensing mandates (Council for Professional Recognition, 2002).

In states where family child care home providers are mandated by state law for licensure, many must receive

college credit hours, obtain a CDA, participate in training hours received by approved training sponsors, or engage in continuing education units through colleges. These mandates have encouraged individuals working in child care to enhance their performance and educational level.

To compliment these training achievements some states including Montana, Oklahoma, and Wisconsin have initiated career ladders and professional recognition systems which are linked to incentives and in some cases compensation. These systems incorporate an application process, verify and combine experience, education, and training received by an individual. Once calculated, placement upon the professional development system or career ladder can be summarized in a professional development certificate to display for parents as well as prospective families to view.

Doing good work feels good. When a job provides clear goals, immediate feedback, and a level of challenges meeting skills, individuals have a chance to experience their line of work as "good"—that is, something that allows the full expression of what is best in that person, something experienced as rewarding and enjoyable. (Gardner et al., 2001, p. 5)

Professional development systems and career ladders only lend to increasing the self-esteem of individuals choosing child care as a profession as well as the perception of

what it takes to do "good work" and be a quality child care provider. All of these components including the national standards set by the National Association for Family Child Care have recently led to benchmarks designed to support best practices and professionalism in family child care.

Benchmarking and Best Practices

As higher standards and expectations are being set by professional organizations, national and state reform, and societal pressures, tools such as benchmarking are being implemented in the field of education to help formulate and design best practices (Geib, 2002). "Benchmarking is the systematic search for and implementation of best practices" (Camp, 1995, p. 4). Benchmarking is not the end result. It is a constant journey of learning and improving. To be successful at benchmarking, an organization must make a whole-hearted commitment, have a solid understanding of their field, be open to change and new ideas, be willing to share with others as well as dedicated to continuous benchmarking efforts (Younger, 1992).

One benchmark that the field has identified as a need in the nation's early care and education field is to develop an infrastructure that is characterized by consistent training requirements across states and program types, connected training programs and multiple

opportunities for professional advancement (Pritchard, 1996, p. 124). Unfortunately, in many countries including the United States, family child care home providers are exempt from professional development requirements. Even in countries as well as states in the U.S. that license family child care, little staff training or preparation is required.

Benchmarking has become a priority for the nation's leading early care and education professional organization. The National Association for the Education of Young Children (NAEYC) has been a leader in capturing best practice concepts as applied to early childhood environments for children ages birth to eight years of age. In addition, this organization has taken the lead in professionalizing the field of early care and education.

As it relates to family child care, NAEYC has worked extensively with other collaborating partners to assist the National Association for Family Child Care (NAFCC) in the development of their accreditation standards for setting national benchmarks for family child care home providers. An increased awareness by early childhood professional organizations to be responsive to societal needs and expectations has necessitated the urgency in initiating and implementing quality concepts. With that urgency has come

the development of core documents recognized by professionals working in the early care and education field.

Code of Ethical Conduct and Statement of Commitment

The Code of Ethical Conduct and Statement of Commitment are position statements formulated to assist individuals working with young children to conduct themselves in a fashion that promotes responsible behavior and sets forth a common basis for resolving principal ethical dilemmas encountered in early care and education. The primary focus is on daily practice with children and families in programs including family child care homes that serve children ages birth through eight years.

These standards encompass a commitment as a professional to:

1. Appreciating childhood as a unique and valuable stage of the human life cycle;
2. Basing work with children on knowledge of child development;
3. Appreciating and supporting the close ties between the child and family;
4. Recognizing that children are best understood and supported in the context of family, culture, community, and society;
5. Respecting the dignity, worth, and uniqueness of each individual (child, family member, and colleague);
6. Helping children and adults achieve their full potential in the context of relationships that are based on trust, respect, and positive regard (NAEYC, 1997, p. 1).

The Code of Ethical Conduct guides the early childhood practitioner by providing assistance in relation to ethical dilemmas encountered in the field.

Standard for Professional Preparation

The NAEYC Standard for Early Childhood Professional Preparation was written to specifically assist higher education programs that prepare students at the baccalaureate or master's degree level. In conjunction with the National Council for the Accreditation of Teacher Education, standards were developed to describe the kinds of knowledge, skills, and dispositions that all well-prepared education professionals should possess, especially those individuals specifically working with young children.

The intent is for these standards to allow some flexibility but to emphasize the importance of high expectations for the preparation and performance of early childhood professionals working with children ages birth to eight years. To help young children learn and develop, they must have adults working with them that have a great deal of knowledge, understanding, and multiple human relation skills suited to the developmental needs of young children.

Due to the substantial expansion of the knowledge base for the early childhood field, long term follow-up studies from the Chicago Parent-Child Centers; the Abecedarian

Project; the Perry Preschool Project; and the Cost, Quality, and Outcomes Projects continue to demonstrate the importance of high quality early experiences in family child care homes, classrooms, and communities (Barnett, Young, & Schweinhart, 1998; Campbell et al., 1998; Peisner-Feinberg et al., 2000; Reynolds et al., 2001). This has included changes in contexts for early childhood education, early childhood demographics, states involvement in setting teacher preparation standards, and changes in standards for teacher education.

These standards, which are continually studied and revised, surround core professional values and emphases. Those core values include: (a) seeking candidates to be in a program that demonstrate knowledge and abilities necessary to perform successfully as early childhood professionals; (b) the overall design of the early childhood professional preparation program reflects a coherent conceptual framework with current interdisciplinary knowledge and an environment conducive to continuous learning and professional growth for all participants; (c) faculty that provide an appropriate model of ethical, professional, and collaborative behavior; and (d) administrative structures that facilitate rather than impedes candidates' progress through a program (National

Association for the Education of Young Children, 1996, pp. 5-11).

Models for higher education preparation exist for many disciplines and have demonstrated effectiveness in raising the bar in regards to professional development. This has also been the case for individuals working in the early childhood field and has proven instrumental in the development of professional development for Oklahoma's family child care home providers.

A Conceptual Framework for Professional Development

A framework provides key principles of an effective professional development system. This concept supports the current diversity of early childhood service providers and need for a lattice that describes professional knowledge, performance, and dispositions necessary to work with young children. Further, elements regarding the provision of professional development opportunities must be included (NAEYC, 1993, pp. 1-2). This unifying framework includes family child care homes.

Because the field has a wide variety of individuals that work within it, a professional development system must embrace the diversity of roles and levels of preparation. Many times those working in early care and education enter the profession with diverse educational qualifications and

experience. This framework has set high standards for professional performance and distinguishes the specialized skills and knowledge of the early childhood profession from those of other professions (NAEYC, 1993, p. 5).

The principles of effective professional development include:

1. Professional development is an on-going process;
2. Experiences must be grounded in a sound theoretical and philosophical base and structured as a coherent and systematic program;
3. Professional development opportunities are most successful when they respond to an individual's background, experiences, and the current context of their role;
4. Are structured to promote clear linkages between theory and practice;
5. Providers of effective professional development experiences have an appropriate knowledge and experience base;
6. Use an active, hands-on approach and stress an interactive approach that encourages students to learn from one another;
7. Contribute to positive self-esteem by acknowledging the skills and resources brought to the training process;
8. Provide opportunities for application and reflection and allow for individuals to be observed and receive feedback upon what has been learned;
9. Students and professionals should be involved in the planning and design of their professional development program. (NAEYC, 1993, pp. 8-9)

Most importantly, participation in professional development should be rewarded not only by increased qualifications but with improved compensation. Whether

from child care tuition fees, government funded programs, or other strategies which include the business community, higher quality child care comes from individuals who participate in and are supported in professional development opportunities.

A Conceptual Framework for Oklahoma

Oklahoma has funded and created initiatives specific to early care and education professional development, scholarships for formal education and certification, community resource and referral agencies, mentoring, and cash supplements upon the completion of a national credential or formal education. Because of a commitment to thoroughly review research in what it takes to provide quality child care and support professional child care staff, a weaving of funds and collaboration of services has strengthened partnerships and has resulted in a growing momentum of professional development opportunities for family child care providers in Oklahoma.

In the past decade and according to the most recent Family Child Care Licensing Study (The Children's Foundation, 2001), there are over 306,000 regulated family child care homes in the 50 states, Washington D.C., and the Virgin Islands (Koralek, 2002, p. 8). Several states have become leaders in helping to define quality benchmarks in

the field of early care and education. One such program in Oklahoma is receiving national attention for its work in determining criteria based on quality levels notated by a One-Star, One-Star Plus, Two- and Three-Star rating. These established levels, created by extensive research on the components that have the greatest impact on the quality of care, have embraced the early care and education field including family child care home providers in growing their professional development.

Professional Development

Professional development is one aspect of lifelong learning. Practitioners have to understand the need to continually learn, whether it be formally or informally (Nicholls, 2000, p. 370). "There are profound implications for the practitioners continuing learning, since they are learning incidentally and informally in practice all the time" (Jarvis, 1987, p. 370). Further, professional development can be characterized as:

Creating caring learning communities for professionals and connecting these professionals with new ways of learning that will effect changes in the personal practical knowledge that guides their practice. Many times, professional development opportunities are designed around communities of caring and learning which keep in mind the social and cultural aspects of the community in which the professional thrives. (Jenlick & Kinnucan-Welsch, 1999, p. 368)

Referred to as "learning communities", "intellectual communities", or "professional communities", all of these form groups of individuals that center around the concept of communities of practice. These communities of people assist in the professional development of its members. When a group of individuals with the same professional interests learn together, they experience what are sometimes thought of as higher stages of human development (Jenlick & Kinnucan-Welsch, 1999, p. 370). The individual's "consciousness is embedded in the wider activity system that surrounds their activities, so that changes in the physical, mental, or social conditions of a person's situation are internalized and directly reflected in the person's conscious activities" (Jonassen & Rohrer-Murphy, 1999, p. 65).

There are four groups of strategies for the development of professionals that must be considered:

1. Developing a new mindset;
2. Learning to promote and market skills, networks, and the cultivation of relationships;
3. Developing self-insight and taking personal charge; and,
4. Developing a range of competencies (Watkins & Drury, 1994).

Further, a professional is guided by a specified code of ethics and professional standards which are rooted to the

core of the field in which that person belongs. The rise of these standards is how knowledge advances a profession. Thus, it is important for professionals to embrace opportunities for learning.

The development of professionals is a long-term process. One which is growing and developing over the working lifetime of an individual. "Rich lives include continuing internal conversations about who we are, what we want to achieve, where we are successful, and where we are falling short" (Gardner et al., 2001, p. 11). What needs to be considered is the specific relationship of adult learning within the framework of best practices and professionalism.

Adult Learning

The term learning emphasizes the person in whom the change occurs or is expected to occur (Knowles et al., 1998, p. 11). "Learning means making use of every resource—in or out of educational institutions—for our personal growth and development" (Knowles, 1975, p. 16). Hence, "learning is any search or inquiry that proceeds in part through the examination of certain hunches, guesses, notions or hypothesis" (Kidd, 1973, p. 38).

"Adult education is supposed to rekindle the fires of curiosity" (Kidd, 1973, p. 39). "Adult education should be

an enhancement of what the learner already knows, building upon their existing knowledge base" (Darkenwald & Merriam, 1982, p. 77). It is through adult education that many learning strategies are applied to the growing family child care home provider. The process of striving to provide best practices through professional development opportunities in the field of early care and education has transformed family child care home providers. They have become adult learners who have a need to receive and participate in continual training and education. This is allowing them to provide developmentally appropriate environments for young children as well as satisfying their need to learn as an adult.

Andragogy

"Andragogy is defined as the art and science of helping adults, or, even better, maturing human beings learn" (Knowles, 1975, p. 19). "Andragogy is a set of core adult learning principles that apply to all adult learning situations" (Knowles et. al., 1998, pp. 2-3). Andragogy is based on the Greek word "aner", meaning man. Therefore, andragogy refers to the art of teaching adults rather than pedagogy, which is teaching children (Knowles, 1975, p. 19).

Knowles' theoretical concept of andragogy is based on six crucial assumptions about the characteristics of adult learners that are different from the assumptions built around pedagogy. These assumptions include self-concept, the importance of experience, the readiness to learn, time perspective, and motivation by the learner is both internal factors as well as the sixth assumption which included internal pressures (Knowles et al., 1998). To experience success in the andragogical model, self-directedness is a priority for the adult learner.

Self-Directed Learning

Self-directed learning comes from the basic need to survive. The ability to learn on one's own is a basic human skill that lies within the adult that is growing and maturing.

Self-directed learning is a process in which individuals take the initiative, with or without the help of the others in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing, and implementing appropriate learning strategies, and evaluating learning outcomes. (Knowles, 1975, p. 18)

An individual's pursuit into adulthood encompasses the need to be self-directing.

To be adult means to be self-directing. Now at the point at which this change occurs, there develops in the human being a deep psychological

need to be perceived by himself and by others as being indeed self-directing. This is the concept that lies at the heart of andragogy. Andragogy is based upon the insight that the deepest need an adult has is to be treated as an adult, to be treated with respect. Andragogy is student-centered and problem oriented. (Knowles, 1970)

Self-directed learning does not mean that learning is necessarily done in isolation. Groups of learners may come together for a singular purpose, but each conducts the learning in personal ways (Knowles, 1975). Further, the focus of the learning experience is always learner controlled rather than teacher or institution controlled (Knowles, 1975).

Through professional development networks, family child care home providers organize face-to-face as well as through the Internet. These encounters allow for the sharing of information and knowledge as it relates to caring for children in a home environment.

This foundational concept of self-directedness is key to those adults creating training and education opportunities in the field of early care and education. "Their part in this process is that of helper, guide, encourager, consultant, and resource—not that of a transmitter, disciplinarian, judge, and authority" (Knowles, 1980, p. 37). It is crucial that adult educators that are setting up training and/or college credit programs

for individuals working in the field of early care and education recognize their role in engaging and motivating the self-directed learner to explore and learn as well as assisting providers in learning about pedagogy that specifically relates to the family child care home environment.

Motivational Learning

Houle (1996) defines adult education as:

The process by which men and women (alone, in groups, or in institutional settings) seek to improve themselves or their society by increasing their skills, their knowledge, or their sensitiveness; ..Or it is any process by which individual, groups, or institutions try to help men and women improve in these ways (p. 41).

As adults come together to learn in groups, freedom, autonomy, trust, active cooperation and participation, and self-directed learning are key concepts that are emphasized in the school of humanistic adult education (Darkenwald & Merriam, 1982; Elias & Merriam, 1995; Merriam & Caffarella, 1999).

The role of the teacher is to guide or facilitate the learning so that the teacher, in essence, becomes co-learner (Darkenwald & Merriam, 1982; Elias & Merriam, 1995; Merriam & Caffarella, 1999). Consequently, the purpose of adult education is to facilitate the development of the whole person with the goal for people to be self-actualized

so they can live together as fully-functioning human beings (Lively, 2001, p. 114). Through motivational experiences, the adult learner becomes better suited to learn how to learn.

Learning How to Learn

Robert Smith advances the concept that it is necessary that adults learn how to learn, which is closely connected with self-directed learning. "The man who has learned how to learn. . . has learned how to adapt and change. . . has realized that no knowledge is secure; that only the process of seeking knowledge gives a basis for security" (Rogers, 1983, p. 120).

For child care providers in homes or centers, the majority typically attend training on topics related to child development, program enhancement, parent relations, and appropriate business practices. Training indicates specific or deliberate efforts involved to help people improve learning in academic or educational settings (Smith, 1982, p. 25). Training can occur unconsciously. However, in order for it to be effective, it needs to have a degree of purpose behind it. It is actually the process of enabling individuals to acquire skill in learning (p. 25).

For training or education to be successful, the learner must maintain the major share of the responsibility for initiative and motivation in the planning and carrying out of his/her own learning activities. The processes involved include the diagnosing needs, formulating goals, and choosing resources and methods. (Smith, 1976, p. 35)

Adults will accept the need for training if they are convinced of its utility, if the training has the possibility of a larger payoff, and if the training is clearly related to learning problems previously encountered by others (Smith, 1976, p. 59). "Research based or not, training should be so designed as to approximate as closely as possible the conditions under which that being learned will be put to use" (Smith, 1976, p. 62). Thus, training for the learner must allow opportunity to stimulate critical reflection based upon the practices utilized in the home environment to care and nurture children.

Critical Reflection

The field in which the family child care home provider exists allows for reflection-in-action which takes a professional form in the shape of reflection-in-practice. When working daily with children, the provider has a "hands-on" opportunity to apply what has been learned in a training or educational setting, to the environment in which the provider works.

Reflection-in-action can take two forms:

1. Thinking back on the event to evaluate actions taken and to determine what contributed to the unexpected outcome; or,
2. In the midst of action, the opportunity serves to reshape what is being done while it is being done. (Schön, 1987, p. 26)

Reflecting on reflection-in-action can produce a good verbal description of the action, reshape future action, and enable becoming more skillful in the future, thus resulting in a "reflective practitioner".

One of the major influences resulting in the concept of the reflective practitioner in the field of adult and continuing education is the work of Donald Schön.

Foundational key concepts concerning the reflective practitioner are:

1. Practitioners are instrumental problem-solvers who select technical means best suited to particular purposes.
2. Rigorous professional practitioners solve well-informed instrumental problems by applying theory and technique derived from systematic, preferable scientific knowledge.
3. For problems in day to day practice, these situations fall outside categories of existing theory that a practitioner must work by some kind of improvisation, inventing and testing their strategies as they move along. (Schön, 1987, pp. 3-4)

Reflective practice occurs when professionals reflect upon previously attained knowledge, previous experiences, current knowledge of best practices in the field, and by

the day-to-day needs expressed by each individual child and family. Through this process, the family child care home provider has an opportunity to enhance transformational learning through a process of critically reflecting on life experiences (Mezirow, 1991).

Transformative Learning

Learning in adulthood is transformational. Mezirow defines learning as an interpretation of information utilizing one's existing set of expectations, or frames of reference, through which meaning and ultimately one's life is constructed. "Frames of reference are the structures of assumptions through which we understand our experiences" (Mezirow, 1997, p. 5). "In transformative learning, however, we reinterpret an old experience (or a new one) from a new set of expectations, thus giving a new meaning and perspective to the old experience" (Mezirow, 1991, p. 11). Thru this process, humans can release their reasoning that may be unsound or scarce and embrace a more comprehensive and flexible understanding of the individual and the world.

Transformational learning is critical for those adults working with young children. It is from past experience that adults create their knowledge. When caring for children, many adults reflect upon how they were treated as

a child. These experiences could have been positive, and others may be very negative. Adult learning is characterized by analyzing previous experiences, exploring new knowledge, developing new ways to learn, and synthesizing the past and present for immediate, personal application (Mezirow, 1991). Consequently, ongoing professional development through quality training is priority for those individuals working in child care.

A lesson can be learned from the business world as to what it takes to go from a good to a great company:

Those who strive to turn good into great find the process no more painful or exhausting than those who settle for just letting things wallow along. Get involved in something that is cared about, that individuals as well as others want to see it be the greatest it can possibly be, not because of what one person can get done, but just because it can be done. (Collins, 2001. pp. 208-209)

Building a good system into a great system to support developing adult learners who serve young children and their families should be the focus not only for Oklahoma but for our nation as a whole. Understanding adult learning and how it relates to the individual working in family child care is crucial to the continued revision and upgrading of best practices which are the core to sound professional development opportunities.

Professional Development and Family Child Care

Recent research shows that the average child care provider has achieved a higher level of education than the average member of the overall U.S. workforce (Bellm & Haack, 2001, p. 20). While pay continues to be low in many areas of the United States, child care either in a center or family child care home environment can offer decent compensation, stability and a future in the better-funded sectors of the field (Bellm & Haack, 2001, p. 20). "The quality of a family day care is influenced by the caregiver's background and basic understanding of children's development and by the ability to individualize the day to each child's interests, abilities, needs, and culture (Kettman, 1994, p. 28). This "professional realm" has:

1. Captured individual practitioners by securing training and pursuit of their own personal and professional goals,
2. Has created a domain which has incorporated knowledge, skills, practices, and values;
3. Early care and education has created a field that has grown leaders, expert practitioners, apprentices and students,
4. Finally, the general public has become better educated as consumers. (Gardner et al., 2001, p. 26)

Organization and professionalism are important for quality environments. "Professions arise when a group of

individual practitioners define the specific knowledge, skills, practices, rules, and values that differentiate them from the rest of the culture" (Gardner et al., 2001, p. 21).

The core of family child care is in its diversity. "The real picture of family child care is what makes it unique in each of those places and within the individual homes of the providers. As much as families are alike and different, so are family child care home providers (Gellert, 1995, p. 2).

One pivotal research study captured a key finding regarding the essence of professional development in family child care:

Providers who offer more sensitive, more responsive, and overall better quality care are more "intentional" in their approach to caregiving. One feature of intentionality is being committed to taking care of children. Another indicator of intentionality is seeking out opportunities to learn about child care and children's development. Accordingly, providers who have professional preparation are more likely to be sensitive. Planning experiences for the children is another aspect of intentionality. Providers who think ahead about what the children are going to do and plan for their involvement are more likely to be rated as sensitive, and observed as more responsive. Still another aspect of intentionality is seeking out the company of others who are providing child care. Providers who are involved with other family child care providers are more likely to be sensitive and responsive. (Kontos et al., 1995, p. 203)

Hence, the family child care profession is creating enough specialized knowledge to create a "domain".

A domain includes ideas relating to knowledge and practice which then leads to a prescribed sequence of action that leads to some desirable goal. A domain needs to contain more than knowledge and skill to be recognized by the rest of society as a profession which includes the development of ethics. The domain that encompasses both procedural and ethical standards of the profession maintains credibility with the community which will pay money and respect for the services of the practitioner. (Gardner et al., 2001, pp. 22-24)

Oklahoma has engaged this idea of "domain" for the field and for the practitioners working in licensed child care.

Oklahoma's Professional Development Infrastructure

The action steps recommended in the Cost, Quality and Child Outcomes in Child Care Centers report included implementing higher standards for child care at the state level as well as increasing investments in child care staff to assure a skilled and stable workforce (Helburn et al., 1995, pp. 11-12). Oklahoma has striven to do just that by revising mandated licensing laws and by the creation of a higher level of voluntary standards signified by a certain star level. Further, a set of complex services designed to support the professional development of child care providers is evolving.

"A comprehensive set of infrastructure services for family child care in a community must be able to provide initial and on-going training and technical assistance to support quality services" (Miller, 1996, p. 201). "This means sequenced programs of training and other services that address providers' needs and interests for as long as they are in the business of family child care" (p. 201).

With its 4,184 licensed and regulated family child care homes (NCCIC, 2002), Oklahoma has made progress in the last decade in regards to required training and preparation with its implementation of the Reaching for the Stars program. This program has embraced the family child care field by encouraging best practices in the home environment as well as the growth of the individual as a professional.

The challenge to achieve more education by state mandate has led to the development of many programs designed to support licensed child care providers in Oklahoma. This challenge has led to educational opportunities through a community-based curriculum which provides Continuing Education Units (CEUs). Further, an accreditation support project is funded through The University of Oklahoma, College of Continuing Education's Center for Early Childhood Professional Development. This

project which is funded by Child Care and Development Funds authorized by The Department of Human Services Division of Child Care, began services in 1998. In 2000, the Division of Child Care extended its support by funding a statewide initiative called "Teacher Education and Compensation Helps" (T.E.A.C.H. Early Childhood® Oklahoma). This initiative assists child care providers in obtaining college credit through instruction specifically in the field of early care and education.

A year later, "Rewarding Education with Wages and Respect for Dedication" (R.E.W.A.R.D. Oklahoma) was developed and funded. The thrust of this program is to provide cash incentives to providers as they accrue college credit and remain in the field working with young children. The program specifically "rewards" those individuals that complete a Certificate of Mastery Program (12 hours college credit in early childhood), an Associate of Arts (A.A.), or Associate of Applied Science (A.A.S.) degree in Child Development from the community college system in Oklahoma.

Finally, to assist providers who are pursuing the Certificate of Mastery or degree track in child development, the "Scholars for Excellence in Child Care" program was designed and implemented. It began as collaboration between the State Regents office and the

community colleges. The program's goal is to provide professional advisors to the program participants. The advisors are housed at 10 participating community colleges statewide. The advisor's main goal is to assist providers in the enrollment process, provide academic support throughout the semester, and mentor the student throughout their program. With these opportunities, a new vitality for family child care home providers has been reached in their ability to strive for professional commitment to the field. All of these initiatives are educating the public and family members in improving their knowledge as it relates to the image of child care in Oklahoma. Further, these initiatives are providing significant motivation to family child care home providers to continue learning.

Motivation for Adult Learning

Motivation is an extremely potent influence in adult learning regardless of how individual learners vary in their motivation to learn (Willyard, 2000, pp. 72-73). Work-related requirements are often the most cited reason for impetus for learning (Merriam & Caffarella, 1999).

In fiscal year 2002, T.E.A.C.H. Early Childhood® Oklahoma awarded a total of 1,359 scholarships to child care teachers, directors, and family child care home providers (Oklahoma Department of Human Services, 2003, p.

21). Further, R.E.W.A.R.D. Oklahoma reported awarding 2,090 cash supplements to providers statewide (Oklahoma Department of Human Services, 2003, p. 21). To compliment these incentives, The Scholars for Excellence in Child Care, reported that 1,211 scholars attended school (Oklahoma Department of Human Services, 2003, p. 14). These three programs through June of 2002 have assisted family child care home providers by providing mentoring, educational opportunities to increase their knowledge base, and provided compensation directly linked to increased education.

The Center for Early Childhood Professional Development, which began in 1998, has supported Oklahoma's child care providers by providing a community-based curriculum as well as many other projects focused on providing professional development opportunities to child care providers. One program, the Oklahoma Accreditation Support Project, has assisted over 40 child care programs since the fall of 1999 to achieve national accreditation (Oklahoma Department of Human Services, 2003, p. 19).

Oklahoma Accreditation Support Project

Accreditation standards are not the same as licensing requirements. While regulatory requirements usually specify the minimum, or lowest, level of care acceptable by

government officials and the general public, accreditation guidelines focus on researched best practices conducive to environments provided to young children (Oekerman & Humphries, 1999, p. 13).

The concept of accreditation support in Oklahoma stemmed from the Accreditation Facilitation Project established in 1991 in Hartford, Connecticut. The Connecticut program was designed to provide intensive support and financial assistance to early care and education providers seeking NAEYC accreditation. The project which was originally a collaborative effort between the Hartford Association for the Education of Young Children and the Hartford Area Child Care Collaborative, partnered these two organizations to find and implement a support initiative in the greater Hartford area which supported 100 sites in the first 7 years (<http://www.ctcharts-a-course.org/accreditationf.htm>). In 1997, the Connecticut Legislature passed a landmark school readiness bill that named the Accreditation Facilitation Project as the model for a statewide effort of accreditation support to licensed child care centers and linked the project with Connecticut Charts-A-Course, Early Care and Education Professional Development System.

In 1999, Oklahoma needed to support programs striving for the Three-Star. Unlike Connecticut, Oklahoma approved five national accreditation agencies which included the accreditation model supporting family child care homes. With funding from the Division of Child Care and systems concepts from the Hartford project, a selection and support process was developed which included family child care homes.

After a rigorous application process and scheduled site visit by a consultant, the selection committee utilized a scoring tool to select or dismiss programs based on their overall score. Once chosen, the program or home receive money to purchase self-study materials, grants to purchase equipment needed to meet accreditation requirements, and access to on-site technical assistance from consultants that specialize in national accreditation self-study processes. All of these services were free of charge. These consultation services took place for a maximum of 18 months.

Once the self-study materials are completed, the home provider pays additional fees and mails the completed accreditation agency portfolio. The National Association for Family Child Care (NAFCC) contacts the provider within a few weeks to set-up an observer visit. The observer's

objective is not to criticize the home's efforts but to verify that the home meets the accreditation standards for family child care homes. Occasionally, a second visit by an observer will occur if more information is needed to make a decision about granting accreditation.

Once accreditation is granted, the home is accredited for 3 years and is required to provide written updates on any changes occurring within the home every year (Oekerman & Humphries, 1999, p. 15). Homes can renew and typically go through the process again a year before expiration takes place. Through this project opportunity, family child care home providers have had significant training, education, and professional development experiences which supported a well-seasoned voice for them to share their perceptions of professionalism and best practices.

CHAPTER 3

METHODOLOGY

Introduction

This descriptive study investigated the perceptions of experienced family child care home providers about best practices and professionalism in their field. Participants responded to a series of questionnaires in a Delphi format. In addition, the two Delphi's performed were followed up by a Q-sort that rank ordered statements developed from the feedback by the participants in the study. Descriptive studies are intended to present new information and to ask questions in order to better understand a subject (Portney & Watkins, 1993, p. 233). Descriptive design involves collecting data to test hypothesis or to answer questions concerning the current status of the subject of the study.

Data for this study was collected electronically utilizing the Delphi technique and by mail using the logic of the Q-sort methodology. In addition, a thorough document analysis using the records of the technical assistants that worked with the identified Oklahoma Accreditation Support Project family child care homes were reviewed. Thus, the

strength of the triangulation of the data was used to gather the thick and rich description required by naturalistic research. Triangulation tests one source of data against the other in order to validate the findings (Guba, 1978, p. 13; Patton, 1990, p. 244).

Descriptive research involves the collection of data to answer questions concerning a specific subject. "A descriptive study determines and reports the way things are" (Gay, 1996, p. 249). Descriptive studies are intended to present new information and to ask questions in order to better understand a subject (Portney & Watkins, 1993, p. 233). The approach focuses on discovering new information and insights as it relates to a specific group of people such as the family child care home providers identified in this study. Descriptive design involves collecting data to test hypothesis or to answer questions concerning the current status of the subject of the study. The researcher is the primary data collection instrument, and personal involvement of the researcher is expected (Lively, 2001, p. 27).

Utilizing descriptive or naturalistic design recognizes that reality is "constantly changing in terms of time, people, episodes, settings and circumstances" (Guba,

1978, p. 15). Qualitative research gives an advantage in addressing three practical purposes:

1. Generating results and theories that are understandable and experientially credible, both to the people you are studying and to others;
2. It is more important to understand the process by which things happen in a particular situation than to compare with others situations; and
3. The ability to engage in collaborative or action research with practitioners or research participants allows credibility of qualitative research. (Maxwell, 1996, p. 21)

The perspectives, experience, and opinions of practitioners in the field of study formulated the answers to this study's research questions.

Rationale for a Qualitative Study

"The strengths of qualitative research derive primarily from its inductive approach, its focus on specific situations or people, and its emphasis on words rather than numbers" (Maxwell, 1996, p. 17). "Qualitative inquiry is especially powerful as a source of grounded theory, theory that is inductively generated from field work, that is, theory that emerges from the researcher's observations and interview out in the real world rather than in the laboratory" (Patton, 2002, p. 11). For the purposes of this study, the Delphi Technique and Q-Sort Methodology utilized a qualitative approach to glean

perspectives regarding best practices and professionalism from a panel of practitioners representing family child care home providers who have obtained accreditation through the National Association for Family Child Care.

From the qualitative, or naturalistic perspective, the voices of the participants were heard (Guba, 1989; Kvale, 1996; Merriam, 1998; Rubin & Rubin, 1995). This included some telephone dialogue between the participants in the study, electronic or mailed open-ended questionnaires to complete the Delphi's. In addition, the researcher followed up by mailing the Q-sort ranking to participants in the study.

Two types of generalizability exist: (a) statistical generalizability and (b) analytic generalizability. Statistical generalizability provides the researcher with the ability to make "inferences about a population (or universe) on the basis of empirical data collected about a sample" (Yin, 1994, p. 30). In the instance where the research embodies a theoretical framework around which the research has been designed, the opportunity for "analytic generalization is legitimate" (p. 31). Analytic generalization occurs in circumstances where "a previously developed theory is used as a template with which to compare the result of the study" (p. 31). The use of a

theoretical framework is not only an immense aid in designing the research study but also becomes "the main vehicle for generalizing the results" (p. 32). "In order to generalize the findings back to the theory thus setting the stage for analytic generalization, it is incumbent upon the researcher to identify the appropriate theoretical framework prior to the collection of the data" (Geib, 2002, p. 83).

Several documents contain the concepts that form the theoretical framework for this study. The most important of these is the Quality Standards for the revised National Association for Family Child Care Accreditation. In addition, the following documents contain the highly researched core values deeply rooted in the history of the field: (a) Code of Ethical Conduct and Statement of Commitment (NAEYC, 1997), (b) NAEYC Standards for Early Childhood Professional Preparation (NAEYC, 2001), and (c) Conceptual Framework for Early Childhood Professional Development (NAEYC, 1993). All provided a substantive "rich theoretical framework for designing the study" (Yin, 1994, p. 28). This is the theoretical framework used to promote high-quality early childhood programs for all young children and their families. These documents contain the ethical standards by which early childhood professionals

guide their working principles. They provide guiding standards by which individuals consult when preparing to be an early childhood professional. Finally, a framework has been designed to support individuals as they progress professionally in the field.

The Researcher in Context

Studies that are descriptive take place within a particular context. Their purpose is to describe elements within a specific setting. "Qualitative researchers tend to ask how *x* plays a role in causing *y*, what the process is that connects *x* and *y*" (Maxwell, 1996, p. 20). In naturalistic inquiry the researcher must be sensitive to the context and variables. These variables include the physical setting, the people, nonverbal behavior, and overt and covert agendas which include a need for sensitivity regarding the information being gathered (Merriam, 1988, p. 38).

"The quality of qualitative data depends to a great extent on the methodological skill, sensitivity, and integrity of the researcher" (Patton, 2002, p. 5). "Data are mediated through this human instrument. . . . The researcher as instrument is responsive to the context; he or she can adapt techniques to the circumstances; the total

context can be considered" (Merriam, 1988, p. 19).

Qualitative research requires:

The evaluator get close to the people and situations being studied in order to understand the minutiae of the program life. The evaluator gets close to the program through physical proximity for a period of time, as well as through development of closeness in the social sense of intimacy and confidentiality. (Patton, 2002, p. 48)

The design of this study takes into account the fact that I have been directly involved with the early care and education community since high school. Beginning in child care as an afternoon school-age teacher assistant, experiences have provided work in several child care settings including providing on-site technical assistance to providers in the family child care setting, especially those acquiring national accreditation.

My higher educational background and professional career have been directly linked to the early care and education community. I graduated from Oklahoma City Community College in Oklahoma City, Oklahoma, with an Associate of Applied Science in Child Development. A Bachelor of Science Degree in Family and Child Development was obtained from the University of Central Oklahoma in Edmond, Oklahoma. Further, a Master's degree in Early Childhood Education was earned from Oklahoma City

University located in Oklahoma City, Oklahoma. For the past 19 years, I have served as a child development teacher in center settings, a child care center director, child/parenting specialist, adjunct instructor of child development at several community colleges and one university in Oklahoma, and program administrator of the professional development system designed and developed for child care providers in the State of Oklahoma. As a part of the responsibilities within the professional development system, my current position provides on-site technical assistance to family child care home providers seeking national accreditation. This program provides opportunity for family child care home providers to receive monetary assistance as well as assistance from experts in regards to developmentally appropriate practices in relation to the self-study process required for accreditation by the National Association for Family Child Care.

This background in the field of early care and education provides an understanding of the family child care home provider culture and particular interests in professional development regarding individuals working in the early care and education field. As a part of the professional development system provided in Oklahoma, a statewide perspective of the family child care home

provider network interested in professionalizing and providing best practices in the home environment has been obtained. Because of my current professional position, a credible relationship was built with the people interviewed for this study.

Research Methods

For the purposes of this study the Delphi technique and the logic of the Q-sort methodology were used. A triangulation of documents were analyzed using the records of the technical assistants that worked with the identified panel of practitioners participating in the Oklahoma Accreditation Support Project.

The purpose of the Delphi technique is to elicit information and judgments from participants to gather information. The Delphi can be used to:

1. Develop a number of alternatives;
2. Assess the social and economic impacts of rapid community growth;
3. Explore underlying assumptions or background information leading to different judgments;
4. Seek out information on which agreement may later be generated;
5. Correlate informed judgments on a subject involving many disciplines;
6. Educate respondents on the diverse and interrelated elements of a topic. (Michigan State University Extension, 1994, p. 1)

This technique is designed to take advantage of the participants' creativity as well as the facilitating effects of group involvement and interaction.

William Stephenson, a British physicist-psychologist, invented the Q-methodology in 1935. "Q-methodology presents respondents with a situation in which they explicitly choose among statements reflecting various points of view. One point of view is dominant over others" (Public, 1995, p. 4). This method is most often associated with quantitative analysis due to its involvement with factor analysis. What Stephenson was interested in providing was "life as lived from the standpoint of the person living which is typically passed over by quantitative procedures" (Brown, 1996, p. 561). "It focuses on an individual's beliefs, values, and judgments" (Public, 1995, p. 4). This type of methodology is most interesting to the qualitative researcher. "The Q-methodology combines the strength of both qualitative and quantitative research traditions" (Dennis & Goldberg, 1996, p. 104). In other respects, it provides a bridge between the two (Sell & Brown, 1984). "Fundamentally, Q-methodology provides a foundation for the systematic study of subjectivity, and it is this central feature which recommends it to persons interested in qualitative aspects of human behavior"

(Brown, 1991, p. 2). Although Q-methodology is used in the social sciences, it is rooted in the field of psychology.

The instrumental basis of Q-methodology is the Q-sort technique. It requires a rank-ordering of a set of statements from agree to disagree. Usually the statements are taken from interviews which are grounded in concrete existence. In this study, the statements were taken from the results of the Delphi.

The wondrous and well-established fact, however, is that the behavior of the Q-sorter is highly repeatable (test-retest reliabilities of .8 and .9 are conventional). The consistency with which a sorter can evaluate Q-items along an abstract and complex dimension is a very striking finding. And the establishment of high reliability for a Q-sort of course implies that something meaningful is captured by the item-ordering (Block, 1961, p. 83).

"The statements are matters of opinion only (not fact), and the fact that the Q-sorter is ranking the statements from his or her own point of view is what brings subjectivity into the picture" (Brown, 1991, p. 2). In this study, the logic of the Q-sort methodology was utilized to rank order statements developed from the results of the two Delphi's performed on the sample.

Electronic Questionnaire

"The Delphi technique does not require face-to-face participation. It uses a series of carefully designed

questionnaires interspersed with information summaries and feedback from preceding responses" (Michigan State University Extension, 1994, p. 1). Delphi can be done remotely which includes email or other computer-assisted means. In this study, participants were sent two rounds of questions pasted into a ready-to-send email window where the user completed the questionnaire. The participant then sent the email to the researcher's email address for further review and development of the Q-sort.

Due to technology/software issues of participant's computers, the WebQ for Q-sorting was not used. Instead, participants grouped and re-grouped items prepared in the themed categories by use of a paper questionnaire that was mailed to them. A total of five statements were developed per themed area, for a total of 11 themes which emerged during the two rounds of the Delphi. Once the completed Q-sort forms were received, a maximum total of 35 points per statement in the themed category section was possible. This cumulative total per statement then rank-ordered the statements for the particular themed area. Data was then reported based on cumulative scores per statement in the themed area. All seven panel members participated fully in all three data gathering attempts.

There are four primary characteristics of electronic media that make it useful for communication, specifically for questionnaire research. They include:

1. Speed: Messages can be transmitted in seconds to any location in the world, depending on the scope of the network.
2. Asynchronous Communication: Messages can be sent, read, and replied to at the convenience of the user. It is not required that the participants communicate synchronously, but instead can take their time to think about their response and answer when ready.
3. No Intermediaries: E-mail messages are generally only read by the intended receiver. . . . have a better chance of being "opened" and read by the receiver than a traditional letter might.
4. Ephemerality: E-mail messages appear on screen and can easily be deleted with no trace of a hard copy. (Thach, 1995, pp. 27-28)

Advantages to electronic media included: cost-savings; ease of editing and analysis; faster transmission time; rapid data collection from a variety of populations; easy use of pre-letters (invitations); higher response rates; more candid responses; potentially quicker response time with wider magnitude of coverage; reflective nature of online conversation; and ability to overcome barriers imposed by space, time, and location (Furlong, 1997; Heflich & Rice, 1999; Matz, 1999; Stevens, 2000; Thach, 1995).

The Sample

A population of an investigative study is an entire group of persons, things, or events which have at least one

single trait in common (Sprinthall, 2000, p. 130). The population for this study was 1,013 homes that obtained a starred level in the Oklahoma "Reaching for the Stars" initiative. This population was selected because family child care home providers that have striven for the Two- or Three-Star rating are knowledgeable and committed to demonstrating best practices and professionalism in the environments provided to the children in their care.

The sample is a subset of the population to which the researcher intended to generalize the results. Purposeful sampling was used in this study. Purposeful is "a strategy in which particular settings, persons, or events are selected deliberately in order to provide important information that can't be gotten as well from other choices" (Maxwell, 1996, p. 70). The sample was representative of the population from which it was selected. Seven practitioners were identified who met or exceeded the determined criteria. These seven members made up a panel of practitioners.

The selection criteria on expertise was developed to identify potential members for the seven member panel. The panel was designed to be "representative of those that are key knowledgeable in the field to solicit the latest and best thinking" (Patton, 2002, p. 200) regarding best

practices and professionalism in family child care. This panel of high-performance practitioners comprised the "panel of practitioners" for this study (Geib, 2002, p. 85). The selection criteria for the panel of practitioners were that practitioners must:

- a. Be identified as currently licensed by the State of Oklahoma;
- b. Have achieved at least a Two-Star rating signified by the State of Oklahoma "Reaching for the Stars Initiative";
- c. Are current members of and have received accreditation through the National Association for Family Child Care by participating in the Oklahoma Accreditation Support project; and,
- d. Have participated in professional association meetings and professional development opportunities.

While it is generally not feasible or even necessary to include all members of a population, it is imperative that the sample or the individuals actually involved in the research be representative of the larger population (Gay, 1992, p. 124). The sample included providers that were located urban and rurally, had served in this professional capacity 3 to 20 or more years, and were of various ages. It was due to this group's identified knowledge and commitment to family child care that they were representative of practitioners committed to best practices and professionalism in the field of family child care.

Questionnaire

Designing well-thought out open-ended questionnaires is critical to the credibility of the data collected. The questionnaire must be composed of open-ended questions that ensure essential exploratory, unstructured responses that are forthcoming (Osgood, 1999, p. 63). "To capture participants one must learn their categories for rendering explicable and coherent the flux of raw reality. That, indeed, is the first principle of qualitative analysis" (Lofland, 1971, p. 7).

An initial questionnaire was sent to respondents via electronic mail (Appendix A). These responses were grouped into similar concepts which were placed under topic areas for in-depth analysis. From this analysis, the second questionnaire was designed and distributed to the respondents (Appendix B).

Simultaneously with the electronic data collection, a review of the records of the Oklahoma Accreditation Support Project technical assistants took place. These records provided observations made by the technical assistants that enabled the drawing of "inferences about someone's meaning and perspective that couldn't be obtained by relying exclusively on interview data" (Maxwell, 1996, p. 76). This provided a tacit understanding and perspective of the

individuals participating in the study that may or may not be stated by the individual in the questionnaire process.

Finally, the Q-sort was the result of the findings in the Delphi. Although WEBQ, a JavaScript application (Schmollock, 1999) for use in the Q-sort questionnaire process has the potential for this type of research, technology difficulties were reported by participants. Therefore, a paper form was designed which was mailed to the participants for completion (Appendix C). The rank-order statements were taken from the results of the Delphi. The panel of practitioners identified eleven areas related to the family child care home field and included such sub-category areas as: background, family, best practices, commitment, professional development, quality benchmark, education/ training, adult learning, community of practice, mentor, and challenges. Each participant rank-ordered a set of statements ranging from the one that they agreed with the best to the one that they agreed with the least. The Q-sort was used to support the credibility and trustworthiness of this research study.

Data Collection

The initial questionnaire was emailed or mailed to the seven participants in February of 2003 with a brief cover letter providing instructions on how to complete the on-

line version of the questionnaire. Earlier correspondence included an overview of the study as well as the receipt of a signed "Consent to Participate" form as required by the Oklahoma State University Institutional Review Board. Respondents were assured of confidentiality. All practitioners were contacted by phone to provide additional clarification in regards to the purpose and process of the study and to request their participation.

In order to address the issue of lack of personal interaction as one of the disadvantages to electronic research, each of the participants were personally contacted by phone. All members of the panel of practitioners responded by completing the questionnaires and Q-sort either by electronic or hand-written communication. Upon receipt, the responses were either downloaded or typed and transferred to a word processing program for analysis.

Procedures for Data Analysis

The qualitative data gathered during this study was analyzed by the constant comparative method. In this method,

The researcher begins with a particular incident from an interview, field notes, or document and compares it with another incident in the same set of data or in another set. These comparisons lead to tentative categories

that are then compared to tentative categories that are then compared to each other and to other instances. (Merriam, 1998, p. 159)

The comparisons were made first to identify themes for each item. After the themes were identified, these interpretations were explored within each category. To further investigate the participant responses, comparisons were made to the foundational documents cornerstone to the professionalizing of the field. These documents provided a substantive, "rich theoretical framework for designing this study" (Yin, 1994, p. 28). The Code of Ethical Conduct and Statement of Commitment, NAEYC Standards for Early Childhood Professional Preparation, and the Conceptual Framework for Early Childhood Professional Development were all documents substantiated by research as the core values deeply rooted in the history of the field. It is the theory derived from these three documents that have been well documented as necessary to promote high-quality early childhood environments including family child care homes as it relates to best practices and professionalism.

"Qualitative researchers are concerned with understanding the social phenomenon from participants' perspective" (Gregson, 1978, p. 266). For the purposes of this study; the Delphi technique, review of assistant reports, and the Q-methodology were used to gather

perspectives from a panel of practitioners regarding best practices and professionalism in family child care.

Presentation of the Findings

Analysis of qualitative data and presentation of the findings and conclusions can range from simply "organizing a narrative description of the phenomenon, to constructing categories or themes that cut across the data, to building theory. "Each of these levels of analysis calls upon the investigator's intuitive as well as analytical powers" (Merriam, 1998, p. 196).

The findings for best practices and professionalism are presented in a comprehensive format. The patterns and themes that were gleaned through data analysis are presented in narrative form. In addition, a review of literature is incorporated in the reporting of these findings. As The Code of Ethical Conduct and Statement of Commitment, NAEYC Standards for Early Childhood Professional Preparation, and the Conceptual Framework for Early Childhood Professional Development served as the theoretical framework for the study, the report of the findings also includes a discussion of the linkages and alignment to these documents.

CHAPTER 4

BEST PRACTICES: FAMILY CHILD CARE HOMES

Introduction

To investigate what family child care home providers consider to be best practices, the members of the panel of practitioners were asked to describe: (a) the best practices they utilized when working in their quality family child care home; (b) the individual professional development path pursued by the provider; and (c) the goals that they had for themselves as well as for others when providing best practices in a quality family child care environment. The members of the panel, who were identified as individuals committed and knowledgeable in the field of family child care in Oklahoma, provided a substantial amount of information.

Participant Profile

The panel consisted of seven practitioners that were currently licensed by the State of Oklahoma, had achieved at least a Two-Star rating signified by the State of Oklahoma Reaching for the Stars initiative, were current members of and had received accreditation through the

National Association for Family Child Care by participating in the Oklahoma Accreditation Support project, and had participated in professional association meetings and professional development opportunities. The panel of practitioners were from Southeast Oklahoma, Northern Oklahoma, Northeast Oklahoma, Central Oklahoma, and Western Oklahoma. Three of the seven providers represented rural areas of Oklahoma while four lived in urban areas surrounding Oklahoma City or Tulsa, Oklahoma (See Table 1).

The panel participants were females that had worked in family child care a minimum of 6 years to as many as 30 years with an average of 17.3 years of combined experience amongst the sample (See Table 1). Three of the providers had achieved a Child Development Associate (CDA) while two had some college coursework in child development. One had received a Certificate of Mastery in Child Development, and one had achieved a bachelor's degree in Elementary Education. All reported numerous hours of on-going training to maintain licensing regulations and Reaching for the Stars criteria. This training included in-service types of experiences, video-tape training, association meetings with key-note speakers, classes at the local Resource and Referral agency, opportunities at Career Technology Centers, and two and four year institutions.

Table 1: Participant Profile

Region of Oklahoma	Years of Service	Educational Level	Urban or Rural Area
Central Oklahoma	6	Some College	Urban
Southeast Oklahoma	26	Child Development Associate	Rural
Northeast Oklahoma	30	Child Development Associate	Urban
Northeast Oklahoma	8	Bachelor Degree in Elementary Education	Rural
Western Oklahoma	13	Certificate of Mastery in Child Development	Urban
Northern Oklahoma	28	Child Development Associate	Rural
Central Oklahoma	10	Some College	Urban

The panel of practitioners were asked to describe: (a) a brief history of how they became a family child care home provider, (b) their perceptions of quality in a family child care home environment, (c) how they best learned in regards to providing care to children in their homes, and (d) the professional development path they themselves had pursued. The participants' answers were conceptualized around the major themes of background and family, commitment to quality, adult learning, and professional development path.

Background and Family

When asked how each participant entered into the family child care field, their responses all centered around family, community, and personal needs. Regardless of their responses, it was clear from their descriptions that their reasons for entering the child care profession were all linked to relationships. This was described in such comments as "when my boy was three, I decided to stay at home with him and I started into a home child care" (Provider in Northern Oklahoma) and "I saw the centers that my children had my grandchildren in and was not impressed and opened one to keep my grandchildren" (Provider in Northeast Oklahoma). One participant voiced her concern about time spent with her own children:

If I worked outside of the home during the day and took classes in the evening, I would be away from my children a whole lot of time. I can totally respect other parents' choices to do this, but for me personally, I feel that being away from the home while my children are so young, 21 months and 5 years old, more than 10 to 15 hours per week is not fair to them. While my children are young and dependent for development and training, they deserve to be the top priority. (Provider in Central Oklahoma)

Some participants were also concerned about making a difference in the lives of children in addition to their own. This included a commitment to children in the foster care system and children in the surrounding community:

To be with my own children in the start because I can not only be close to my own children but make a difference in the life of of the children I take care of. (Provider in Western Oklahoma)

My first love was interior design. But after my third child was born I knew I could not afford child care for three children and work in the design field. I always wanted a large family. One night while watching T.V., I saw a advertisement asking for foster parents. After taking the required classes my husband and I became foster parents. We continued for two years, but each time a child left I cried because I knew that child would soon be back in the system because of abuse of neglect. By this time I now had a fourth child on the way. There were no day care centers in my community in 1968. I opened the first day care in Jenks. After four years, with my own center, I decided to move my business home to be closer to my growing family. (Provider in Northeast Oklahoma)

A provider can also have life occurrences and unexpected circumstances that lead them to the path of becoming a family child care home provider. In some instances, the relationship factor extended past the providers' own families as they expressed concern for the lack of quality child care in their communities.

Initially, I chose to be a family child care provider in order to stay at home with my two small children while supplementing my household income after the oil bust. There was an enormous need for child care at the time because stay at home mothers were being forced to find jobs due to financial stress of the local economy. At the time, my son was chronically ill and needed constant attention, so leaving the house to work was not an option for me. Originally I had planned on finishing my college education and becoming an elementary teacher, but due to these

unforeseeable circumstances my goals were slightly altered. (Provider in Central Oklahoma)

My reason for choosing to be a family child care home provider was because of my family, and the need for quality child care in our town. (Provider in Southeastern Oklahoma)

These responses were consistent with other studies in family child care that suggest that the motivation to become a provider is based on wanting to be able to stay home and care for their own children (Eheart & Leavitt, 1989; Kontos et al., 1995; Nelson, 1991). Further, over half of the providers described family child care as their chosen occupation as opposed to 30% who described it as a good way to work while their children are young (Kontos et al., 1995, p. 14). This suggested that most providers enjoy the actual work as opposed to feeling it a duty to stay home with their children (p. 44).

Background and Family Q-Sort

When asked in the Q-sort summary process to rank order statements from most agree to least agree in regards to the area of background, the panel members collectively chose two Q-sort statements where both had a collective score of 24 points out of 35: "I entered into the field of family child care because I love children" and "I entered into this field of family child care because I was urged by others to do so." Both statements reflect a commitment to

children as well as an observed encouragement by others in their ability to work with young children.

In regards to the area of family, again the panel members chose two Q-sort statements as their first selection with a total of 24 out of 35 points: "Because family is important to me, I think children do better in a home-like environment" and "Because family is important to me, I enjoy mixed age groups that allow the children to interact and grow with children of different ages". These two statements support the focus on family, importance of the home atmosphere, and opportunity for children to learn and grow based on the varying ages that surround them.

While very committed to their families, the providers in this study also expressed their commitment to the field and the quality of care provided in their home environment. This commitment was organized around the themes of quality, best practices, developmentally appropriate practices, and the crucial element of relationships with parents.

Commitment to Quality

Many of the debates about family child care involve what assumptions constitute quality. Researchers have generally pointed out that quality is driven by a concern for children in general rather than for concern for a specific individual child (Taylor et al., 1999, p. 287).

Those who hold this perspective tend to emphasize concrete, objective, quantifiable components of quality that are believed to be associated with positive outcomes for children such as provider-child ratios, group size, and provider education (p. 287). Recently, encouraging providers to behave in more professional ways has been added to the list (Pence & Goelman, 1987; Taylor et al., 1999, p. 287).

Being skilled and providing high quality work allows individuals to feel good about themselves as well as the customer benefits from this commitment to excellence. In family child care, this includes a home provider that supports a quality environment that parents and children benefit from.

People who do good work, in our sense of the term, are clearly skilled in one or more professional realms. At the same time, rather than merely following money or fame alone, or choosing the path of least resistance when in conflict, they are thoughtful about their responsibilities and the implications of their work. At best, they are concerned to act in a responsible fashion with respect toward their personal goals; their family, friends, peers and colleagues; their mission or sense of calling; the institutions with which they are affiliated; and, lastly the wider world—people they do not know, those who will come afterwards, and, in the grandest sense, to the planet and God. (Gardner et al., 2001, p. 3)

Important elements of quality found to be associated with positive outcomes in family child care have been

identified throughout research, but most note-worthy is the importance of intentionality or professionalism and commitment to children (Kontos et al., 1995). This characteristic, while not previously identified in early research, has the potential of being a key indicator of quality in family child care (Love et al., 1996, p. 34).

These sentiments were reflected by the panel practitioners with comments such as "providing a safe, loving, and caring environment for our children is what I love to do"

(Provider in Southeastern Oklahoma). Others saw this as a need to nurture and teach young children as well as make a difference in a child's life. Comments included:

The decision to be a family child care provider fulfilled a need to nurture and teach children as well as attend to my family. I wasn't aware of it in the beginning of my career but now I realize that being with young children and receiving the gift of their unconditional love has filled a very deep void that lived inside of me. I spent my early childhood years without a mother so I truly understand a child's need to be nurtured and cared for. (Provider in Central Oklahoma)

Being a family child care provider is very important to me because as a professional it provides me with a satisfaction that I am making a difference in someone's life. (Provider in Central Oklahoma)

In its Statement of Commitment, the National Association for the Education of Young Children addresses individuals who work with young children. As stated by one

of the panel members, "of course NAEYC has the corner on the market for best practices, and they know what they are talking about" (Provider in Central Oklahoma). Most importantly, this Statement of Commitment encourages individuals to commit further to the values of early childhood education by doing to the best of their ability:

1. Ensure that programs for young children are based on current knowledge of child development and early childhood education.
2. Respect and support families in their task of nurturing children.
3. Respect colleagues in early childhood education and support them in maintaining the NAEYC Code of Ethical Conduct.
4. Serve as an advocate for children, their families, and their teachers in community and society.
5. Maintain high standards of professional conduct.
6. Recognize how personal values, opinions, and biases can affect professional judgment.
7. Be open to new ideas and be willing to learn from the suggestions of others.
8. Continue to learn, grow, and contribute as a professional.
9. Honor the ideals and principles of the NAEYC Code of Ethical Conduct. (NAEYC, 1997, p. 5)

These values serve as the guiding force behind individuals that are committed to excellence when serving young children. "Get involved in something that you care so much about that you want to make it the greatest it can possibly be, not because of what you will get, but just because it can be done" (Collins, 2001, p. 209).

In sum, the message from the members of the panel was loud and clear that the heart of a quality family child care home provider revolves around a commitment to best practices recognized in the field of early care and education. Knowledge of child development, preparation of an appropriate environment, respect and support of families, advocacy for children, and a willingness to learn and grow as a professional were all reflected in the provider's statements. "Having a daily schedule and doing a calm transition, helps the children in my care" (Provider in Western Oklahoma). "It is important to me that I am a grownup that children can trust and feel that they are able to relax and be themselves" (Provider in Central Oklahoma).

Others commented:

I consider being honest, respectful, caring, loving, patient, and totally devoted to your job as being the best practices when working in a quality family child care home. (Provider in Southeastern Oklahoma)

You give 100% to seeing that the children have a wide variety of experiences to begin school with that will help them in being able to work at the best of their ability. (Provider in Northeastern Oklahoma)

I consider best practices in a quality family child care home as building a foundation based upon the following areas: providing a safe, nurturing home environment where the children have access to many diverse activities that allow them to learn as they play. Children are

allowed to learn and grow developmentally and emotionally at their own pace. (Provider in Northern Oklahoma)

Committed family child care home providers utilizing best practices in their environments, create homes in which children have knowledgeable providers that utilize developmentally appropriate practices and strong working relationships with parents.

Best Practices

The child care provider is one of the most important elements in quality child care. "Child care providers need to be warm and caring, be attentive to and respectful of children's needs, culturally sensitive and accepting of differences in ethnic backgrounds and customs" (Galinsky & Phillips, 1988, p. 114). As one provider stated, "My best practices I find in family child care is showing everyday each child as an individual how much they are loved and applying it every day" (Provider in Northern Oklahoma).

The provider should discipline children in positive ways, teaching social skills instead of blaming, criticizing, or punishing. A professional rapport with parents and family members is imperative. Children need child care providers that will speak to them and actively encourage them to respond. As one provider commented:

The theory behind love and logic is the framework of my discipline. Children can learn from their mistakes while the parent or teacher does not take every misbehavior personal. Children have learned to trust that they are not going to be yelled at or belittled because of their actions. Conflict resolution is practiced in my care. Children are taught from an early age to talk out their problems with each other. When possible I allow the children in my care to experience the natural consequences of their actions. (Provider in Central Oklahoma)

"Children in better quality programs had more positive interactions with their teachers [caregivers], while children in poor quality spent more time in unoccupied behavior and in solitary play" (Vandell et al., 1988, p. 1287). In a study conducted to determine which aspects of child care would enhance children's development, it was found that "a caregiver whose interactions with the child were responsive, accepting, and informative" was a quality "that predicted good child development" (Clarke-Stewart, 1987, p. 113).

Further, technical assistant visits made by Oklahoma Accreditation Support consultants made various reports in regards to the providers interactions with the children in their care. Many times, terms such as "warm", "nurturing", and "supportive" were utilized when describing interactions. One environment in particular was described as "consistent in routines, transitions, grouptime,

behavior and guidance techniques as well as toileting and diapering...interactions between provider and children appeared to be warm and nurturing" (Consultant in Central Oklahoma).

Best practice indicators occur when children are in home environments that have established positive relationships within their family child care home. Further, indicators include a provider that is knowledgeable about and utilizes developmentally appropriate practices.

Developmentally Appropriate Practices

Family child care home environments that utilize developmentally appropriate practices in their environments generally care for a small group of children of different ages. Developmentally appropriate practices support children's cognitive, physical, social, and emotional development from a child-directed perspective. A home environment includes caring for children with a wide range of ages which has its advantages and supports the need for developmentally appropriate practices. These advantages include: (a) the promotion of family-like relationships between the children and provider, (b) children can teach and learn from each other, (c) children have greater freedom to develop at their own pace with less competitive behavior and more cooperative or helpful behaviors, (d)

providers develop a closer and more long-term relationship with the children, (e) a wider variety of activity can be planned and implemented with the children in care, and (f) multi-age groups offer children opportunities to develop and practice social skills (<http://www.nncc.org/Curriculum/care.multi.age.html>).

Research favors the use of developmentally appropriate practices. "In general, child initiated environments were associated with higher levels of cognitive functioning" and "developmentally appropriate practices create a positive group environment conducive to children's healthy emotional development" (Dunn & Kontos, 1997, pp. 11-13). The participants in this study echoed this concept as one provider said, "The children are the indicator of whether something needs to be changed or not" (Provider in Central Oklahoma). Other providers described their use of developmentally appropriate practices in regards to providing quality practices in a family child care home environment:

Developmentally appropriate practices are important. Each child is different and schedules and learning is flexible to allow the multi-ages in the environment. Lower ratios help make it possible to allow different schedules to meet the needs of each child. (Provider in Western Oklahoma)

A quality family child care provider is one that loves working with children, understands how children grow and learn, uses developmentally appropriate practice, updates the curriculum so it reflects the children as individuals, continually tries to improve and perfect her skills and techniques by attending educational opportunities each year. (Provider in Northeast Oklahoma)

Each day with children is different, and you must know how to change to meet their needs, and provide developmentally appropriate practices with each child. (Provider in Southeast Oklahoma)

While the providers in this study recognized the importance of an environment that supports a child's individual needs, they also recognized the importance of the relationship between the provider and the child. Specifically mentioned was the need of the provider to gain knowledge in regards to child development:

Knowledge and understanding of child development, safety, nutrition, cognitive and mental development and providing equipment and items needed to stimulate interest, brain development, positive guidance, working with parents, curriculum, support from other professionals in the field. (Provider in Central Oklahoma)

I pave the way for a smooth transition to kindergarten through social, emotional, and cognitive skills taught as part of my continuing curriculum. (Provider in Northeast Oklahoma)

A quality environment is well planned and invites children to learn and grow. A review of the Oklahoma Accreditation Support technical assistant reports supported this concept of quality environments in regards to the

panel members in this study. Consultants reported seeing environments that were conducive to appropriate child-provider relations, parent-provider relations, and parent-child relations. Cited observations included seeing appropriate curriculum design, posted and implemented lesson plans, settings that supported multi-age groups, parent communication such as daily sheets and newsletters, environments that supported culturally diverse families, and postings of earned credentials, training hours, and recent state licensing reports. It was obvious that the providers in this study were interested in providing an appropriate environment for the child as well as the parents. Most notably was the consistency between providers in their observed inclusion of the parent in the circle of communication in regards to supporting the child. In sum, these home environments were observed providing key ingredients in support of a quality child care home environment as well as providing consistent and amiable relationships between provider and parent.

Relationships with Parents

Child-rearing is a collaborative effort between parents and child day care professionals since the home and child care environments are interconnected settings (Britner & Phillips, 1995). Forming positive relationships

between the caregiver and the parent and caregiver and the child is essential to providing quality care.

Children who must negotiate more than one childrearing setting, the developmental potential of each setting is enhanced when there are supportive linkages between settings and when there are common role demands and goals across settings. It seems logical to presume that this situation is more likely to exist between families and child care when parents and caregivers have similar attitudes about children and child rearing. Because, unlike center-based child care, family day care is home-based and families choose a particular caregiver, it is once again logical to presume that parents are more likely to have similar attitudes with family day care providers than with center-based staff. (Bronfenbrenner, 1979)

A parent needs to feel free to visit the family child care home at all times. They must be notified and made aware of any problems that arise. In addition, they must have the ability to discuss any concerns with the provider. Equally important is that parents know what is happening in the day-to-day occurrences in the life of their child and has a sense that the child is important to the provider. Panel members overwhelmingly supported these issues with comments such as:

Best practices as a family child care provider means contracts that the parent signs, keeping records, files, records on the food program, taxes, children's record files, records on everything pertaining to child care. Keeping close relationships with parents and community. (Provider in Southeast Oklahoma)
Parents are encouraged to take part in all areas of my program. They are invited to read,

participate in themed units, eat meals with us, and voice their concerns and opinions. (Provider in Central Oklahoma)

The parents know what to expect from me because it is mapped out in my contract and policies. As a professional, I operate the business end of my program by following these policies closely. (Provider in Central Oklahoma)

Work hand in hand with the parents, on behalf of the child's best interest, and use your contract as a tool to come back to on in case of a misunderstanding between you and your client. (Provider in Northeastern Oklahoma)

Embedded within the core values of the National Association for the Education of Young Children Code of Ethical Conduct in relation to parents and other significant adults in children's lives, providers commit themselves to appreciating and supporting the close ties between the child and family. They do this by understanding the context of the family served while respecting the dignity, worth, and uniqueness of each child and family member. Further, they help children and adults achieve their full potential in the context of relationships that are based on trust, respect, and positive regard (NAEYC, 1997, p. 1).

Commitment and Best Practices Q-Sort

The panel of practitioners participating in the study voiced their strong support for intentionality in their

environments by creating homes in which children have committed and knowledgeable providers. In the Q-sort ranking regarding commitment, the total score of 28 out of 35 points was supported by panel members:

A committed family child care home provider strives to meet personal goals which include being a positive influence in the lives of the children in their care by continuing to learn, mentoring others in the profession, and respecting the needs of their individual family members.

Further, panel members were interested in the utilization of best practices in their home environments while building and maintaining strong working relationships with parents. In addition, a large ingredient when using best practices is the use of developmentally appropriate practices. This includes the overall care of each individual child based on the social, emotional, cognitive, and physical needs. In the Q-sort of statements regarding best practices, a total score of 28 out of 35 points supported the following statement:

Best practices in a quality family child care home is building a foundation based upon the following areas: providing a safe, nurturing home environment; children have access to many diverse activities that allow them to learn as they play; and children are allowed to learn and grow developmentally and emotionally at their own pace.

This statement choice was closely followed by statements that supported fair and established contracts

and policies with parents and ethical business practices. Further, it was recognized that a provider must maintain licensing laws and accreditation standards and follow the Code of Ethical Conduct.

Commitment, use of developmentally appropriate practices, and strong relations with parents on the part of the provider to the children and families were found to be strongly integrated ingredients. These ingredients are identified as best practices in the home environments provided to the children in the panel members' care. Providing these best practice elements is based on a commitment to adult learning principles and opportunities in regards to the care of young children.

Adult Learning

Woven within the ideals of best practices is the need for continued education in regards to the adults who work with young children. Training, support, and education predict overall quality of care in family child care (Fischer & Eheart, 1991, p. 549). Commitment and motivation by providers is the cornerstone on which best practices are formulated. With this important component, professionals continue to evolve in adult learning while utilizing best practices with children in their home care environment. The panel members were clearly interested in obtaining and

continuing their adult education opportunities through such activities as learning from daily hands-on work with the children in their care, attendance at child care workshops or conferences, self-directed readings, and college coursework. Statements included:

All children are different and so much fun to be with. You learn something everyday from children. In addition, I plan to attend my Scholars for Excellence program at our college and get my Certificate of Mastery. (Provider in Southeast Oklahoma)

I am always motivated when I attend workshops. I come back to my program with new activities and a renewed drive to teach. (Provider in Northeast Oklahoma)

In addition, another aspect included mentoring others in regards to quality practices in a family child care home environment either through association meetings or through the Internet. [By use of the Internet] "I am able to be in contact with providers and professionals in the field to gain an understanding of what others feel is quality care" (Provider in Western Oklahoma). Either by Internet or face-to-face interactions, all were committed to enhance their level and understanding of young children because of the important role that they assume as a provider. "The needs and training of a family child care home provider are so much more because the parents and other professionals look to us as moms, teachers, a nurse, and with our training and

schooling, we are professionals" (Provider in Northern Oklahoma).

Adult learning which can be self-directed was noted by one panel member who said, "I read for the majority of information that I seek" (Provider in Central Oklahoma). Others commented on their need for continuing education by participating in opportunities as well as providing these teaching opportunities to others. Comments included:

Taking more classes, teaching new providers in child care, teaching at conferences, to parents, and at my local child care association.
(Provider in Northern Oklahoma)

I attend college courses and plan to continue observing other settings for knowledge. (Provider in Western Oklahoma)

One provider even touched on her use of critical reflection in regards to working daily with the children in her care, "family child care is and always has been on-the-job training" (Provider in Northeast Oklahoma). Enmeshed throughout these statements are adult learning concepts which include andragogy, self-directed learning, learning how to learn, critical reflection, and transformative learning. Collectively, these statements support a desire by the participants in weaving a path of professional development as a family child care home provider as summed up nicely by one provider:

My personal goals are: to be a positive influence in the lives of the children in my care, be a partner with every parent that has a child in my home, learn everything I can that will enhance the lives of children, be supportive of my profession and others who are working for the same goals, incorporate this profession in my home and still respect my family's needs, be an example to my colleagues and my community of what quality child care resembles and to take care of myself so that I do not lose the desire or ability to nurture and enjoy the children that spend their most impressionable years with me. (Provider in Central Oklahoma)

Providers that sought out training "were more intentional in their work and more cognizant of family child care as a potential starting point for a career path" (Kontos et al., 1996, p. 442). "Being a quality child care home provider gives you the experience and trainings to be confident in what you do, respect in the community and parents" (Provider in Western Oklahoma). Hence, data revealed the importance of a professional development path as being crucial to the developing family child care home professional.

Professional Development Path

"Traditionally, a profession has been defined as a group with a unique knowledge base, standards for entry into the profession, and required training that confers authority" (Taylor et al., 1999, p. 287). Those who seek to professionalize family child care have a tremendous

interest in a system of substantial, standardized training that leads to some form of certification or accreditation (p. 288).

The participants in this study felt strongly in regards to seeking and maintaining a professional development path. "A parent should be assured that the licensed provider has a reasonable amount of education on providing a safe environment" (Provider in Central Oklahoma). Training "should be seen not so much as a means to change the behavior of caregivers or to prescribe professional standards for the industry but as a vehicle to enable caregivers to deal with the challenges of their occupation and to respond to changing market demand for services" (Boisvert, 1997, p. 11).

Correlational studies consistently show that training is related to higher quality care or to more appropriate provider behavior (Howes, 1983; Kontos et al., 1994, 1996). In Oklahoma, the importance of education, training, and professional development by the panel members was evident. Collectively, panel members had obtained a college degree, national credentials, college credit, as well as numerous training and continuing education hours.

One panel member summarized it best when using capital letters in regards to her feelings as being seen as a

professional: "You must have high regard in what you do and be proud that you are caring for children...WE ARE NOT JUST BABYSITTERS!!!" (Provider in Southeast Oklahoma) This statement clearly reflected the energy behind the panel members to be seen as professionals. This energy encompasses the commitment and motivation by providers to evolve in their professional development while continuing to learn and refine best practices with children in their home care environment.

Professional Development Q-Sort

The panel of practitioners participating in the study repeated many times the importance of their individual professional development path in which they had accessed many opportunities for education and training. In the resulting Q-sort ranking, the following statement was overwhelmingly supported by panel members with a total score of 30 out of 35 points:

Family child care home professional development is when an individual conducts him/herself in an appropriate manner, continually educating themselves while taking on new challenges, supporting other professionals who are also striving towards the same goals, and advocating for children and families.

This intentionality clearly supports the position statement of the National Association for the Education of Young Children's Conceptual Framework for Early Childhood

Professional Development in its efforts to help create growing recognition of professional development paths. These paths must be sustainable and an effective system of professional development for individuals working in early childhood settings. This includes the providers in this study as well as their voiced expectations of others working in a family child care home environment.

Participation in and a commitment to national standards was chosen in second priority order by panel members with a total score of 21 out of 35 points:

Family child care home professional development includes participation in the national organization for family child care, participation and successful completion of its accreditation process.

This statement supports a survey that found that "providers typically report that becoming accredited increases their professionalism and self-esteem, helps them to correct things they are doing wrong, develops their leadership skills, and increases the likelihood they will remain in the field" (Dombro, 1994, p. 36). Further, accredited providers with years of experience and graduate degrees in early childhood development learned from accreditation and saw this as an incentive to improve their programs as well as being recognized for having special skills that "not just anyone can do well" (p. 37). Overall, providers

reported feeling that accreditation gave them the confidence to be seen as leaders in the family child care field (p. 38). In sum, all of these statements support the shared feelings voiced by members of the panel of practitioners in this study.

Goals and Expectations

During the course of any career, most people find themselves in situations that test their sense of appropriate behavior and challenge them to reassess major aspects of their working lives. At such critical times, thoughtful practitioners should consider three basic issues (Gardner et al., 2001, pp. 10-11). The first issue is mission, which is the defining features of the profession. Second is standards that are the established best practices of a profession which can be permanent and sometimes changing with time and place. Third is identity which encompasses personal integrity and values. These three basic issues should serve as the rudder on each individual's ship which allows that person to continually have internal conversations about who they are, what they want to achieve, where they are successful, and where they are falling short. Individuals working with young children must continually evaluate their expectations and practices provided in their homes.

Most crucial to the field of family child care home providers is their continued evolution of a professional realm. In terms of the family child care home profession realm, there are four components that build a professional realm (Gardner et al., 2001). Simply put, a "profession" arises when a group of individual practitioners define the specific knowledge, skills, practices, rules and values that differentiate them from the rest of the culture (p. 21). Once this takes place, the profession establishes a "domain", or process of codifying and transmission of specialized knowledge based on ethical principles to new practitioners which ultimately create "fields". These fields then serve other "stakeholders" (pp. 22-25). For the purposes of this study, this is the children and families utilizing the services of the family child care home provider.

Panel member's comments supported home environments that identified specific knowledge, skills, practices, and rules characterized by the National Association for Family Child Care accreditation. Further, the panel member comments surrounded the core values of the NAEYC Code of Ethical Conduct and Statement of Commitment when supporting the development of their field. Most importantly was the appreciation of childhood as a valuable stage of the human

life cycle and the importance of basing work on knowledge of child development (NAEYC, 1997, p. 1). These providers realize that to best serve their children and families, continued learning opportunities must be sought out and discussion of best practice expectations is important for themselves and for other individuals working in family child care in Oklahoma.

Oklahoma Panel Provider Goals

A goal is "the end toward which effort is directed" (The American Heritage Dictionary, 2000). Many of the best practice goals include the continuation of knowledge, practicing this knowledge in regards to caring for children, and participating in programs that support quality standards for the family child care home environment. The Oklahoma panel of practitioners had several goals in mind in regards to best practices including:

Learning is only part of the quest to providing quality care in the home environment. Applying the information that is learned and believing in it is the key to success. (Provider in Central Oklahoma)

My goals are to continue to receive training by getting my Certificate of Mastery, renewing my CDA next year, and renewing my accreditation from NAFCC next year. Through this, I will constantly be making improvements and adding new activities for the children to do. (Provider in Southeast Oklahoma)

Critical to the quality standards in the National Association for Family Child Care accreditation standards is the aspect of the child's health and safety as well as the overall environment provided for the children. Provider's echoed their concern as well as supported one of the crucial ideals of the Code of Ethical Conduct which states, "To create and maintain safe and healthy settings that foster children's social, emotional, intellectual, and physical development and that respect their dignity and contributions" (NAEYC, 1997, p. 2). Comments included:

It is very important to me for each child to be given that opportunity to grow and learn in a safe, loving, and caring home. (Provider in Southeast Oklahoma)

My goal is to provide an environment for the children in my care and to have a safe and productive place to learn and play. I can achieve this by helping them to solve problems, express their ideas, and build their self-esteem. (Provider in Northeast Oklahoma)

I plan to learn more about caring for children in my home by reading current information on child development, conversing with other providers who are continually learning, take college courses that are offered locally, listen to what parents are saying, listen and observe what children are saying and doing and I would like the opportunity to volunteer in other areas of child care to observe different challenges that children may be experiencing. (Provider in Central Oklahoma).

Finally, appropriate parent relationships and proper business practices were also seen as goals for providers.

"When you work with children you deal with parents everyday and you need to stay active on what is the best ways to deal with them and also how to deal with licensing and other agencies that have a say in the day care business" (Provider in Northeast Oklahoma). These individual goals reflect these providers' commitment to learning and growing to provide optimum environments for the children and families in their care. In addition, the panel was asked to state their expectations of others in the field of family child care.

Panel Expectations of Providers in Oklahoma

Panel members in this study had clear opinions in regards to other providers in the field of family child care. The voices of the members of the panel of practitioners echoed the goals of quality child care practices as summarized by the National Association for Family Child Care and the National Association for the Education of Young Children. These goals primary focus is on daily practice with children and their families in programs for children from birth through 8 years of age with a specific interest in those children in a family child care home environment. The panel of practitioners elaborated on these principles by stating:

In my opinion, people in family child care should endeavor to provide a safe, nurturing environment for the children in their care. This person should attend to keep abreast of the latest up-to-date information in all areas of child care including safety, health, cognitive, gross and fine motor development skills, professionalism, and parent/provider relationships. (Provider in Central Oklahoma)

The goals people should strive for in family child care in regard to providing a quality environment for their children are many, but to start with, providers must provide a safe and clean learning environment for each child in their care. Then they must provide developmentally appropriate practices for each child and be willing to change to meet each child's need. Another goal is to provide learning equipment and activities for each age group that they care for. The provider and their family must accept and relate to each child in their care, also. The environment the provider provides must be loving, caring, and secure for each child to feel loved and accepted. (Provider in Southeast Oklahoma)

The goals I set for people in family child care are: open relationships with parents and children, having access to age appropriate equipment and toys. Lots of learning materials, books and more books. Outdoor play for physical development, crafts and books for language skills and creative development. (Provider in Northern Oklahoma)

Once again, these expectations surround the core values of providers supporting children and families with the use of developmentally appropriate practices, use of ethical standards, and need for continued training and adult education opportunities. All are crucial elements in the care of young children in the family child care home environment.

Summary

Panel members participating in the study embraced the mission and standards of family child care by being accredited by the National Association for Family Child Care. This accredited identity has allowed panel members to formulate their feelings in regards to best practices in their chosen field. Discussion included how each panel member entered the field with responses that centered around family, community, and personal needs. By working in the profession of family child care, these identified leaders repeatedly reported their views which all centered on quality and best practice expectations. Clearly these panel members, along with their expectations of others, embraced the Code of Ethical Conduct and Statement of Commitment written by the National Association for the Education of Young Children and endorsed by the National Association for Family Child Care.

Further, these practitioners were seen as appreciating and valuing childhood by utilizing adult learning methods to increase their existing knowledge of child development. Hence, a professional development path was seen as a crucial component to the individual panel members as well as their expectations of others in the field of family child care.

CHAPTER 5

PERCEPTIONS: TRAINING AND EDUCATION

Introduction

The importance of provider training on outcomes for children has been known since the first national study on the effects of child care on children. Provider training was one of the strongest factors predicting the quality of the child care environment and its effect on children; it was more important than providers' overall level of education and experience as caregivers (Ruopp et al, 1979). Other studies illustrating the benefits of provider training indicate that children cared for by trained providers engage in cooperative play and show more sociability and self-control than do children cared for by untrained providers (Finkelstein, 1982). Additional research indicates that training benefits the providers themselves, improves self-esteem and builds confidence in the role of a professional (Bloom & Sheerer, 1992).

Research on family child care training to date has been productive in many ways even though it has lacked comprehensiveness due to use of small samples and focus on

more introductory training rather than professional development (Kontos et al., 1996; Pence & Goelman, 1991). Correlations have been found between past training and current quality, and there is some evidence that training actually contributes to quality of the environment provided to children (DeBord & Sawyers, 1996; Dombro & Modigliani, 1995; Ferri, 1992; Pence & Goelman, 1991). Overall, recognizing these findings and trends, training received by individuals who work in family child care is critical and does lead to evidence that training does make a difference.

For the purposes of this study, the panel practitioners were asked to describe: (a) what training needs they saw as necessary for a family child care home provider versus a provider in a child care center setting; (b) the training received throughout the years and categorize what training might be most helpful for a beginning provider, one who has done it a few years, and a well seasoned provider; and (c) what types of training/ educational experiences were most meaningful to them. Initial responses by the panel of practitioners were organized around the concepts of benchmarking, training, and meaningful adult learning experiences.

Quality Benchmarking in Family Child Care

The providers in the study all commented on their need to participate in a constant journey to learn and improve. With this benchmarking concept, the providers talked about their commitment to the field, need to seek out continued learning on child development and appropriate practices in a family child care home, and continued compliance with licensure and accreditation agencies. They also discussed the importance of flexibility in regards to change necessary in their home environment or need to adjust provider child care routines. Finally, these providers voiced a willingness to participate with others in the surrounding early childhood community by participation in training classes, workshops, conferences, and college coursework or by social context in adult learning environments.

According to the Conceptual Framework for Early Childhood Professional Development, the common elements or benchmarks that define what early childhood professionals must know and be able to do include:

1. Demonstrate an understanding of child development and apply this knowledge in practice;
2. Observe and assess children's behavior in planning and individualizing teaching practices and curriculum;

3. Establish and maintain a safe and healthy environment for children;
4. Plan and implement developmentally appropriate curriculum that advances all areas of children's learning and development, including social, emotional, intellectual, and physical competence;
5. Establish supportive relationships with children and implement developmentally appropriate techniques of guidance and group management;
6. Establish and maintain positive and productive relationships with families;
7. Support the development and learning of individual children, recognizing that children are best understood in the context of family, culture, and society; and
8. Demonstrate an understanding of the early childhood profession and make a commitment to professionalism. (NAEYC, 1993, p. 6)

These benchmarks were addressed by the panel members in various responses including the resulting Q-sort process.

Provider Identified Quality Benchmarks

Providers who are committed to their profession of family child care are more intentional in caregiving practices (Galinsky et al., 1994). While earlier research found that providers do not want training (Eheart & Levitt, 1986), providers that have intrinsic reasons for getting involved in training are the most likely participants in educational opportunities (Modigliani, 1990).

Self-motivation is the greatest influence on quality environments for children when coupled with a support system (Sale, 1988). "I feel the business of family child

care is becoming more competitive to achieve education and training along with assessment in the home to help achieve the overall quality of child care as a whole" (Provider in Western Oklahoma). "Most providers involved in training are concerned with professionalism, pride, networking, and social aspects of training" (Taylor, 1995, p. 27). For the providers in this study, professionalism was key to their formulation of training recommendations for newly beginning, experienced, and well-seasoned providers.

Quality Benchmarks Include Professionalism

Improving the quality of child care in the United States through the professional development and competency of its workforce is a current priority. Efforts at the national, state, and local levels seek to enhance qualifications of child care staff through training, education, and experience. Family child care home providers are included in this effort either by target efforts by certain organizations or by NAFCC, the national professional organization for home providers.

Professionalism has an impact on increased quality of the care of young children (Grubb, 1993; Rosenthal, 1988).

In my opinion, professional development in the family child care home is defined as an individual that conducts him/herself in an appropriate manner, continually educating themselves while taking on new challenges,

supporting other professionals who are also striving towards the same goal. (Provider in Central Oklahoma)

State efforts which include professional development systems that combine experience, education, and training and clear incentives for enhanced performance have supported providers in their efforts to achieve a Child Development Associate (CDA) or obtain college credit which goes towards a higher education degree (Wheelock College, 2001; Walker, 2002, pp. 215-216). While some providers may be more likely to accomplish training that was low cost in terms of time and money and with a social component, the members of the panel indicated that they had a more intensive need and desire to obtain higher levels of training or college coursework.

The NAEYC Conceptual Framework for Early Childhood Professional Development supports a conceptual framework of early childhood professional development that supports the diversity of roles and levels of preparation required for professionals working with young children (NAEYC, 1993, p. 4). This includes family child care home providers who often work in isolation. The framework sets high standards for professional performance and the necessary areas of skill specialty and knowledge from those of other professions. A career lattice was designed to communicate

the interconnectedness of positions within the early childhood profession (Bredekamp & Willer, 1992) which includes family child care. This design was built to distinguish the early childhood field from the early childhood profession and assist those working within the field to build on their specified area of professionalism.

In addition to the roles and preparation necessary to serve in a family child care provider role, family support can contribute to a successful and satisfying child care business (Bollin, 1993). "I love being home, and my own children love it, too. My husband helps out a lot. He has mostly worked evening or nights at a plywood plant in our county so he is at home most of the time, to make this a family child care business" (Provider in Southeast Oklahoma).

Other panel members voiced their desire to grow professionally in their current position by learning additional skills by participating in numerous educational settings. Provider's were interested in keeping national credentials current as well as teaching others about appropriate environments for children in family child care.

Comments included:

I will continue to improve my skills and Techniques by attending trainings, conferences, share times with other providers, workshops, and

educational opportunities that has a topic that interests me. (Provider in Northeast Oklahoma)

I will continue to renew by CDA, take my required classes, teach classes on room design for family child care, and make sure all my children are ready socially and cognitively for kindergarten. This is how I plan to maintain professionalism in my chosen field. (Provider in Northeast Oklahoma)

With a clear professional development path and family support, the providers in this study were also able to capitalize on initiatives designed to assist with professional development.

Professional Development Initiatives Support Quality Benchmarks in Oklahoma

All panel members participated in initiatives supported by Oklahoma. Those programs discussed by panel members and supported by Department of Human Services, Division of Child Care for the purposes of professional development included: (a) Oklahoma Resource and Referral Agency, (b) Center for Early Childhood Professional Development (CECPD), (c) Oklahoma Accreditation Support Project supported by CECPD, (d) R.E.W.A.R.D. Oklahoma, (e) T.E.A.C.H. Early Childhood® Oklahoma, (f) Scholars for Excellence in Child Care, and (g) Reaching for the Stars. When asked about these programs, the panel members felt strongly that these programs supported them immensely in

acquiring training and education to meet NAFCC and child care licensing requirements.

There are a multitude of professional development initiatives that support Oklahoma's family child care home providers. Oklahoma Resource and Referral was most appreciated for their training workshops, resource list for parents to call to find child care, ease and helpfulness of training presented, toy and resource lending library, and the affordability of the adult education provided at the local Resource and Referral agency. "I am able to use their equipment and they will assist me in anything that is asked of them to better my family child care environment" (Provider in Northeast Oklahoma). CECPD was seen as a good resource for professional development information. This included a wide variety of programs that supported education, training, help in achieving a CDA and national accreditation, train the trainer adult education opportunities, and the extensive website provided. "They have always come through when I needed anything from information to trainings" (Provider in Southeast Oklahoma).

R.E.W.A.R.D. Oklahoma was seen as a blessing in that it provided money for business and personal purchases as well as it was seen as a great incentive to continue down an educational path. "This has been a great incentive to

continue education and push on for more" (Provider in Western Oklahoma). Coupled with R.E.W.A.R.D. is T.E.A.C.H. Early Childhood® Oklahoma. They provide CDA scholarships and financial assistance when acquiring college credit for a provider who may not have the expenses to go to school. "I appreciated the scholarship to attend college to achieve my goals of higher education" (Provider in Southeast Oklahoma). The Scholars for Excellence in Child Care was seen as complimentary to R.E.W.A.R.D Oklahoma and T.E.A.C.H. Early Childhood® Oklahoma as well as a great support for providers going to college.

Lastly, Reaching for the Stars was seen as the motivational tool for all home providers to work toward. The higher reimbursement rates and statewide advertisement and promotions that result from this program have assisted parents in recognizing that star levels are important and do reflect a higher level provider and quality home environment. The Star program was seen as the catalyst to the overall professional development push for providers in the State of Oklahoma. "What can I say! This program has been a great motivational tool for all home providers to work for, if they are really interested in improving their care and receiving the higher reimbursement rate" (Provider in Southeast Oklahoma).

As denoted by the NAEYC Conceptual Framework for Early Childhood Professional Development:

A profession denotes those who have acquired some professional knowledge and are on a professional path. A professional path requires (1) completion of or enrollment in a credit-bearing early childhood professional preparation program that meets recognized guidelines or (2) on going participation in formal training that may not be credit bearing but is designed to lead to the acquisition of competency that could be assessed through mechanisms such as the Child Development Associate (CDA) credential and/or transformed into credit toward another professional credential or degree. (NAEYC, 1993, p. 12)

With its Reaching for the Stars commitment, Oklahoma has been able to capture the essence of this conceptualized framework on profession by supporting providers with their professional paths.

Quality Benchmark and Professional Development Services Q-Sort

When asked to rank order statements using the Q-sort process regarding quality benchmarking, there was a high level of consistency across the providers' responses. The first and second statement were supported by a score of 22 out of 35 points, while the third statement had a score of 21 out of 35 points:

A quality benchmark for a professional family child care home provider would be to provide a home that is safe, clean, and offers developmentally appropriate activities to the children in care.

A quality benchmark for a professional family child care home provider would be to keep up the Department of Human Services Reaching for the Stars standards for a Three-Star home in Oklahoma which includes the achievement of NAFCC accreditation.

A quality benchmark for a professional family child care home provider would be to achieve and continue education and training in child development, small business management, and parent relations.

The participants ranked the professional development services provided by Oklahoma. The programs were ranked as follows: (1) Center for Early Childhood Professional Development, (2) Oklahoma Accreditation Support Project, (3) R.E.W.A.R.D. Oklahoma, (4) Reaching for the Stars, (5) Scholars for Excellence in Child Care, (6) T.E.A.C.H. Early Childhood® Oklahoma, and (7) Oklahoma Resource and Referral. Panel members appreciated professional development support as well as the state policy requirements to be rated as a Two- or Three-Star program.

The family child care home provider is a primary role model and teacher that is second only to the parent. From the panel members' perspective, acquiring training and education to maintain NAFCC and child care licensing requirements was seen as appropriate and plentiful as well as supportive of the parent. "Interest and ability to seek training and professional credentials is influenced more by

the characteristics of the person who chooses to do family child care, and the conditions that influence her access to additional training (including feelings of stress and work satisfaction), rather than career aspirations from doing the work" (Walker, 2002, p. 228). The individual initiating of the panel practitioners are congruent with this finding. In addition, with Oklahoma providing support for training, credentials, and degrees, this enhancement and promotion of professional development programs have paved the way in valuing and appreciating quality child care as well as an enhanced respect and appreciation for family child care work.

Meaningful Adult Learning Experiences

Training needs have been identified for child care providers, and they include a variety of topics: health and safety, food and nutrition, child development, discipline, educational methods, techniques and games, first aid, activity planning, and various business aspects (Aguirre, 1987; Mueller & Orimoto, 1995, p. 1204). Such investments in training are believed (a) to lead to a higher quality of child care, and (b) to increase the likelihood that high quality providers will remain in the field. Family child care training programs have generally been found to be highly rated by participants, to have produced moderate

increases in pertinent knowledge, to have little effects on provider attitudes, and to have improved the quality of family child care (Kontos, 1992; Mueller & Orimoto, 1995, pp. 1204-1205).

Comments from panel members echoed research findings as it relates to training needs necessary for a family child care home provider. Provider's wanted updated information regarding practices in the home environment, child development, an understanding of state regulations, and time-management techniques to utilize in a home environment. Statements included:

I feel it is important to continue training to motivate providers in homes to continuously grow and always be inspired to do better and make their environments a better place. Updated information should be shared such as new theories and practices such as biting or guidance. It helps the providers to talk to other providers in the class and know what they need to do to improve. (Provider in Western Oklahoma)

Training about ages and stages of children, Learning environments, art, music, creativity, science, nutrition, behavior and guidance, health, safety, literacy, program management, dealing with parents, setting policies, and understanding rating scales and stars requirements. (Provider in Northeast Oklahoma)

How to organize your family child care home and establish a routine. It makes your day go by so much easier if you have a routine that is flexible yet structured enough for everyone to follow. (Provider in Southeast Oklahoma)

Additional discussion included the differences between the needs of home providers versus individuals that work in a child care center setting. This discussion included the need for training that focused on the multiple roles that providers must do to run an effective environment for children of many different ages and stages. Comments included:

A quality family child care home provider should be trained in all areas. We are directors, cooks, teachers, bus drivers, janitors, counselors and much more. In contrast to a center where age groups are separated, family child care home providers care for several different ages at a time. Therefore, I think there is a great need for training in the area of curriculum for mixed age groups, developmental

stages and age appropriate behaviors. (Provider in Central Oklahoma)

While the needs of a family child care home provider and a center provider do run somewhat parallel, there are specific training needs that a home provider requires as discussed in the following section. These needs must focus on the multiple roles assumed by the family child care home provider in her day-to-day interactions with young children.

Center and Home Provider Training Needs

Consistent with previous work, a study done in a Midwestern state found that center caregivers and family child care home providers reported similar motivations for

obtaining training; however, they differed in opinions of the best sources for training, training content obtained, and different sources of training for content areas based on the CDA core competency areas (Dunn & Tabor, 2000, p. 3). One panel member focused on a multitude of needs which included business practices, health and safety, and assistance with learning more in regards to nationally recognized quality benchmarks and best practices.

The training needs for a family child care provider are different from a child care center caregiver. A family child care provider needs training on organization of your home, marketing skills, nutrition, curriculum planning, tax information, FDCRS training, training on child development for all ages, along with necessary health, safety, first aid, CPR, and other training required by licensing. Center caregivers usually attend trainings according to the classroom age they are working with. (Provider in Southeast Oklahoma)

In addition, these findings "coupled with those of Kontos, raised the possibility that training specifically targeted to the intended audience may be necessary for training to have any impact on child care quality" (p. 4).

The Pennsylvania Child Care/Early Childhood Development Training System study found that family child care home providers were more likely to consider networking opportunities as important more than providers in center settings (Iutovich et al., 1997, p. 34). Further, "half

of the family providers indicated that networking is a very important factor in their selection of training" (p. 34). One panel member capitalized on the opportunity to be in trainings to network with center providers "when I am in class with other center employees, I have found that they are surprised at the care and curriculum I provide for my children. In my opinion, family child care home providers and center providers can learn from each other" (Provider in Central Oklahoma).

With a wealth of training experience, members of the panel were asked to reflect back on the training received throughout the years and categorize what training might be most helpful for a beginning provider, one who has done it a few years, and a well-seasoned provider. Their comments supported research in the area of recommended provider training.

Provider Training Recommendations

Providers are classified into four types in regards to their openness to training. The traditional provider is seen as the stay-at-home mom who has never worked outside the home and who accesses neighborhood or peer groups for training. The modernized provider has worked outside the home and is more likely to prefer more formalized training opportunities. The transitional provider is in-between the

traditional and modern provider, and they prefer short term but more formalized training. The final provider type, the novice, is found to be somewhat overwhelmed and may need more of a mentoring relationship or role model to assist them in their skill level when working with the children in their care (Wattenburg, 1977, pp. 211-227).

The panel first reflected on training that would be most appropriate for the novice. New family child care providers express the need for training or information on the business aspect of family child care (Taylor, 1995, p. 28). Further, family child care home providers are operating a small business and need training in administrative issues as well as child development (Debord, 1993; Modigliani, 1990; Taylor, 1995, p. 28). Panel members recommended that novices receive training in the two broad areas of working with the customer and working on the business. Working with the customer included both learning more about how to effectively teach children and how to work with parents. On the business side, the novices need to learn how to administer contracts and plan an appropriate curriculum.

They need to know how to do the books, keep records, deal with parents, and write contracts, how to teach children, how to use materials. How to be able to spend some quality time to devote

to themselves so that they don't get burned out.
(Provider in Northeast Oklahoma)

Beginning providers should be trained in: SIDS, first aid and CPR, guidance and behavior, nutrition, age appropriate behaviors, growth and development, professionalism, parent relations, and the most important focus should be placed on the safety and nutrition of the children.
(Provider in Central Oklahoma)

Behavior and guidance, understanding child development, program management, health and safety, nutrition, dealing with parents, because these are essential to starting out, you will deal with all these aspects and it would be important to have basics. (Provider in Western Oklahoma)

Working with parents, contracts, tuition, preschool curriculum, art activities, room arrangement, taxes, parent involvement, and self-esteem is just a small portion of the topics. (Provider in Northeast Oklahoma)

Parent relations would be beneficial to a new provider. Most providers have probably not had much experience working with other parents and running their own business. There is a lot of avoidable conflict caused by this. (Provider in Central Oklahoma)

In sum, the recommended training themes for the novice surround health and safety, small business management, establishing parent relations, basic child development knowledge and guidance strategies, and self-care for the provider.

Secondly, the panel focused on the more traditional or transitional provider. Panel members recommended training themes for the more traditional or transitional provider

surrounding literacy, diversity in curriculum, enhanced behavior and guidance techniques, more of an orientation to basic child development theory, and a focus on serving multi-ages in the family child care home setting.

More advanced growth/development and curriculum. Hopefully by then they have become effective at child care and have learned to be fairly expert at balancing the social and emotional needs of children very well with a simple curriculum approach and are both ready and knowledgeable enough to move on to tailoring the curriculum needs to the children in their care. (Provider in Central Oklahoma)

Learning environments for multi-ages, dealing with more problems of behavior and guidance, working with parents, creative cooking with children, positive ways to work with children, physical, cognitive, and social learning, ways to add more art, music, and movement, and professionalism-how to get certified or continuing education. (Provider in Western Oklahoma)

They should study: scheduling, creative movement, math and science, art literacy, multiculturalism, special needs, conflict resolution. These areas would enhance the curriculum and environment, providing new information that would excite and motivate the provider to keep bettering themselves. (Provider in Central Oklahoma)

Finally, the needs of the modern provider, or well-seasoned provider were addressed. Panel members strongly felt that people at this level were ready for high level theory to understand the process of working with children and families. In addition, they see family child care as a tough business. Burn-out is a significant issue in regards

to individuals who work in family child care. To combat burnout there was a hint by panel members that teaching or mentoring others assists the well-seasoned provider in learning and growing in the field of family child care.

Comments included:

A seasoned provider in my opinion is in need of training in the areas of: teaching other providers, child brain development. They should revisit areas that they have already learned, updating themselves in on new theories and research. (Provider in Central Oklahoma)

By the time we reach "well seasoned" we are either worn out and ready to quit or are looking for more challenging subjects like theory, blocks, anti-bias curriculum, a full semester of stages in brain development and more speakers that are familiar with family child care. (Provider in Northeast Oklahoma)

I believe that a seasoned provider would benefit greatly from workshops on "burn out". It is easy for a provider that has been working in the same environment for many years to feel burned out and a few motivational classes could "perk" them back up. (Provider in Central Oklahoma).

Research in the area of the well-seasoned provider is lacking. However, the provider input by the panel encourages that considerations must be made for the adult learning needs of those with many years of experience in the field of family child care.

Education and Training Q-Sort Summary

The panel of practitioners in the study voiced their strong support for training in the care of children in

their small businesses. They reflected on training most suitable for beginning, experienced, and well-seasoned providers. In the resulting Q-sort ranking, the following statement was supported by panel members with a score of 31 out of 35 points:

Family child care home providers should be trained and continue to receive education in several areas including: small business management, first aide and CPR, developmentally appropriate practices, curriculum for mixed age groups, developmental stages and age appropriate behaviors, nutrition, parent relations, providing culturally diverse materials and activities, working with special needs children, behavior and guidance of the young child, setting up appropriate environments, marketing, organization and establishment of a routine in the home.

Panel members are serious about their commitment to professional development. They see education and training as key to the professionalization of their field. One panel participant summed it up best when she stated, "I feel no matter how long or how much training you have it is important to always go for more. By being in a class or conference the providers can hear new practices and motivate themselves to rotate environments and try something new which helps them enjoy their work" (Provider in Western Oklahoma).

Meaningful Training and Educational Experiences

Panel members were asked to elaborate on the types of training and educational experiences that were most meaningful to them. Recommendations from research for designing and developing training for providers in early childhood reflect several adult learning principles and assumptions. This has included considerations such as: a variety of learning styles on the part of the provider need to be acceptable, training should be provider friendly by using other providers as mentors and trainers, training should be geared to different levels of learners, training should be linked to greater compensation and credit system, and training should be required annually for family child care providers and linked with provider associations (Galinsky et al., 1994).

"It has been found that providers who attend workshops and conferences, go to training classes, take early childhood education college courses, and/or participate in accreditation or credentialing programs are developing and renewing their professional commitment in order to better offer quality care to children" (Gellert, 1995, p. 3). When reviewing the panel members comments, several themes surrounding adult education principles surfaced. Those

principles were reflection-in-action, environment, and self-directed learning.

Reflection-in-Action

Schön (1987) draws as examples "painters, sculptors, musicians, dancers, and designers to exemplify practitioners that are unusually adept at handling situations of uncertainty, uniqueness, and conflict" (p. 16). Learners in these areas cannot be taught what they need to know, but they can be encouraged by providing an environment of freedom to learn by doing in a setting that is low in risk with access to facilitators who initiate learning in "how things are done" and in what they need to understand the most (p. 16).

Knowing-in-action is the knowledge a practitioner reveal in their physical performances, in which awareness, appreciation, and adjustment play a part. When a person learns to do something, they perform smooth sequences of activity (Schön, 1987, p. 25). With the process of reflecting, two phenomena take place. The first is when the learner can think back on the event to evaluate actions taken to determine what contributed to the outcome. This is based on whether it is expected or unexpected. This is reflecting-on-action (Schön, 1987, p. 26). The second can be performed in the midst of the action; hence, it is

termed reflection-in-action (p. 26). Finally, the third area is knowing-in-action. Participants in this study strongly implied their need for hands-on learning opportunities.

Hands on teachings of new ideas and showing how to use the ideas in the day care setting. (Provider in Northeast Oklahoma)

I learn best when a variety of hands on and group activities are provided. (Provider in Central Oklahoma)

Reading information, sharing and hearing others talk, about their experience, lectures, hands on learning, and applying the knowledge to real life. (Provider in Central Oklahoma)

Reflection on reflection-in-action can produce a good verbal description of the action, reshape future action, and enable becoming more skillful in the future. Providers in this study voiced their needs for hands-on experiences as well as their need for appropriate adult learning settings.

Adult Learning Settings

Knowles (1970) strongly supported that the function and responsibility of the facilitator or teacher is "to create a rich environment from which students can extract learning and then guide their interaction with it so as to maximize their learning from it" (p. 51). The concept of andragogy "is the single most popular idea in the education

and training of adults, in part because and for the way in which it grants to educators and adults a sense of their distinct professional identity" (Brookfield, 1986, p. 91). Consequently, in andragogy "the learner is viewed as a mutual partner or, when learning in natural settings, as the primary designer of learning activities" (Merriam & Caffarella, 1999, p. 37).

Provider comments supported andragogical assumptions on the teacher-learning process:

It is best for me to have an instructor that is well educated in the area they are teaching, that also understands the different learning methods and styles. (Provider in Central Oklahoma)

Ones that are taught by family child care providers because they speak right to us. We are all on the same wave length. We can discuss and exchange information knowing these are tried and true methods. (Provider in Northeast Oklahoma)

Motivational speakers. I love to get energized by listening to a high energy speaker that makes it where you just can't wait to get back home and start a new day. (Provider in Southeast Oklahoma)

These assumptions are supported by Knowles in his seven-step program planning model which invites participation from the learner:

1. Establish a climate conducive to adult learning;
2. Create an organizational structure for participative planning;
3. Diagnose needs for learning;
4. Formulate directions or learning objectives;
5. Develop and design activities;
6. Implement activities;

7. Rediagnose the needs for learning. (Knowles, 1970, pp. 41-43)

"Andragogical theory prescribes a process of self-evaluation, in which the teacher devotes his energy to helping the adults get evidence for themselves about the progress they are making toward their educational goals" (Knowles, 1970, p. 43). Another important contribution of Knowles to the field of knowledge and practice of adult education is self-directed learning, and this is an adult learning principle embraced by the participants of this study.

Self-Directed Learning

Knowles (1975) provides a definition of self-directed learning that is seen as a process.

Individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing, and implementing appropriate learning strategies, and evaluating learning outcomes. (p. 18)

The center of self-directed learning is learner control. The learner has the responsibility for choosing what to learn and how to go about learning. Self-directed learning is a process in which people take the primary initiative for planning, carrying out, and evaluating their own learning experiences (Candy 1991; Knowles, 1975;

Knowles & Associates, 1984, 1988;). Many times, self-directed learning occurs in groups (Merriam & Caffarella, 1999).

Several panel members commented on their need for autonomy and empowerment based upon the learning experiences that benefited them most appropriately:

I learn best in a classroom of my peers, taught by a teacher who has extensive training and up-to-date information about the subject being taught. A college classroom is where I am challenged the most although I leave feeling I have learned something valuable that will change the care I provide. (Provider in Central Oklahoma)

The types of training that are most meaningful to me are ones that are fun, a well-trained instructor, and ones that have handouts that you can refer back to when you need new ideas or need more information on. (Provider in Southeast Oklahoma)

The type of training and educational experiences that have influenced me the most are centered around a classroom environment that includes both family and center providers who are allowed the opportunity to converse, share ideas and work in groups. (Provider in Central Oklahoma)

I seek out books, classes, articles, and people to continue learning. (Provider in Central Oklahoma)

Self-directed learning is contextual and based on adults' awareness of personal power to change their personal and social worlds (Brookfield, 1993).

Consequently, some adults are dependent learners; they are more comfortable in highly regulated settings. Independent learners are more socially independent, inner-directed,

individualistic, and possess a strong sense of self-identity (Brookfield, 1986). The person who has learned how to learn "expects cycles in motivation and plateaus in achievement. They monitor their learning behavior. They develop strategies for rekindling interest and commitment. They may decide to seek diagnostic help. They may join a group, form a group" (Smith, 1976, p. 103). This strategy is just one way that a person who has learned how to learn copes with their learning strategy and expectations surrounding an adult educator.

Summary

In sum, panel members extensively provided information on the types of training and educational experiences that were most meaningful to them. Several adult learning principles surfaced which encompassed the participant's support of andragogical methods and principles. Research supported the recommendations surrounding the design and development of training for family child care home providers as well as the importance of recognizing the individual learner needs. Providers in this study were found to be self-directed in their learning style as well as reflective. Supportive learning environments were found to be most conducive to the methods depicted by Knowles and others.

CHAPTER 6

ADULT LEARNING: GAINING KNOWLEDGE IN THE CARE OF YOUNG CHILDREN

Introduction

As with any professional field of practice, family child care requires on-going training. Training programs must be made more available and accessible but also more relevant to the work and more sensitive to the ideas and needs of participants. Further, standardized core content is embedded in an adult learning process that focuses on real-world caregiving issues (Taylor et al., 1999, p. 285).

While there are those that want a professional approach, those who take more of a grassroots approach see training as an important step in the process of individual and collective caregiver empowerment. While the two groups may disagree on functions of training, they both agree that caregiver training is a key step in the continued development of the field (Taylor et al., 1999, p. 288).

"Professional development is primarily about providers becoming a part of the bigger picture outside of their own environment. It is also an ongoing, never-ending search for

ways to improve as the need arises" (Provider in Central Oklahoma).

To investigate how family child care home providers applied adult learning principles to gain knowledge of developmentally appropriate practices for use with children in their care, members were asked to describe: (a) how they best learn about children in relation to providing developmentally appropriate practices which includes their motivations to learn more and their daily interactions with children; (b) their participation in family child care communities of practice either traditional or virtual; and (c) how they perceived their roles in teaching or mentoring others in the profession of family child care.

Adult Learning Principles

In a field dominated by women, the approaches suggested for enhancing women's different ways of developing are remarkably similar to principles that are central to adult education (Kerka, 1993). These approaches include teaching and learning that are collaborative and reflective, creating social action and social change, and validating the use of the life experiences that adults bring to the classroom in the teaching/learning process.

The care of young children cannot be taken lightly. Adults working in environments that support the physical,

cognitive, social, and emotional development of young children must clearly have knowledge and skill in early childhood education. Adult learning principles can enhance the learning for those seeking to gain this knowledge. In this study, the adult learning principles that surfaced among the panel members included andragogy, self-directed learning, motivational theory, learning how to learn, critical reflection, and transformative learning.

Andragogy and the Family Child Care Home Provider

Within the United States today, there are four forces that have stimulated significant interest in adults learning (Sisco, 1997). The first of these includes social change which expands awareness of global conditions and advancing technology. Second, less job-security has created self-awareness of adults to continually build their skill levels. Third, the American population is steadily aging. Fourth, the changing life-styles of many Americans have impacted the interest in adult learning.

Adults tend to be more open to aspects of learning when they are experiencing specific developmental tasks in their lives. One provider echoed this concept when she wrote, "I enjoy the classroom environment that values each student's personal experiences and opinions" (Provider in Central Oklahoma). Adult learners can tailor their

educational aims to meet compelling issues or tasks that need to be addressed in their personal or work-related lives. These tasks, particularly those concerning social roles, allow the adult learner to respond to changes that are occurring in one's life (Knowles, 1980, p. 45).

"Learning prepares adults for change and increases their willingness to embrace any new information required to proactively meet their desired goals" (Willyard, 2000, p. 54). One provider elaborated that learning is important in relation to motivating and inspiring one to learn more about child development. Her comments included:

I feel it is important to continue training to motivate providers in home to continuously grow and always be inspired to do better and make the environment a better place. Updated information could be shared--such as new theories and practices such as biting or guidance. It helps the providers to talk to other providers in the class and know what they do to improve. (Provider in Western Oklahoma)

Knowles held adults' experience in the highest regard and viewed it as a repository for which to draw during the learning process. "The central dynamic of the learning process is thus perceived to be the experience of the learners; experience being defined as the interaction between individuals and their environment" (Knowles, 1980, p. 56).

Self-directed learning is one of the basic tenets of andragogy endorsed by Knowles. He maintained:

In its broadest meaning, "self-directed" learning describes a process in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. (Knowles, 1975, p. 18)

The panel members in this study incorporated the adult learning principle of self-directed learning.

Self-Directed Learning

Based on psychological theory in the field of adult education, the adult learner is both autonomous and independent. As a result learning activities should be problem-centered, include active participation, and be highly meaningful to the adults concerned (McClusky, 1964). Many researchers have demonstrated that mature learners prefer to be in charge of their own learning even in formal classroom settings (Brockett & Hiemstra, 1991; Brookfield, 1985; Knowles, 1975; Long & Associates, 1988). As one panel member stated:

I have taken hundreds of training hours, from brain development to make and take classes. However, my most rewarding learning experiences come from my relationship with my peers who all know what family child care is all about. Working day in and day out with mixed age groups is truly rewarding and most of the time

fulfilling in itself (Provider in Northeast Oklahoma).

In the pursuit of self-directedness, learners do not always work in isolation. One study participant said, "I also attend local conferences and try to be involved in discussion groups for understanding of professional matters pertaining to early child care" (Provider in Western Oklahoma). "To many practitioners, the term self-directed learning conjures up images of isolated individuals busily engaged in determining the form and content of their learning efforts and controlling the execution of these efforts in an autonomous manner" (Brookfield, 1986, p. 56). However, this provider recognized the importance of seeking others in her attempt to learn more by attending conferences and discussion groups.

What is most important for educators to be aware of is the need to nurture this self-directedness, involve participants in the instructional process, and reinforce the importance of the participants being responsible for their own actions. Research evidence supports the contention that the facilitative approach to instruction does in fact promote a positive attitude toward learning (Cole & Glass, 1977; Pine, 1980; Sisco, 1997, p. 4; Verdros & Pankowski, 1980).

Self-direction in learning is when adults take responsibility for learning based upon personality characteristics that incline one toward personal empowerment (Hiemstra, 1997). Further, self-directed learning is very potent due to the fact that motivation originating from education is generally internally derived (Knowles, 1980, p. 55). This is the type of motivation exhibited by one panel practitioner: "I would like to continue to take courses that keep me up to date on what is needed to best provide for the children" (Provider in Southeast Oklahoma).

Motivational Theory

Participation in adult learning can be related to major life events and changes. These motivations can stem from personal or professional events that take place within a person's life. These events trigger four key areas: (a) the nature of the learner, (b) the goals sought, (c) the social and physical milieu of instruction, and (d) the techniques of learning or teaching (Houle, 1984, p. 5). One panel member articulated what motivates her to learn. She senses growth as an individual and as a professional. This growth is interpreted as a critical component to the children in her care. Her challenge is to re-invent

herself to better serve the children and families in her care. Her comments included:

The desire to improve the environment for the families in my care help motivate me to learn more about family child care. I know that as long as I am learning, I am growing personally. I believe that the more understanding I have of children and families, the better opportunity I have of enhancing the most influential years of their lives. I spend a great deal of time going to classes and reading books on my own so that I have the latest information on all areas of family child care. I think that if you would ask others, they might say I am driven to continually re-invent myself and the environment, always looking for ways to stay challenged. (Provider in Central Oklahoma)

Adults are motivated to learn as they experience needs and interests that learning will satisfy; therefore, these are the appropriate starting points for organizing adult learning activities (Knowles, 1990). "At this point in my professional career, I will only take training classes that will challenge or amuse me" (Provider in Northeast Oklahoma). This provider is clear in what motivates her to learn more. She is seeking learning opportunities that will enhance current knowledge. The need to stretch this learner's capacities is the motivation that drives her.

The field of family child care is one of isolation. Very rarely does a provider work side-by-side with another individual throughout the day. Because of this, it may be very easy for an individual to lose sight of the vision of

quality environments for young children. As one panel member commented, "Basics are essential, so providers can build a foundation to their business, but motivational classes that offer a support system are helpful for outlets to social interaction that is needed in this field"

(Provider in Western Oklahoma). With this statement comes the underlying need for providers to be in adult learning situations that are humanistic in nature. Educators must be empathic in their understanding of the participants, show respect and acceptance, and reflect a genuineness or authenticity in regards to the learner (Patterson, 1973; Rogers, 1983). With this approach, motivation will continue to be nurtured as well as providers will be supported in their continued quest to learn how to learn.

Learning How to Learn

Adults cannot rely on only one way of learning; indeed, there is no such thing as a complete learner (Smith, 1982; Smith & Associates 1990). Learning how to learn is a concept that addresses the issue of how adults can be successful learners in a constantly changing world (Smith & Associates, 1990). "I realize that the more I learn, the more I have to learn. If I will apply the positive information that I am learning into my

environment, it makes my job easier and the children's lives better" (Provider in Central Oklahoma).

The concept of learning how to learn encompasses several key ideas. One participant stated, "I think that something can be learned from every class, and it's just a matter of personal preference. I like looking at different approaches, ways of organization, learning center ideas, stuff like that" (Provider in Central Oklahoma). The first of these key ideas is the very broad and complex understanding of what learning how to learn means.

Learning how to learn is becoming skilled by accessing different situations to learn a range of styles in the adult world (Brookfield, 1995). Secondly, learning how to learn is a lifelong pursuit (Brookfield, 1995; Candy, 1990). Learning how to learn is a fundamental in self-directed learning (Cheren, 1990; Tough, 1990). Lastly, learning how to learn is more than acquisition of new skills and new knowledge; rather, learning to learn involves learners understanding their personal learning strengths, weaknesses, needs, and strategies (Smith, 1982; Smith & Associates, 1990). Hence, this focus on one's personal learning strengths, weaknesses, needs, and strategies leads to a discussion of critical reflection in regards to adult learning principles.

Critical Reflection

Memories are described as "how people make sense of their past, how they connect individual experience and its social context, how the past becomes part of the present, and how people use it to interpret their lives and the world around them" (Van Hook, 2002, p. 143). Critical reflection incorporates memories and is part of the self-reflection that individuals working with young children utilize daily. As family child care home providers work in their homes with children, their memories include elementary, junior, and senior high years of experience which include those with teachers. A provider has developed a body of values, orientations, commitments, and practices when working with the children in their care based on these experiences (Van Hook, 2002, p. 144). One provider stated, "I learn by caring for the children. I learn each child's strengths and weaknesses, and then I plan our day according to what each child needs and are ready to learn" (Provider in Western Oklahoma). Overall, this image of how teaching occurs impacts the provider's critical reflection of themselves as they work daily in their homes with children.

In addition to this teacher image, providers also have memories inclusive of relationships with parents and

primary caregivers. As one panel member articulated these memories have a significant impact on the attitudes, beliefs, and care-taking methods utilized by the provider in their home.

Many providers are raising their children or other people's children based on the ideals that their parents raised them with. There is so much new information and theories available to them that promote a child's self-worth and character that will help them grow into healthy adults. The more a provider understands why a child is acting the way they are, the better care they are able to provide. (Provider in Central Oklahoma)

The interactive nature of learning acknowledges that learning cannot be separated from the context in which the learning takes place. As one provider stated, "I learn from working daily with children that they are resilient, compassionate, unbiased and eager to learn until we as adults influence them differently" (Provider in Central Oklahoma). Hence, the learner's situation and the learning context are as important to the learning process as what the individual learner and/or instructor brings to that situation (Bateson, 1989; Kegan, 1994; Wilson 1993).

Schön has coined the term reflection-in-action. Reflection-in-action assists in reshaping "what we are doing while we are doing it" and is often characterized as being able to "think on our feet" (Schön, 1987, p. 26). Reflective practice allows the family child care home

provider to make judgments based on experience and prior knowledge in the day-to-day encounters with young children. Transformational learning results from reflecting critically on the part of an individual's psychological and social process. This individual is continually making sense of the world and its changes during the learning process. This type of learning has been found to be very transformative in nature.

Transformative Learning

Transformation theory involves meaning schemes which are "specific knowledge, beliefs, value judgments, or feelings involved in making interpretation" (Mezirow, 1991, p. 5). One provider explains an early experience when learning more about behavior and guidance techniques as a parent. In later years, this provider has transformed this earlier learning by applying these guidance techniques with the children in her family child care home. She stated:

Personally, the most helpful information I have learned came from a class at a junior college that I took the second semester of my senior year in high school. That was the semester that my son was born and I turned 18. I knew that I didn't know anything about what the right way to raise a child was and enrolled in a parenting class. The book they used was called Systematic Training for Effective Parenting and to this day (sixteen years later) I still remember and use very useful approaches that I learned from that book. The basic idea was that if you can identify the

goal, you can change the behavior. Children do things for a reason, whether they know it or not, and changing their inappropriate behavior does not have to be a hard thing. (Provider in Central Oklahoma)

A disorienting dilemma, such as the birth of this baby while this panel member was in high school, forced her to begin the process of self-evaluation and reflection of her beliefs in being a parent. Over the years she has continued to transform and refine her parenting skills, which includes the children in her care in the family child care home environment.

Transformational learning does happen. People make meaning of their experiences in ways that change not only their views but also how they live their lives. As one provider stated, "I don't have to go out and save the world or be the executive of some major corporation. I can have a positive influence on the lives of others by doing my job well" (Provider in Central Oklahoma). "We know what we know when we can produce what we claim we know" (Argyris, 1994, p. 3). Family child care home providers are constantly transforming while embracing adult learning principles.

Adult Learning Principles Q-Sort Results

Based upon the Q-sort responses of the panel members, two major themes arose. First, the panel members made it

clear that trainers and educators must be aware of how individuals learn. Second, they supported the adult learning principle that an understanding of the context, or interactive nature of learning and the structural aspects of learning grounded in a sociological framework, impacts learners, instructors, and the learning transaction itself (Jarvis, 1987; Heaney, 1993; Pratt & Associates, 1998; Tennant & Pogson 1995).

In an ethnographic investigation of Head Start as a setting for adult education, it was found that both individual and contextual factors influence the participation and the learning of the parents involved with the Head Start Program (Sissel, 1997). Panel members scored the first statement a total of 29 points out of the 35:

I learn best when the training and educational experiences center around a classroom environment that includes participation in a classroom of my peers who are allowed the opportunity to converse, share ideas, work in groups, and have access to a variety of hand-on activities.

This statement selection was followed by the second choice which scored 22 of 35 points: "I learn best when I have access to an instructor that is well educated in the area they are teaching as well as understands the different learning methods and styles". These statements indicate a

strong feeling by the panel members for the need for contextual and individual considerations.

The third choice which scored 20 out of 35 points focused on reflection-in-practice. "I learn best by working daily in my family child care home environment". Again, daily interactions and experiences are an integral part of the day-to-day learning of these women and the children in their care. Finally, the last choices were included "I learn best in a college classroom where I am challenged the most," and "I learn best from reading information either from books or access to Internet resources". Both statements received a total score of 17 out of 35 points. While not the most popular choice in the Q-sort, providers did articulate that they preferred their learning to include opportunities to learn-how-to-learn, and an ability to be self-directed in their learning. Overall, the most significant choice when it came to learning was to be engaged socially with their peers. Hence, the rising popularity of the term "community of practice" has become apart of the family child care community in Oklahoma.

Communities of Practice

The kind of learning that makes humans unique is not a process that happens inside the individual. Rather, that learning is a process of social participation in

communities of practice in which people negotiate and renegotiate the meaning of shared experiences in an on-going, culture-producing style (Wenger, 1998). Evidence of this concept of "community of practice" was voiced by panel members. This community tends to communicate and learn from each other either by face-to-face group meetings by telephone, or by virtual means.

Oklahoma's Family Child Care Community of Practice

Responses from the practitioners included their self-perceptions in how they saw themselves in relation to a community of practice within the family child care network of Oklahoma. Learning on the part of many panel practitioners was reflected to be very social in nature. "Learning is a process that takes place in a participation framework, not in an individual mind. This means, among other things, that it is mediated by the differences of perspective among the co-participants. Learning is distributed among co-participants, not a one person act" (Lave & Wenger, 2002, p. 15). This was articulated by two panel members who strongly emphasized the importance of a support system:

Our job can be very stressful at times and sharing our thoughts and concerns with another provider can make a big difference. (Provider in Central Oklahoma)

A support system is important, that way providers can call other providers and get advice for help or problems is important. (Provider in Western Oklahoma)

Further, the majority of panel members voiced their participation in and support of the traditional community of practice.

It is imperative to surround yourself with others who have an enthusiastic spirit. This professional should be involved with programs that are created to enrich the quality of child care, supporting those programs that help set us apart from mediocrity. This provider should be an advocate to help preserve the true definition of the family child care home. (Provider in Central Oklahoma)

I have other providers locally that I converse with by phone as needed. They have a variety of topics, such as biting, parent/provider relationships. (Provider in Central Oklahoma)

This "legitimate peripheral participation provides a way to speak about the relations between newcomers and old-timers, and about activities, identities, artifacts, and communities of knowledge and practice" (Lave & Wenger, 2002, p. 29). Panel members also assumed roles within their communities of practice.

Roles in Communities of Practice

In a community of practice, "we learn certain ways of engaging in action with other people" (Wenger, 1998, p. 152). "We develop certain expectations about how to interact, how people treat each other, and how to work

together" (p. 152). "Membership into a community of practice translates into an identity as a form of competence" (p. 153). Several of the panel members described their role as active and supportive. Many of the participants embraced a strong leadership role for individuals working in family child care in their community. Comments included:

Locally, I see myself as an active member of The Oklahoma City Family Child Care Association. I am supportive of the group and most of its activities. Until recently, I have been a very active member of the Child Care Providers of Edmond, having served throughout the years as President, Vice President, membership and other board positions, including taking an active role in creating their by laws. (Provider in Central Oklahoma)

I was one of the original board members of Greater Tulsa Area Family Child Care Organization. I worked many hours, along with the rest of the board, to start an organization to improve the quality of family childcare. We had workshops on topics from contracts, policies and procedures to self-esteem. I worked many hours, along with the rest of the board to start an organization to improve the quality of family child care. We held workshops on topics from contracts, policies and procedures to self-esteem. I am in the process of organizing an association in the Jenks and Glenpool community in conjunction with GTAFFCO. This organization will work hand in hand with providers in my immediate area. (Provider in Northeast Oklahoma)

President of the Kay County child care home association in which I am very active. (Provider in Northern Oklahoma)

While the majority of panel members noted participation in a local or state community of practice,

some areas in the state lack support for their communities as indicated by one panel member.

The county organization is not very active as of now. We do meet sometimes and participate in the county fair or some festivals in town. I am more of a worker than an organizer. I really wish that our group was more active and that we could meet more often. Sometimes training is scheduled through them and those that that I have attended have been mostly make and take holiday ideas. (Provider in Southeast Oklahoma)

This provider seeks participation in her community of practice due to personal and social aspects. Many individuals belonging and participating in a community of practice enjoy the "complex process that combines doing, talking, thinking, feeling, and belonging" (Wenger, 1998, p. 56). Participation is an active process that involves "our whole person, including our bodies, minds, emotions, and social relations" (p. 56). Most importantly, these communities are transferring knowledge to one another.

Knowledge Shared in Communities of Practice

Communities of practice are very powerful in terms of the information shared amongst the group of learners. "Our perspectives on learning matter: what we think about learning influences where we recognize learning, as well as what we do when we decide that we must do something about it--as individuals, as communities, and as organizations" (Wenger, 1998, p. 9). One panel member in particular

articulated the knowledge shared in her community of practice which included knowledgeable speakers, interesting topics, and opportunity for recognition, and an exchange of valuable information and resources.

There is a variety of knowledge exchanged at the local association that I attend. There is almost always a speaker provided at these meetings. Subjects that have been presented include: health and safety issues, curriculum, professionalism, taxes, Reaching for the Stars (including an announcement each month of how many family child care providers are one, one-star plus, two and three stars in the state and how many of them belong to this association), literacy information, self-care encouragement and book sales. There is information being exchanged about updates on educational issues, licensing changes, FDCRS criteria and information affecting children. Time is set aside for providers to interact and converse with each other. One great benefit to meeting with local providers is that there is so much diversity amongst us. There are school teachers, nurses, attorneys, corporate workers, military workers who have willingly made a career change to work in the child care profession. This community of practice is a valuable source of support. (Provider in Central Oklahoma)

Learning takes place through engagement in actions and interactions; it embeds this engagement in culture and history. Through local actions and interactions, learning reproduces and transforms the social structure in which it takes place (Wenger, 1998, p. 13). One panel member elaborated:

We talk about the challenges of child care day to day issues as well as doing activities together

such as looking at one another's pay scales to check what is currently being charged in our area. It has allowed me to tell other providers about programs in our area and on the Internet. (Provider in Northern Oklahoma)

Communities of practice are a natural part of organizational life. They will develop on their own, and many will flourish. "Their health depends primarily on the voluntary engagement of their members and on the emergence of leadership" (Wenger et al., 2002, p. 12). This leadership has also begun to develop on the World Wide Web.

Family Child Care Providers in Virtual Communities

The Internet is a community of communities. It is an expanding network of information and resources created by people from all walks of life to reflect their interests, needs, and contributions (Davis, 2002). The family child care home providers in Oklahoma have begun the process of weaving the Internet into their expanding communities of practice. "I see myself as an active part of a community of practice. I am co-moderator of an internet list that consists of a group of professional child care providers that is mainly made up of Oklahoma caregivers, but has several members throughout the country" (Provider in Central Oklahoma).

One panel member in particular has embraced this Internet possibility with several other providers who

appear to be laying the foundation of a greater organization in future years. This foundation is encouraging a new type of leadership, communication and sharing of knowledge at a state and national level. In addition, relationships are being built from a distance.

The internet community of practice that I am actively involved with is a group of very dedicated, independent, eager to learn, outspoken leaders of their family child care communities who I believe for the most part they are truly providing quality care. We are providers working together to understand all areas of child care. We are knowledgeable of FDCRS, accreditation and its process. We are a good source of information on what challenges providers are experiencing, personally and within their communities. I believe that if you averaged our FDCRS scores, taking into consideration the support we receive from the CECPD and DHS it would help North Carolina understand why Oklahoma makes high scores. Thanks to the internet we have learned to care and support each other without bias of skin tones, personal appearance, education and economical issues. We are a group of providers who will seek each other out and spend our time at conferences together like we have been friends for a lifetime. (Provider in Central Oklahoma)

A large magnitude of information is being navigated throughout the World Wide Web as well as shared within this established community. This provider further elaborated on the types of resources found on websites, items that can be purchased, and further resources to access through local and community resources. Her comments included:

The internet has been a valuable tool. The following is a list of resources that I find

useful in locating activities for children in my care: internet community of practice asks and answers each others questions on providing activities, websites of authors of children's books, provider websites, preschool curriculum websites, Scholastic, Weekly Reader, National Geographic websites. There are also websites that provide developmental growth charts so that I can be reminded of what activities the children need to be doing. There is access to any provider with an email address and the ability to email CECPD, DHS, Office of Child Care, Rainbow Fleet for information. I recently ordered "The Out of Sync Child Has Fun" activity book from Barnes and Noble. Since time away from the house is so limited, I search through book stores on the internet instead of leaving the house and driving to a bookstore. We now have access to our local libraries through the internet, even the capability of requesting books to be transferred from other libraries and held for us. (Provider in Central Oklahoma)

Other panel members in other areas of the state commented on the Internet opportunity and capability as "I prefer to use the Internet to access the plethora of information on-line" (Provider in Northeast Oklahoma).

Further,

The Internet community has helped tremendously during the FDCRS preparations because everyone posted all the changes and things that they were counted off for that were not in the book. Also, the internet groups are very helpful with lesson planning. Everyone has great ideas. It has been great. There are all kinds of ideas and help out there. Lesson plans, and theme related activities are easy to find. All areas of child care are on the internet and very helpful. (Provider in Southeast Oklahoma)

Belonging is based on participation. At the same time individuals are able to control interactions enough to feel safe by reaching out and building relationships which are satisfying and which provide a sense of feeling part of a larger community (Davis, 2002). Weaved within this virtual community is this shared sense of communication with others that appear to be on the same professional development track. One panel professional emphasized communication when she stated:

The Internet has provided me with my most valuable tool of communicating with other providers on the same path that I am following. There are actually others throughout this state and country who are experiencing the same success' and challenges that I am. This is something that I could not find locally when I started working on my CDA, two and three star journey. I have been in many pilot programs so there was virtually no one else to communicate my excitement and frustrations with except these internet friends. (Provider in Central Oklahoma)

For family child care home providers working in isolation, the convenience of the virtual community has engaged a sense of shared goals, relationships, and reflection.

The Internet is valuable when it comes to time also. In this profession, it is virtually impossible to carry on a phone conversation for more than a moment. The Internet enables me to type a letter or response at my convenience and the provider on the receiving end can respond at a time that is appropriate for them. There are instances where a provider may not have time to

interact with other adults until late in the evening or very early morning hours. I have friends in isolated areas of the state who would have almost no support at all if it were not for the Internet. (Provider in Central Oklahoma)

In sum, while a fairly new concept to the field of family child care, use of the Internet is one professional development avenue that over time may become more of a resource for individuals working in this field.

Community of Practice Q-Sort Summary

Identified by the panel members in the Q-sort process was the first statement which had a total score of 28 of the 35 points: "When being a part of a community of practice, I focus on helping and supporting others that are interested in becoming a Two- or Three-Star home". The Reaching for the Stars program has been identified by providers in this study as being the catalyst for professional development and recognition in Oklahoma. The panel members see this evolution for their field as being a part of the Stars process as well as establishing their leadership and support of the program by guiding others.

The second most important statement to the panel members was face-to-face interaction with their peers which scored 25 of the 35 possible points: "When being a part of a community of practice, I attend local conferences and try to be involved in discussion groups for understanding of

professional matters pertaining to early child care". Followed closely by their third choice scoring 20 points, "When being a part of a community of practice, I take on leadership roles such as serving as a board member of a local professional organization." Several of the panel members had served or are currently serving in leadership roles within their local communities of practice.

The panel also considered group participation and use of the Internet. The fourth statement, which scored 19 points, included the use of guest speakers or resources that the group could recruit to teach their community of practice more about the family child care home environment. The final statement, scoring only 13 points, stated: "When being a part of a community of practice, I participate in on-line chats with peers which includes individual email exchanges to share resources and ideas." While there were only three panel members that touched on this virtual community opportunity, it has been identified in this study as a viable means of communication in regards to professional development, a place to share best practices, and ultimate mentoring of others in the field of family child care.

Mentoring

Mentoring is career related and psychosocial (Chao et al., 1992; Taylor, 1995, p. 37). Mentoring includes the psychosocial aspects of role-modeling, counseling, friendship, and acceptance. The experienced family child care home provider has an incredible amount of information to share with a new provider to the field. "It is a growth experience for a mentor to express and share information with another provider who has less experience" (Cassidy & Myers, 1993; Taylor, 1995, p. 38).

There are three models of mentoring; (a) the apprenticeship model in which the person being mentored observes and learns from the mentor, (b) the competency model in which the mentor gives systematic feedback to those being mentored about their skills and expertise, and (c) the reflective model in which mentors support those that are being mentored by helping them to become reflective practitioners (Guy, 2002, p. 28; Maynard & Furlong, 1995). The panel members in this study are identified as knowledgeable about the field of family child care. Based on the mentor model, the members seemed most willing to share their knowledge, skill, and expertise. The modes identified included teaching in formal or

informal settings, group association meetings, one-on-one dialogue either through phone or Internet communication.

Family Child Care Mentoring

The desire to mentor by giving systematic feedback to those seeking enhanced skills and expertise was most strongly felt by the panel of practitioners. This was indicated by the following statements.

I have helped several providers start up their business. I am more than glad to help others, because I love what I do and I want them to succeed, too. (Provider in Southeast Oklahoma)

Teaching the providers how to obtain better quality child care. Being a mentor to them. Inviting them to my 3 star home to see how it is set up for daycare. (Provider in Northern Oklahoma)

Providers call often for advise on matters and I teach local classes to help be available as a resource. (Provider in Western Oklahoma)

Mentoring may be especially important to first-generation professionals, those entering career fields dominated by persons of a different gender or race, and working-class individuals pursuing higher education or career advancement (Mott, 2002, p. 7). "I would like to be able to help mentor other providers as to how to run a good child care home and to best teach the children" (Provider in Northeast Oklahoma). Mentoring is a "complex yet informal system of learning, initiation, and ongoing

support that encompasses career and psychosocial support which involves mutual respect and reciprocity" (English, 2000, p. 31). "I see myself as a great resource to help others who are on their walk to understanding what quality care is and how to achieve it in an everyday situation" (Provider in Western Oklahoma).

Mentoring can promote transformative learning and development for fostering an examination of underlying assumptions, encouraging reflective engagement between mentor and student, providing deeper understanding of the dynamics of power in relationships, and developing more integrative thinking (Brookfield, 1987; Cohen, 1995; Gould, 1990; Heaney & Horton 1990; Mezirow, 1990; Mott, 2002; Rodriguez, 1995). One panel member emphasized her role in mentoring when she commented on her ability to teach courses, her ability to help others seeking credentials, national accreditation, or for those that were just starting out in the field.

I see myself helping other adults working in family child care by occasionally teaching courses, mentoring providers who are working towards earning their CDA, two and three star status, assisting new providers just starting out, be available for provider who just need someone to listen to them talk, encouraging providers to go to classes, passing on new information received. (Provider in Central Oklahoma)

Being a mentor is also seen as a means of self-actualization (English, 2000; Mott, 2002, p. 13). The panel members supported this by stating:

In addition to being an advocate for children, it is important that I be a mentor for others and a positive representative of the family child care profession. I feel that it is crucial that the voice of the family child care provider is heard to help preserve all the wonderful qualities about the family child care home.
(Provider in Central Oklahoma)

A professional provider volunteers to share and teach what she has learned from other family child care providers at workshops and conferences.
(Provider in Western Oklahoma)

Further statements by panel members suggest that they are willing to pass on their knowledge, skills, and attitudes in relation to family child care. One member said, "I would love to teach classes to other family providers" (Provider in Northeast Oklahoma) while another volunteered, "I teach and am available as a teacher/student resource" (Provider in Western Oklahoma).

Not only did providers in this study focus on the face-to-face and telephone opportunities to mentor, they are also accessing the Internet to foster a shared commitment for the common good of quality care for children in a home environment using telementoring.

Telementoring in Family Child Care

One of the themes that surfaced in regards to belong to a virtual community of practice was a concept called "telementoring". Traditionally, a mentor is usually considered to be an older and more experienced person who shares his or her expertise and knowledge with a younger person (Chan, 2000; Guy, 2002; Levinson et al., 1978; Phillips-Jones, 1982). Recent formulations regard age as increasingly irrelevant and knowledge, skill, expertise, and experience are becoming more essential (Daloz, 1999; Guy, 2002; Haney, 1997).

Telementoring serves the same purpose as mentoring, but it utilizes technology. E-mail seems to be the most method of telementoring. However, "telementoring may occur in both synchronous and asynchronous formats" (Guy, 2002, p. 28). Other terms include e-mentoring, cyber-mentoring, or virtual mentoring (Guy, 2002; Single & Muller, 1999). Three broad categories of telementoring have been identified and include pair mentoring, group mentoring, and ask an expert (Perez & Dorman, 2001).

While not all of the providers in this study discussed the use of Internet as the major form of communication, one panel member in particular commented extensively on the use of e-mail communication to mentor other providers in

Oklahoma by sharing information, insight, and words of encouragement to others in the field. Comments included:

We are striving to work through the CDA process, Certificate of Mastery, College, TEACH, REWARD, rating scales and the two and three star criteria. (Provider in Central Oklahoma)

Through our internet group it has been very helpful that we reveal what takes place during our observations, classroom studies, how we accomplish our goals, professional conflicts we are struggling with and providing words of encouragement. (Provider in Central Oklahoma)

As a relatively new area of research, telementoring has been classified into two broad areas: educational and career-related (Guy, 2002, p. 31). This concept is being embraced by the Internet interested community of family child care home providers in Oklahoma. In addition, mentoring has been found in this study to be quite significant in regards to the learning process for family child care home providers.

Mentoring Q-Sort

In sum, providers in this study felt strongly concerning their role as mentors to others working in family child care in Oklahoma. In the scoring process the statement: "A mentor is supportive of other family child care home providers who are also striving to provide quality care by being accessible through a support system

such as a phone tree, email exchange, or local professional organization meetings" scored 27 of the 35 points possible. The second choice, which received 22 of the 35 points was the statement, "A mentor is a great resource to help others who are on their walk to understanding what quality care is and how to achieve it in an everyday situation". Mentoring contributes to the development of professional expertise and enhances job satisfaction (Peterson & Provo, 1998). The third most recognized statement receiving 21 points was: "A mentor teaches classes or serves as a resource to individuals and groups of interested family child care home providers". "Providers gain much from peer role models who really know what they are talking about" (Modigliani, 1994, p. 18). By recognizing competent providers, mentorships add an important component of career development and community recognition (Dombro & Modigliani, 1993; Modigliani, 1994, p. 18).

Summary

In summary, panel members supplied significant information in regards to how they, as family child care home providers, applied adult learning principles to gain knowledge of developmentally appropriate practices for use with children in their care. By the use of identified adult learning principles such as andragogy, self-directed

learning, motivational theory, learning how to learn, critical reflection, and transformative learning, these panel members have embraced an adult learning perspective. Further, the use of the traditional community of practice environments and newly identified virtual communities of practice, these adult learning opportunities are complimenting the professional development paths that these panel members are pursuing. Finally, by establishing themselves as leaders, they are mentoring others in their field by the incorporation of the adult learning principles identified in this study.

CHAPTER 7

PROFESSIONAL CHALLENGES: THE FUTURE

Introduction

With all of this attention, early care and education has become a fishbowl, magnetizing attention and evoking curiosity for some and confusion for others. The nature of current opportunity is different from any in the past. Through challenges and barriers abound, early care and education has a unique opportunity to move forward. (Cohen & Kagan, 1996, p. 346)

The dictionary defines the word "challenge" in many different ways. Some of those definitions include "to demand as due or deserved", "to order to halt and prove identity", or "to arouse or stimulate especially by presenting with difficulties" (The American Heritage Dictionary, 2000). Child care faces many challenges. Child care has historically been faced with a poor national infrastructure, inadequate funding, mediocre political and public awareness, small-scale investments by business in supporting child care, and many social issues which have included an overwhelming number of single-parent families. While large in scale, these challenges ultimately impact the child care system in individual states. This includes

programs and homes developed for young children and their families and for the individuals in a family child care home environment.

Oklahoma has many challenges related to quality child care. Because of the need to work, parents must leave their children in someone else's care. A significant segment of the child population is in child care for at least a portion of the day. During the 2002 fiscal year, Oklahoma's resource and referral network helped families find child care for 11,586 children (Oklahoma Child Care Portfolio, 2003, p. 7). Approximately two-thirds of those families (64.7%) needed full time care (more than 35 hours each week) (p. 7). Over three-quarters (78.3% or 9,071) of all referrals were made for very young children who were age five or younger (p. 7).

In this day and time, attention to the individual care of young children is a priority. From one providers' perspective, "I have been in the business for over thirty years. I have found that the children in the past few years have a much faster pace to keep up with after they leave my care. This shows up in the behavior, being tired, aggressive, and poor eating habits" (Provider in Northeast Oklahoma). Like other states, Oklahoma struggles with the next steps in the implementation and sustainability of its

vision of a quality early care and education system. This national level perspective is a most important discussion when addressing challenges perceived by the panel of practitioners in this study.

National Perspective for a Quality Child Care System

Five ingredients of successful social change in this country have been identified.

1. Clearly defining the problem and the solution;
2. Identifying goals that are consistent with social beliefs but are placed within a conceptual framework;
3. Working at multiple levels and in multiple systems to achieve synergy;
4. Assessing and capitalizing on the context; and
5. Building on existing strengths. (Cohen & Kagan, 1996, p. 334)

These ingredients were developed to suggest a possible direction for bringing about reform in early care and education. Each step incorporates a development of social beliefs in regards to the creation of a quality infrastructure for child care. This includes multiple levels with multiple players that must communicate accordingly keeping in mind the five key factors that have resulted in this expansive attention given to the early care and education field.

1. Demographic trends, including the increasing number of mothers in the workforce and the increasing number of single parent families;
2. Reform in related fields, particularly welfare reform;

3. Greater recognition of the need to ready children for school;
4. Greater stress on the cost-effectiveness of prevention and early-intervention services (Schweinhart et al, 1993); and
5. Greater recognition of the relationship between quality early care and education and workforce productivity. (Committee for Economic Development, 1993; Cohen & Kagan, 1996, p. 339)

In this study, the panel practitioners reflected challenges surrounding many of these key national factors found to impact the evolution of a quality early care and education system in Oklahoma.

Challenges in Oklahoma

When asked what their perceptions were regarding the future professional challenges of the family child care home provider in Oklahoma, panel members identified several areas. Those challenges included: (a) security in continued professional development programming and needs; (b) licensure, regulations, and Star criteria; (c) attitudes of peers within their field; (d) pressures on young children; (e) training barriers and needs; and (f) professional recognition.

Security in Continued Professional Development

Research in the early 1990's found that providers identified barriers in receiving professional development opportunities. Those barriers included:

1. The high cost of classes;

2. Difficulty in attending training while juggling full-time jobs and families;
3. Lack of access to training for people of color and low-income candidates;
4. Training that does not respond to practitioners' needs; and
5. Training that does not earn college course credits, rendering it difficult to apply it to future college study. (Morgan et al., 1993, p. 7)

With its commitment to professional development, Oklahoma has provided programs that have supported providers to receive training, college credit, and compensation for on-going education. Because the providers in this study experienced the results of these programs first-hand, one of the stated challenges included, "I perceive there will be challenges with further budget cuts leading to providers attempting to find monetary ways to meet the needs of improving their environments while continuing their education" (Provider in Central Oklahoma).

Significant disruptions including terrorist attacks and war have impacted the nation's economy in the past few years. These disruptions have directly impacted the Child Care and Development Fund grant monies available to support professional development projects. While Oklahoma's Division of Child Care is committed to supporting the infrastructure that it has developed, sustainability was a collective concern voiced by the panel of practitioners.

In regards to sustainability of programs, one panel member still wanted to support education. "Continue pushing education! Also, getting some sort of mentoring system for new providers in place. You can never learn it all!"

(Provider in Central Oklahoma). Research has found that there is widespread agreement that the competencies found in the CDA credential represent relevant benchmarks that providers have generally shared as they progress in their careers (Morgan et al., 1993, p. 6). Those competencies are:

1. To establish and maintain a safe, healthy, learning environment;
 2. To advance physical and intellectual competence;
 3. To support social and emotional development and provide positive guidance;
 4. To establish positive and productive relationships with families;
 5. To ensure a well-run, purposeful program that is responsive to participant needs;
 6. To maintain a commitment to professionalism.
- (Morgan et al., 1993, p. 6)

Panel member voices strongly support these core competencies not only for themselves but also for their profession overall. Most prevalent was the strong commitment to continued professionalism, which included a comment on "burn-out".

An essential requirement for being a quality family child care provider is "to take care of yourself!" There is nothing quality about a provider who is burned out, worn out, and stressed out! A quality family child care home provider is

always reinventing herself and her environment.
(Provider in Central Oklahoma)

Crucial to individuals in any field, the need to take care of oneself is important so that individuals can be retained in the field of family child care.

Tied to professionalism is the ethical responsibility to follow the child care requirements depicted by state law. These laws require environment assessments as well as training and continued education regulation in relation to the care of young children. These policies, which are intended for consumer protection, depict minimal standards that are reviewed regularly in Oklahoma for their relevance in providing a baseline for child care. Over recent years, these baseline regulations have been evolving and changing with the intent to support appropriate child care environments and lay the foundation for the Reaching for the Stars criteria supported in Oklahoma.

Licensure, Regulation, and Star Criteria Changes

Licensing and regulation of family child care environments enhance quality teaching and learning. Research has indicated that regulated providers are more likely to be linked with the family child care community and probably have more sources for referrals of families as a result (Kontos et al., 1995, p. 187). "Fields must take

seriously their responsibility to the domain, and ultimately to the culture and society as a whole. That is, they must apply effective internal standards (sometimes called "policing") within the profession" (Gardner et al., 2001, p. 29).

In Oklahoma, licensing laws and stars criteria have been either updated or changed to support better care for young children. Research on the nature of change in human systems found that:

The psychology of the mature human organism is an unfolding of an emergent process marked by the progressive subordination of older behavioral systems to newer, higher order behavioral systems. The mature human being tends normally to change his psychology as the conditions of his existence change. Each successive stage or level is a state of equilibrium through which people pass on the way to other states of equilibrium. When a person is in one of the states of equilibrium, he has a psychology which is particular to that state. His acts, feelings, motivations, ethics and values, thoughts, and preference for management all are appropriate to that state. If he were in another state, he would act, think, judge, and be motivated in a different manner. (Graves, 1966, p. 120)

With its commitment to quality child care in its establishment of Reaching for the Stars project, Oklahoma is one of a handful of states progressive in its continued revision and development of standards in child care licensing laws. While changes made in state licensure requirements and star policy have been based upon research

on best practices, this continued change has led to challenges identified by panel members. Comments included:

The ever-changing regulations and interpretations of the rating scales will also be a challenge to the family child care home provider who is struggling to remain in a home environment. (Provider in Central Oklahoma)

There aren't very many that have jumped on the bandwagon to being professional and once you get there the rules have changed faster than the ink can dry. (Provider in Northeast Oklahoma)

These changes have led to a state of disequilibrium amongst providers in the State of Oklahoma. Unfortunately this mandate has felt oppressive to some individuals that work in child care. While the voices of the panel members upheld their commitment to best practices and professionalism, they have sought out answers to increase their knowledge by learning from informal and formal training, from college classes, and from life experiences.

As one provider stated, "the stars system brought more professionalism and better quality care" (Provider in Northern Oklahoma). Hence, as the evolution takes place in regards to professionalism in family child care, a concentrated effort is necessary to involve providers at all levels to gain understanding of their questions as they seek out the answers. "If educators assisted learners in recognizing the many places and ways they have gone about

learning in adulthood, more adults might see themselves as active learners. As a result, they may be less cautious about learning new things and even be more willing to enter programs of learning" (Merriam & Caffarella, 1999, p. 25).

Attitudes of Peers in the Field

Proponents of a professional or expert model of quality in family child care have focused on finding ways to monitor or improve the quality of care provided. Their position has been that the best way to enhance the quality of family child care is to encourage care providers to behave in more professional ways (Pence & Goelman, 1987). Family child care providers need to aspire to the status of a "true profession" (Kontos et al., 1992). "True professionals know not only what they are to do, but are also aware of the principles and the reasons for so acting" (Ellias & Merriam, 1995; p. 9).

In this evolution of a "true profession", the panel members also voiced the social discontent of some of the peers that surround them in relation to family child care and its evolving professional growth.

A professional challenge that I battle with at present is being caught in the middle between providers who support and encourage the stars program and those providers who feel like they are being discriminated against and are being forced to take part in the stars program or be left behind. I recently resigned from a local

association because of the negative opinions and harassment I have endured since the beginning of the stars program. (Provider in Central Oklahoma)

I do not attend my local association due to observations and conflict of interest or mixing professional with personal matters. (Provider in Western Oklahoma)

“Harmonious professional realms exist when individual practitioners are attracted to the domains that most suit their interests and abilities, when they are allowed to develop and grow within the parameters of the practice, and when their rewards are commensurate with their skills and contributions” (Gardner et al., 2001, p. 30). To reach this level takes time and opportunity for individuals to be enabled to do their best in a meaningful occupation.

Examples of social conflict and chaos are all too common in the historical record. Even Rome was torn for centuries by internal dissention that could have ended its model of political stability (Gardner et al., 2001, p. 30). Professions can fail because of tensions between interrelated professions (family child care versus center-based child care), between fields (child care versus business), or within domains (family child care providers who see themselves as babysitters versus family child care home providers that see themselves as professionals) (p. 33).

According to one model, adult behavior is directly influenced by adult and environmental characteristics whereas child behavior is directly influenced by adult behavior and environmental characteristics and indirectly influenced by adult characteristics (through adult behavior) (Kontos, 1994; Long et al., 1985). Because the family child care home environment has a small group size, the continued professional development of the adult providing care is most important. While tensions are a result of a field growing and evolving, it "forces practitioners to examine their own fundamental values and personal integrity" (Gardner et al., 2001, p. 34). These providers are being "personally energized by a situation of nonalignment within their field that they are determined to alter" (p. 34). This is based upon the continued and desired professional growth articulated by the panel member voices throughout this study that recognize the increased pressures placed on children to learn and develop.

Pressures on Young Children

Based on larger societal issues, the term "school readiness" has become the banner cry around the nation in relation to preparing young children for entrance into public and private school systems as well into the work force. This has begun to put a significant amount of

pressure on child care, including family child care home providers. One panel member summed it up by stating:

Children are now being put in the learning environment younger and younger and family child care homes need to be able to provide for the children they have in their care so they will be able to perform as well or hopefully better than a child that has gone to Head Start or another early learning center. (Provider in Northeast Oklahoma)

This school readiness responsibility has also caught the eye of business in America.

Employers are also wise to be concerned about child care because today's children are tomorrow's workers. Our changing economy requires a flexible, educated workforce, and there is increasing evidence of the impact of early childhood development on the future growth of individual's. President Clinton's 1997 White House Conference on Early Child Development and Learning highlighted the importance of brain development in early childhood, emphasis of the importance of child care that enhances growth and prepares children to learn. Quality child care is important if these children are to reach their full potential. (U.S. Department of Treasury, 1998, pp. vi-vii)

In addition, employers are increasingly recognizing the benefits of addressing the work-life needs of their employees in order to attract and retain qualified workers and to enhance their productivity. They understand that their future financial well-being depends on the economic viability of their communities and that quality child care is an essential ingredient to a healthy economic climate.

Once again, due to the focus on economic viability, family child care home providers have become an important cog in the system of support of families and children. As one provider stated, "The professional should have the ability to understand the challenges of the modern family, respecting their positions as working parents and the confidentiality of their questions and concerns" (Provider in Central Oklahoma).

The most recent census in Oklahoma (2000) revealed 156,107 children ages 0-5 years with working parents (Oklahoma Child Care Portfolio, 2003, p. 15). With over 31,837 child care slots in home environments, approximately 20% of those children are in the care of individuals providing care in a home environment. As research has shown, these children must be in the care of providers that have received and are participating in on-going training and continuing education. Unfortunately, the panel of practitioners indicated barriers to adult education opportunities.

Training Barriers and Needs

In the field of family child care, three major stumbling blocks have been identified by research hindering the development of caregiver training programs (Taylor et al., 1999, p. 289). First, research on the benefits of

training is infrequent and inconclusive in many areas (p. 289). Second, poor attendance due to lack of financial support and scheduling of training around work schedules hinders provider's attendance. Third, caregivers sometimes express dissatisfaction with the training programs that are offered and claim that these opportunities are not relevant to their work (pp. 289-290). Another consideration from the adult education perspective relates to a field dominated by women, "the way a woman feels about herself, her self-esteem and self-confidence, and the way she can express herself are significant elements in her decision about whether to participate in adult education" (Hall & Donaldson, 1997; Merriam & Caffarella, 1999, p. 58).

In the field of adult education, barriers to learning are sometimes an unfortunate obstacle for the adult learner. Several barriers identified by the panel participants included: (a) the types of topics delivered and need for specialized topics in training, (b) accessibility of training, and (c) knowledgeable trainers. Although Oklahoma provides a system infrastructure that provides training at little or no cost to the provider, the panel of practitioners identified barriers related to the types of topics provided, training accessibility, and knowledgeable trainers.

Types of Training Topics Provided

Knowles (1980) ascertains that adult learning is a learner-centered approach to teaching adults that is based on a set of assumptions to be used when determining the appropriateness of strategies to assist adult learning (p. 43). Adult learners desire an educational experience that relates to their lives and where they feel that they are understood in the context of their world. Panel members reiterated their need for topics that covered appropriate business practices, working with multi-ages, and many other areas supporting appropriate curriculum for the family child care home environment. Comments included:

Until a provider has worked ten hours a day with mixed age groups (birth to four years) they have no idea how to arrange and set up a classroom, prepare curriculum, or display artwork, at a child's level without a toddler coming behind to pull it off the wall. Most classes for CDA, workshops and trainings are for and about centers. Taxes and record keeping is an absolute must! Only a director/owner of a center has to deal with this aspect of our business. (Provider in Northeast Oklahoma)

As a family child care home provider, I wear many hats. Bookkeeper, nurse, nutritionist, teacher, interior designer, gardener, grant writer, cook, housekeeper, professional organizer, control monitor, and etc. All of these positions require training and classes. (Provider in Northeast Oklahoma)

This multiple "wearing of hats" supports the adult learner need and desire to learn information relevant to

their everyday lives that focuses on and reflects on the major principles and practices of adult learning.

1. Adults can and do want to learn, regardless of their age.
 2. Adults have a rich background of knowledge and experience.
 3. Adults are motivated to learn based on a combination of complex internal and external forces.
 4. All adults have preferred styles of learning.
 5. Adults tend to want to apply their learning to present situations.
 6. Adults are not likely to willingly engage in learning unless the content is meaningful to them.
 7. Adults come to a learning situation with their own personal goals and objectives.
 8. Adults prefer to be actively involved in the learning process rather than passive recipients of knowledge. They also want to support each other in the learning process.
 9. Adults learn both in independent, self-reliant modes and in interdependent, connected and collaborative ways.
 10. Much of what adults learn tends to have an effect on others.
 11. Adults are more receptive to the learning process in situations that are both physically and psychologically comfortable.
 12. What, how, and where adults learn is affected by the many roles as they play as adults.
- (Caffarella, 1994, pp. 24-25).

As topics are developed for trainings specific to child care providers working in home environments, one study found that providers enjoy visiting other child care providers' homes, whole group discussions, and hands-on activities (Dombro & Modigliani, 1995, p. 13). This position was supported by one of the panel members,

"continuing education that assesses other environments to understand others view of quality care and how it works in a real life situation" (Provider in Western Oklahoma).

In addition to basic training topic considerations, the providers in the study also felt it necessary for there to be specialty topics which included working with special needs children and business practices. "Specifically the area of special needs would train the provider to recognize a child that might need extra help and provide them with resources available for that child" (Provider in Central Oklahoma). One study found that 32% of the family child care home providers were interested in learning more about the care of special needs children (Dombro & Modigliani, 1995, p. 22). As an added benefit in Oklahoma, providers that participate in training on special needs children receive a higher reimbursement rate when caring for these children.

In the same study, 66% of the providers wanted to learn more about activities that are good for children at various ages (Dombro & Modigliani, 1995, p. 22). One of the most challenging aspects of working in family child care is working with multi-age groups. Typically, a family child care home can have a wide range of ages to care for. Most common are infancy through the young preschool years.

While there are many advantages to providing care to a wide range of ages, the provider must be continually aware of the developmental needs and the ages and stages of the children in their care. "The multi-age groups we take care of makes for a different hat and challenge" (Provider in Northeast Oklahoma).

Health and safety training many times is the focus of most concern in relation to appropriate training for family child care home providers. As one panel member stated, "My goal is to have the safest environment possible and best learning quality available for the children" (Provider in Northeast Oklahoma). Mothers of young children rank attention to children's safety as most important when placing their child in a family child care home setting (Kontos et al., 1995, p. 127).

Finally, training on business practices was of importance. One study found that 42% of the providers in the study stressed the need for training in this area (Dombro & Modigliani, 1995, p. 22). "Taxes every year. Just like any other business, taxes are a must and are forever changing. We need to stay current on the changes in the tax codes that affect us" (Provider in Northeast Oklahoma). Research done in a three state study found that when specific business practices were addressed in training, the

biggest changes in providers' practices were related to income tax reporting. "Reporting child care income on taxes increased from 70% to 97%, and reporting child care expenses on taxes increased from 78% to 95%" (Kontos et al., 1996, p. 440). "A final large change occurred with charging the cost of child care as expenses on income tax returns, which increased from 55% to 73%" (p. 440).

While discussion in this section focused on appropriate training topics and techniques for trainers and educators to utilize, the broader issue of accessibility of training was mentioned. This was especially true for providers located in rural areas of Oklahoma who have significant driving distance in a state that has a sizeable amount of land mass.

Training Accessibility

In the Iowa Family Child Care Providers' Study, which was conducted in a state with significant rural areas like Oklahoma, providers in regulated and non-regulated care reported that distance to training or the location was the primary barrier (Larsen & Hegland, 2002, p. 4). "Providing quality training and accessibility to all providers is important. Living here in southeast Oklahoma, we usually have to drive 3-4 hours to the large conferences to receive the training" (Provider in Southeast Oklahoma).

Planners of adult education opportunities must keep in mind geographic considerations when planning learning events. "World-wide, access to learning opportunities in rural areas is a problem at all levels of education" (Merriam & Caffarella, 1999, p. 81). There are many reasons that certain adults have more access to learning opportunities than other adults. This can be based upon several factors that include where one happens to live. These factors have been identified as "framework conditions" which are largely a function of the circumstances in which people live (Cropley, 1989; Merriam & Caffarella, 1999, p. 81). The result is "that some individuals are more equal than others in the choices available to them" (Merriam & Caffarella, 1999, p. 81).

Oklahoma is a state that has a significant amount of rural area. Training conditions must become a priority in thinking of innovative ways to close the gap in regards to geographic distance. In addition, it is crucial that not only the location be considered but an appropriate and knowledgeable trainer. This was the next barrier identified by the panel of practitioners.

Knowledgeable Trainers

Training for family child care providers must be conducted by professionals who are sensitive to the needs

of the providers and who have experience with the population (Trawick-Smith & Lambert, 1995). One provider summed it up by stating, "There are a few, very few, instructors out there that relate and understand how working mixed age groups has its own pitfalls and redo's to accomplish developmentally appropriate practices" (Provider in Northeast Oklahoma).

One study found characteristics identified by family child care home providers that articulated characteristics of effective trainers. It identified and listed in order of importance the following techniques as essential for an effective trainer:

1. Understanding about being a provider whether or not they've had direct experience being one;
 2. Knowing about child development;
 3. Enthusiasm about sharing knowledge;
 4. Being non-judgmental toward participants;
 5. Being a good listener;
 6. Experience as a provider;
 7. Knowing how to manage group discussions/ activities;
 8. Knowing how adults learn; and,
 9. Academic experience and credentials.
- (Dombro & Modigliani, 1995, p. 23)

This same study only supports the need for trainers and educators to be aware of appropriate adult learning principles and practices. Further, the use of experiential learning allows the trainer or educator to "facilitate a process where participants work to translate their

experience into theory, and their theories into relevant information for real life exchanges" (Gallos, 1992, p. 7). Most importantly, as identified by Knowles, the focus must be on the learner and their life situations (Merriam & Caffarella, 1999, p. 271-272).

In sum, the following statement on training is most important to this discussion on barriers:

A comprehensive set of infrastructure services for family child care in a community must be able to provide initial and ongoing training and technical assistance to support quality services. This means sequenced programs of training and other services that address providers' needs and interests for as long as they are in the business of family child care. (Miller, 1996, p. 201)

In addition to overcoming these training barriers, the final challenge identified by the providers in this study was the need for professional recognition by the general public and most specifically the parents that they serve.

Professional Recognition

In one research study, family child care home providers often spoke about the lack of recognition for their prior experience and education (Taylor et al., 1999, p. 297). Providers need respect and recognition of contributions (DeBord, 1993). One panel member captured the essence of this professional recognition need in Oklahoma in regards to parent perceptions she had observed:

We like to be recognized for our quality service. Unfortunately, a lot of parents resent having to pay someone to care for their children, so no matter how good of a job we do, parents gripe about day care. Some day maybe they will realize we provide child care and remember that this is the most important fee that they pay. (Provider in Southeast Oklahoma)

Many of the providers in this study began offering child care in their homes because they wanted their own business, wanted to stay at home to attend to family needs, or enjoyed caring for children and wanted to support their community. Even a spiritual connection was stated, "My faith, my family and the children left in my care give me a purpose. Life long friends have been made with the many children and families that I have cared for throughout the years" (Provider in Central Oklahoma).

Child care was described as "hard work" (Larsen & Hegland, 2002, p. 3). Most significant to the difficulty was the treatment of providers by parents in respect to the provider-parent relationship. "The parents are the hardest part of family child care. It is a physically challenging job that demands perfection but is hard to be perfect at" (Provider in Western Oklahoma).

Part of being a professional provider is to regularly assess the quality of one's practice and continually take steps to improve it. Since Oklahoma's Reaching for the

Stars campaign has included a large marketing campaign, one provider felt compelled to state that "maybe with a lot of positive facts about child care being so important and not just the negative facts published, we will make people aware of how important child care is" (Provider in Southeast Oklahoma). With this type of media marketing support, providers are beginning to see themselves as professionals that follow good business practices, continually learn how children learn and grow, and are regulated and involved with other providers. These are all characteristics of providers who see themselves as professionals (Dombro & Modigliani, 1995, p. 33).

Challenges Q-Sort

The Q-sort activity narrowed the focus as seen by the panel members based on the challenges identified by the participants in this study. Those challenges included: a) security in continued professional development programming and needs; (b) licensure, regulations, and Star criteria; (c) attitudes of peers within their field; (d) pressures on young children; (e) training barriers and needs; and (f) professional recognition. The first statement seen as the number one challenge by the group focused security in continued professional development with a total score of 29 of the 35 points:

Challenges faced by family child care home providers include facing other budget cuts from state-funded programs that once helped with the purchase of equipment, on-site technical assistance, or vouchers for conferences.

This was followed by the second choice which scored 24 of the 35 possible points and encompassed the attitudes of peers in the field of family child care:

Challenges faced by family child care home providers includes a lack of understanding by some of the family child care home population in Oklahoma that have negative opinions regarding state licensure laws and/or negative feelings regarding the Reaching for the Stars program.

Additional Q-sort results found that the panel ranked lower the areas that addressed lack of training in regards to multi-age groups and business practices, licensure and regulation interpretations, and lack of respect by parents in regards to paying the true cost for quality care for their children. Overall, it appeared that the panel was most concerned about state-funding cut-backs and attitude of other providers in relation to regulatory aspects of having a family child care home in Oklahoma.

Summary

In sum, the providers on this panel while reflecting the challenges of their field held strongly to convictions that included the reward of working with families and children. This reward embraces the commitment, sense of

self, and meaning to others based on the choice to be a family child care home provider. Most of all the provider's relationship and connection with the children in their home was of significant importance. Comments included:

I believe it is the most rewarding job on earth.
(Provider in Central Oklahoma)

I am very happy to be able to provide this service to our parents, and am very happy doing this job myself. Being a family child care home provider is important to me because I love what I do. If it ever becomes just a job, I will quit. (Provider in Southeast Oklahoma)

I want to do the best job that I can do. (Provider in Northeast Oklahoma)

Where else can you work and be told every five minutes, "I love you"? (Provider in Central Oklahoma)

Having my own business and being able to run it from my home is worth a lot. (Provider in Northern Oklahoma)

These statements support the necessary commitment, stages of equilibrium, and thirst for adult learning opportunities that the family child care home providers in this study possess as they continue their quest to learn and grow as professional individuals.

"The Study of Children in Family Child Care and Relative Care pointed out the importance of intentionality. It is the intentional provider who is committed, caring,

open to learning, and purposeful about the important work of being a family child care home provider—who is more likely to offer quality family child care” (Dombro & Modigliani, 1995, p. 33). This is best summarized by one of the panel members who articulated the importance of providing a program to children that is developmentally appropriate, supportive to families. In addition, the provider must be motivated to learn more so that they can implement best practices:

If the family child care provider is implementing criteria into her/his program only because it is required and not because of a strong conviction to enhance the child’s life then the provider and children suffer. Professional goals are important to keep the family child care provider challenged and excited about their profession” (Provider in Central Oklahoma).

This intentionality is a key ingredient to focusing on and overcoming the challenges identified by the panel members in this study.

CHAPTER 8

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Purpose of the Journey

Family child care is early learning care for a small group of children in a home environment. In Oklahoma, there are over 11,000 children that stay in these environments each and every day. Those individuals recognized as family child care home providers have begun to evolve in their established profession. This evolution has categorized three types of providers: (a) babysitters who provide care for children in an unregulated environment, (b) family child care home providers that provide care in regulated homes, or (c) family child care home providers that provide care in regulated and accredited home environments that are recognized for meeting quality benchmarks in the care of young children.

Those who provide care in regulated homes and those who provide care in regulated and accredited home environments are beginning to take a bus ride on two separate journeys. The first bus route is on the short track across town to the terminal called "good". The

second bus route is more extensive and goes across states to a much larger city with a terminal called "good to great".

In his book Good to Great, Jim Collins studied the distinguishing characteristics that cause a company to go from good to great. Using benchmarks Collins and his research team identified a set of elite companies that sustained those results for at least 15 years. Further, the research team compared these companies with others that failed to make the leap from good to great. During this process the key determinants were discovered for greatness. One of the metaphors used by Collins is a bus. This includes the need for the correct passengers to be apart of the journey necessary to move a good company to a great company. It is within this study that a group of panel practitioners already seated on the bus identified the length of the good to great journey as well as the milestones along the way in relation to the field of family child care. Those milestones included learning tasks of being a quality family child care home provider, use of best practices, mentoring, networking, and participation in training and professional development opportunities. It is these significant milestones that are most crucial to a successful journey. To begin the journey, the map must be

determined in order for the driver to navigate the trip to the terminal of "best practices and professionalism".

Design of the Map

The map used by the bus driver on the good to great bus had to gather more information about the best driving directions and determine the features necessary for its design. Those features included the core which surrounded a descriptive research design. Specifically, the Delphi Technique and logic of the Q-sort methodology were features used and triangulated with document analysis using the records of the technical assistants that worked with the identified panel practitioners participating in the Oklahoma Accreditation Support Project.

Passengers on the good to great bus, or participants in the study, were identified by the use of selection criteria which included the following requirements: they, (a) had to be currently regulated by the State of Oklahoma, (b) had achieved at least a Two-Star rating signified by the Reaching for the Stars initiative, (c) were current members of and had received national accreditation through the National Association for Family Child Care by participation in the Oklahoma Accreditation Support Project, and (d) participated in professional associations meetings and professional development opportunities. A

total of seven passengers confirmed their reservations for seats on the bus and participation in this study's journey.

To prepare for the long bus ride from good to great, the driver, or researcher, gathered information from the passengers in regards to their needs throughout the long journey. The types of communication used by the driver included the Internet and postal services. Initial survey questions were developed and piloted to assure clarity of the questions and to assure that the Internet survey method would be user-friendly. Based on a pilot test with other bus drivers, modifications were made to the questions and Round 1 was sent to the confirmed passengers.

Round 1 consisted of open-ended questions which gathered information on: (a) each one of the passengers background in relation to why they chose to be a family child care home provider and why it was important to them; (b) what it meant to be a quality family child care home provider; (c) a description of best practices used in a quality family child care home environment; (d) training needs necessary for a beginner, novice, and experienced family child care home provider; (e) what meaningful training and educational experiences have been most effective for them; (f) a description of professional development; and (g) identification of the future

professional challenges in the field of family child care. Several patterns and themes emerged in Round 1, and a second round of research questions was sent to the passengers for confirmation and clarification.

In Round 2, all seven of the passengers responded. The patterns and themes which emerged were confirmed and expanded upon by the passengers in the second round. Based upon the themes identified, a Q-sort was developed and mailed to all passengers for feedback. All seven passengers participated fully in all three data gathering attempts throughout the study.

Summary of Findings

In Round 1, the passengers on the good to great bus answered the questions thoroughly and completely. As a result, several themes or stops on the journey emerged from the data. Those themes were background, quality benchmarks, best practices, challenges, commitment, education/training, family, adult learning, mentor, community of practice, professional development, and the professional development services identified in Oklahoma and seen as supportive to family child care home providers.

Throughout the written discussion, it was evident that the passengers that participated in this study embraced their role as family child care home provider with

significant commitment and intentionality in regards to the care that they provided to the children and families in their homes. They also recognized that choice by the provider in regards to implementing identified quality benchmarks and best practices was necessary when working in a family child care home environment. Training needs specific to a family child care home provider were recognized as well as prioritized in relation to the specific topic areas necessary for a beginner, novice, or well-seasoned provider. Further, Delphi feedback confirmed that these passengers were immersed in major adult learning principles in their knowledge journey. This included a discussion on the importance of on-going professional development seen as crucial to the evolving family child care home provider.

In Round 2, the passengers elaborated, extended, and confirmed the results from Round 1. This round also engaged the passengers in further discussion surrounding the issue of goals for those working in family child care when providing a quality environment to young children. Not only did they discuss goals for themselves in continuing to provide a quality environment for the children in their care but also for their colleagues. The panel members were frustrated and disappointed with others in their field who

were unwilling to join the ride on the good to great bus. In addition, they commented significantly on the importance and impact of communities of practice in family child care. This led to a discussion on the importance of face-to-face mentoring encounters and the use of the Internet and e-mail. Mentoring each other in person was largely discussed as well as telementoring through the Internet surfaced as a means by which providers were learning from each other in regards to providing environments for the young children in their care. The passengers further expanded on what motivated them to learn, how they learned daily when working with young children, and what their future goals were in regards to learning more about the care of young children.

The Q-sort process confirmed the themes that surfaced during the two rounds of the Delphi. A series of statements were developed based upon the feedback given by the passengers. The statements reflected words taken directly from the feedback from the passengers and collapsed into five basic statements under the themes that surfaced from the completed Delphi rounds. Those statements were then mailed to the passengers to be rank-ordered based on their feelings from "most agree" to "least agree". Once the completed Q-sort was received by the

driver, the statements were individually reviewed and then tallied according to the total passengers ranking of statements. The cumulative total per statement under each theme then supported the majority of statements receiving the highest ranking by the passengers in each themed area. This Q-sort process helped to confirm and elaborate on several areas important to the passengers in regards to best practices and professionalism in the field of family child care.

Stops Considered During the Journey

The purpose of the journey was to describe the perceptions of experienced family child care home providers about best practices and professionalism in their field. Based on the data, several themes emerged that prepared a journey full of frequent and required stops for nourishment, exercise, socializing with other passengers, and the opportunity to see and learn more based on the surroundings provided along the way on the roadside.

The journey included travel through major cities, through desolate stretches of highways, through mountainous areas, and through areas that had unexpected detours and barriers along the way. The common themes identified by the panel were much like the towns, cities, and countryside that one would discover while on a journey. For the seven

family child care home providers that were passengers on the bus from good to great, stops were required at the following towns or cities: (a) commitment to quality, (b) adult learning, (c) expectations, (d) meaningful adult learning experiences, (e) adult learning principles, (f) mentoring, (g) professional development, (h) quality benchmarking, (i) communities of practice, and (j) challenges. While there were many scheduled breaks along the way, the passengers were encouraged to elaborate on these stops to explain their journey to the terminal of best practices and professionalism. Conclusions on this journey have been organized around the major themes of best practices and professionalism.

Best Practices

Commitment to Quality

Family child care home providers recognized the need for communication by all entities supporting quality environments for young children.

Family child care home providers see intentionality and commitment as a key element in the implementation of best practices.

The road to best practices is a two-way street.

Passengers on the good to great bus initially demanded quality services from the bus company, driver, and all those responsible for a safe journey. However, the passengers elaborated on their commitment to supporting the

driver and those policies supporting a safe journey for all passengers. This two-way commitment to quality was seen as a crucial ingredient for the passengers on the bus.

The panel recognized that intentionality or commitment is a key element in the implementation of best practices and professionalism in the field of family child care.

"Excellence always looks effortless to the outsider.

There's an invisible side of excellence that the outside cannot see and often lacks the knowledge to imagine or appreciate" (Stevens, 1996). Excellence in any field requires at least five things:

1. A basic level of ability to be developed;
2. A commitment to be the best one can be—a love for the work itself;
3. An understanding of principles and theory;
4. A high skill level developed through appropriate instruction and practice;
5. The experience, discipline and concentration to bring theory and skill together successfully in different situations. (Stevens, 1996)

As one provider stated, "My personal goal is to preserve the valuable qualities of family child care. I appreciate the resources provided to help my profession improve academically and environmentally. I stand firm on being a home environment not a center environment"

(Provider in Central Oklahoma). This intentionality includes characteristics in providers that involve a commitment to children, an interest in seeking out

opportunities to learn about child care and children's development, an intent to provide sensitive care to children, and the development of plans to provide for experiences to involve children and meet their individual learning needs (Kontos et al., 1995, p. 203). This commitment to quality included the incorporation of developmentally appropriate practices and appropriate relationships with parents. Hence, the next stop on the journey was identified as adult learning and was seen as imperative in the continued pursuit to gain knowledge about providing appropriate care for young children.

Adult Learning

Family child care home providers embrace andragogy with an emphasis on self-directed learning.

Best practices are andragogy in motion. Passengers on the bus from good to great have embraced adult learning based on the andragogical model designed by Malcolm Knowles. Most important was the identification by the panel practitioners of their self-directed learning styles.

An estimated 70% of adult learning is self-directed (Tough, 1971). There are three foundational reasons for self-directed learning. First, people who are proactive learners and take the initiative in learning are better learners than those who are reactive, passive learners.

Self-directed learners enter into the learning situation with more purpose and greater motivation than "do people who sit at the feet of teachers passively waiting to be taught" (Knowles, 1975, p. 14). Second, self-directed learning is more in line with the natural process of adult psychological development that moves from dependence to independence (p. 15). Third, the changes in adult educational methodology place a great deal of responsibility on the shoulders of the learners for the initiative of their learning. If an adult has never learned how to be self-directed, then the learning situation becomes one of frustration and high anxiety. Consequently, a goal of self-directed learning is to learn how to become more self-directed (p. 15).

Passengers on the bus from good to great held strongly to the ideals of self-directed learning. This expectation was not only for themselves but also for others. Next on the map was a stop at a town the panel called expectations.

Expectations

Family child care home providers continually evaluate the effectiveness of the practices utilized in their homes and expect others in the field to practice the same quality benchmarks.

Early learning professionals expect high performance. The individuals in this study were continually evaluating

their practices provided in their homes. In addition, their expectations included best practice and professionalism of their colleagues. Just thinking of oneself as a professional does not necessarily increase the quality of care and education one offers (Dombro & Modigliani, 1995, p. 35). However, the panel practitioners articulated the importance of regular assessment of the quality of one's practice which included participation in the assessment process required by the Reaching for the Stars program. The panel members had high expectations of themselves and others. These expectations included the incorporation of researched and recognized benchmarks found as quality indicators in the family child care home environment. To learn about these quality benchmarks, passengers commented on the effectiveness of education and training necessary to support adult learning. The next stop on the journey was the town of meaningful adult learning experiences.

Meaningful Adult Learning Experiences

Family child care home providers need training and education opportunities that support the specific needs of the children cared for in a home environment.

Family child care home providers need educators that are familiar with and recognize the special needs of individuals working in a home environment.

The best practice journey includes meaningful stops. This stop on the journey included extra time for passengers to engage and reflect on the beautiful countryside and intricacies of their surroundings. For the panel practitioners in this study, they articulated their adult learning needs to reflect the need for training and curriculum that supports family child care. Strongly voiced was the need for training to be taught by educators that are familiar with or have worked in the family child care home environment. Clearly, the panel providers wanted adult education opportunities that recognized their needs as learners in the field of family child care.

Based upon the complexity of training topics and styles necessary for adults working in family child care, training and educational experiences must be supported by appropriate program planning models, specifically the model that is grounded within the six assumptions drawn from Knowles (1998):

1. Educational programs should focus on what the participants actually learn and how this learning results in changes in participants, organizations, and/or societal issues and norms.
2. Program planning involves both systematic, preplanned tasks and "on your feet" (sometimes last-minute) decisions.
3. The development of educational programs is a complex interaction of institutional priorities, tasks, people and events.

4. Developing educational programs is a cooperative rather than "operative" endeavor.
5. Designing educational programs is a practical art, there is no single method of planning that ensures success.
6. Individuals, using one or more planning models as guides, can learn more effective program planning methods. (Caffarella, 1994, pp. 23-24)

Further discussion by the panel members included the need for training to address family child care home environments specifically rather than the more common trainings that typically reflect information related to child care center environments. There are differences between the needs of home providers, and specific training is necessary to support quality home environments.

Training must also be designed to meet the needs of the beginner, novice, and well-seasoned provider and environments must be designed to reflect appropriate adult learning practices. Topics were shared by the panel members which were conducive to appropriateness of each level as well as suggestions were shared in regards to the types of speakers needed to teach, the most effective methods used in trainings, and the relationship of the trainer and participants. Within the discussion rose the adult learning principles most frequently used by family child care home providers. Those included andragogy, self-

directed learning, motivational theory, learning how to learn, critical reflection, and transformative learning.

Adult Learning Principles

Family child care home providers are accessing informal and formal training and education opportunities which includes higher education.

Family child care home providers embrace self-directed learning.

Family child care home providers are motivated to learn based on influences or incentives.

Family child care home providers have been transformed in their daily practices with children based on the hands-on nature of the job.

Adult learning principles are fuel for the bus. Most important of the roadside stops on the journey from good to great was the opportunity for nourishment and socializing opportunities with other passengers. The panel practitioners in this study were women that not only accessed on-going training but also other types of formal education. This supports that while in the past women tended to be excluded from participation in many types of formal education, in more recent times women have constituted the largest proportion and most rapidly growing cohort of participants in many educational settings, particularly in higher ed (Hayes et al., 2000, p. 27). Providers in this study accessed the professional development support provided to them by many programs

created to provide opportunities for training and educational learning.

These panel members expressed their needs in regards to adult education and the theory of andragogy. To nourish this wish, the panel members wanted many types of learning and adult education experiences that supported their learning needs. "Adult education is an attempt to discover a new method and create a new incentive for learning" (Knowles et al., 1998, p. 38). Clearly, the passengers on the bus wanted the driver to stop at many types of food establishments along the way. A burger and fries time and time again was not going to meet their needs. They want to stop in cities or towns that had a wide variety of eating establishments.

The panel members were self-directed in their learning needs. This is the cornerstone to the adult principles engaged by the panel practitioners in this study. "Engaging adults as collaborative partners for learning satisfies their need to know as well as appeals to their self-concept as independent learners" (Knowles et al., 2000, p. 133). By engaging the field of family child care, professional development initiatives will engage and support the needs of the providers working with young children.

The passengers on the driver's bus were extremely motivated to learn. Either by incentives that have been created to support them or by other influences, these passengers clearly desired learning that shows respect and acceptance. In addition, passengers embraced the concept of learning how to learn. With comments that indicated that something can be learned from every class based on personal preferences, the learner can engage in different approaches and ways of organization and in learning new environment ideas. These key ideas were broad but complex in relation to understanding what learning how to learn means.

This group of passengers has developed the ability to reflect on their knowing-in-practice. They are able to reflect in the midst of the activity with children in their homes and to turn that reflection into action. They are not depending solely on established theory or techniques for working with children, instead they are constructing new theory and learning in the day-to-day encounters with children in their care. Reflection-in-action is critically important. The family child care home provider's ability to demonstrate reflection-in-action through the use of their hands-on experiences with children leads to continued learning in the environments provided to children in their care each and every day. These types of learning have

become very transformative in nature which has incorporated each providers specific knowledge, beliefs, value judgment, and feelings in regards to providing the best possible care to the individual children in their homes. As the passengers on the bus nourished themselves along the way, socializing with other passengers was seen as another important factor that contributed to the success of the journey.

Mentoring

Family child care home providers are actively mentoring each other either through face-to-face communication or through the use of the internet.

On such a long journey, one can become tired and fatigued. To assist those that grow weary, the passengers expressed their desire to share information with other passengers to lend assistance or support during times of fatigue.

The panel members voiced their commitment to mentoring others in the field of family child care. By evidence stated by the panel members, this mentoring has provided an opportunity for panel members to have transformative learning experiences which has allowed them to pass on their knowledge, skills, and attitudes in relation to caring for children in the home environment. This mentoring was found to be done via the phone, face-to-face

encounters at community of practice meetings, and through the Internet. Significant to this study was the newly evolving area of telementoring. Providers are becoming very technologically savvy by sharing resources and ideas in chat rooms, sending digital photographs of ideas and environment settings for others to view, and accessing the plethora of information available to them in regards to teaching children in a home setting. The Internet has opened the doors for communication between providers statewide as well as nationally. This is an exciting opportunity that has been sought by providers in their quest to support best practices and professionalism in their homes. With assistance from others, those on the journey become further and further engaged in the journey to professionalism.

Professionalism

Professional Development

Family child care home providers are determined to learn more knowledge in the area of child development by being lifelong learners.

Professional development is an intricate map. One panel member summarized it best when she stated:

The goals I have to continue in my professional development are: to renew my accreditation status, continue on with participation with the stars program, take English at University of Central Oklahoma, continue allowing students from UCO to

observe and become educated about what family child care is (this makes me continually stay on top of what I should be providing in my environment), work to enhance my Spanish and sign language skills, participate in every quality class that I can find time for, be a better mentor to other providers (because when I help others I learn from them also), remind myself daily why I am doing this job and be proud of my profession even when I am called a babysitter, take care of my health so that I can provide the kind of care I know the children deserve and what may be the most important goal to me at present is to stop worrying about meeting every FDCRS requirement every day and just have fun and enjoy the children. (Provider in Central Oklahoma)

In society, taking care of children has traditionally been seen as women's work and has typically not been respected (Dombro & Modigliani, 1995, p. 32). However, exposure to training and accreditation can begin to transform provider self-concepts and boost their self-esteem. "Building providers' self-esteem is an essential aspect of their becoming committed to ongoing professional development" (p. 32). The participants in this study echoed their determination in gaining new knowledge, seeking out challenges in regards to learning, and maintaining their commitment to being lifelong learners. These self-expressed expectations included the incorporation of researched and recognized benchmarks found as quality indicators in the family child care home environment.

These benchmarks are much like the beautiful intricacies of the countryside during the long journey.

Quality Benchmarking

Family child care home providers are committed to the field, to lifelong learning, and continued compliance with state regulatory agencies.

Family child care home providers are committed to the children and families in their care by providing a supportive environment.

Professionalism requires commitment for the long haul.

The benchmarks stated by the National Association for the Education of Young Children Conceptual Framework for Early Childhood Professional Development was embraced by the providers in this study. The passengers on the good to great bus all commented on their commitment to the field, commitment to lifelong learning, and continued compliance in regards to state licensing and Reaching for the Stars criteria. In regards to the children in their care, they were all committed to establishing supportive relationships with the children and families, providing the support and development of the individual learning of the children in their care, and the continuing observation and assessment of the children. Implementation of best practices was seen as a conscience choice. Indeed, the panel of experts echoed Myles Horton's (1990) reminder that any worthwhile endeavor requires dedication for the long haul. To provide

such quality benchmarks the panel members discussed expansively their participation in communities of practice locally as well as through the use of the Internet.

Communities of Practice

Family child care home providers embrace the ideas surrounding a community of practice by participating in social opportunities to learn from each other as well as support each other in the care of young children and families.

Social opportunities are important to the passengers on the good to great bus. They enjoy the opportunity to network, participate in learning activities, read and share resources, as well as have continued dialogue to support each other along the journey.

The concept of communities of practice was found to be a critical component to the success of sharing best practice ideas as well as the continuing evolution of professional development of the family child care home providers in Oklahoma. The panel practitioners engaged themselves in leadership roles as well as participants in communities focused on learning more in relation to the quality care of children in home environments. They did this by facilitating and attending face-to-face meetings as well as through the use of the Internet and email systems. The community of practice in the Oklahoma family child care network functions to serve the needs of individuals seeking

more information in regards to caring for children in their homes. However, as with any journey, challenges emerge to test the strength and commitment of those on the journey.

Challenges

Family child care home providers face challenges in their field. Those challenges surround the areas of professional development, state regulations, attitudes of peers, pressures on children, educational barriers, and recognition.

The road to professionalism can be rocky. The final and most difficult part of the journey was to deal with the challenges that appeared along the way. From flat tires, extreme heats, traffic jams, and mechanical difficulties, passengers with assistance from the bus driver had to deal with and find solutions to the travel challenges that came up along the journey.

The panel members identified several challenges in the field of family child care. Those challenges identified by the family child care home providers in this study included: (a) security in continued professional development programming and needs; (b) licensure, regulations, and Star criteria; (c) attitudes of peers within their field; (d) pressures on young children; (e) training barriers and needs; and, (f) professional recognition. These identified challenges send a clear message to leaders in the early care and education field.

Most importantly, funding was a concern voiced by the panel practitioners. Leaders must continue to lead the way in finding and securing funding to sustain and stabilize the currently developing professional development system in Oklahoma. In addition, the leaders must make family child care a priority in its infrastructure design and development. To support appropriate continuing education for individuals working in family child care, theory and lessons related to adult learning principles and practices must be accessed to serve as a foundation to create strong training and education models. These models could then be replicated in relation to building and sustaining quality training systems specific to the needs of family child care home providers.

During these challenging times, changes in regulations and policy has begun to take its toll on providers willingness and ability to meet newly authored child care standards. This has led to fear and a poor attitude among some providers who see this change as unnecessary and controlling. Unfortunately, the poor attitudes of those still deciding whether or not they want to jump on the good to great bus have affected the comfort level of those passengers already on the bus. By engaging the group that is fearful on their own terms and in their environments

with individuals in their field who already embrace best practices and professionalism, this learning may assist with the perceived complication of the systems developed and the more fearful providers will slowly begin to engage in the change process.

Other challenges identified by panel members included pressures on children. With the changing times, this pressure must be taken into consideration as the field continues to evolve and develop in the future. Children are the workers and supporters of our future nation. They should be nurtured and supported by all aspects of society. They should be the top priority of policy-makers, an investment priority by corporate America, and seen as crucial to the viability of a country that is one of the leaders in the world. With the challenges identified on the good to great bus, the passengers, driver, and bus company can begin to form recommendations that sustain the journey and supports the comfort of current and future passengers.

Recommendations for Enhancing the Journey

The journey from good to great will always be a quest for individuals working in family child care. Limitations surrounding issues of funding, social dynamics, and attitudes will always be evolving. It will be important for those in the field to assist family child care home

providers in getting more passengers on the good to great bus. This will include enhancing adult learning experiences for those individuals waiting to get on the bus. An important focus will be on the maintenance of the bus as it continues on its journey and picks up more passengers. These passengers will seek and eventually require incentives to stay with the bus providing the good to great route and expect safety checks of the standards operating the bus to reassure and support their continued patronage to the bus company. All of these considerations are important as the good to great bus serves more customers that include family child care home providers, the children and families in their care, and society in regards to the care of millions of children who spend their days in family child care home environments.

Getting More Passengers on the Bus

Leading the field of family child care from an adult education standpoint can be supported by some of the philosophical standpoints created at Highlander Folk School and its founder, Myles Horton. Family child care leaders and advocates must create opportunities for providers to gather and learn from natural human relationships that are facilitated to support voluntary association, mutual cooperation, and collaboration. Facilitators must engage

these informal groups by learning from the people; this involves starting their professionalism and education from where they are as individuals (Adams, 1975, pp. 205-206).

This would include:

1. Consciously assist providers by processing critically to their perceived difficulty of becoming a professional in the field of family child care.
2. Take the time to educate those in the profession that are having difficulty with professionalizing of the field by steering them away from individualism and into freedom that grows from cooperation and collective solutions.
3. Let individuals talk but also allow for groups to solve their problems together and then discuss the details, as a group, in detail.
4. Avoid telling the providers how to relieve their problems and concentrate on helping people look to themselves to find their own potential and their own solutions within this growing professional field. (Adams, 1975, pp. 208-209)

Like the panel practitioners that participated in this study, family child care leaders should also create opportunities to be trained on how to actively work within their child care community. They must learn when to speak and also when the importance of listening a large portion of the sessions. They should seek to reinforce talk in the group that points to united action in professionalizing the field. "This follow-up procedure reinforces the commitment to effective problem-solving by the people without relying on the experts" (Adams, 1975, p. 213). This is when peer learning is put into play most effectively and where

emerging leaders can teach and continue to learn. Leaders should make these meetings nonacademic in nature. This will encourage those that are frightened or offended by a system that appears to be educational or "school-like" (p. 210). Finally, it is important to support these opportunities to take place multiple times, Myles Horton believes "that's when education perks" (Adams, 1975, p. 211). This model will assist those waiting to get on the bus.

Provide Adult Learning

Oklahoma, as well as the nation, must engage those providers that are seen as "grassroots" by supporting them by providing appropriate adult education experiences that will engage and nurture lifelong learning opportunities. The adult education system must be built to recognize those willing to learn at an informal level as well as those willing to learn at a higher level: Higher education needs to be connected to an infrastructure that recognizes all levels desired by the adult learner working in family child care.

Oklahoma and its leaders must focus on building an infrastructure that begins by listening to all levels of providers. This means teaching individuals on how they can help themselves within a professional developments system

that is evolving and growing at a fast pace. Mandates placed upon individuals touch on one of the foundational principles in adult learning supported by Myles Horton. "People know the answers to their own questions and the job of the teacher is to get them talking about those problems, to raise and sharpen questions, and to trust people to come up with answers" (Adams, 1975, p. 4). Listening to providers will assist in the continuing cycle of maintenance necessary to keep the bus functional and operable.

Maintenance of the Bus

To keep the bus operable, it must be continually checked and maintained. This includes receiving feedback from passengers in regards to their comfort on such a long journey. Continued dialogue between family child care home providers, regulating authorities, and education and training entities must become a priority to solidify and enrich communication and systems development across the field.

Moss (1994) says that dialogue about different conceptions of quality child care has not yet really begun in North America. To be sure, the discussion that has taken place has rarely included caregivers directly. Most leaders in the field (whether they are researchers, care providers, or others) would agree that this situation has to change. According to Lord and Church (1999), meaningful partnerships evolve

when people working from different perspectives are able to identify the things they agree on while acknowledging and dealing with areas where differences persist. (Taylor et al., 1999, p. 290)

The development and implementation of a curriculum or training venue that serves the purposes of the child care provider working in the family child care home environment is needed in Oklahoma. This includes the creation of a multi-leveled training curriculum that meets the needs of those who are just beginning in the profession, those who have been around a few years, and those that are considered to be well seasoned. As articulated by the panel of practitioners, training and education opportunities for family child care home providers should include the design of conducive content topics relevant to learners' needs. This applies especially to those working in a home environment as opposed to a child care center environment.

To compliment the development of the curriculum, a training capacity must be built specifically in the area of family child care. A continued effort in recruiting and training adult educators that serve family child care providers is crucial. Once again, the need for trainers and educators that understand the unique needs of individuals working in the family child care home environment is

important in regards to meeting the learners needs as well as the quality of the training provided.

Finally, early childhood leaders need to recognize that family child care home providers in Oklahoma want to belong to a professional development organization. They are in need of support as well as connection to the larger national professional development organization. This move is necessary to increase the capacity of the professional development movement that is evolving and growing through community and local organizations, through on-line list serv discussion, and through the community of practice that has evolved in the past few years. By supporting the state-wide organization of family child care home providers, additional passengers can come on the bus.

As More Passengers Come on the Bus

Panel members strongly supported the development and implementation of a mentoring system that encourages seasoned providers to mentor other providers in the state. Mentors are people with advanced experiences who are willing and committed to providing upward mobility and support to those they mentor (Ragins, 1997). Teaching these seasoned individuals appropriate adult learning strategies could allow them to effectively work with the providers in their areas. This would meet them where they are

professionally and would support their work as it evolves. Further, as echoed by the panel participants, is the need for a supported and sustained mentoring component to assist in the development of leadership within the structures of family child care in Oklahoma. By providing mentoring opportunities, providers could continually seek incentives in regards to their professional development.

Provide Continued Incentives for Returning Passengers

With its Professional Development Ladder, Oklahoma must assess and review data that is beginning to emerge from its registry database and compare this data with other professional development registries in states that currently utilize these systems. As this data is collected and communicated, it will allow policymakers, parents, and providers to recognize emerging benchmarks in relation to the professionalization of the field of early care and education. By ascertaining this readily available information, providers can begin to recognize that professional development registries help people in a given field to be somewhere on a professional development path and go somewhere else in their professional development.

Tied to these professional development systems is the importance of sustaining and improving compensation linked to educational improvement of individuals working in child

care. Research supports that child development training and higher formal education levels are associated with high quality interactions between family child care providers and the children in their care (Fischer & Eheart, 1991; Dunn, 1993; Kontos et al., 1994; Kontos, Hsu, & Dunn, 1994; Lamb, 1998). As a profession evolves, it is important to support and reinforce compensation for educational goals attained along the established professional development path.

Finally, the ever developing professional development path must be reviewed for content and relevance to the family child care home environment. These standards must be researched and reviewed regularly for their application to the home environment.

Continually Monitor the Safety Standards of the Bus

The owners of the bus company must continually monitor the safety information provided to them when transporting passengers. This includes monitoring the mechanical sturdiness of the framework of the bus, those providing mechanical service to the bus, and those operating the bus during the long journey.

In relation to family child care, the documents seen as the conceptual framework of this study must continually be revisited for content and application to the family

child care home environment. A commitment is necessary to continually assess the current benchmark documents guiding the field of early care and education. Early childhood leaders need to carefully continue to revise and support the ethical standards expected in the field. In addition, these leaders must reassess the relevance and evolution of research in the areas of family child care. Continual revision of professional development standards for family child care home providers need to be regularly reviewed in relation to the training and education expectations of individuals working in the field.

Moving On

This research study described best practices and professionalism in the field of family child care as perceived by identified family child care home providers. Current best practices and professionalism surround the following topic areas: (a) commitment to quality, (b) adult learning, (c) expectations, (d) meaningful adult learning experiences, (e) adult learning principles, (f) mentoring, (g) professional development, (h) quality benchmarking, (i) communities of practice, and (j) challenges. The metaphor of the bus on the journey from good to great represents these results. All of the identified concepts were related to the conclusions necessary in navigating the bus

to the recommendations for enhancing the bus ride. A bus can move a large number of people. In order to get the good to great bus moving with a full load of passengers, the information and knowledge gained through this research can be applied to the field of family child care in Oklahoma. It is the responsibility of policy-makers, parents, providers, regulating entities, and professional development organizations to continue to support family child care home providers in their professional evolution to assure that all homes are providing best practices to the children in their care by providers committed to professionalism in the field of family child care. This study has found that the field cannot get to the terminal of best practices and professionalism by sitting in the bus station. It takes exceptional dedication, drive, and motion by those supporting the infrastructure of the bus and its journey as well as the passengers seated on the bus.

There is no single defining action, no grand program, no one killer innovation, no solitary lucky break, no miracle moment. Rather the process in moving from good to great resembled relentlessly pushing a giant heavy flywheel in one direction, turn upon turn, building momentum until a point of breakthrough, and beyond.
(Collins, 2001, p. 14)

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APPENDIXES

APPENDIX A

INITIAL QUESTIONNAIRE

Initial Questionnaire

The following questionnaire was utilized to gather information in the first Delphi performed in the study.

1. Why did you choose to be a family child care home provider?
2. Tell me why being a family child care home provider is important to you.
3. What does it mean to be a quality family child care home provider?
4. What do you consider as being "best practices" when working in a quality family child care home?
5. What training topics do you see a family child care home provider needing that may be different from a child care provider who works in a center setting?
6. If you were participating in a training segment for family child care home providers, what topics would you include for a beginning provider, one who has done it for a few years, and a well-seasoned provider?
7. What types of training are most meaningful to you as a family child care home provider?
8. How do you best learn about children and providing developmentally appropriate practices for the children in your care?
9. What does professional development mean to you as a family child care home provider?
10. What are your perceptions regarding the future professional challenges of the family child care home provider in Oklahoma?

APPENDIX B

SECOND QUESTIONNAIRE

The following questionnaire was utilized to gather information in the second Delphi performed in the study.

1. In your opinion, what goals should people in family child care strive for in regards to providing a quality environment for the children in their care?

2. On a scale from 1 to 5, which programs have been most helpful to you as a family child care home provider?
 - 1= not helpful
 - 2=somewhat helpful
 - 3=helpful
 - 4=very helpful
 - 5=exceeded my expectations

Title of Program	1	2	3	4	5
Oklahoma Resource and Referral Agency					
Center for Early Childhood Professional Development					
Specific Project: Oklahoma Accreditation Support Project					
R.E.W.A.R.D. Oklahoma					
T.E.A.C.H. Early Childhood® Oklahoma					
Scholars for Excellence in Child Care					
Reaching for the Stars					

On those programs that you rated, please explain what aspects of the programs were most helpful to you.

Title of Project	Explanation
Oklahoma Resource and Referral Agency	
Center for Early Childhood Professional Development	
Oklahoma Accreditation Support Project	
R.E.W.A.R.D. Oklahoma	

3. What goals do you have for yourself in continuing to provide a quality environment for the children in your care?

4. Family Child Care Home Providers either locally, or through the use of the internet, are building what is termed as a "Community of Practice". Communities of Practice are informal groups of people that emerge from a desire to understand common ideas and thoughts. These communities work together over periods of time and share a common sense of purpose and a desire to share knowledge and experiences.

a. How do you see yourself in regards to being a part of a Community of Practice in family child care?

b. Describe the family child care community of practice in which you belong.

c. If your group meets locally, tell me about the types of shared knowledge exchanged at these meetings.

d. Describe how the internet has assisted you in being apart of the family child care community of practice.

5. As an adult learner:

a. What motivates you to learn more about family child care?

b. What do you learn from working daily with the children in your care?

c. How do you plan to learn more about caring for the children in your home?

d. Describe how you see yourself helping other adults working in family child care.

e. How as the internet assisted you in learning more about providing activities for the children in your care.

APPENDIX C

Q-SORT FORM

In sections 1-11, rank order the following statements from 5 (most agree) to 1 (least agree):

Example:

<u>1</u>	I like ice cream.
<u>5</u>	I like vegetables.
<u>3</u>	I like pasta.
<u>2</u>	I like fruit.
<u>4</u>	I like sandwiches.

Section 1: BACKGROUND

_____ I entered into the field of family child care because of financial considerations.

_____ I entered into the field of family child care because I did not want my children in others' care.

_____ I entered into the field of family child care because of circumstances out of my control.

_____ I entered into the field of family child care because I love children.

_____ I entered into this field of family child care because I was urged by others to do so.

Section 2: QUALITY BENCHMARK

_____ A quality benchmark for a professional family child care home provider would be to keep up the Department of Human Services, Reaching for the Stars standards for a Three-Star home in Oklahoma which includes the achievement of NAFCC accreditation.

_____ A quality benchmark for a professional family child care home provider would be to achieve and continue education and training in child development, small business management, and parent relations.

_____ A quality benchmark for a professional family child care home provider would be to provide a home that is safe, clean, and offers developmentally appropriate activities to the children in care.

_____ A quality benchmark for a professional family child care home provider would be to take care of themselves and avoid provider burn out by reinventing oneself and the environment provided to the children in care.

_____ A quality benchmark for a professional family child care home provider would be to form relationships which encourage a sense of special ness and uniqueness for children and their families.

Section 3: BEST PRACTICES

_____ Best practices in a quality family child care home is building a foundation based upon the following areas: providing a safe, nurturing home environment; children have access to many diverse activities that allow them to learn as they play; and children are allowed to learn and grow developmentally and emotionally at their own pace.

_____ Best practices in a quality family child care home includes parents by encouraging them to take part in all areas of the family child care home program.

_____ Best practices is when a family child care home provider has fair and established contracts and policies with parents in regards to the program provided to the children in their care. This includes keeping accurate records in regards to programs that the provider may belong to and/or ethical tax practices.

_____ Best practices is when a family child care home provider has the experience, education, and training to be confident in what they do, a parent is assured that the licensed provider has a reasonable amount of education when providing a safe environment, and the provider has established respect in the community.

_____ Best practices is when a family child care home provider maintains Oklahoma Family Child Care Licensing Laws, NAFCC accreditation standards, and follows NAEYC's Code of Ethical Conduct.

Section 4: CHALLENGES

_____ Challenges faced by family child care home providers include facing further budget cuts from state-funded programs that once helped with the purchase of equipment, on-site technical assistance, or vouchers for conferences.

_____ Challenges faced by family child care home providers includes changing regulations and interpretations regarding state child care licensing laws and Oklahoma's Reaching for the Stars criteria requirements.

_____ Challenges faced by family child care home providers includes a lack of education or training in regards to serving multi-age groups in a family child care home environment or supporting the business aspect of a family child care business (i.e. tax planning, tax codes).

_____ Challenges faced by family child care home providers includes a lack of understanding by some of the family child care home population in Oklahoma that have negative opinions regarding state licensure laws and/or negative feelings regarding the Reaching for the Stars program requirements.

_____ Challenges faced by family child care home providers includes a lack of respect by parents in regards to paying the true cost for quality care for their children.

Section 5: COMMITMENT

_____ A committed family child care home provider receives satisfaction in the fact that they are making a difference in a child's life.

_____ A committed family child care home provider is very happy to provide child care services to parents.

_____ A committed family child care home provider strives to meet personal goals which include being a positive influence in the lives of the children in their care by continuing to learn, mentoring others in the profession, and respecting the needs of their individual family members.

_____ A committed family child care home provider seeks out opportunities to learn more about other environments serving children.

_____ A committed family child care home provider works to preserve the valuable qualities of the family child care home.

Section 6: EDUCATION/TRAINING

_____ Family child care home providers should be trained and continue to receive education in several areas including: small business management, first aide and CPR, developmentally appropriate practices, curriculum for mixed age groups, developmental stages and age appropriate behaviors, nutrition, parent relations, providing culturally diverse materials and activities, working with special needs children, behavior and guidance of the young child, setting up appropriate environments, marketing, organization and establishment of a routine in the home.

_____ Family child care home providers that are well seasoned should seek out learning opportunities to build their knowledge base to reinvent themselves so as to avoid burn-out.

_____ Family child care home providers should surround themselves with other family child care home providers to learn more about providing appropriate environments to young children and running their business.

_____ Family child care home providers should access education and training opportunities through professional organizations, self-readings on topics related to child development, training providers, colleges, universities, on-line classes and resources.

_____ Family child care home providers should provide learning opportunities to new providers in child care, parents, and seasoned providers at conferences and local professional organizations.

Section 7: FAMILY

_____ Because family is important to me, I chose to be a family child care home provider to serve my family and the people needing care in my community.

_____ Because family is important to me, I enjoy mixed age groups that allow the children to interact and grow with children of different ages.

_____ Because family is important to me, I think children do better in a home-like environment.

_____ Because family is important to me, I chose to be a family child care home provider in order to stay at home with my children.

_____ Because family is important to me, staying at home with my children and providing care to others is fair to my family as a whole.

Section 8: ADULT LEARNING

_____ I learn best when the training and educational experiences center around a classroom environment that includes participation in a classroom of my peers who are allowed the opportunity to converse, share ideas, work in groups, and have access to a variety of hands-on activities.

_____ I learn best when I have access to an instructor that is well educated in the area they are teaching as well as understands the different learning methods and styles.

_____ I learn best in a college classroom where I am challenged the most.

_____ I learn best from reading information either from books or access to internet resources.

_____ I learn best by working daily in my family child care home environment.

Section 9: MENTOR

_____ A mentor is supportive of other family child care home providers who are also striving to provide quality care by being accessible through a support system such as a phone tree, email exchange, or local professional organization meetings.

_____ A mentor is a positive representative of the family child care profession to help preserve all the wonderful qualities about the family child care home.

_____ A mentor interacts with peers who all know what family child care is all about.

_____ A mentor teaches classes or serves as a resource to individuals and groups of interested family child care home providers.

_____ A mentor is a great resource to help others who are on their walk to understanding what quality care is and how to achieve it in an everyday situation.

Section 10: COMMUNITY OF PRACTICE

_____ When being a part of a community of practice, I attend local conferences and try to be involved in discussion groups for understanding of professional matters pertaining to early child care.

_____ When being a part of a community of practice, I take on leadership roles such as serving as a board member of a local professional organization.

_____ When being a part of a community of practice, I focus on helping and supporting others that are interested in becoming a Two- or Three-Star home.

_____ When being a part of a community of practice, I enjoy guest speakers or resources that the group is able to recruit to teach us more about the family child care home environment.

_____ When being a part of a community of practice, I participate in on-line chats with my peers which includes individual email exchanges to share resources and ideas.

Section 11: PROFESSIONAL DEVELOPMENT

_____ Family child care home professional development is when an individual conducts him/herself in an appropriate manner, continually educating themselves while taking on new challenges, supporting other professionals who are also striving towards the same goals, and advocating for children and families.

_____ Family child care home professional development includes active participation in a local organization as well as serving a role on the board or committees to help support the organization.

_____ Family child care home professional development includes assisting universities who are gathering information for research purposes or pilot projects supporting quality child care initiatives.

_____ Family child care home professional development includes providing feedback on different issues regarding quality child care issues in the community and state.

_____ Family child care home professional development includes participation in the national organization for family child care, participation and successful completion of its accreditation process.

In this section, rank order the MOST HELPFUL professional development services from 7 (most helpful) to 1 (least helpful):

PROFESSIONAL DEVELOPMENT SERVICES

_____ Oklahoma Resource and Referral Agency

_____ Center for Early Childhood Professional Development

_____ Oklahoma Accreditation Support Project

_____ R.E.W.A.R.D Oklahoma

_____ T.E.A.C.H Early Childhood Oklahoma

_____ Scholars for Excellence in Child Care

_____ Reaching for the Stars

Thank-you for your participation! Please enclose your completed form in the self-addressed stamped envelope.

Participant Signature

Date

APPENDIX D

INSTITUTIONAL REVIEW BOARD

APPROVAL FORM

Oklahoma State University
Institutional Review Board

Protocol Expires: 2/9/2004

Date: Monday, February 10, 2003

IRB Application No ED0359

Proposal Title: OKLAHOMA FAMILY CHILD CARE HOME PROVIDERS: BEST PRACTICES AND PROFESSIONALISM

Principal Investigator(s):

Jane Humphries
2508 Renwick Ave
Oklahoma City, OK 73128

Gary Conti
206 Willard
Stillwater, OK 74078

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

Dear PI :


Your IRB application referenced above has been approved for one calendar year. Please make note of the expiration date indicated above. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved projects are subject to monitoring by the IRB. If you have questions about the IRB procedures or need any assistance from the Board, please contact Sharon Bacher, the Executive Secretary to the IRB, in 415 Whitehurst (phone: 405-744-5700, sbacher@okstate.edu).

Sincerely,



Carol Olson, Chair
Institutional Review Board

VITA

2

Jane M. Humphries

Candidate for the Degree of

Doctor of Education

Thesis: OKLAHOMA FAMILY CHILD CARE HOME PROVIDERS: BEST
PRACTICES AND PROFESSIONALISM

Major Field: Occupational and Adult Education

Biographical:

Education: Graduated from Putnam City High School, Oklahoma City, Oklahoma in May of 1983; received an Associate in Applied Science in Child Development from Oklahoma City Community College, Oklahoma City, Oklahoma in May, 1987; received a Bachelor of Science degree in Family and Child Development from the University of Central Oklahoma, Edmond, Oklahoma in December of 1993; received a Master of Education in Early Childhood Education from Oklahoma City University, Oklahoma City, Oklahoma, in December of 1994. Completed the requirements for the Doctor of Education degree with a major in Occupational and Adult Education at Oklahoma State University in December, 2003.

Experience: Administrator of two early care and education programs for 12 years; Program Administrator at the University of Oklahoma, College of Continuing Education, Center for Early Childhood Professional Development from 1999 to present; Adjunct Professor at Oklahoma City Community College, Child Development, 1995 to present; and, the University of Central Oklahoma, Human Environmental Sciences Department, 2003 to present.

Professional Memberships: National Association for the Education of Young Children; National Association for the Early Childhood Teacher Educators; The American Association of Family and Consumer Sciences; American Associate Degree Early Childhood Educators; Southern Early Childhood Association; Early Childhood Association of Oklahoma; Friends of Early Education; Oklahoma Family Resource Coalition; Member of the Honor Society of Phi Kappa Phi.