Pepperdine University
Graduate School of Education and Psychology

MAKING THE MOST OF CONNECTIONS:

ILLINOIS LICENSE-EXEMPT CHILD CARE PROVIDERS' USE OF

INFORMATION ABOUT EARLY CHILDHOOD EDUCATION AND CARE

A dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Education in Educational Technology

By

Douglas Paul Clark

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This dissertation written by

Douglas Paul Clark

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

June 8, 2006

Faculty Committee:

_____
Diana Hiatt-Michael, Ed.D., Chairperson

_____
Reyna García Ramos, Ph.D.

_____
Farzin Madjidi, Ed.D.

                                _____
                                  Chester H. McCall, Ph.D.
                                  Associate Dean

                                  _____
                                  Margaret J. Weber, Ph.D.
                                  Dean

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DEDICATION

This project is dedicated to Dianne, my bride of 20 years; our son Trevor; my parents, Bill and Judy; and my sister Jane and her family.

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CURRICULUM VITA

Academic Degrees and Professional Preparation

2006   Candidate, Doctor of Education, concentration in Educational Technology
Graduate School of Education and Psychology, Pepperdine University

2000   Certificate of Advanced Study, specialization in Early Childhood Administration
National College of Education, National-Louis University

1996   Master of Arts, concentration in Business, Webster University

1982   Bachelor of Arts, major in Physical Education, North Park College

1982   Bachelor of Arts, major in Biological Sciences, Judson College

1982   Certificate (Type 10 Special K-12 Teaching - Physical Education)
State of Illinois Teacher Certification Board

Employment History

Since 2003   Director, Early Childhood Administration Program
National-Louis University

Since 2000   Assistant Professor, Early Childhood Education, National-Louis University

Since 2000   Senior Research Associate, McCormick Tribune Center for Early Childhood Leadership at National-Louis University

1997-2000   Resource Instructor in Early Childhood Administration

1997-2000   Lecturer, Judson College Early Childhood Education Department

1992-2000   Executive Director, nationally accredited early care & learning center

1986-1992   Principal Consultant, human resources development consultancy

1982-1986   Area Director, national youth outreach organization

ABSTRACT

In 2004, public funding underwrote the cost of child care services for over 1.7 million children from income-eligible families in the United States. About 1 in 4 American children served by these subsidies is cared for in a setting where a state-issued license to operate is not required, but in many states the percentages are quite higher. In Illinois, the use of license-exempt child care accounts for nearly half of all children receiving services via the state's child care subsidy program, a level that directly impacts more than 150,000 children and their families each year.

Making the Most of Connections is a descriptive study using both qualitative and quantitative data to examine license-exempt child care providers' knowledge of available information resources about early childhood education and care. Original data was collected through a semi-structured questionnaire administered by telephone to a random sample of 102 license-exempt child care providers across Illinois in September 2005.

Family members, 69% of whom are the grandmothers of the children in care, are the most common types of license-exempt caregivers. These providers are very interested in learning more about helping children enter kindergarten prepared to succeed in school, and they would look to local schools and teachers as sources for information on school readiness. Illinois license-exempt child care providers perceive that getting information online would be more convenient than attending on-site training. Most of them have a computer at home and are connected to the Internet. Taken together, these findings reveal new possibilities for using online technology as a tool for providing

technical assistance to this vitally important sector of the state's early childhood workforce.

Recommendations call for a re-doubling of efforts to connect license-exempt child care providers more closely to the Illinois' formal early childhood professional development system, acting on the potential for making use of the Internet to connect them with information and each other, and piloting a strategy for supporting local school sites as the logistical gateways for connecting license-exempt providers with online resources to inform their caregiving practices.

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Chapter 1: Purpose and Background of the Study

Introduction

Public interest in matters related to child care has risen during the past 3 decades as more women with children have entered the workforce. According to the U.S. Department of Labor, the rate of employed mothers with children under the age of 18 climbed steadily from 47% in 1975 to 72% in 2002 (U.S. Bureau of Labor Statistics, 2004). During that same span, the proportion of women in the labor force with children under age 3 nearly doubled from 34% to 61%.

Moreover, passage of the federal welfare reform law, the *Personal Responsibility and Work Opportunities Act of 1996*, has had a dramatic impact on the nature and scope of child care in the United States (Cohen, 2001; Collins & Carlson, 1998; Haack, 1998). Parents' need for child care services has expanded and government policy has been formulated to support low-income families' transition from welfare to work.

Data kept by the Child Care Bureau (2006a) show that in fiscal year 2004, federal and state monies underwrote the cost of child care services for over 1.7 million children from income-eligible families in U.S. states, territories, and tribes. Nationally, 26% of these children were cared for in settings in which a government-issued license to operate is not required, those the bureau defines as "legally operating without regulation" (Child Care Bureau, 2003a). While this figure accurately suggests that about one in four American children served by publicly-funded subsidies is cared for in license-exempt settings, in many geographic areas the percentages are quite higher. In Illinois for instance, the use of license-exempt child care accounts for nearly half (48%) of all

children receiving services via the state-administered child care subsidy program, a level that directly impacts more than 150,000 children and their families (Child Care Bureau, 2005).

Only a few studies have been conducted about license-exempt providers, their knowledge of quality child care practices, and their training as providers of early care and education services. The little that is known suggests that license-exempt providers are not well-connected to resources and information that can enhance their care-giving practices (Galinsky, Howes, Kontos, & Shinn, 1994; Peth-Pierce, 1998). Among the key findings from their examination of the Illinois early childhood workforce, Krajec, Bloom, Talan, and Clark (2001) reported that "many caregivers operate outside the established early childhood regulatory system and thus do not have access to technical assistance or professional training" (p. 65).

While most studies have found that license-exempt providers possess little formal child care training, others have uncovered evidence of providers' interest in having training and other supports available to them (Brandon, Maher, Joesch, & Doyle, 2002; Porter, 1999). Important questions remain as to the most effective means of connecting providers with these resources.

Purpose of the Study

Making the Most of Connections (MMC) is a descriptive study using both qualitative and quantitative data to examine license-exempt child care providers' awareness of available information resources about early childhood education and care. This study explores the potential uses of Internet technology as a tool for connecting

license-exempt child care providers with resources aimed at helping the children in their

care to meet state school readiness goals. This study was underwritten by funding from

the Child Care Bureau of the U.S. Department of Human Services, Administration for

Children and Families (see Appendix A) and was strengthened by cooperation from

leading child care and educational agencies in Illinois. Senior officials with the Illinois

Department of Human Services, and Early Childhood Education Division of the Illinois

State Board of Education provided valuable insight during the conceptualization of the

project. Access to the study sample and ethical handling of the collected data was made

possible through collaboration with the Illinois Network of Child Care Resource and

Referral Agencies.

The Research Questions

Three primary research questions guide this investigation:

1. What is Illinois license-exempt child care providers' knowledge of available

   information resources about early childhood education and care?

2. What information sources do Illinois license-exempt child care providers use for

   acquiring information about early childhood education and care?

3. What online communication technologies do Illinois license-exempt child care

   providers currently utilize on a regular basis?

Significance of the Study

Across America, state government administrators are seeking effective methods to

improve quality, achieve improved child outcomes, and adequately support child care

providers. Through their efforts, they direct significant investments of taxpayer dollars.

Although needs vary depending on demographic and geographic circumstances, some needs cut across these boundaries: (a) the need to provide current training to large numbers of early care and education practitioners, (b) the need to improve knowledge levels of the current and prospective early care and education workforce, (c) the need to reach large numbers of isolated family child care providers, and (d) the need to provide training and resources to those license-exempt caregivers who are serving low income families across the country (Clark, 2004).

Findings from this study reveal new possibilities for using online technology as a tool for communicating state school readiness guidelines to Illinois license-exempt child care providers. They stimulate fresh thinking about more effective and efficient ways to connect license-exempt child care providers with information resources helpful for enhancing their practice. Most importantly, they suggest an untapped potential for helping thousands of Illinois children enter kindergarten better prepared to succeed in school.

In the wake of federal policy directives, officials from several lead child care and educational agencies in Illinois have underscored the importance of efforts to support young children's readiness for school. Among them, Child Care and Development Bureau Chief Saterfield from the Illinois Department of Human Services (DHS) states:

> We are exploring ways to train home providers on the Early Learning Guidelines and help children develop the skills that will make them successful as they enter school. There is tremendous potential to reach a little understood segment of

caregivers and have a great impact in these types of settings (personal

communication, June 17, 2004).

Early Childhood Education Division Administrator Henderson of the Illinois State Board

of Education (ISBE) also recognizes the priority of assisting practitioners from all sectors

of the early childhood workforce to be effective in supporting children's successful

transitions to kindergarten:

> Our goal is to increase school readiness by training all early education and care
>
> providers on the use of the (Early Learning) Standards in their particular setting.
>
> Using technology to reach license-exempt providers gives us access to a
>
> population that is difficult to reach with traditional training methods (personal
>
> communication, June 16, 2004).

As a governor's appointee to the Illinois Early Learning Council, Illinois Network of

Child Care Resource and Referral Agencies (INCCRRA) Executive Director Maruna sees

"great value in building knowledge and capacity around the usage of technology to

provide early care and education support to license-exempt providers" (personal

communication, June 18, 2004). Complete texts from personal communications by

Saterfield, Henderson, and Maruna appear as Appendix B.

Besides its direct relevance to current social and educational policy, this study

also holds promise as a model for replication in other locations. The research design,

sampling plan, data collection strategy, and analysis style were validated as an

appropriate and effective protocol, suggesting that this study could be successfully

repeated with targeted child care provider populations in other geographical areas where license-exempt care predominates.

Limitations of the Study

 Making the Most of Connections is limited as this study focuses only on subsidized license-exempt child care providers within Illinois. Since child care systems vary widely across U.S. states, territories, and tribes, the outcomes of this project should not be presumed to be generalizable to other populations served by child care subsidy dollars.

 Although outcomes from this study point to new possibilities for online technology to connect license-exempt providers with helpful information, it does not prove that all providers will readily embrace the technology. Nonetheless, findings from this project provide a hopeful outlook and offer a compelling rationale to further consider online technology as a tool for improving technical assistance to this highly influential sector of the early childhood workforce.

Definitions

 License-exempt child care. For this study, *license-exempt child care* is defined by Anderson, Ramsburg, and Scott (2005) in their study of Illinois license-exempt providers as "legal care in home settings that has been exempted from state licensing requirements" (p. 2). Their definition encompasses four specific arrangements: (a) family child care home providers who care for no more than three children including their own (unless all of the children are from the same household), (b) non-relatives providing care in the

child's home, (c) relative providers caring for children in the relative's home, and (d)

relatives providing care in the child's home.

Information about early childhood education and care. For the purposes of this

research project, the term *information about early childhood education and care* means

information grounded in the Illinois Early Learning Standards. Developed by the Illinois

State Board of Education, the standards include benchmarks for learning in language arts,

mathematics, science, social science, physical development and health, fine arts, foreign

language, and social/emotional development. These guidelines are intended to provide

early childhood teachers and caregivers in both licensed and licensed-exempt settings

with useful information that is directly needed as part of their daily classroom work"

(Illinois Early Learning Project, 2002; Illinois State Board of Education, 2004).

Information sources. In this study, the term *information sources* refers to the

people and institutions consulted by Illinois license-exempt child care providers when

they are seeking or receiving information about their caregiving practices. The

information sources are attributed to 1 of 12 categories: (a) educators and educational

facilities, (b) library resources and staff, (c) stores, (d) technology resources, (e) social

services agencies and staff, (f) published materials, (g) health professionals and facilities,

(h) family members and friends, (i) parents of children in care, and (j) faith leaders and

houses of worship.

Online communication technologies. The term *online communication*

technologies refers to (a) computer equipment and services that provide study

participants with a connection to the Internet, and (b) online activities they have

experienced. Within the context of this study, these pursuits encompass four broad areas of activity: information gathering (getting news, checking weather reports, finding directions, and looking up phone numbers), conducting business transactions (paying bills, banking, and making purchases), entertainment (playing games, listening to music, and watching videos), and communication (exchanging email, sending special greetings, and taking part in an Internet-based discussion forum known as a chat room). The definition also encompasses participants' access to cellular telephones (cell phones) and use of other online services such as instant messaging (using personal computers) and text messaging (using cell phones).

　　　School readiness. In this study, *school readiness* refers to national policy goals, namely those of the Good Start, Grow Smart (GSGS) initiative. GSGS asks U.S. states and territories to address early literacy and early math concepts of children ages 3 to 5. Additionally, several states have developed guidelines that address other developmental areas such the social-emotional domain (Child Care Bureau, 2004). For this project, school readiness is addressed through a series of four questions: one general question about helping children get ready for kindergarten and three others tied to literacy, math, and social-emotional development.

Chapter 2: Review of the Literature

Introduction

In the United States, early childhood education and care is an essential aspect of two national priorities: helping families work and preparing children to succeed in primary school. Both nationally and locally, early childhood policy is influenced by labor market policy, public assistance policy, education policy, and child welfare policy (Kamerman & Gatenio, 2003, p. 6).

The federal government, through congress and multiple administrative agencies, plays an important role in formulating early childhood policies. Over the past century, federal policymaking efforts have been concentrated on making services available to families with children at risk due to health, social, or economic factors. Since the passage of sweeping welfare reform legislation in 1996, national policy has emphasized the provision of child care services as an incentive for mothers receiving public assistance to find active employment.

At the state level, policy decisions are made with regard to participant eligibility, the supply and availability of services, the allocation of services and benefits, and the quality of services. States use legislation, supplemental funding, and regulation to implement policy decisions (p. 10).

Early childhood policies address children's needs from birth through state-designated compulsory school age (Cohen, 2001, p. 6). They encompass a wide range of government actions which influence the supply and quality of early childhood education and care programs. Among the activities sanctioned by state governments are: (a) direct

delivery of early childhood services, such as public school kindergartens and state prekindergarten programs; (b) financial subsidies to private providers of child care services through grants, contracts, and tax incentives; (c) financial subsidies to income-eligible users of early childhood education and care; and (d) the implementation of regulations, particularly those pertaining to safety or program quality (Kamerman & Gatenio, 2003, p. 3).

At the federal level, enacted policies relating to early childhood education and care take many forms. Typically, these policies are expansive, such as (a) the $4.8 billion Child Care Development Fund (CCDF) that provides monies to the states to subsidize the child care expenses of resident working parents with low incomes (Child Care Bureau, 2005), (b) the Child and Dependent Care Tax Credit for individuals' expenses related to the care of a dependent child younger than 13 years old (Blau, 2001, p. 151), or (c) the Child and Adult Care Food Program that provides federal funding for meals served in licensed child care centers, schools, and group child care homes to children age 12 or younger (U.S. Department of Agriculture, 2005). Among several other examples, early childhood policies also relate to funding for Head Start centers (Office of Management and Budget, 2004) and provisions within the Individuals with Disabilities Education Act (Kamerman & Gatenio, 2003, p. 21).

State and local governments are responsible for the oversight of child care providers that operate in their jurisdictions. Each state develops its own child care standards and determines the types of child care settings that are subject to the standards. While there is broad variation among the states regarding the specific criteria used to

determine provider compliance, state child care standards primarily focus on "structural attributes" of care, such as minimal requirements for hygiene, safety, or workforce qualifications (U.S. General Accounting Office, 2002, p. 5). Most child care providers are required to meet a state's standards to obtain a license to operate legally, although most states also define certain child care settings as license-exempt.

The reach of early childhood programming varies greatly both across and within states, from comprehensive programs that promote health, social, and cognitive development to programs that provide children with opportunities for social interaction or developmental stimulation. States complement and sometimes supplement the federal funding for early education and care. Some states set quality standards and monitor programs closely, while others place regulatory control at the local level or stipulate voluntary compliance by providers (National Child Care Information Center, 2004).

Management and control of public education is the responsibility of individual states and territories within the United States. In some cases, prekindergarten programs are administered by the state's department of education; in others, regulatory oversight is a role for local school districts (Kamerman & Gatenio, 2003, p. 4). Most states that offer prekindergarten do so to help prepare young children for school. Historically, these programs have targeted families that have been deemed disadvantaged; however, current efforts are underway across the nation to implement universal prekindergarten programs (Pre-K Now, 2005; Strategies for Children, 2005).

Child care services are supplied by providers operating in a wide array of settings. While there are distinctions throughout the literature among descriptors for specific

settings, in a broad sense the child care market is bisected into the categories of either formal or informal provider types (Blau, 2001, p. 21; Krajec et al., 2001, pp. 18-19; U.S. GAO, 2002, p. 5). Generally, formal care arrangements are rendered in nonresidential facilities such as child care centers, public prekindergartens, or other preschool programs which may be employee-sponsored, faith-based, non-profit, or privately owned. Family child care homes, where care is provided for a small group of children in providers' homes, are also considered formal child care settings because they are subject to the licensing regulations in force within their states. Informal child care, as defined by the U.S. GAO, (2002) refers to "legally operating care given by adults, including relatives and friends" (p. 5). Child care settings of this nature are often referred to as *license-exempt*.

Families choose license-exempt care for several reasons, but two seem to predominate. Anderson et al. (2005) observed that the most important choice factor is the trust that parents have in their caregivers. Families also appreciate the convenience and scheduling flexibility that can be provided in license-exempt settings. These features are especially important to parents who are stretched thinly to meet the demands of job and family, especially if the parent is forced to negotiate a non-traditional work schedule.

To date, relatively little is known about license-exempt child care providers in the United States. Of the few studies that have been carried out, most have focused on utilization rates, the quality of children's experiences in these care settings, or have described the families making use of this form of care (Brandon et al., 2002; Brown-Lyons, Robertson, & Layzer, 2001; Porter, 1998). Scant few have considered the

caregivers themselves, and only a smattering have reported on matters related to supporting their development as practitioners. Most of these studies have used convenience sampling from limited sites. Because child care systems vary widely from state to state, the outcomes of these projects are not easily generalizable to the national scene.

Efforts to learn more about license-exempt providers in the United States are confounded by the lack of a universally embraced nomenclature that can be applied to describe their practice. Among the other terms used to describe license-exempt arrangements are *unregulated care*; *kith-and-kin care*; or *family, friend, and neighbor care* (Brandon et al., 2002; Collins & Carlson, 1998; Porter, Rice, & Mabon, 2003). Adding to the dilemma, child care licensing regulations vary broadly across the nation, rendering it virtually impossible to arrive at a common definition for the term *license-exempt*. In her summary of states' definitions of licensed family child care homes, LeMoine (NCCIC, 2004) reports that some states, such as Indiana and Texas, permit up to 12 children to be cared for in homes without a license being required of the caregiver, while others such as New Hampshire cap the group size at 5. Several states have voluntary licensing systems, and in Louisiana home-based care is not regulated at all. On top of this, most states' standards make further distinctions in allowable group sizes based on the ages of the children receiving care. These disparities leave little to the imagination as to value of learning more about license-exempt child care providers.

Early Childhood Education and Care Policy in the United States: Historical Backdrop

Institutional child care began during a time when charitable contributions to groups that helped support the poor, particularly poor women with children, were still in favor. As public attitudes toward the poor shifted, so did the weight of social welfare, from being the role of charity to becoming the work of government (Michel, 1999). The origin of institutional child care in the United States has been traced to 1798 with the establishment of a nursery created as part of the Philadelphia House of Industry (p. 20).

Founded by philanthropists, the House of Industry represented an alternative to the common practice of breaking up the family by placing widows and single mothers in the poorhouse and sending their children to orphanages. Instead, it offered needy women a means of supporting themselves while keeping custody of their children. The charitable work of the House of Industry 200 years ago is often revered as the genesis of the day nursery movement. Through subsequent years marked by the events of history and key policy decisions, today's child care market has emerged.

The White House conferences on children. The 1909 White House Conference on Children is the first recorded involvement by the federal government to address policy related to child care. Convened by President Theodore Roosevelt at the behest of a small group of progressive era social reformers, the conference took place when prevailing public sentiment stood on the conviction that "the only way a good mother could fulfill her role was to be home with her children" (Lombardi, 2003, p. 31). The most notable outcome of the 1909 conference was its support for mothers' pensions, which were payments made by the government to "mothers who lacked other means of support"

(Michel, 1999, p. 73). A precursor to the Aid to Dependent Children initiative, the first

state mothers' pension fund was enacted in 1911, and assistance was available to poor

mothers in more than three-fourths of the states by 1920. Assistance was typically

reserved for widows, but some states also extended aid to women who had been deserted

or divorced. Many mothers, particularly minority women, were specifically excluded

from some programs (Lombardi, p. 32).

The 1909 White House Conference, and its successor in 1919, championed higher

standards for child care provided outside the home in cases where it was not possible for

children to be cared for by their mothers in their own homes. By that time though, the day

nursery movement that had begun more than a century earlier with the Philadelphia

House of Industry was waning. In light of a national conscience that emphasized the

importance of motherhood, U.S. policymakers rested content that their commitment to

mothers' pensions would suffice and gave no further consideration to a role for

government in sustaining and expanding day nurseries. As Lombardi describes the

political sentiment in the early 20th century, "child care as an institution had a negative

connotation, except in times of emergency" (p. 30). As it turned out, it would not be long

after the White House Conferences before the United States would be confronted by a

one-two-punch of grand scale national emergencies.

The Great Depression and World War II. Child care did not surface as a matter of

public policy until the Great Depression, when the national economic crisis brought it to

the attention of policymakers. In response to widespread unemployment, President

Franklin D. Roosevelt initiated the Works Progress Administration (WPA) in 1933.

Among the many programs established by Roosevelt's New Deal agenda, were the

Emergency Nursery Schools and the Lanham Act Child Care Center (Cohen, 2001;

Lombardi, 2003; Michel, 1999). The nursery schools were closely related to the WPA's

programs of family life education for parents. For the first time in the nation's history,

public funds were made available for out-of-home care and were used to provide child

care jobs for unemployed teachers, janitors, nurses, and cooks. Since these emergency

nursery schools were employing teachers and most often were located in schools, they

had a more educational orientation than the day nurseries that had begun in Philadelphia.

As a result, while the WPA programs served mostly poor children, they emerged during a

period of growing support for nursery school for middle-class children (Lombardi, p. 33).

From 1933 to 1934, nearly 3,000 nursery schools were set up with federal

backing, serving more than 64,000 children. These schools were then consolidated, and

from 1934 to 1935, an average of 1,900 schools were in operation, with a capacity for

75,000 students. Eventually the program spread to 43 states, the District of Columbia, the

Virgin Islands, and Puerto Rico. The emergency nursery schools operated until 1943,

when many were discontinued and others converted into wartime child care centers

(Michel, 1999, p. 119).

Trailing closely on the heels of the Great Depression, World War II caused

another national workforce emergency that triggered a new wave of public support for

child care (Lombardi, 2003, p. 33). In the early 1940s, the Lanham Act authorized federal

expenditures for the operation of hospitals, schools, and child care centers to meet the

needs of those who worked in the defense industry. The Lanham Act centers were

administered by the Federal Works Administration (FWA), which did not favor the use of

Lanham funds for child care. Still, during World War II, these schools formed the basis

for a federal child care system of more than 3,000 centers with a capacity of 130,000

children (Michel, 1999, p. 93). After the war, as Lombardi points outs (p. 33), widespread

nostalgia arose for the "good old days" when mothers stayed at home to care for their

children. With the exception of a smattering of programs, the wartime centers were

promptly closed once the war had ended.

Early childhood policy from 1950-1970. As soon as the national emergencies had

passed, child care was once again displaced from the national agenda. Although support

for nursery school and kindergarten grew during this period, child care continued to be

about the single dimension of child protection, seen as a temporary workforce need.

Indicative of policymakers' attitude in 1950, child care was omitted from the conference

platform of the White House Conference on Children.

On the other hand, according to Lombardi (2003), a "quiet revolution was

brewing" (p. 34). Two million more women were working after the war than before. In

1950, three times as many mothers were working outside the home as in the years leading

up to World War II. In many ways, female participation in the war effort had served to

legitimize work for women and gave millions their first opportunity in the workforce,

which in turn raised once again the matter of child care as a bona fide policy issue. Still,

the common belief—as presented in both professional journals and the popular press of

the day—was that mothers who chose to work were jeopardizing their children's healthy

development and future success in the classroom and places of work.

In the middle 1950s, the role of government policy in child care became part of the larger tax discussions that were taking place in congress. As a result, a tax deduction for child care expenses was enacted (Lombardi, 2003, p. 35). Although this amendment to the tax code would benefit only low-income families, it was nonetheless significant because it supported working mothers, a departure from longstanding policy that emphasized income support for unemployed welfare mothers. Although the child care deduction was the only major public policy action taken during the 1950s, it proved to be the forerunner of the dependent care tax credit that emerged in the 1970s and was later expanded to allow a child care credit to families at all income levels (Blau, 2001, p. 151). In Lombardi's judgment, the dependent care tax credit to this day rates as the only federal child care policy ever enacted to which families across all income strata can avail themselves (p. 35).

In 1967, amendments to the Social Security Act established the Work Incentive Program (WIP). WIP required parents on welfare, except those with young children, to register in work and training programs. The new laws also mandated states to provide child care services to families who participated in such work or job training initiatives. Continuing through the early 1980s, WIP served as the primary mechanism within the welfare system for encouraging work through incentives that allowed recipients to keep a portion of their earnings without a reduction in their welfare benefits (Lombardi, 2003, p. 37).

Early childhood policy from 1970-1990. With the Comprehensive Child Development Act of 1971, congress approved the first national child care legislation, but

President Nixon vetoed it on the grounds that such a program would mean

"communalizing child rearing" (Kamerman & Gatenio, 2003, p. 5). The $2 billion

authorization had been envisioned as breakthrough federal policy support for hundreds of

thousands of low-income working families. Nixon argued that "for the federal

government to plunge headlong financially into supporting child development would

commit the vast moral authority of the national government to the side of communal

approaches to child rearing over (and) against the family-centered approach" (Lombardi,

2003, p. 37). Once again, efforts to advance national policy in support of child care were

set back.

Kahn and Kamerman (1987) characterize the 1980s as a period when

"decentralization, deregulation, and privatization became the guiding principles in federal

child care policy" (p. 3). Cuts in social services limited the growth of federal spending on

child care. Efforts to implement federal child care standards were curtailed. The focus

turned away from the federal government and toward a greater role for the states and the

private sector.

As America approached the final decade of the second millennium, convictions

about motherhood and family life that had shaped early childhood policy at the beginning

of the century were giving way to the debates over welfare reform. As evidence, the

Family Support Act was established in 1989, which not only guaranteed child care

assistance for welfare families but also provided an entitlement of up to 1 year of child

care assistance for families who were transitioning off welfare rolls into employment

(Lombardi, 2003, p. 38; Michel, 1999, p. 276). It seemed that consensus was rapidly

building for policy that would bring publicly supported parents into the paid labor force and "end welfare as we know it" (Clinton Foundation, n.d.).

From welfare to work. Unlike the relatively quiet history of the preceding 4 decades, federal policy emerging during the 1990s had a profound impact on child care provisions for thousands of families across the nation. Two pieces of legislation, the Child Care and Development Block Grant (CCDBG) enacted in 1990 and the Personal Responsibility and Work Opportunity Act (PRWOA) of 1996 tied child care more directly to ongoing work support.

A block grant is a sum of money provided by the federal government to the states to be used at the states' discretion within a broad and flexible framework (Kamerman & Gatenio, 2003, p. 8). The CCDBG was established largely as a result of heavy lobbying from a broad-based coalition of child welfare advocates known as the Alliance for Better Child Care.

Enactment of the CCDBG was significant because it provided resources for low-income working families besides those who were eligible to receive welfare benefits. Since it was the first block grant specifically focused on child care, it precipitated a series of public and private activities in the states. As a result, for the first time in U.S. history, every state was required to develop a child care plan for working families (Lombardi, 2003, p. 41).

The second event that linked child care to work was the passage of the PRWOA, the welfare reform bill of 1996. As the debate over welfare intensified throughout the early 1990s, child care emerged as a critical issue because implicit in the anticipated

reform legislation was the corresponding surge in demand for child care once parents were moved from welfare to work.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) transformed the U.S. welfare system by replacing legal entitlement to cash assistance under the previous welfare program with the Temporary Assistance for Needy Families (TANF) block grant. It consolidated four separate child care funding streams, most prominently the CCDBG, into a single instrument known as the Child Care and Development Fund (CCDF). As present day policy, PRWORA requires low-income parents with children ages 3 months and older to be employed within 2 years of claiming welfare payments and sets a 5-year lifetime limit for any individual receiving benefits (Kamerman & Gatenio, 2003, p. 8). Enactment of the PRWORA increased the amount of federal money to states for child care both by increasing funding for the child care block grant and by allowing states to transfer funds from the TANF block grant into child care (Cohen, 2001; U.S. General Accounting Office, 2002, p. 6).

Child care policy in the wake of welfare reform. Intended as a ballast amid the changing political, societal, and economic climate anticipated from enacted welfare reform law, the Child Care Bureau was established in 1995 within the U.S. Department of Health and Human Services as the lead agency overseeing federal child care programs. The bureau plays several important roles, most prominently the administration of the CCDF, which administers $4.8 billion to support improvements in the availability, access, and quality of child care for lower income families (Child Care Bureau, 2005). The bureau provides guidance and accountability to U.S. states, tribes, and territories,

through which CCDF monies are disbursed to child care providers on behalf of income-eligible working parents.

As the Child Care Bureau's first chief executive, Joan Lombardi (2003) noted that by placing child care in a children's agency, and outside a purely welfare or social-welfare orientation, a "new direction was set" (p. 46). That new vision of child care was as a two-generation program: both a service to promote healthy child development as well as a work support for family self-sufficiency.

During the same time that the Child Care Bureau was being established, a wave of interest in brain research and early education was emerging and fast gaining momentum. For instance, the Carnegie Corporation of New York (1994) published *Starting Points*, a report on the importance of the first 3 years of life, which raised awareness about parenting, children's development, and the quality of early childhood experiences. In popular literature, a special issue of *Newsweek* (Begley, 1997) magazine was devoted to the early years of life. Actor and film maker Rob Reiner lent his celebrity as spokesman for the *I Am Your Child* campaign (Parents' Action for Children, 2005) intended to spread the word about the link between healthy early brain development and positive child outcomes. Prominent in the academic literature is Shonkoff and Phillips' (2000) *From Neurons to Neighborhoods*. Among the outcomes of this project were findings that all children were born "ready to learn;" that "early environments matter;" and that "society is changing and the needs of young children are not being addressed" (p. 4). The project team also recognized the problematic condition that is brought about when the

domains of "early childhood science, policy, and practice" (p. 4) are considered in isolation of one another.

During the 20th century, U.S. early childhood policy has evolved from understanding child care as charity, to providing income support to poor mothers, to offering temporary child care support during national workforce emergencies, to guaranteeing child care assistance as mothers move off welfare, and more recently to providing work support for low-income families (Lombardi, 2003). Now, early in a new millennium, across a national policy landscape that stresses school readiness and academic performance, child care has finally arrived to be counted among the most important factors to impact the education of millions of children.

Current U.S. Early Childhood Policy: The Coming Together of National Priorities

If low-income parents are required to work, it follows logically that they will also need child care assistance. This recognition, in the wake of the 1996 welfare reform law drew positive attention to child care policy. Under the national spotlight, child care burgeoned as an undeniable matter of critical public policy. No longer viewed solely as a way to support full employment across America, child care is understood as an opportune venue for promoting positive child and youth development.

Indeed, child care has taken its place as part of the education reform agenda. Since the release of Shonkoff and Phillips' (2000) findings and the other similar messages, additional public awareness campaigns and more research publications have highlighted the critical importance of the early years and that wherever children spend them—whether at home or in nonresidential child care—matters to their overall

development. While reinforcing the importance of the family, these reports recognize the positive influence of quality child care on children, particularly low-income children, in both formal and informal child care settings (Cost, Quality, and Child Outcomes Study Team, 1995; Galinsky, et al., 1994). Improving child care and reforming education, in Lombardi's words, now appear to be "two sides of the same coin" (p. 45). While soft-spoken, this changing attitude registers prominently in reforms that are the hallmarks of national education policy occurring at dawn of the 21st century.

No Child Left Behind. When George W. Bush administration took office, education reform took top billing on the domestic agenda. During the early months of 2002, the President focused much attention on education by signing, with bipartisan backing, an education bill known as the No Child Left Behind Act (NCLB).

NCLB has been heralded as the beginning of a new era in public education. However, NCLB is not a new law, but rather the current form of federal education policy that dates back to 1965. As part of President Johnson's War on Poverty, congress reauthorized the Elementary and Secondary Education Act (ESEA) to emphasize aid for poor children (Hadley, 2004). This legislation, an early example of major federal involvement in education, remained until economic downturns in the 1970s mandated sharp federal spending cuts.

By most accounts, the roots of NCLB's accountability measures began in the Reagan administration (Conley, 2003; Cross, 2004). President Reagan appointed the National Commission on Excellence in Education to report on the quality of education in the United States. The report, *A Nation at Risk* (Gibbon, 2005), found the education

system producing only mediocre results. Among the remedies prescribed by the commission was the establishment of a common core curriculum of academic standards. Keeping his 1980 campaign promise to reduce the federal government's role in public education, Reagan dismissed the notion of national standards and left the work of establishing academic standards to the states.

After taking office in 1989, President George H. W. Bush convened the nation's governors for a National Education Summit. The governors established six broad objectives to be reached by 2000. Bush also created the National Education Goals Panel (1991) to monitor and report on the progress made toward meeting the six objectives. His successor, President Clinton, carried on this effort under new monikers: the Improving America's Schools Act of 1994 and the Goals 2000: Educate America Act. As Hadley points out, "these laws contained many of the accountability and testing provisions found in NCLB," such as the guiding principles for curricular content, performance standards, and assessment of students. Although these laws did stipulate timelines for certain standards to be met, there were no real penalties for not attaining them, so most states ignored the law.

It was during the Clinton years, with the 1994 reauthorization of ESEA when harbingers of NCLB manifested. During the mid-1990s, educational programs reflected NCLB's basic structure without stressing the issues of accountability and enforcement, the two notable components that President George W. Bush introduced shortly after his inauguration in 2001.

While NCLB has been both celebrated and criticized for its dramatic impact on elementary and secondary schools, provisions in the law also called for a $75 million emphasis on literacy in early childhood programs (Lombardi, 2003, p. 51). Furthermore, in his 2002 State of the Union Address, President George W. Bush identified a critical next step in his agenda for education reform: "There is more to do. We need to prepare our children to read and succeed in school with improved Head Start and early childhood development programs" (White House, 2002a).

Good Start, Grow Smart. As a result of this presidential charge, a new early childhood initiative, *Good Start, Grow Smart* (GSGS), was instituted by the Child Care Bureau to help states and local communities strengthen early learning for young children. Implementation of GSGS began with a primary overarching objective to ensure that young children are equipped with the skills they will need for starting school "ready to learn" (White House, 2002b). In concert with NCLB and CCDF, the GSGS directives call upon states to support the school readiness of young children through nurturing child care environments that foster early literacy, language, and math skills.

Although the GSGS initiative lacks the teeth of legislative and financial backing, the bureau's implementation plan is founded on the connection between the priorities of the GSGS and existing laws that provide for the distribution of federal funds to the states for child care. Therefore, even without congressional mandate, GSGS is statutorily supported by sections 658D(b)(1)(D), 658E(c)(3)(B), and 658G of the Child Care and Development Block Grant Act of 1990 (CCDBG). These sections require states to coordinate the "provision of services with other federal, state, and local child care and

early childhood development programs, and to use a portion of the funding they receive to improve the quality of child care services" (Child Care Bureau, 2003b). The Child Care Bureau's primary vehicle for achieving the GSGS goals is through partnering with the states via the development, submission and implementation of the Biennial State Child Care and Development Fund Plan (CCDF), which is the means by which the Child Care and Development Block Grant is distributed (Child Care Bureau, V. Krajec, personal communication, March 15, 2004).

According to the Child Care Bureau (2003b), a key aspect of GSGS policy encompasses the voluntary implementation of state early learning guidelines for preschool age children that align with state K-12 standards and describe what children need to succeed in kindergarten. The GSGS initiative also calls for states to formalize a comprehensive strategy for training child care providers to support the school readiness of young children. The GSGS objectives are not restricted to regulated (formal) child care settings, but in fact are intended to cut across all provider constituencies, including (informal) provisions that are exempt from licensure (V. Krajec, personal communication, March 15, 2004).

License-Exempt Child Care

Before welfare reform, the level of public interest in license-exempt child care was practically negligible, certainly too small to justify any large scale research projects for purposes of informing policy and practice. For similar reasons, before welfare reform, initiatives to enhance child care quality overlooked license-exempt care in favor of serving either regulated child care centers or licensed, home-based providers.

At present, however, the tide has turned. As Porter and Kearns (2005) report, substantial increases in the utilization of subsidized license-exempt child care arrangements has "affected attitudes about it" (p. 2) and garnered the attention of lawmakers and policy influencers at both federal and state levels. Policymakers have "come to recognize that license-exempt caregivers play a significant role in the supply of child care" (p. 3). Haack (1998) made a similar observation, noting how child care has emerged as an essential component in "moving people from welfare to work" (p. 7).

Presently, only a few studies have been conducted about license-exempt child care. They have focused on a wide range of issues, such as utilization rates, structural aspects of the child care setting, the quality of children's experiences in these care settings, or have described the families making use of this form of care (Brandon, et al., 2002; Brown-Lyons, et al., 2002; Porter, 1998). A scant few have considered the caregivers themselves, with only a smattering that reported on matters related to supporting their development as practitioners. All of these studies have considered samples of convenience from limited sites.

In the absence of regulatory oversight, a common concern about license-exempt care, is the level of child care quality provided. However, assessing quality in license-exempt child care settings is particularly difficult since the definition of *quality child care* varies widely across communities and families (Brown-Lyons, et al., 2001). Researchers, parents, and child care providers often differ on definitions of quality for license-exempt child care arrangements. Besides the attention to how license-exempt providers establish

and maintain safe and nurturing environments for the children in their care, federal policy has raised a new concern, shining the spotlight on young children's readiness for school.

Although not addressed by every study, child care providers' specialized training has been positively linked to higher quality experiences for children. For instance, Fuller and Kagan (2000) found caregiver education among the key provider attributes related to positive child development. However, on average, license-exempt caregivers are less educated than licensed providers (Brandon et al., 2002; Fuller & Kagan, 2000; Galinsky, et al., 1994).

Some studies have considered whether deficiencies in training and formal education among license-exempt providers is tied to a lack of interest by license-exempt caregivers in receiving training and educational resources, but evidence is mounting to challenge such assumptions. In their study of family, friend, and neighbor care in the state of Washington, Brandon et al. (2002) found that 65% of the license-exempt caregivers reported wanting at least one form of support. Similarly, in her study of license-exempt caregivers in California and New York, Porter (1999) reported their desire for more information on a variety of topics such as child development, health and nutrition, discipline, and dealing with parents. Those providers indicated that they wanted to get the information through delivery modes that supported information sharing and opportunities to learn from each other, rather than in a traditional professional development format such as a training seminar or college course.

The Child Care System in Illinois

The Bureau of Child Care and Development within the Illinois Department of Human Services (IDHS) administers child care assistance and support programs statewide. The bureau exists to "provide Illinois families with multiple options for quality child care and early education that offer children the opportunity to grow, learn, and be cared for in safe, nurturing settings that are culturally and developmentally appropriate" (Illinois Department of Human Services, 2003, p. 1). The Child Care Assistance Program (CCAP) provides subsidies that enable working families to have access to a variety of child care settings.

Child care services in Illinois are provided through a system of government agencies, regional resource and referral agencies, community child care facilities, and other organizations serving the needs of children, families, and child care providers. These groups are involved in the delivery of services to children and their families, and also influence the availability, quality, and affordability of services.

The statewide Child Care Resource and Referral (CCR&R) system was established in 1990 and serves all 102 Illinois counties through a network of community-based agencies, funded in large part by DHS. This system is organized as regional Service Delivery Areas (SDAs). There are 17 CCR&R agencies throughout the state, covering all 102 counties. Each family has a designated agency based on the county in which they live (Appendix C).

In Illinois, work to draft early learning guidelines had begun before the rollout of the GSGS initiative (Illinois Early Learning Project, 2002). Developed by the Illinois

State Board of Education, the Illinois Learning Standards include benchmarks for learning in language arts, mathematics, science, social science, physical development and health, fine arts, foreign language, and social/emotional development. These standards are intended to provide early childhood teachers and caregivers in both licensed and licensed-exempt settings with useful information that is directly needed as part of their daily work.

The Child Care Assistance Program (CCAP) is charged to ensure that high quality child care services are available, affordable, and meet standards that promote the healthy development of children in Illinois. The program combines federal and state funds to subsidize the cost of child care for income eligible families. To qualify for CCAP services, families must fall within established income limits and be either working or in an educational program (Illinois Department of Human Services, 2003, p. 5). Subsidy recipients make parent co-payments which are determined according to income levels, family size, number of children in care, as well as the type and daily extent of services provided. Parent co-payments also vary according to marketplace distinctions across the state (p. 5). The most common way for parents to apply for a child care subsidy is through their local resource and referral agency. These agencies operate through contracts with IDHS to provide a variety of child care related services.

By definition, license-exempt child care providers in Illinois are not subject to state regulations. However, a connection does exist between the state agency and many license-exempt caregivers since the majority (58%) of families using the CCAP subsidy are served by license-exempt child care providers (Illinois Department of Human

Services, 2003, p. 5). Payment for these services are made directly by the state to the providers, either through a certificate (voucher) program or via contracts for site-administered child care negotiated directly between IDHS and licensed providers or networks of licensed family child care homes (p. 5). This transactional relationship, between payer and payee, provides the basis for what is arguably the one viable means of connecting with license-exempt providers in Illinois.

The Illinois Study of License-Exempt Child Care

Between 2001 and 2004, Anderson et al. (2005) conducted the *Illinois Study of License-Exempt Child Care (ISLECC)*. Making use of multiple data collection methods such as administrative data, key informant interviews, and focus groups with license-exempt child care providers, the 3-year project considered license-exempt caregiving issues with an eye on the perspectives of both subsidized license-exempt caregivers and parents who use this type of care. Their research was focused in three geographic areas of the state: the urban neighborhoods of North Lawndale and South Lawndale in Chicago, the mid-sized urban setting of Peoria County, and the seven southern rural counties in downstate Illinois.

The ISLECC researchers found that over 172,000 children were in subsidized child care. They also learned that young children in Illinois are more likely to be cared for by relatives, as over 60% of the families using license-exempt care had a relative caregiver. About 64% of infants and toddlers were cared for by relatives, compared to 58% of school-age children.

When surveyed about the motivators for providing care, license-exempt providers emphasized their desire to care for children, as well as the enjoyment they received by providing care. Their sense of enjoyment stemmed from their interests in teaching children: providers who were the grandparents of the children in their care were also interested in staying active and involved in the children's development.

Since child care is critical to parents' capacity to work, many providers also mentioned helping parents as another caregiving motivator. Caregivers spoke of the importance of intervening with troubled families. The believed the care they provided was critical to improving the quality of daily life for children and their families. Providers also mentioned their interest in helping to shape the character of the children or serving as role models.

Lastly, with regard to perceptions of quality, parents stressed the personalized attention that occurred in license-exempt settings. Parents also mentioned the consistency of care provided in license-exempt settings because of regular interaction with the same provider. They contrasted this attribute with higher child-to-adult ratios and staff turnover in child care centers, a condition they perceived as compromising the consistency of care and development of personalized caregiving relationships they appreciate with their license-exempt child care arrangements.

Among the informants participating in the ISLECC, resource and referral staff members indicated the importance of having caregivers who are trained in caring for children, but parents and providers refuted, often arguing that further training was not needed on how to care for children because providers had years of experience raising

children. Some of the caregivers did express an interest, however, in receiving more information and resources on caring for children.

Practitioner Training and Professional Development

Because the community of early childhood practitioners and the many forms of their practice are so diverse, the notion of professional development is very broad and includes among others: activities of 2- and 4-year colleges and universities; child care resource and referral agencies; cooperative extension programs; and television broadcasts. It may involve activities that apply toward credentials such as the Child Development Associate (CDA) and early childhood teacher certification. Professional development activities might include self-study, conference workshops, and credit and non-credit coursework (Clark, 2004).

The Child Care Bureau has a longstanding interest in professional development for child care providers in all child care settings since U.S. states and tribes make significant investments in professional development from the Child Care and Development Fund. The bureau's research and technical assistance work addresses critical questions about early childhood training and assists states in identifying and replicating promising practices. State CCDF administrators seek effective methods to improve quality, achieve improved child outcomes, and adequately support child care providers. The use of technology to reach and train early childhood staff has been one area of keen interest to state child care administrators and agencies providing quality improvement activities (Clark, 2004).

Although needs vary by state depending on demographic and geographic circumstances, some needs are cross-cutting: the need to provide current training to large numbers of early care and education practitioners, the need to improve the educational levels of the current and prospective early care and education workforce, the need to reach large numbers of isolated family child care providers, and the need to provide training and resources to license-exempt caregivers who accommodate approximately one-half of low income children across the country (Clark, 2004, p. iv).

For states considering or implementing some form of technology-supported training or coursework, there are questions about legitimacy of the sponsor institution, quality assurance, and articulation of course credit. In addition, states weigh cost effectiveness, potential outreach, and the number of participants. Many states are working to establish program and management infrastructure related to technology and instruction. Many states record and track participant achievement. While technology allows near global access to training and coursework, such access forces state child care administrators to address scholarship and reimbursement issues related to training that crosses state lines.

The Chicago meeting: Promising practices for using technology in training. In May 2004, a 2-day invitational forum was organized by the Child Care Bureau to convene more than 30 individuals, representing the gamut of perspectives, expertise and delivery models associated with training the early childhood workforce. Planned around the theme *A Long-Awaited Conversation: Dialogue to Bridge the High-Tech/High-Touch Gap in Early Childhood Workforce Preparation and Professional Development,*

participants discussed promising practices for using technology in training early

childhood practitioners; sought insight from students and training participants; shared

lessons learned from pioneering experiences; and considered issues related to the training

content and learning outcomes (Clark, 2004). During this event, termed the *Chicago*

Meeting, discussants shared from their firsthand experiences about the uses of technology

for training and educating the early childhood workforce. They were found to hold

several common beliefs.

First, Chicago Meeting participants concurred that learning takes place within a

social context, thus the effective use of technology provides such a context for learning.

In their experiences, successful training models were relationship-based, even if the

instructor and the student never meet in person. Even where there is less opportunity for

person-to-person contact, a connection to fellow participants, to the instructor, the

training entity, or to the educational institution leads to positive feelings about the

learning experience and learning success.

Second, discussants also agreed that technology for learning forces a paradigmatic

shift, by transferring control of the learning experiences away from instructors and to the

learners. In technology-mediated training experiences provided for adults, the instructor

is no longer the person with all of the information. Sharing among peers is commonplace,

and is often the centerpiece of the curricular design. In addition, access to the wealth of

information and Internet search tools, which can be made immediately available through

technology-mediated instruction, gives students tremendous resources. By providing

individuals more control over what they learn through increased access to information

and information sources, the technology-mediated learning process is inherently democratic in nature.

Lastly, the participants at the Chicago Meeting agreed that effective instructional approaches are learner-centered and that successful uses of technology take into account the full range of learning preferences, widely varied computer skills, and differing levels of access to technology and media. The promising practices identified during the Chicago Meeting were designed for working adults and were building on proven theories of adult education.

Andragogy and self-directed learning. In the early 1970s several influential books argued that there is something particular about the way adults learn. Highly influential was *The Adult Learner: A Neglected Species* (Knowles, 1973). Knowles outlined a set of assumptions about the adult learner that he termed *andragogy*. He claimed that adults have accumulated more experience, and experiences of a different quality, than children and that adults' readiness to learn is linked to the tasks associated with their social role and stage of life. He claimed they have to know why they need to learn something before they undertake to learn it and that they must move from a dependent self-concept toward a self-directing one (Tusting & Barton, 2003, p. 19).

The concept of self-directed learning first gained currency with Tough's (1979) discovery that most adults had engaged in a specific learning project in the previous year, even though most had not been engaged in any formal education. In their survey of the literature of the field, Brockett and Hiemstra (1991) conclude that self-directed learning is not an unusual phenomenon, but a way of life that cuts across socio-economic strata,

including supposedly hard-to-reach groups who do not engage readily with formal learning provision (Tusting & Barton, 2003, p. 23).

Situated learning. Consistent with the predominating literature on andragogy, in their groundbreaking monograph *Situated Learning: Legitimate Peripheral Participation*, Lave and Wenger (1991) further established the importance of shared experience in learning. Building on Vygotsky's notions of socially-constructed knowledge, their concept explains that knowledge does not exist in a vacuum, but rather is situated in particular contexts. The thinking of one person has no meaning until it is shared with others or applied to a real situation. Novices to any task are initiated into the group's ways of knowing by expert practitioners. Just as this is true of academic tasks, it is also true of practical tasks. No matter how esoteric and abstract the discipline, what is learned is learned from someone else and ways of thinking peculiar to that discipline are transmitted from expert practitioners to novices (Clark & Anderson, 2003).

In their analysis of apprenticeship models in five social communities, Lave and Wenger (1991) demonstrate how the community in which learners are situated does not necessarily include those traditionally thought of as experts. For example, Mayan midwives in Mexico were typically the daughters of experienced midwives whose knowledge base and skill set are handed down within families, U.S. Navy quartermasters begin by performing peripheral tasks under the watchful eyes of the more experienced before advancing on to key tasks, and Liberian tailor apprentices actually move into the homes of master tailors who tutor them on the job. Similarly, adults who provide child care in their homes (e.g., license-exempt settings) might expand their knowledge through

interaction with peers and others knowledgeable about delivering services in a manner leading to positive developmental outcomes for the children in their care. In cases such as these, instructors are not so much experts, but often they are fellow participants. These communities include and value their members as contributors to the body of knowledge shared by the practice.

Making the Most of Connections

     Connecting communities of practice. Communities of practice are groups of people "that share their experiences and knowledge in free-flowing, creative ways that foster new approaches to problems" (Wenger & Snyder, 2000, p. 140). A community of practice is an informal network that emerges from a desire to understand common ideas and thoughts among members of a particular discipline or social group. Communities flourish through extensive communication, a common sense of purpose, and a desire among members to share knowledge and experiences. Historically, they have emerged from homes, schools, workplaces, and other physical settings where face-to-face encounters occur among community members (McDermott, 2000).

     Connecting families with schools and communities. Throughout her series of monographs on promising educational practices, Hiatt-Michael (2003) argues for the consideration of schools as the centerpiece of community life. Her works emphasize the community school concept: Community schools "connect services from the community with the children and families served by the school" (p. 2). Blank (2004) describes community schools as centers that strengthen families and communities, open year-round and accessible to the public on evenings and weekends. Blank (2003) contends:

Community schools recognize that helping all children succeed requires

the integration of a much broader array of supports and opportunities in

the lives of children and youth than simply the academic. . . . The school,

as the single institution in our society that serves all children regardless of

circumstance, is the right place to bring these supports and opportunities

together (p. 10).

Heifets and Blank (2004) argue that partnerships among a wide range of

stakeholders—social agencies, family support initiatives, faith-based institutions, and

other community groups—are at the core of community schools. These partnerships are

deliberate and they provide the supports and opportunities that are important to all

stakeholders: students, families, and the surrounding community (p. 4). Dryfoos (2003)

expounds on this notion, referring to full-service community schools, where a community

agency "establishes a peer relationship with a school system by taking on the

responsibility for some of the workings of the school" (p. 35).

In Illinois, the Chicago Campaign to Expand Community Schools (2003) was

established in June 2002 with the goal of establishing 100 new community schools by

2007. These undertakings are high profile and they suggest that the community schools

concept is a new and emerging trend. There are however, previous examples—some

dating back a full century—that bear a striking resemblance to the contemporary model

of community schools.

Combining school and public libraries is a vivid example of the community

schools concept in practice. These libraries are typically located in a school: They

perform the curriculum support functions commonly associated with school libraries and provide the broader library service needs of children, young adults, and adults that are commonly the focus of public libraries. Joint use libraries are an efficient means of serving the interests of a community, especially at a time where pressure is on all public institutions to manage tax moneys judiciously. In some instances, school libraries are being urged to expand their programs as a means to demonstrate to the community more cost-effective utilization of existing educational facilities (Wisconsin Department of Public Instruction, 1998).

A more recent example of family, school, and community partnership is the establishment of family centers within school facilities. According to Johnson (2001), family centers are "places where parents and other family members connect with school staff and community participants to gain information and implement programs in support of children, families, educators and communities" (p. 85).

Connecting online. Since 2000, the Pew Research Center (2005) has investigated the use and social impact of the Internet on American life. A 2005 tracking survey indicated that 63% of adult Americans or about 128 million people age 18 or older comprise the nation's online population (p. 58). The report points out that at the end of 2004, some 70 million American adults logged onto the Internet each day, a figure starkly different from the 52 million adults who were online on an average day just 4 years earlier. Pew researchers have proclaimed life online as the "new normal" in America, and suggest that those who do not access the Internet constitute an ever-shrinking minority (p. 59).

In an earlier survey, Fallows (2004) found that getting information is the "most highly valued and most popular type" of everyday online activity (p. 4). She estimates that over one-fifth of Internet users go online each day to seek answers to their questions about a broad range of personal interests. Similarly, Internet users highly value everyday communications via the World Wide Web, and not surprisingly, the use of email ranks as the most popular online communications activity (p. 5).

In the recent past, the expanding reach of the Internet has fostered the emergence of virtual communities. Web-based venues offer new possibilities for connecting home-based child care providers to one another and the collective expertise of early childhood practitioners in their neighborhoods, across their state, and around the globe.

In her study of Oklahoma family child care home providers, Humphries (2003) observed that virtual communities, kept in tact by email exchanges among its members, are a "large part of the communication and knowledge sharing by (child care) practitioners" (p. 52). These findings, though isolated, suggest that Internet technology has the potential to sustain virtual communities comprised of license-exempt child care providers from Illinois or from anywhere online.

This point is underscored by Noble (2004) in his report on the importance of strengthening young children's relationships with parents and caregivers. His call to action includes measures to connect license-exempt caregivers with greater resources "for stabilization and improvement" (p. 12). Among his recommendations are "greater incentives—as well as opportunities—for these providers . . . to partner with other providers for shared activities and events that could enhance the educational experience

of children in their care" (p. 13). He exhorts policy leaders to increase other quality-boosting resources available to license-exempt caregivers by fostering the creation of "information-sharing networks and support groups among providers" (p. 13).

The Internet has been proven for its efficiency and it promises unlimited capacity as a repository of information resources (Fallows, 2000, p. 12). Email, and other online communication tools such as a discussion forum, instant messaging, and Web-logs (blogs), are intriguing as media for delivering technical assistance to license-exempt providers about best practices in early care and education. In addition, the use of computer-based games, perhaps accessible online, is an emerging trend that represents "new ways to learn for a new information age" (Shaffer, Squire, Halverson & Gee, 2005, p. 3). Games make it possible to "learn by doing" because they open the door to new possibilities for developing the "situated understandings . . . and ways of thinking of important communities of practice" (p. 7). Online games foster participation in communities of practice which in turn can "develop the ways of thinking that organize those practices" (p. 11).

To be sure, the full impact of technology as a means for informing early childhood care and educational practice is far from a foregone conclusion. Nonetheless, potential benefits to the Illinois child care system—for providers as well as the children and families they serve—demands this thorough examination of the possibilities.

Chapter 3: Methodology

Making the Most of Connections (MMC) was a descriptive study using both qualitative and quantitative data. This investigation was guided by three primary research questions:

1. What is Illinois license-exempt child care providers' knowledge of available information resources about early childhood education and care?

2. What information sources do Illinois license-exempt child care providers use for acquiring information about early childhood education and care?

3. What online communication technologies do Illinois license-exempt child care providers currently utilize on a regular basis?

Context of the Study

The MMC study involves research on the potential uses of technology as a means for promoting effective practices among license-exempt child care providers in Illinois, especially those aimed at helping the children in their care to meet state school readiness goals. This study builds upon recent and ongoing studies about license-exempt providers and is strengthened through the cooperation of representatives from lead child care agencies across the state. This project has been recognized as a 2005 Child Care Bureau Research Scholars grantee, which is providing funding to underwrite the study.

Illinois Child Care Assistance Program. Child care services in Illinois are provided through a system of government agencies, non-profit regional resource and referral agencies, community child care facilities, and organizations representing the interests of children, families, and providers. The Illinois Child Care Assistance Program

(CCAP) provides subsidies that enable working families to choose placement of their children into a variety of child care settings. To qualify for the CCAP, families must meet income eligibility standards which are based on 50% of the 1997 state median income (Illinois Department of Human Services, 2004). Parents can also qualify for assistance if they are in a state-approved education or training program or if they are in an education or training program and employed an average of 10 hours per week. Teen parents pursuing their high school diploma or equivalent are also eligible for child care subsidies through CCAP.

The statewide Child Care Resource and Referral (CCR&R) system was established in 1990 and serves all 102 Illinois counties through a network of community-based agencies (Illinois Department of Human Services, 2004). The CCR&R system assists families in search of child care, helps child care providers improve and expand their child care services, and assists communities in creating child care delivery systems that meet local needs. Each CCR&R offers a portfolio of core services including consumer education and child care program referrals for parents; training and resources for child care providers; and technical assistance for parents, child care providers, and communities. In the mid-1990s, Illinois CCR&Rs assumed the additional role of processing families' applications to the CCAP and approving payments to child care providers.

Illinois Study of License-Exempt Child Care. Recently completed research, the Illinois Study of License-Exempt Child Care (ISLECC) provides a comprehensive examination drawn from interviews conducted with 303 license-exempt providers from

three diverse geographic areas within Illinois: the North and South Lawndale

neighborhoods in Chicago, Peoria County, and the southernmost seven counties in the

state (referred to in the study as the *southern seven*). These study sites represent a mix of

metropolitan (Chicago), mid-sized urban (Peoria), and rural (southern seven) areas.

ISLECC investigators assisted with this study by allowing pre-publication access to their

findings and by sharing helpful insight during the planning and implementation stages of

the MMC study (D. Ramsburg, personal communication, June 17, 2004). Dr. Ramburg's

letter of pledged support is located in Appendix D.

Research Design

The rationale for engaging in descriptive research is to "capture and display a

graphic picture of some aspect(s) of a situation" (Locke, Silverman, & Spirduso, 1998, p.

128). This research design seeks to describe trends among data as a means of learning

about a population (Creswell, 2005, p. 354), such as the population of license-exempt

child care providers in Illinois.

Data Sources

License-exempt child care providers from Illinois were the key informants to this

study. In August 2005, CCAP made subsidized child care payments to 31,142 home-

based license-exempt providers (J. Whitehead, personal communication, September 13,

2005). This data is summarized in Table 1.

Findings from the ISLECC in 2005 reveal that over 84% of the license-exempt

providers in the study sample were women. The mean age for the providers surveyed in

the ISLECC was 42.2 years. Consistent with the high number of grandparents in the

Table 1

CCAP Payments to Illinois License-Exempt Family Child Care Providers for Services Rendered in August 2005

SDA	Number of providers receiving payments
1	934
2	187
3E	356
3W	39
4	555
5	1,075
6	21,988
7	472
8	780
9	239
10	1,236
11	161
12	213
13	610
14	1,450
15	367
16	480
Statewide	31,142

Note. *SDA* refers to Service Delivery Areas within Illinois, which are explained under the

heading *Research Site*.

sample, 37% of all providers were age 50 and over and a substantial minority (27%) of providers were less than 30 years old. Slightly over three-fourths of providers were African American, while 21% were white and 2% were Hispanic.

Like the parents they serve, license-exempt providers most often reported low incomes. For example, 41% indicated that their annual household incomes were less than $10,000, and an additional 34% reported incomes in the $10,000 to $19,999 range. Child care earnings were the main source of household income for only about one-third (32%) of providers. While just over 10% of providers were receiving Temporary Assistance to Needy Families (TANF) when interviewed, 46% had received TANF or cash public assistance in the year prior to being interviewed for the ISLECC.

Just over 70% of providers had at least finished high school or obtained a GED, while 30% had not. Although a sizeable number (30%) had attended college, only 16% had completed any type of postsecondary degree. Of those, associates degrees were most common, with 8% of providers reporting that they had received such degrees. Only 14.5% of providers reported having taken any courses in early childhood education or child development.

Research Site

To increase prospects for research outcomes that can be generalizable to the entire state, this study engaged license-exempt providers across all of the 102 counties in Illinois. This feature of the MMC study departs from the ISLECC approach, which concentrated on three discreet regions to reflect the distinctions among urban and rural locales across the state.

To administer the state's child care subsidy program, the Illinois Department of Human Services operates a system of 17 regional outlets referred to as Service Delivery Areas (SDAs). Each SDA has a child care resource and referral agency that serves the counties within its geographical bounds. Among other activities, the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) provides oversight and services to the regional child care resource and referral agencies (INCCRRA, 2006). Assistance from INCCRRA managers added to the integrity of the study methodology and made it possible for the MMC research team to successfully reach their data collection goals.

Data Collection Tools and Strategies

A concurrent nested strategy was utilized to collect, reduce, analyze, and interpret qualitative and quantitative data from the MMC survey. A concurrent model is efficient in this case because it allows for gathering data that is both quantitative and qualitative through a single collection phase. By nesting qualitative research procedures within an overall methodology that is primarily quantitative, this approach makes it possible for the researcher to "gain broader perspectives as a result of using different methods as opposed to using the predominant method alone" (Creswell, 2003). As depicted in Figure 1, the qualitative data collection methodology (four open-ended questions) was embedded in the predominating quantitative data collection instrument (a 33-item structured telephone survey). Once collected, the MMC survey data was mixed during the analysis phase of the project. The notation used in Figure 1 is adapted from Morse (1991) and Tashakkori and Teddlie (1998), who suggested that (a) *QUAN* and *Qual* stand for quantitative and qualitative respectively, as they use the same number of letters to indicate equality

between the forms of data; (b) capitalization indicates a priority on the quantitative data

and analysis utilized in this study; (c) boxes highlight the quantitative and qualitative data

collection; and (d) below each figure are specific data collection, analysis, and

interpretation procedures to provide better understanding of more specific methods used.

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┌─────────────────────────────────────┐
│  ┌───────────────────────────────┐  │
│  │            Qual               │  │
│  │   Survey Questions #8-11      │  │
│  └───────────────────────────────┘  │
│                                     │
│             QUAN                    │
│        Survey Questions             │
│         #1-7, #12-33                │
│                                     │
└─────────────────────────────────────┘
                   │
                   ▼
         Analysis of Findings
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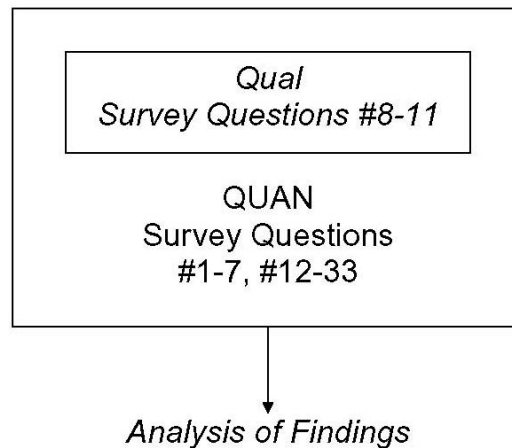
Figure 1. Diagrammatic representation of concurrent nested research strategy applied in
the *Making the Most of Connections* study.

Note. From *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches.*

(p. 214), by J. Creswell, (2003), Thousand Oaks, CA: Sage Publications. Copyright 2003

by Sage Publications. Adapted with permission.

MMC survey. Original data was collected through interviews with license-exempt

child care providers across the state. A semi-structured researcher-designed questionnaire

was administered via telephone interviews with 102 providers randomly selected and

representative of all 17 CCR&R service delivery areas in Illinois. The instrument was

labeled the *MMC survey.* The interview guide, which is incorporated into the MMC

survey text, was utilized for telephone interviews (Appendix E).

The MMC survey served two main purposes. First it solicited participant responses to questions about the human and institutional sources they believed could provide them with credible information about matters related to early childhood education and care. The instrument also enabled the collection of data regarding providers' use of various online technologies. This part of the instrument was not limited to addressing the question of license-exempt providers' *access* to the Internet. By examining their participation in a range of online pursuits such as using email, making purchases, or seeking information, it also probed the extent to which license-exempt providers' actually *use* the Internet.

Sampling strategy. Subsidy payments made to home-based license-exempt providers (both relative and non-relative) are processed via child care resource and referral offices in 17 service delivery areas throughout Illinois. State records indicate that over 31,000 license-exempt family homes in Illinois received child care subsidy payments in August 2005.

As stewards of the state subsidy records, INCCRRA has legitimate access to information that identifies each Illinois license-exempt provider receiving monthly payments. To assist the MMC research effort, INCCRRA officials agreed to provide contact information for a specified number of license-exempt providers from each of the 17 SDAs. Each of the 17 sets was comprised of randomly selected individuals who received a payment for child care services on the processing date that is most recent to the time when interviews will begin. Together, provider lists from each of the 17 SDAs

comprised a systematic sample of 1010 randomly selected providers across Illinois from which the 102 interviews were conducted.

Table 2 presents a plan for proportional sampling of the Illinois license-exempt child care provider population. Adherence to the plan ensured that each SDA was represented and that the master call roster was of sufficient size to ensure randomizing of the sample. As shown in Table 2, the master roster was 10 times larger than the number of providers sought for actual interviews. To further ensure complete randomization of the sample, within each SDA-based provider list, contacts were attempted with every seventh provider until the critical mass has been reached for each of the 17 strata.

INCCRRA's manager of data and research served as liaison between INCCRRA and the MMC research team. She was the only person to handle these CCAP records for sampling purposes. After accessing the complete list of license-except providers receiving subsidy payments for their services in August 2005, she randomized the list using Microsoft Access software. She then selected the appropriate number of providers from each SDA according to the systematic sampling plan and assigned a unique identifier to each of the 1,010 names to form the composite master calling roster. While only 102 interviews are required, the 1,010-participant sample was prepared to allow for random proportional sampling and to ensure against the likelihood that telephone contact information would be outdated or the provider could not be contacted for other reasons.

To preserve the anonymity of each provider while making the list useful for contacting them, each contact set contained only the license-exempt provider's first name and their telephone number(s). To provide informed consent, the executive director

Table 2

MMC Survey Systematic Sampling Plan

SDA	Number on master call roster	Number contacted
1	30	3
2	10	1
3E	10	1
3W	10	1
4	20	2
5	30	3
6	700	69
7	10	2
8	30	3
9	10	1
10	40	4
11	10	1
12	10	1
13	20	2
14	40	5
15	10	1
16	20	2
Statewide	1,010	102

from INCCRRA mailed an announcement postcard to each of the 1,010 providers. The

postcard provided a general explanation of the study and served advance notice to the

providers that they might be contacted by telephone for an interview (Appendix F).

Interviewing protocol. Provider interviews were conducted by two research associates whose abilities and training were valuable in light of the study methodology. One interviewer was a 2nd-year graduate student in the areas of clinical psychology and marriage and family therapy. She possessed language fluency in both English and Spanish, an essential attribute given the demographics of the Illinois research site. The second interviewer, a male, had completed post-graduate work in education, possessed a strong familiarity with early childhood programming, and had several years of helpful job experience as a telephone salesperson.

As standard practice, the interviewers telephoned the provider, introduced themselves, and acknowledged their affiliation with the MMC project. In cases where the provider agreed to participate, the interviewers either began the interview if it was convenient for the provider, or scheduled an appointment for a better time to conduct the MMC survey. This approach was deliberately taken in light of the unpredictable nature of caregiving schedules associated with license-exempt arrangements.

Providers who completed the interview were paid a $20 stipend for their participation. To protect the privacy of those being interviewed, INCCRRA staff managed the processing of the $20 payments and mailed the stipend check to each participant within 5 business days of the completed interview.

Instrument validity. The MMC survey was circulated to a three-member panel of experts for their review and comment. Panel members represented Illinois agencies and organizations which have collaborated in this study and are displayed in Table 3.

Expert panel members were contacted by email and asked to review each of the

interview questions in a proposal draft of the MMC survey. A review version was

prepared by adding a comment form to the working draft of the MMC survey. Using this

Table 3

MMC Survey Panel of Experts

Affiliation	Representative
Clearinghouse on Early Education and Parenting at University of Illinois	Dianne Rothenburg, Co-Director
Illinois Network of Child Care Resource & Referral Agencies (INCCRRA)	Janet Maruna, Executive Director
Illinois Study of License-Exempt Child Care	Steven Anderson, Principal Investigator

form, experts were asked to comment on each question by marking one of three

responses: (a) keep this question without any revision, (b) delete this question from the

instrument, or (c) revise this question in the following manner. For cases where reviewers

called for revision, space was provided on the comment form to specifically state the

changes they recommended for each survey question. In each case, panel members opted

not to make use of the comment form. Instead, they entered their remarks directly into the

survey draft, or by writing them into an email message and returning them directly to the

principal investigator.

Dr. Rothenberg suggested alterations to the wording of questions related to the

use of information by participants of the study. Given her expert perspective as co-

director of the institutional sponsor of the Illinois Early Learning Project, all of her suggestions were implemented into the subsequent draft.

From her position as head of INCCRRA, Ms. Maruna suggested changes to the language of the introductory script. She advised to keep it brief and straight-forward for understandability. She also pointed to possible difficulties that might arise from early questions on the survey relating to structural attributes of care arrangements in license-exempt providers' homes. As they are issues related to regulatory standards for home-based child care providers, she predicted that some of the individuals contacted would terminate their interview once asked specific questions about issues such as the number and ages of children in the care setting. While all of Ms. Maruna's other suggestions were implemented, these questions were retained for the pilot study since they were originally put in place as "warm-up" questions to be asked before more pointed questions deeper into the interview.

Dr. Anderson offered insight from his recent and continuing experiences as principal investigator of the Illinois Study of License-Exempt Child Care. His critique was thorough in how it addressed not only the language of each of the proposed questions, but also to the logical flow of the interview protocol. He was also helpful in suggesting ways to make the visual format of the instrument more practical for those conducting the interviews.

It is noteworthy that none of the comments received from each expert conflicted with that of their fellow panel members. The panel's comments and suggestions for revision were incorporated into a new draft and redistributed to them for a follow up

review. In each case, the experts were satisfied with the revised draft of the MMC survey,

which is located in Appendix E. Affirming statements from each panel member are

included in Appendix G.

    Pilot study. A pilot study, comprised of 10 telephone interviews with Illinois

license-exempt child care providers was conducted in June and July of 2005. Seven of the

10 interviews surveyed providers from Cook County (SDA 6), which includes the city of

Chicago and its surrounding metropolitan area. The other three interviews involved

providers from SDA 15, encompassing a cluster of 12 counties in southeastern Illinois.

This approach provided an opportunity to evaluate for possible differences between the

way participants from urban and rural areas respond to the questions on the MMC survey.

    Participants for the pilot study were randomly selected from a total sample of 100

license-exempt providers from the two service delivery areas previously indicated: 60

from SDA 6 and 40 from SDA 15. This 100-person roster of names and contact

information was provided by INCCRRA using the procedures aforementioned in this

chapter pertaining to INCCRRA's handling of personal information about members of

the study sample.

    The pilot study followed the cognitive interviewing scheme suggested by

Desimone and Le Floch (2004). Cognitive interviews are "a useful method for improving

the reliability and validity of surveys used in educational research" (p. 1). Central to this

methodology is the "think-aloud-interview," a component during which survey

respondents describe their thought processes while they answer the interviewer's

questions. Just as Desimone and Le Floch have described the think-aloud process,

respondents for the MMC pilot study were encouraged to talk through "everything that occurs to them as they are working through an item" (p. 6). Throughout the administration of the survey, interviewers asked sidebar questions to determine the extent to which the intended meaning of the item was conveyed: did respondents find the MMC survey to be clear or ambiguous?

After each pilot interview was completed, the interviewer considered ways to modify the MMC survey in ways that would improve on areas that complicated full understanding of certain questions by participants. The interviewer also considered ways to adjust the format of the printed instrument for interviewers' ease of use in recording participants' responses. After each round, refinements suggested by the interviewer were made and re-tested during the interview with the next participant in the pilot study. This process was repeated until it was determined that no further modification to the MMC survey was necessary. Interviewers found no need for further modification to the instrument or interview protocol once the seventh survey was completed.

For the pilot phase, announcement postcards about a forthcoming survey were not mailed in advance of the efforts to conduct telephone interviews. It was immediately obvious that attempting to conduct the interviews as pure "cold calls" would be a formidable challenge. In many cases, participants ended the call before the interviewers could explain the reason for the call, apparently suspecting the caller as one working on behalf of a direct marketing interest. This scenario was highly recurrent and in several other cases the contact information provided was outdated. These developments raised concerns about the extent to which the apparently small roster of contacts could serve the

objectives of the cognitive interviewing phase of the study. More critically, they pointed

to the need for substantial revision to the introductory script that interviewers used to

initiate the interviews. Before establishing the first telephone interview, callers took steps

to "soften" the language and tone of their introductions in an attempt to hold the

participant's attention long enough to speak to the purpose of the call and explain the

monetary stipend for their participation.

In the first pilot interview (P1), the interviewer found that recording data onto the

MMC survey form as proposed was cumbersome. To ameliorate the problem, data

recording spaces were reformatted to achieve a more standardized appearance, with

greater predictability and better functionality. Check-boxes and "circle-the-appropriate-

item" formats were replaced by lines onto which the interviewer could mark with an *X* or

checkmark. The lines for entering these marks were also repositioned to the left side of

each item rather to the right side as presented in the proposal draft.

Also in P1, the manner in which question 3A was stated and formatted for

entering responses proved to be confusing, both for the participant and the interviewer. It

was re-worded to ask: "What are their ages?" as a follow-up to the preceding question

about the number of children in the participant's care. A new space was then created for

interviewers to write in the participants' open answers rather than attempting to select the

proper category as presented in the proposal draft.

In P2, it was learned that the introductory script was too verbose and was stated in

language that made it difficult to quickly gain a participant's willingness to participate.

The script was shortened and the interviewer positioned herself as one assisting a

university student conducting dissertation research. She also explained earlier in the exchange that participants in the interview would be paid $20 upon completion. In P3, the focus was on further refining the introduction and general tenor of the interview script. This round of activity mainly involved measures taken to state the questions in a conversational manner instead of the more rigid form presented in the original protocol.

During interviews P4 and P5, it was observed that four of the first five participants asked the interviewer to repeat question 5 and the series of related questions 8 through 13. It also came across as repetitive that questions 5 and 8 through 13 all mention "caring for young children" in one way or another. As a countermeasure, the protocol for asking question 5 and questions 8 through 13 was shortened. In P4 and P5, the interviewer then confirmed that by keeping these questions shorter, they were more understandable. It also cut down on the time needed to conduct the interview.

During interviews P6 and P7, no significant concerns were indicated by the participants or noted by the interviewer. Nonetheless, a few final modifications were made to the MMC survey. As an additional step to streamline the interviewing process, the introductory script was re-sequenced to ask the screening questions before the portion that addresses matters of informed consent. For obvious reasons, this added a higher degree of efficiency by providing for interviews to be ended sooner when the individual contacted did not meet the criteria to be included in the study sample. A subsequent round of refinements to the structure of the instrument led to the designation of spaces for the interviewer to note whether participants requested or refused to have the text of the survey announcement letter read to them at the onset of the interview. Designated space

was also provided at the end of the instrument for a record of the time and date that the interview was completed and for the interviewer's initials.

To further test the MMC survey for reliability, a second interviewer utilized the refined (P1-P7) protocol and survey items for a follow-up round of cognitive interviews. The interviewer, this time a male, attempted to contact 13 license-exempt child care providers from the 100-person call roster and completed interviews with the 6th, 12th, and 13th participants. During the 13 interviews attempted in this phase, there were no instances of terminated phone calls: the 10 cases in which the interviewer was not able to conduct the cognitive interview were attributable to attempted calls that were not answered, inaccurate phone numbers, or the person called not being available to talk at that time. The interview protocol worked successfully for the first interview, so no changes were made, nor were changes necessary before or after the third.

Outcomes from these three interviews (P8-P10) reaffirmed confidence in the instrument and interviewing protocol as no additional modifications were needed beyond the refinements previously made through the first seven pilot interviews. There were no instances of participants' refusal to answer survey questions or any requests for questions to be repeated. The interviewer was able to obtain the data necessary to address the study's primary research questions. These findings were proven to be consistent for the final five consecutive pilot interviews (P6-P10) conducted with the fully evolved MMC survey.

Interviews carried out during the pilot phase lasted from 13 to 25 minutes in duration, which was the range anticipated with the initial draft of the MMC survey.

Throughout the pilot phase, attempts made to administer the survey to 63 individuals yielded the 10 cognitive interviews. This success rate of one completed interview for every six to seven attempted was affirmation that the planned sample of 1,010 random participants would serve the data collection goals for this study of 100 license-exempt child care providers in Illinois.

On the basis of the outcomes from 10 cognitive interviews, adjustments were made to the MMC survey in light of participants' responses and interviewer insight. These refinements were repeatedly tested and supported the researcher's assertion that the interview protocol and items possessed content validity and reliable responses across multiple interviewers.

Protection of Human Subjects

As an overall measure of protection, all data collection activities related to this project that involved contact with human subjects was approved in advance by the Pepperdine University Institutional Review Board (IRB). The IRB approval notice is included as Appendix H.

As the first step toward ensuring the protection of the participants in this study, the researcher completed the Human Participants Protection Education for Research Teams tutorial sponsored by the National Institutes of Health (Appendix I). As a result, close attention was paid to concerns associated with the risks and benefits to study participants, protection of their privacy, and informed consent.

Risks and benefits. The risks to the participants of this study were reasonable in relation to anticipated benefits. The selection of participants was equitable, in that the

random sample was drawn from a database comprised of the entire population of license-exempt child care providers in Illinois, as accessed through INCCRRA. No questions on the survey instrument related to any matter which could influence the continuation of payments providers receive from the Illinois Child Care Assistance Program. Furthermore, none of the interview records were made available to parties outside the research team which was comprised of the researcher, the research associates who conducted the interviews and coded the results, and members of the dissertation advising committee.

Confidentiality and protection of privacy. Outcomes from the ISLECC that were consulted for the MMC project did not disclose the individual identities of any providers. Assistance from INCCRRA to de-identify all of the provider contact information limited the MMC research team's access to only interview participants' first names and telephone numbers. Findings from the data were presented in aggregate making no specific references to individual participants in the interviews. As a final step to protect their privacy, telephone numbers for each of the 1010 providers were destroyed at the completion of the study.

Informed consent. Informed consent was obtained verbally from all project participants at the outset of the telephone interview before questioning was begun. Written consent was not sought, since the documentation would have constituted the only means by which interview participants could be identified during and after the data collection phase. This measure adheres to federal rules as referenced in the Code of Regulations (Office of Human Subjects Research, 1991), allowing an IRB to

waive the requirement for the investigator to obtain a signed consent form

for some or all subjects if it finds that the only record linking the subject

and the research would be the consent document and the principal risk

would be potential harm resulting from a breach of confidentiality

(46.117.1.c).

While the written consent requirement was waived, each participant still received

advance written notice via the announcement postcard distributed by INCCRA prior to

the launch of the MMC survey.

Chapter 4: Results

Findings derived from the *Making the Most of Connections* (MMC) survey of

license-exempt child care providers in Illinois are reported in this chapter. After an

explanation of the analysis procedures, outcomes are presented through a combination of

tables, figures, and narrative describing data from telephone interview records with 102

providers. Interview response rate data is reported first, followed by background

characteristics of the study sample which is presented in comparison to provider

characteristics found in the Illinois Study of License-Exempt Child Care (ISLECC).

Then, results are presented from the MMC survey that address research questions 1

through 3.

Data Analysis

Analysis of data drawn from the MMC survey was carried out within the

concurrent nested procedural framework described earlier in this chapter. This section

describes the steps taken to prepare, organize, and analyze survey responses in light of

the three guiding research questions.

A coding protocol was devised by the researcher in conjunction with an

independent research associate from the McCormick-Tribune Center for Early Childhood

Leadership at National-Louis University. Cases were numbered according to the unique

identifier system devised for sampling and implemented by INCCRRA's manager of data

and research. All data captured from the MMC survey (Appendix E) were coded for

processing by the independent research associate using SPSS version 13.0 analytical

software.

Participants' responses to each item on the MMC survey were recorded in writing at the time of interview by an independent telephone interviewer. Most of the 33 questions were structured to elicit one among a range of preconceived responses that were preprinted on the interview guide. For survey questions 8 through 11, responses to the four open-ended questions were transcribed verbatim by the telephone interviewer. Questions 8 through 11 asked about the sources child care providers would seek for information about certain issues related to early childhood education and care. For several questions, one interview participant gave multiple answers to the open-ended questions. Since the aim of this study was to examine the full range of information sources considered credible by license-exempt child care providers, every response was coded without concern for its relative weight compared with other responses given by the same interview participant to the same survey question.

In addition to the free-form responses to survey items 8 through 11, other unstructured responses were received as clarifying answers to other primary survey questions. For example, in survey question 6, participants were asked about the types of training activities in which they had participated. A short list of specific training topics was provided followed by the open-ended question (6a) "What other kinds of training have you done?" Participants' impromptu answers were transcribed by the interviewer onto the interview guide.

A procedure similar to the one employed to code data from survey questions 8 through 11 was used for follow-up questions as exemplified by 6 and 6a. Each of the responses, weighted equally, was included in the master data set so that the complete

spectrum of answers could be represented. Responses to other follow-up questions, such as one about the training topics in which license-exempt providers are interested (survey question 5a), or about Web sites used by providers to find information about caring for children (24a) were treated similarly.

In cases where no data was given, participants' responses were coded as "no answer" except in specific instances where a response of "don't know" or "not sure" was stipulated on the interview guide and indicated by the participant. With the exception of processing the free-form responses to the open-ended survey questions, treatment of data from the MMC survey involved common descriptive statistical analyses, mainly frequency counts and measures of central tendency.

To analyze qualitative data obtained from open-ended survey questions 8 through 11, an editing analysis style as described by Crabtree and Miller (1992) was followed. Their style of analysis calls upon the researcher, as editor, to serve as the organizing system for synthesizing responses to the open-ended questions. The editing analysis style consisted of four steps: identifying units, developing categories, interpretively determining connections, and verifying the results.

Searching for recurrent themes or other points of commonality, the researcher/editor studied providers' answers to MMC survey questions 8 through 11. For each of the questions, the full list of provider responses (units) was examined. Once all the units were identified, a categorization scheme was devised with corresponding codes that were used to sort and organize the data (see Appendix J for the data categorization scheme). As an example, survey question 8 asked "If you were interested in information

about helping children control their anger, where would you look or who would you ask?" Among the 150 total responses, answers such as "counselor" and "therapist" were common. In several instances, providers named a specific agency or community resource program they would consult for the information they were seeking. In this case, the researcher/editor grouped the unit responses into a broader category coded as "social service agencies and staff."

This pattern was repeated until all provider responses to the four interview questions had been exhausted and a practical categorization scheme was developed. The categorization scheme developed and utilized for MMC survey questions 8 through 11 is utilized in the next chapter as a framework for the presentation of findings for the first and second research questions. Corresponding data from the survey were then revisited for content and coded accordingly. A full reporting of provider responses to these questions is given in Chapter 5.

Finally, the decision to couple a concurrent research strategy with the editing analysis style paved the way for straightforward transformation of the qualitative data derived from open-ended survey questions into numerical amounts upon which common descriptive statistical calculations were performed. This "quantification of qualitative data" (Creswell, 2003, p. 221) enabled relative ease in comparing the quantitative results with outcomes of the qualitative component of the concurrent research strategy utilized to carry out the MMC project.

Interview Response Rates

Interview response rate outcomes were determined after a careful review of MMC survey telephone logs. Analysis of these records provide an understanding of the number of attempted calls, the number and duration of completed provider interviews, and overall efficiency of the data collection methodology developed for this project. These data are shown against the backdrop of lessons learned during the pilot phase conducted in advance of the MMC survey.

Data Presentation Format

Background characteristics of Illinois license-exempt child care providers are reported in aggregate. Gender, age, and race/ethnicity demographics are shown, as well as information about the caregiving arrangements experienced by license-exempt providers. Additional data is provided about the educational and training backgrounds of participants in the MMC study sample along with a report of their perspectives on a range of training topics and potential training delivery modes. Providers' perceptions about finding and receiving information related to their caregiving practices are also reported.

Background characteristics of license-exempt child care providers interviewed for this project are displayed alongside corresponding results from ISLECC. Organizing the data in this manner sets the stage for a cross-comparison of the findings from both studies which point to areas of consistency and disparity.

In addition, participants completing the MMC survey were asked for their perceptions about seeking and receiving information about early childhood education and care. Providers' perceptions about the helpfulness of specific types of information as well

as the convenience of receiving it through various delivery modes is given as a prelude to findings associated with the three research questions that guide the MMC study.

The first research question aims to identify how Illinois license-exempt child care providers describe their knowledge of available information resources about early childhood education and care. The second research question seeks to show the information sources Illinois license-exempt child care providers use for acquiring information about early childhood education and care. Both queries are addressed through a set of four open-ended questions asked to each participant in the MMC survey.

In the cases of research questions 1 and 2, data are presented from two perspectives. First, results to the four open-ended survey questions are reported as a single item that speaks to the overall findings when the questions are considered in aggregate. Data is then disaggregated to indicate specific results for each of the open-ended questions. These analyses allow for a general conclusion about Illinois license-exempt child care providers' knowledge and use of information resources. They also surface specific revelations about provider knowledge and preferences according to the types of information they are seeking about early childhood education and care.

Research question 3 seeks to identify the online communication technologies that Illinois license-exempt child care providers currently utilize on a regular basis. To address the question, interviewers asked survey participants to comment on their use of the Internet. Findings from this set of questions are presented to show license-exempt providers' current levels of access to computers and Internet connections and to

demonstrate their perceptions about the degree to which the Internet has a role in their daily routines and activities.

Additional outcomes show the extent to which Illinois license-exempt providers engage in a range of online pursuits such as communicating by email, seeking information such as news and weather reports, or conducting Web-based banking or purchase transactions. Lastly, provider responses to a focused line of questioning about their experiences in seeking online information about early childhood education and care are presented. These findings are offered as the segue to a discussion about new approaches for connecting providers with information to enhance their caregiving practices.

Findings

A stratified random sample of 1,010 license-exempt child care providers was drawn from the 31,142 claim records received by the Illinois Child Care Assistance Program (CCAP) payments in August 2005. The sample was compiled into a master calling roster that was structured according to the systematic sampling plan explained in Chapter 3.

A review of the MMC survey telephone logs revealed that the 102 interview calls ranged from 6 to 24 minutes in duration with the average interview lasting 11.25 minutes. As prescribed by the systematic sampling plan, the master call roster contained 10 times the number of prospects needed to achieve the representative statewide sample. Based on the pilot experience described in Chapter 3, this 10-to-1 plan was intended as a hedge against anticipated problems such as unanswered calls, inaccuracies in the telephone

contact information, and changes in participants' places of residence since the master call roster had been compiled.

Table 4 displays the number of telephone calls needed to achieve the targeted number of completed interviews for each SDA. The sampling plan proved adequate as approximately seven call attempts were required to complete each interview. The seven-to-one interview completion rate was consistent with findings from the pilot study, thus validating the planning decision to create a master calling roster with 10 prospects for each interview being sought.

While interview response rate data shows the relative efficiency of the pilot and full implementation phases of the study, the aggregate reporting glosses over a notable difference as virtually no terminated phone calls were experienced during the full phase. Reflecting on his firsthand interaction with all the providers contacted for the MMC survey, the interviewer posits that this difference might be linked to the announcement postcard that was mailed to all persons on the master call roster 1 week prior to the launch of the MMC survey. Citing a particularly memorable anecdote, he recalled how enthused a provider in rural Illinois was to receive his call. As soon as he had identified himself on behalf the MMC project, the provider exclaimed "I was hoping you would call me!"

Of course, it is not possible to definitively trace the greater receptivity to the telephone inquiries to a specific factor such as the announcement postcard, the $20 participation stipend, or even on providers' intrinsic desire to assist this research effort. Nonetheless, the distinctions were remarkable, especially as insight for planners of

Table 4

MMC Survey Telephone Call Efficiency Statistics

SDA	Number of calls attempted	Number of interviews completed	Calls to completion ratio
1	6	3	2:1
2	3	1	3:1
3E	15	1	15:1
3W	5	1	5:1
4	25	2	12.5:1
5	27	3	9:1
6	496	69	7.2:1
7	8	2	4:1
8	36	3	12:1
9	3	1	3:1
10	20	4	5:1
11	6	1	6:1
12	3	1	3:1
13	3	2	1.5:1
14	21	5	4.2:1
15	13	1	13:1
16	22	2	11:1
Statewide	712	102	7:1

future research on the license-exempt provider population since so few studies have been carried out to date.

Background Characteristics of License-Exempt Providers

When aggregated, data from the 102 telephone interviews provide a snapshot of the license-exempt child care provider population in Illinois. The presentation of this information is organized according to demographic data about the providers, caregiving arrangements, as well as providers' experience, education, and training as child care practitioners. These data are presented in side-by-side comparison with findings from ISLECC to demonstrate their relationship to the most up-to-date body of knowledge about this population of child care providers.

In many instances there is strong semblance among the provider characteristics observed in this study and the observations of ISLECC researchers. In a few cases, there are subtle distinctions between the findings from the two studies. As a prelude to the presentation of data on providers' background characteristics, a brief explanation of each project's sampling methods is valuable. The MMC survey was administered to a random sample of 102 license-exempt providers from each of 17 CCAP Service Delivery Areas (SDA) in Illinois. In contrast, the Illinois Study of License-Exempt Child Care involved 303 providers located in one of three targeted locales: a west-side neighborhood in metropolitan Chicago, a mid-sized urban setting in Peoria, and a rural area comprised of seven counties in the southern region of the state (Anderson et al., 2005).

Demographic Characteristics of License-Exempt Providers

More than 9 of 10 (94.1%) of license-exempt providers in the MMC survey sample were women. Ages among all providers ranged from 20 to 79, with a mean age of 47.5 years old. Figure 2 depicts the distribution of provider ages among those who took
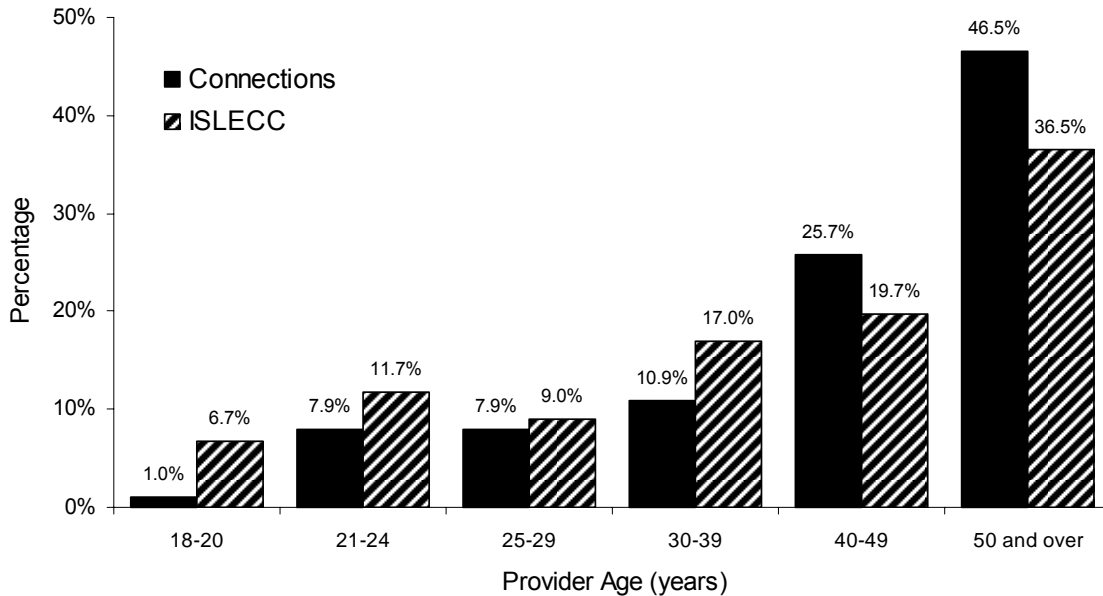
Figure 2. Age distribution of Illinois license-exempt child care providers.

part in the MMC survey. Almost half (46.5%) of all the providers surveyed were age 50

or older, and nearly three-quarters (72.2%) were age 40 or older. Similar trends were

reported by the Illinois Study of License-Exempt Child Care, although the overall

respective percentages of providers who were 50-plus and 40-plus years old were higher

in the statewide MMC sample than what was found in ISLECC's look at the three

targeted samples.

The racial and ethnic makeup of providers taking part in the MMC survey

resembled the composition reported by ISLECC. Both studies found a large majority—

more than 70%—of Illinois license-exempt providers were African American. Both also

reported that 2 out of 10 license-exempt providers were White. Seven percent of those

completing the MMC survey were Hispanic while only 2% of those participating in the

ISLECC interviews were Hispanic. This difference is surprising since one of the three

ISLECC study sites was comprised of Chicago's North and South Lawndale

neighborhoods. A close look at U.S. Census Bureau (2001) figures reveals a majority

(58.7%) of those residing in either North or South Lawndale were Hispanic. Even more

striking, 83.0% of South Lawndale's population is Hispanic. It is not clear why the

broader sweeping MMC survey was completed by a higher proportion of license-exempt

providers of Hispanic origin than in the case of the ISLECC initiative which included

North and South Lawndale as one of its three focused sampling sites.

Caregiving Arrangements

Nearly half (49.0%) of the license-exempt providers had cared for children for

pay for at least 5 years, and more than 6 of 10 (60.8%) had provided paid care for at least

3 years. Correspondingly, only 8.8% of providers had been taking care of children for

pay for less than 1 year. The average number of children cared for by each license-

exempt provider in the MMC study was 2.64.

Over half (52.9%) of license-exempt providers were caring for either one or two

children receiving subsidies, while an additional 28.4% were caring for three children.

Findings from ISLECC indicated slightly lower values for the average number of

children cared for per provider. A summary of the outcomes from both studies about the

background characteristics of Illinois license-exempt providers is presented in Table 5.

Table 5

Background Characteristics of License-Exempt Child Care Providers in Illinois

Provider demographics	MMC	ISLECC
Gender (%)		
Female	94.1	84.1
Male	5.9	15.6
Mean age (years)	47.5	42.0
Race/ethnicity (%)		
African American	72.0	75.7
White	19.0	20.6
Latino or Hispanic	7.0	2.0
Other	2.0	1.3
Length of time providers have taken care of children for pay (%)		
< 1 year	8.8	9.9
1 - < 3 years	30.4	25.9
3 - < 5 years	11.8	14.6
5 years and over	49.0	48.6
Caregiving arrangements		
Mean number of children cared for per provider	2.64	2.31

Relationship Between Children and Providers

Family members were by far the most common types of caregivers taking part in the MMC survey. Among the 102 interviews conducted, 79.4% of providers were related to at least one child in their care. This outcome approximates the 76.4% finding from ISLECC.

Grandparents were most commonly used among the relative providers, being used by 54.9% of all families represented in the sample and 69.1% of those who used relative caregivers. To a lesser extent providers were either an aunt or uncle of at least one of the children in their care (17.6% of the statewide sample and 22.2% of relatives). Findings regarding license-exempt provider relationships to the children in their care are summarized in Figure 3.
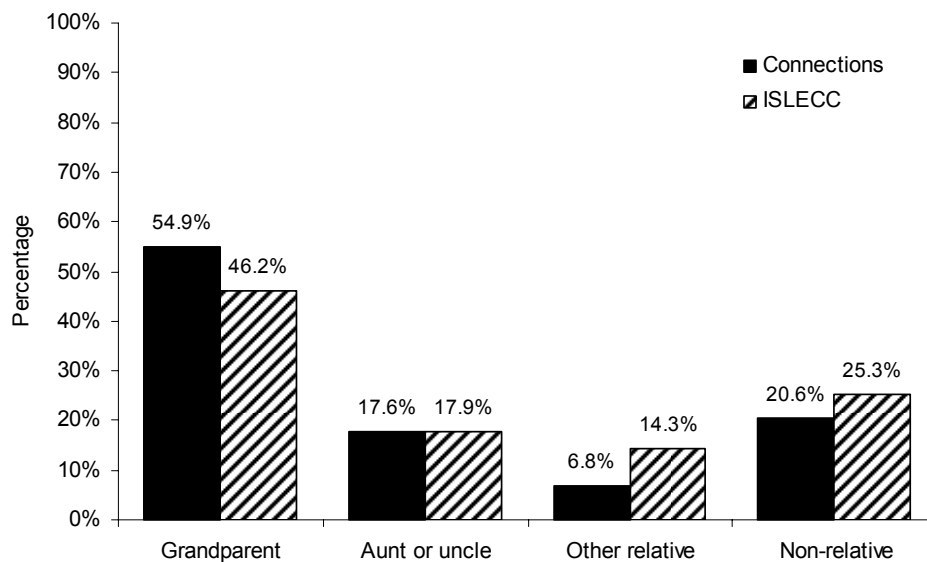
Figure 3. Illinois license-exempt child care providers' relationships to the children in their care.

Educational and Training Background

Table 6 presents data on the educational backgrounds of license-exempt providers completing the MMC survey. Slightly over 70% of providers had at least finished high school or obtained a GED, while approximately one-quarter had not. Although a substantial minority (30.4%) had attended college, only a 10th of the providers had received any type of degree. Of these, associates degrees were most common, with 6.9% of providers reporting that they had received such degrees. To determine whether those who attended college may have received some child-care-specific training at that time,

Table 6

Educational Background of License-Exempt Child Care Providers in Illinois

Education	MMC	ISLECC
Highest Grade Completed (%)		
<9th grade	2.0	4.3
Some high school	22.5	25.2
High school diploma or GED	42.2	40.9
Some college	30.4	29.6
Highest post-secondary degree earned (%)		
Associates	6.9	8.3
Bachelors	2.0	3.0
Masters	1.0	0.7
Providers who have taken college courses in child development or early childhood education (%)	14.7	14.6

respondents were asked if they had taken any college courses in early childhood education or child development. Only 14.7% of providers reported having taken any courses of this nature. As portrayed in Table 6, these findings closely resemble those from the ISLECC project.

License-exempt providers participating in the MMC study were asked about the formal child care training they had received. Seven out of 10 (70.6%) had attended at least one of the types of training shown in Table 7, or else another type of child care training that they specified. Finally, 23.5% reported attending training on other topics.

Table 7

Training Background of License-Exempt Child Care Providers in Illinois

Topics of training received by providers (%)	MMC	ISLECC
Parenting education	31.4	31.1
Early childhood education or child development	34.3	33.4
CPR	50.0	52.6
First aid	49.0	50.0
Other	23.5	15.2
At least one of the above activities	70.6	64.5
Providers who have viewed videotapes about caring for children (%)	43.1	47.0

The two most commonly reported training activities were cardio-pulmonary resuscitation (CPR; 50.0%) and first aid (49.0 %). In addition, about one-third of providers indicated that they had attended classes or workshops on parenting education, early childhood education, or child development such as nursing or health care, child behavior, and various special needs topics. Finally, providers were asked if they ever viewed videotapes about caring for children. Slightly less than half (43.1%) reported watching such videotapes. Included in Table 7, this finding resembled outcomes from the ISLECC project.

Providers' Interest in Further Training

Providers were asked if they were interested in receiving training on topics commonly emphasized in the field of early education and care. A sweeping majority (90.2%) were interested in receiving training on at least one of the topics listed in Table 8, or another topic that they specified.

At least two-thirds of the providers were interested in training topics related to helping the children in their care enter kindergarten ready to succeed. This is especially noteworthy in light of the provider responses to a similar set of questions posed in the ISLECC survey. Where characteristics of license-exempt providers have been cited heretofore, they were identified via questions on the MMC and ISLECC surveys that were stated closely or exactly alike one another. As a result, direct comparisons could be made of provider attributes and interview responses among the two samples of Illinois license-exempt child care providers. However, in this case MMC interview questions

about types of training that interest license-exempt providers differed from the

corresponding questions on the ISLECC instrument.

Table 8

Training Topics of Interest Among Illinois License-Exempt Child Care Providers Responding to the MMC Survey

Training topics from MMC	(%)
Helping children learn how to read	73.5
How to discipline or communicate with children	71.6
Helping children be ready for kindergarten	69.6
Helping children with early math skills	66.7
CPR & first aid	58.8
Other	24.5
At least one of the above activities	90.2

Participants being interviewed for the MMC project were asked whether they

would be interested in training on the five topical items displayed in Table 8. Questions

on the ISLECC survey elicited providers' interest in items shown in Table 9. Although

areas of overlap exist among corresponding questions on the two surveys, the MMC

survey aimed to seek providers' interest in training on topics specifically related to

helping children enter kindergarten ready to succeed. Besides a directly worded item

Table 9

Training Topics of Interest Among Providers Responding to the Illinois Study of License-Exempt Child Care (ISLECC)

Training topics from ISLECC	(%)
CPR	55.0
First aid	54.3
Activities for children	52.0
Child development	50.7
Health and nutrition	46.4
How to discipline and communicate with children	44.0
Other	11.6
At least one of the above activities	75.2

Note. From *Illinois Study of License-Exempt Child Care*: *Final Report* (p. 154), by S. G. Anderson, D. M. Ramsburg, and J. Scott, 2005, Urbana-Champaign, IL: University of Illinois. Copyright 2005 by the University of Illinois. Adapted with permission.

("helping children be ready for kindergarten"), other queries on the MMC survey related to school readiness asked about providers' interest in training on early literacy development (helping children learn how to read) and numeracy awareness (helping children with early math skills). While just over half of the providers taking part in either study indicated an interest in training on CPR or first aid, the ranking of these topics relative to the others on their respective surveys is remarkable.

In the absence of questions specific to topics associated with school success, more ISLECC participants indicated interest in CPR and first aid than they did for any other training topic. By contrast, training topics related to school readiness were predominant among the outcomes from the MMC survey even though providers' interest in CPR or first aid approximated interest levels acknowledged by participants in the ISLECC study. Nearly three-quarters (71.6%) of providers in the MMC study were interested in training about ways to discipline and communicate with children while less than half (44.0%) of those interviewed for ISLECC had so indicated. This point is particularly notable since the corresponding interview questions used for each of the two surveys were identically worded.

In response to questions from the MMC survey, a subset of providers mentioned their interest in other training topics. Consistent with ISLECC findings, no single topic from among those designated as *other* was mentioned by more than five respondents. The *other* topics of interest reported to the MMC interviewer included specific training on child nutrition, health, or behavior issues.

Providers' Willingness to Travel for Training

A final question to probe license-exempt caregivers' interest in further training asked providers how far they would be willing to travel one way to participate in a training activity related to early childhood education and care. As displayed in Table 10, about two-thirds (65.7%) of the respondents indicated any willingness at all to travel for training. About half (47.1%) would be willing to travel between 5 and 20 miles one way

for training and 14.7% would travel more than 20 miles or 30 minutes to attend a training activity.

Providers' Knowledge of Available Information Resources

The first research question sought to understand providers' awareness of resources available to inform their caregiving practices: "What is Illinois license-exempt child care providers' knowledge of available information resources about early childhood education and care?" As part of the MMC survey, providers were posed a set of four open-ended questions designed to elicit impromptu responses about sources they would consult to obtain information about early childhood education and care.

Table 10

Illinois License-Exempt Child Care Providers' Willingness to Travel for Training

Distance/travel time	(%)
More than 20 miles/30 minutes	14.7
Between 5 miles/15 minutes and 20 miles/30 minutes	47.1
No more than 5 miles/15 minutes	3.9
Would not travel	1.0

Note. Figures total less than 100% because 34 of the 102 survey participants (33.3%) did not provide a response.

The four questions revolved around a central theme of helping the children in their care to enter kindergarten best prepared to succeed in school. They began with the common preamble "where would you look or who would you ask if you were looking for information about . . ." The questions were distinguished from each other according to the specific area of their focus related to caring for young children and supporting their readiness for school. They touched on matters related to children's social-emotional growth (helping children to control their anger) as well as their development of early literacy and math skills (helping children get ready for reading and writing and finding information about games that involve numbers and counting). The last of the four questions asked providers about the sources they would seek for information about ensuring children's successful transitions from their home-based care settings into kindergarten classrooms (getting ready for kindergarten).

From the 102 provider interviews, a total of 568 answers to the four open-ended questions were recorded, of which 47 (8.3% of all responses) indicated a provider's answer as "don't know". Seven cases—about 6.8% of the sample—occurred in which a provider answered "don't know" to all four questions they were asked about locating information on early childhood education and care. Across the four questions, 19 providers (18.6%) answered "don't know" or "not sure" to least one of them. Analysis of the qualitative data for research questions 1 and 2 was made after the 47 "don't know" responses were culled from the dataset, thus the remainder of the results reported for the first two research questions is stated on the premise of 521 total responses from the 102 providers answering the four open-ended questions.

In 3.6% of the responses, license-exempt providers indicated a sufficient level of confidence in their understanding of the early childhood topic that they would not need to seek information from any person, public, or professional source. Answers such as "myself," "no need," "I use common sense," and "my own experience" were typical of their responses. In only one case—less than 1% of the study sample—did a provider answer "myself" to all four of the open-ended survey questions. Seven times were recorded in which the provider gave a similar answer to at least one of the four questions.

In 29.6% of the responses, providers said that they would seek early childhood information from an educator or educational facility. Typical of these responses were "school teacher," "kindergarten teacher," "preschool teacher," "school officials," "school psychologist," "school counselor," and "local school." In addition, some made reference to institutions of higher learning and college faculty. As examples, one provider identified "classes offered at a community college," another specified "Richland Community College," and yet another cited the "instructor of my behavior intervention class." Other answers related to early childhood education centers and staff such as "local preschool," "child care," or "preschool teacher." In a few instances, providers said they would seek information from a proprietary tutoring program such as "Sylvan Learning Center."

In 17.3% of the responses, providers responded that they would expect to find the information they were seeking via library resources. Responses like "local library" or "librarian" were most common. One provider also identified the "bookmobile" as a likely source to find information.

In 13.2% of the responses, providers indicated various retail stores as likely sources for information about early childhood education and care. Most common were references to teacher or school supply stores, often called "teacher stores" by the providers. Other responses included "bookstore," "toy store," and "discount store," while several mentioned widely-known merchandisers by name: "Wal-Mart," "Kmart, "Toys R Us," and "Walgreen's."

In 11.3% of the responses, providers indicated that they would seek information about early childhood by making use of technology resources. References to technology related predominately to the use of the Internet. Besides "Internet" these references also included "Website," "online," and "eBay." To a much lesser extent, some gave responses such as "computer" and "computer program."

In 7.3% of the responses, providers recognized a wide range of social services as sources for information about early childhood education and care. Quite common among their answers were "counselors," sometimes more specifically "child counselor," or "child development counselor." Related responses included "therapist," "social worker," and "anger management specialist." Some providers said that they would seek information from local sources such as "the community center" or "neighborhood resources." In other instances, providers were more specific: one said that she would "call Heritage House," while others said they would look to Head Start officials or the local child care resource and referral agency for the information.

In 5.8% of the responses, providers indicated that they would seek the information by turning to one or more of a variety of published materials available to

them. Most often, these responses related to books such as "educational books," "hands-on books," "preschool books," or "child development books." Others said they would consult "educational documents," or a "parenting magazine." One respondent indicated that she would consult "the phone book" for the information she needed and others referred to published curricular resources such as "flash cards," "Hooked on Phonics," or "workbooks." In 3.1% of the responses, providers said they would expect to find the information they were seeking by calling a health care professional or by visiting a health care facility. Most common among these kinds of references were "doctor," "pediatrician," and "hospital." When asked to consider the sources they would turn to for information about early childhood education and care, license-exempt providers did not limit their expectations to the services of a professional person or institution. In 3.6% of the responses, they reported that they would rely on the expertise available to them through family members or friends with informed points of view. While some said "family" or "ask family members," others were more specific. When family members were identified, providers most often acknowledged mothers and aunts as the sources they would trust for information about early childhood education and care. In other instances, providers said they would call upon other relatives such as "father" or "grandmother" to obtain the information. On a related but separate note, providers also saw the value in seeking information about early childhood education and care by asking the parents of the children for whom they were caring (3.1% of total responses).

In 1.2% of the responses, providers said they would seek the counsel of religious leaders or consult the services of a local church to get information about early childhood

care and education. Common responses were "pastor" and "priest." Others said "ask the

elders," or referred generally to church leaders and church programs in their answers to

the four open-ended survey questions.

Sources Consulted for Information about Early Childhood

The second research question asked how providers obtained information related to

their caregiving practices: "What information sources do Illinois license-exempt child

care providers use for acquiring information about early childhood education and care?"

This research question considers the same data reviewed in light of the first research

question. However, in contrast to the earlier presentation of the full range of provider

responses, the frequency of responses is reported here to show the extent to which

providers consult certain sources for the information. As with the first research question,

data related to the second research question is presented in keeping with the editing style

of analysis and associated categorization scheme described in Chapter 3.

Figure 4 shows the extent to which participants in the MMC survey use the

various sources to locate information about early childhood education and care. The data

that is presented is a composite of all 521 responses by survey participants to all four

open-ended questions described earlier in this chapter. Frequency counts are included to

show the relative rank of responses for each of the analysis categories.

Figure 4 offers convincing evidence that educators and educational facilities

predominate as the most frequently mentioned response by providers when asked,

"Where would you look or who would you ask if you were looking for information?" By

comparison, *educators and educational institutions* were named over eight times more

Source	Frequency
Educators & educational facilities	154
Library resources & staff	90
Stores	69
Technology resources	59
Social services agencies & staff	38
Published materials	30
Self	19
Family members & friends	19
Healthcare professionals & facilities	16
Parents	16
Faith leaders & houses of worship	6
Other people & places	5

Figure 4. Sources used by Illinois license-exempt child care providers to obtain information about early childhood education.

often than *self*. Similarly, *libraries* were named over 4.5 times more often, and *stores* were named over 3.5 times more often that *self*. *Technology*, *social services agencies and staff*, and *published materials*, outpaced *self* at rates of approximately 3, 2, and 1.5 times respectively. Providers mentioned *family members and friends* at an equal rate as they answered *self*. Categories that were mentioned on fewer occasions than *self* included the *parents* of the children in care, *healthcare professionals*, *faith leaders*, and *others*. Closer

analysis of the data demonstrates how license-exempt provider responses differed according to the topic inferred by each of the four open-ended questions.

Figure 5 demonstrates the comparative responses by providers when asked to specifically consider sources for information about issues related to children's social-emotional development (helping them control their anger), early literacy (helping children learn to read and write), early math skills (finding games that involve numbers and counting), and ways to support their successful transitions to school (getting ready for kindergarten). Figure 5 points to the credibility assigned by license-exempt providers to various sources when seeking information about particular aspects of early childhood and school readiness. Clearly, they trust educators most when they are seeking information about early literacy and helping children get ready for kindergarten. On the other hand, providers would more often turn to social services programs and staff if they were seeking information related to a social-emotional concern such as helping children learn how to control their anger. Providers also reported that they would go to stores for information about games for children that would foster the development of early math skills.

Providers cited libraries, technology (mainly the Internet), and published materials on a relatively equal basis as sources they would seek for information about the four school readiness issues. However, they portrayed their friends, members of their own families, healthcare professionals, faith leaders, and the parents of the children in their care as better suited to assist with information about helping children manage anger

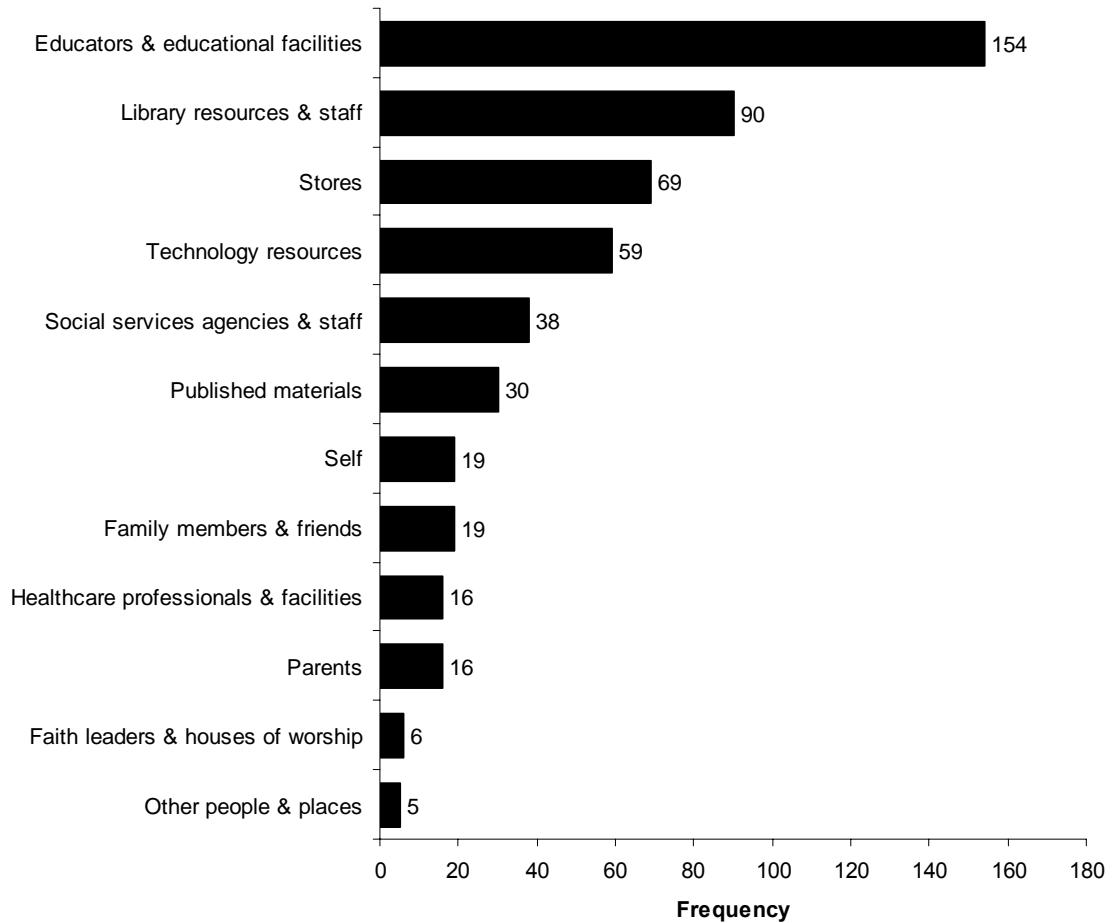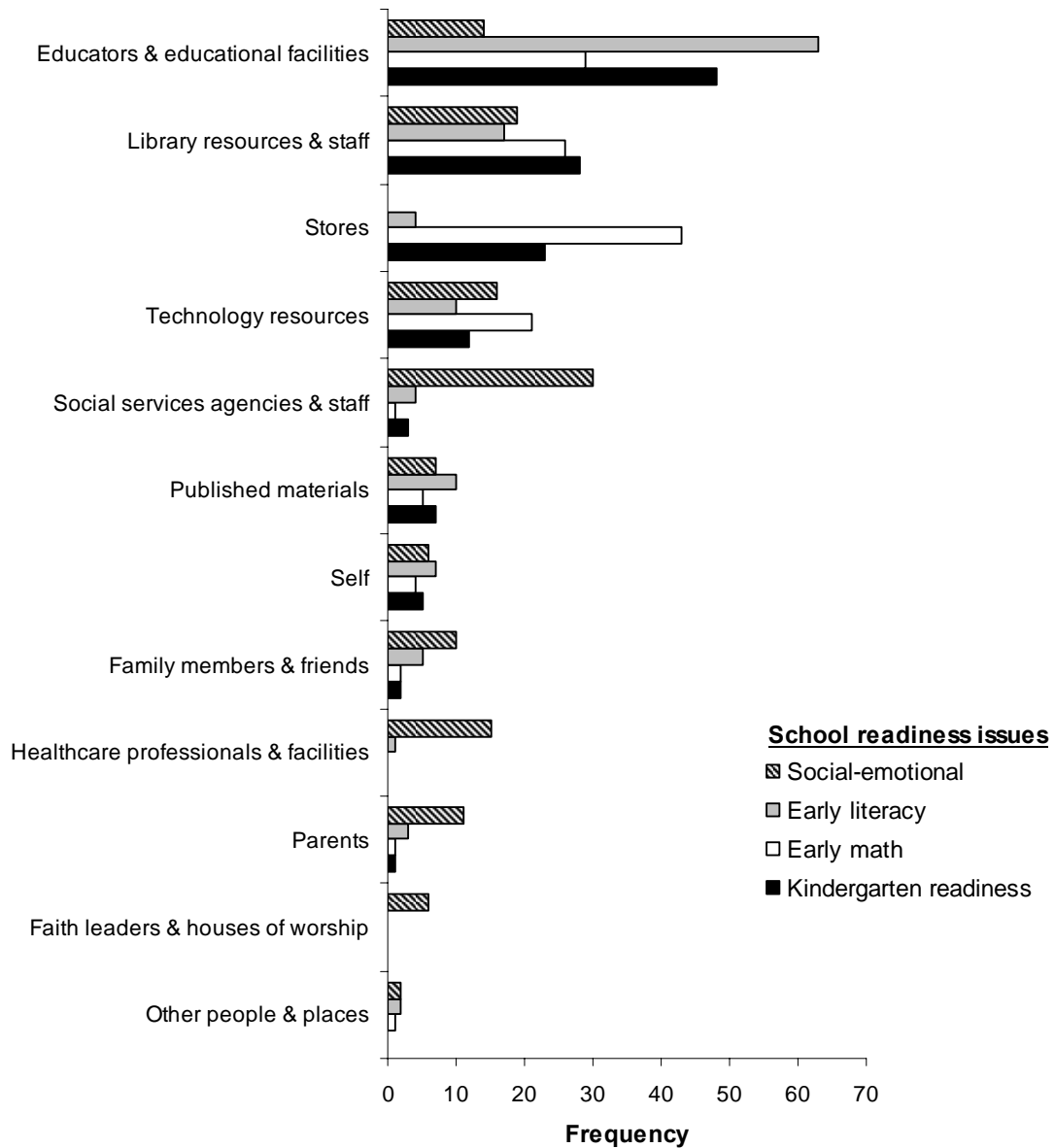*Figure 5.* Sources consulted by Illinois license-exempt child care providers to obtain information about specific early childhood education issues related to school readiness.

than for providing information related to literacy, math, and successful transitions to

kindergarten.

In a few instances, certain sources were seen as appropriate for some, but not all of the issues related to kindergarten readiness. Faith leaders and houses of worship were seen only as sources for information related to social-emotional development. Healthcare professionals were affirmed as reliable sources for information about social-emotional development, to a lesser degree for information about early literacy, and not at all for information about math and kindergarten readiness. Stores were not mentioned as a source for information about children's social-emotional development.

Perceptions of Convenience for Obtaining Information

Another issue related to license-exempt caregivers' use of information about early childhood education and care concerns the best mechanisms for delivery of the information. Providers were asked for their opinions about how convenient it would be to get information via the seven delivery modes identified in Table 11. Books (64.7%) and videotapes (63.7%) were most often mentioned as being very convenient, and correspondingly the least often reported as being not convenient.

While group meetings such as workshops or support groups were less likely to be viewed as very convenient, the relatively low percentages of providers who viewed such modes of delivery as not convenient is also remarkable (20.6% and 19.6% of providers respectively). Getting information via the Internet was viewed as being very convenient by 50% of respondents and 47.1% said that getting information through an email from someone they trusted would be very convenient. For the only two options involving online technologies (Internet and email), the greatest number of respondents—approximately one-third of the sample—said that these modes would not be convenient

for getting information. Although at first glance these findings appear to be at odds with each other, they are plausible given the proportion of participants in the MMC survey sample who reported being active in online pursuits.

Table 11

Illinois License-Exempt Child Care Providers' Perceptions of Convenience Related to Getting Information About Early Childhood Education and Care

Delivery mode	Perceived level of convenience		
	Very	Somewhat	Not
Through books	64.7	28.4	6.9
Through videotapes or DVDs	63.7	27.5	8.8
Through newsletters	51.0	32.4	16.7
From an Internet Web page	50.0	12.7	36.3
Through email from someone trusted	47.1	18.6	34.3
In a support group or meeting with other providers	44.1	35.3	20.6
In a workshop, conference, or class	43.1	36.3	19.6

License-Exempt Providers' Use of Online Technologies

The third research question asked about providers' current use and access to online technology: "What online communication technologies do Illinois license-exempt child care providers currently utilize on a regular basis?" To address this question, all 102 providers in the study sample were asked if they regularly used a computer, if they had a

computer in their home, and if a computer they used was connected to the Internet. A summary of these findings is given in Table 12.

While a majority of providers (60.8%) have a computer in their home, less than half (45.1%) report being regular computer users (in this case regular use being defined as using a computer at least once a week). A majority of providers (54.9%) also reported that the computer they used was connected to the Internet, and 48.0% of the full sample had access to the Internet from home.

Table 12

Illinois License-Exempt Child Care Providers' Access to and Use of Computers and the Internet

Level of access or use	(%)
Have a computer at home	60.8
Use a computer regularly	45.1
Use a computer connected to the Internet	54.9
Have Internet access from a computer at home	48.0

Note. n = 102

Providers' Access to and Use of the Internet

Based on the responses to the introductory questions about computer and Internet use, a subsequent series of questions was posed only to the 56 providers (54.9% of the full sample) who are connected to the Internet. By virtually any demographic comparison, a smaller proportion of Illinois license-exempt child care providers are

connected to the Internet than would be expected according to national averages based on selected demographics.

Figure 6 compares the proportion of Illinois license-exempt child care providers concerning their expected Internet utilization levels according to recently published national demographic data. For purposes of this comparison, expected utilization levels were determined by superimposing findings from the Pew Research Center (2005) on Internet use among Americans according to gender, age, race/ethnicity, and educational attainment. For example, the Pew data reports that Internet use among men (75%) is higher than the national average for all adults (72%), while Internet use among women (69%) is lower than the national norm.
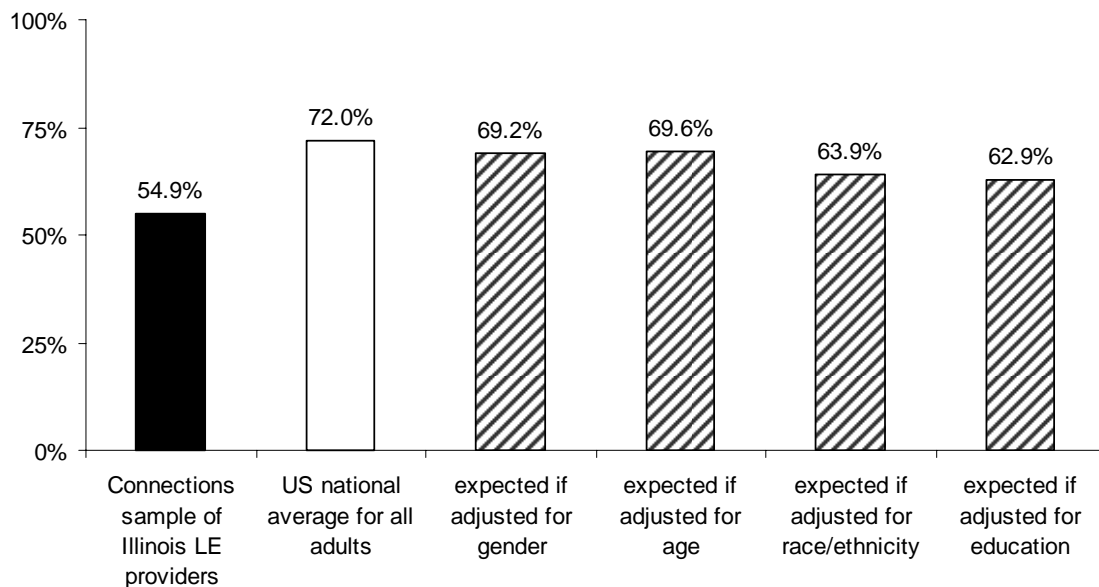
Figure 6. Illinois license-exempt child care providers' use of the Internet relative to national averages for selected demographic controls according to the Pew Internet and American Life Project (Pew Research Center, 2005).

Since 94.1% of the MMC sample were women, application of the national averages according to gender anticipates that 69.2% of the MMC sample would use the Internet. Similar calculations were performed to analyze the MMC sample according to the other demographic attributes shown in Figure 6. Across the board, a higher percentage of Americans use the Internet than the proportion of Illinois license-exempt childcare providers with online access. Attempts to make comparisons on the demographic attributes shown in Figure 6 require leeway to base claims on the juxtaposition of *Internet use* by Americans and *Internet access* by Illinois license-exempt child caregivers. While it is beyond the scope of this study to distinguish between Internet *use* and *access* for the populations in question, findings reported here about the degree to which license-exempt providers lag behind national averages are nonetheless compelling.

Providers with online access were asked how much the Internet influenced the way they go about their daily routines. Shown in Figure 7, nearly two-thirds (63.2%) said that the Internet played either a major or minor role, while about one-third (36.8%) of providers with online access reported that the Internet played no role at all in their daily activities. To gain further understanding of license-exempt providers' use of the Internet, they were asked how often they "went online" each week. Data displayed in Figure 8 shows that three-quarters (75.4%) of license-exempt providers connected to the Internet go online at least once a week. More than 4 in 10 (42.1%) log on to the Internet every day while just over half (57.9%) are online at least 3 to 5 days each week. A notable minority (15.8%) of providers with Internet access go online less often than once per week.
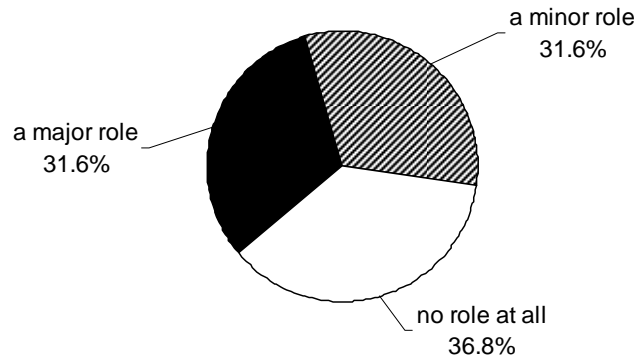
Figure 7. Illinois license-exempt child care providers' perceptions of how the Internet plays a role in their daily routines and activities.
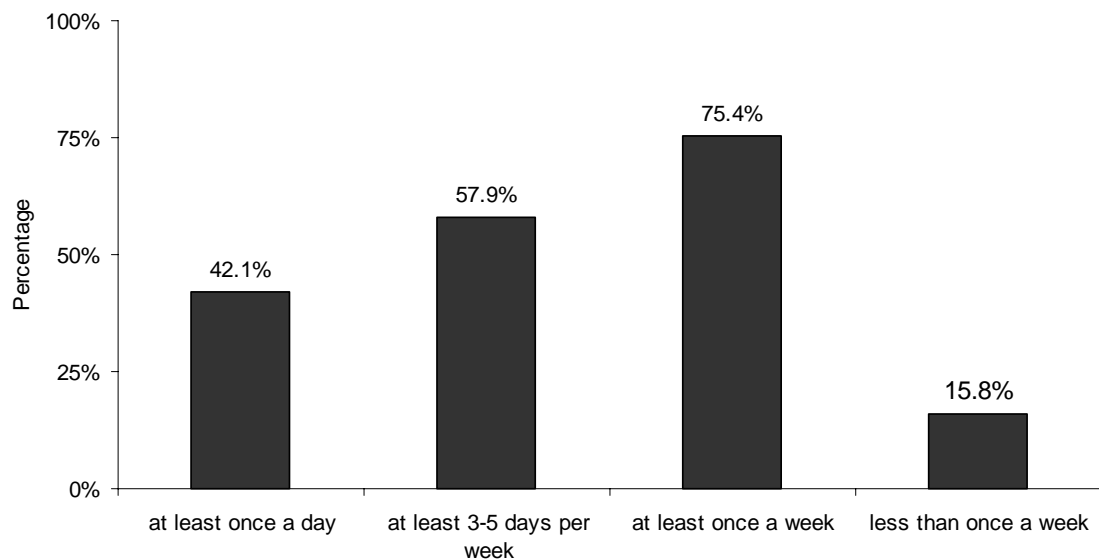
Figure 8. Illinois license-exempt child care providers' frequency of "going online."

License-Exempt Providers' Use of Email

License-exempt providers with Internet connections were asked a series of questions about their use of email. Findings are presented in Table 13 with percentages for the full study sample as well as the subsample of online users. About two-thirds (68.4%) of providers have email addresses. As a follow-up question, they were asked whether the email address they used was theirs alone or if they shared it with another user. In less than one-tenth of the cases (7.0%), providers reported that their email address was shared by another person.

Table 13

Illinois License-Exempt Child Care Providers with Email Access

Child care provider characteristic	Full sample	Online users
Providers with personal email addresses (%)	34.3	61.4
Providers who share an email address with another person (%)	3.9	7.0
Total providers with email addresses (%)	38.2	68.4

Additional questions were posed to the license-exempt providers who were email users. Their responses pointed to the regularity with which they use email, some general perceptions about using email, as well as their use of instant messaging technology. Findings are presented in Table 14 with percentages for the full study sample as well as the subsample of email users. Nearly three-quarters (74.4%) of license-exempt providers reported checking their email within the last week leading up to their participation in the

MMC survey. It is notable that more than half of the providers with email addresses reported using email less than five times each week.

Table 14

Illinois License-Exempt Child Care Providers' Use of Email

Characteristics of email use	Full sample	Email users
Weekly utilization levels (%)		
more than 10 times	5.9	15.4
5-10 times	6.9	18.0
less than 5 times	15.7	41.0
Total weekly utilization	28.5	74.4
Routines and perceptions (%)		
Check email first thing each morning	10.8	28.2
Check email before going to bed	21.6	56.4
Dealing with email takes up a lot of time	6.9	17.9
Look forward to checking email	22.5	59.0
Use instant messaging (%)	10.8	19.6

Note. [a]25.6% of email users did not provide a response.

License-exempt providers with email addresses were also asked about certain routines they might follow in using email. A majority (56.4%) said they checked their email before going to bed while about one-fourth (28.4%) said they checked their email first thing each morning. Furthermore, most providers (59.0%) said that they looked forward to checking their email while 17.9% believed that checking email took up a lot of

time. Provider responses to the final question about email revealed that about one-fifth (19.6%) used instant messaging.

License-Exempt Providers' Online Pursuits

Providers with an online connection were asked about the kinds of activities in which they have engaged on the Internet. One-half (50.0%) reported that they had used the Internet to perform at least one online activity indicated in Figure 9. Online pursuits most commonly carried out by license-exempt providers were looking at a map or getting driving directions (66.7%), playing games (66.7%), and getting news (57.9%). Nearly half have used the Internet to check weather reports (45.6%) or listen to music (45.6%), while more than a third have banked or paid bills, made purchases, or sent greeting cards online (36.8% for each activity). To a lesser extent, license-exempt providers have used the Internet to look up phone numbers or addresses (29.8%), buy event tickets (26.3%), and watch videos (21.1%). The least common use of the Internet by license-exempt providers is for taking part in online chats, with 12.3% reporting that they had ever undertaken that activity.

For closer analysis of these data, provider responses to questions about their online pursuits were compared to corresponding findings from the Pew Internet and American Life Project (PRC, 2005). Figure 10 provides a comparative view of Illinois license-exempt child care providers' participation in online activities relative to national norms. To enrich this data presentation, data previously reported on email use by license-exempt providers is included. Similarly, provider levels of participation in sending

greetings cards and invitations, and for buying event tickets online were not included in Figure 10 because no corresponding data was reported by Pew.
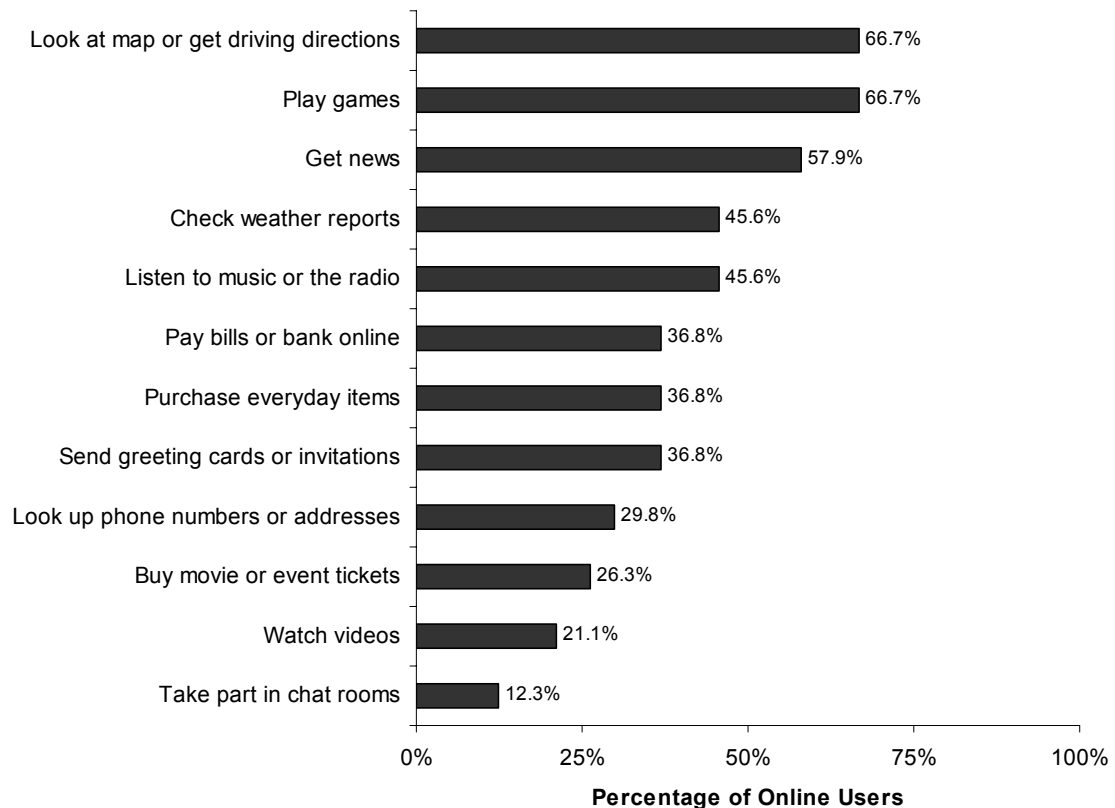
Figure 9. Illinois license-exempt child care providers' participation in online activities.

For both the national population as well as the Illinois population of license-exempt child care providers, use of email was the most commonly utilized online activity encompassing 91.0% and 68.4% of respondents respectively. Conversely, taking part in chat rooms was found to be the least common use of the Internet among both populations with 22.0% of Americans and 12.3% of license-exempt providers saying they have engaged in this activity. For nearly all the activities indicated in Figure 10, national

averages are greater than their counterpart utilization levels among Illinois license-exempt child care providers. However, the percentage of license-exempt providers who are online that use the Internet to play games (66.7%) is higher than the national norm (36.0%). Likewise, a higher proportion of Illinois providers use the Internet for listening to music (45.6%) than the level reported for all Americans (34.0%).
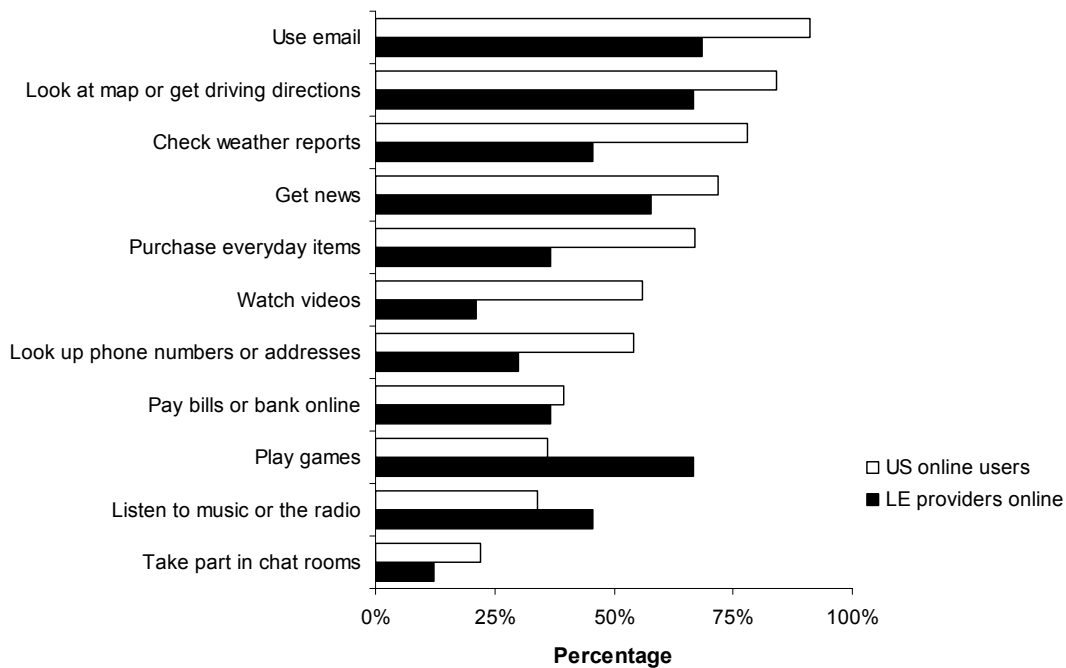
Figure 10. Illinois license-exempt child care providers' participation in online activities relative to national averages according to the Pew Internet and American Life Project (Pew Research Center, 2005).

Providers with online connections were asked if they had ever used the Internet to find information about caring for children. As shown in Table 15, nearly half (49.1%) reported affirmatively. Those who had sought information online about caring for children were prompted for more details about the types of information they were

seeking. While no single topic predominated, most responses concerned health issues

such as proper care for treating children's ear infections, advice on toilet training, or

information about child nutrition. To a comparable degree, providers also used the

Internet to find information about various activities to engage the children in their care.

Among these responses were "learning activities," "physical activities," and "craft

activities." Responses such as "reading," "ABCs," and "help with their (the children's)

school" related to a broad range of school readiness and success issues that concern some

license-exempt providers. Isolated references to other issues such as child discipline,

child care licensing, talking with parents, and finding information about child abuse were

also acknowledged as items of interest about which license-exempt providers search the

Internet.

Table 15

Illinois License-Exempt Child Care Providers' Use of the Internet for Information About Early Childhood Education

Characteristics of Internet use	Full sample	Online users
Visited any Website to find information about young children (%)	27.5	49.1
Visited the Illinois Early Learning Project Website (%)	3.9	7.1

More pointedly, license-exempt providers were asked if they had ever visited the

Illinois Early Learning Project Website (http://www.illinoisearlylearning.org). As shown

in Table 15, less than one-tenth (7.1%) of providers who were online reported ever

visiting the Internet site.

Other Technologies Used by License-Exempt Providers

Lastly, all providers in the MMC sample were asked about their use of cellular

telephones (cell phones). As presented in Table 16, more than half (54.9%) possess cell

phones, and 44.1% have an additional telephone besides their cell phone. Slightly over

one-tenth (12.7%) report using their cell phones for purposes other than making phone

calls, namely for text messages or taking photographs.

Table 16

Illinois License-Exempt Child Care Providers' Access to and Use of Cellular Telephones

Level of access or use of cellular telephones	(%)
Have a cell phone	54.9
Have another phone besides a cell phone	44.1
Use cell phone for additional purposes	12.7

Summary of Findings

The population of Illinois license-exempt child care providers receiving payments

for their services through the state child care subsidy system is comprised predominantly

of women. Nearly three-quarters of Illinois license-exempt providers are African

American and about one-fifth are White. Less than one-tenth of the caregivers

participating in the child care subsidy system are Hispanic. Seven out of 10 license-

exempt child care providers have at least finished high school or obtained a GED, but

only about 10% have earned any kind of college degree: 15% have taken at least one college course on child development or early childhood education.

Family members (79.4%) are by far the most common types of license-exempt caregivers, and among relative providers the strong majority is comprised by grandmothers of the children in care. The majority (60.8%) of license-exempt providers in Illinois have been caring for children for at least 3 years: Nearly one-half of them have 5 or more years of experience. Typically, each license-exempt caregiver is providing care for two or three children.

Two-thirds of Illinois license-exempt child care providers has participated in child care training classes or workshops, most commonly related to CPR or first aid training, and one-third has attended a training event related to parenting education or child development. These providers are very interested in training on four topics related to school readiness: (a) 73.5% are very interested in training on helping children learn how to read, (b) 71.6% are very interested in training on how to discipline or communicate with children, (c) 69.6% are very interested in training on helping children be ready for kindergarten, and (d) 66.7% are very interested in training on helping children with early math skills. Aside from published materials such as books, video, and newsletters, providers perceive that getting information via the Internet or through an email from someone they trusted would be most convenient, even more convenient than via face-to-face training. They are not willing to travel substantially more than 15 miles (or 30 minutes) to attend face-to-face training events.

Illinois license-exempt child care providers reported that they would seek information about early childhood education and care from teachers, schools, and a broad array of community programs and social services staff. They would also expect to find relevant published information and materials through libraries, the Internet, and retail stores. They would turn to friends and family members, as well as parents of the children in their care. They would consult others, such as medical professionals or faith leaders, who possess specialized expertise or distinct perspectives on issues related to early childhood education and care.

Overall, about one-third (29.6%) of providers' responses indicate that educators and educational institutions are the sources they would trust most. This is especially the case when they are seeking information related to helping children get ready for reading and writing (50% of providers' responses) and helping the children in their care to get ready for kindergarten (37.2% of providers' responses). When seeking information related to children's social-emotional development, 22.1% of providers' responses name people and program resources associated with local social service agencies as most credible.

The majority (60.8%) of Illinois license-exempt providers has a computer in their homes and is connected to the Internet. Half of the study sample has used the Internet to perform at least one online activity such as seeking information, communicating with other people, transacting personal business, or entertainment. Three-quarters of the providers who are connected to the Internet go online at least once a week. Nearly half (49.1%) of Illinois license-exempt providers with online connections have used the

Internet to find information about caring for children, but only a few—7.1% of those who are online—have ever visited the Illinois Early Learning Project Website (http://www.illinoisearlylearning.org).

In nearly all online pursuits, the population of Illinois license-exempt child care providers lags behind national norms for Internet use with one remarkable exception: Nearly twice the proportion of Illinois license-exempt providers engage in playing online games than does the population of Internet users in the United States. Other online pursuits most commonly carried out by license-exempt providers are: using email, looking at maps or getting driving directions, and getting news. The least common use of the Internet by license-exempt providers is for taking part in online chats.

A discussion of the findings from the MMC study is given in the next chapter. Conclusions will be drawn and recommendations for further action will be presented.

Chapter 5: Summary, Conclusions, and Recommendations

Summary

  Problem and purpose. Relatively few studies—often using samples of

convenience—have been conducted about license-exempt child care providers, their

knowledge of quality child care practices, and their training as providers of early care and

education services. The findings suggest that license-exempt providers are not well-

connected to resources and information that can enhance their caregiving practices

(Galinsky, et al., 1994; Peth-Pierce, 1998). Among the key findings from their

examination of the Illinois early childhood workforce, Krajec, Bloom, Talan, and Clark

(2001) reported that "many caregivers operate outside the established early childhood

regulatory system and thus do not have access to technical assistance or professional

training" (p. 65).

  While the majority of outcomes from previous research suggests that license-

exempt providers possess little formal child care training, others have uncovered

evidence of providers' interest in having training and other supports available to them

(Anderson, et al., 2005; Brandon, et al., 2002; Porter, 1999). Important questions remain

as to the most effective means of connecting providers with these resources. Findings

from the *Making the Most of Connections* (MMC) study describe the range of

information sources Illinois license-exempt child care providers use and the extent to

which they seek those resources to inform their caregiving practices. This study has

identified providers' present-day exposure to computers and the Internet, their current use

of online technology, and overall perceptions about seeking and receiving information.

This study was underwritten by funding from the Child Care Bureau of the U.S. Department of Human Services, Administration for Children and Families and was strengthened by cooperation from leading child care and educational agencies in Illinois. Senior officials with the Illinois Department of Human Services and the Early Childhood Education Division of the Illinois State Board of Education provided valuable insight during the conceptualization of the project. Access to the study sample and ethical handling of the collected data was made possible through collaboration with the Illinois Network of Child Care Resource and Referral Agencies.

Research methods and procedures. A concurrent nested strategy was utilized to collect, reduce, analyze, and interpret qualitative and quantitative outcomes. Original data was collected through the MMC survey, a 33-item semi-structured questionnaire administered to license-exempt child care providers who had received payments for their services through the Illinois Child Care Assistance Program (CCAP). The survey instrument was reviewed and endorsed by a panel of experts comprised by key persons affiliated with the state network of child care resource and referral agencies, the state-sanctioned clearinghouse of information about early childhood education and care, and the principal investigator for a recently conducted study on license-exempt child care in Illinois.

A pilot phase, which followed the cognitive interviewing scheme suggested by Desimone and Le Floch (2004), was conducted in mid-summer 2005. To further test the MMC survey for reliability, a team of three interviewers utilized the refined instrument

during the pilot phase to verify that the interview protocol and items possessed content validity and reliable responses across multiple interviewers.

Telephone interviews were administered statewide with a random sample of 102 providers in September 2005. The study sample was obtained through state administrative records for CCAP payments for home-based license-exempt provider claims filed for August 2005. Each interview required approximately 11 minutes to complete. Subjects were remunerated with a $20.00 stipend for completing the MMC Survey. Assistance from the INCCRRA made it possible for telephone contact information to be utilized and mailing of the stipend checks to take place without the full identities of any member of the survey sample being divulged.

The MMC survey was used to solicit license-exempt providers' responses to questions about the human and institutional sources they believed could provide them with reliable information about matters related to early childhood education and care. The instrument was also used to probe the extent to which license-exempt providers are connected to the Internet and use it to carry out a range of online pursuits.

Concerns raised during the early stages of the project's design—about exhausting the sample telephone roster before reaching targeted interview goals or encountering difficulty in making contact with providers—were allayed by acting upon lessons learned during the pilot phase of the study. Planning decisions calling for a sample size 10 times larger than the number of interviews sought for this study were sufficient to reach the 102 caregivers.

Data analysis involved a coding system devised by the researcher in conjunction with an independent research assistant. All data captured from the MMC survey were coded for processing by the independent research assistant using SPSS version 13.0 analytical software. To study qualitative data obtained from open-ended survey questions, an editing analysis style (Crabtree & Miller, 1992) was adopted using a researcher-devised categorization scheme with corresponding codes. Otherwise, data from the MMC survey was analyzed through common descriptive statistical procedures.

Findings. The population of Illinois license-exempt child care providers receiving payments for their services through the state child care subsidy system is comprised predominantly of women. Nearly three-quarters of Illinois license-exempt providers are African American and about one-fifth are White. Less than one-tenth of the caregivers participating in the child care subsidy system are Hispanic. Seven out of 10 license-exempt child care providers have at least finished high school or obtained a GED, but only about 10% have earned any kind of college degree: 15% have taken at least one college course on child development or early childhood education.

Family members (79.4%) are by far the most common types of license-exempt caregivers, and among relative providers the strong majority is comprised by grandmothers of the children in care. The majority (60.8%) of license-exempt providers in Illinois have been caring for children for at least 3 years: Nearly one-half of them have 5 or more years of experience. Typically, each license-exempt caregiver is providing care for two or three children.

Two-thirds of Illinois license-exempt child care providers has participated in child care training classes or workshops, most commonly related to CPR or first aid training, and one-third has attended a training event related to parenting education or child development. These providers are very interested in training on four topics related to school readiness: (a) 73.5% are very interested in training on helping children learn how to read, (b) 71.6% are very interested in training on how to discipline or communicate with children, (c) 69.6% are very interested in training on helping children be ready for kindergarten, and (d) 66.7% are very interested in training on helping children with early math skills. Aside from published materials such as books, video, and newsletters, providers perceive that getting information via the Internet or through an email from someone they trusted would be most convenient, even more convenient than via face-to-face training. They are not willing to travel substantially more than 15 miles (or 30 minutes) to attend face-to-face training events.

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Overall, about one-third (29.6%) of providers' responses indicate that educators and educational institutions are the sources they would trust most. This is especially the case when they are seeking information related to helping children get ready for reading and writing (50% of providers' responses) and helping the children in their care to get ready for kindergarten (37.2% of providers' responses). When seeking information related to children's social-emotional development, 22.1% of providers' responses name people and program resources associated with local social service agencies as most credible.

The majority (60.8%) of Illinois license-exempt providers has a computer in their homes and is connected to the Internet. Half of the study sample has used the Internet to perform at least one online activity such as seeking information, communicating with other people, transacting personal business, or entertainment. Three-quarters of the providers who are connected to the Internet go online at least once a week. Nearly half (49.1%) of Illinois license-exempt providers with online connections have used the Internet to find information about caring for children, but only a few—7.1% of those who are online—have ever visited the Illinois Early Learning Project Website (http://www.illinoisearlylearning.org).

In nearly all online pursuits, the population of Illinois license-exempt child care providers lags behind national norms for Internet use with one remarkable exception: Nearly twice the proportion of Illinois license-exempt providers engage in playing online games than does the population of Internet users in the United States. Other online pursuits most commonly carried out by license-exempt providers are: using email,

looking at maps or getting driving directions, and getting news. The least common use of

the Internet by license-exempt providers is for taking part in online chats.

Conclusions

> *Effective collaboration for MMC study.* Inter-agency support and procedures used

to conduct this study were effective for studying a statewide sample of license-exempt

child care providers across Illinois. This study was made possible by collaboration among

federal and state stakeholders to assist the efforts of university researchers. Financial

resources needed to underwrite project expenses were provided by the Child Care Bureau

of the U.S. Department of Human Services. Senior officials with the Illinois Department

of Human Services, and Early Childhood Education Division of the Illinois State Board

of Education provided valuable insight during the conceptualization of the project.

Access to the study sample, ethical handling of interview subjects' personal information

and the work of distributing participant stipends was facilitated by the Illinois Network of

Child Care Resource and Referral Agencies. This example of collaboration validates

Mallory's call for researchers and educators to "jump across the silos of government and

social agencies in order to connect their services to school sites" (as cited in Hiatt-

Michael, 2006, p. 25).

Concerns arose during the early stages of the project's design about exhausting

the sample telephone roster before reaching targeted interview goals, or encountering

difficulty in making contact with providers. These fears were allayed by acting upon

lessons learned during the pilot phase of the study. Planning decisions that called for a

sample size 10 times larger than the number of interviews were proven sufficient.

Anecdotal evidence taken from subjects' reception to the interview calls suggested that

the announcement postcards mailed to the homes of the 1,010 providers on the master

calling roster were effective, as a number of providers greeted their interviewer with a

degree of warmth and readiness to participate. Although it is not possible to prove direct

correlation, it is reasonable to assume that these providers' enthusiasm was based on their

foreknowledge (via the postcard) that (a) their participation in the interview would lead to

the provision of additional resources for license-exempt child care providers, and/or (b)

they would receive a cash stipend for completing the interview. Regardless of their

motivation, the interview subjects were generally found to be interested in participating,

congenial, and cooperative with the interviewers.

Findings similar to the Illinois Study of License-Exempt Child Care. The findings

from this study are similar to those from the Illinois Study of License-Exempt Child Care

(ISLECC). Background characteristics of providers completing the MMC survey were

placed in context by juxtaposing them with corresponding results from the ISLECC.

Organizing the data in this manner provided for a helpful cross-comparison of findings

from both studies that demonstrated the relationship between outcomes from this research

project and the most up-to-date body of knowledge about this license-exempt sector of

the Illinois child care workforce.

Both studies found that the license-exempt provider population in Illinois is

predominantly female, and on average, these providers are between 40 and 50 years old.

Family members are by far the most common types of license-exempt caregivers, and

among relative providers, the majority is comprised by the grandparents of the children in

care. These findings compare favorably with license-exempt provider populations not only in Illinois, but in virtually every other geographical area where similar studies have been conducted (Anderson et al., 2005; Boushey & Wright, 2004; Brandon, 2002; Guzman, 1999; Layzer & Goodson, in press). After matching these findings with the gender data, it is readily apparent that the child care provider in a license-exempt setting is typically the children's grandmother, a point that is critical to the understanding of the caregivers' perceived role and motivations for providing child care.

Given the close resemblance of findings from the MMC study to ISLECC about the background characteristics of Illinois license-exempt child care providers, it is reasonable to embrace other findings from ISLECC about their rationale and motivation. The three reasons most prominently mentioned by these providers in the ISLECC were: (a) wanting to help their focal families, (b) enjoying providing care for their focal family's children, and (c) enjoying helping children in the focal family to learn (Anderson et al., 2005). Furthermore, the motivation to help out the focal family was often accompanied by other positive family and child-centered caregiving motivations, as opposed to perceived pressures to help the family.

Both studies revealed that the large majority of license-exempt providers receiving payments through CCAP were African American and that about one-fifth of this population is White (Anderson et al., 2005). In both studies, much lower levels of Hispanic providers were reported, but surprisingly the level found by the MMC survey was more than three times higher that the level reported by ISLECC. It is not clear why this difference exists since one of the three sample sites targeted for interviews by

ISLECC was the Lawndale neighborhood, a community located on Chicago's west side with a high proportion of Hispanic residents. While the differences in the findings from the two studies are intriguing, the more salient point is that in either scenario the proportion of Hispanic providers receiving child care subsidy payments is low.

This study, as well as the ISLECC, found that over 70% of Illinois license-exempt providers have at least finished high school or obtained a GED; however, only about 10% have earned any kind of college degree. About 15% of license-exempt providers throughout the state have taken at least one college course on child development or early childhood education. About two-thirds of providers have participated in child care training classes or workshops, most commonly related to CPR or first aid training. About one-third of the providers have attended a training event related to parenting education or child development.

Professional development opportunities. Illinois license-exempt child care providers demonstrate a degree of commitment and concern that warrants further investment to connect them with people and resources to inform their caregiving practices, despite their existence outside of the state's formal professional development system. Outcomes from the MMC study involving caregiving arrangements also mirror those reported in the ISLECC study. More than 60% of license-exempt providers in Illinois have been caring for children for at least 3 years. Nearly one-half of them have 5 or more years of experience, suggesting that a basic level of stable caregiving arrangements currently exists to serve the children in license-exempt care across Illinois. Consistent with ISLECC findings, the MMC study reports a mean of two to three

children receiving care from each license-exempt provider. These findings indicate that license-exempt home-based child care settings in Illinois meet state licensing standards for group size despite operating legally without a license.

Most promising, a high proportion of license-exempt child care providers in Illinois are very interested in learning about helping children enter kindergarten prepared to succeed in school. Findings about providers' interest in issues related to early literacy development, early math skills development, and overall readiness for kindergarten are a source of optimism for state child care and early childhood education administrators who have been charged with ensuring that Illinois children transitioning from all types of child care settings are entering school prepared to succeed.

Findings from this study reinforce others that have uncovered evidence of providers' interest in having training and other supports available to them (Anderson, et al., 2005; Brandon, et al., 2002; Porter, 1999). This is a refreshing development, especially in light of earlier research outcomes which show that license-exempt providers possess little formal child care training (Galinsky, et al., 1994; Peth-Pierce, 1998) and reports by Krajec, et al. (2001) that "many caregivers operate outside the established early childhood regulatory system and thus do not have access to technical assistance or professional training" (p. 65).

Professional development interests. License-exempt child care providers in Illinois are highly interested in learning more about helping children enter kindergarten prepared to succeed in school. There is evidence across the literature that positively links child care providers' specialized training to higher quality experiences for children

(CQCOST et al., 1995; Fuller & Kagan, 2000). Despite numerous observations that license-exempt caregivers are less educated than licensed providers (Brandon et al., 2002; Fuller & Kagan, 2000; Galinsky, et al., 1994), findings from this study give reason for optimism.

The findings related to providers' interest in further training about early childhood education and care are compelling. More than two-thirds reported that they were very interested in training on four topics related to state school readiness goals: (a) helping children learn how to read, (b) how to discipline or communicate with children, (c) helping children be ready for kindergarten, and (d) helping children with early math skills.

Similar sets of questions about providers' interest in various training topics were asked of the respective participants for this study and the ISLECC. Comparable results (approximately half the sample in either case) were found in the two studies on the questions regarding their interest in training on CPR and first aid. A general question from the ISLECC asked providers about their interest in training on child development, to which about half the survey respondents said that it would be very helpful. The more focused set of questions from the MMC survey asked providers about their interest in specific kinds of training related to helping children meet state school readiness goals: questions pertaining to early literacy development, early math skills, and about kindergarten readiness. When posed the more specific questions, providers' affirmative response rates were much higher than their responses to the general question on the ISLECC survey. This suggests that license-exempt providers are not only aware of school

readiness issues, but that they are also highly interested in learning how to help the children in their care to enter kindergarten prepared to succeed in school.

However, their interest in seeking training is tempered by their limited willingness to travel to attend training events in person. The reasons for their limited willingness to travel are unclear, but they are likely to revolve around (a) convenience factors (training events scheduled at difficult times for providers to attend), (b) constraints on time, or (c) transportation resources required for their participation in formal training events (Anderson et al., 2005; Todd, Robinson, & McGraw, 2005).

The Internet's potential for connecting license-exempt providers. A critical mass of Illinois license-exempt child care providers access the Internet regularly, supporting the Internet's potential as an effective and efficient tool for connecting them to helpful information about early childhood education and care. The majority of license-exempt caregivers in Illinois use a computer that is connected to the Internet. They perceive online information sources as more convenient than traditional face-to-face options, an outcome that contraindicates the method most commonly utilized by local and regional child care resource and referral agencies to deliver provider training.

One-half of Illinois license-exempt child care providers have used the Internet to perform at least one online activity such as email, seeking travel directions, or getting news reports. In virtually every instance, providers' involvement in specific online pursuits lags behind national norms, the notable exception being use of the Internet to play games whereby license-exempt providers engage in levels that are nearly twice that for the American population at large.

The data collected for this study does not address the reasons for or the kinds of online games played by license-exempt providers, nor do they offer any clear reasons as to why providers engage so actively in online game-playing. However, the findings do reveal that under certain conditions, providers are not encumbered by under-developed computer skills or anxiety about operating the technology.

Aside from passive ways of accessing information—such as from print or audio-visual media—license-providers said that getting information via the Internet or through an email from someone they trusted would be most convenient, even more convenient than via a face-to-face training event. While these findings were at odds with the researcher's expectations, they are plausible given the proportion of subjects in the MMC survey sample who reported being active users of the Internet.

The Internet has been proven for its efficiency and it promises unlimited capacity as a repository of information resources (Fallows, 2000, p. 12). In addition, the use of computer-based games, perhaps accessible online, is an emerging trend that represents "new ways to learn for a new information age" (Shaffer, et al., 2005, p. 3). Games make it possible to "learn by doing" because they open the door to new possibilities for developing the "situated understandings . . . and ways of thinking of important communities of practice" (p. 7). Online games foster participation in communities of practice which in turn can "develop the ways of thinking that organize those practices" (p. 11). Although the participants in this study are less active users of the Internet than most other Americans, the number of license-exempt providers who are connected

support claims by researchers that "life online is the new normal" in the United States (Pew Research Center, 2005, p. 59).

Other than their participation in face-to-face training events on CPR and first aid, more license-exempt child care providers in Illinois are using the Internet than have attended formal training or educational courses specific to caring for children. Taken together, findings about providers' connectedness to the Internet, the nature of their online pursuits, and their perceptions about the relative convenience of receiving information online points to the Internet's potential as a more efficient means of reaching them with meaningful resources to inform their caregiving practices.

License-exempt providers' awareness of information resources. Illinois license-exempt child care providers' awareness of information resources about early childhood education and care encompasses both human and institutional sources. Among these sources are teachers, schools, and a broad array of community programs and social services staff. Providers also expect to find relevant published information and materials through libraries, the Internet, and retail stores. They would turn to friends and family members, as well as parents of the children in their care. They would consult others, such as medical professionals or faith leaders, who possess specialized expertise or distinct perspectives on issues related to early childhood education and care.

The MMC survey considered four items related to school readiness: literacy development, social-emotional development, early math skills, and helping children get ready for kindergarten. While all of these issues are related to children's readiness to succeed in school, the distinctions among the providers' responses are noteworthy. So-

called *academic* issues such as *getting ready for reading and writing* and *getting ready for kindergarten* elicited responses associated with educators and educational institutions while responses to the question about *helping children control their anger* was rarely associated with seeking help from schools or school personnel. When seeking information related to children's social-emotional development, providers consider people and program resources associated with local social service agencies as most credible.

Furthermore, the underlying data suggests that license-exempt providers perceive children's social-emotional readiness as a matter of intervention rather than a core component of the early learning curriculum. For instance, frequent answers given to the question on seeking information about helping children to control their anger included responses such as: *counselor*, *therapist*, *social worker*, and *anger management specialist*. Remaining mindful of survey respondents' contextual understanding of children's social-emotional development as a school readiness issue is vital to the effective design of future information resources intended to assist them.

By a substantial margin, providers said they would go to various stores to locate resources for supporting young children's development of early math skills. In light of the strong evidence that providers would consult schools and school personnel for information about matters related to school readiness, it was surprising that the sweeping majority of responses indicated a narrow range of commercial enterprises such as *teacher stores*, *bookstores*, *toy stores*, or specific retailers such as *Wal-Mart*, *Kmart*, or *Toys-R-Us*. Analysis of the relevant item from the MMC survey sheds light on the possibility that

the researcher's intent in posing the question was not effectively conveyed to survey respondents during the interview. Question 10 from the MMC survey asked providers: Where would you expect to find information about games for young children that involve numbers and counting? In keeping with the other questions, the operative word in the question was *information*. However, the high number of responses associated with stores suggests that survey respondents construed the question as being about the places they would go to find children's games about numbers and counting. This matter notwithstanding, provider responses still reveal their awareness that games and curricular materials designed to support young children's understanding of math concepts are available for purchase. This finding suggests that perhaps the most beneficial kinds of information resources related to early math would assist license-exempt providers in discerning which purchases would be best suited to address the school readiness needs of the children in their care, or pointing them to online sites for computer games related to counting and numeracy.

Certainly, it is plausible that educators would be likely considerations as sources for information on early literacy and kindergarten readiness, that social services agencies would be perceived as best-equipped for providing information about helping children learn to manage their anger, and that providers would think first to visit a store for resources to support children's development of early math skills. Nevertheless, these outcomes were somewhat unexpected in light of the findings from previous research on license-exempt child care providers, which suggested that they would likely seek information from other caregivers. For example, in her study of Oklahoma family child

care home providers, Humphries (2003) observed that virtual communities, kept intact by

email exchanges among its members, were a "large part of the communication and

knowledge sharing by (child care) practitioners" (p. 52). Porter (1999) found that license-

exempt caregivers in California and New York wanted opportunities for information

sharing and to learn from each other. Similarly, Noble (2004) saw the value of creating

"information-sharing networks and support groups among providers" (p. 13).

    Community-school partnership benefits for license-exempt providers. Illinois

license-exempt child care providers view educators and educational institutions as the

sources they would trust most for information about early childhood education and care.

This is particularly the case when providers are seeking information related to their roles

in helping the children in their care to enter kindergarten prepared to succeed in school. It

is not surprising that schools, teachers, and other educators were the most common

sources indicated by survey respondents as best-suited to give advice on matters related

to school readiness. But typical of their responses were answers such as *local teacher*,

local school, or *a teacher I know*. In each of these cases, providers' answers indicate not

only that they would seek advice from educators, but that in particular they would look to

those educators with whom they had a more intimate connection such a teacher who lives

or works within their community or one who is a friend.

    Revelations that license-exempt providers appreciate these close connections

suggest that efforts to link providers with information resources might be strengthened by

leveraging the power of partnerships among families and their communities. One

collaborative approach—the community schools concept—places local schools at the

center of activity supporting these partnerships. Throughout her series of monographs on promising educational practices, Hiatt-Michael (2003) describes community schools as those that "connect services from the community with the children and families served by the school" (p. 2). Blank (2004) describes community schools as centers that strengthen families and communities, open year-round and accessible to the public on evenings and weekends.

Dryfoos (2003) expounds on this notion, referring to full-service community schools, where a community agency "establishes a peer relationship with a school system by taking on the responsibility for some of the workings of the school" (p. 35). Heifets and Blank (2004) argue that partnerships among a wide range of stakeholders—social agencies, family support initiatives, faith-based institutions, and other community groups—are at the core of community schools. These partnerships are deliberate and they provide the supports and opportunities that are important to all stakeholders: students, families, and the surrounding community (p. 4).

In Illinois, the Campaign to Expand Community Schools (2003) in Chicago was established in June 2002 with the goal of establishing 100 new community schools by 2007. These undertakings are high profile and they suggest that the community schools concept is a new and emerging trend. There are, however, previous examples—some dating back a full century—that bear a striking resemblance to the contemporary model of community schools.

Combining school and public libraries is a vivid example of the community schools concept in practice. These libraries are typically located in a school: They

perform the curriculum support functions commonly associated with school libraries and provide the broader library service needs of children, young adults, and adults that are commonly the focus of public libraries. Joint use libraries are an efficient means of serving the interests of a community, especially at a time where pressure is on all public institutions to manage tax moneys judiciously. In some instances, school libraries are being urged to expand their programs as a means to demonstrate to the community more cost-effective utilization of existing educational facilities (Wisconsin Department of Public Instruction, 1998).

A more recent example of family, school, and community partnership is the establishment of family centers within school facilities. According to Johnson (2001), family centers are "places where parents and other family members connect with school staff and community participants to gain information and implement programs in support of children, families, educators, and communities" (p. 85).

Examples such as those just cited embrace another tenet of Good Start, Grow Smart (GSGS), the national policy initiative intended to support children's school readiness. GSGS already requires states to coordinate the "provision of services with other federal, state, and local child care and early childhood development programs" (Child Care Bureau, 2003b). The notion of establishing a child care provider resource center within schools translates the aims of national and state policy to the local scale. Such a center could be used as a place for information from a trusted source, for access to technology, for orientation on effective use of the Internet, and for nurturing a community of child care practitioners.

Recommendations for Policy and Practice

The following recommendations consist of three main areas. These are based upon the summary and conclusions of this study.

Connect license-exempt providers to formal professional development. Re-double efforts to connect license-exempt child care providers more closely to the Illinois' formal early childhood professional development system with increased emphasis on strategies intended to attract, include, and effectively serve this vital segment of the state's early childhood workforce. More young children in Illinois receiving care via state subsidy payments are cared for in license-exempt homes than in any other recognized setting, yet efforts to sustain license-exempt child care providers' involvement in the formal early childhood professional development system have been marginally effective. A recent undertaking by the Illinois Early Care and Education Professional Development Network—the *Level 1 Credential*—is the current initiative to provide basic knowledge and skills for entry-level child care center staff, licensed and license-exempt child care providers, or newcomers to the field (Gateways to Opportunity, 2006). While any endeavor aimed at enhancing the competencies of child care practitioners is laudable, and while early indicators of success have been realized, the disconnect to license-exempt providers persists. As posted on the Gateways Web site (www.ilgateways.com), the roster of names and affiliations of those completing the Level 1 Credential pilot lacks evidence of any participation by license-exempt caregivers.

This study and others show low participation rates by providers in formal training events, a development that is likely the by-product of constraints on the provider rather

than the result of insufficient efforts by state agencies or the state agencies' lack of zeal in

reaching out to them. Nonetheless, the high stakes associated with the large number of

Illinois children in license-exempt child care, and the urgent matter of ensuring that they

begin kindergarten prepared to succeed in school, warrants an unwavering effort to

connect license-exempt providers more closely to the resources that can make a

difference on their practice and in the lives of the children in their care.

Use the Internet to inform license-exempt providers. Policy makers should act on

the potential for making use of the Internet and online technology to inform the practice

of license-exempt child care providers. Findings from this study demonstrate that Internet

technology has the potential to reach license-exempt child care providers from Illinois or

from anywhere online. In light of ongoing constraints on federal and state budgets to

support high quality across all child care settings, a carefully construed model to connect

license-exempt child care providers via the Internet has potential as an innovative, more

efficient means of serving them with helpful information about serving the school

readiness needs of the children in their care. A full understanding and embracing of the

unique attributes associated with license-exempt caregivers is essential: The successful

plan will have to account for providers' age and generational characteristics, ethnicity

and racial backgrounds, educational levels, motivations for providing child care,

perspectives on the relevance of the training, and the convenience of participating.

As with other forms of adult education, the most effective strategies and systems

for connecting with Illinois license-exempt child care providers will be learner-centered.

Findings from this study offer strong evidence about the importance of packaging the

information in ways that make it relevant. Given the high proportion of relative

caregivers, the information should be presented in a manner that is akin to parenting

education rather than the academic nature of content common in resources intended for

school- or center-based early childhood classroom teachers. The information should offer

fresh opportunities for providers to acquire new information and understanding rather

than reiterate the topics they have covered through prior training. It must also be

applicable to the needs of the children receiving care. Most importantly, the material has

to be presented in a manner that supports self-directed learning: non-threatening,

engaging, and timely.

Respondents in this study have used the Internet for playing online games at

levels substantially higher than the national average: a fact that opens the door to new

possibilities for connecting providers with meaningful information to benefit themselves

and the children for whom they provide care. Early childhood experts should partner with

designers of digital instructional media to create online offerings that blend substance

with the nimbleness to cater to differing learning styles and preferences, widely varied

computer skills, and differing levels of access to technology.

In addition to using online technology as a means to connect license-exempt child

care providers with sources they trust for information about early childhood education

and care, strategies should be developed for using the Internet to connect providers as a

community of practice. Communities of practice "share experiences and knowledge in

free-flowing, creative ways that foster new approaches to problems" (Wenger & Snyder,

2000, p. 140). They flourish through extensive communication, a common sense of

purpose, and a desire among members to share knowledge and experiences. Historically, communities of practice have emerged from physical settings where face-to-face encounters occur among community members (McDermott, 2000), but in the recent past the expanding reach of the Internet has fostered the emergence of virtual communities. These online venues offer new possibilities for connecting home-based child care providers to one another and the collective expertise of early childhood practitioners in their neighborhoods, across their state, and around the globe.

Pilot project for community-school partnership. Stakeholders might pilot a strategy for reaching out to license-exempt child care providers by supporting local school sites as the logistical gateways for connecting them with online resources to inform their caregiving practices. National early childhood policy emphasizes coordination of child care services and collaboration among stakeholders to develop a high-quality early learning system ensuring that all children will enter kindergarten prepared to succeed in school. At the federal level, implementation of the GSGS initiative was the joint undertaking of the U.S. Department of Education and the U.S. Department of Human Services. In Illinois, the Early Learning Council (ELC) was established by state lawmakers to engage in "collaborative planning, coordination and linkages across programs, divisions, and agencies at the state level" (State of Illinois, 2005). At local levels, collaborations among licensed child care, Head Start, and state pre-kindergarten programs leverage blended funding streams to address the comprehensive needs of children and their families. Each of these examples is a case in which service coordination and collaborative partnerships led to enhanced services delivered to families

eligible for public assistance. This recommendation looks through a wider lens, foreseeing programs that partner community agencies with local schools to reach out directly to license-exempt child care providers.

This is not to suggest that initiatives to provide technical assistance directly to license-exempt caregivers do not exist in Illinois: There are many notable examples. For instance, the License-Exempt Quality Enhancement (LEQE) project, a collaborative endeavor facilitated by Illinois Action for Children (2006), sponsors hospitality visits to the homes of license-exempt providers in and near Chicago. Similarly, the Pre-K Pilot Program involves (a) pre-kindergarten teachers visiting the homes of license-exempt caregivers, and (b) the children in license-exempt care visiting the preschool for a portion of the day to support smoother transitions between home-based care and pre-kindergarten (O'Donnell & Morrissey, 2005, p. 7). Efforts such as these, and the findings from this study, underscore previous work suggesting that the best way to help license-exempt child care providers support children's growth and learning is to "take a neighborhood- and relationship-based, family support approach that links resources and knowledge and builds networks of support" (p. 1).

This recommendation envisions a child care provider resource center (PRC) located on the premises of a community school. License-exempt child care providers interviewed for this study have indicated their respect for local teachers and school personnel as sources they would trust for information related to early childhood education and care. They have also indicated high levels of interest in learning more about how they can the help the children in their care attain state school readiness goals. The community

schools model is appropriate because it provides a local context for coordination of resources and collaboration by key stakeholders to ensure that all children enter kindergarten prepared to succeed.

Establishing a physical space inside a local school building to support home-based child caregivers addresses both the *high-touch* and the *high-tech* aspects associated with this study. The PRC should be operated by a certified early childhood teacher or other school personnel with current early childhood teaching credentials. A site-based PRC would serve as a place for license-exempt providers within its proximity to access credible information, materials, and technical assistance. In many ways, this approach mimics that of erecting public libraries within the walls of public schools for joint use by students and the community-at-large.

However, the recommendation to establish resource centers on school campuses should not be constrained to a bricks-and-mortar paradigm. Instead, the physical setting is intended as a gateway for connecting providers with resources to inform their caregiving practices. Besides physical access to educators and informative materials, the PRC would also offer access to computers, help in learning basic computing skills, and training on the effective use of the Internet. Furthermore, the school-based center will serve as a connecting point for license-exempt providers to meet and to share knowledge and experiences with each other.

The sharing of knowledge and common experiences furthers the cultivation of a community of practice among license-exempt providers, a community that can flourish simultaneously in the on-campus and online domains. Once online, new possibilities—

perhaps limitless ones—arise for connecting a community of license-exempt child care providers across Illinois and linking it to the collective expertise of other early childhood practitioners regardless of their physical locations.

Recommendations for Additional Research

Make use of similar procedures. Future research involving interviews with license-exempt child care providers should make use of the procedures utilized for this study. The procedures used to conduct this study were effective because they were determined through collaboration by stakeholders with keen interest in better serving families with children receiving care in license-exempt homes. Financial resources needed to underwrite project expenses were provided by the Child Care Bureau of the U.S. Department of Human Services. Senior officials with the Illinois Department of Human Services and the Early Childhood Education Division of the Illinois State Board of Education provided valuable insight during the conceptualization of the project. Principal investigators from the ISLECC were consulted throughout the project. Implementation of this study was overseen by senior faculty at Pepperdine University and project support was provided by the McCormick Tribune Center for Early Childhood Leadership at National-Louis University.

Particularly helpful, the role played by INCCRRA made it possible for the research team to have direct contact with license-exempt providers while keeping their covenant to preserve providers' anonymity. INCCRRA's endorsement of this project—demonstrated by their assistance to distribute the announcement postcard mailed in

advance of the interview phase and their timely processing of participant stipends—was critical to creating an aura of trust between the research team and the study sample.

Inter-agency collaboration and coordination of services laid the foundation for a comprehensive design, effective methodology, and efficiently run project. Future studies involving license-exempt child care providers should be planned according to the successes realized in this undertaking.

Alternate or more comprehensive sample. Conduct research to learn more about segments of the Illinois license-exempt child care provider population that are not represented in the sample for this study. The results of this study apply only to those license-exempt child care providers who receive payments for their services through the Illinois CCAP. In this case, access to the study sample was made possible by the contact information given by providers when they make monthly claims for payment from CCAP. No such access exists to license-exempt providers not participating in CCAP, so future work to study these providers must account for a more elaborate sampling strategy and research activity that is considerably more labor-intensive.

Furthermore, the results of this study describe the condition of just one out of every seven providers who was approached for each completed telephone survey. While the outcomes from this study are nonetheless informative, several questions remain about the six-sevenths who could not be reached for an interview, for example: Do the reasons that precluded them from taking part in this study also have bearing on their caregiving practices?

Examine license-exempt providers' uses of Internet. Conduct research to examine the factors that influence license-exempt child care providers use of online technology. Demonstrating that a critical mass of license-exempt child care providers are connected to the Internet is not sufficient basis to conclude that all providers with online access would avail themselves to new Web-based resources about early childhood education and care. Future research is needed to understand the positive and negative influences that mediate license-exempt providers' use of the Internet and online resources. Among others, these influences include: (a) the relative ease of access or barriers to an Internet connection, (b) computer skills levels, (c) convenience features, and (d) the urgency involved in seeking needed information or resources that may only be available online.

Identify sites to pilot an on-campus provider resource center. Stakeholders might conduct research on community schools in Illinois for the purpose of identifying test sites to pilot the operation of an on-campus child care provider resource center. A survey of existing and proposed community schools should be carried out to spotlight the sites best suited to host prototypes of the child care provider resource center envisioned in light of this study. Results from the community schools survey would inform the decisions of state education and child care officials contemplating the aforementioned recommendation to support local school sites as the logistical gateways for connecting license-exempt providers with online resources to inform their caregiving practices.

A Final Word

In conclusion, license-exempt child care providers play a vital role in preparing young children for school success. Aims to serve these providers fit appropriately within Illinois' and other states' professional development systems for early childhood practitioners. The implications of this study are intended as a meaningful contribution for shaping policy and practice that better connects providers with helpful resources for supporting school readiness in license-exempt child care settings.

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Appendix A

Funding From the Child Care Bureau of the U.S. Department of Human Services

Colleague
PEPPERDINE UNIVERSITY Graduate School of Education and Psychology

The New Classroom

WELCOME TO
THE WORLD OF ONLINE LEARNING

Criminal Minds | Relationships 101 | Controlling the Classroom

GSEP NEWS

ED TECH DOCTORAL STUDENT TO RESEARCH CHILD CARE PROVIDERS

Douglas Clark, a third-year doctoral student in Pepperdine's Educational Technology program, has been named a Child Care Bureau Research Scholar by the U.S. Department of Health and Human Services. As one of four recipients selected in a national competition, Clark has been awarded $30,000 to support research for his dissertation, "Making the Most of Connections: Illinois License-Exempt Child Care Providers' Use of Information About Early Care and Education." His study will consider home-based child care providers, their use of information resources about early childhood education, and the means by which they seek information to enhance their practices.

Federal and state dollars underwrite the cost of child care services for nearly two million low-income children in U.S. states, tribes, and territories. Nationally, about one in four American children served by these public funds are cared for in the homes of families, friends, or neighbors—settings the government characterizes as "legally operating without regulation." In many geographic areas, however, the percentages are much higher. For example, in Clark's home state of Illinois, license-exempt care affects more than half of those receiving child care subsidies. That figure translates to about 100,000 children, a level that underscores the timeliness and potential impact of Clark's dissertation.

Most of the current research about early care and education settings has focused on formally organized programs, such as public schools, churches, or nonprofit groups. By comparison, much less is known about license-exempt providers. According to Clark, an assistant professor of early childhood education at National-Louis University in Chicago, "The smattering of evidence that does exist suggests that license-exempt providers are not well connected to resources and information that could enhance their practice." Questions remain as to the most effective means of linking practitioners with these resources, and Clark hopes his work will assist in identifying expanded uses for the Internet to connect license-exempt child care providers to one another and to practical information such as states' early learning guidelines for school readiness.

Clark's interest in this research topic grew out of his Pepperdine doctoral consultancy experience. Earlier this year, he convened a national meeting of more than thirty educators, training professionals, and government administrators for a two-day summit about the use of technology for the professional development of the early childhood workforce. As a result of the summit, Clark met with officials from leading child care and educational agencies in Illinois and learned of the need for more research. His work will build on an ongoing study about Illinois license-exempt providers.

Professor of education **Dr. Diana Hiatt-Michael** will serve as the project's principal investigator overseeing Clark's dissertation. Together, Hiatt-Michael and Clark will present preliminary findings to the Child Care Policy Research Consortium and the State Administrators' Meeting in Washington, D.C. next year. Oral defense of Clark's dissertation is anticipated for spring 2006. □

Appendix B

Text of Personal Communications

Illinois State Board of Education

100 North First Street • Springfield, Illinois 62777-0001

Dr. Janet Steiner
Chair

www.isbe.net

Dr. Robert E. Schiller
State Superintendent of Education

June 16, 2004

Proposal Review Committee
Child Care Bureau Research Scholars Grant
Washington, D.C.

Re: Support for Douglas Clark's Dissertation Research

Dear Committee Members,

As Division Administrator of the Early Childhood Division, Illinois State Board of Education, I am pleased to support Douglas Clark's proposed dissertation plan. The Illinois State Board of Education's Early Learning Standards are currently part of the training agenda for state Prekindergarten, Head Start, and Center-based Child Care teachers. Our goal is to increase school readiness by training all early education and care providers on the use of the Standards in their particular setting. Using technology to reach license-exempt providers gives us access to a population that is difficult to reach with traditional training methods.

The dissertation plan proposed by Mr. Clark represents a valuable contribution to our state-wide effort to provide high quality early childhood experiences for all young children. I strongly support this proposal.

Sincerely,

Kay Henderson

Kay Henderson
Division Administrator
Early Childhood Education

Making Illinois Schools *Second to None*

INCCRRA
Illinois Network of Child Care
Resource & Referral Agencies

June 18, 2004

Proposal Review Committee
Child Care Bureau Research Scholars Grant
Washington, DC 20002

RE: Support for Doug Clark's Dissertation Research

To Whom It May Concern:
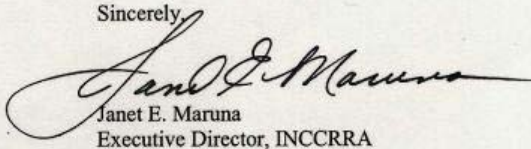
I am writing in support of Douglas Clark's Research Scholars grant proposal. Mr. Clark's proposal seeks funding to research the potential uses of technology as a mediator for improving the practice of license-exempt caregivers. His exciting educational technology research will focus on delivery of the content of Illinois Early Learning Standards to license-exempt providers receiving subsidy payments.

A research project of this nature will support the development of a national infrastructure for high quality child care research and will be a valuable contribution to the State of Illinois and the field of early care and education. Illinois' Governor Blagojevich has identified early learning as a high priority within the state and has established an Illinois Early Learning Council to address this priority. As a member of the Council, I see great value in building knowledge and capacity around the usage of technology to provide early care and education supports to license-exempt providers. The proposed research could draw greater attention to national standards that have the potential to promote consistency and shared focus in this work.

The Illinois Network of Child Care Resource & Referral Agencies (INCCRRA) is an organization of 17 regional Child Care Resource & Referral agencies serving 102 counties/communities throughout the state of Illinois. We work in partnership with parents, early child care and education professionals, service organizations, business leaders, and government officials to make high quality child care available to all families in Illinois. Mr. Clark's project directly links to our mission to help develop innovative and comprehensive public/private partnerships, which support high quality early care and education to children and their families.

Should you need further information, please contact me at 309-829-5327 or jmaruna@ilchildchare.org. Thank you for this opportunity.

Sincerely,

Janet E. Maruna
Executive Director, INCCRRA

JEM/lmg

Your Link to Quality
Early Childhood
Care and Education

Bloomington Office
207 West Jefferson St., Suite 503
Bloomington, IL 61701
Phone: 309-829-5327
800-649-1884
Fax: 309-829-1808
inccrra@ilchildcare.org

Glen Ellyn Office
799 Roosevelt Road
Building 6, Suite 311
Glen Ellyn, IL 60137
Phone: 630-790-0791
800-863-0499
Fax: 630-790-2923
support@ilchildcare.org

www.ilchildcare.org

Rod R. Blagojevich, *Governor*

Illinois Department of Human Services

Carol L. Adams, Ph.D., *Secretary*

100 South Grand Avenue, East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

June 17, 2004

Proposal Review Committee
Child Care Research Scholars Grant
Washington D.C.

Re: Support for Douglas Clark's Dissertation Research

Dear Sirs:

The Child Care Assistance Program which is administrated by the Department of Human Services reaches a large population of license-exempt care-givers. We have focused efforts over the last three years on reaching out to this segment of care-givers in an attempt to gain a better understanding of the support they need to provide quality early learning experiences for children. Through the three year research project "A Study of License-Exempt Providers In Illinois", we are beginning to gain an understanding of this provider group and their perception of the care they give to children. The three year federally funded project should help us gain valuable insight into the reasons parents choose this type of care, why individuals elect to provide this type of care and what support systems we can put in place to improve the quality of care.

In particular, we are exploring ways to train home providers on the Early Learning Guidelines and help children develop the skills that will make them successful as they enter school.

I feel that the nature of Mr. Clark's research project is a great fit to the work we are already doing in Illinois. There is an opportunity to learn from the research already being conducted with this provider group. There is opportunity to build on the Good Start Grow Smart initiative by including the Early Learning Guidelines in the project. There is tremendous potential to reach a little understood segment of care-givers and have a great impact on children in these types of settings.

We stand ready to provide Mr. Clark with our support and assistance in this project. We feel we will benefit greatly from this work.

Sincerely,

Linda J. Saterfield, Bureau Chief
Child Care and Development

Appendix C

Geographic Areas Served by Each Illinois CCR&R
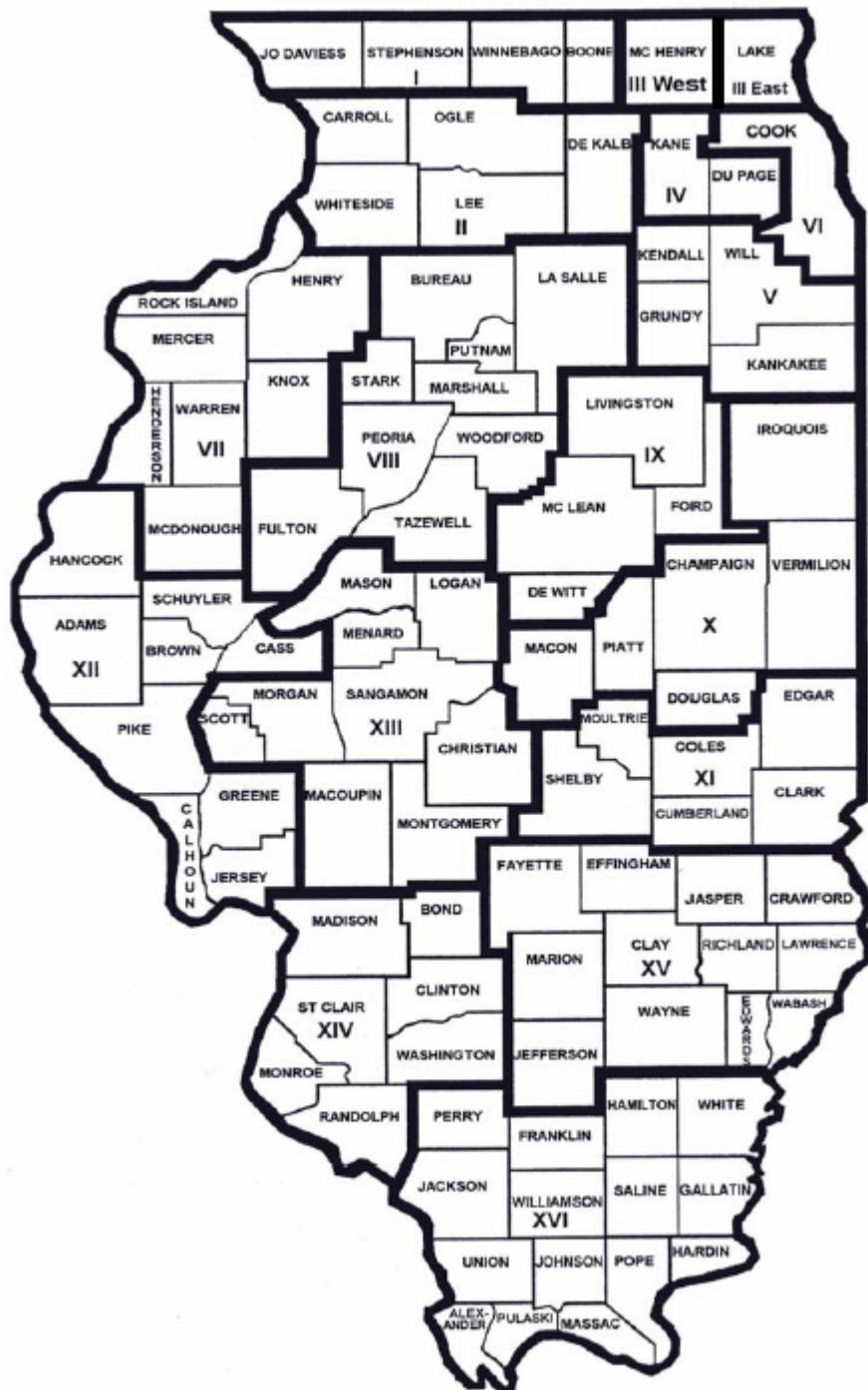
Appendix D

Letter of Pledged Support From ISLECC Administrator

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Department of Human and Community Development

College of Agricultural, Consumer
and Environmental Sciences
274 Bevier Hall
905 South Goodwin Avenue
Urbana, IL 61801

June 18, 2004

Child Care Bureau Research Scholars
Proposal Review Committee
Washington, DC

RE: Douglas Clark's Research Proposal

Dear Reviewers,

Douglas Clark has shared with us his ideas about the dissertation research he
proposes for funding by the Child Care Bureau Scholars program. We
support his interest in Illinois license-exempt child care providers and are
pleased that he plans to build on our current research. We believe that such
research collaboration will vastly improve our knowledge of how to best
support these caregivers.

We are happy to assist Doug in his dissertation efforts by providing him
access to the data we are presently collecting from license-exempt providers
throughout Illinois once it becomes publicly available. We are hopeful of
your decision to invest in Doug's proposal and look forward to our future
collaboration with him.

Sincerely,

Dawn M. Ramsburg, Ph.D.
Co-Investigator
Illinois Study of License-Exempt Care

telephone 217-333-3790 • fax 217-244-7877

Appendix E

Scripted Guide for Telephone Interviews and Final Draft of MMC Survey Questions

Print Subject Identifier Code Here: _____

[Hello,

    I'm _____ and I'm working with a student at Pepperdine University who is doing research about the information and resource needs of Illinois child care providers. Are you _____ (*insert subject's name*)?

    You will be paid $20.00 to complete this survey with me. The survey is 15-30 questions and will take about 20 minutes. Is this a good time for you to do the survey?]

        Yes

_____

_____   No . . . If No: [what is a good time?] _____
        _____ . . . . .or, end call.

    [Before we begin, I need to ask you a few questions to make sure that you are in the group of people we are interviewing. First of all...

S1. Are you licensed as a child care provider in Illinois?

        Yes……[Thank you. End interview]

_____

_____   No……….continue to next screening question

S2. Are you currently receiving child care subsidy payments for providing child care? [By this, I mean payments from the State of Illinois, the Comptroller, or the Illinois Department of Human Services?]

        Yes

_____
    ……[Good, you're in the group of people we want to interview.]

        Turn to next page to proceed.

_____ No……….continue to next screening question

S2A. How long ago did you stop receiving subsidy payments for providing child care? _____

If answer is more than 3 months ago, terminate interview.

_____

If 3 months ago or less:

_____

[Since you have provided child care in the past three months, I would like to ask questions about the child care you were offering just before your last subsidy payment.]

Continue with interview.

[We recently sent you a postcard describing this study…it was on <u>yellow</u> paper. Did you receive it? If not, I have a copy with me that I can read to you now.]

Indicate:

10. Yes, subject asked for the postcard text to be read.

_____

20. No, subject did not want the postcard text read.

_____

[We hope to find out about information resources that child caregivers need. The money you receive for the interview is for your time and will not affect benefits you may get from any program. The facts and opinions you share will be kept strictly confidential and your name will not be connected with anything that you say. If there are some questions you don't want to answer, they will be skipped. If you have any questions about the research, I can try to answer them during the interview or you can talk directly to our partner at the Illinois Network of Child Care Resource and Referral Agencies. I can give you the toll-free number now or at the end if you would like this information.]

If requested: The toll-free telephone number is area code 1-800-XXX-XXXX

After you have completed this interview, you will receive a $20 check by mail within two weeks. Are you ready to get started?]

10. Yes

_____

20. No

_____

RESPONDENT GENDER [No need to ask…just check appropriate box]

_____ F.   Female
_____ M.   Male

Q1. How long have you been taking care of children? I mean taking care of children in general, not just as part of the subsidy program.

1. _____ weeks, or _____ months, or _____ years
_____ 10. Don't Know
_____ 20. No Answer

Q2. In the past month, how many children under age 13 did you provide paid care for?

SP.   Specify number: _____
_____ 10. Don't Know
_____ 20. No Answer

Q3. What are their ages?

SP.   Specify age(s): _____
_____ 10. Don't Know
_____ 20. No Answer

Q4. Are you related to any of these children?

_____   1. Yes…IF YES, ask Q4A.
_____   2. No……………IF NO, move to Q5
_____   10. Don't Know
_____   20. No Answer

Q4A. How are you related to them?   [Check all that apply:]

_____   PT.   Parent
_____   GP.   Grandparent
_____   AU.   Aunt or Uncle
_____   SB.   Sister or Brother
_____   SP.   Other, specify: _____
_____   10.   Don't Know
_____   20.   No Answer

Q5. I'm going to read you a list of possible trainings. Which, if any, of would you be interested in? [Read each]

Type of training	Yes	No	Had this training	Don't Know	No Answer
a. First aid or CPR training					
b. Training about helping children learn how to read					
c. Training about helping children with early math skills					
d. Training about how to discipline and communicate with children					
e. Training about helping children be ready for kindergarten					

Q5A. Are there other types of training that you would be interested in?

_____   1. Yes, specify: _____
                                 _____
_____   2. No
_____   10. Don't Know
_____   20. No Answer

Q5B. If any "Yes" in Q5 and/or Q5A: In general, how far are you willing to travel one way for training?

SP. _____ miles, or _____ minutes, or _____ hours.

_____ 10. Don't Know

_____ 20. No Answer

Q6. What kinds of training activities about caring for children have you taken part in? [Not necessary to read this list, just code all that apply]

Kind of training	Yes	No	Don't Know	No Answer
a. Classes or workshops on parenting education				
b. Classes or workshops in early childhood education or child development,				
c. Classes or workshops on CPR (how to make a person's heart start beating again), or				
d. Classes or workshops on first aid				

6A. What other kinds of training have you done?

_____ 0. None

_____ SP. Specify: _____

_____

_____ 10. Don't Know

_____ 20. No Answer

Q7. Have you ever watched videotapes about caring for children?

_____ 1. Yes

_____ 2. No

_____ 10. Don't Know

_____ 20. No Answer

Resources [Record respondents' exact words]

Q8. If you were interested in information about *helping children control their anger,* where would you look or who would you ask?

Q9. Where would you look or who would you ask if you were looking for information about *what you can do to help children get ready for reading and writing*?

Q10. Where would you expect to find information about *games for young children that involve numbers and counting*?

Q11. How about if you were looking for information about *what you can do to help children get ready for kindergarten*?

Next, I'm going to read you a list of items. Please tell me if you think the information would be "very helpful", "somewhat helpful", or "not helpful".

Q12. How helpful would it be to have … [Read each]	Very helpful	Somewhat helpful	Not helpful	Don't Know	No Answer
a. Information on caring for children such as information about discipline, sleeping, and toilet training?					
b. Information about teaching children early reading or writing skills?					
c. Information about activities for children such as visits to a museum, park or field trips?					
d. Information about access to food programs?					
e. Information on business management?					
f. Opportunities to meet with other caregivers?					
g. Someone to call when you have a problem while caring for children?					

Q13. Now I'm going to read some ways that you could possibly get information about teaching and caring for young children. I'd like to know how convenient you think each of them is. You can answer "very convenient", "somewhat convenient", or "not convenient".

How convenient would it be to get the information... [Read each]	Very	Somewhat	Not	Don't Know	No Answer
a. In a workshop, conference, or class					
b. In a support group or at a meeting with other child caregivers					
c. Through videotapes or DVDs					
d. Through books					
e. Through newsletters					
f. From an Internet Web page					
g. Through email from someone you trust					

Q13A. Are there any other ways you would prefer to get information about teaching and caring for young children?

_____ 1. Yes, specify: _____

_____

_____ 2. No
_____ 10. Don't Know
_____ 20. No Answer

Q14. Do you regularly use a computer? By regularly, I mean that you use a computer at least once a week.

_____ 1. Yes…IF YES, ask Q14A.
_____ 2. No
_____ 10. Don't Know
_____ 20. No Answer

Q14A. Do you have a computer in your home?

_____ 1. Yes
_____ 2. No
_____ 10. Don't Know
_____ 20. No Answer

Q15. Is the computer that you use connected to the Internet?

_____ 1. Yes…IF YES, ask W16-W27
_____ 2. No ……………skip W16-W27 and go to Q28
_____ 10. Don't Know
_____ 20. No Answer

Questions about Internet Use (ONLY use if respondent answers "Yes" to Q15

W16. Do you have access to the Internet on a computer in your home?

_____ 1. Yes
_____ 2. No, specify where: _____

                                _____
_____ 10. Don't Know
_____ 20. No Answer

W17. In general, how often do you go online — several times a day, about once a day, 3-5 days a week, 1-2 days a week, once every few weeks, or less often?

_____ 13. Several times a day
_____ 14. About once a day
_____ 15. 3-5 days a week
_____ 16. 1-2 days a week
_____ 17. Every few weeks
_____ 18. Less often
_____ 10. Don't Know
_____ 20. No Answer

W18. Overall, how much of a role does the Internet play in the way you go about your daily routines and activities? Would say a major role, a minor role, or no role at all?

_____ 3. A major role,
_____ 4. A minor role,
_____ 5. Or no role at all?
_____ 10. Don't Know
_____ 20. No Answer

W19. About how much money do you pay each month for Internet service?
   [Select one:]

_____	0.	nothing
_____	5.	less than $20 per month
_____	6.	$20-$30 per month
_____	7.	more than $30 per month
_____	10.	Don't Know
_____	20.	No Answer

W20. Are you able to speak on your home telephone line and use the Internet on your home computer at the same time?

_____	1.	Yes
_____	2.	No
_____	10.	Don't Know
_____	20.	No Answer

W21. Do you have a personal email address?

_____	1.	Yes…ask W21A
_____	2.	No
_____	10.	Don't Know
_____	20.	No Answer

   W21A. If so, does anyone else share the use of your email address?

_____	1.	Yes
_____	2.	No
_____	10.	Don't Know
_____	20.	No Answer

W22. Overall, about how many times have you checked your email in the last week?
[If necessary, add: Just your best guess...]

_____	0.	None
_____	21.	Less than five times
_____	22.	Five to ten times
_____	23.	More than ten times
_____	10.	Don't Know
_____	20.	No Answer

Next, I'm going to read you a list of things people do online using the Internet.

W23. As I read each of the following, please tell me if this is something you do ONLINE using the Internet a lot, sometimes or never	A Lot	Sometimes	Never	Don't Know	No Answer
a. Check weather reports					
b. Get news					
c. Look up telephone numbers, addresses or zip codes					
d. Look at a map or get driving directions					
e. Pay bills or do your banking					
f. Buy tickets for something like a movie, concert, play or sporting event					
g. Purchase everyday items like books, music CDs or prescription drugs					
h. Send greetings, cards or invitations					
i. Take part in "chat rooms" or online discussions with other people					
j. Play games					
k. Watch videos					
l. Listen to music or radio					

W24. Have you ever used the Internet to find information about caring for children?

       _____   1.   Yes… IF YES, ask Q24A.

       _____   2.   No

       _____ 10.   Don't Know

       _____ 20.   No Answer

W24A. Which ones? [Record, then ask Q24B.]

W24B. About what topic(s)? [Record]

W25. Have you ever visited the Illinois Early Learning Project Web site?

_____ 1. Yes… IF YES, ask Q25A – Q25C.
_____ 2. No
_____ 10. Don't Know
_____ 20. No Answer

W25A. How long ago?

_____ 9. Within the past month
_____ 11. Within the past year
_____ 12. More than a year ago

W25B. What kind of information were you looking for? [Record]

W25C. Did you find anything helpful?

_____ 1. Yes, specify: _____

_____

_____ 2. No
_____ 10. Don't Know
_____ 20. No Answer

W26. Here are just a few more statements about email. For each one, please tell me if it describes you, or not. [Read statement]

Statement	Yes	No	Don't Know	No Answer
a. One of the first things I do each morning is check email.				
b. I usually check my email before going to bed at night.				
c. Dealing with email takes up a lot of time.				
d. I look forward to checking my email.				

W27. Do you use instant messaging?

       1. Yes
       2. No
     10. Don't Know
     20. No Answer

Q28. Do you have a cell phone?

       1. Yes… IF YES, ask Q28A.
       2. No
     10. Don't Know
     20. No Answer

Q28A. Besides your cell phone, do you have another telephone installed in your home?

       1. Yes
       2. No
     10. Don't Know
     20. No Answer

Q29. Do you use your cell phone for other reasons besides making telephone calls? How? If necessary, prompt: Do you send or receive text messages from your cell phone?

       1. Yes
       2. No
     SP. Other, specify: _____

_____

     10. Don't Know
     20. No Answer

[I have just a few more questions.]

D30. What country were you born in?

     24. USA
     SP. Outside the USA, specify: _____

D31. What race or ethnicity do you consider yourself?   [Code all that apply]

_____   31.   Latino or Hispanic
_____   32.   Black or African American
_____   33.   White or Caucasian
_____   34.   American Indian or Alaskan Native
_____   35.   Asian
_____   36.   Native Hawaiian or Pacific Islander
_____   SP.   Another I haven't mentioned:
                      Specify _____
_____   10.   Don't Know
_____   20.   No Answer

D32. In what year were you born?

If needed: [Could you tell me about how old you are, like are you under 20, in your 20s, 30s, 40s,]

SP.   Born in: 19 _____ , or about _____ years old
_____   10.   Don't Know
_____   20.   No Answer

[And lastly, I have a couple of questions about your educational background . . .]

D33. What is the highest grade you have completed in school?

[No need to read entire list…just indicate:]

_____   41.   8th grade or less
_____   42.   some high school
_____   43.   a high school diploma or Graduate Equivalency Diploma (GED)
_____   44.   trade or technical school after high school
_____   45.   some community college education
_____   46.   some education at a four-year college
_____   47.   a four-year college degree
_____   48.   or graduate education
_____   10.   Don't Know
_____   20.   No Answer

If applicable:

D33A.   What is the highest degree you earned?   _____

D33B.   What was your major field of study?   _____

D33C. Were any of your college courses in early childhood education or child development?

_____	1.	Yes
_____	2.	No
_____	NC.	Didn't take college
_____	10.	Don't Know
_____	20.	No Answer

        [Those are all the questions I have for you. Thank you very much for your participation. Your payment for helping us should arrive by mail in about two weeks.]

Indicate:
Time and date interview was completed: _____

Interviewer initials: _____

Appendix F

Postcard That Provided Explanation of the Study and Served Advance Notice to

Potential Participants

Illinois Network of Child Care Resource & Referral Agencies
207 W. Jefferson St., Suite 503
Bloomington, IL 61701

ANNOUNCING:
Child Care Provider Research Survey

Tell your story and receive $20.00!
See other side for more info...

You may be receiving a call soon!

Tell your story and receive $20.00!

During the next few weeks, a randomly-selected group of Illinois child care providers will be invited to participate in a telephone survey about information resources used when caring for young children. This is a university-sponsored research project. All personal information received during the telephone interviews will be kept confidential.

The survey will take about 20 minutes. As a token of appreciation, providers who complete the phone interview will receive $20.00.

Any questions? Contact the Illinois Network of Child Care Resource & Referral Agencies (INCCRRA) at 1-800-649-1884.

ANUNCIO
Encuesta para proyecto de investigación sobre los trabajadores de guarderías infantiles

Durante las próximas semanas, un grupo de trabajadores de guarderías infantiles del estado de Illinois, seleccionados al azar, recibirán una invitación para participar en una encuesta telefónica relacionada con los recursos informativos que se utilizan en el transcurso del cuidado de los niños. Toda la información personal que se reciba durante las entrevistas telefónicas será guardada en estricta confidencia.

La encuesta tendrá una duración de 20 minutos. Como muestra de aprecio, los trabajadores que participen en la entrevista telefónica recibirán $20.00

Para cualquier pregunta, por favor comuníquese con el Illinois Network of Child Care Resource & Referral Agencies (INCCRRA) al 1-800-649-1884

INCCRRA
ILLINOIS NETWORK OF CHILD CARE
RESOURCE & REFERRAL AGENCIES

Appendix G

Statements From Expert Panel Members

Douglas Clark

From: E. Dianne Rothenberg [rothenbe@uiuc.edu]   Sent:Tue 6/21/2005 9:02 AM
To: Douglas Clark
Cc:
Subject: Re: Connections survey
Attachments:

Doug, I have reviewed the latest draft of your survey (the 6/20/05 draft) and I do think that it is ready for piloting. Good luck! Let me know how it goes! Thanks for incorporating my changes. I look forward to seeing the pilot data, and the final survey results.

Dianne

:- :
Dianne Rothenberg, Co-Director
Clearinghouse on Early Education and Parenting
Early Childhood and Parenting Collaborative
College of Education
University of Illinois
51 Gerty Drive, Room 61
Champaign, IL 61820
Web: http://ecap.crc.uiuc.edu/info
Email: rothenbe@uiuc.edu

Douglas Clark

From: Steve Anderson [sandersn@uiuc.edu]   Sent:Thu 6/23/2005 11:02 AM
To: Douglas Clark
Cc:
Subject: revised survey draft
Attachments:

Hello Doug,

I have reviewed the most recent draft of your survey instrument (dated 6/20/05). I think you have done a nice job of refining your earlier draft, and I have no other revisions to suggest. In my opinion, you are ready to proceed with field testing at this time. Best of luck.

Steve Anderson, Associate Professor
School of Social Work
University of Illinois at Urbana-Champaign

Douglas Clark

From: Janet Maruna [JMaruna@ilchildcare.org]   Sent:Fri 6/24/2005 5:01 PM
To: Douglas Clark
Cc:
Subject: Revised Survey Draft
Attachments:

Doug, I have reviewed and approve the latest revision (6/20/05) of your survey document and, per our conversation, I have no additional comments/changes.

Best,

Jan

Janet E. Maruna
Executive Director
Illinois Network of Child Care Resource & Referral Agencies
207 West Jefferson Street, Suite 503
Bloomington, IL 61701

Appendix H

IRB Approval Notice

PEPPERDINE UNIVERSITY

OFFICE OF THE PROVOST

August 17, 2005

Douglas Clark

Re: IRB Protocol # E0805D01

Project Title: *Making the Most of Connections: Illinois License-Exempt Child Care Providers' Use of Information about Early Care and Education*

Dear Mr. Clark,

Thank you for submitting your application for exempt review to the Pepperdine Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your dissertation chairperson have done on your proposal. Upon review, the IRB has determined that the above entitled project met the requirements for exemption under the federal regulations (45 CFR 46 - http://www.nihtraining.com/ohsrsite/guidelines/45cfr46.html) that govern the protections of human subjects. Specifically, section 45 CFR 46.101(b) (2) states:

> (b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

> **Category (2) of 45 CFR 46.101**, as your study involves survey procedures that can be linked to the human subjects, but any disclosure of their responses were not found to place the subjects at risk of criminal or civil liability or be damaging to subject's financial standing, employability, or reputation. **OR** as your study involves survey procedures that cannot be linked to the human subjects, and any disclosure of their responses were not found to place the subjects at risk of criminal or civil liability or be damaging to subject's financial standing, employability, or reputation.

Based upon review, the GPS IRB has determined that **your proposed study is exempt from further IRB review**.

Please note that your research must be conducted according to the proposal that was submitted to the GPS IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed

changes in your research protocol, please submit a Request for Modification form to the GPS IRB. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46 and require submission of a new IRB application or other materials to the GPS IRB.

Because your study is exempt from IRB review, there is no requirement for continuing IRB review of your project.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. If notified, we will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event.

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact me. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,

Michael E. Feltner, Ph.D.
Chairperson, Pepperdine Graduate and Professional Schools Institutional Review Board
(310) 506-4312
michael.feltner@pepperdine.edu

cc: Dr. Lee Kats, Associate Provost for Research
       Ms. Ann Kratz, Human Protections Administrator
       Dr. Laura Hyatt
       Dr. Diana Hiatt-Michael, Dissertation Chair

Appendix I

Statement of Completion of Human Participants Protection Education for Research

Teams Tutorial

Human Participant Protections Education for Research Teams

Completion Certificate

This is to certify that

Douglas Clark

has completed the **Human Participants Protection Education for Research Teams** online course, sponsored by the National Institutes of Health (NIH), on 04/30/2005.

This course included the following:

- λ key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- λ ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- λ the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- λ a description of guidelines for the protection of special populations in research.
- λ a definition of informed consent and components necessary for a valid consent.
- λ a description of the role of the IRB in the research process.
- λ the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.

National Institutes of Health
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FIRSTGOV

Appendix J

Data Categorization Scheme

EDUCATORS & EDUCATIONAL FACILITIES		154
tch	Teachers (83)	
sch	Schools (42)	
ece	Child care centers or preschools (10)	
off	School officials (9)	
prk	Preschool teachers (4)	
ihl	Institutions of higher learning (2)	
tut	Tutoring programs (2)	
fac	College faculty (1)	
tkd	Tae-kwon-do instructor (1)	

LIBRARY RESOURCES & STAFF		90
lby	Libraries (85)	
lbn	Librarians (4)	
bkm	Bookmobile (1)	

STORES		69
tss	Teacher and school supply stores (31)	
bks	Bookstores (12)	
gen	General merchandisers (7)	
toy	Toy stores (6)	
rtl	Other retailers (13)	

TECHNOLOGY RESOURCES		59
www	Internet resources (55)	
cpu	Computer hardware and software (4)	

SOCIAL SERVICES AGENCIES & STAFF		38
cns	Counselors and therapists (25)	
com	Community resource centers (8)	
hed	Head Start programs and staff (2)	
rnr	Child care resource & referral (2)	
swk	Social workers (1)	

PUBS	PUBLISHED MATERIALS		30
	ink	Books and publications (25)	
	cur	Published curriculum resources (4)	
	dir	Phone book or other directory (1)	

SELF	SELF		19
	slf	Self (19)	

FMFR	FAMILY MEMBERS & FRIENDS		19
	fam	Family members (16)	
	frd	Friends (3)	

HLTH	HEALTHCARE PROFESSIONALS & FACILITIES		16
	med	Physicians (13)	
	hsp	Hospitals (3)	

POCC	PARENTS OF CHILDREN IN CARE		16

FATH	FAITH LEADERS & HOUSES OF WORSHIP		6
	rel	Clergy or religious leaders (5)	
	wor	Houses of worship (1)	

OTHR	OTHER PEOPLE & PLACES		5
	who	Non-descript people (4)	
	whe	Non-descript places (1)	