EXPLORING THE EFFECTIVENESS OF THE LEARNING COMMUNITY AS A FORM OF PROFESSIONAL DEVELOPMENT AND A CATALYST FOR CHANGING THE BELIEFS AND PRACTICES OF FAMILY CHILD CARE PROVIDERS

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EXPLORING THE EFFECTIVENESS OF THE LEARNING COMMUNITY AS A FORM OF PROFESSIONAL DEVELOPMENT AND A CATALYST FOR CHANGING THE BELIEFS AND PRACTICES OF FAMILY CHILD CARE PROVIDERS

by

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EXPLORING THE EFFECTIVENESS OF THE LEARNING COMMUNITY AS A FORM OF PROFESSIONAL DEVELOPMENT AND A CATALYST FOR CHANGING THE BELIEFS AND PRACTICES OF FAMILY CHILD CARE PROVIDERS

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This study explored the influence of a 12-hour professional learning community for family child care providers in an urban Midwest city on the participants’ beliefs and practices. A secondary purpose was to explore the potential of the professional learning community as a format for professional development of family child care providers. Data for this study were collected in multiple ways including participant journals, field notes, recordings of learning community sessions, and collected artifacts from learning community provocations. For this group of family child care providers, the learning community was a useful format for professional development. The learning community influenced growth in participants’ use of developmentally appropriate practices, as well as increasing the providers’ reflection skills and awareness of their practices.

Results showed that the family child care providers who participated in the learning community placed high importance on developmentally appropriate beliefs in their programs when they started in the learning community. The providers placed fairly
little importance on developmentally inappropriate beliefs at the beginning of the learning community, and these beliefs remained stable throughout. From the beginning to the end of the learning community, providers reported increasing their use of developmentally appropriate practice and engaging in fewer developmentally inappropriate practices.

One of the main strengths of the learning community design was the implementation of spiral engagement with concepts that this format of professional development allowed. As such, there was a thread of continuity present in all interactions and exploration of content that allowed the group to travel back and forth in the investigation of ideas and the translation of ideas to practice. Other strengths of the learning community were the small group size, the focus on constructivism and a desire for everyone to benefit from the work, the value placed on provider knowledge and expertise, and the diversity in age, experience, and education of the participants in the group.
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Chapter 1

INTRODUCTION

This chapter introduces the context for this study, which was focused on the influence of a professional learning community on the beliefs and practices of a small group of family child care providers. I begin by describing the profession of family child care and discussing the family child care context in Nebraska. Next, I present the purpose of the study, research questions, and study significance. I end the chapter with definitions.

Statement of the Problem

Family child care can be defined as care provided in the home of the worker for a fee. The majority of family child care workers are self-employed (Bureau of Labor Statistics, 2010). Families with very young children typically utilize this form of child care (Shriner, Schlee, Mullis, Cornille & Mullis, 2008; Bordin, Machida, & Varnell, 2000). In 2011, Nebraska had 2,590 licensed family child care homes and 887 licensed child care centers (NACCRRRA, 2011). Although there were many more family child care homes than child care centers, this form of child care accounted for only 27% of the available licensed child care slots in the state of Nebraska (NACCRRRA, 2011). With 130,608 children between the ages of birth through four in the state, family child care homes potentially served 26,771 children across the state in 2011 (NACCRRRA, 2011).
The median age in 2010 for child care workers (center-based and family child care) was 38, and approximately 19% of the workers were under age 24 (Bureau of Labor Statistics, 2010). In 2008, child care workers earned an average of $8.33 per hour with an annual average wage of $17,440.00 (Bureau of Labor Statistics, 2008). Data gathered as part of the Midwest Child Care Research Consortium study of quality in child care and characteristics of the child care workforce in Nebraska reported statistics very similar to those reported by the Bureau of Labor Statistics for provider age and wages earned (Edwards, Knoche, Raikes, Raikes, Torquati, Wilcox & Christensen, 2002).

Family child care is a field of work that has long been associated with women (Albanese, 2007). Individuals who become family child care providers often do so for a variety of reasons. Galinsky, Howes, Kontos, & Shinn (1994) found that the four main reasons a provider chose family child care as a career included the following, (1) to stay home with her family, (2) to help mothers of the young children in her care, (3) to work with children in some capacity, and (4) to pursue a career where she could work from home. Norris (2001) found that fewer than 30% of the 70 participants in her study were in business because they desired a career working with young children.

According to social critics, such as Albanese (2007), the public has stereotyped, overlooked, and undervalued women’s emotion and care work, including working in family child care because of the assumed naturalness of women’s care work. The public views this type of work as work that uses innate traits of women rather than as a career that requires specialized skills (Albanese, 2007). Furthermore, women’s care and emotion work is energy sapping and time consuming. Most family child care providers work in
isolation and do not have a co-worker with whom to share ideas and solve problems (Rusby, 2002). Family child care requires the worker to give personal attention to others and give of herself, for pay, while the relationship does not have to be reciprocated (Albanese, 2007).

The 2002 Midwest Child Care Research Consortium study measured many variables including program quality in five Midwest states. The report for Nebraska (Edwards et al., 2002) indicated that while the highest level of average quality (4.71 out of 7) as measured by the Family Child Care Rating Scale (Harms, Cryer, & Clifford, 2007) was observed in family child care homes, the lowest quality of care was also observed in these environments. Only the Family Child Care Home II providers (two providers providing care to up to twelve children in the home of the provider or at another location) had, on average, levels of quality above a 5, the indicator of overall good quality.

**Requirements for Licensed Family Child care Providers in Nebraska**

Child care licensing standards in Nebraska underwent their most recent revision in 1998. According to these requirements, licensed child care providers in Nebraska must be at least 19 years of age (the age of majority) and do not have to have graduated from high school in order to obtain a child care license. In the 2010 annual report, *Leaving Children to Chance*, the National Association of Child Care Resource and Referral Agencies (NACCRRA) indicated that Nebraska ranked 32nd out of 50 states, the District of Columbia, and the Department of Defense in the rigor of its requirements for family child care providers.
Of the 14 indicators for ranking states, Nebraska only fully meets two: unannounced visits by licensing staff; and requiring background checks for providers and their substitutes. There are three areas where Nebraska does not meet the ranking criteria. The first of the three areas where Nebraska does not meet the criteria is in provider education where NACCRRA recommends that states require a high school diploma or GED plus a Child Development Associate (CDA) or college courses within three years of obtaining the child care license. The second and third areas that Nebraska does not meet are in the areas of toys & materials and learning opportunities. NACCRRA recommends that states require the provision of toys and materials in eight areas (motor development, language and literacy, art, math, science, dramatic play, books for all ages and materials that are culturally sensitive). In addition, they recommend that providers are required to offer learning opportunities in eight developmental areas (plan a variety of learning activities, read to children, introduce mathematical concepts, creative activities, dramatic play, active play, encourage self-help skills and limit use of television). Nebraska licensing standards do not specify expectations for materials or learning environments.

Other weaknesses identified in the NACCRRRA report are that Nebraska child care licensing standards allow providers to care for up to four children for pay without being licensed and the state requires only 12 annual clock hours of professional development. Additionally, there are no requirements for communicating with parents, contracts, and written policies, and providers are not required to engage in learning activities with children or to provide them with literacy opportunities. The final area of weakness identified is the adult to child ratio. Nebraska licensing standards allow one single
provider to care for four children less than 24 months and to care for 10 children of all ages at any given time.

There are clearly challenges that exist within the existing child care licensing standards in place in Nebraska. Although the Midwest study (Edwards et al., 2002) indicated that education was a strong predictor of quality for family child care providers, these providers are required only to obtain 12 clock hours of professional development annually and are not required to have a high school diploma or GED to obtain a child care license. This begs the question, What professional development opportunities are available to family child care providers in Nebraska and what are the providers learning during their 12 hours of professional development?

**Professional Development of Family Child care Providers in Nebraska**

Edwards et al., (2002) in their report on the characteristics and quality of care in Nebraska indicated the positive effects of training when the provider is physically in the same space as the trainer versus training provided through distance or electronic means. Family child care providers in the larger four-state Midwest sample demonstrated increased levels of quality with in-person training but not when they participated in not-in-person training. Moreover, family child care providers indicated a preference for in-person training. The researchers also found that providers with higher levels of education engaged in professional development with more frequency than those with less education. In the Nebraska sample, family child care providers tended to participate in community support and training with more frequency than other types of child care workers.
Five out of the nine recommendations in the NACCRRA report for Nebraska focused on increasing the professional development and education of the family child care provider. Within the constraints of the existing licensing requirements in Nebraska, we must begin to think about the best use of the 12 annual hours of professional development and attempt to figure out ways to work more effectively within those 12 hours to effect change in the practices and beliefs of family child care providers. One potential tool for utilizing the twelve-hour training requirement more effectively is the professional learning community. Schreiber, Moss, and Staab (2007) state,

“We have found that a more important outcome of professional learning [rather than acquiring skills and techniques of effective teaching] might be to foster an increased comfort with the state of genuine doubt and the abductive reasoning process that allows teachers to use that discomfort to drive sophisticated and deeply personal learning agendas of their own. We have also come to believe that when communities are formed to confront beliefs and provide a forum for challenging and examining them, they can influence teachers and teaching in powerful ways.”

Purpose of the Study

The purpose of this qualitative and quantitative case study was to explore the influence of a 12-hour professional learning community for family child care providers in an urban Midwest city on the participants’ beliefs and practices. A secondary purpose was to explore the potential of the professional learning community as an effective format for professional development of family child care providers.
Research Questions

Four questions were related to the learning community design:

1. What influence does the learning community have on the participants’ teaching practices and beliefs?
2. Is the learning community a viable form of professional development for family child care providers?
3. What is the role of facilitation in the learning community?
4. What is the experience of participation in the learning community?

One question was related to the work of family child care:

1. What is the daily experience of providing care in a family child care home?

Significance of the Study

The use of the professional learning community as a format for professional development in child care centers and with family child care providers is an emerging strategy (Sheridan, Edwards, Marvin, & Knoche, 2009). However, to my knowledge, no research has been done on the effectiveness of this format of professional learning for the family child care provider. This study explores the potential of the learning community format as an avenue for professional development for family child care providers.

A myriad of research on teacher beliefs and practices has been conducted to this point. This research has been very thorough in the elementary school years and clearly demonstrates the mediating variables between a teacher’s beliefs and the observable practices that he or she uses in the classroom (Buchanan et al. 1998; Cassidy, Buell,
Pugh-Hoese & Russell, 1995; Fauer, 2003; Kim, 2005; McMullen & Alat, 2002; Stipek & Byler, 2004; Vartuli, 1999). Although we know much about the influences on teacher beliefs and practices in schools and to some degree in preschool, no work has been done, to my knowledge that explores the beliefs and practices of family child care providers. Furthermore, there is no existing knowledge base regarding the influence of professional development, particularly the professional learning community design, in changing family child care provider beliefs and practices.

Definitions

**Beliefs:** Personally held mental constructs about the processes of teaching and learning embedded in an organized system which are resistant to change and influence knowledge, attitudes, values, and behaviors.

**Developmentally Appropriate Practice (DAP):** is a framework of principles and guidelines for best practice in the care and education of young children, birth through age eight (Bredekamp & Copple, 2009).

**Family Child care Provider:** An individual who provides care and education for children from 6 weeks to 12 years of age in her home, for pay.

**Professional Learning Community:** A small group of individuals who come together over an extended period of time to study common content with the intention of sharing with and learning from one another.
Practices: The observable interactions in the classroom that are congruent or incongruent with the concept of developmentally appropriate practice as put forth by Bredekamp & Copple (2009).

In this chapter, I presented the context for this case study. I described the profession of family child care and shared information about the context of family child care in Nebraska. I also outlined the research questions, purpose, and significance of the study. In the next chapter, I explain the knowledge base that informed the work of this study.
In this chapter, I lay out the knowledge base for this study. I begin by introducing developmentally appropriate practice. Next, I present the existing research and discussion focused on the development of beliefs and practices and how an individual’s beliefs and practices influence his or her teaching. Following this, I introduce existing measures that researchers have used to study teacher beliefs and practices. I also discuss the role of brain development in learning and share strategies for teaching individuals based on brain development. To end the chapter, I describe modes of professional development delivery, reflection, and the training needs and preferences of family child care providers.

Developmentally Appropriate Practice

As the National Association for the Education of Young Children (NAEYC) defines it, developmentally appropriate practice (DAP) is a framework of principles and guidelines for best practice in the care and education of young children, birth through age eight. The theories of Piaget, Gardner, Bowlby, Erikson, Bronfenbrenner, and Vygotsky make up the core of the framework of developmentally appropriate practice (Liu, 2007). The framework of DAP provides direction for promoting young children’s optimal learning and development and is grounded in research on child development and learning as well as educational effectiveness (NAEYC, 2009).

Within the framework, teachers use their knowledge of how children learn and develop along with the individual needs of the children and the social and cultural context
within which they work to make everyday decisions in the classroom. The core of DAP is the teacher’s intentionality wherein he makes decisions with the purpose of providing opportunities that are at once challenging and achievable for the students in his classroom (NAEYC, 2009). Developmentally appropriate practice does not refer to specific activities but rather the “how” of the tasks; such that the interaction between the teacher and child, and the intentionality of the teacher in selecting and providing a task that is matched to the way that children learn and develop makes it developmentally appropriate (Bredekamp & Copple, 1997).

The common characteristics of developmentally appropriate classrooms are active interactions between adults, children, and the environment where children construct their knowledge with the help of peers and adults and have a myriad of opportunities for problem solving (Burt, Sugawara & Wright, 1993). Some examples of appropriate practices for children ages 0-5 are:

- Providing time for singing, listening, and moving to music each day,
- Teachers seek a collaborative partnership with families,
- A variety of learning materials are available and accessible to children throughout the day,
- Teachers read stories to children every day, or
- Many opportunities are provided for children to develop social skills.

In contrast, classrooms that are more developmentally inappropriate tend to have long periods of teacher led instruction, highly structured group lessons, and limited
opportunities for children to make decisions (Burt et al., 1993). Some examples of practices considered inappropriate for children ages 0-5 are:

- Children sitting and listening to the teacher for long periods of time until they become fidgety and restless,
- Participation in rote counting or repetition and recitation of academic concepts,
- Frequent use of worksheets and/or workbooks, or
- An expectation that the child’s environment should be quiet at all times.

Classrooms that utilize DAP have children who exhibit fewer stress behaviors (Burts, Hart, Charlesworth, Fleege, Mosley, & Thomasson, 1992) especially for children of color, boys, and those from lower socioeconomic backgrounds. In contrast, classrooms with more DIP have lasting negative effects on creativity, anxiety, and attitudes toward school (Hyson, Van Trieste & Rauch, 1989). Because the teacher is critical in the implementation of developmentally appropriate practices, the teacher’s attitudes and beliefs about classroom practices are important (Liu, 2007).

Beliefs and Practices

Beliefs are, without a doubt, a hard construct to define, identify, and measure (Pajares, 1992; Eisenhart, Shrum, Harding & Cuthbert, 1988; Schommer-Aikins, 2004; Schreiber, Moss, & Staab, 2007). Despite the struggle presented in attempting to define this construct, researchers and philosophers consider beliefs to be a reliable tool to use when examining practices because they believe that behavior is the visible output of an individual’s beliefs (Erdiller & McMullen, 2003; Mayer & Goldsberry, 1987; Pajares,
According to Hamilton (1993), a person’s beliefs reflect the norms and thinking style of the society in which the person was raised. A person’s belief system forms through his upbringing, culture, and life experiences (Aldimir & Sezer, 2009) and much like beliefs, an individual’s culture provides a framework for making sense of the world (Shivers, Sanders, Wishard, & Howes, 2007).

An individual’s values, attitudes, and beliefs make up the belief system (See Figure 2.1). Within the belief system, there are many interactions among the elements. As an individual engages in new experiences or learns new information, beliefs serve as a filter or organizing mechanism for the new information (Kagan, 1992; Fang, 1996; Schommer-Aikins, 2004). Beliefs become the filter through which an individual screens experiences for meaning and sense making (Smith & Croom, 2001). The individual has to figure out how the new information fits in with her existing belief structures and filtering experiences in this way helps the brain organize the new information into existing schema (Pajares, 1992; Smith & Croom, 2000; Borg, 2001). An individual can hold any belief he or she wants, even if it is inconsistent with facts, because he or she believes it to be accurate. Beliefs inform an individual’s perceptions which result in visible behaviors that are typically consistent with and reinforce the belief.
Attitudes and values are the other elements of the belief system. Beliefs are the beginning point for values and attitudes to develop. Attitudes are clusters of beliefs organized around specific constructs whereas values house the evaluative, comparative, and judgmental functions of beliefs (Pajares, 1992). The relationship between beliefs, attitudes, and values is very complex and, although they all influence each other, each stands on its own as an individual characteristic of the belief system.

In the classroom, beliefs allow teachers to perceive, process, and act upon information (Fang, 1996). A well-developed system of beliefs allows the teacher to have some control and confidence in her decision-making in a readily changing, always evolving classroom environment where many uncertainties are present (Kagan, 1992). When an unexpected situation arises in the classroom that causes confusion for the teacher, teachers use their existing beliefs to make essential decisions when they are unsure of what to do (Schreiber et al., 2007). For teachers, many of the patterns of action and thought that they use have become automatic and therefore resistant to reflection or
change (Putnam & Borko, 2000). Rather than using her knowledge (which might be more appropriate) the teacher uses her beliefs (which might be more inappropriate) to make the classroom decision (Kagan, 1992; Pajares, 1992).

**The Relationship between Beliefs and Knowledge**

Knowledge also plays a role in beliefs and practices although it is not a part of the belief system (See Figure 2.1). Knowledge is more fluid and dynamic than beliefs (Pajares, 1992). Scholars believe that knowledge consists of beliefs, insights and habits that enable teachers to do their work (Gholami & Husu, 2010; Schommer-Aikins, 2004) and that beliefs have a relatively strong cognitive component (van den Berg, 2002). Teacher’s knowledge of the teaching profession exists within the belief system of the individual (Kagan, 1992). In contrast to beliefs, external sources must validate knowledge and confirm it as true (Kagan, 1992; Borg, 2001). While one cannot discount the importance of factual knowledge in decision-making, Pajares (1992) conceptualizes that beliefs are more influential than knowledge and are stronger predictors of behavior.

**Changing Beliefs & Practices**

Beliefs are highly personal (Nespor, 1987) and are shaped by many factors (Fang, 1996; Schreiber et al., 2007). The individual’s early experiences and culture influence judgments that later become beliefs. Because beliefs are so personal, they are highly resistant to change even when the individual is confronted with facts that contradict the individual’s beliefs (Pajares, 1992; Schreiber et al., 2007). Therefore, the individual is unlikely to replace the belief unless it becomes unsatisfactory, which only happens if the belief is challenged in some way (Schommer-Aikins, 2004; Pajares, 1992). In addition,
the longer that an individual holds a belief, the more stable it becomes in his belief system and the harder the belief is to change (Schreiber et al., 2007). However, the strength of an individual’s beliefs serves a purpose; unyielding beliefs provide meaning and identity for the individual and help people understand the world and how they fit into it.

Individuals are often reluctant to give up or change their beliefs because of the cognitive disorganization that occurs as a result (Eisenhart et al., 1988; Schommer-Aikins, 2004). Researchers have found that change in beliefs only comes about when an individual experiences what Schreiber, Moss, and Staab (2007) call genuine doubt. Genuine doubt arises out of experiences wherein the existing belief is inadequate to meet the needs of the current context. This state of inconsistency, disequilibrium, or genuine doubt, however one may label it, is the driving force for changing a belief. A change in behavior that does not match up with the existing belief creates disequilibrium in the belief system that results in a change of structure (Kagan, 1992; Eisenhart et al., 1988; Schommer-Aikins, 2004).

Pajares (1992) and others believe that changes in the beliefs of individuals must follow changes in their behavior. Once the individual sees the positive effects of the behavior change, his/her beliefs will become less resistant to change because for an individual to accept a belief as true he/she must value the belief in some way (Eisenhart et al., 1998). Practices are sometimes thought of as “beliefs-in-action” (Borg, 2001), and like beliefs, practices can be resistant to change (Torff, 2003). The more an individual
practices a behavior that is incongruent with an existing belief, the more likely it is that change will take place in the belief system (Pajares, 1992).

External Influences on the Congruence between Beliefs and Practices

Researchers have shown that many external factors can influence whether a teacher uses practices congruent or incongruent with her personal beliefs (Buchanan et al., 1998; Bunting, 1984; Charlesworth, et al., 1991; Charlesworth, Hart, Burts, Thomasson, Mosley & Fleege, 1993; Hatch & Freeman, 1988; Kim, 2005; Smith, 1993). Although teachers may state they agree with developmentally appropriate practices, researchers often observe them using inappropriate practices in their classrooms. External constraints and contextual factors may compel teachers to practice what they do not believe and may contribute to inconsistencies in teachers’ self-reported beliefs and their observed practices (Olafson & Schraw, 2006; Spidell Rusher, McGrevin & Lambiotte, 1992; Wood, Cobb, & Yackel, 1990; Fang, 1996).

However, teachers in most classrooms believe and engage in both developmentally appropriate and inappropriate practices. Teachers with inappropriate beliefs tend to teach with more congruence between their beliefs and practices than teachers with more appropriate beliefs (Charlesworth et al., 1991; Hatch & Freeman, 1988; Charlesworth et al., 1993; Kim, 2005). One expects some inconsistency between teachers’ beliefs and practices because the complexities of the classroom can interfere with the teacher’s ability to teach in ways that are consistent with her beliefs (see Figure 2.2 for mediating variables.)
Teacher Characteristics

Researchers have found a variety of teacher characteristics that have predicted the use of developmentally appropriate or inappropriate practices (Fauer, 2003; Buchanan et al. 1998; McMullen & Alat, 2002; Stipek & Byler, 2004; Vartuli, 1999). In the following paragraphs, I discuss each teacher characteristic and its connection to beliefs and practices.

Level of Education. An individual’s level of education has been linked to greater agreement with the framework of developmentally appropriate practice (DAP) although not necessarily with the use of DAP in the classroom. The literature on preschool settings suggests that teachers who have a higher level of education are more likely to implement developmentally appropriate practice (Kim, 2005; McMullen & Alat, 2002; Stipek & Byler, 2004; Cassidy, Buell, Pugh-Hoese & Russell, 1995). Additionally, McMullen and Alat (2002) found that teachers with a bachelor’s degree or higher, regardless of degree
area, more strongly adopted DAP as a philosophy than their colleagues with less education. Researchers hypothesize that perhaps the skills developed through continued education, such as higher-order thinking and analysis, are a factor in understanding DAP and putting it into practice in the classroom.

Major. Fauer (2003) found that knowledge of child development strongly predicted the use of developmentally appropriate practices. Several studies have demonstrated that teachers with an early childhood degree express attitudes that align with DAP and use inappropriate practices less frequently than those with an elementary education degree with no early childhood course work or experience. (McMullen, 1999; Buchanan et al., 1998; Vartuli, 1999; Smith, 1997). This is true of both in-service and pre-service teachers (Smith, 1997; File & Gullo, 2002).

Doyle (1997) concluded that time and experience seemed to be important factors for helping teachers develop their thinking and classroom practices. Research consistently has demonstrated that specialized content knowledge (major or certification variables) more strongly predicts use of developmentally appropriate practice and level of agreement with beliefs about developmentally appropriate practice than does educational level alone (Smith, 1997; File & Gullo, 2002; McMullen & Alat, 2002).

In McMullen’s study (1999), teachers who had either an academic background in early childhood education or child development, or who had experience working in a preschool, were found to be significantly more appropriate in their actual classroom practices than those who had an elementary education degree and no preschool experience. Similar findings about individuals with an early childhood degree versus an
elementary education degree were reported by Smith (1997) in which he noted that student teachers beliefs vary by major. In particular, those who only majored in elementary education with no early childhood course work reported higher agreement with traditional practices.

*Years of Experience.* The research on the relationship between years of experience and teacher’s beliefs and classroom practices is mixed. Some studies have established a relationship between experience and developmentally appropriate practices such that teachers with more experience used less DAP in the classroom (Vartuli, 1999; Fauer, 2003; Kim, 2005; Doliopolou, 1996; Fang, 1996). Other studies did not find a relationship between years of experience and the use of DAP (Buchanan et al., 1998; Maxwell, et al., 2001), but found that teachers with more experience reported more agreement with DAP than teachers with less experience. Researchers (Buchanan et al., 1998; Vartuli, 1999) suggested that the negative correlation between years of experience and use of DAP is related to the fact that newer teachers have been exposed to DAP in their courses whereas teachers who have been in the field longer had not. They also suggest that new teachers may struggle to put their beliefs into action because they lack resources and coping skills (McMullen, 1999).

*Engagement in Reflective Practice.* Prawat (1992) argued that reflection is the key to transforming the beliefs of teachers about effective and appropriate teaching strategies. Likewise, Isenberg (1990) put forth that a teacher’s ability to reflect on his/her practice is an important factor in considering a teacher exemplary. Kagan (1992) also suggested that while research shows that pre-service teachers often leave their teacher preparation
programs with the same set of beliefs that they held at the beginning of the program this
could be related to a lack of reflective practice within the educational preparation
program, especially during their practicum and student teaching experiences.

Hao (2000) found that the teacher’s use of reflection was significantly related to
the use of developmentally appropriate practices in the classroom. She concluded that use
of reflection was the strongest variable in the relationship with developmentally
appropriate practice because reflection is an “ability to assess situations and to make
thoughtful, rational decisions that seems essential in facilitating movement toward
increased developmental appropriateness” (2000, p. 12).

**Locus of Control & Perception of Influence on Decisions.** Locus of control is the
extent to which an individual perceives events in his environment as being a result of his
own behavior (Smith, 1997; Rotter, 1966). In a study by McMullen (1999), the two
strongest predictors of practice were (1) overall beliefs and (2) locus of control. The
teacher with a stronger internal locus of control will have greater ability to put her beliefs
into practice than a teacher who has an external locus of control because she has a strong
conviction that what she believes about how children learn best is right. Teachers who
feel they have more control over classroom decisions engage more frequently in DAP
(Kim, 2005; Charlesworth et al., 1991).

Teachers with an external locus of control are influenced easily by the
expectations, suggestions, and behaviors of their peers and colleagues and are more likely
to conform to the expectations of others even if those expectations do not agree with the
individual’s beliefs. Research has demonstrated that teachers with an external locus of
control use more practices that are inappropriate even though they agree with
developmentally appropriate practices and beliefs (Buchanan et al., 1998; McMullen,
1999; Charlesworth et al., 1991; Stipek & Byler, 1997).

School/Classroom Characteristics

Looking deeper into the influence of classroom characteristics on the beliefs and
practices of teachers is an important venture. If the influence of teacher characteristics on
beliefs and classroom practices takes a back seat to classroom or school characteristics,
attempts to extend developmentally appropriate practice into the classroom through
professional development of teachers will not yield many results (Buchanan et al. 1998).
Moreover, classroom characteristics can potentially account for some of the variance in
the beliefs-practice relationship and could help to explain the incongruence between
beliefs and observed practices that is documented in the literature (Fauer, 2003, Liu,
2007; Vartuli, 1999).

Grade Level. Multiple studies have shown grade level differences in the
endorsement and use of developmentally appropriate practices (Buchanan et al., 1998;
Stipek & Byler, 1997; Vartuli, 1999). Typically, studies have found that use of DAP is
reduced as the grade levels get higher, so that it is used most prevalently in preschool and
drops off by the third grade (Maxwell et al., 2001; Vartuli, 1999). As grade level
increases, self-reported agreement with developmentally appropriate beliefs and practices
decreases (Vartuli, 1999). Although in third grade there is still evidence of the use of
DAP and constructivist teaching strategies, they are not used as frequently.
Inclusion of Children with Disabilities. Researchers have been interested in the use of developmentally appropriate practices in classrooms with children who have special needs. Maxwell and her colleagues (2001) set out with a hypothesis that the number of children with disabilities in a classroom would influence the use of developmentally appropriate practices but found no relationship between the number of children in the class with disabilities and the use of DAP. However, Buchanan et al. (1998) found that teachers with higher numbers of children with special needs in a classroom reported more agreement with developmentally appropriate beliefs and practices. Thus, the fewer number of children with special needs in the classroom, the greater the use of developmentally inappropriate practices.

Socioeconomic Status of Children in the School. The socioeconomic status of the children in the school is another characteristic of the school that researchers have identified as influential on teachers’ beliefs and practices (Buchanan et al., 1998; Kim, 2005; Stipek & Byler, 1997; Stipek, 2004). In studies, teachers in schools with children from lower socio-economic status families have a higher frequency of both inappropriate beliefs and practices and report less agreement with developmentally appropriate practice than teachers in schools with children from higher socioeconomic status (Fauer, 2003; Buchanan et al., 1998; Kim, 2005; Stipek & Byler, 1997). Rusher, McGrevin & Lambiotte (1992) concluded that teachers’ perceptions of children are likely to influence decisions about classroom activities and instructional strategies.

Child Ethnicity. Researchers have shown that child ethnicity is a strong predictor of the use of developmentally appropriate practices in the classroom although this
variable has been researched far less than other predictive variables. Stipek (2004) found that teachers in schools with a higher proportion of students of color stressed basic skills more, used didactic teaching method more, gave more homework, and placed less importance on social development. In this same study, the researcher found that ethnicity was a stronger predictor of the use of didactic teaching than was family income. Stipek indicates that teachers often perceive children of color as needing more direct instruction and rote learning opportunities in order to close the achievement gap that often exists when these children enter school. This perception results in greater usage of developmentally inappropriate practices.

**Level of Quality.** Research addressing the relationship between teacher beliefs and overall classroom quality has been limited (McCarty, Abbott-Shim & Lambert, 2001). McCarty et al. (2001) found that teachers in classrooms of differing quality did not differ in their endorsement of appropriate beliefs and practices. However, they did differ in their use of developmentally appropriate practices in the classroom. Teachers in classrooms of low quality tended to respond more favorably to statements about inappropriate beliefs and practices than did those teachers in either the high or average quality classrooms. Teachers in classrooms at all levels of quality agreed similarly to statements of appropriate beliefs and appropriate practices. The authors speculate that it may be easier for teachers to agree with statements indicative of appropriate beliefs and/or practices.

**Class Size.** There is contradictory evidence around DAP and class size. The majority of studies have demonstrated a negative correlation between class size and the use of developmentally appropriate practice such that with more children in a class,
teachers engage in less developmentally appropriate practice (Doliopolou, 1996; Fauer, 2003; Kim, 2005; Maxwell et al., 2001; McMullen et al., 2006). However, in one study by Buchanan and her colleagues (1998) researchers found that class size did not predict the use or absence of the use of developmentally appropriate teaching strategies.

There are many reasonable explanations for the mismatch between beliefs and practices (Stipek, 2004). Personal factors such as beliefs, training, past experiences, and personality styles as well as environmental factors including administrative support and peer support can influence a teacher’s practices in the classroom (Nelson, 2000). Furthermore, a teacher’s beliefs might change when teaching different academic subjects or content areas (Kagan, 1992). However, teachers with strong beliefs can overcome environmental factors that oppose developmentally appropriate practices (Nelson, 2000). Fang (1996) suggests that a teacher’s beliefs are only translated into practice if the complexities of the classroom allow.

Measurement of Beliefs and Practices

Belief does not lend itself easily to empirical investigation because it is a messy, complicated construct (Rimm-Kaufman, Storm, Sawyer, Pianta, & LaParo, 2006; Schommer-Aikins, 2004). One of the major challenges presented when researching beliefs is that they are not observable. Rather, one must infer beliefs from information about what an individual says, intends and does (Pajares, 1992). However, Kagan (1992) argued that one could not always infer beliefs through behaviors because teachers can conduct the same practice for very different reasons. Teachers may perceive negative consequences of sharing their beliefs publicly, particularly if the belief is contrary to the
expectations or culture of the workplace. Additionally, in some cases teachers may be unable to articulate their own beliefs.

Another issue with studying beliefs is the stability of beliefs particularly the beliefs of individuals enrolled in educational opportunities (in-service or pre-service). While Smith (1997) found stability of beliefs across an educational experience, other researchers (Mayer & Goldsberry, 1987) have demonstrated instability in beliefs while the individual is engaged in learning. Schommer-Aikins (2004) believes that individuals enrolled in educational experiences (coursework or ongoing professional development) should not participate in research about beliefs and practices while they are engaged in these learning experiences. She hypothesizes that these individuals may respond to questions about beliefs in a more mature manner without actually believing them. Data on beliefs that comes from individuals enrolled in educational experiences should be interpreted with caution.

Common Methodologies

Pajares (1992) believed that qualitative methods were optimal in the study of beliefs, whereas Kagan (1992) suggested that both quantitative and qualitative research methods are appropriate for the study of beliefs. Researchers often conduct mixed methods studies that help them to see the whole picture of the beliefs system through collection of quantitative data in addition to interviews, observations, and document analysis (Schommer-Aikins, 2004). The mixed method approach appears to be the most comprehensive method for collecting information about beliefs and practices of teachers.
Throughout the existing literature on teacher beliefs, self-report is the most frequently used mechanism for collecting data about an individual’s beliefs.

**Self Report.** The most commonly used self-report tool is the survey or questionnaire (Charlesworth et al., 1991; Smith, 1993, Vartuli, 1999). The major benefit of using self-report measures is that there is much less monetary investment in the research than would be necessary for in-person observation of teaching practices. However, self-reported data can sometimes be a concern because of the reliability and validity of the information (Fang, 1996). Rimm-Kaufmann and her colleagues (2006) suggested that teachers tend to see themselves in a positive manner, as doing things in the classroom that benefit children, and this biased view can influence their responses on questionnaires.

Many researchers have found that self-reported beliefs are relatively stable across time and that self-reported practices are generally consistent with observed classroom practices (Bunting, 1984; Charlesworth, Hart, Burts, & Hernandez, 1991; Buchanan et al., 1998; Smith, 1993). However, other researchers found that although beliefs do matter, there was a consistent discrepancy between self-reported beliefs and observed practices (McMullen, Elicker, Goetze, Huang, Lee, Mathers, Wen & Yang, 2006). The majority of the existing research on beliefs and practices that utilizes a self-report measure followed by observation of practices concludes that self-report, while not as optimal as in-person observation, is a good indicator of actual practices in the classroom.

Existing Tools for the Measurement of Beliefs
Researchers have developed many research tools over the years to study teacher beliefs. Some of these tools measure knowledge of appropriate practice and beliefs in the areas of curriculum goals, teaching strategies, parent-teacher relations and the like (Hoot, Bartkowiak, & Goupil, 1989). The *Educators’ Beliefs Regarding Preschool Programming* (EBRPP) was developed by Hoot, Bartkowiak, and Goupil in 1989. This measurement survey was developed to assess knowledge of appropriate practice among educators. Yet other tools measure the priorities of teachers in relation to discipline, teaching, and beliefs about children (Rimm-Kaufman et al., 2006). Rimm-Kaufman and her colleagues (2006) created the *Teacher Belief Q-Sort* (TBQ) as a measure of teachers’ priorities in relation to discipline, teaching, and beliefs about children. Using the Q-sort method, as opposed to a Likert-scale method, forces the teachers to make a choice thereby prioritizing some practices over others.

Schaefer & Edgerton (1985) developed the Modernity Scale which measures child-centered, non-authoritarian beliefs. Although this measure was originally designed to measure the beliefs of parents, it has also been used extensively to measure the beliefs of teachers and has shown predictive relationships between teachers’ beliefs and child outcomes. There are also existing tools for measuring teacher beliefs about appropriate practices in the primary grades (Smith, 1993). Ken Smith (1993) developed an assessment tool called *The Primary Teacher Questionnaire* (PTQ) which was based on NAEYC’s position statement on DAP for children in the primary grades. It is a self-report scale consisting of an 18 item developmentally based scale (DAP) and a 24 item scale of traditional teaching practices (TRAD). Smith concluded that the PTQ was a
useful instrument for measuring teacher beliefs about appropriate practice in the primary grades.

Existing Tools for the Measurement of Practices

Researchers have developed many research tools for use in measuring actual classroom practices. Some tools focus on the quality of classroom teaching practices and their congruence with the concept of developmentally appropriate practice (Abbott-Shim & Sibley, 1992; Maxwell, McWilliam, Hemmester, Ault & Schuster, 2001). The Assessment Profile for Early Childhood Programs: Research Version (Abbott-Shim & Sibley, 1992) is a measure designed to assess the quality of classroom teaching practices. The Assessment Profile is a checklist used during an observation that has dichotomous items and is divided into five subscales: Learning Environment, Scheduling, Curriculum, Interacting, and Individualizing. Maxwell and colleagues (2001) developed the Assessment of Practices in Early Elementary Classrooms (APEEC) measure designed as an observation measure of DAP in kindergarten through third grade classrooms. It does not provide information about content of the academic program, but rather looks at classroom quality on a more global level.

Two of the most commonly used measures of practice are the Environment Rating Scales (ECERS-R, ITERS-R, FCCRS-R; SACERS-R) and the Classroom Assessment Scoring System (CLASS; Pianta, LaParo, & Hamre, 2008). The Environment Rating Scales are designed to assess process quality in an early childhood or school age care group. Process quality consists of the various interactions that go on in a classroom between staff and children, staff, parents, and other adults, among the children
themselves, and the interactions children have with the many materials and activities in
the environment, as well as those features, such as space, schedule and materials that
support these interactions. The CLASS organizes teacher-student interactions into three
broad domains: (1) Emotional Support, (2) Classroom Organization, and (3) Instructional
Support. These domains are further broken down into dimensions.

Other existing tools measure the frequency of the use of both developmentally
appropriate and developmentally inappropriate practices in the classroom (Burt,
Sugawara & Wright, 1993; Hyson, Hirsch-Pasek, & Rescorla, 1990; Stipek & Byler,
2004). The Scale of Primary Classroom Practices (SPCP; Burt, Sugawara & Wright,
1993) is an observational scale designed to measure DAP and DIP in classrooms from
kindergarten through third grade. This scale consists of 22 statements for teacher
behaviors and 14 statements for child behaviors. Teacher statements focus on curriculum
design and implementation, child assessment, and teacher-child interactions. The 14 child
statements include topics related to children’s engagement in classroom activities such as
peer interaction and consultation and interaction with materials. Hyson, Hirsh-Pasek, and
Rescorla (1990) developed the Classroom Practices Inventory (CPI), to measure teachers’
actual classroom practices. This instrument contains 20 items of appropriate and
inappropriate practices for 4- and 5- year-olds derived from the 1987 NAEYC guidelines
and 6 items that adopted from NAEYC’s accreditation criteria for early childhood
programs. It measures curriculum characteristics and the emotional climate of the early
childhood program.
The *Early Childhood Classroom Observation Measure* (ECCOM, Stipek & Byler, 2004) is a measure designed to assess classroom practices in classrooms serving children ages 4-7. The ECCOM is a global measure of instructional practices that frames instruction using two theoretical frameworks, constructivist and didactic. Only, the *Scale of Primary Classroom Practices* and the CLASS K-3 are designed for use in kindergarten through third grade classrooms (Burt et al., 1993); the rest are for use in birth to five classrooms.

**Existing Tools for the Measurement of Beliefs and Practices Together**

To my knowledge, there is only one measurement tool that exists to measure beliefs and practices together. This tool started out as the *Teacher Questionnaire* (Charlesworth, Hart, Burts, & Hernandez, 1991) and over the years has transformed into its current form as the *Teacher Beliefs and Practices Survey* (Burts, Buchanan, Charlesworth & Jambunthan, 2000). This tool contains two scales, The Teacher Beliefs Scale (TBS) and the Instructional Activities Scale (IAS). Researchers selected the items on these two scales from the 1997 National Association for the Education of Young Children guidelines for developmentally appropriate practice (Bredekamp & Copple, 1997).

The TBS contains 33 items for examining teachers’ beliefs, and the IAS contains 30 items for inventorying actual instructional practice. The TBS contains one ranking question about influences on teacher decision-making and 42 items (27 developmentally appropriate and 15 inappropriate items) of beliefs about kindergarten practices. There are 18 developmentally appropriate and 12 inappropriate practices items on the IAS. Both of
the scales use a 5-point Likert scale. The five points were defined as *Not important at all* (1) to *Extremely important* (5) for the TBS and as *Never or almost never* (1) to *Very often* (5) for the IAS.

**Brain Development and Learning**

Recent advances in brain research have substantiated much of what was believed to be effective practice for children and complemented the theories of Vygotsky (1986), Dewey (1938), Bruner (1960), Piaget (1969) and others. The wealth of new information has brought forth several theories of teaching and learning based on brain development, such as those of Kolb (1984) and Zull (2000).

*The Role of Neuroscience*

The two most important parts of the brain for teaching and learning are the limbic system, sometimes referred to as the old brain, and the cerebral cortex, often thought of as the new brain. The limbic system is the most ancient and primal part of the brain. It is the area of the brain that controls an individual’s motivations, emotions, affect, and feelings (Wolfe, 2001). Understanding the motivations and emotional states of individuals is essential for teaching them effectively (Sylwester, 1995). The cortex of the brain, where logical thinking, abstract thought, and problem-solving skills develop, is the last part of the brain to develop fully. For the purposes of simple explanation, I utilize Zull’s (2000) division of the cortex into two areas, the front cortex and the back cortex.

The back cortex thrives on concrete experiences and reflection (Zull, 2000). Concrete experiences provide a jumping off point for learning to occur (Dewey, 1938). Reflection, on the other hand, helps the individual to understand and integrate the
concrete experience into what they already know about the concept (assimilation) and to formulate ideas that are more complex. The reflection process provides a “sense-making” opportunity (Dewey, 1938; Zull, 2000).

The front cortex is where the individual produces new knowledge and understandings. The front cortex aids individuals in the development of abstract hypotheses, helps them to generate new ideas and questions about concepts (Zull, 2000). Active testing is another function of the front cortex. Active testing of ideas, theories, and understandings must occur for individuals to make sense of the information. It involves the seeking of answers and the investigating of questions (Bruner, 1960; Zull, 2000). Active testing should lead the individual to another concrete experience based on the results of the active testing experience. Thus, learning follows a spiral, cyclical process (Bruner, 1960, Kolb, 1984).

The Role of Experience in Learning

Understanding of neuronal structures in the brain tells us that all new knowledge must build from the individual’s prior knowledge (Zull, 2002). Prior knowledge is a result of all the experiences that individuals have had in their lives (Bruner, 1960; Dewey, 1938). Experiences must be connected to each other for the individual to make sense of them. All new learning should occur in the context of other experiences in the individual’s life (Vygotsky, 1986; Bruner, 1960; Dewey, 1938; Kolb, 1984; and Zull, 2002). A spiral of engagement with concepts allows the individual to utilize her previous knowledge and experiences to revisit and explore concepts over time.
Teaching Based on Brain Development

In 1984, David Kolb published *Experiential Learning* wherein he outlines his theory of teaching and learning that further expands the ideas of John Dewey (1938) and Jerome Bruner (1960) to provide the biological basis for teaching based on structures of the brain. Kolb presents a learning cycle that mimics how the individual takes in, processes, and retrieves information from the brain. The first step of Kolb’s learning cycle is the concrete experience. Concrete experiences should involve hands-on, sensory exposure to a concept or idea presented by the educator. This is where educators can “hook” the individual by linking this new experience to what the individual already knows and is interested in. Doing this addresses the individual’s motivations for learning and makes the learning meaningful. The concrete experience relates to the back cortex, the sensing part of the brain.

*Figure 2.3 Zull’s Depiction of the Process of Learning.*

![Figure 2.3 Zull's Depiction of the Process of Learning](image-url)
In Kolb’s learning cycle, reflective observation needs to follow the concrete experience. The reflective process helps individuals internalize and process the information they learned during the concrete experience, which prompts the brain to move from utilizing the back cortex to the front cortex where the individual begins to create and produce knowledge. From the reflective experience where individuals integrate the concrete experience into their existing knowledge structures (assimilation), they proceed to developing their own ideas about the concept. Kolb refers to this process as abstract conceptualization and moves the individual into using the front cortex where they begin to think more critically about concepts. This is a critical step where the individual moves from being the receiver of knowledge to becoming a producer of knowledge. The final step in the learning cycle is active testing of knowledge, ideas, and questions produced by the individual.

The learning cycle continues to repeat itself as the individual learns new concepts and skills. According to Kolb, the entire learning cycle must occur for an individual to have a true understanding of a concept or idea. However, this does not mean that the individual’s learning will follow a linear path of the cycle, but instead, the individual may move back and forth between concrete experience and reflective observation several times before he has integrated the knowledge into his existing brain structures enough to become a producer of knowledge and ideas about the concept.

Professional development programs aimed at improving quality through changing practices must take into account the wealth of beliefs with which individuals come into professional development. These individuals have been engaged in an “apprenticeship of observation” (Lortie, 1975) for many years, and all of their prior educational and
professional experiences have influenced their beliefs about teaching and learning. Therefore, it would be a mistake to ignore prior experiences as we work with individuals to improve teaching practices and raise the quality of environments for young children.

**Approaches to Professional Development & Learning**

Researchers have been interested in the effects of professional development for many years. In particular, research has focused on the use of different styles of professional development for teachers in schools and the effects of these styles on the professional growth of the teacher. The concept of professional development itself includes an expectation that the participant engages in self-reflection and changes resulting in the individual’s philosophy, approach, beliefs, attitudes, perceptions or practices (Fleet & Patterson, 2001; Guskey, 1986; Sheridan, Edwards, Marvin, & Knoche, 2009).

**Specialized In-service Training**

One form of professional development that exists is specialized training, which is designed to provide content related to early education through venues such as conferences, community trainings, presentations, or workshops (Sheridan et al., 2009). This form of professional development, especially for child care workers, is the traditional design of in-service learning opportunities. Fleet & Patterson state, “practitioners seem to be regularly assaulted with single unrelated in-service sessions on different ideas or topics, rather than having opportunities to revisit or consolidate new challenges” (2001, p. 11). Training provided through conferences, workshops or presentations tends to be unidirectional wherein the practitioner attends the professional development session, often with multiple others, and he/she sits and listens to the
“expert” discuss a given topic. Traditional in-service formats of professional development have assumed a hierarchy wherein the practitioner is the less knowing other and the professional developer is the more knowing other. This is similar to a mentoring approach “based on the assumption that individuals with greater knowledge and experience are a resource to those with less knowledge and experience” (Domitrovich, Gest, Gill, Bierman, Welsh, & Jones, 2009, p. 589).

This form of professional development often involves little interaction on the part of the practitioner and focuses on learning as an individual activity (Wood & Bennet, 2000; Sheridan et al., 2009) rather than viewing professional learning as a socially constructed activity (Fleet & Patterson, 2001; Wood & Bennet, 2000; Richardson, 2003; Adger, Hoyle & Dickinson, 2004). Richardson (2003) & Rodgers (2002) argue that the focus on learning as an individual activity may be reflective of our society’s emphasis on individuality and independence. This sense of “mineness” often can make a collective process of learning challenging and uncomfortable (Richardson, 2003). Furthermore, the specialized training opportunities tend to focus more on theories and less on practice although practitioners tend to desire a greater focus on practice and less on theory (Fleet & Patterson, 2001).

Professional Learning Communities

In contrast to workshops, conferences or presentations, the more traditional form of professional development, is a newer from, the professional learning community. There has been a push toward the usage of professional learning communities in recent years. Sometimes individuals refer to these communities as discourse communities,
professional learning communities, networks, or communities of practice (Sheridan et al., 2009). Regardless of the name, the goal of these professional development opportunities is the same; to foster professional learning in a setting wherein the practitioner’s experience and expertise is utilized, the contributions of the learner are valued, and opportunities for reflection are many (Fleet & Patterson, 2001; Richardson, 2003; Wood & Bennett, 2000; Putnam & Borko, 2000; Sheridan et al., 2009). Working in a group allows teachers to acknowledge their interdependence in a world that scorns asking for advice, and extols, above all, independence for students and teachers (Rodgers, 2002).

Putnam & Borko (2000) state that “when diverse groups of teachers with different types of knowledge come together in discourse communities, community members can draw upon and incorporate each other’s expertise to create rich conversations and new insights to teaching and learning” (p. 8). The reason that this type of interaction can occur in the professional learning community is that it utilizes a constructivist theory of learning. Inherent in the professional learning community design is a bi-directional flow of information such that the facilitator and the participant engage fully in the learning experience (Sheridan, et al., 2009).

Professional learning communities tend to approach the role of the professional developer as that of a facilitator or guide (Putnam & Borko, 2000; Fleet & Patterson, 2001; Hawkey, 1997). Fleet & Patterson identified the role of the researcher/professional developer as that of a “critical friend” (2001, p. 6-7). In their study, the “critical friend” was involved in professional development with the practitioners but provided an outside perspective to the work, provided positive feedback on the work of the practitioners,
supported change and experimentation of the practitioners, and asked questions that
challenged and extended thinking of the participants. In this approach, participants view
the professional developer as a supporter, guide, or facilitator of learning in a partnership
with the practitioner rather than as the expert who will provide the answers.

Richardson (2003) advocates for an inquiry approach to professional development
wherein the participants determine the goals, experiment, and engage in open dialogue
about teaching and learning. One goal of professional development should be to empower
learners (Fleet & Patterson, 2001; Sheridan, et al., 2009). One of the ways to do this is to
focus on the contributions of the learner and value the background and understandings
that adults bring to their work (Richardson, 2003). The constructivist perspective
fundamental to the professional learning community acknowledges “the unique
contribution of the personal professional knowledge of individuals and the importance of
the orientation of individuals both to their work and to new ideas” (Fleet & Patterson,
2001, p. 9).

Professional learning communities provide a format for both the social
construction of knowledge and professional learning to occur (Wood & Bennett, 2000;
Adger et al., 2004). Socialization and interaction with others are important in the
development of professional knowledge (Manouchehri, 2002), and teachers appreciate
having their own experiences and expertise at the center of the process (Wood, 1992).
Professional learning communities create “shared ways of thinking and communicating,
thus building knowledge from an inside-out perspective” (Wood & Bennett, 2000).
Researchers who have studied the impact of professional learning communities definitively conclude that opportunities for reflection are a key piece of effective professional development (Wood & Bennett, 2000; Fleet & Patterson, 2001; Richardson, 2003; Adger et al., 2004; Putnam & Borko, 2000). Reflection is “as much a state of mind, as it is a set of activities, with the end process being not so much a resolution of an experience, but a better understanding of it” (Pavlovich, 2007, p.284). Researchers believe that reflection enables teachers to develop a language for talking and thinking about their practice. The discourse in the community of like others provides an avenue for questioning the contradictory beliefs that underlie the practices of teachers (Wood & Bennett, 2000). Professional learning communities provide an opportunity for practitioners to engage in in-depth reflection in a supportive context with knowledgeable others who share similar interests and can offer different perspectives (Wood & Bennett, 2000, p. 646).

Training and the Family Child Care Provider

Several empirical research studies have concluded that training of family child care providers does matter and that specialized skills are necessary for the provision of a nurturing, stimulating environment for children in family child care (Bordin, et al., 2000; Dombro, 1995; Gable & Halliburton, 2003; Galinsky et al., 1994; Galinsky, Howes, and Kontos, 1995; McGaha, Snow, & Teleki, 2001; Norris, 2001; Shriner et al., 2008). Researchers have found that providers with more training were offering care that was more sensitive and responsive than those providers with less or no training and that
educational attainment was less important than training as a predictor of quality in the family child care home (Bordin et al., 2000; Burchinal, Howes, & Kontos, 2002; Galinsky et. al, 1994) In contrast, Doherty, Forer, Lero, Goelman, & LeGrange (2006) found a positive relationship between level education and quality in the family child care home. They were not able to find any predictive relationship between provider training and quality. In her study of predictors of quality in family child care, Weaver (2002) found that providers with higher levels of formal education and training demonstrated higher levels of quality in the family child care home. Additionally, the Midwest study report for Nebraska indicated that the level of quality generally increased as the provider’s education level increased, and education of the provider was a strong predictor of quality for family child care providers (Edwards et al., 2002).

Norris (2001) found that when family child care providers participated in training consistently throughout their careers, this participation had a positive impact on the quality of the home and the provider’s interactions with children. Galinsky, Howes, and Kontos concluded that, “training seems to set a cycle into motion whereby providers are more likely to become increasingly intentional about their work and, consequently, to take additional steps to improve their practice—ultimately, we assume, increasing the quality of care and education they offer children” (1995, p. 21).

In Rusby’s 2002 study of the training needs and challenges of family child care providers, she found that the level of education and training in child development is lower for family child care than for center-based child care. Fuligini, Howes, Lara-Cinsomo, and Karoly (2009) also found that the education level of family child care
providers was very diverse and observed that the greatest variation in education and training was observed in family child care, where educators ranged from having no education and training to having a specialized BA and graduate training. The diversity of education level presents a challenge in planning and implementing professional development for this group of individuals.

**Family Child Care Provider Training Preferences**

While research shows that family child care provider education and training are a critical part of the provision of high quality environments for children, what does the training offered to these individuals look like, and do they participate? Fuligini and her colleagues (2009) found that family child care providers tend to seek continuing professional development experiences primarily through workshops and conferences.

When asked what training the family child care providers would like to see, 77% of the 178 family child care providers surveyed indicated that they would like training on curriculum and activities and 67% wanted training on child development. The providers felt that they could attend training at least once a month (Rusby, 2002). However, family child care providers also indicated several barriers to attending training. Family child care providers cite the need for substitutes, the cost of training, lack of time, and distance to training as barriers to accessing professional development opportunities (Rusby, 2002; Taylor, Dunster, & Pollard, 1999; Gable & Halliburton, 2003).

In a 1995 survey of graduates of the Family to Family Program, Dombro & Modigliani reported several preferred techniques of enhancing learning identified by the 1,171 family child care providers who responded to their survey. Family child care
providers found the following teaching techniques helpful: (1) examples and stories to illustrate concepts (75%), (2) whole group discussions (73%), (3) hands-on activities (72%), (4) informal discussion with other providers (66%), (5) small group discussions (66%), and (6) watching videotapes (51%).

Considerations for Future Professional Development of Family Child care Providers

Family child care is a unique niche, and providers need training that is sensitive to the particular stresses and challenges they face (Koh & Neuman, 2009; Norris, 2001; Taylor et. al, 1999). Koh & Neuman (2009) believe that effective professional development for family child care providers must help providers apply their knowledge to the learning context. Additionally, it is imperative to keep in mind the reasons why many family child care providers enter the field. Most do not seek out this career, but rather it is a way for the individual to meet the needs of her family and also generate income (Norris, 2001; Galinsky et al., 1994; Edwards, et al., 2002). Training participation patterns and the willingness to participate may represent a dimension of intentionality of the provider. Providers who attend professional development regularly may have a career orientation to their work and make a commitment to ongoing training (Norris, 2001). However, differences in training participation could reflect a mismatch between provider interests and the available training opportunities.

Due to the isolation that exists in the family child care setting (Fuligini et al., 2009; Rusby, 2002), family child care providers may benefit from communicating and collaborating with others who also provide care in the home (Rusby, 2002; McGaha et al., 2001; Taylor et. al, 1999). Low-cost or free training that is offered in the evening or on weekends is most likely to be attended by family child care providers (Rusby, 2002;
Walker, 2002); therefore, those conducting the professional development should be aware of the barriers and unique needs of this population when designing and implementing training programs.

Training may be a way to promote responsive, developmentally appropriate, sensitive and effective care, especially for less knowledgeable and less experienced providers (Bordin et al., 2000) because providers with less experience may be more open to change than providers with more experience (Galinsky et al., 1995). Dombro & Modigliani (1995) concluded, “providers have found that in learning more, they feel more confident which, in turn, colors their interactions with children and parents. Thus we feel that improving the providers’ self-esteem is a vitally necessary but not sufficient outcome of training that helps providers reach training’s ultimate goal: to improve the quality of practice” (p. 18).

In this chapter, I have described the literature that formed the foundation of this study, including research on beliefs and practices, external constraints in the beliefs-practice relationship, brain development and learning, as well as professional development formats. In the next chapter, I describe the research methods used in this study.
Chapter 3

METHODOLOGY

In this chapter, I describe the participants, research design, and data sources used in the study. I begin by discussing the selection and recruitment of participants for the study. Next, I talk about the design of the study and its strengths and limitations. Following the research design, I share the sources of data collected throughout the course of the study. I end the chapter with an explanation of the data analysis process and a discussion of the validity and reliability of the study.

Participants

The participants in this study were six female licensed family child care providers working in Lancaster County, Nebraska. To protect the confidentiality of the participants, I assigned them pseudonyms. The Department of Health and Human Services awards child care licenses to family child care providers in Nebraska as either a Family Child Care Home I or Family Child Care Home II. A provider who is licensed as a Family Child Care Home I cares for children in the home of the provider. The maximum capacity is eight children of mixed ages and two additional school age children during non-school hours. A provider who is licensed as a Family Child Care Home II provides care in the home of the provider or at another site and can have a maximum of twelve children with two providers (Nebraska Department of Health and Human Services [DHHS], 1999). All of the participants in this study were licensed as a Family Child Care Home I at the time of the study. One of the participants provided care for infants (0-18 months) only.
Another participant provided care for school-age children (5-12 years) only. The remaining four participants provided care for children of mixed ages from infants through school age. See Table 3.1 for characteristics of the participants.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Education</th>
<th>Years Operated FCC</th>
<th>Ages Serving</th>
<th>Number of Children Serving</th>
<th>Average Professional Development Hours</th>
<th>Professional Development Hours in 2011 prior to Learning Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kate</td>
<td>Bachelor’s Degree</td>
<td>23</td>
<td>Mixed</td>
<td>4</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>Jackie</td>
<td>Bachelor’s Degree</td>
<td>21</td>
<td>Mixed</td>
<td>6</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Monica</td>
<td>Some College</td>
<td>3</td>
<td>Mixed</td>
<td>8</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Suzi</td>
<td>Some College</td>
<td>11</td>
<td>School Age</td>
<td>Not provided</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Becky</td>
<td>Some College</td>
<td>13</td>
<td>Mixed</td>
<td>9</td>
<td>50</td>
<td>20</td>
</tr>
<tr>
<td>Julie</td>
<td>High School</td>
<td>15</td>
<td>Infant</td>
<td>4</td>
<td>12</td>
<td>6</td>
</tr>
</tbody>
</table>

In November 2010, I conducted training with a group of child care providers that was focused on curriculum, but unrelated to this study. Several providers from this group expressed interest in continuing their learning. Following the November 2010 training, I sent email information to participants in the original training about a potential family child care provider learning community in order to gauge their interest level, and several providers expressed interest in participating. The family child care provider learning community was the setting for data collection in this study.
After receiving IRB approval, I sent a follow up email to all providers who attended the November training. Additionally, I placed two notifications in the monthly training newsletter (The LINK) that is distributed to all licensed child care centers and homes in Lancaster County. In an effort to recruit more participants, I sent informational postcards to 200 licensed Family Child Care Home I & II providers in Lincoln, NE (see Appendix B for recruitment mailing samples). Through systematic sampling, I selected the 200 providers, which amounted to roughly one-half of all licensed family child care I and II providers in Lincoln, NE. Systematic sampling is a procedure in which the researcher chooses every “nth” individual in the population until the desired sample size is achieved (Creswell, 2005). For the systematic sample, I randomly drew two numbers between one and 10. The two numbers were nine and 10. I started with the ninth individual on the list of family child care providers and selected every 10th individual after that until I had reached 200. Addresses for participants were obtained from the public listing of child care licenses, the License Information System, on the Department of Health and Human Services website on February 8, 2010.

Potential participants called or emailed for more information, and I had initial phone conversations and discussions about the learning community with each participant at this time. Although I received interest from 13 participants, due to IRB delays, many interested participants declined to be involved when I was ready to begin the study. Prior to our first meeting, I shared the informed consent form with the participants and explained the research process. In addition, participants also signed a confidentiality form stating that they agreed to maintain the confidentiality of the other group participants both during and after the study.
Research Design

I selected the case study design as the framework for this study. I chose the case study design because it is a method for studying a specific phenomenon systematically. Researchers conduct case studies when they want to understand a particular case in-depth, not when they want to know what is generally true of the broader context (Merriam, 1988). The case study is a form of descriptive research that focuses on exploring, rather than predicting, an event or phenomenon and aims to uncover the interaction of significant factors related to the phenomenon (Merriam, 1988; Stake, 1995). In a typical case study, researchers are interested in discovery and insight that the researcher gleans from the data rather than on hypothesis testing (Merriam, 1988). To do this in-depth analysis, the researcher collects and analyzes multiple forms of data including interviews, observations, documents, and artifacts and builds an in-depth, contextual understanding of the case using the various data sets (Creswell, Hanson, Plano Clark, Morales, 2007).

The defining feature of the case study is the presence of a “bounded system” (Merriam, 1988, Stake, 1995, Creswell, et al., 2007; Hatch, 2002). A bounded system is a “specific phenomenon such as a program, an event, a person, a process, an institution, or a social group” (Merriam, 1988, p. 9). The bounded system, or case, in this study is the Family Child Care Provider Learning Community. Case studies are characterized by four qualities; they are particularistic, descriptive, heuristic, and inductive (Merriam, 1988).

Case studies are particularistic in that they focus on a particular phenomenon and the researcher views the case itself as valuable for what it reveals about the phenomenon.
The particularistic quality of case study research makes it an ideal design for studying real-life, practical problems that arise from everyday practice. The second characteristic of case studies is that they are descriptive. The product of a case study is a rich, thick description (Hatch, 2002; Merriam, 1988; Stake 1995) of the phenomenon. Case studies are also heuristic (Merriam, 1988) meaning that they aim to illuminate the reader’s understanding and can bring about the discovery of new meaning, extend the experience and understanding of the reader or confirm what is already known about the phenomenon. The final quality of the case study design is that it is inductive. Case studies rely on the researcher’s inductive reasoning which allows for generalizations, concepts, and hypotheses to emerge from the data. This inductive analysis process includes the discovery of new relationships, concepts and understanding, rather than verification of pre-existing hypotheses (Merriam, 1988; Hatch, 2002).

Data

The intent of the learning community sessions was to create an environment where professional learning and discourse could take place through facilitated discussion about topics relevant to the family child care profession. The minimum requirement for licensure in the state of Nebraska is 12 clock hours annually of professional development, and the intent of the learning community was to meet this annual requirement while providing high-quality learning opportunities for the participants that were reflective of their self-identified needs, were interactive, and provided opportunities for discussion, reflection, and goal setting.
I conducted the learning community in seven sessions from June through September of 2011. The initial plan was to hold 10 shorter sessions over five months, but with the study falling in the summer months, participants requested to spend more time in each session and have fewer sessions overall due to busy family schedules. The first four sessions were 90 minutes and the final three were 120 minutes each. The exit reflection interview, which consisted of a one-on-one interview with an outside interviewer, lasted anywhere from 20-45 minutes depending on the participant. Over the course of the study, participants received anywhere from 10-17 clock hours of professional development depending on their attendance. Participants also received clock hours for assigned reading or writing that they completed between sessions. Participation in this research study had the potential to provide participants with more than enough clock hours to retain their child care license for the upcoming year.

The first task each week was to share progress on the goals that the participants had set during the previous session. Additionally, time was spent at the beginning of the sessions to answer any questions that had arisen between sessions or to deal with any pressing issues that the providers were facing. The second task was to discuss and analyze the topic for the day using the assigned reading or other provocation as a starting point (see Table 3.1 for detailed information). Each session ended with time for journal writing and personal reflection, which included setting a goal for the time between sessions and reflecting on how to incorporate the session’s content into daily practice with children (see Appendix C for more information about session objectives and descriptions).
During the first session, I asked the participants what they wanted to get out of the learning community. This initial discussion led to the sequence of the professional development curriculum and the content of the sessions, which focused on beliefs, child development principles and curriculum implementation. We spent the first three sessions discussing beliefs about children and how they learn, as well as considering how the personal experiences of the provider might influence their interactions with children. We spent the third and fourth sessions discussing child development milestones and how to identify development from ages 0-12. The final three sessions focused on utilizing beliefs and child development principles to inform curriculum development and implementation in the family child care setting. For certain sessions, I assigned reading for the participants to complete prior to the session. The reading provided the foundation of the content for that session. During the majority of the sessions, I provided a provocation (task) for the participants to complete during the session, such as creating a developmental timeline during session three (each session is discussed in detail in chapter 4).

Participants signed in at each session to provide a record of their attendance. Participants who attended each session received the appropriate number of clock hours of professional development for that session. I adjusted the number of clock hours awarded as needed on an individual basis (i.e. if a participant left 15 minutes early, she would receive 1.25 clock hours for that session rather than 1.5 hours). Additionally, if a participant missed a session, she did not receive clock hours for that session. Upon completion of the final one-on-one session, I issued a training certificate for each
participant with the appropriate number of training hours based on the number of sessions attended by each individual.

Data Collection

I collected data for this study in multiple ways including participant journals, observations, field notes, recording of learning community sessions, and the collection of additional artifacts and documentation from participants. I describe each data collection measure in this section. See Table 3.3 for an outline of the data collected from each participant in the learning community.

Audio Files. During each session, I engaged the participants in conversations with one another based on the topic for the day and focused around a certain provocation or reading. Each professional development session was audio taped and later transcribed for data analysis.

Teacher Beliefs and Practices Survey. Participants completed a pre and post survey called the Teacher Beliefs and Practices Survey (Burts, Buchanan, Kyung-Ran, Benedict, Broussard, Dunaway, Richardson & Sciaraffa, n.d.). They completed the initial survey during the first session and the final survey at the end of session seven. For the purposes of this study, I slightly revised the Teacher Beliefs and Practices Survey to change the wording from teacher to provider. For example, I changed a statement that originally said, “It is _____ for teachers to encourage activities that involve children working together” to “It is _____ for providers to encourage activities that involve children working together.” I made this decision because professionals working in family child care are typically referred to as providers rather than teachers. In addition, to reflect
the work environment more accurately, I changed the word classroom to family child care home or home. An original statement on the survey was, “It is _____ for family members to be involved in the classroom in various ways that are comfortable for them”. This statement was changed to “It is _____ for family members to be involved in the family child care home in various ways that are comfortable for them.”

**Journal Entries.** Journal writing facilitates a deeper understanding of experiences through assessing and articulating them, fosters thinking skills that actively engage the learner, and supports greater understanding of oneself as a teacher (Chitpin, 2006; Pavlovich, 2007). At the conclusion of each session, I provided a prompt to guide the journal reflections for that day. Participants shared any general thoughts, feelings, or insights from the session, as well as setting a goal for improvement and discussed how they might improve their practice with children using the information they gained during the session. At the first session, I provided personal journals for each participant. Between sessions, I kept the journals in a desk drawer in my office but did not look at the journals until the study was completed. An outline of the reflection prompts can be found on Table 3.2.

**My Story Narrative.** At the end of the first session, participants were asked to write a narrative story in their journals prior to the next session. The goal of the narrative was to gather more information about how each participant got into the field of family child care, who her major influences were, and to gain an initial look at each
Table 3.2 Learning Community Session Description.

<table>
<thead>
<tr>
<th>Session</th>
<th>Session Length</th>
<th>Content Area</th>
<th>Provocation</th>
<th>Reflection Activity (Journal Entry Prompt)</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>1.5 Hours</td>
<td>Initial Meeting</td>
<td>KWL (What do you know, and want to know)</td>
<td>Briefly write any hopes that you have for our time together. What do you hope to learn or to gain by participation in this group?</td>
<td>Initial Beliefs and Practices Survey, Narrative assigned, Field Notes</td>
</tr>
<tr>
<td>Session 2</td>
<td>1.5 Hours</td>
<td>Relationship Building</td>
<td>3 photos from childhood</td>
<td>Journal about how your childhood memories and experiences in child care. How do you think these have an experience on your daily interactions with the children in your care?</td>
<td>Audio Files, Journal Entries, Narrative collected, Field Notes</td>
</tr>
<tr>
<td>Session 3</td>
<td>1.5 Hours</td>
<td>Beliefs</td>
<td>Image of the Child Activity</td>
<td>What does your image of the child say about how you approach your work with children? What does this image say about your beliefs about children and child development? Where do your beliefs about children’s learning and development and how they should be taught come from? How do you think those beliefs impact the work you do each day?</td>
<td>Audio Files, Journal Entries, Field Notes</td>
</tr>
<tr>
<td>Session 4</td>
<td>1.5 Hours</td>
<td>Child Development</td>
<td>Outline sequence of development from birth to age 12</td>
<td>How did you feel while working on the developmental sequence? Were you comfortable or uncomfortable? How does this information relate to your everyday work with children?</td>
<td>Audio Files, Journal Entries, Field Notes</td>
</tr>
<tr>
<td>Session 5</td>
<td>2 Hours</td>
<td>Curriculum</td>
<td>Daily Schedules, Developmental Sequence from session 4</td>
<td>How did you select your daily schedule? Does it meet your needs and the needs of the children each day? What materials do you provide to meet the needs of the children and why? How are you able to know each child and plan for his/her needs each day?</td>
<td>Audio Files, Journal Entries, Field Notes, Daily Schedules</td>
</tr>
<tr>
<td>Session 6</td>
<td>2 Hours</td>
<td>Child Development</td>
<td>Videos of children for observation</td>
<td>Share general reflections from the video observations we watched today. Was it easy or difficult for you to identify the skills and competencies of the children in the videos? How do you communicate child development with the parents?</td>
<td>Audio Files, Journal Entries, Field Notes, Developmental Wheel</td>
</tr>
<tr>
<td>Session 7</td>
<td>2 Hours</td>
<td>Curriculum</td>
<td>None</td>
<td>What are you taking away from the learning community? How have you changed what you do each day with children based on what we discussed? Are there areas where you would like to continue to grow?</td>
<td>Audio Files, Journal Entries, Field Notes, Final Beliefs and Practices Survey</td>
</tr>
<tr>
<td>Session 8</td>
<td>.5 Hours</td>
<td>Reflection on Learning</td>
<td>Semi-Structured Interview Questions</td>
<td>Provided through interview/reflection questions</td>
<td>One on one interview</td>
</tr>
</tbody>
</table>
participant’s background and self-identified strengths and weaknesses. I provided several prompts to get them started but did not require that they answered each question (see Appendix C). The utilization of the My Story Narrative was an adaptation of a method used in research with early childhood teachers related to their comfort level with teaching mathematics. Researchers have found that stories illuminate attitudes, beliefs, and pre-dispositions about how mathematics is taught and what kind of mathematics should be taught. (LoPresto & Corey, 2004). Using this framework, I asked participants to complete a My Story Narrative in hopes that it would illuminate their attitudes, beliefs and pre-dispositions about working with young children. Participants turned in the narrative prior to the second session.

*Image of the Child.* Prior to session three, I provided each participant with the article, *Your Image of the Child: Where Teaching Begins* by Loris Malaguzzi (1994) to read prior to the next session. When they came to the next learning community session, I presented them each with a 12x12 piece of scrapbook paper and several images of young children engaged in a variety of activities. I instructed the participants to brainstorm in their journal and finish this sentence; “A child is…..” I advised them to select three or four descriptive words and then to find pictures that illustrated these images of the child. They created a page with words and images that was a visual demonstration of their internally held image of the child. After each participant finished her work, she shared with the rest of the group why she had chosen the words and images that were on her paper (See Appendix D for the Image of the Child Activity Instructions).
Developmental Continuum. The provocation for session four was related to the developmental sequence. I placed a large piece of paper (7 feet by 3 feet) up on the wall. The piece of paper was divided into age ranges from birth to age 12, the typical mixed age range of a family child care home. The group worked together to identify developmental milestones during each age range.

Daily Schedule. During session five, participants shared their daily schedule in their family child care home. Each participant shared and reflected on how she selected her schedule and why she opted for certain activities to occur each day rather than others. Each participant, except for one, provided a written copy of her program’s daily schedule.

Developmental Wheels. Based on our conversations and my understanding of the participants’ level of awareness and application of developmental concepts from our previous sessions, I created a provocation for session six. During session six, I provided each participant with a copy of the Nebraska Early Learning Guidelines (Nebraska Department of Education & Nebraska Department of Health and Human Services, 2005/2006) and several copies of the developmental wheel. The developmental wheel is a graphic depiction of holistic child development that I created when teaching CYAF 271, the infant and toddler development course at the University of Nebraska-Lincoln (see Figure 3.1).

Participants watched short video clips of young children engaged in different tasks (on the playground, at home, reading, etc). Following each video clip, the participants identified where they saw learning occurring in the developmental domains
of language/literacy, social and emotional, motor and physical, and cognitive development. Participants then shared and discussed as a group the learning that they observed. Following the group discussion, they consulted their Nebraska Early Learning Guidelines books to identify specific learning objectives that had been met by the child depicted in the video. Each participant completed three Developmental Wheels.

*Figure 3.1 Developmental Wheel.*

*Exit Reflection Interview.* The last session that participants engaged in was an exit reflection interview. The purpose of this interview was to encourage further reflection and analysis by the participant and to provide an opportunity for the participant to discuss her learning throughout the course of the learning community. I asked another graduate student in the department of Child, Youth, and Family Studies to conduct the reflection
interviews in hopes that participants would feel more comfortable sharing the strengths and weaknesses of this process with a neutral individual.

Participants responded to a list of questions, which can be found in Appendix E. This was a semi-structured interview, and although the interviewer had a set of questions to follow, she was attuned to the responses of the participants and was able to generate new questions during the interview that would elicit more information about the topic (Hatch, 2002). We set the schedule for the reflection interview at the convenience of each participant during session seven in order to allow adequate planning time for the participants and the interviewer. The reflection interview was audio taped and later transcribed for data analysis.

Field Notes. During each session, while the participants were reflecting on their learning, I also kept field notes of my impressions of the session (Merriam, 1998; Richards & Morse, 2007). Sometimes the field notes included comments specific to individuals, and other times I focused more on the strengths or weaknesses of the overall session, rather than my observations of particular individuals. In addition, my field notes often contained notes about how to extend the learning during the next session or what content I might add to fill in knowledge gaps that I had identified during the session.

Data Analysis

Data analysis is the process of systematically searching for meaning (Hatch, 2002). This process includes the organization of data, exploration of data, and interpretation of data. In the case study design, data analysis utilizes all forms of data
collected, including interviews, journals, field notes, observations, and artifacts (Creswell et al., 2007; Merriam, 1988). I undertook an inductive analysis process (Hatch, 2002) characteristic of qualitative research. This analysis process focused on starting with small parts of the data and working upward to find the broader connections and relationships among the data in order to pull the data together into a meaningful whole.

Upon completion of the learning community sessions, I had 13.78 hours of recorded audio from the seven sessions and the exit interviews (see Table 3.3 for the data sources collected from each participant). I hired a third party vendor to transcribe the audio files from each session. I imported my field notes, the My Story Narrative, session transcripts and exit interview transcripts into MAXqda, a qualitative data analysis software.

The first step in the data analysis process was to explore the qualitative data and gain a preliminary understanding of the data gathered (Richards & Morse, 2007; Hatch, 2002). The process of exploring the qualitative data included making memos or notations about my initial thoughts in the margins of the transcripts or field notes (Richards & Morse, 2007; Creswell & Plano Clark, 2007). Additionally, I reviewed all forms of data during this process including journals, artifacts, field notes, developmental wheels, daily schedules, Image of the Child activities and session transcripts. During the exploration of the data, I also developed a codebook, which is a listing of all codes for the data and included all codes assigned to the data (Creswell & Plano Clark, 2007).
The memos written during exploration of the data served as a foundation for the later coding and theme development, which occurred following the initial read of the data. The second step in qualitative data analysis was the analysis of data through coding and theme development (see Figure 3.2). Coding is the core or essence of the qualitative data analysis process (Creswell & Plano Clark, 2007, Tashakkori & Teddlie, 1998; Hatch, 2002) and is a method by which the researcher is able to show links within the data (Richards & Morse, 2007).

Table 3.3 Data Sources for Participants.

<table>
<thead>
<tr>
<th></th>
<th>Journals</th>
<th>Image of the Child</th>
<th>Daily Schedule</th>
<th>My Story Narrative</th>
<th>Developmental Wheels</th>
<th>Exit Reflection Interview</th>
<th>Teacher Beliefs and Practices Survey (Pre)</th>
<th>Teacher Beliefs and Practices Survey (Post)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackie</td>
<td>6</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Suzi</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Julie</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Kate</td>
<td>4</td>
<td>X</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Monica</td>
<td>4</td>
<td>--</td>
<td>X</td>
<td>--</td>
<td>--</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Becky</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

During coding, I grouped the data into small sections, sometimes phrases, sentences or whole paragraphs and labeled each section. Creswell and Plano Clark (2007, p. 132) describe coding as the process of “grouping evidence and labeling ideas so that they reflect increasingly broader perspectives.” Codes emerged from many sources including the exact words of a participant, existing research on the topic or from the field.
Figure 3.2 Coding Table
of study. Once I had identified codes throughout the data, I grouped the codes into broader themes or overarching ideas. Themes run throughout the data and show the connections between the codes that were identified (Hatch, 2002; Richards & Morse, 2007).

I looked for broad trends in the quantitative data and/or at the shape of the distribution based on responses obtained from the Teacher Beliefs and Practices Survey (Creswell & Plano Clark, 2007). Due to the small sample size, I used quantitative data from the Teacher Beliefs and Practices Survey only in a descriptive sense.

**Validity and Reliability**

*Qualitative Validity and Reliability.* Lincoln and Guba (1985) promote the use of at least three validation strategies in any qualitative study. For this study, I utilized the strategies of prolonged engagement (Merriam, 1988, Tashakkori & Teddlie, 1998) peer debriefing (Tashakkori & Teddlie, 1998; Merriam, 1988), thick, rich description (Tashakkori & Teddlie, 1998, Hatch, 2002, Merriam, 1988), and triangulation (Stake, 1995; Tashakkori & Teddlie, 1998; Lincoln & Guba, 1985). The strategy of prolonged engagement included spending adequate time to build trust and gathering data over a period of time in order to increase the validity of the findings. I also utilized the strategy of peer debriefing. Lincoln & Guba (1985) describe peer debriefing as “a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and
for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer’s mind” (p. 308).

Another validation strategy I used was including thick, rich descriptions when reporting research findings (Hatch, 2002; Merriam, 1988; Tashakkori & Teddlie, 1998). The use of thick, rich descriptions provides evidence for the transferability and interpretation of the findings. In addition, this type of description provides a complete, literal picture of the phenomenon (Merriam, 1988). In this case, the use of thick, rich descriptions provides great detail so that the reader comes away with a clear picture of the processes of the family child care provider learning community. Finally, during analysis I used multiple sources of data including field notes, developmental wheels, participant journal entries, the My Story Narrative, the Image of the Child activity and the responses on the Teacher Beliefs and Practices Survey to triangulate findings (Stake, 1995; Tashakkori & Teddlie, 1998; Richards & Morse, 2007). Triangulation of data involves the researcher “working to substantiate an interpretation or to clarify its different meanings” (Stake, 1995, p. 173). I used the multiple sources of data to triangulate the findings in this study.

Reliability is the extent to which research findings would be replicated if the study were repeated by another researcher (Merriam, 1988; Richards & Morse, 2007). Due to the amount of interpretation involved in qualitative research, replication of any qualitative study will likely yield different results; however, this does not discredit any findings. Qualitative researchers accept that multiple realities and interpretations of the data can exist (Merriam, 1988). Guba & Lincoln (1981) argue that in qualitative research
it is impossible to have validity without reliability; therefore, demonstrated validity amounts to a simultaneous demonstration of reliability.

Richards & Morse (2007) present several strategies for ensuring and communicating reliability and validity to others. I engaged in many of these strategies throughout this study including the strategies of appropriate preparation (skill/knowledge level) of the researcher, conducting an appropriate review of the existing literature, working inductively through the analysis, using appropriate methods and design, and leaving an audit trail such that an independent researcher could check the research events and decisions.

Quantitative Validity and Reliability. The reliability and validity of the Teacher Beliefs and Practices Survey were measured by Kim in 2005. Seven early childhood education experts examined the survey to enhance content validity. Kim used comments from the reviewers to modify the survey before it was administered. To examine criterion-related validity Kim utilized teachers’ survey results and compared them to observed classroom practices using a small sub-sample. Classroom observations were conducted using the Rating Scale for Measuring the Degree of Developmentally Appropriate Practices in Early Childhood Classrooms for 3 to 5 Year Olds (Burts, Buchanan, Charlesworth, & Jambunthan, 2000). Criterion-related validity was supported by a moderate and positive correlation (r = .455, ns) between a sub-group of the sample’s self-reported practices and observed practices. Construct validity was examined through exploratory factor analysis, regression analysis, and correlations between scores from the
Teacher Beliefs and Practices Survey and the Teacher Educational Attitude Scale
(Rescorla, Hyson, Hirsh-Pasek, & Cone, 1990).

Kim (2005) used Cronbach’s $\alpha$ to measure the reliability of the survey. Both the Instructional Activities Scale (IAS) and the Teacher Beliefs Scale (TBS) demonstrated internal consistency, with the internal consistency of the IAS ($\alpha=.787$) slightly lower than that of the TBS ($\alpha=.858$). Based on guidelines ($\alpha > .80$) set forth by Carmines & Zeller (1979), Kim concluded that the Teacher Beliefs and Practices Survey was a reliable measure and could be a promising measure for critically examining teachers’ beliefs about and practices of DAP.

In this chapter, I described the methodology of this research study. The following chapters describe the findings of the research. The first chapter (chapter 4) describes each session in detail and provides information about the influence of each session on participant learning. Chapter four also discusses the role of facilitation in the learning community. Chapter five describes the experience of participation in the learning community. The results from the Teacher Beliefs and Practices Survey are presented in chapter six, along with other indicators of growth and change and factors that influenced growth and change. The findings section ends with chapter seven, a discussion of insights into the daily work of family child care providers.
Chapter 4

THE EFFECTIVENESS OF LEARNING COMMUNITY SESSIONS & THE ROLE OF FACILITATION IN THE LEARNING COMMUNITY

In this chapter, I discuss the results of the qualitative data analysis described in the previous chapter. I present a summary of the learning community sessions and the effectiveness of each provocation as identified by the participants during the exit reflection interviews. I end the chapter with a discussion of the role that facilitation played in the learning community.

The Effectiveness of the Learning Community Sessions

The effectiveness of each learning community session was indicated by the influence of the session’s provocation on the growth of each participant. Journal entries, session transcripts, and the exit interview were sources of data for gauging the effectiveness of the sessions. The growth of the participants was partly dependent on the quality of the provocations presented at each learning community session, however, there were many other factors that influenced the overall effectiveness of the learning community design. These factors are discussed in the following chapters.

Rather than using a scripted curriculum, which has been done in other studies (Galinsky, Howes, Kontos, & Shinn, 1995; Dombro & Modigliani, 1995), I opted to create my own curriculum that I intentionally designed to be flexible and fluid in order to meet the needs of the participants in this group. The structure prior to initiation of the
learning community looked somewhat different from what I actually did with the participants.

During each session, there was a content focus area as well as a provocation. The provocation, a term derived from the Reggio-Emilia approach (Filippini, 1998), is an experience provided by the teacher to provoke, encourage or spark interest in an idea or concept. The provocation is a starting point for investigating the concept. Provocations are typically designed to create some disequilibrium in the cognitive processes or to create cognitive knots. Disequilibrium is the impetus for learning new information (Kolb, 1984; Zull, 2000; Kagan, 1992; Eisenhart et al., 1988; Schommer-Aikins, 2004) because individuals prefer a state of equilibrium and will work towards this when presented with new information that does not fit their existing schema (Thomas, 2005).

**Introducing the Learning Community**

The focus of session one was on sharing information about the learning community and finding out what the participants wanted to get out of the learning community. What were they interested in learning? What did they feel like they wanted to learn more about? For the participants this session provided an opportunity to hear the struggles and challenges that the others were facing and began to create a common ground among the participants. Through our discussion, I was able to identify that the participants wanted to learn about working with mixed ages and balancing everyone’s needs, supporting and working with parents, curriculum (what do children need to learn), behaviors and discipline, and setting appropriate boundaries with families.
As the facilitator, I found this session to be critical for informing the scope and sequence of the learning community curriculum. I made minor adjustments to the sequence of the sessions based on this information but for the most part the needs that the participants identified meshed with what I was planning to focus on during the sessions. I integrated the discussions around working with mixed ages and supporting, communicating, and working with parents into all of the learning community sessions. The only area that participants wanted to discuss and we did not intentionally focus on was working with challenging behaviors, although this did come up at times throughout the sessions.

**Building Relationships within the Community**

For session two, each participant brought three pictures from her childhood to share with the group. She also brought her completed My Story Narrative (See Appendix C). The focus for this session was on relationship building between the participants and was designed to get a first look at the participants' beliefs about working with children and how their life experiences may have influenced their work with children. The pictures and narrative were the provocations for this session.

The participants became quite animated while they were sharing their childhood pictures and asked questions about each other. Initially, one person would talk and then the group would look to me to decide what to do next, but as the session progressed the women began to have a back and forth conversation with one another, rather than looking to me for answers or to keep the conversation moving. This demonstrated their growing comfort with one another. The women were able to find common ground based on
similar childhood experiences, which began to create a sense of community that would continue to grow throughout the learning community. As Kate said, “It was nice for me to learn about other people and where they came from, and it kind of gave you a prop to stand on in talking to them.”

In their journal entries at the end of this session, the participants reflected on the My Story Narrative experience. Jackie said this about the experience,

“The not until we were given this assignment had I ever made a connection between my early childhood experiences and what I do today. It’s amazing for me to see how profound those experiences have carried on to affect me 40+ years later. I really want the children in my care to have the same happy memories, the same close relationships, the same life experiences (swinging from a tree), the same feelings of total acceptance.”

Monica stated,

“I feel like my childhood experiences of imaginative play have a large influence on my care. I like to see the children have the same type of playtime that I had; not overly structured all the time. I like to see what they can come up with to do. I like to see them interact with one another on their own doing and allow the relationships to grow in a natural., unforced way.”

As the facilitator, one of the big takeaways from this session was the reason why these women started working in family child care and how they viewed their role in their daily work with young children. I discuss these ideas in detail in chapter 7.
Uncovering our Images of the Child

During the third session, the provocation was an article by Loris Malaguzzi, Your Image of the Child: Where Teaching Begins, (Malaguzzi,1994) and an activity around the image of the child. Based on work by Edwards (in Edwards, Churchill, Gabriel, Heaton, Jones-Branch, Marvin & Rupiper, 2007, see Appendix D), the participants were provided with several printed pictures of children. Each participant was instructed to spend a few minutes finishing the sentence, “A child is_____. ” When they had completed their thinking, they selected images that fit the words they used to finish the sentence and created a visual representation of their image of the child. When all the participants were finished working, each person shared her image and why she selected the descriptions that she did. See Figure 4.1 for an example of the image of the child activity.

Suzi described her image of the child as follows,

“A child is.....a gift! There is no greater gift you could receive than the birth of a child. That child will change you forever. A child is innocence. They depend on the parent and those around them to provide them safety, to teach them about life and all the glorious things they will do with their lives starts with being a child. A child in us never really goes away—we grow, we learn, but the child remains in our thoughts, memories, and views of life. Each and every child is different—that’s what makes being a child so special.”

Jackie described her image of the child this way,

“A child is messy, forgiving, energetic, endearing, comical., delightful, challenging, sweet, nurturing, a reminder of how we should address life, innocent, curious, timid unpredictable, silly, loving, malleable, inquisitive. I realize that
when the children have my full attention they seem to come alive; they have more sparkle in their eyes; they are ready to try something new; something daring. For an adult, when someone cares about us, and we sense that caring, if fuels us, re-engages us. Children are the same way. I also think being “present” builds self-esteem, healthy esteem. Not the kind that comes from flattery but comes from feeling valued.”

Figure 4.1 Image of the Child Activity.

Suzi’s Image of the Child

Jackie’s Image of the Child

The Image of the Child activity had mixed results for the participants in this learning community. During the exit interview, some participants discussed the value of the activity, but others did not remember doing it. Jackie said this about the activity, “I think that session in particular just helped me get to know them a little better, the women in the group.” In contrast, Kate said, “I wasn’t that impressed with it. It was pretty much,
I don’t know, a time killer kind of a thing.” While Jackie was present during the discussion of the Image of the Child and the article with two other participants, Kate was absent that day and came early to session four to complete the activity with the other two participants who were absent. The participants who participated in the session found this activity to be more meaningful than those who were absent but made up the work with others.

As the learning community facilitator, this activity provided many insights into the belief systems of the participants, which helped me to understand better their perspectives about working with children. I also learned more about their philosophies related to child development and what they believe children need from their early care experiences. During this session, the participants’ orientation to learning also began to emerge. I discuss the influence of orientation to learning in detail in chapter 5.

Identifying Developmental Milestones

During session four, our focus was on child development. I wanted to get a sense of what the providers knew about child development, if they were able to identify key developmental milestones, and how they arranged their environments to support child development. The provocation for this session was the developmental continuum. Covering one whole wall of our space, I placed a long sheet of white paper. I divided the paper by ages (e.g. 0-6 months, 6-12 months, 12-24 months, 2 years, 3 years, etc) from birth to age 12 (see Figure 4.2). We started at the youngest age and the providers began to discuss what key developmental milestones were happening at each age.
Following this provocation, I handed out a resource packet that identified developmental milestones for each age. The providers looked through the packet for additional milestones that we missed during the task. This task appeared to be quite easy for the participants. They were able to identify many developmental milestones for each age and the collaborative nature of the provocation took pressure off them as individuals to know all the answers. Rather they were able to work together and share knowledge to fill in the developmental continuum.

Figure 4.2 Part of the Completed Developmental Continuum.

Becky, a provider for 13 years, reflected on the developmental continuum provocation by saying,

“It was very eye opening to have the ages and stages of children visually drawn out on the timeline. It helped me take one age and focus on what a child that age is thinking, and going through. It made me think about the children in my life and
put reason to their actions. It also helped me realize things that I have not recognized or focused on with specific age groups. I liked looking at each age alone but also appreciated seeing the growth in development over the timeline when we completed it. It helped me see that children start at such a needy state, develop in many ways, but seem to never lose that need for someone special in their life to help them along. It made me feel good and gave me new excitement for the children in my life.”

Monica, who has been a family child care provider for three years, said this about the developmental continuum provocation,

“Working on the developmental timeline allowed me to see and think about the changes and the differences in the children I care for. Having a mixed age daycare, you tend to lump all the children in to the same activities and you sometimes forget that the 3 year old is at a different level than the 4 year old. I think it is important to be aware of these developmental milestones so you can monitor a child’s progress but also so you can develop activities that are age appropriate. That way the child can benefit to the fullest if the activity is more structured towards their “level”. We see the developmental changes on a daily basis but sometimes it is easy to not pay attention, so this was very beneficial to put it all down on paper as a reminder.”

As the facilitator of the group this provocation again provided insight into the knowledge base and level of understanding of the providers. While they were able to identify many developmental milestones, the providers spoke very generally about
development and some were more comfortable discussing developmental milestones than others were. This provocation laid the groundwork for our next session, which was focused on curriculum and activities that the providers did with children.

**Discussing our Daily Work with Children**

In connection to session four, the focus of session five was on curriculum and daily activities with children. I asked the providers to bring their daily schedule with them to the session. Each provider shared her daily activities and routine with children and explained some of the reasoning behind her actions and choices. All of the providers followed a daily routine although many of them talked about having a school-year mentality and letting their routine and activities go during the summer months. In reflection on this Jackie said, "I just had this school year mentality of when summer comes, ‘hey, it’s free play’, and I just had this epiphany...that so much development takes place at three years...and so I thought that I really shouldn’t be taking off summer months and just letting [the children] run amuck. “

Building off these types of comments, the providers discussed how they supported development in their homes, which began with how they structured the day and included the activities and materials that they provided in the environment. As we discussed environments and how the providers supported development in their environments, it became clear to me that although they were able to articulate developmental milestones on paper, the providers were not as skilled at identifying development in their daily work with children. In my field notes for session five, I reflected on the session saying,
“[The providers] still struggled with talking about why certain tasks were important [to development] so I think that this needs more expansion during the next meeting. I think we need to spend the next session focused on child development, observing and labeling child development and exploring ways to communicate this to parents.”

Identifying Learning in Action

Based on what I had observed and heard from the providers in session five, I adjusted my plan for session six. In session six, I wanted the providers to observe a child or children in action and connect the child’s actions to child development. To do this, we watched three short video clips (2 ½ to 4 minutes each) and then the participants filled out a developmental wheel for each video. We watched each of the three videos and reflected on the learning after each one. The developmental wheel is broken into four domains of development (social, language, cognitive, and physical) to encourage providers to see that, for example, an interaction that appeared to be mostly physical in nature, was likely to show language, social, and cognitive development occurring simultaneously. The two completed developmental wheels in Figure 4.3 show the range of provider knowledge of child development visible after watching one video clip.

After each video clip, the providers had two to three minutes to fill out the wheel and then we discussed each video as a group. After we had discussed what each provider saw in the final video clip, I gave the providers each a copy of the Nebraska Early Learning Guidelines and, after an orientation to the book, each provider took one section of the developmental wheel and filled it out based on the video, using the Nebraska Early
Learning Guidelines as a resource. As a group, we discussed what we may have missed by using only our own understanding and how they could utilize the Nebraska Early Learning Guidelines to supplement their knowledge.

*Figure 4.3 Examples of Completed Developmental Wheels from the Monkey Bar Video.*

This was not an easy task for any of the providers and many of them struggled with having confidence in their observations. This provocation was particularly difficult for Julie and she was clearly experiencing cognitive disequilibrium. Several times throughout the session, she seemed to fixate on something in the video that was unrelated (such as why an umbrella was on the playground) and use this as the basis for her discussion in an effort to avoid discussing the development that she saw (or didn’t see). She voiced her struggle with the developmental wheel during the session saying,
"I think I’m having a hard time with this. I don’t know exactly; I can’t get it, I don’t think. I think I need to keep coming to your class. This is uncomfortable. The way of thinking because, I do all of this...but to do it with [the video], yeah, it’s uncomfortable; can’t do it. I don’t know; it’s uncomfortable."

This moment of vulnerability around something that she was struggling with was a key point for Julie. Up to this point in the sessions, she had been highly resistant to changing her behavior. Several times throughout the course of the learning community up to this point she mentioned how “comfortable” and “happy” she was with her family child care program and her skills and she was not interested in changing. This provocation appeared to push her just far enough to make her uncomfortable and to plant a seed that maybe she also had room to grow through this experience. In her journal at the end of the session, Julie reflected on the developmental wheel provocation saying, “I realize this was important. I gained knowledge but I really have difficulty relating to children over 18 months. Putting labels on things I know I do, it’s different for me....Yes, I had a difficult time tonight, but it is important to get out of my comfort zone!”

The other providers who were present during this session had an easier time with the developmental wheel provocation, although it was not a simple task for any of them. They really began to think about what they do with children and what the children get out of it. Jackie reflected on the experience saying, “I will need to dust off my early guidelines book and keep it handy because I do need help identifying just exactly what is taking place. I can usually recognize the obvious, but the nuts and bolts of learning don’t
always jump out at me.” Becky wrote this in her journal following the developmental wheel provocation,

“Tonight really helped me understand the learning that happens during “unplanned” times…the natural learning or teachable moments. It has really gotten me thinking the big picture rather than the small scale of a stereotypical “classroom feel.” I want to review the learning guidelines and become more familiar with them as I plan activities and spend time with the children in my program. I hope to recognize and log the learning that happens naturally everyday and build on those individual skills and interests of the children rather than focusing on what comes next in the “curriculum” I’m using.”

Not only did the developmental wheel provocation stimulate thinking on the part of the providers but it also seemed to have a positive impact on their level of engagement and enthusiasm for their work, overall. The developmental wheel provocation was the first provocation that really seemed to push the providers out of their comfort level and challenged them in a new way.

Wrapping up the Learning Community

Session 7 was the last session that the group had together. As such, I did not go into this session with a concrete plan, rather I intentionally left it open-ended to bring closure to anything that the providers wished to discuss before the learning community ended. At the end of session six, I challenged the providers to pay attention to their daily interactions and work to identify where learning was taking place in their daily
interactions with children. We ended up spending the majority of session seven reflecting and building on the developmental wheel provocation from session six.

The developmental wheel provocation seemed to really stick with the providers between sessions and one of the providers, Jackie, had spent time working with the developmental wheel in her family child care home during the break. She was wrestling with how to incorporate the developmental wheel into her daily practice and session seven gave the group an opportunity to support Jackie in her change of practice and to share ideas about identifying child development and communicating child development and the importance of what the providers do each day to parents. More about how Jackie incorporated the developmental wheel into her practice is found in chapter 7.

*The Use of Journals in the Learning Community*

At the end of each session, the participants had time to reflect on the session and their learning by writing in journals. The journaling time was an important part of each session because it allowed the participants to continue to think about how the content focus of the session related to their daily practice. The journals also provided an opportunity for the providers to share things that they may not have felt comfortable sharing in the larger group. The participants really seemed to enjoy the journals, and during the exit interviews they commented very positively about the journaling experience. Becky reflected on the experience of journaling saying, “*The journaling...is a great idea to continue to do...to better myself in my own career and to continue to set goals...So I think that is a really great asset that I will walk away with and to continue to do in my career.*”
The Influence of Provocations on the Participants

Although the providers spent seven sessions together, we spent the first three sessions focused on building relationships among the providers. We did not get into the true content until the fourth session, which only allowed three sessions to discuss and explore the topics of child development and curriculum. While all of the sessions were quite informative for me as the facilitator, they seemed to have mixed impact on the providers. The image of the child activity, while beneficial for some of the providers, did not resonate with others as meaningful. This might have been related to whether the provider was present during the session or did the task as a make-up activity. The providers also seemed to enjoy the session where they shared their childhood pictures, and they were able to learn a lot about each other during that session. The developmental sequence and the developmental wheel provocation seemed to have had a lasting impact on their actions and thinking. Based on the data available, the provocations were successful at starting conversations in each of the sessions and sparking thinking.

The Role of Facilitation in the Learning Community

The professional developer is seen as a supporter, guide, or facilitator of learning in a partnership with the practitioner, rather than being seen as the expert who will provide the answers in the learning community format of professional development (Putnam & Borko, 2000; Fleet & Patterson, 2001; Hawkey, 1997). The learning community format was a new design for the participants, and at first, the participants were clearly uncomfortable with the interactive nature of the sessions. In the first and second sessions, they waited for me to tell them what to do and after someone talked, the
others would look to me to decide what to do next. Their approach to me began to change
toward the end of the second session, when prompted by the sharing of childhood
pictures, they began to dialogue and discuss with each other. In each session, the
participants became more and more comfortable with the interactive nature of the
learning community, but they still expected me to give them the “answer” at times,
especially when they found provocations difficult or they were uncomfortable.

A skilled facilitator is a key element in the success of the learning community
design. During the exit interviews, the interviewer asked the participants how they
viewed my role in the learning community. Based on their responses, I have been able to
identify some key roles of the facilitator from the perspective of the participant.

*Planting the Seed*

The participants viewed my role as the facilitator as one of “planting the seed.” I
would get them started on the topic and then let them discuss and explore. Suzi said this
about my role as a facilitator, *Jen had a good way of leading us in the direction where we
could look into something and really pick it apart and see how it worked for us.*” The
participants seemed to understand that I was there to support them and get them started,
rather than to run the show or to provide all of the information to them. Jackie reflected
on my role as facilitator by saying,

“I saw her as someone who would plant some ideas and then let us run with it. Let
us toss around ideas and then she would sometimes jump in, I think if she felt like
maybe we were not quite getting the idea, she would kind of guide us a little bit.”
Finding a Balance

One of the struggles of facilitating this type of group is finding a balance of providing information, guiding the conversation, encouraging interaction, and yet not dominating the conversation. This is a balance that can be hard to find. Jackie discussed this balance of facilitation during her exit interview,

“I didn’t feel like very often did she just flat out give us the answer, you know, it was like how one thought creates another thought and people just feed off of each other and pretty soon we sort of figure it out. And I felt like she was kind of guiding us that way. I felt like she was excellent in that role as far as not giving us the answers but helping us discover the answers.”

My level of involvement in the sessions was an element of facilitation that seemed to resonate strongly with the providers. Another area of balance for facilitation is between providing the “answers” and letting the providers discover the answers through the collaboration and interaction within the learning community. Monica also discussed the importance of this saying, “She more or less just opened it up, ‘this is what we are going to discuss about, this is how we are going to do it,’ and then we just did it. She was always there to direct where needed, but she would let us learn more through ourselves.”

The providers seemed to appreciate the autonomy provided through the learning community and the ability to use their experience and expertise to solve problems.

Critical Friend

Viewing my facilitative role as that of a “critical friend” (Fleet & Patterson, 2001), it was important to me to be seen by the participants as a resource but not the
expert in the learning community and as a collaborative partner in the learning process. There can be a conflict between the facilitator as the more-educated individual being perceived by the providers as the expert and that the providers themselves have no knowledge or skills to add to the learning experience. The learning community design, in and of itself, is contrary to this approach; however, maintaining my position as partner and collaborator alongside of the providers was an important element of my role as the facilitator.

During the exit interviews, the participants shared their appreciation for this. Julie said this related to my role,

“I know we all liked her because we would walk out and say that didn’t make us feel less than because she included interaction, asked us questions. She didn’t just stand there. She sat at our level, eye level and she didn’t make me feel less than because she is educated.”

According to the participants in the learning community, there are key skills that are important to have in a facilitator of this type of professional development. The first is that the individual should plant the seed of learning and tend the learning without being overpowering and controlling. The second key of facilitation in this group is having a balance between giving necessary content information and providing opportunities for the participants to discover and problem-solve. The providers in this learning community appreciated the redirection and content infusion as necessary, and as a result of this balance, they felt ownership in their learning. The third key to facilitation is approaching the facilitative role as that of a collaborative partner rather than the all-knowing expert
who needed to “fix” the participant. This is a philosophical orientation to professional development that not everyone holds, but is clearly needed in this type of professional development.

In this chapter, I have discussed each session in detail and assessed its effectiveness and impact on the providers. I also presented the important role of facilitation in the learning community. In the following chapter, I describe the experience of participating in the learning community.
Chapter 5

THE EXPERIENCE OF PARTICIPATION IN THE LEARNING COMMUNITY

In this chapter, I share the experience of participating in the learning community. I describe the participants’ initial thoughts upon hearing about the learning community, the development of a sense of community and a relief from isolation, the experience of mentoring and supporting each other, the emotional component of the learning community and their perspectives on continuing their learning.

The Experience of Participation in the Learning Community

None of the providers who participated in the family child care learning community had ever been a member of such a group prior to this one. As a result, this was a new experience for them, as much as it was for me. Throughout their careers as family child care providers, they have been required to receive 12 hours of professional development annually, so they were not strangers to the idea of professional development. However, they were strangers to the interactive, small group design of the learning community. What follows is their account of the experience of participating in the learning community.

Venturing into the Unknown

I recruited participants using several methods as described in chapter three of this paper. During the exit interviews, the interviewer asked participants to reflect on their initial impressions about the learning community when they first heard about it.
Overwhelmingly, participants chose to engage in the learning community mainly because it was a different format for professional development than they typically engaged in. The participants continually expressed three sentiments during their exit interviews: (1) excitement about venturing into the unknown, (2) a sense of risk-taking by being a part of something new, and (3) appreciation for the different approach to professional development that the learning community presented.

Participants were excited (and a little apprehensive) to try a form of professional development so different from what they were accustomed to, but the different format was what piqued their interest in the learning community. In her exit interview, Suzi said the following,

“Going into it I didn’t know what to expect because I’d never been a part of anything like this before. So when I got the postcard in the mail, I thought, ‘Well, this sounds different.’ It’s a unique way to get that 12 hours that you need for your extended education. I didn’t know what to expect…but right from the [first session] I knew it was something that I wanted to be a part of.”

She also expressed frustration about the struggle she faces in finding professional development relevant to the school-age population she works with and was looking for a professional development opportunity that had meaning for her.

Although intrigued by the learning community design, participants were also wary of participating. Julie reflected about her initial thoughts saying this, “My initial thought is ‘I’m not a risk-taker’. I don’t really look beyond my [comfort zone]. So I got out of my comfort zone and the gals that I met were awesome.” Venturing into the
unknown paid off for this group of women and their desire for a different form of professional development led them to a network of individuals like themselves.

A Growing Sense of Community

One of the great outcomes of the learning community was that a sense of community developed among the providers who participated. Although I designed the learning community sessions to allow for networking and connecting among the providers, this was not the main purpose of the learning community. The participants frequently described a “sense of community” and a level of “comfort” with the other providers that contributed to the success of the learning community.

The initial sessions of the learning community included provocations, such as the childhood photos, intended to create common ground and understanding among the group and to begin to form relationships among the providers. The progression of the sessions had an impact on Jackie who reflected during her exit interview,

“I just thought it was laid out well and towards the end, the stuff that really helped me, by that time, I felt so comfortable with the group, I wasn’t embarrassed to mention things that were challenging to me. And I doubt that I would’ve been that open, certainly not the first week or maybe the second or third, but towards the end I was.”

As a result of time spent upfront building the relationships among the providers, they also had opportunities to share expertise and problem solve. From the third session and on, the providers often gathered early to discuss issues that had come up. I would frequently hear someone say, “Hey, I wanted to ask you about how you handle X”. After
the sessions ended, the providers walked out to their cars together and discussed additional issues they were having or the session content. I have no data to support this, but I speculate that there was real depth and importance to these conversations and interactions. Julie said this during her exit interview about the relationships she formed with the other providers,

“We kind of learned, you know, about these different providers. One was an infant one, one was for school agers, and so just to have those references for other families. I mean, I don’t know them personally, but I know that they’re strong in their programs so I would definitely refer people to them, or call them and say, hey I’m having a problem with X, Y, or Z.”

The Impact of a Small Group. Part of what contributed to the sense of community was the size of the group. In comparison to other professional development experiences where the participants expressed feeling “like a number in a big room”, participants in the learning community shared feeling a sense of safety among the group and an appreciation for the shared understanding that they felt with the other providers. The small group size was important to Suzi who said this during her exit interview, “I liked the small group setting because we could all talk. If it’s a big group, people don’t always talk. Everybody felt comfortable that they could talk and could share things that maybe they wouldn’t share in a big group setting. I liked that.”

I put certain elements of the learning community design into place to foster relationships and a sense of community among the participants. Although I knew that relationships would be an important part of the learning community, I may have
underestimated how essential it was to the willingness of the providers to engage in the learning community experience. The reflections of Suzi, Julie, and Jackie point to the importance of the small group and the relationships formed among the participants.

**A Relief from Isolation.** Family child care providers are a highly isolated professional group (Rusby, 2002). Unlike child care workers in center-based programs, preschools, or public schools, they do not have co-workers or other adults in the environment. As such, they often experience a sense of isolation and feel closed off from others. Additionally, the providers who participated in this learning community expressed that they were often frustrated because in other professional development experiences, they were not able to relate to content that was focused on center-based programs.

The learning community provided a welcome relief from daily isolation and a place to be with people like themselves, who understood the challenges they face in their work every day. Becky said this about her experience in the learning community, “*It was nice to know that we were all doing the same thing, working towards the same goals or maybe even learning about something that was a light bulb moment for some of us. I think that it was really good to be small and so positive in wanting to learn.*” Kate also reflected on this saying, “*The nice thing about it was that being a provider you are so secluded, you don’t get a lot of interaction with other people so it gave [us] a chance to talk with other people that were doing the same thing.*”

Although I had hoped the learning community would help alleviate the problem of isolation, Kate and Becky both confirmed the role of the learning community in
helping them feel connected and how important the time spent with others discussing their daily work was for them as participants in this group.

*Mentoring and Support for Change*

The premise of professional development is that the person being “developed” will change in some way because of her participation. Through this learning community design, participants felt supported in their efforts to change behavior. Jackie said this about the importance of group support in her change process,

“What having the interactions and the feedback and the brainstorming and tweaking, and ‘why don’t you try this and let us know next week what did you think, did that work’? That just is – they say that if you do the same thing over and over and it doesn’t work, just if you want to keep failing, keep doing it. So this really – a setting like this you’re accountable so I wasn’t thinking that anyone was going to have a gun to my head, no pressure, but I was challenged and I wanted to try it so I could come back. I want everyone to benefit from it.”

The diversity of experience and education present in the learning community, as well as the strong relationships developed early on between the participants, fostered an atmosphere of understanding and support within the group. Providers felt comfortable to share their struggles and ask for ideas and suggestions. When one provider was struggling with something, whether a concept or a challenge she was facing in her program, the other providers were quick to validate and affirm the provider’s choices while also making suggestions about things she could try to do differently. Kate described the importance of this diversity saying, “In this room is a wealth of expertise, but people like
Becky and myself have used the vocabulary longer and are more comfortable sharing with parents on a more “professional” level. None of these providers have any less skills than anyone else, it is just giving them the confidence to show parents what they know.”

Diversity of experience, education, age, and role proved to be an important part of the learning community experience. Throughout the course of the learning community, providers often supported each other by affirming decisions, validating work, and providing encouragement for challenges they were facing. Monica, a professional in the field for only three years at the time of the learning community said the following about the diversity of the participants and their role in mentoring and supporting her growth,

“To sit with a group of women that have been doing this for a long time, it was such a learning experience for me. Simply because they have been through it all, they have seen it all. They’ve tried different things, so to listen to them and to be able to converse with them and talk to them about how they see things and how it differs maybe from how I see it being in this early stage of the process. Yeah, it was very, it was a very good experience. It was a very good opportunity for me.”

Monica, Jackie, and Kate’s reflections on the diversity of the group and the role of the other participants in supporting change and mentoring them throughout the process provide three accounts that describe the impact of a diverse group of women with like interests coming together around a common subject with the intention to learn and grow.

Participation is Emotionally Laden

Throughout the course of the learning community, the participants experienced a myriad of emotions ranging from guilt and discouragement to enthusiasm and
affirmation. The session content, discussions, and reflections that participants engaged in challenged their previously held ideas and at times caused discomfort and distress. At other times, the participants expressed a range of positive emotions such as freedom, affirmation & validation, and excitement.

**Negative Emotions.** As their level of awareness grew, providers expressed feeling guilty about what they were doing (or not doing) with children in their care. Becky said this about her feelings,

“Sometimes I get thinking I’m not doing this and this and this and that, but at the same time I don’t need to be. You know, I need that smaller environment and learning values and work ethics and emotional security. Sometimes I get my panties in a bunch thinking I’m not doing everything I should be.”

The feelings of guilt that providers expressed appeared to stem from their expectations for themselves and the expectations that they felt others placed on their work.

Participants also expressed feelings of discouragement throughout the learning process. Their discouragement seemed to stem from a growing awareness that there was room for change in the way they were doing things. Jackie expressed one example of this when she said, “I feel at a loss tonight; like there’s so much I’m not doing. I really don’t know where to start. I just need to change the way I have always done it.” This presented a challenge for the participant and was uncomfortable. Julie felt a great deal of discomfort during the developmental wheel provocation. Reflecting on the provocation she said, “I realize this was important. I gained knowledge but I really have difficulty relating to children over 18 months. Putting labels on things I know I do, it’s different for
me. Yes, I have had a difficult time tonight, but it is important to get out of my comfort zone!” The guilt, discouragement, and discomfort that participants felt drove them to change behavior or apply concepts in new ways. It challenged them and pushed them forward by creating cognitive disequilibrium. A certain amount of discouragement and discomfort is to be expected in the learning process; however, it should be balanced with positive interactions and emotions. Although the participants experienced many negative emotions across the learning community, they also expressed many positive emotions.

Positive Emotions. Participants expressed feeling excited, affirmed, and validated during the learning community process. Typically they would communicate negative emotions one session and then feel more positive about where they were at in their understanding at the end of the following session. Jackie provided a clear example of this when she wrote the following in her journal at the end of one session,

“For a person who doesn’t like change, I’m looking at lots of change. I’ve come to learn that doing things differently doesn’t mean that I’ve failed so I have to go to plan B. Our discussions have encouraged and prompted me to look at the way I’ve always done things and realize that besides the fact it won’t work with this group of children; maybe it wasn’t the “best” method to use when it did work.”

In addition to feeling excited and encouraged throughout the learning community process, the interaction with other participants provided opportunities for the work that the providers do each day to be affirmed and validated. As Julie said, “You take little tidbits and take them home. I can’t really tell you what I did specifically, this just kind of reinforced that I was doing it right.” Whether the providers were feeling excited about
their new learning or validated in their work, I believe that the positive emotions that they experienced throughout the learning community kept them engaged in the group and willing to take chances with each other.

Is it Really Over?

During their exit interviews, the interviewer asked participants whether they would consider future participation in a learning community. Although one of the providers felt that she had “done it” and “checked it off the list” and therefore would not be interested in participating in another learning community, the other providers all were quick to agree that they would be involved in another learning community if the opportunity presented itself. Several of the participants did not want the learning community to end. Suzi said this about her experience in the learning community, “It was just great. I mean it was really a nice experience. I don’t want it to be over. It’s been fun.” In addition, Jackie said, “I could’ve continued forever.” These two comments are reflective of the overall feelings of the providers and demonstrate their commitment to the learning community. I also feel that these comments are reflective of the value they felt as professionals during the learning community sessions.

During the last session, I was also sad to see the learning community end. I valued the relationships that I built with each provider and enjoyed the experience of watching them grow in their work. In my reflection at the end of the evening, I wrote this,

“When I think about this work, I get so excited. We really formed a collaborative and supportive group and I think the providers grew to respect and appreciate each other. It’s hard to believe that we have spent 12 hours already learning
together and part of me would like to continue this work and see where we could
go with each other in the weeks to come. The other part feels satisfied with what
we have accomplished. Jackie told me ‘in the 20 years I have been doing this, I
think this has been the most meaningful thing I have ever done.’ That statement is
enough of a victory for me to feel like I had a hand in changing the experiences
that young children have in our community.”

The experience of participating in the learning community was one of adventure
and uncertainty in the beginning. As participants got to know each other and developed
relationships with one another, they developed a sense of community that ended up being
a critical part of the learning community experience. The participants particularly
appreciated that the learning community was a small group of individuals and shared that
they felt more comfortable sharing and discussing in the small group than they had in
previous professional development experiences.

Another element of the experience of participation was the providers being in the
company of like others. Participants often shared that they appreciated being able to talk
with others who do the same work that they do on a daily basis rather than having to
adapt content or discussions focused on center-based care to their setting and their unique
needs. The final piece in the experience of participating in this learning community was
the role that mentoring and support played for the providers. Throughout the course of
the learning community, providers often supported each other by affirming decisions,
validating work, and providing encouragement for challenges they were facing. Overall,
the providers enjoyed and felt validated by their involvement in the learning community, and most wanted to continue their work in the group.

In this chapter, I described the experience of participation in the family child care provider learning community based on qualitative data gathered throughout the sessions. The next chapter presents the findings from the Teacher Beliefs and Practices Survey and documents other forms of growth and change that I observed among the participants.
Chapter 6

GROWTH AND CHANGE OF PARTICIPANTS IN THE LEARNING COMMUNITY

In this chapter, I present the findings from the Teacher Beliefs and Practices Survey, as well as analysis of growth and change derived from the qualitative data. I begin the chapter by presenting the findings of change in beliefs and practices of the participants based on their responses on the pre and post Teacher Beliefs and Practices Survey. I also discuss trends in the direction of change on the four subscales. Following this, I discuss the evidence of growth and change from qualitative data sources including journals, session transcripts, and exit interviews. I end the chapter with a presentation of factors that influenced the change and growth of the participants.

Change in Beliefs and Practices of Participants as Measured by the Survey

Using data from the Teacher Beliefs and Practice Survey, I was able to conduct descriptive analysis on four subscales: (1) Developmentally Appropriate Beliefs (DAB), (2) Developmentally Inappropriate Beliefs (DIB), (3) Developmentally Appropriate Practices, and (4) Developmentally Inappropriate Practices (DIP). One of the participants did not fill out the survey accurately at either time one or time two, so I was not able to include her responses in the analysis. These results are reflective of the responses of the other five family child care providers. While the results presented here are informative about the group of providers in this study, they are in no way generalizable to a larger
context and should be interpreted with caution. See Appendix F for a copy of the adapted Teacher Beliefs and Practices Survey.

*Developmentally Appropriate Beliefs (DAB)*

The developmentally appropriate beliefs subscale consisted of 25 items that measured the participant’s beliefs about each item’s importance for early childhood programs. Participants scored items on a Likert-scale from one (not at all important) to five (extremely important) (see Table 6.1 for group results). The scores for all items on the Teacher Beliefs Subscale can be found in Appendix G.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Time</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Direction of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmentally Appropriate Beliefs</td>
<td>Time 1</td>
<td>5</td>
<td>4.24</td>
<td>4.92</td>
<td>4.53</td>
<td>.25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>5</td>
<td>3.88</td>
<td>4.84</td>
<td>4.32</td>
<td>.39</td>
<td>↓</td>
</tr>
</tbody>
</table>

*Time 1.* At time one, as a group, the participants, on average, felt that developmentally appropriate beliefs were very important (M=4.53) and they generally agreed upon the importance of developmentally appropriate beliefs with a standard deviation of 0.25. When looking at the responses of individual providers, one sees that individual providers indicated a level of importance for each item on the DAB subscale ranging anywhere from a two (not very important) to a five (extremely important). Therefore, there was a wide range of individual responses given on each item and whereas one provider found that item to be extremely important other providers may have felt that it was only fairly important or not at all important.
Time 2. At the end of the learning community, the participants indicated that they believed that items on the developmentally appropriate beliefs subscale were very important in their early childhood education program (M=4.32). However, there was greater inconsistency among the participants on this subscale at time two (SD= 0.40) resulting in a slight decrease in the average amount of importance that participants placed on these items from time one to time two. When looking at the responses of the individual participants, at time two responses ranged from fairly important (3) to extremely important (5). However, four of the five participants reported a slight decrease in the average importance they placed on items in the developmentally appropriate beliefs subscale from time one to time two (see Table 6.2 for individual results).

Table 6.2 Individual Results for Time 1 and Time 2 on Developmentally Appropriate Beliefs Subscale.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Time</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Direction of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmentally Appropriate Beliefs (DAB)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Kate</td>
<td>Time 1</td>
<td>3</td>
<td>5</td>
<td>4.52</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>4</td>
<td>5</td>
<td>4.84</td>
<td></td>
</tr>
<tr>
<td>Jackie</td>
<td>Time 1</td>
<td>3</td>
<td>5</td>
<td>4.60</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>3</td>
<td>5</td>
<td>4.44</td>
<td></td>
</tr>
<tr>
<td>Monica</td>
<td>Time 1</td>
<td>2</td>
<td>5</td>
<td>4.24</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>3</td>
<td>5</td>
<td>3.88</td>
<td></td>
</tr>
<tr>
<td>Suzi</td>
<td>Time 1</td>
<td>2</td>
<td>5</td>
<td>4.92</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>3</td>
<td>5</td>
<td>4.46</td>
<td></td>
</tr>
<tr>
<td>Becky</td>
<td>Time 1</td>
<td>4</td>
<td>5</td>
<td>4.40</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>3</td>
<td>5</td>
<td>3.96</td>
<td></td>
</tr>
</tbody>
</table>

Overall, the participants placed high importance on developmentally appropriate beliefs in their programs. They did not indicate that any developmentally appropriate belief was not at all important, which is positive. Participants reported that some of the developmentally appropriate beliefs were only fairly or somewhat important, while others
were extremely important in the programs of the providers. There was a range of importance placed on developmentally appropriate beliefs at both time one and time two, however the range was smaller at time two. While only one provider increased the amount of importance she placed on DAB between time one and time two, the other providers declined .25 to .50 of one point on their mean scores between the pre and post survey. Providers continued to, on average, hold developmentally appropriate practices as important in their early childhood programs.

*Developmentally Inappropriate Beliefs (DIB)*

The developmentally inappropriate beliefs subscale consisted of 16 items that measured the participant’s beliefs about each item’s importance for early childhood programs. Participants scored items on a Likert-scale from one (not at all important) to five (extremely important) (see Table 6.3 for results). The scores for all items on the Teacher Beliefs Subscale can be found in Appendix G.

*Table 6.3 Group Statistics for Developmentally Inappropriate Beliefs Subscale.*

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Time</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Direction of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmentally Inappropriate Beliefs</td>
<td>Time 1</td>
<td>5</td>
<td>1.31</td>
<td>2.63</td>
<td>2.14</td>
<td>.51</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>5</td>
<td>1.75</td>
<td>2.81</td>
<td>2.16</td>
<td>.43</td>
<td></td>
</tr>
</tbody>
</table>

*Time 1.* The participants in this group felt that the developmentally inappropriate beliefs were not very important in their work (M=2.14, SD= 0.51). They placed some value on these beliefs but not much. There was more inconsistency in the responses of participants at time one in their responses to the DIB subscale than there was in their
responses on the DAB subscale. The amount of importance that each participant placed on the items in the DIB subscale ranged from one (not at all important) to a five (extremely important) demonstrating that for all participants there was a wide range of importance that they placed on the DIB subscale items.

*Time 2.* Following the completion of the learning community, there was essentially no change in the average amount of importance that the providers placed on the items of the DIB subscale (M=2.16, SD=0.43). On average, the participants continued to believe that the items on the developmentally inappropriate beliefs scale were not very important in their early childhood programs. However, individual participants continued to place variable amounts of importance on individual statements of developmentally inappropriate beliefs, with a range from one (not at all important) to five (extremely important). See Table 6.4 for a summary of individual results.

*Table 6.4 Individual Results for Time 1 and Time 2 on Developmentally Inappropriate Beliefs Subscale.*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Time</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Direction of Change</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Developmentally Inappropriate Beliefs (DIB)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kate</td>
<td>Time 1</td>
<td>1</td>
<td>4</td>
<td>1.31</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>5</td>
<td>2.00</td>
<td></td>
</tr>
<tr>
<td>Jackie</td>
<td>Time 1</td>
<td>1</td>
<td>4</td>
<td>2.06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>4</td>
<td>1.88</td>
<td></td>
</tr>
<tr>
<td>Monica</td>
<td>Time 1</td>
<td>1</td>
<td>4</td>
<td>2.43</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>5</td>
<td>2.81</td>
<td></td>
</tr>
<tr>
<td>Suzi</td>
<td>Time 1</td>
<td>1</td>
<td>5</td>
<td>2.63</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>4</td>
<td>2.38</td>
<td></td>
</tr>
<tr>
<td>Becky</td>
<td>Time 1</td>
<td>1</td>
<td>5</td>
<td>2.31</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>3</td>
<td>1.75</td>
<td></td>
</tr>
</tbody>
</table>

As a group, the participants felt that the statements on the developmentally inappropriate beliefs subscale were fairly important in their early childhood programs.
Between time one and time two the beliefs of the group remained stable. However, three of the five participants reported placing less importance on items of the DIB subscale at time two while the other two reported placing more importance on these items at time two.

Developmentally Appropriate Practices (DAP)

The developmentally appropriate practices subscale consisted of 18 items that asked the participant to circle the number that best represented the average frequency of each activity in her family child care home. Participants scored items on a Likert-scale from one (Almost Never-Less than Monthly) to five (Very Often-Daily) (see Table 6.5 for results). The scores for all items on the Instructional Activities Subscale can be found in Appendix H.

Table 6.5 Group Statistics for Developmentally Appropriate Practices Subscale.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Time</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Direction of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmentally Appropriate</td>
<td>Time 1</td>
<td>5</td>
<td>3.28</td>
<td>4.28</td>
<td>3.87</td>
<td>.43</td>
<td></td>
</tr>
<tr>
<td>Appropriate Practices</td>
<td>Time 2</td>
<td>5</td>
<td>3.61</td>
<td>4.83</td>
<td>4.11</td>
<td>.48</td>
<td>↑</td>
</tr>
</tbody>
</table>

Time 1. At time one, the participants' responses on the Teacher Beliefs and Practices Survey indicated that they regularly (2-4 times a week) engaged in developmentally appropriate practices. The average minimum amount that participants engaged in DAP was weekly (M=3.28, SD=.43). However, participants engaged in DAP with great variance when looked at individually. At the beginning of the learning community all of the participants were engaging in some DAP less than monthly and
other types of developmentally appropriate practice daily, so there was a range of frequency in their application of developmentally appropriate practices in their work.

Time 2. At time two, the participants, on average, had increased the frequency of the use of developmentally appropriate practices in their family child care homes (M=4.11, SD=0.48) (see Table 6.6 for individual results). The participants reported engaging in developmentally appropriate practices an average of two to four times each week. While four of the five participants reported using more DAP at time two, one of the participants reported using less DAP at time two than at time one. At time two, some of the providers showed less variance in their frequency of DAP, although some providers again reported engaging in some items on the DAP subscale less than monthly while they engaged in others daily.

Table 6.6 Individual Results for Time 1 and Time 2 on Developmentally Appropriate Practices Subscale.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Time</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Direction of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kate</td>
<td>Time 1</td>
<td>1</td>
<td>5</td>
<td>4.16</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>3</td>
<td>5</td>
<td>4.83</td>
<td>↑</td>
</tr>
<tr>
<td>Jackie</td>
<td>Time 1</td>
<td>1</td>
<td>5</td>
<td>3.28</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>5</td>
<td>3.61</td>
<td>↑</td>
</tr>
<tr>
<td>Monica</td>
<td>Time 1</td>
<td>1</td>
<td>5</td>
<td>3.56</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>5</td>
<td>3.83</td>
<td>↑</td>
</tr>
<tr>
<td>Suzi</td>
<td>Time 1</td>
<td>1</td>
<td>5</td>
<td>4.28</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>5</td>
<td>3.94</td>
<td>↓</td>
</tr>
<tr>
<td>Becky</td>
<td>Time 1</td>
<td>1</td>
<td>5</td>
<td>4.05</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>2</td>
<td>5</td>
<td>4.33</td>
<td>↑</td>
</tr>
</tbody>
</table>

The frequency of engagement in developmentally appropriate practices was highly variable at time one and time two. From time one to time two providers reported increasing their self-reported use of DAP, an indication that the learning community had
a positive effect on their daily work with children. At time one and time two there was
great variation for individual participants in their usage of DAP. Most of the providers
reported engaging in some DAP almost never while they engaged in other
developmentally appropriate practices daily.

*Developmentally Inappropriate Practices*

The developmentally inappropriate practices subscale consisted of 12 items that
asked the participant to circle the number that best represented the average frequency of
each activity in her family child care home. Participants scored items on a Likert-scale
from one (Almost Never-Less than Monthly) to five (Very Often-Daily) (see Table 6.7
for results). The scores for all items on the Instructional Activities Subscale can be found
in Appendix H.

Table 6.7 Group Statistics for Developmentally Inappropriate Practices Subscale.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Time</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Direction of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmentally Inappropriate Practices</td>
<td>Time 1</td>
<td>5</td>
<td>1.67</td>
<td>3.42</td>
<td>2.34</td>
<td>.73</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>5</td>
<td>1.50</td>
<td>2.83</td>
<td>2.22</td>
<td>.49</td>
<td></td>
</tr>
</tbody>
</table>

*Time 1.* At time one participants’ reported engaging in developmentally
inappropriate practices rarely (monthly). There was greater variance in the responses on
the DIP subscale than on the DAP, DAB, or DIB subscales with a standard deviation of
0.73 at time one. The minimum average at time one was engagement in practices almost
never or rarely. However, the maximum average for the group at time one was sometimes
(weekly). The range of responses on the DIP subscale was from one to five, indicating
that all of the providers engaged in developmentally inappropriate practices at different frequencies ranging from less than monthly to daily depending on the subscale item.

**Time 2.** At the completion of the learning community, the participants reported engaging in fewer developmentally inappropriate practices on average and reported less inconsistency in responses than they did at time one (M=2.22, SD=0.49) (see Table 6.8 for individual results). Participants continued to engage in these practices, on average, rarely (monthly), however, most participants reported that they engaged in some DIP regularly (2-4 times a week) or very often (daily). One participant reported a reduction of her use of DIP from very often (M=3.42) to sometimes (M=2.83) from time one to time two. Three of the five participants reported less engagement in DIP at time two. Two of the participants reported increases in their engagement in DIP at time two.

**Table 6.8 Individual Results for Time 1 and Time 2 on Developmentally Inappropriate Practices Subscale.**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Time</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Direction of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmentally Inappropriate Practices (DIP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kate</td>
<td>Time 1</td>
<td>1</td>
<td>4</td>
<td>1.75</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>5</td>
<td>2.08</td>
<td></td>
</tr>
<tr>
<td>Jackie</td>
<td>Time 1</td>
<td>1</td>
<td>5</td>
<td>1.67</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>3</td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td>Monica</td>
<td>Time 1</td>
<td>1</td>
<td>5</td>
<td>3.42</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>5</td>
<td>2.83</td>
<td></td>
</tr>
<tr>
<td>Suzi</td>
<td>Time 1</td>
<td>1</td>
<td>3</td>
<td>2.17</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>3</td>
<td>2.42</td>
<td></td>
</tr>
<tr>
<td>Becky</td>
<td>Time 1</td>
<td>1</td>
<td>5</td>
<td>2.67</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Time 2</td>
<td>1</td>
<td>5</td>
<td>2.25</td>
<td></td>
</tr>
</tbody>
</table>

The greatest variability in provider responses on the survey was on their report of engagement in developmentally inappropriate practices at time one and time two (SD=.73 and .49 respectively). As a group, the providers engaged in fewer developmentally
appropriate practices at time two than they reported at time one. Moreover, the participants showed more consistency in their responses at time two than they did at time one, indicating that they were beginning to form more consensus about what practices are inappropriate for the early childhood environment.

**Direction of Change**

Although the sample for this study was too small to allow for complex statistical analysis, I was interested in looking at trends in the direction of change for participants on each subscale from time one to time two. What one would desire to see is an increase in developmentally appropriate beliefs and practices and a decrease in developmentally inappropriate beliefs and practices. For the five participants in my sample, this was not the case. As a group, they showed a decrease in their developmentally appropriate beliefs and the desired increase in their use of developmentally appropriate practices. On the other two subscales, there was no change in their developmentally inappropriate beliefs and a decrease in their use of developmentally inappropriate practices (see Table 6.9).

*Table 6.9 Direction of Change in Responses Between Time 1 and Time 2 on each Subscale.*

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Group</th>
<th>Kate</th>
<th>Jackie</th>
<th>Monica</th>
<th>Suzi</th>
<th>Becky</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAB</td>
<td>❌</td>
<td>✓</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>DIB</td>
<td>—</td>
<td>✓</td>
<td>❌</td>
<td>❌</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>DAP</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>❌</td>
<td>✓</td>
</tr>
<tr>
<td>DIP</td>
<td>❌</td>
<td>✓</td>
<td>❌</td>
<td>❌</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
As a group, they placed reduced importance on developmentally appropriate beliefs at time two, and only one participant showed increased importance from time one to time two. This might be reflective of the high importance that they placed on developmentally inappropriate beliefs at time one (M=4.53). The providers placed fairly little importance on developmentally inappropriate beliefs and these beliefs remained stable during the learning community.

In contrast to the beliefs subscales, on the practices subscales the group change was as desired, with the appropriate practices increasing and the inappropriate practices decreasing. All providers except one increased the frequency with which they engaged in developmentally appropriate practices, indicating that the learning community had some measure of influence on their daily work with children. As a group, the frequency of engagement in developmentally inappropriate practices was reduced at time two, indicating that the providers were utilizing fewer inappropriate practices in their work with children. With this sample size, it is not possible to know whether any of these changes were statistically significant; however, they are thought provoking and informative.

Participant Characteristics and Their Influence on Change and Growth

The Teacher Beliefs and Practices Survey also asked for participant demographic information including level of education, degree area, the number of years operating a family child care home, the participant’s average hours of professional development in a year, and the hours of professional development the participant had completed prior to the start of the learning community.
Level of Education. Participants with a Bachelor’s degree reported the fewest developmentally inappropriate beliefs at time one but not at time two. In addition, these participants reported the least engagement in developmentally inappropriate practices at times one and two. The higher the participant’s level of education, the less they held developmentally inappropriate beliefs and engaged in developmentally inappropriate practices. I did not find a trend for level of education related to appropriate beliefs or practices.

Degree Area. Participants with an early childhood or elementary education major, regardless of level (Bachelor’s or Associate’s), reported less agreement with developmentally inappropriate beliefs at both time one and two. These individuals also reported engaging in fewer developmentally inappropriate practices than their peers with college degrees in other areas or no college coursework. This was true at times one and two. Degree area did not show a trend for either developmentally appropriate beliefs or practices.

Amount of Professional Development. Those participants with higher average amounts of professional development in a year (>20 hours) reported higher agreement with developmentally appropriate beliefs at times one and two. In addition, participants who averaged 20 hours of professional development each year reported the lowest engagement in inappropriate practices. Those with more than 20 or less than 20 hours reported more engagement in developmentally inappropriate practices at times one and two. There was no relationship at time one between the participant’s average number of professional development hours and her developmentally inappropriate beliefs. However,
at time two participants with higher average professional development hours reported less agreement with inappropriate beliefs. There did not appear to be a relationship between the amount of professional development in a year and engagement in developmentally appropriate practices.

*Years of Experience.* Participants with more experience reported more agreement with developmentally appropriate beliefs at time one but not at time two. These same individuals reported less agreement with developmentally inappropriate beliefs at time two, but there was no relationship at time one. There was no relationship between the participant’s years of experience and her reported engagement in developmentally appropriate practices at time one or time two. However, participants with more experience reported less engagement in developmentally inappropriate practices at both times. Individuals with less experience reported less agreement with appropriate beliefs, more agreement with inappropriate beliefs, and more engagement in inappropriate practices.

*Professional Development in 2011 prior to the Learning Community.* There was no relationship between the amount of professional development a provider had engaged in prior to the start of the learning community and the participants’ agreement with appropriate or inappropriate beliefs or their engagement in inappropriate practices. However, there was a relationship between the amount of professional development a provider had engaged in during the year prior to the learning community and her reported engagement in developmentally appropriate practices. Participants who had been involved in more professional development before the learning community began
reported engaging in more developmentally appropriate practices at time one and time two.

Growth of Thinking and Reflection and Change in Providers’ Practices

Participants in the learning community demonstrated growth and change in several ways. Firstly, they displayed growth in thinking skills as evidenced by discussions about the challenges of learning new concepts as well as shifting their thinking to think in new ways. Secondly, the participants demonstrated growth in their reflection skills and heightened awareness of their practices. The final way that participants showed growth and change throughout the learning community was through their intentions to change behaviors and actual changes they had incorporated into their daily work with young children.

Growth in Thinking

Although the learning process was at times uncomfortable and participants expressed feelings of discouragement and frustration, the discomfort was a result of cognitive disequilibrium, an essential part of the learning process. Increasingly throughout the learning community sessions, participants demonstrated growth in their thinking skills by discussing the challenges of changing their practices. Jackie summed it up succinctly when she said, “It’s challenging when you’ve done something the same way for 20 years and you don’t change something overnight.” They seemed to recognize that change was not going to come easily, whether the participant was a new provider or had been doing this work for many, many years.
Certain provocations pushed participants to shift their thinking and get “outside the box.” Referring to the developmental wheel, Julie said, “It focused me to get outside my black and white.” Many of the group discussions around learning community content areas also prompted the participants to grow in their thinking about their practices. These discussions often helped providers to reframe their thinking about certain practices and begin to think about how they might do things differently. Suzi describes how her thinking shifted as a result of these conversations saying, “I have tried to be more aware of the learning process. How my kids are learning in the activities and day-to-day of the daycare home.”

During group conversations, participants began to see that they did not have to conduct circle time or weather each day for children to learn the concepts that the provider was intending for the children to learn during these activities. Becky said this, “When I had more kids I felt like I had, it was just more stressful. [The learning community] opened my eyes to just how everyday experiences can be learning experiences and to build off of that.” These shifts in thinking provided freedom from expectations and demonstrated growth in the participants’ thinking skills during the learning community. As Jackie acknowledged, “I just always thought, ‘Well, that’s not enough or that’s not right’. This class really freed me up from that thinking.”

Growth in Reflection

In addition to the participants’ growth in thinking they also demonstrated a growth in their reflection skills. During the course of the learning community, the participants’ level of awareness and reflection on their practices increased. Participants
began to think aloud about how their practices affected the children and families in their care. This growing awareness and reflection helped them to initiate changes in their practices by first understanding where they were and becoming aware of where they could be in their daily work with children. During session three, Julie reflected on the experience of children in her care saying, “I guess I just never thought ‘what is this child doing in the school?’ I always thought, ‘it needs to be here because mommy and daddy are working’. I don’t know, I really read that over and over. I couldn’t get my head wrapped around it.” In this case, the assigned reading raised questions for Julie that prompted her to reflect on her own practices.

For other participants discussions about adult-child interactions encouraged reflection on practices. Jackie demonstrated her ability to reflect on her practices saying, “It prompted me to be more conscious of it, just how important [being present] is, probably the most important thing in my opinion, is to be just present. It’s one thing to be in the room with [children] and it’s another thing to be aware of what they’re doing.”

Intentionally designed provocations along with set-aside time for journaling and journal prompts that encouraged reflective thinking facilitated the providers’ ability to reflect and apply content to their everyday practices with children.

*Growth as Visible through Changes in Practice*

In addition to the changes that are not visible, such as changes in thinking and reflection, the providers made changes that were visible. In some cases they expressed an intention to change a behavior and in other cases they described changes that they had made in the practice based on learning community content and discussions.
Changes in Providers’ Use of Child Observation. Four out of the six providers pointed out changes they had made to their everyday practice in discussions either with the group or during her exit interview. Some providers, such as Jackie, took a concrete element (the developmental wheel) and began to use it as a communication tool with parents and as a form for measuring and tracking child progress over time. She took the idea of the wheel and adapted it to meet her needs. Each day she selects a child and fills out the wheel based on what she sees, utilizing the Nebraska Early Learning Guidelines as needed. Each child gets one wheel filled out in any given week.

Changes in Providers’ Views of Learning. Other providers made changes in their interactions with children and began to view all of the time they spend with children as learning time rather than segregating the learning of concepts to only circle time. Becky was one provider who began to view her teaching role as a constant. She reflected on this change saying,

“Walking the kids to school in the morning, it used to be that I would have the toddlers sit in the wagon and I would just walk them up. Now if we are in a hurry I still wagon them up, but on the way back I let them walk and explore and see, and make that whole experience a learning experience rather than just walking...They are able to stop and look at things that interest them, and we talk about it rather than not even making that connection. I think that it has opened my eyes to...turning everyday tasks that we do into learning experiences.”

Additionally, providers began to view learning as happening all year long rather than just during the school year. Jackie stated her change in her approach to time for learning
saying, “What was the expression I used? Run amok. I did try to bring a little bit more structure into the day. I thought I’ve got to get some more routine into my day because that’s how they tell time is by what we’re doing.”

Changes in Providers’ Level of Awareness. Another area of change in practice was in the providers’ level of awareness and in being present with the children. This was an area where we spent a great deal of time focusing early on in the learning community sessions. Suzi shared her changes saying, “I have learned to stop and look more, pay attention more to what they are doing and how they are learning—what skills are being used and learned.” Additionally, Jackie made changes in her level of awareness with the children. She discussed her changes in this area saying, “I think probably what I’m discovering more than anything is just an awareness that this [learning] is happening. Whether we see it or not, it is happening. So, I’m just analyzing what I’m seeing I guess.”

Providers’ Intention to Change Behaviors

In addition to the providers making changes in their behavior prior to the end of the learning community, many of them expressed their intention to make changes in the future. Monica, who described herself throughout the learning community as “trying to find her way,” discussed her plan to utilize the developmental wheel in her program, especially as a tool for communicating with parents and tracking child progress. She shared her intention to change saying,

“It looked like a tool that would be easy to sit down and...if you filled one of these outs for different activities, maybe you didn’t really think [the child] got much out of, but then you can sit down and divide it out and look at what [the child] got...
from it. Then you can sit down with the parents and show them. I haven’t [used it]
yet, but it is definitely a tool that I want to incorporate at some point.”

Tracking child progress was an area where Suzi wanted to strengthen her practice and
shared her intention to make changes to her behavior regarding child observation. She
was able to connect the content of the learning community to her prior experiences as a
Para in an Excite (preschool) program in Lincoln Public Schools. Additionally, Suzi
shared other changes that she might need to make to help her be successful incorporating
this into her practice. She shared her intention to change saying,

“I learned much about tracking progress when I worked in the Excite program
with 3-5 year olds. I did not take that into the daycare home to the extent I could
have, but this process [the developmental wheel] has shown me that I need to. I
can track these kids, as I have them from five to 11 years old generally. While I
see progress and discuss with parents what I see and they with me, I need to
journal more so I have something to go back to, to track true progress.”

Becky shared her intention to change the way that she planned activities in her program
and to build on the natural interests of the children in her care rather than a preset
curriculum. In one of her journals she described her intention to change this way,

“I want to review the learning guidelines and become more familiar with them as
I plan activities and spend time with the children in my program. I hope to
recognize and log the learning that happens naturally everyday and build on
those individual skills and interests of the children rather than focusing on what
comes next in the ‘curriculum’ I’m using.”
The intentions of the three providers described above demonstrate the beginnings of their reflection on how the concepts and strategies discussed through the learning community could influence their programs positively. They began to see places where they could incorporate ideas and, I believe, began to reflect on parts of their program that needed to be strengthened and demonstrated willingness to change.

Factors Influencing the Change and Growth of Participants

Throughout the course of the learning community, I observed changes in participant behavior and I heard them discuss their intention to change practices, and sharing ways that they had changed their practices. Some participants grew and changed more than others through their time in the learning community, and it appears that prior knowledge and experience as well as the participants’ orientation to learning influenced growth and change. The process of change and growth proved to be emotionally involved as well.

Orientation to Learning Matters

A logical hypothesis to put forward about the learning community was that participants who attended and received more contact hours in the learning community would make the most changes and grow the most. What I found, however, is that the number of contact hours was not related to their growth or change in behaviors. Rather the participants’ orientation to learning seemed to influence their growth more than the number of hours that they sat in a chair in learning community sessions. I have defined orientation to learning as the attitudes, approaches, and level of openness to learning that the participants showed during their time in the learning community.
A very clear and dichotomous example of the influence of the orientation to learning was evident in the experiences of two participants. Both of these participants had been operating their family child care home for more than 15 years at the time of the learning community. One provider, Jackie, seemed to thrive in the learning community environment. She was excited, interested, increasingly demonstrated reflective thinking, and was very engaged in the learning process. She recognized her need to change behaviors, and although it was uncomfortable for her, she was motivated to strengthen her practices. Jackie said,

“I just don’t want to get stale. I just don’t think since I’m so close to the end of this – ‘oh, let’s just keep doing things we were doing.’ Plus I had the realization that...I had to do something new, so when you change, sometimes you have this mentality, ‘well, this is second best’, but I realized all along this is probably how I should have always been doing it.”

In contrast to Jackie, is Julie. Although engaged in the learning community sessions, Julie did not demonstrate any desire to change her behaviors or critical thinking related to session topics. Although she would say that she benefited socially by being involved in the learning community, she did not make any changes or have any intention to change anything in her practice. Frequently throughout the sessions, she would sidetrack conversations or evade questions directed to her by me or other participants. She was resistant to critical thinking about topics or analysis of anything beyond her comfort zone.
Several clear examples of her orientation to learning happened throughout the learning community sessions when we discussed goal setting. At many points throughout our time together, she said things such as, “I suppose there is something that I could work on, but right now I’m comfortable with everything, it’s all working, I’m at a better place. So I didn’t write [a goal] down. Maybe I should, but that’s where I am.” In my field notes throughout the course of the learning community, I observed, “She doesn’t engage especially in conversations about older children and she has been resistant to goal setting throughout the sessions.”

Another example of the impact of orientation to learning was evident during the exit interviews when participants were asked if they would consider participating in another learning community. In response to this question, Jackie said, “I would [participate again] in a heartbeat, It was just a wonderful experience for me. I could’ve continued forever.” Julie, on the other hand, said, “I loved the experience, but it’s something that I check off my list. I did this….I am done. I did it. It’s not that it was negative, it was very positive, but I don’t want to do it again.” Whereas Jackie viewed the learning community as an enriching and worthwhile experience and expressed a strong desire to continue with the work, Julie felt that she had accomplished something with her participation in the learning community and she wanted to move on.

Experience & Prior Knowledge Matters

Another factor that appears to have influenced the participants’ change and growth throughout the course of the learning community is the providers’ prior knowledge and experience. The diversity in age, experience, and education was one of the strengths of
the learning community. This diversity also presented a challenge in meeting the individual needs of all participants. For Monica, the least experienced provider, the whole process of the learning community helped her to find her way. She described her involvement this way,

“I’m so new at this, everything changes all the time...Maybe a routine isn’t always the best thing, but I want to get more structured in the circle times and whatnot. Right now, it’s kind of here and there. In the way of change, it’s a learning experience still for me. I’m still trying to find the way.

In contrast to Monica is the most experienced and educated member of the learning community, Kate. She described how the diversity of the group affected her saying,

“The group was really good, it was a group of people that the skill levels were different. Some were new providers, and some were more seasoned providers and things like that. And so it ended up not being quite what I had planned, because I thought that we would be more on the same level and moving on, and it was more that we were all at different levels and we were kind of trying to come together.”

Kate is a prime example of the influence of prior knowledge and experience on change and growth in the learning community. She has a Bachelor’s degree in Elementary Education with minors in Early Childhood and Special Education. She has been operating her family child care home for 24 years and has been involved extensively in professional organizations at the local level. In an average year, Kate participates in around 20 hours of professional development, exceeding the minimum requirement by eight hours.
Kate brought a wealth of education and experience with her to the learning community and she struggled to find new information that was beneficial to her during her time in the group. She felt that the learning community was useful to her, although she felt that she played more of a support role for the other providers rather than learning anything new herself. When asked about any changes that she made as a result of her involvement in the learning community, Kate had this to say,

“It hasn’t really changed anything. You know, a lot of what we talked about I was already doing. I was hoping for more and I am finding at this level you have taken a lot of the in-services and so it is kind of one of those things that I would like to pull more on the expertise of people that have been at it longer and to make more from it. It feels like there is a real part that we stagnate. We get to the point with training for those people that are seasoned, have been at it longer.”

Kate viewed herself as a support and mentor for the other providers and throughout the learning community sessions there are multiple instances where she provided validation, affirmation, content knowledge, and emotional support to the other providers. As I have already discussed, the support and mentoring that was allowed by having a diverse group of providers in the learning community was an important element. However, it becomes quite clear when looking at Kate’s reflection on her time in the learning community that very experienced and knowledgeable providers might need more individualization of their professional development to achieve change and growth.

In this chapter, I have described the growth and change observed in the participants throughout the course of the learning community. I shared findings from the
Teacher Beliefs and Practices Survey. In addition, I shared some factors that appeared to influence the growth and change of the participants in the learning community. In the following chapter, I present findings related to the daily work of family child care. Although not something I had originally planned to explore, it became clear during data analysis that there was a lot of rich information about the influences on the work of these family child care providers in their own words that was worthy of sharing to help those interested in the field of family child care to better understand their work.
Chapter 7

INSIGHTS INTO THE DAILY WORK OF FAMILY CHILD CARE PROVIDERS

In this chapter, I present insights into the daily work of family child care providers. I start by discussing how the participants view their role as a family child care provider and why they started in the family child care business. Then I discuss the expectations that they place on themselves and that they feel others place on them as well as the impact of these expectations on their daily work. I follow this with a discussion of the value that the participants feel others place on the work that they do and how this affects them. I end the chapter by discussing the emotional nature of the work that goes on in the family child care home.

The Role of the Family Child care Provider

Family child care providers feel a great deal of pressure to help children get ready for school. In their My Story Narratives, I asked the participants to describe how they viewed their role in the family child care home. They also discussed their role frequently throughout the course of the learning community. What follows in this section, is their descriptions of themselves and the work that they do.

I am Everything

As Julie stated early on in the learning community sessions, “When you are self-employed, you have to make this work. I’m the CEO and everything, all that, in one.” The providers feel a great amount of pressure to be successful yet they also struggle with
balancing all that comes with running a small business effectively. There is a constant struggle to set boundaries for families and stick to the policies that they have set. As Jackie put it, “I need to be more strict. I am a rug, walk on me.” Because they provide care in their home, the providers frequently feel that parents do not respect their space or the boundaries they have set. Although the providers are everything in the business sense, they also recognize that they cannot be everything to everyone, and this is a challenge they face. Suzi said,

“I need to] try to be more patient with myself, don’t try to be all things to everybody. I am the daycare lady, not a parent, banker, etc. Just knowing that my job is to be the daycare provider, and what I feel my gift to them can be is teaching them to be the best little people they can be and good human beings.”

The fact that these providers feel a great deal of pressure to maintain their business also affects how they communicate with families and the boundaries that they set. In a center-based program, the classroom teacher does not have to deal with the added stresses of finances or payment, however in the family child care home; this is a daily concern for the family child care provider.

I Kinda Teach...

I have been involved in many conversations with colleagues in early care and education about what exactly defines one as a teacher. I have always taken the stance that our definition of teacher cannot be restricted to only those individuals with a teaching certificate and a four year degree. As such, I approached the learning community
participants as teachers and I treated them the way that I expect teachers to be treated. In conversations of quality and raising the professionalism of the field we have discussed the perception of family child care as babysitting versus education and often wondered how family child care providers viewed themselves.

One of the questions on the Teacher Beliefs and Practices Survey is “How many years have you taught?” and one provider asked this question, “How many years have you taught? Does that mean operated or taught? I kinda teach, but taught? Is that what you mean?” This was the first indication I had that perhaps these providers did not view themselves as teachers. This might be a reflection of the value that society places on the profession of family child care or it might be that the providers actually did not see themselves as teaching children educational content and helping them grow and develop through the activities they planned and the environment they provided each day. What I later found was that this one provider did not see herself as a teacher, but the other providers felt very strongly that their role as a teacher of young children was important to the child’s developmental trajectory.

The survey also asked two questions about years of experience, the first asked number of years the provider had operated her family child care home. The second asked the number of years the provider had taught in a family child care home. Some providers responded differently to these two questions indicating that they see a difference between operating the program and teaching children. Perhaps at one point these providers made a conscious choice to teach children.
I am a Teacher of Life

While the participants expressed deep desires for children in their care to go to school “ready” to learn, they placed a greater value on growing kids who were good human beings, kind, considerate, responsible, and trustworthy. They held a deep belief that if children went to school with these skills they would be academically successful. Suzi described her role as a teacher this way, “I am a teacher of everyday life for them. I serve them good, healthy food, I teach them to be safe, I help them with homework, read to them, do spelling words before the big test. By example, I show them how to be kind and respectful to others.” Jackie described her role as a teacher as teaching naturally. She reflected on her role saying,

“I feel these pressures that I have to meet certain standards, academic standards or this or that. But if the kids were just happy and loved, a lot of good can come out of that and things naturally can come out of that because we teach children things. All too soon, these little darlings will be in school where they will be immersed in plenty of routine and structure. Having a plan that recognizes children are learning all the time allows me to guide that learning and allow it to happen with help yet, more naturally.”

This belief of the importance of teaching life skills rather than academic skills was related to the participants’ use of developmentally appropriate practices in their family child care homes. Those providers that embraced this belief of themselves as teachers of life used more developmentally appropriate practices in their daily work with young children. In contrast, Monica, who described her role in teaching as a more
academic in nature, engaged in the most developmentally inappropriate practices in her family child care home. She described her role this way,

“I want to prepare them for kindergarten and provide them with a fun and enriching opportunity. I want them to leave my care with the tools that will set them on their way to being successful learners. I do feel that I have a large responsibility for their success in the early years of school, which will hopefully help them with future success.”

Family child care providers feel pressure from parents and the culture to get children “ready” for school however, for the most part, they continue to see their role as a teacher of life and continue to value the development of relationship skills, kindness, respectfulness, and responsibility in their homes. They value academic skills such as letter knowledge and numeracy and often engage in practices that support these academic areas but this is not where they place their priority in teaching.

The Reasons Why These Family Child care Providers Got Into the Business

In their My Story Narratives, I asked the participants to write about why they started in the family child care business. In contrast to other child care workers who target a career working with young children, the providers in this sample all got into family child care unintentionally. Suzi started in family child care following a divorce. She described her reasons for starting this work saying,

“I went through an unexpected divorce in 2000. I had been a stay at home mom and homemaker since my daughter was born in 1990. I found myself unsure of my
future. Whatever I did, I knew I could not upset my daughter’s world any more than it already had been. My friends and neighbors were great support and one of them pointed out that it was my house where the kids liked to go. So with only one block between my house and the school, I decided I would do something that I truly loved—work with children. I was there for my daughter and my friends and neighbors supplied my first paid daycare group.”

Jackie and Monica started providing care in their homes as unlicensed providers for their neighbors and family members and then decided to expand into a licensed facility and provide care for more children. Becky decided to start a family child care home when she was unsatisfied with the care her daughter was receiving and felt she could do a better job at teaching her child and Kate began providing care in her home because she felt her youngest child needed someone to play with.

The reasons for selecting family child care as a career for this sample are very similar to those identified by Galinsky, Howes, Kontos, & Shinn (1994). It is important to note that the basis for the family child care provider’s choice to operate a family child care home might be different from that of a teacher in a community program, preschool, or public school. The impetus behind their decision to provide care in their home could potentially influence the provider’s sense of professionalism, desire for educational attainment, level of involvement with children in the family child care home, and the quality of the home environment, among other things. Because these providers often decide to enter into child care for different reasons than center-based providers, it might
be important to understand their motivations when planning and organizing professional development opportunities.

The Influence of the Expectations of Self and Others

Frequently throughout the course of the learning community, I heard providers saying things like, “My weakness would be the standards I set for myself” or “I think I place too high of expectations on myself.” These family child care providers felt pressure from outside sources, such as parents, but the main source of pressure and high expectations for this group of providers came from themselves.

In addition to themselves, parents were another audience that the family child care providers felt had high expectations for what happened in their programs. There was often a struggle between what the parent expected and what the providers felt was developmentally appropriate for the children. The providers had seen examples of their colleagues being pushed by parents into doing things in their programs that were not right. Kate stated it this way,

“You can see people getting pushed, because that is their livelihood. If you are not competitive, if you are not with other people as far as maintaining, parents are becoming more knowledgeable with the internet, you see preschool on TV and they are counting and they are doing all this stuff, and the parent is like, ‘that’s what my provider should be doing’. And I think that it puts a lot of pressure on people to show that you are doing those types of things.”
In some cases, the providers described situations where they themselves had done activities with children to “show” parents that the children were actually doing something during the day even though they themselves felt that it was unnecessary. Jackie described one such scenario saying,

“You don’t need a worksheet or coloring sheet – you don’t need to do all this rote learning or flashcards. I [used to] do the sheets a lot, but mainly so the kids would have something to take home to validate what I was doing. Oh, yes, look. I am teaching your children.”

Providers often stated that they felt that parents were misguided in their understanding and expectations of what should be happening in the family child care home, often influenced heavily by the media and a perception that children have to have discrete, concrete skills to be successful in kindergarten. Parent education regarding appropriate expectations for learning and development was an important part of how the providers approached these issues. Jackie described her approach to helping parents with expectations saying,

“It’s educating them that just because [children] don’t take a piece of paper home every day with the ABCs or doing these certain things that [the parents] have in their mind indicates that they’re learning. I think it is just a process of training the parents that what [the children are] learning here is really valuable. I have one family, I think they really regard me as a babysitter and I don’t think they think their kid is learning anything and the older sibling is going to all these expensive programs. I had the 4 year old for one year and they took her out and
she’s ‘got to go broaden her horizons.’ This family has been my biggest challenge yet as far as their expectations and it’s a battle for me to not feel belittled by what I do.”

Providers’ Perceptions of Parents

One of the topics that the providers most frequently discussed throughout the course of the learning community was how their interactions with families of children were often emotionally charged. Their perceptions of how parents viewed their work colored the way that they interacted with the families.

The providers mentioned several times that they felt that parents were not providing the most optimal environment for their children because they felt somewhat absolved from their parenting duties because the child was in a child care environment during the day. Kate described this by saying, “I think they kind of absolve themselves because they are paying you. That’s your job to do that. It’s your job to deal with this stuff at school, and parents kind of at home – someone else did it, so I don’t need to it again.”

It seemed to me that the providers were frustrated that parents had different expectations in their home environment than those that they were placing on the provider, and they often felt this was unfair. Becky gave voice to this frustration saying, “I have one kid where the parents wanted me to work on certain things with the kid, and I found it hard because he’s been on vacation and then back and, you know, it’s been hard to stay in a routine. I asked him, ‘Do you work on worksheets at home?’ ‘No’. I was like, well, okay.”
The double standard that providers felt from parents was a source of frustration for them as they went about their daily work with children. However, they also understood that parents themselves were facing many pressures and stresses in addition to their parenting role. Jackie portrayed it by saying,

“I think a lot of the parents that I have dealt with feel guilty. If they feel like you’re doing all the things that should be done, then they don’t feel as guilty at home because at least they’re getting it someplace else. Or even if they’re not home, they feel like when they are home after work, they should still be doing those things, but then they’re too tired, or they’ve got to do the laundry, or they’ve got to do this. I think it really helps them when they feel like their kids are in a quality program and, “At least they’re getting it there. At least they’re getting their vegetables.”

The providers’ perceptions of the parents they worked with each day was a highly emotional issue and they rarely expressed positive perceptions of parents; rather they tended to focus on the negative aspects of the relationship and interaction. One thing was clear throughout our conversations and that was that the providers paid attention to what parents were saying and were interested in what happened in the child’s life outside of their family child care home.

The Emotional Component of Family Child care

Albanese (2007) states that women’s emotion and care work, including working in family child care, has been stereotyped, overlooked, and undervalued by the public, partly because of the assumed naturalness of the work. This type of work is energy
sapping and time consuming and providers report feeling isolated and that others do not view their work as professional. (Rusby, 2002). This is true of the sample of providers who engaged in the family child care provider learning community.

The providers in this group were passionate about their work and their role in the lives of young children. They expressed their passion and desire to do the best for children that they could do. They also worried a lot about the well-being of children that they cared for. They truly saw themselves as an extension of the family and care deeply for the children who come into their homes.

Although they shared that parents had high expectations for their work with children, providers also felt undervalued and unappreciated by parents of children that they care for. Suzi described it this way, “People used to really appreciate and value what I did. Now, it’s like I’m taking their money… people used to appreciate what you did. They were thankful. They even would thank you, and just little things that they would do, and even how their children perceived what you do.” This sense of not parents not appreciating the work of the providers weighed heavily on them and they really seemed to desire affirmation and positive words from parents about their work. However, the providers understood the complexity of all that influences parents’ perceptions of their work.

The work of a family child care provider is highly complex and challenging. Balancing the expectations of parents, the providers’ own high expectations for success, the pressure of maintaining a living wage, and the complex emotional component of providing care for children in their homes makes this work very difficult. In addition, all
of these elements combined demonstrate the uniqueness of the family child care home and point out the need for specialized professional development opportunities that meet the unique needs of this population.

In this chapter, I presented insights into the daily work of the family child care provider, including the high expectations they set for themselves, how they view their role in the family child care home, their perceptions of parents and the emotional burden of family child care. In the following chapter, I discuss the findings of the study, as well as present limitations and future directions for this research.
The purpose of this qualitative and quantitative case study was to explore the influence of a 12-hour professional learning community for family child care providers in an urban Midwest city on the participants’ beliefs and practices. A secondary purpose was to explore the potential of the professional learning community as an effective format for professional development of family child care providers.

Several research questions guided this study. The first set of questions related to the learning community format of professional development and included: What influence does the learning community have on the participants’ teaching practices and beliefs? What is the role of facilitation in the learning community? What is the experience of participation in the learning community? Is the learning community viable form of professional development for family child care providers?

I also wanted to find out about the work of family child care. My question related to this aspect of the study was, What is the daily experience of providing care in a family child care home? In this chapter, I summarize the answers to each of the research questions and present study limitations and future directions of this research.

**What influence does the learning community have on the participants’ teaching practices and beliefs?**
The participants changed in many ways during their participation in the learning community. Some of these changes were visible through changed practices or increases in their reported engagement in developmentally appropriate practices on the Teacher Beliefs and Practices Survey. Other changes were less visible such as their changes in reflection, thinking, and awareness.

*Change as Indicated by the Teacher Beliefs and Practices Survey*

The family child care providers who participated in the learning community placed high importance on developmentally appropriate beliefs in their programs when they started in the learning community. Although there was a slight decrease in the providers’ developmentally appropriate beliefs at the end of the learning community, providers continued to, on average, hold developmentally appropriate practices as important in their early childhood programs. Moreover, the providers placed fairly little importance on developmentally inappropriate beliefs at the beginning of the learning community and these beliefs remained stable throughout.

From the beginning to the end of the learning community, providers reported increasing their use of developmentally appropriate practice, an indication that the learning community could have had an influence on their daily work with children. As a group, the providers reported engaging in fewer developmentally inappropriate practices at the end of the learning community than they reported at the beginning. Moreover, the participants showed more consistency in their responses at time two than they did at time one, indicating that they were beginning to form more consensus about which practices are inappropriate for the early childhood environment.
The changes in their beliefs and practices in this small sample are congruent with what other research has shown; that practices change first and lead to changes in beliefs (Pajares, 1992). In addition, some researchers have indicated that it is ineffective to measure beliefs during educational experiences, as the responses may not be reflective of the participant’s actual beliefs but rather a reflection of the content they are learning (Schommer-Aikins, 2004; Mayer & Goldsberry, 1987).

Provider Characteristics

Providers with higher education and those with an early childhood or elementary major (regardless of degree level) reported less agreement with developmentally inappropriate beliefs and less engagement in inappropriate practices. Participants with more years of experience reported more agreement with appropriate beliefs, less agreement with inappropriate beliefs and less engagement in developmentally inappropriate practices than their peers did.

The only participant characteristic that related to engagement in developmentally appropriate practices was the number of hours the provider had spent in professional development during the current year prior to the beginning of the learning community. Participants with more hours of professional development prior to the learning community reported more engagement in developmentally appropriate practices.

Change in Thinking, Reflection, and Practices

Increasingly throughout the learning community sessions, participants’ grew in their thinking skills by discussing the challenges of changing their practices, reframing
their thinking about certain practices, and beginning to think about how they might do things differently. These shifts in thinking provided freedom from expectations (their own and others’) and demonstrated growth in the participants’ thinking skills during the learning community.

Furthermore, the participants’ level of awareness and reflection on their practices increased. Participants began to think aloud about how their practices affected the children and families in their care. Their growing awareness and reflection helped them to initiate changes in their practices by first understanding where they were and then becoming aware of where they could be in their daily work with children. Providers also changed their behaviors in regards to child observation, their level of awareness, and their views of learning. Providers also shared intentions to change behaviors in the future, however, it is uncertain whether they will incorporate additional changes in their practice outside of the supportive environment of the learning community.

Factors Influencing Change and Growth

Several factors influenced the growth and change of the participants including the participants’ orientation to learning, previous knowledge, education level, and experience. Participants’ attitudes, approaches, and level of openness to learning, their orientation to learning, influenced they ways in which they changed or grew throughout the learning community. The diversity in age, experience, and education was one of the strengths of the learning community but also presented a challenge in meeting the individual needs of all participants. Very experienced and knowledgeable providers
might need more individualization of their professional development to achieve change and growth in the learning community or perhaps could serve as learning community facilitators.

**What is the role of facilitation in the learning community?**

There are key skills that are important to have in a facilitator of this type of professional development. The first is that the individual should plant the seed of learning and tend the learning without being overpowering and controlling of the content and direction of each session. The second is that the individual finds a balance between giving necessary content information and providing opportunities for the participants to discover and problem solve on their own. This provides them the opportunity to take ownership of, and invest in, their own learning process. The third skill of a facilitator is having a philosophical orientation toward facilitation that places him or her as a collaborative partner rather than the all-knowing expert who needs to “fix” the participant.

**What is the experience of participation in the learning community?**

The experience of participating in the learning community was one of adventure and uncertainty in the beginning. As participants got to know each other and developed relationships with one another, they developed a sense of community that ended up being a critical part of the learning community experience. The participants particularly appreciated that the learning community was a small group of individuals and shared that they felt more comfortable sharing and discussing in the small group than they had in previous professional development experiences.
Participants appreciated being able to talk with others who do the same work that they do on a daily basis, rather than having to adapt content or discussions focused on center-based care to their setting and unique needs. Mentoring and support played an important role in the learning community experience as well. Throughout the course of the learning community, providers often supported each other by affirming decisions, validating work, and providing encouragement for challenges they were facing. The diversity of experience and education present in the learning community, as well as the strong relationships developed early on between the participants, fostered an atmosphere of understanding and support within the group. Providers felt comfortable sharing their struggles and asking for ideas and suggestions about what they might do differently.

Participating in the learning community was also emotionally complex. The participants experienced a myriad of emotions ranging from guilt and discouragement to enthusiasm and affirmation. The session content, discussions, and reflections that participants engaged in challenged their previously held ideas and at times caused discomfort and distress. At other times, the participants expressed a range of positive emotions such as freedom, affirmation & validation, and excitement.

What is the daily experience of providing care in a family child care home?

While the participants expressed deep desires for children in their care to go to school “ready” to learn, they placed a greater value on growing kids who were good human beings, kind, considerate, responsible, and trustworthy. They held a deep belief that if children went to school with these skills they would be academically successful. Family child care providers feel a great deal of pressure to help children get ready for
school although they do not always view themselves as teachers. While they value academic skills, such as letter knowledge and numeracy, and often engage in practices that support these academic areas, this is not where they place their priority in their work with children.

These family child care providers felt pressure from outside sources, such as parents, but the main source of pressure and high expectations for this group of providers came from themselves. Providers often stated that they felt that parents were misguided in their understanding and expectations of what should be happening in the family child care home, often influenced heavily by the media and a perception that children have to have discrete, concrete skills to be successful in kindergarten.

The providers’ perceptions of the parents they worked with each day was a highly emotional issue and they rarely expressed positive perceptions of parents, rather they tended to focus on the negative aspects of the relationship and interaction. They worried about the child and the family and desired to have healthy, strong relationships with each family and expressed frustration that parents did not seem to want the same. The providers paid attention to what parents were saying and were interested in what happened in the child’s life outside of their family child care home.

The reasons for selecting family child care as a career for this sample are very similar to those identified by Galinsky, Howes, Kontos, & Shinn (1994). These providers all got started in family child care without intending to, whether through life changes such as divorce, doing a favor for a neighbor or relative, or wanting someone for her child to play with, none of these women set out to have this career. The impetus behind
their decision to provide care in their home could potentially influence the provider’s sense of professionalism, desire for educational attainment, level of involvement with children in the family child care home, and the quality of the home environment, among other things. It may be important to understand their motivations when planning and organizing professional development opportunities.

The providers in this group were passionate about their work and their role in the lives of young children. They expressed their passion and desire to do the best for children that they could do. They also worried a great deal about the well-being of children that they cared for. Providers viewed themselves as an extension of the family and care deeply for the children who come into their homes. The work of a family child care provider is highly complex and challenging. Balancing the expectations of parents, the providers’ own high expectations for success, the pressure of maintaining a living wage, and the complex emotional component of providing care for children in their homes makes this work very difficult. All of these complexities combined demonstrate the uniqueness of the family child care home and point out the need for specialized professional development opportunities that meet the unique needs of this population.

Is the learning community a viable form of professional development for family child care providers?

For this group of family child care providers, the learning community appeared to be an effective format for professional development. Within the 12 hour annual training requirement set forth by the Nebraska Department of Health & Human Services, the learning community influenced growth in participants’ use of developmentally
appropriate practices, as well as increased the providers’ reflection skills and awareness of their practices. The family child care providers who participated in the learning community placed high importance on developmentally appropriate beliefs in their programs when they started in the learning community. Although there was a slight decrease in the providers’ developmentally appropriate beliefs at the end of the learning community, providers continued to, on average, hold developmentally appropriate practices as important in their early childhood programs. Moreover, the providers placed fairly little importance on developmentally inappropriate beliefs at the beginning of the learning community and these beliefs remained stable throughout.

Although the providers spent seven sessions together, we spent the first three sessions focused on building relationships among the providers. The provocations that guided each session were successful at starting conversations and sparking thinking. In addition, the journals that participants reflected in at the end of each session provided an opportunity for them to reflect on their practices and think about changes they could make, at times sharing in their journals what they were not comfortable saying out loud to the group.

One of the main strengths of the learning community design was the spiral engagement with concepts that provided through ongoing involvement in the group. In the learning community there was a thread of continuity present in all interactions and exploration of content that allowed the group to travel back and forth in the investigation of ideas and translating them to practice. Other strengths of the learning community were the group size, the focus on constructivism and a desire for everyone to benefit from the
work, the value placed on provider knowledge and expertise, the diversity of the group. Additionally, there was real strength in similarity of the participants, being that everyone involved was doing the same type of work and facing similar challenges. There were also a few challenges presented by the learning community in timing (the learning community fell over the summer months) and meeting the needs of individuals within the diverse group context such that more experienced providers and those with less experience both have opportunities to grow. This study confirms what Schreiber, Moss, and Staab (2007) state,

“We have found that a more important outcome of professional learning [rather than acquiring skills and techniques of effective teaching] might be to foster an increased comfort with the state of genuine doubt and the abductive reasoning process that allows teachers to use that discomfort to drive sophisticated and deeply personal learning agendas of their own. We have also come to believe that when communities are formed to confront beliefs and provide a forum for challenging and examining them, they can influence teachers and teaching in powerful ways.”

Strengths & Limitations

This study had several strengths. The first strength being that it utilized multiple sources of data. Additionally, this study has added to the body of literature about family child care as well as a growing body of literature focused on the professional learning community and its application in early childhood settings. To my knowledge, this study is the first of its kind to explore the beliefs of family child care providers in a single study
and in a manner that parallels measurement of beliefs and practices in center-based early childhood programs. However, this study is not without its limitations. The first limitation of this study is that it is a small sample, therefore not wholly generalizable to other contexts. Due to the small sample size, the statistical significance of changes in beliefs and practices was not calculated. Therefore, while it is interesting and informative, the sample is too small to draw meaningful conclusions using the quantitative data. However, the small sample size allowed for in-depth learning about the learning community design that would not have been possible with a larger sample.

Another limitation to this study involved member checking. I did not engage in member checking and the data sources and conclusions were not verified with the participants. Although participants did not verify the findings, the session transcripts, journal entries, narratives, artifacts, field notes, and exit interviews were triangulated during the data analysis process to provide reliability. Another limitation is that I served as both the facilitator of the learning community and the researcher. While I took steps to protect the integrity and trustworthiness of the study, including peer debriefing and the use of thick, rich descriptions, the dual role of researcher and participant is one of the challenges (and strengths) of qualitative research. The final limitation of this study is that it relied on self-report of beliefs and practices, and there were no observations to validate the self-reported practices. Self-reported data can sometimes be a concern because of the reliability and validity of the information (Fang, 1996).

Future Directions
This study, which explored the use of the professional learning community for family child care providers and measured the resulting changes in the participants’ beliefs and practices, provided a wealth of information. However, there is much that we still do not know. Future studies are needed to further explore the influence of the learning community on the level of quality in the family child care home. In addition, it remains unclear how the learning, growth, and change of participants compares to that of a provider who attended 12 hours of professional development through self-study, online training, or specialized in-service training. Furthermore, it is worth exploring strategies to support more experienced providers in their on-going learning, whether through the professional learning community or utilizing other strategies of professional development. Similarly, work needs to be done to explore professional development strategies to meet the needs of the least experienced family child care providers.
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APPENDICES

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Appendix B Recruitment Mailing Samples
Appendix C Learning Community Session Objectives & Description
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Appendix E Image of the Child Activity Guidelines
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Appendix A

Informed Consent Form

IRB# 11478

Identification of Project:
Professional Development of Family Child Care Providers: Changes in Beliefs and Practices

Purpose of the Research:
This is a research project that is exploring the impact of professional development on the beliefs and practices of family child care providers in Lancaster county. You are being invited to participate in this research because you meet this criteria. You must be 19 years of age or older to participate in this research study.

Procedures:
There will be 10 professional development sessions, each lasting 90 minutes, for a total of 20 clock hours of professional development, this calculation includes time spent during the sessions as well as estimated time spent outside of the sessions reading and preparing for the upcoming session. The minimum requirement for licensure in the state of Nebraska is 12 clock hours annually of professional development. Participation in this research study will provide participants with more than enough clock hours to retain their child care license for the upcoming year.

Prior to each session, participants will be asked to read selected articles that will then be discussed during the sessions. The format of the sessions will be as follows:
* Settle in, share any big successes or challenges since the group met last (15 mins)
* Discuss and analyze the topic for the day using the assigned reading as a starting point and other prompts by the facilitator as the session progresses (60 mins)
* Time for journal writing and personal reflection, which includes setting a goal for the time between sessions and reflecting on how to incorporate the session's content into daily practice (15 mins).
* Adjourn

During each session, the participants will engage in conversations with each other based on prompts and facilitation by the primary investigator. The content of the sessions will be related to child development and curriculum. The primary investigator will serve as a facilitator of the group and will engage all participants in discussions about best practices in child care settings.

Each professional development session will be audio-taped. These files will later be transcribed by the primary investigator during data analysis. In addition to the audio files, participants will fill out an initial Teacher Beliefs and Practices Survey at the first session and will complete a post survey at the final meeting. Time will be given during the sessions to complete these instruments.
Participants will also be asked to reflect at the end of each session on their learning for that day and how they might improve their practice with children using the information they gained. All reflections will be completed during the sessions as a closure activity and will be written in personal journals provided during the first session. The primary investigator will keep the journals between sessions, to ensure safe keeping, but will not look at the journals until the study is completed.

In addition, participants will be asked to write a narrative story. This task will be assigned during session one and will be turned in during session two. This task should take approximately 30 minutes.

The last session will be a one on one session with an exit interviewer and the participant. The purpose of this session is to encourage further reflection and analysis by the participant and to provide an opportunity for the participant to discuss her learning throughout the course of the study. This session is considered to be for professional development purposes. The one on one session will be audio taped and later transcribed for data analysis by the primary investigator. The exit interviewer is a graduate student in the same department as the primary investigator but is not involved in any part of this research study beyond conducting the last professional development session (the exit interview). This third party interviewer will turn all audio files over to the primary investigator immediately following the last exit interview. The final interview will be scheduled at the convenience of each participant during session 8 in order to allow adequate planning time for the participants and the interviewer.

Risks and/or Discomforts:  
It is by law, governed by the Nebraska Department of Health and Human Services, that "every credentialed person who has first-hand knowledge of unlicensed, illegal, or unethical activities is required to report the incident within 30 days of the occurrence". For example, if during one of the session-group meetings a participant/provider shares a comment that "Sometimes when the kids won't settle down I just spank them a couple times..." This could carry a potential risk of the research as a possibility for mandatory reporting based on the nature of the content within the session-groups.

Benefits:  
This study will benefit the participant by allowing him/her to closely examine his/her beliefs and practices with young children. In addition, participants will receive more than the required 12 clock hours of professional development required to meet Nebraska licensing standards. Participants will receive the professional development and all related materials at no cost.

Confidentiality:  
Any information obtained during this study which could identify you will be kept strictly confidential. The data will be stored in a locked cabinet at the primary investigators home residence and will only be seen by the investigator during the study and for five years after the study is complete. The information obtained in this study will be published in
the primary investigators doctoral dissertation and may be published in scientific journals or presented at scientific meetings but the data will be reported as aggregated data. The audiotapes will be kept on a password protected computer which belongs to the primary investigator.

Opportunity to Ask Questions:
You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study or you may call the investigator at any time, (402) 366-2587. If you have questions concerning your rights as a research subject that have not been answered by the investigator or to report any concerns about the study, you may contact the University of Nebraska-Lincoln Institutional Review Board, telephone (402) 472-6965.

Freedom to Withdraw:
Your participation is voluntary and you may withdraw consent and terminate participation at any time without negative consequence. Your decision will not result in any loss or benefits to which you are otherwise entitled or harm your relationship with the researchers or the University of Nebraska-Lincoln.

Consent, Right to Receive a Copy:
You may keep this informed consent notification for your records.

Signature of Participant:

____________________________________

Name and Phone number of investigator(s)
Jen Gerdes, M.S., Principal Investigator
Office: (402) 472-9372
Cell: (402) 366-2587
Carolyn Edwards, EdD., Secondary Investigator: Office (402) 472-3127
Appendix B

Recruitment Mailing Samples

Do you wish you had an opportunity to get to know other family child care providers and share ideas?

If you answered yes, then I have an opportunity for you! I will be facilitating professional development sessions with a small group of family child care providers for a period of five months. The goal of the sessions is to create a meaningful learning community where all participants learn from and share with each other. The learning content will be driven by the needs of the group and will focus on what you want to learn and talk about.

The time commitment required on your part is 3 hours a month. The group will meet twice monthly for one and a half hours at a time. We will decide on meeting times and locations as a group to ensure that the schedule works for you. I will be facilitating these meetings as part of my dissertation work at the University of Nebraska-Lincoln, so you will be asked at the beginning and end of the sessions to complete a short survey about your beliefs and practices.

Aside from meeting the required 12 hours of professional development for the year, this experience will benefit you many ways:

- You will get to hear what other providers are doing and get ideas for your own classroom.
- You will learn new strategies for engaging with children in your care.
- You will get to share your ideas and thoughts in a safe, confidential environment.
- You will form a strong relationship with a group of providers who you know you can go to for questions or ideas in the future.
- You will get the invaluable opportunity to reflect on your practices, which in turn will help you become a stronger, more capable, and confident provider.

Contact me for more information or to reserve your spot in this innovative learning community.

Jen Gerdes, M.S.
University of Nebraska-Lincoln
jenben43@hotmail.com (put learning community in the subject line)
402-366-2587
Family Child Care Provider Learning Community

Earn 15 Hours of training at no cost by participating in all learning community sessions and network with other family child care providers.

Meets two times each month
1st Tuesday 7:00-8:30 PM
3rd Saturday 9:00-10:30 AM

Only 10 spots are available. The learning community is being conducted as part of a dissertation research project. To sign up for the learning community contact Jen Gerdes at (402) 366-2587 or jenniferkgerdes@gmail.com
## Appendix C

### Family Child care Provider Learning Community Session Objectives & Description

<table>
<thead>
<tr>
<th>Session</th>
<th>Session Objective</th>
<th>Session Description</th>
<th>Materials Needed</th>
</tr>
</thead>
</table>
| Session 1: Introduction | To introduce participants to the facilitator, each other, and the format of the learning community. | An icebreaker activity starts this session. Each participant shares a little bit about herself/himself with the group. Led by the facilitator, the group makes a list of topics that they want to learn about during the course of the learning community. The session ends with a journal reflection. | ● Icebreaker activity  
● Name tags  
● Paper & Markers  
● Participant journals |
| Session 2: Relationship Building & Beliefs | To build relationships between the participants and to make connections between their childhood experiences and their current practices. | Utilizing their childhood pictures, each participant will share some favorite memories from childhood with the group. Participants will also share reflections from their My Story Narrative assignment. Participants will make connections between childhood experiences and their current practices with young children. The session ends with a journal reflection. | ● Childhood Pictures  
● My Story Narrative  
● Participant journals |
| Session 3: Examining Beliefs | Participants will explore their Image of the Child and how this influences their interactions with children. | Prior to this session, the participants read the article *Your Image of the Child: Where Teaching and Learning Begin* (Loris Malaguzzi). During the session, the participants will complete the Image of the Child Activity. Additionally, participants will share 3 reflections on the article: (1) general comments, (2) a question that the article posed for them and (3) something in the article that made them think in a new way. The session ends with a journal reflection. | ● *Your Image of the Child: Where Teaching and Learning Begin* (Loris Malaguzzi)  
● A variety of pictures of children  
● Glue, markers, paper  
● Participant journals |
| Session 4: Child Development | To gauge the participants’ level of understanding about developmental milestones and the developmental sequence. | Going age by age along the developmental continuum, the group identifies key developmental tasks of the age. Following this task, provide a handout to the participants with a summary of developmental tasks and have them look through to see if there is anything | ● Butcher paper  
● Tape  
● Markers  
● Supplemental document listing child development milestones |
they would add to the list. Discuss how the participants support the identified developmental tasks in their work with children. The session ends with a journal reflection.  

**Session 5: Curriculum**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Resources</th>
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</table>
| To continue to explore developmental milestones and how they are supported in the child care environment, including the selection of materials and daily schedule for the provision of activities. | Each participant will share his/her daily schedule with the others. During this process, each participant explains the reasoning behind the selection of the daily activities in her child care environment. Participants will discuss materials, provision of the environment, and communicating curriculum to parents. The session ends with a journal reflection. | • The developmental continuum from Session 4  
• Providers’ daily schedules  
• Participant journals |

**Session 6: Child Development**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Resources</th>
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</thead>
</table>
| To support providers’ in their identification of learning in action and to explore ways to communicate child development to parents | Introduce the Developmental Wheel to the participants. Watch a short video clip of children in action and provide time at the end for participants to fill out the Developmental Wheel. Participants will share what they saw the child learning or what developmental milestones they saw in the video. Repeat this process three times. Using one of the videos and its’ accompanying Development Wheel, provide copies of state Early Learning Guidelines and have participants use them to identify additional learning that occurred during the child interaction. The session ends with a journal reflection. | • 3 blank developmental wheels for each participant  
• 3 short video clips (<3 minutes) of children in action.  
• Copies of Early Learning Guidelines  
• Participant journals |

**Session 7: Learning Community Closure**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Resources</th>
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<tbody>
<tr>
<td>To provide closure to the learning community and discuss any lingering questions or concerns.</td>
<td>This session is more open-ended and can be flexible to the needs of the group. Summarize each session and ask what the participants’ feel that they would like to talk about more before the group ends. Discuss changes that the participants’ have made in their practices or their thinking about child growth and learning. The session ends with a journal reflection.</td>
<td>• Participant journals</td>
</tr>
</tbody>
</table>
Appendix D

My Story Narrative Prompts

1. Who has been the biggest influence on you throughout your life? How does this influence relate to your work with young children?

2. Talk about how you got started in child care. Why did you choose to provide child care in your home?

3. When you think about what your hopes and dreams are for the children in your care, what comes to mind?

4. Do you feel it is your role to help prepare them for success later in life? How do you do this?

5. Describe a time in your career that was a turning point for you, this may have been a challenging time or a time of great joy or clarity.

6. What are your strengths in your work with young children?

7. What are your weaknesses?

8. As you look into the future of your career, what do you see?
Appendix E

Image of the Child Activity Instructions

"IMAGE OF THE CHILD"
Instruction Sheet, by Professor Carolyn Edwards, UNL

The world is full of images of the children—in advertisements, family photo albums, television shows, artwork, books, and so on. These images indirectly convey messages and concepts that people have about children.

Teachers also have their own inner ideas, their own "image of the child" that lies behind their work with children. Parents and family members have images of children.

Today, right at the beginning of this class, before you have had the chance to do any reading or take part in any classes, we want you to think about your image of the child.

Answer: A CHILD IS _____________________________________________________________________

Just write freely. Don't censor yourself or try to think about the "right" answer. Instead just imagine yourself 10 years from now working or caring for children in the way you are hoping for.

What is your "image of the child" behind your practice?
What does this child look like?
What does this child want, and need?
What kind of setting is he/she in?
What is the child doing, or learning?

Write a page, and draw a rough sketch to illustrate.

In your small group, share your words and sketch with others. Ask and receive questions that help you draw out your ideas.

After everyone shares, please revise and edit, and add to your original writing.

FOLLOWING THIS CLASS

Turn it in for us to look at. We will schedule a 10-minute meeting with each of you outside of class to give you some comments, and let you clarify and expand. We will help you to find the essence of what you are saying.

Then you can look for an image (photograph, or magazine picture) that goes with your idea. It could be a photograph taken by yourself, or a photo from a family album.

Create a final product that is aesthetically satisfying and communicates your idea in a simple and clear way. Aesthetics are important—they convey your feelings. Turn it in on the date specified in the Course Syllabus.

Acknowledgment for this activity: Meliada Z. Brewer, Fresno City College, California.
Appendix F

Exit Interview Questions

1. I’m interested in hearing about your experience in the learning community. What was your experience like as a member of this group?

2. During one of the first sessions, you were asked to bring in pictures from your childhood and reflect on your early experiences and how those might be related to the ways that you interact with children in your care. Tell me a little bit about that experience.

3. You also completed an image of the child activity after reading an article about the image of the child. I’m curious to hear what you thought of that experience.

4. Each session was designed to get you to think about what you do with the children in your center. What impact do you think the learning community has had on your practices?

5. The learning community was really designed to be a small group that could converse and learn together about topics of interest. I’m curious to hear what you thought of the small group and how that setup worked for you.

6. Toward the end of the learning community, you spent quite a bit of time talking about child development. You completed the timeline of development and talked about daily schedules. Tell me about how those experiences were for you.

7. One of the tasks toward the end of the sessions was watching the videos and filling out the developmental wheels. Talk to me about that experience.

8. As we look toward the future of professional development for child care providers, I’m curious about whether you would consider being involved in another learning community.
9. As we talked about before, the learning community was intentionally designed to be a small group of providers who could share and learn together. If you were to describe Jen’s role to someone what would you say? How would you describe her involvement to an outside individual?

10. As you reflect on your experience in the last 4 months with this group, what would you say are the big takeaways for you?

11. Before we wrap up this conversation and the learning community comes to an official end, what else would you like to share about your experience in the learning community?
Appendix G

Teacher Beliefs and Practices Survey

Teacher Beliefs and Practices Survey:

This Survey was designed to measure the concept of DAP as presented by S. Bredekamp and C. Copple (Eds.) (1997), Developmentally Appropriate Practice in Early Childhood Programs: Revised Edition. Washington, DC: National Association for the Education of Young Children. This version of the survey was created by Diane C. Burts, Teresa K. Buchanan, Kyung-Ran Kim, Joan H. Benedict, Sheri Broussard, David Dunaway, Stephanie Richardson, & Mary Sciaraffa at Louisiana State University. The questionnaire was originally conceptualized and developed by Rosalind Charlesworth, Craig Hart, Diane C. Burts, Sue Hernandez, & Lisa Kirk at Louisiana State University, Baton Rouge, Louisiana in 1990.

For information contact: Dr. Diane C. Burts, School of Human Ecology, Louisiana State University, Baton Rouge, LA 70803-4728, 225-578-2404, dburt1@lsu.edu; Dr. Terry Buchanan, Department of Curriculum and Instruction, Louisiana State University, Baton Rouge, LA 70803-4728, 225-578-2444, tbuchan@lsu.edu; or Kyung-Ran Kim, Department of Curriculum and Instruction, Louisiana State University, Baton Rouge, LA 70803-4728, 225-578-2444, kkim7@lsu.edu.

Researchers will be careful to keep your answers to this survey confidential. Reports of findings will not use names of respondents or schools.

**PLEASE TELL US ABOUT YOURSELF:**

1. I have completed the following:  
   ___ High School Diploma/GED (1)
   (Check all that apply)
   ___ Child Development Associate (CDA) (2)
   ___ Associate’s degree (3)
   ___ Bachelor’s degree (4)
If you graduated from college, please complete questions #2 - #5. If not, please skip to #6.

2. Degree-granting Department ________________________________

3. Major/Area(s) of Specialization El Ed ECE Sp Ed Other ______

4. Minor/Area of Specialization El Ed ECE Sp Ed Other ______
   (Circle one if appropriate) 1 2 3 4

5. Certification/Licensure El Ed ECE Sp Ed Other ______
   (Circle all that apply) 1 2 3 4

2. What is your ethnic background?  (Check the most appropriate)
   ___ European American (Caucasian) (1)
   ___ African American (2)
   ___ Hispanic/Latin American (3)
   ___ Asian American (4)
   ___ Native American (5)
   ___ Other ____________________________ (6)

PLEASE TELL US ABOUT YOUR CAREER:

7. How many total years have you operated a family child care business? _____ years

8. How many years have you taught early childhood education (ages 0-8)?
   (including this year)
9. How many years have you taught in a family child care home? (including this year)
   _____ years

10. On average, how many hours of professional development do you take in a year?
    _____ hours

11. How many hours of professional development have you taken this year (2011)?
    _____ hours

**PLEASE TELL US ABOUT YOUR CURRENT JOB:**

12. How many children in each age group are currently in your care? *(write # on lines provided)*
    _____ Infants (0-18 months)
    _____ Toddlers (19-36 months)
    _____ Preschool (3-4 years)
    _____ School Age (5-12 years)

13. On average how much time do you spend each day in instructional activities with the children in your care?
<table>
<thead>
<tr>
<th>Time Duration</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>0.25</td>
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<tr>
<td>30 minutes</td>
<td>0.50</td>
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<tr>
<td>45 minutes</td>
<td>0.75</td>
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<tr>
<td>1 hour</td>
<td>1.00</td>
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<tr>
<td>1 hour, 15 minutes</td>
<td>1.25</td>
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<td>1 hour, 30 minutes</td>
<td>1.50</td>
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<tr>
<td>1 hour, 45 minutes</td>
<td>1.75</td>
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<tr>
<td>2 hours</td>
<td>2.00</td>
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FOR THE FOLLOWING PART,

PLEASE THINK ABOUT EDUCATIONAL SETTINGS

IN GENERAL AND YOUR SETTING IN PARTICULAR
1. Rank the following (1 - 5) by the amount of influence you believe that each has on the way you interact with children in your care, after considering children’s needs. Please use each number only once.

(1 = Most influence; 5 = Least influence)

- parents of children
- licensing requirements
- professional development
- yourself (as home provider)
- media influences

Recognizing that some things in education programs are required by external sources, what are your own personal beliefs about early childhood programs? Please circle the number that most nearly represents your beliefs about each item's importance for early childhood programs. (1 = Not at all important; 5 = Extremely important)

<table>
<thead>
<tr>
<th>2. As an evaluation of children’s progress, readiness or achievement tests are _____</th>
<th>Not at all Important</th>
<th>Not very Important</th>
<th>Fairly Important</th>
<th>Very Important</th>
<th>Extremely Important</th>
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<td>4</td>
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<td>6</td>
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<tr>
<th>3. To plan and evaluate the curriculum, provider observation is _____</th>
<th>Not at all Important</th>
<th>Not very Important</th>
<th>Fairly Important</th>
<th>Very Important</th>
<th>Extremely Important</th>
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<tr>
<th>4. It is _____ for activities to be responsive to individual children’s interests.</th>
<th>Not at all Important</th>
<th>Not very Important</th>
<th>Fairly Important</th>
<th>Very Important</th>
<th>Extremely Important</th>
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<tr>
<th>5. It is _____ for activities to be responsive to individual differences in children’s levels of development.</th>
<th>Not at all Important</th>
<th>Not very Important</th>
<th>Fairly Important</th>
<th>Very Important</th>
<th>Extremely Important</th>
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<tr>
<th>6. It is _____ for activities to be responsive to</th>
<th>Not at all Important</th>
<th>Not very Important</th>
<th>Fairly Important</th>
<th>Very Important</th>
<th>Extremely Important</th>
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<td>the cultural diversity of students.</td>
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<tr>
<td>7. It is _____ that each curriculum area be taught as a separate subject at a separate time.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>8. It is _____ for adult-child interactions to help develop children's self-esteem and positive feelings toward learning.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>9. It is _____ for providers to provide opportunities for children to select many of their own activities.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>10. It is _____ to use the same approach for literacy instruction for all children in the home (e.g., to use the same reading program for everyone).</td>
<td>1</td>
<td>2</td>
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<tr>
<td>11. Instruction in letter and word recognition is _____ in early childhood.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>12. It is _____ for the provider to provide a variety of learning areas with concrete materials (writing center, science center, math center, etc.).</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>13. It is _____ for children to create their own learning activities (e.g., draw and cut their own shapes; decide on the steps to perform an experiment; plan their creative drama, art, and computer activities).</td>
<td>1</td>
<td>2</td>
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<td>14. It is _____ for children to work individually at desks or tables most of the time.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>15. Workbooks and/or work sheets are _____ in my home.</td>
<td>1</td>
<td>2</td>
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<td>16. It is _____ for providers to encourage activities that involve children working together.</td>
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<td>17. It is _____ for the provider to encourage competition between children (e.g., grouping children or setting up competing teams by age, gender, or other characteristics).</td>
<td>1</td>
<td>2</td>
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<tr>
<td>18. It is _____ for the provider to move among groups and individuals, offering suggestions, asking questions, and facilitating children's involvement with materials, activities, and peers.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>19. It is _____ for providers to use treats, stickers, and/or stars to get children to do activities that they don’t really want to do.</td>
<td>1</td>
<td>2</td>
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<td>20. It is _____ for providers to regularly use punishment when children aren’t participating.</td>
<td>1</td>
<td>2</td>
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<td>21. It is _____ for providers to develop an individualized behavior plan for addressing severe behavior problems.</td>
<td>1</td>
<td>2</td>
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<td>22. It is _____ for providers to allocate extended periods of time for children to engage in play and projects.</td>
<td>1</td>
<td>2</td>
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<td>23. It is _____ for children to begin to write by inventing their own spelling.</td>
<td>1</td>
<td>2</td>
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<td>24. It is _____ for children to learn to color within pre-drawn forms.</td>
<td>1</td>
<td>2</td>
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<td>25. It is _____ to read stories everyday to children in various contexts (e.g., lap book reading, small groups, large groups)</td>
<td>1</td>
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<td>26. It is _____ for children to dictate stories to the provider.</td>
<td>1</td>
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<td>27. It is _____ that providers engage in ongoing professional development in early childhood education (e.g., attend professional conferences, read professional</td>
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<td>28. It is _____ for children to see and use functional print (telephone book, magazines) and environmental print (cereal boxes, potato chip bags).</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>29. It is _____ to provide many daily opportunities for developing social skills (i.e., cooperating, helping, talking) with peers in the home.</td>
<td>1</td>
<td>2</td>
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<td>30. It is _____ that books, pictures, and materials in the home include people of different races, ages, and abilities and both genders in various roles.</td>
<td>1</td>
<td>2</td>
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<td>31. It is _____ that outdoor time have planned activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>32. It is _____ for family members to be involved in the family child care home in various ways that are comfortable for them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>33. It is _____ for strategies like setting limits, problem solving, and redirection to be used to help guide children’s behavior.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>34. It is _____ for providers to integrate each child’s home culture and language into the curriculum throughout the year.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>35. It is _____ for providers to solicit and incorporate families’ knowledge about their children for assessment, evaluation, placement, and planning.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>36. It is _____ to establish a collaborative partnership/relationship with families of all children, including those children with special needs and from different cultural groups.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
37. It is _____ for the home provider to modify, adapt, and accommodate specific indoor and outdoor learning experiences for children with special needs as appropriate.  

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

38. It is _____ that services (like speech therapy) be provided to children with special needs in the regular education home by specialists within the context of typical daily activities.  

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

39. It is _____ that providers maintain a quiet home environment.  

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

40. It is _____ to provide the same curriculum and environment for all children every year.  

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

41. It is _____ to focus on teaching children discrete skills by using repetition and recitation (e.g., reciting ABCs).  

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

42. It is _____ to follow a prescribed curriculum plan without making modifications to the plan.  

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

43. It is _____ to plan activities that are primarily just for fun without connection to program goals.  

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

FOR THE FOLLOWING QUESTIONS, PLEASE THINK ABOUT HOW OFTEN CHILDREN IN YOUR HOME DO THE FOLLOWING ACTIVITIES

Please circle the number that best represents the average frequency of each activity.
**How Often Do Children in Your Home:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Build with blocks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Select from a variety of learning areas and projects (i.e., dramatic play, construction, art, music, science experiences, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Have their work displayed in the home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Experiment with writing by drawing, copying, and using their own invented spelling</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Play with games, puzzles, and construction materials (e.g., Tinker Toys, Bristle Blocks)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Explore science materials (e.g., animals, plants, wheels, gears, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Sing, listen, and/or move to music</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Do planned movement activities using large muscles (e.g., balancing, running, jumping)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Use manipulatives (e.g., pegboards, Legos, and Unifix Cubes)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Use commercially-prepared phonics activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Activity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>11. work in assigned ability-level groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12. circle, underline, and/or mark items on worksheets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. use flashcards with ABCs, sight words, and/or math facts</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>14. participate in rote counting</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>15. practice handwriting on lines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. color, cut, and paste pre-drawn forms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. participate in whole-class, provider-directed instruction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. sit and listen for long periods of time until they become restless and fidgety</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>19. have the opportunity to learn about people with special needs (e.g., a speaker or a character in a book)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>20. receive rewards as incentives to participate in home activities in which they are reluctant participants (e.g., group time)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. see their own race, culture, language reflected in the home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Almost Never</td>
<td>Rarely (less than monthly)</td>
<td>Sometimes (weekly)</td>
<td>Regularly (2-4 times a week)</td>
</tr>
<tr>
<td>---</td>
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<td>----------------------------</td>
<td>-------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>22.</td>
<td>get placed in time-out (i.e., isolation, sitting on a chair, in a corner, or being sent outside of the room)</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>23.</td>
<td>experience family members reading stories or sharing a skill or hobby with the group</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>24.</td>
<td>engage in child-chosen, provider-supported play activities</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>25.</td>
<td>draw, paint, work with clay, and use other art media</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>26.</td>
<td>solve real math problems using real objects in the home environment that are incorporated into other subject areas</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27.</td>
<td>get separated from their friends to maintain order</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28.</td>
<td>engage in experiences that demonstrate the explicit valuing of each other (e.g., sending a card to a sick classmate or creating a group mural for the home)</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29.</td>
<td>work with materials that have been adapted or modified to meet their individual needs</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30.</td>
<td>do activities that integrate multiple subjects (reading, math, science, social studies, etc.)</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
### Appendix H

**Itemized Results for the Teacher Beliefs Scale**

<table>
<thead>
<tr>
<th>N=5</th>
<th><strong>Time 1</strong></th>
<th></th>
<th></th>
<th><strong>Time 2</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Min</strong></td>
<td><strong>Max</strong></td>
<td><strong>Mean</strong></td>
<td><strong>Std. Deviation</strong></td>
<td><strong>Min</strong></td>
</tr>
<tr>
<td>-----</td>
<td>------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>-------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>4</td>
<td>3.00</td>
<td>.707</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>As an evaluation of children's progress, readiness or achievement tests are _____</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To plan and evaluate the curriculum, provider observation is _____</td>
<td>4</td>
<td>5</td>
<td>4.60</td>
<td>.548</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>It is ___ for activities to be responsive to individual children's interests.</td>
<td>5</td>
<td>5</td>
<td>5.00</td>
<td>.000</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>It is ___ for activities to be responsive to individual differences in children's level of development</td>
<td>5</td>
<td>5</td>
<td>5.00</td>
<td>.000</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>It is ___ for activities to be responsive to the cultural diversity of students</td>
<td>3</td>
<td>5</td>
<td>4.20</td>
<td>.837</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>It is ___ that each curriculum area be taught as a separate subject at a separate time</td>
<td>1</td>
<td>2</td>
<td>1.60</td>
<td>.548</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>It is ___ for adult-child interactions to help develop children's self-esteem and positive feelings toward learning.</td>
<td>4</td>
<td>5</td>
<td>4.80</td>
<td>.448</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>It is ___ for providers to provide opportunities for children to select many of their own activities.</td>
<td>3</td>
<td>5</td>
<td>4.40</td>
<td>.894</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>It is ___ to use the same approach for literacy instruction for all children in the home</td>
<td>1</td>
<td>3</td>
<td>2.00</td>
<td>.707</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Instruction in letter and word recognition is ____ in early childhood</td>
<td>2</td>
<td>5</td>
<td>3.40</td>
<td>1.14</td>
<td>2</td>
</tr>
</tbody>
</table>
Please select the number that most nearly represents YOUR BELIEFS about each item’s importance for early childhood programs. (1 = Not at all important; 5 = Extremely important)

<table>
<thead>
<tr>
<th>N=5</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min</td>
<td>Max</td>
</tr>
<tr>
<td>It is ___ for the provider to provide a variety of learning areas with concrete materials</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>It is ___ for children to create their own learning activities</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>It is ___ for children to work individually at desks or tables most of the time</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Workbooks and/or worksheets are ____ in my home.</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>It is ___ for providers to encourage activities that involve children working together</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>It is ___ for the provider to encourage competition between children</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>It is ___ for the provider to move among groups and individuals</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>It is ___ for providers to use treats, stickers, or stars to get children to do what they want</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>It is ___ for providers to regularly use punishment when children aren't participating</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>It is ___ for providers to develop and individualized behavior plan for addressing severe behavior problems</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>It is ___ for providers to allocate extended periods of time for children to engage in play and projects</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Please select the number that most nearly represents YOUR BELIEFS about each item’s importance for early childhood programs. (1 = Not at all important; 5 = Extremely important)

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is ___ for children to begin to write by inventing their own spelling.</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Mean: 3.80, Std. Deviation: .447</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.00, Std. Deviation: .707</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ for children to learn to color within pre-drawn forms</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mean: 1.40, Std. Deviation: .548</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Mean: 2.00, Std. Deviation: .707</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ to read stories everyday to children in various contexts</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 5.00, Std. Deviation: .000</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.80, Std. Deviation: .447</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ for children to dictate stories to the provider.</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.00, Std. Deviation: .707</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.00, Std. Deviation: .707</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ that providers engage in on-going professional development</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.80, Std. Deviation: .447</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.60, Std. Deviation: .548</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ for children to see and use functional print and environmental print</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.20, Std. Deviation: .837</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.00, Std. Deviation: 1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ to provide many daily opportunities for developing social skills</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.80, Std. Deviation: .447</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.80, Std. Deviation: .447</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ that books, pictures, and materials include people of different races, ages, abilities, and genders</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.40, Std. Deviation: 1.34</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.40, Std. Deviation: .548</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ that outdoor time have planned activities</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 2.40, Std. Deviation: 1.52</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mean: 1.80, Std. Deviation: .447</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ for family members to be involved in the home in various ways that are comfortable for them</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.40, Std. Deviation: .894</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.00, Std. Deviation: .707</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ for strategies like setting limits, problem solving, and redirection to be used to help guide children's behavior</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.60, Std. Deviation: .548</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mean: 4.40, Std. Deviation: .548</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time 1</td>
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<td>------------------------------------------</td>
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<tr>
<td></td>
<td>Min</td>
<td>Max</td>
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<tr>
<td></td>
<td>Deviation</td>
<td></td>
</tr>
<tr>
<td>N=5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please select the number that most nearly represents YOUR BELIEFS about each item’s importance for early childhood programs. (1 = Not at all important; 5 = Extremely important)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ for providers to integrate each child's home culture and language into the curriculum throughout the year</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ for providers to solicit and incorporate families’ knowledge about their children for assessment, evaluation, placement, and planning</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ to establish a collaborative partnership/relationship with families of all children</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ for the provider to modify, adapt, and accommodate special needs for learning experiences</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ that services be provided to children with special needs in the regular education home by specialists within the context of typical daily activities</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ that providers maintain a quiet home environment</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ to provide the same curriculum and environment for all children every year</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is ___ to focus on teaching children discrete skills by using repetition and recitation</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please select the number that most nearly represents YOUR BELIEFS about each item’s importance for early childhood programs. (1 = Not at all important; 5 = Extremely important)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Time 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Min</td>
<td>Max</td>
</tr>
<tr>
<td>It is ___ to follow a prescribed curriculum plan without making modifications to the plan</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>It is ___ to plan activities that are primarily just for fun without connection to program goals</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
## Appendix I

### Itemized Results for the Instructional Activities Subscale

<table>
<thead>
<tr>
<th>N=5</th>
<th>Time 1</th>
<th></th>
<th>Time 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min</td>
<td>Max</td>
<td>Mean</td>
<td>Std. Deviation</td>
</tr>
<tr>
<td>Build with blocks</td>
<td>4</td>
<td>5</td>
<td>4.60</td>
<td>.548</td>
</tr>
<tr>
<td>Select from a variety of learning areas and projects</td>
<td>3</td>
<td>5</td>
<td>4.20</td>
<td>1.10</td>
</tr>
<tr>
<td>Have their work displayed in the home</td>
<td>3</td>
<td>5</td>
<td>4.40</td>
<td>.894</td>
</tr>
<tr>
<td>Experiment with writing by drawing, copying, and using invented spelling</td>
<td>1</td>
<td>5</td>
<td>3.80</td>
<td>1.79</td>
</tr>
<tr>
<td>Play with games, puzzles, and construction materials</td>
<td>5</td>
<td>5</td>
<td>5.00</td>
<td>.000</td>
</tr>
<tr>
<td>Explore science materials</td>
<td>3</td>
<td>5</td>
<td>4.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Sing, listen, and/or move to music</td>
<td>5</td>
<td>5</td>
<td>5.00</td>
<td>.000</td>
</tr>
<tr>
<td>Do planned movement activities using large muscles</td>
<td>3</td>
<td>5</td>
<td>4.40</td>
<td>.894</td>
</tr>
<tr>
<td>Use manipulatives</td>
<td>5</td>
<td>5</td>
<td>5.00</td>
<td>.000</td>
</tr>
<tr>
<td>Use commercially prepared phonics activities</td>
<td>1</td>
<td>3</td>
<td>1.80</td>
<td>.837</td>
</tr>
<tr>
<td>Work in assigned ability-level groups</td>
<td>1</td>
<td>3</td>
<td>1.40</td>
<td>.894</td>
</tr>
<tr>
<td>Circle, underline, and/or mark items on worksheets</td>
<td>1</td>
<td>4</td>
<td>2.60</td>
<td>1.52</td>
</tr>
<tr>
<td>Use flashcards with ABCs, sight words, and/or math facts</td>
<td>1</td>
<td>5</td>
<td>2.80</td>
<td>1.79</td>
</tr>
<tr>
<td>Participate in rote counting</td>
<td>1</td>
<td>4</td>
<td>3.00</td>
<td>1.22</td>
</tr>
<tr>
<td>Practice handwriting on lines</td>
<td>1</td>
<td>4</td>
<td>2.60</td>
<td>1.52</td>
</tr>
<tr>
<td>Color, cut, and paste pre-drawn forms</td>
<td>1</td>
<td>3</td>
<td>2.40</td>
<td>.894</td>
</tr>
<tr>
<td>Participate in whole group, provider-directed instruction</td>
<td>1</td>
<td>5</td>
<td>3.40</td>
<td>1.82</td>
</tr>
</tbody>
</table>

**How often do children in your care:**

*(1=Less than once per month, 5= Daily)*
<table>
<thead>
<tr>
<th>N=5</th>
<th>Time 1</th>
<th></th>
<th>Time 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min</td>
<td>Max</td>
<td>Mean</td>
<td>Std. Deviation</td>
</tr>
<tr>
<td>Sit and listen for long periods of time until they become restless and fidgety</td>
<td>1</td>
<td>1</td>
<td>1.00</td>
<td>.000</td>
</tr>
<tr>
<td>Have the opportunity to learn about people with special needs</td>
<td>1</td>
<td>5</td>
<td>2.20</td>
<td>1.79</td>
</tr>
<tr>
<td>Receive rewards as incentives to participate in activities in which they are reluctant participants</td>
<td>1</td>
<td>5</td>
<td>2.20</td>
<td>1.79</td>
</tr>
<tr>
<td>See their own culture, race, language reflected in the home</td>
<td>4</td>
<td>5</td>
<td>4.60</td>
<td>.548</td>
</tr>
<tr>
<td>Get placed in time-out</td>
<td>1</td>
<td>5</td>
<td>2.40</td>
<td>1.52</td>
</tr>
<tr>
<td>Experience family members reading stories or sharing a skill or hobby with the group</td>
<td>1</td>
<td>3</td>
<td>1.40</td>
<td>.894</td>
</tr>
<tr>
<td>Engage in child-chosen, provider-supported play activities</td>
<td>3</td>
<td>5</td>
<td>4.40</td>
<td>.894</td>
</tr>
<tr>
<td>Draw, paint, work with clay and use other art media</td>
<td>3</td>
<td>5</td>
<td>4.20</td>
<td>.837</td>
</tr>
<tr>
<td>Solve real math problems using real objects in the home</td>
<td>1</td>
<td>5</td>
<td>3.20</td>
<td>1.79</td>
</tr>
<tr>
<td>Get separated from their friends to maintain order</td>
<td>1</td>
<td>4</td>
<td>2.20</td>
<td>1.30</td>
</tr>
<tr>
<td>Engage in experiences that demonstrate the explicit valuing of each other</td>
<td>1</td>
<td>5</td>
<td>2.80</td>
<td>1.64</td>
</tr>
<tr>
<td>Work with materials that have been adapted or modified to meet individual needs</td>
<td>1</td>
<td>3</td>
<td>1.80</td>
<td>.837</td>
</tr>
<tr>
<td>N=5</td>
<td>Time 1</td>
<td>Time 2</td>
<td></td>
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<tr>
<td>-----</td>
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<td></td>
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<td>Mean</td>
<td>Std. Deviation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do children in your care:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1=Less than once per month, 5= Daily)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do activities that integrate multiple subjects</td>
<td>1</td>
<td>5</td>
<td>3.40</td>
<td>1.52</td>
</tr>
</tbody>
</table>