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ABSTRACT

This study sought to determine if family child care providers and center caregivers: (1) seek training for different reasons; (2) hold varying opinions regarding the best source of training according to content area; (3) demonstrate differences in training content obtained; and (4) use different training sources for a variety of training topics. Data were gathered from a mailed survey of licensed family child care and day care center providers in a Midwestern state. Findings indicated differences between family providers and center caregivers. Family providers value and depend more upon resource and referral agencies than do center caregivers; conferences, inservice training, and college courses were consistently preferred by center caregivers. Also center caregivers were more likely to have received training in a variety of content areas than were family providers. (Includes 4 data tables. Contains 12 references.) (EV)

Center Caregivers and Family Child Care Providers are Different:

Training Profiles and Preferences

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Presented at the Annual Meeting of the
American Educational Research Association

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Purposes of the study

The purposes of the study were several. First, we wanted to determine if family child care providers (FCC) and center caregivers seek training for different reasons, and second, if these groups hold varying opinions regarding the best source of training according to content area (i.e., child development, guidance, etc.). Third, we also hoped to find out what differences, if any, exist between groups in training content obtained. Finally, we wanted to discover if FCC providers and center caregivers use different training sources for a variety of training topics.

Perspective

Research indicates the need for a trained early childhood workforce is great, since trained personnel provide better quality care (Ruopp, Travers, Glanz, & Coelen, 1979; Whitebook, Howes, & Phillips, 1989; Howes, 1983). While training may only improve global quality, as opposed to process quality (Kontos, 1996), one can argue that improving quality in some way is beneficial given that many children have poor experiences in group care settings (Helburn, et al., 1995). Since training profiles vary widely across caregivers (Howes, 1997; Kontos, 1992) discovering what type of experiences are most likely to be used and which are most beneficial for whom would seem to be of value (DeBord & Sawyers, 1996).

To make training attractive and hopefully effective, trainers must possess knowledge of the population to be served and focus on their needs. Fewer FCC providers seem to desire training than center caregivers, and they are less likely to have received training (Eheart & Leavitt, 1986). However, Bailey and Osborne (1994) found that the majority of FCC providers desired more training. While caregivers may desire more training (Eheart & Leavitt, 1986), the preferred source of that information varies. Powell & Stremmel (1989) found center caregivers rely on information gleaned from their coworkers, directors and spouses as opposed to that provided from conferences and inservice training. FCC providers, on the other hand, frequently obtain training from child and adult care food program workshops (Kontos, Howes, Shinn & Galinsky, 1995).

The providers surveyed by Bailey & Osborne (1990) preferred training on topics such as stress management as opposed to topics directly related to children. Caregivers in the Eheart and Leavitt (1986) study suggested training on a variety of topics might be useful, although center caregivers and FCC providers varied in the topics they endorsed. Forty percent of the FCC providers had no suggestions for useful training topics. The available literature suggests differences exist in the training status and preferences of center caregivers and family child care providers. This study attempts to illuminate the differences and suggest useful avenues for future training efforts.

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Method of inquiry

The data were part of a larger questionnaire study examining the training status of child care staff across a midwestern state. First, participants were asked to select from a list of 8 options the primary reason why they engaged in training. Second, they were asked to specify from another list of 8 which training source they felt was best in each of 15 training content categories. These 15 categories were an adaptation of the Child Development Associate (CDA) 13 functional areas (see Table 1). Participants were also asked to indicate the content areas in which they had obtained training and the source from which this training had been obtained.

Chi-square analyses were calculated to determine differences between the groups regarding motivation for obtaining training, the best source of training, training obtained, and utilization of training services.

Data sources

Participants were randomly selected and recruited by telephone from a list of licensed FCC providers and child care centers in a midwestern state. Those willing to participate were mailed surveys and asked to return them in a stamped, self-addressed envelope. A total of 360 persons responded to the survey: 74 were FCC providers, and 285 were center caregivers. This represents 51% of the centers and 53% of the FCC providers recruited. Participants from all regions of the state were included.

Results

While center caregivers and FCC providers reported similar motivations for obtaining training, they differed in the frequency of their responses ($X^2=18.76, p<.05$). Center caregivers acquired training so they could learn more and gain job skills, to meet job/licensing requirements, and to advance in the field. FCC providers engaged in training to meet licensing requirements, and to learn more and gain job skills (see Table 1).

Center caregivers and FCC providers differed in their opinions of the best sources for training on the adapted CDA categories (see Table 2). In general, center caregivers considered community agencies (e.g., Red Cross), inservice training, conferences and college courses as the best sources of training while FCC providers preferred the child and adult care food program and resource and referral agencies.

Significant differences between the groups were revealed in the training content obtained (see Table 3). More center caregivers than FCC providers had received training in the areas of the learning environment, child development topics, guidance, working with parents and families, professionalism/ethics, children with special needs, and diversity.

Center caregivers and FCC providers used different sources of training for most content areas (see Table 4). In most cases FCC providers used conferences while center caregivers used both conferences and college courses. For training on safety and working with parents and families FCC providers also used resource and referral agencies while center caregivers used inservice training. Center caregivers rarely if ever reported using resource and referral agencies. FCC providers understandably did not make use of inservice training.

Implications

Consistent with previous work, differences do seem to exist between FCC providers and center caregivers. If center caregivers are indeed motivated to seek training for different reasons than FCC providers, then perhaps marketing of training for each group should be approached in different ways and resources allocated for training parceled differentially.

These findings suggest FCC providers value and depend more upon resource and referral agencies for their training than center caregivers. Resource and referral agencies in the state studied are known to target the FCC audience. These data suggest these agencies would be a profitable venue for more intense, comprehensive training. Since conferences, inservice training, and college courses were the consistently preferred training choice of center caregivers, persons offering training through those avenues might consider ways to better target the audience, and offer more comprehensive training.

Center caregivers were more likely to have received training in many content areas than were providers, indicating the knowledge base of FCC providers may be more limited than that of centers caregivers. Improving the knowledge base of family child care providers appears to be a critical need for the field. Kontos's recent study (1996) reminds us that we must be cautious in how much we expect training to accomplish. The findings presented here coupled with those of Kontos raise the possibility that training specifically targeted to the intended audience may be necessary for training to have any impact on child care quality.

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Table 1
Reasons for obtaining training.

Reason	Center caregivers	FCC providers
Learn more, gain job skills	50%	36%
The job/licensing requirements	26%	49%
Become more professional	8%	12%
Advance in field	7%	2%

Table 2
Perceived best sources of training

Content Categories	Center Caregivers	FCC Providers	X ²
Safety	Commun agencies	Commun agencies	
Learning Environ	Conference	R & R	43.28***
Physical Dev	College	Conferences	28.50***
Cognition	College	R & R	41.61***
Language/ communication	College	R & R	47.48***
Creativity	Conferences	Conferences	
Self-concept	College	R & R	64.63***
Social Dev	College	R & R	56.00***
Guidance	Conferences	R & R Commun agencies	31.64***
Parent/families	Inservice	R & R	56.11***
Professionalism/ ethics	Inservice	Commun agencies	35.48***
Child abuse	Inservice	Commun agencies	26.30***
Special needs	College	Commun agencies	28.44***
Infants/toddlers	Conferences	R & R	24.92***
Diversity	College	Commun agencies	37.20***

Table 3
Training obtained

Content Categories	Center Caregivers	FCC Providers	χ^2
Safety	81%	81%	ns
Learning Environ	78%	45%	28.00***
Physical Dev	68%	41%	16.54***
Cognition	67%	43%	12.11***
Language/ communication	60%	31%	16.60***
Creativity	79%	64%	6.14*
Self-concept	78%	54%	14.80***
Social Dev	74%	38%	12.27***
Guidance	86%	62%	18.97***
Parent/families	65%	43%	9.88**
Professionalism/ ethics	61%	42%	7.23**
Child abuse	80%	67%	4.98*
Special needs	50%	24%	13.02***
Infants/toddlers	63%	58%	ns
Diversity	49%	17%	21.20***

Table 4
Training sources used

Content Categories	Center Caregivers	FCC Providers	χ^2
Safety	Conferences	Conferences	
Learning Environ	Conferences College	Conferences CCC ¹	18.30***
Physical Dev	College	Conferences	31.73***
Cognition	College	Conferences	31.30***
Language/ communication	College	College	
Creativity	Conferences	Conferences	
Self-concept	College	Conferences	20.08**
Social Dev	College	Conferences	ns
Guidance	Conferences	Conferences	
Parent/families	Inservice	R & R	46.79**
Professionalism/ ethics	College	Conferences	35.32***
Child abuse	Conferences Inservice	R & R Conferences	46.79***
Special needs	College	CCC ¹	ns
Infants/toddlers	Conferences	CCC ¹	20.90***
Diversity	College	Conferences CCC ¹	ns

¹Child Care Careers: statewide training program consisting of 10 clock hours per course



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