

# Family Child Care Providers' Perspectives Regarding Effective Professional Development and Their Role in the Child Care System: A Qualitative Study

Jane D. Lanigan

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**Abstract** This study examines family child care providers' perspectives regarding effective professional development and their role in the early learning and care system. Four focus groups were conducted annually for 3 years involving a total of 54 licensed family child care providers. Supportive social relationships emerged as an important dimension of family child care providers' professional development experience. Providers preferred a cohort design which enabled them to establish relationships with colleagues and a long-term relationship with the same instructor. Trust and a non-judgmental atmosphere were critical to the learning environment. A collaborative approach to evaluation and assessment that focused on a small number of specific items each month supported the continuous quality improvement process better than a single annual assessment by an objective evaluator. Family child care providers valued professionalism, but viewed their services as a unique segment of the early learning and care system worthy of distinct professional development and respect. Recommendations for designing and delivering effective professional development for family child care providers are discussed.

**Keywords** Family child care · Professional development

## Introduction

Parents elect family child care homes because they value having a single caregiver with their child all day, the potential for a long-term relationship, the home-like atmosphere, and the mixed-age grouping that allows siblings to be cared for together. Other selection factors include lower cost, convenience, proximity, and availability. These advantages are counter-balanced by serious concerns: the inconsistent quality of care in family child care homes (Hamm et al. 2005); limited regulation and oversight (The National Child Care Information and Technical Assistance Center 2007); and varying levels of child care provider preparation and knowledge of early childhood.

One response to those concerns has been an effort to integrate family child care into the system of early learning and care with increased emphasis on regulation, professional development and training requirements (Hamm et al. 2005). This response has occurred largely absent the voices of family child care providers (Lanigan et al. 2006). The current study seeks to add to the literature by sharing the perspectives of family child care providers regarding effective professional development and their role in the child care system.

About one-third of children in out-of-home care, are cared for by licensed family child care providers (Child Care Bureau 2008). According to the National Association of Child Care Resource and Referral Agencies (NAC-CRRA 2008) there were 232,923 licensed family child care homes in the United States in 2008. Children under age five and children from low-income families are more likely to be cared for in family child care than school-age children or children from higher SES families (Sonenstein et al. 2002). Family child care represents the most common child

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J. D. Lanigan (✉)  
Department of Human Development, Washington State  
University Vancouver, 14204 NE Salmon Creek Avenue,  
Vancouver, WA 98686 9600, USA  
e-mail: jlanigan@vancouver.wsu.edu

care arrangement during early childhood, a critical developmental period of accelerated brain growth and neural pathway formation where foundational cognitive, social, and emotional abilities are acquired. Optimal development occurs within a climate of secure relationships and a stimulating, developmentally-appropriate environment (Shonkoff and Phillips 2000). Therefore, it's not surprising that two recurrent findings in the literature are: (1) children's social, emotional, linguistic, and cognitive development are influenced by their daily experiences while in non-parental care; and (2) a positive correlation exists between the quality of child care and desirable child developmental outcomes (Doherty et al. 2006; Dowsett et al. 2008).

The use of family child care by many families and the potential long-reaching effect of non-parental care on children's development underscore the importance of supporting structural and process quality in the family child care profession. Structural quality refers to modifiable indicators such as provider education, child development knowledge, experience, and provider-child ratios. The purpose of regulating structural quality is to improve process quality, i.e., children's daily experiences while in child care. Family child care providers contribute to process quality by fostering nurturing relationships and providing a safe, healthy, environment with age-appropriate materials, equipment, activities, and interactions to stimulate children's development. The association between structural and process quality is well established (Bordin et al. 2000; Clarke-Stewart et al. 2002).

Participation in professional development has been positively correlated with family child care global quality (Burchinal et al. 2002; Clarke-Stewart et al. 2002; Raikes et al. 2005) and provider interactions (Clarke-Stewart et al. 2002; Kontos et al. 1996). However, there is tremendous variability in state requirements for family child care provider professional development. The National Child Care Information and Technical Assistance Center (2007) reported that only 9 states required small family child care providers to complete preservice training; 12 states required ECE training during the licensure period; and 38 states required ongoing training or clock hours. The required state licensing trainings ranged from 3 to 45 h, while the continuing education requirement ranged from 0 to 20 h. Among the states that required training, the emphasis was on the number of hours rather than the content, depth, continuity, or applicability of the instruction. Family childcare providers reported that training opportunities were often aimed at center-based providers and failed to address the unique context of family child care (Hamm et al. 2005; Walker 2002).

In the current qualitative study, four focus groups were held each year for 3 years. Family child care

providers discussed which elements of professional development they found most beneficial and least useful as well as how they perceived their role in the child care system. Research questions that guided the study were: (1) What facilitated professional development participation? (2) Which professional development components did family child care providers feel best and least supported quality improvements at their sites? (3) How do family child care providers view their role in the Child Care System?

## Method

During the 3-year study, 54 providers who were members of three geographically and one culturally-based (Russian speaking) Family Child Care Provider Professional Development Networks (FCCPPDN) in Washington state, participated in annually held focus groups over 3 years. The professional development components included: (a) monthly mentor visits where provider/child interactions were modeled, resources exchanged, specific aspects of the child care environment evaluated using the FDCRS/FCCERS, and monthly quality improvement goals established; (b) 10 monthly professional development meetings that included 30 min of networking, 90 min of training that fulfilled the state continuing education requirement, and provision of the materials to conduct monthly work sampling activities with children (Chen and McNamee 2005); (c) access to an Early Learning Library with themed literacy kits, curriculum and professional development materials.

## Participants

The vast majority of network providers ( $n = 52$ ) were Caucasian. A quarter reported their ethnicity and primary language as Russian/Ukrainian. Two were Latino, though only one participant reported Spanish as her primary language. Three males participated in the focus groups. The mean age of the providers was 42.6 years ( $SD = 3.6$ ) and mean years of experience was 13.7 ( $SD 9.88$ ).

Among the network members, 26 providers participated throughout the study, 17 additional providers participated in year two, but not year three and 11 providers joined the network for year three. The majority of participants ( $n = 9$ ) who did not continue network membership had participated in training for college credit and chose not to continue when the college credit was no longer offered. The remaining participants who failed to continue cited time conflicts ( $n = 4$ ), health issues ( $n = 2$ ) or closing their business ( $n = 1$ ).

## Procedure

The FCCPPDN operated from September to June annually during the 3-year study. Focus groups were conducted each year with all professional development participants at their monthly May/June meeting. Providers were asked open-ended questions about: their reasons for joining and/or remaining in the professional development network; their feelings about participation; changes in themselves or child care resulting from participation; the perceived strengths of the network professional development model, any changes or additions that they would like to see; which elements were most valuable; and what they believed their role was in the early learning and care system. Focus groups were conducted by the researcher and audio recorded. Provider network staff (mentors and trainers) were not present with the exception of a translator for the Russian Network. Prior to facilitating the focus groups, the researcher attended a minimum of one monthly professional development session as well as a social event so that the providers would be acquainted with the researcher. Focus groups lasted 60–90 min.

## Data Treatment

Focus group audiotapes were transcribed verbatim and analyzed using Atlas.ti 5.0 software. For each year, the data were consolidated across the four focus groups according to question. An inductive approach utilizing the mixed strategies of pattern clarification and interactive synthesis was used (Strauss and Corbin 1990). Concepts expressed with frequency, extensiveness, or intensity were identified as themes (Krueger 1998). As themes emerged, previous transcripts were reexamined to include newer themes. Data

were then combined across years and by network to see if any new themes emerged or existing themes changed. Themes remained consistent across both years and networks; however additional themes emerged in the cultural network and in response to changes made to the professional development model. An axial coding process followed which examined relationships between themes and categories. Results reported in this study are based on the combined 3-year data across all networks. The primary analysis was conducted by the author, who facilitated the focus groups. Two research assistants conducted thematic analyses following the same procedures.

## Results

Four broad themes emerged during analysis of the focus groups: (1) the value of relationship; (2) elements of effective professional development; (3) improvement in quality; and (4) professionalism. Table 1 summarizes the main themes and subthemes. A detailed presentation and interpretation of the data follows, illustrated with examples.

### Value of Relationships

The importance of social interaction and relationship development was evident across all the research questions. The solitary nature of operating a family child care and isolation emerged as a common challenge providers experienced as the following comments illustrate:

I live out on 5 acres, even though I do have family around, in-laws around, but I don't know any other daycare providers, I only know myself as doing that.

**Table 1** Perspective on professional development and role within the early learning and care system

Value of relationship	Elements of effective professional development	Improvement in process quality	Professionalism and unique role
I. Colleagues and other professionals	I. Training structure (a) Depth of topic (b) Same instructor	I. Provider interactions	I. Confidence and respect
II. Trust	II. Application III. Cohort design (a) Relationship development (b) Convenience IV. Integrated evaluation (a) Collaborative (b) Continuous quality improvement	II. Child guidance III. Changes to environment IV. Personal care V. Use of documentation VI. Parent involvement and communication	II. Niche

See, I've been a family child care provider almost 13 years. Yeah, so I don't know anyone except the three neighbors that live around me. No one doing child care like me.

During the focus groups, over 80% of the providers expressed feelings of reduced isolation or increased connection to other professionals in the early learning community resulting from participation in the professional development network. The opportunity to socialize and receive support from colleagues, mentors, and trainers was the most frequent reason given for professional development participation, cited by 37% of the providers. The following comments are representative of the mutual understanding and support providers sought and received through professional development participation.

Well I wanted to get to know other providers in the area and talk to people that are doing the same thing that I am, that understand where I'm coming from when I have questions about my day care.

I feel very close to everybody, even though I only see most once a month it just seems like I know if I need something I can call you up and you know, even if you don't have the answer you would probably listen to me. Just because. Kim [the mentor] is available by email whenever, not just during her visits and our meeting.

*Trust.* Empathy, trust and a non-judgmental approach were subthemes that appeared to be critical elements supporting the feeling of connection. Before providers shared issues and disclosed about themselves, they needed to feel it was safe as the following comments illustrate:

I enjoy being able to brainstorm with other providers about issues I am having with my business may it be families or other issues. I enjoy learning from other providers who have the experience.... I really enjoy getting together with everyone and feeling that I am not being judged but that everyone is there to support each other.

I was in a group, but the minute you left the room they were saying stuff, cutting each other down.

At first I was worried if I told Kim [the mentor] about a problem she'd tell the licenser, but then I realized she was on my side and would just give me the help to fix whatever.

#### Elements of Effective Professional Development

*Training structure.* The structure of the training class was instrumental in helping participants transfer the new knowledge and skills they acquired to their child care

setting. During the first year, monthly trainings were offered on a variety of topics suggested by the providers and taught by different experts. Providers expressed dissatisfaction regarding both the content and the instructors:

We just skimmed the surface. It wasn't anything new. I never knew what to expect. Some months were useful, some were a waste of time except for seeing everyone. That was good.

They didn't understand where we're coming from as providers and that's maybe a difference. It's a big difference working in a preschool where everybody is the same age. It just is. It's a big difference and I think that's where they didn't understand where we were coming from.

I didn't sense a strong interest in helping develop us as providers in our programs, but more importantly just the people connection.

During years two and three, a single topic was covered in-depth by the same instructor over the 10 month training. This provided multiple opportunities for participants to seek clarification and guidance from the instructor regarding the application of concepts and allowed the instructor to better understand each family child care provider and their unique business. One provider explained,

It's different than a college class in that there is camaraderie because what we do is isolating. It's different than STARS, online or whatever because it's a more in depth and you get to see the same people every time. You can ask questions and you have time to think or whatever, and try things then talk about how it worked next month.

*Application.* Homework directed and encouraged the application of concepts each month as well as a reflection process. One provider stated,

One thing I liked this year was that we had homework so we actually had to take what we learned and actually use it and reflect on it and it actually made me stop and really think about it. With other training I would go home and be like yeah uh huh and forget about it.

During monthly site visits, mentors modeled and reinforced the application of new practices using open ended questions to encourage reflection.

*Cohort design.* The use of geographic and cultural cohorts was highly valued by the providers because of the opportunity to form relationships, the sense of community that developed, and the convenience of attending training near their child care home (in the case of geographic cohorts), or interacting in their native language (for the

cultural cohort). The following statements reflect the benefits of the cohort approach:

I mean, I'm pretty introverted, and so at least if I walk in and I recognize these ladies' faces, I can sit by one of them and feel comfortable visiting and gabbing with them, but if you go to some of those bigger ones [STARS trainings], I won't say anything. So I might not get as much if I don't participate in the conversation or something or ask questions.

The networking is real important for me just having that communication with everybody and realizing that we are connected without being connected every day. It really helps me to know there are other people out there that are doing the same thing and feeling the same way I am.

I could get here quickly instead of when they're [trainings] across town.

First of all, it's a native language. They can have information and can ask questions in their native language.

*Integrated, collaborative evaluation.* During year 1, mentors completed the FDCERS at each site and gave family child care providers a report summarizing the results. While the scores weren't associated with licensing, providers expressed wariness about being evaluated during mentor visits.

I always wondered what she was writing on her clipboard.

Sometimes she gave me a low score, but I'd be like, I have that, it's just in the cupboard.

The integration of evaluation into the network model "normalized" site assessment, diminishing providers' fears regarding evaluation by enlisting them as partners. Each month the provider and the mentor completed 5–6 items from the newly revised FCCERS. This process encouraged providers to critically examine their environment in collaboration with the mentors and develop a site improvement plan based on their observations. Provider comments reflect the effectiveness of the approach.

It has been surprising to me the things that I can notice and write down in the assessment

I thought I was doing pretty good until I looked at the FCCERS and saw how much more I could be doing. It felt good to go over the SIP [Site Improvement Plan] and see I achieved my goals.

Providers also responded positively to monthly work sampling activities and the maintenance of a portfolio

documenting children's developmental progress. The work sampling assessment served not only as a documentation system, but also was a means for infusing new activities into the home child care and demonstrating the capabilities of young children as one of the Slavic providers expressed,

Some projects that they were given to do with kids they weren't even sure if the kids could do it. Like for example the geometrical figures, she was amazed, like oh they made a turtle from this! She didn't realize they can do and they were capable of doing this and she said we wouldn't even think of asking kids, we were thinking they might not be able to do that, but they were amazed at how much kids can do.

### Process Quality Improvement

Network members reported intentionally making changes in their behaviors and child care environment as a result of their professional development participation. Five sub-themes emerged: changes in provider/child interactions and guidance (17%); changes to environment (15%); maximizing the unique personalized care available in the family child care setting (13%); use of documentation (13%); and parent involvement and communication (11%). The monthly trainings, work sampling evaluation, and FCCERS supported changes in child interactions, the child care environment, and use of documentation. Networking with other providers and interactions with the mentors supported the changes previously listed as well as an appreciation of the unique opportunities presented by family home child care.

*Provider/child interactions.* Providers expressed greater awareness of interacting in ways that supported children's development. This was accomplished by creating a richer language environment as the following statements illustrate.

Not to just read the book but actually make it an interactive activity, like about they use different things in the book, and different animals, not just read but read while they can do something.

I have everything labeled so the children see words everywhere.

I talk way more, even with the babies. I'm like, "let's wash your face". Before I just did it.

Providers appeared to better understand the value of children's play and looked for ways to enrich those naturally occurring behaviors as this provider shared.

We are more focused right now especially for the preschoolers to prepare them for school so even if

they play, to make this play more educational, for an educational purpose.

They were also more likely to simply allow the play to occur without concern for messes or getting dirty.

One provider said she has a big backyard and when kids start building something, getting dirty she would get so nervous like oh my gosh what will the parents say? Now I don't pay attention I'm just happy they keep playing and they are building something and nobody says anything about them being dirty or something.

Arts and crafts make such a mess. But then I got this plastic pool and the kids sit in there and cut out magazines and they love it and I don't worry about paper everywhere.

*Child guidance.* In respect to managing child behavior, providers shifted their focus from intervention to prevention. They reported changing their environment and routines to better support cooperative behavior. One provider observed,

It's made such a difference in behavior and I just don't feel like I'm having to police people so much because the environment is changing and so open that they're able to police themselves.

Providers also reported that they were more likely examine the underlying cause of children's misbehavior, monitor their own reactions, and use interactive guidance techniques as the following statements illustrate.

It's just a different way of thinking, about mistaken behavior. Whereas before I probably would have just sent him on his way, rather than stopping to think what is this emotion?

I'm using a lot more interactive guidance than I was before. I didn't realize the impact that could have and how it could be used

*Changes to environment.* Professional development participation as well as hearing about and seeing other family child care environments led providers to critically examine their own setting. As a result, many providers made changes to their environment. Some were minor such as these providers' comments suggest:

I had a water table and I had a sand table, but they really didn't play with it much and I really didn't have very many things like bottles, cups and spoons and stuff to put in the water. I just thought that, I don't know, they would just play in the water. So, but after doing this class I did get some cups and they just

sit there and pour and so I learned from this class about some brain development.

I just want them to learn while they're playing but I've given them more tools while they're playing that makes their play richer.

It made me aware of oh my God, do I have really enough of cultural books around, so it does kind of make you go through your environment more than you would, and check things out.

Other providers made significant changes in organization and structure.

I was going over to different facilities and seeing how they have their things set up, I redid my whole, we call it a toy room but it's really where all the kids go, they do all their crafts.

It's just organized. Everybody has their own little spot with their name on it, everything is labeled with a picture so that these little ones know where things go, whereas before everything was just kind of thrown and chaotic.

Some providers reported reducing the number of toys available and rotating items to increase children's interest. One provider described the changes she made:

I actually started doing less and rotating it. So instead of having my living room with everything in it and just being a disaster area, I would rotate every week. SO this week the kitchen is out and the dollhouse is put away. And the next week, the dollhouse is put out and the kitchen is put away. When there's too much, they get so easily distracted and they're just going from one to another. And this way, by having less stuff I think they do more interaction and more thinking about what they're playing with.

*Maximize benefits offered by family care.* About a third of the family child care providers had previously worked in centers or preschools. The focus group discussed how family child care was different from center-based care and the advantages that family child care offered in terms of personalization and relationship longevity. One provider discussed how she learned to appreciate and maximize those advantages,

I have learned from others that in home care are definitely different from centers. The way you relate to parents and children is on such a different level. This has helped me stop and take a look at my program and really assess what I am doing to make it more personal for the children and more of a relaxed environment.

*Documentation practices.* Providers expressed increased understanding regarding the value of documenting children's behaviors and progress. The portfolio assessment conducted as part of the professional development demonstrated the value of documenting children's abilities. Providers described how they used the portfolios to demonstrate child growth and development.

Next year we're going to be doing the same activities with many of the same kids and we're going to be able to recognize changes and growth and that's going to be rewarding. I've never really had long term vision for it I'm more what's going on right now is what's important.

Well it was last year when we started working and learning from WSU about the portfolio. And that had worked beautifully especially with the kids that get discouraged. I can say well this is how you used to make a happy face, look at this one it's got eyebrows. And so then it's oh, oh yeah! So keeping copies for the kids and having their own portfolio has really worked well.

However, documentation was not confined to the formal portfolio assessment. Providers expanded their documentation practices to include other daily observations of children's behavior.

I never thought before to use any kind of documentation, I mean when we have trouble I write those things down, but I've done more documentation. Even little things about the kids.

*Parent involvement and communication.* Professional development participation appeared to change how providers viewed their relationship with the families in their program. The sub-theme of partnership emerged. Providers expressed greater appreciation for parents' roles and perspectives as the following comments illustrate:

I think I listen to the parent's point of view more, you know you can get kind of set in your ways after so many years of childcare and you're with kids 10 h a day, 5 days a week and you feel like you know their kids better than they do and it's important for us to be reminded that the parents are the first teachers and they are the parents, we are the care providers and just to keep that perspective.

I'm important to help the parents in that they are the first teacher. I've got the posters on the wall now that the parents are the first teacher and stuff and the conversations with the parents at the door are a lot more meaningful in that area.

They also felt that their participation in the professional development network increased parents' respect for their knowledge and opinions. One provider observed,

My parents ask me questions because they know I'm taking the class and they want the information.

Providers also sought to involve parents in their program. One provider borrowed an idea from a colleague,

One of the gals mentioned, they have potluck each month, once a month, with the parents. And I just thought that was the greatest idea and we have scheduled those for our summer. My parents are so excited about that. Actually the kids are going to help me with some things during the day, so it's their little thing. Won't that be neat? Isn't that a great idea?

Another scheduled a family work party to improve the child care setting.

I got the courage to have my parents help with the backyard makeover because I'd be working on it probably all summer and now the kids have been able to play out there for two months and I had parents come two weekends and we worked, I mean I worked my butt off, but you know parents came and that was good. I was like oh I can't ask my parents to help for my business, but I put the money into it and I gave everyone gift certificates that came and gave them extra vacation days.

#### Professionalism and Role in Early Learning and Care System

The Washington state requirement to complete 10 h of continuing education was the most frequently cited reason for participating in professional development ( $n = 31$ ), while the desire to increase knowledge and grow as a professional was cited by about a quarter of the providers as well. Focus group participants expressed that training had led to professional growth and a greater appreciation for their unique contribution to the early learning and care system. Two sub-themes emerged: (1) increased confidence and community respect; and (2) niche in the child care field.

*Increased confidence and respect.* Family child care providers reported experiencing increased confidence (29%) in their ability to meet the needs of developing children and operate a quality care setting. Their perspective regarding their role shifted from a babysitter to an early learning professional. These providers summarized the feelings of the group,

We started to feel we are not just the caregivers, but we are more than caregivers, we are teachers.

I think it also, for me, helps me maintain that feeling of professionalism, that I'm just not a babysitter. It gives us a real feeling of professionalism because we have a group and a meeting and training. It enhances the image.

Providers also felt that participation in ongoing professional development increased respect from parents and other early childhood professionals. One provider noted,

I was talking to the parents and explaining what I do with the network and I was feeling very good about that because I can see the respect from the parents.

The dedication of resources specifically for family child care was also viewed as a sign of the early learning community's respect for their contribution to the field. An experienced provider shared,

I have a better feeling about the whole system because before I have been in the business for 20 years and this one licenser was a very difficult to work with and it really tore me down as a provider. Whereas being in this group, it makes us feel like we're really worth something and that we can achieve something and all the people, everyone I've been involved with has said your group is so affirming and supportive which is so opposite of what it was for us as providers before. So that has been very good for my own personal development.

Another expressed her appreciation this way,

The training, the mentor, the kits. I feel like the ESD knows what I do is important and wants to support me.

*Niche.* Family child care providers viewed their role in the early education and care field as unique in terms of operation and challenges as well as benefits to children and families. This belief emerged during discussions about the need for professional development designed and delivered specifically for family child care providers and views regarding professionalism. Providers stressed that they were not less professional or less dedicated to providing quality child care; but their philosophy of care, the nature of their setting and the mixed ages of the children in care made their work distinctive from other early education and care settings. One provider described the difference between operating a family child care and working in a center thus.

In a center setting they have somebody who does the cooking and they have somebody who does the cleaning and they have somebody who does 1s and 2s or 3s and 4s, but you're everything and so you have all this alone time that you have to set up everything

to the best of your abilities...Some of the things and techniques that we've learned here together have been helpful.

Family child care providers expressed concern that greater integration within the early learning and care system would impose changes in their operation and structure resulting in the loss of benefits that come from home care. One provider noted,

One thing I don't want is somebody coming in and trying to make me into a school or make me into a center or make me into somebody else's program because parents really like the fact that I'm not highly structured and the kids can decide what they want to do. Having older kids I have that freedom, but yet at the same time I have a lot of things I could bring in and give them the opportunities to develop their freedom, which was a good thing too. So for next year I don't want somebody coming in saying well you need to bring this into your structure daycare where you're organizing your time because we don't function well that way in my house.

## Discussion

Family child care providers comprise a distinct segment of the early learning and care system that faces the dual challenge of operating a small business and providing quality child care. Operating a child care within their family home, caring for mixed-age groups, and typically serving as sole proprietor and caregiver are among the unique challenges these professionals face. In focus groups conducted over a 3-year period, family child care providers shared their perspectives regarding their role in the early learning and care field and described which aspects of the professional development experience they valued most and felt improved process quality.

### Niche within the Early Learning and Care Field

The family child care providers who participated in the study viewed themselves as professionals, but did not feel that they were consistently regarded as part of the early learning and care system. Participants felt that parents, licensors, and center-based providers sometimes viewed them as babysitters rather than early childhood educators. This message was communicated in subtle ways such as when the Russian translator for the Department of Licensing referred to providers using the word Няня (babysitter) rather than Дошкольное учитель (preschool teacher), or the reaction of a colleague at a training when the provider revealed they operate a family child care

home. This lack of respect for their work was frustrating and undermined some family child care providers' sense of efficacy. Attending a professional development training designed specifically for family child care providers served to empower providers. Several interpreted the availability of the training as an acknowledgment, not only that they were part of the early learning and care system, but also that the distinctive nature of their setting was being recognized. Integration within the early learning and care system was viewed cautiously. Providers were concerned that the distinctive nature of their settings be preserved, including their philosophy of home-like care and mixed-age groupings.

### Components of Effective Professional Development

*Social relationships.* Supportive social relationships with other family child care providers and the early learning professionals who are providing instruction or support emerged as a critical dimension of family child care providers' professional development experience. The vast majority of providers in the current study reported feeling isolated from sources of advice and support. This is consistent with previous studies of family, friends, and neighbor care involving both regulated and unregulated family child care homes (Annie E. Casey Foundation 2006; Drake et al. 2006). The current study examined regulated family child care providers who operated in a state that required 10 h of annual professional development. However, the same themes emerged including feelings of social isolation and a desire to connect with other family child care providers as well as community resources.

Those collegial relationships did not occur by happenstance. Experienced providers who had attended the requisite state sponsored trainings for several years failed to connect with colleagues until those relationships were nurtured through the small group settings and the cohort approach featured in the FCCPPDN model. Other providers had made connections through a professional association, but reported that the relationships were "toxic" rather than helpful. In order to fully benefit from social relationships, an atmosphere of trust is essential. This occurred in the professional development setting because the instructor and mentor used a non-judgmental, strengths-based approach and facilitated group interactions to establish a safe environment that fostered positive relationships.

Social dimensions are rarely considered or, at best viewed as tangential when designing training programs and systems to improve child care quality. For this segment of the early learning and care profession in particular, it may be critical to include relationship development as a core objective to improve training recruitment, retention, and

effectiveness. The opportunity to interact with other family child care providers in a facilitated, positive environment motivates providers to participate in professional development and continue attending. Interaction with colleagues also increases the effectiveness of training as providers share experiences, offer advice and learn together. Providers attributed many of the quality improvements they made to their interactions with other family child care providers. This study indicated that long-term relationships with instructors and mentors were also important in maximizing the effectiveness of training. Providers participated more fully in training when they were comfortable with the instructor, knew there would be follow-up opportunities to ask clarifying questions and that they would be held accountable during the next session. The community of practice model proposed by Helm (2007) might be especially well suited to family child care providers who share a unique niche within the early learning and care field and place high value on relationships.

*Division of regulation and professional development responsibilities.* In an effort to improve child care quality, many states have instituted licensing and regulation of family child care homes (National Child Care Information and Technical Assistance Center 2007). While studies have consistently linked regulation of structural quality to improvements in process quality (Bordin et al. 2000; Burchinal et al. 2002; Clarke-Stewart et al. 2002), the current study illuminates the limitations of a licensing approach. The relationship between family child care providers and licensors is by nature one of unequal power as the licensor's responsibility is to evaluate the family child care home. Even when the relationship is amiable, providers view visits with trepidation and feel that the licensor is looking for violations, not areas of strength. Providers do not share problems or concerns with their licensor as they worry this could be interpreted as incompetence or jeopardize their license. This is not to suggest that regulation is unnecessary; it establishes a minimum standard (Raikes et al. 2005). However to achieve maximum quality, regulation should occur in tandem with a relationship-based support and professional development system that is strengths-based, nonjudgmental and distinct from licensing.

*Continuous quality improvement.* This professional development model—because of its strengths and relationship-based approach—is better positioned to effectively implement a continuous quality improvement process than licensing. Three components of the professional development model emerged as supporting quality improvements and empowering family child care providers: interactions with colleagues, training structure, and collaborative evaluation. The first component, interactions with colleagues, was discussed previously. A discussion of the other two components follows.

**Training structure.** Offering a series of trainings related to a single topic was viewed as more beneficial than one-time trainings on a variety of topics. However, most training opportunities outside of formal early childhood degree programs are one-time instruction in a single topic (Hamm et al. 2005). Participants reported that the series of related workshops allowed them to practice and apply classroom concepts between meetings. Homework directed reflection and the application of knowledge between workshops. The opportunity to seek clarification, share questions, concerns, and successes with peers, the instructor and their mentor refined and reinforced positive changes. This finding is consistent with the feedback model proposed by Hattie and Timperley (2007) which emphasizes that productive feedback focuses on learner tasks and process in ways that reduce the discrepancy between current and desired understanding. The professional development model provided multiple opportunities and means for clarification, support, and scaffolding of learning.

**Collaborative evaluation.** An established instrument was used to evaluate the family child care setting and set monthly quality improvement goals. In years two and three, family child care providers examined 3–4 items from the FCCERS each month. This focused the family child care providers' attention on a particular aspect of their child care setting, provided a forum for discussion with the mentors who had evaluated the same items, and demystified the evaluation process. The critical element was the collaborative development of a site improvement plan based on the monthly FCCERS items. All too often evaluation occurs in a vacuum and fails to contribute to program change. The creation of a monthly feedback loop contributed to statistically significant improvements on FCCERS subscales and measures of global quality (Lanigan 2009). The decision to complete a small number of items each month, rather than administer the entire scale at one time was critical to the model's success. While providers embraced the opportunity to evaluate a few items each month, they would likely have felt burdened by the requirement to complete the entire FCCERS scale. It is questionable whether they would have brought the same level of intentionality to the process. In addition, if the scale had been administered at one point in time, there may have been an overwhelming number of potential areas for improvement identified which could have been discouraging. According to Hattie and Timperley (2007), feedback is most effective in eliciting change when it is specifically targeted and recipients feel capable of making progress. This approach meets those criteria.

**Limitations.** There are limitations to this study which should be noted. It is based on a small, non-representative sample from Washington state where family child care providers are required to obtain a license and participate in

10 h of continuing professional development to maintain their license. These providers' perspectives may differ from family child care providers who operate in states where small family child care homes are not regulated. It may also be that family child care providers who elected to participate in the professional development opportunity differed in some systematic way from providers who elected to obtain the training required for licensure in another way. They may have been more committed to their professional development or felt less connected initially and therefore attracted to the cohort model. The providers who dropped out of the professional development program after year 1 when college credit was not longer offered may also have differed from those who remained. The goal of a qualitative investigation is not to generalize to the entire population, but rather garner an in-depth understanding of an issue. The diverse backgrounds of participants and the longitudinal design of the study provided a rich source of data to investigate family child care providers' perspectives.

## Conclusion

This longitudinal, qualitative study examined the perspectives of family child care providers who identified several elements of professional development participation that contributed to gains in process quality at their setting. Elements that contributed to the formation of supportive relationships included the cohort design, small class size, and the use of the same instructor and mentor throughout. Providers also preferred to investigate a single topic over 10 months and have the opportunity to apply what they learned through homework, ask question and obtain feedback. Providers responded positively to the collaborative monthly evaluation and goal setting process which resulted in significant changes. The majority of family child care providers viewed themselves as professionals who filled a unique niche within the early learning and care field. However, some providers felt that regulators, center-based providers, and families viewed them as babysitters rather than early learning professionals. While results should be considered exploratory, the study contributes to the literature by suggesting goals and key elements for structuring effective family child care provider training systems.

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