Family Child Care Relationship-Based Intentional Pedagogy:

Provider Perspectives on Regulation, Education, and Quality Rating

By

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DEDICATION

This project is dedicated with love to my son Erin. Without him I would not have been driven to care for myself and learn of early childhood education so that I could care for him in the best possible way. Further, it is dedicated to all women who give of themselves to care for children and support families and especially the women who gave their time and shared the stories that motivated my work.

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ABSTRACT

Family child care providers have low participation rates in licensing and low ratings from child care quality rating and improvement systems (QRIS). This study examines how family child care providers' experiences with regulation processes impact their decision to participate in or challenge child care licensing, education, and quality rating. Interpretive phenomenological methodology and constructivist grounded theory coding were used to analyze 26 in-depth interviews of family child care providers from urban and rural communities throughout the state of Wisconsin. A contextual description of how providers ascribe meaning to their experience with regulation requirements was constructed and further interpreted through information from academic literature and a review of public media to situate the analysis in social, cultural, and historical context related to early care and education in the United States. The findings indicate that the current statewide regulations and QRIS are not in line with how family childcare providers perceive and define their work. The participants' articulation of the contrast between the criteria of the QRIS ratings and their daily care and education practices supported the emergence of a substantive grounded theory of family child care relationship-based pedagogy that is not accurately assessed in the QRIS. Family child care relationship-based pedagogy is an intentional pedagogy that involves capitalizing on family-like relationships as the primary approach to teaching and learning and a basis for quality care, use of a flexible schedule and teaching throughout the day, and emphasis on social emotional wellbeing as the foundation of all learning. The findings indicate a need for better understanding of family child care practices, a review and adjustment of evaluation criteria used for family child care QRIS, and improved education and support systems developed specifically for family child care providers.

Chapter 1

Introduction

As child care use continues to increase the regulation requirements of licensing, caregiver training and education, and program quality rating and improvement systems (QRIS) have also increased with the intent to monitor and improve child care quality. In the United States approximately 12.5 million children under age 5 are cared for each week in child care centers and family child care homes (Laughlin, 2013). The relationship of high quality early care and education to children's wellbeing and successful start in school is documented in numerous research studies (Marshall, 2004; Piesner-Feinberg, Burchinal, & Clifford, 2001; Ramey et al., 2000; Schweinhart et al., 2005; Vandell et al., 2010) as is the central role of the caregiver to the quality of child care services (Burchinal, Howes, & Kontos, 2002; Institute of Medicine (U.S.) & National Research Council (U.S.), 2012; Kagan, Kauerz, & Tarrant, 2008). Although regulations have increased many studies continue to report poor child care quality in centers and family child care homes (Eliker et al., 2005; Helburn, Morris, & Modigliani, 2002; Kontos, Howes, Shinn, & Galinsky, 1995; National Association of Child Care Resource and Referral Agencies [NACCRRA], 2012; Vandell et al., 2010; Vandell & Wolfe, 2000).

In family child care the situation is particularly challenging as providers have low participation rates in licensing (Fosburg, 1981; Helburn et al., 2002; Zinsser, 1991), lower overall education levels, less early childhood specialized education (NACCRRA, 2012), and lower participation with, and ratings from child care QRIS (Finne & Guppy, 2009). The purpose of this study was to gain a better understanding of how regulatory processes of licensing, training and education, and quality rating impact family child care providers' provision of services. In order to study how family child care providers' experiences with regulation impacts their

provision of care, 26 family child care providers were interviewed about the meaning of their lived experience with licensing, training and education, and quality rating.

In this study, family child care refers to non-parental child care provided in a private home other than the child's own (Fosburg, 1981). The approach to daily care in family child care ranges broadly from what is commonly thought of as babysitting with children engaged in self initiated play while the provider manages caregiving and household routines (Nelson, 1990; Nielsen, 2002) to resembling a small preschool program where the provider plans curriculum and engages in an academic approach to children's learning and development (Kontos et al., 1995; Nelson, 1990). Compared to center-based care, the hours of care and payment for services may be more varied and individually negotiated, depending on the circumstances of both the provider and the parent. Overall, in family child care high value is placed on the home-like atmosphere, small group size of mixed age children similar to a family, and continuity of care due to the fact that parents often use the same provider for each of their children from birth through the school-age years (Doherty, 2015; Kontos et al., 1995; Porter & Kearns, 2005). Parental preference for family child care is associated with many factors including familiarity of the home setting, convenience of a neighborhood location, small group size, close parent provider relationships, flexible hours, affordability, and cultural compatibility between home and care (Emarita, 2006; Maher, 2007; Uttal, 1996).

In the United States, family child care providers are regulated by county or state government agencies through a registration or licensing process based on the number of children in care. Many states exempt providers from licensing if they care for a small number of children, but require a registration process (sometimes called certification) for exempt providers if they care for children whose families use federal child care tuition assistance. All forms of regulation

set a baseline of requirements below which it is illegal for the program to operate (National Association for Regulatory Administration [NARA], n.d.). The requirements include criminal background checks, adherence to health and safety standards related to program operations and to the condition of the facility, provider training and education qualifications, and increasingly, participation in a quality rating and improvement system (NARA, n.d.). Regulation compliance is enforced through established policies and monitoring of programs through onsite inspections.

In the state of Wisconsin, the location of this study, a provider who cares for 4 or more unrelated children is mandated to obtain a license. Providers who care for 3 or fewer children are not required to obtain a license or participate in other forms of regulation. However, any provider who cares for even one child who uses federal tuition assistance administered through the Wisconsin Department of Children and Families (DCF), must be either certified or licensed and must participate in YoungStar, the state of Wisconsin's QRIS. In Wisconsin, certification is a regulation process that allows license-exempt providers to care for tuition-assisted children.

A distinction often made within the field of family child care is between licensed and license-exempt providers. License-exempt providers, who care for fewer children in the provider's home, than would require a license, are often referred to as family, friend and neighbor care, or relative care providers, with relative care specifically designating care of children other than the provider's own such as nieces, nephews or grandchildren. Prior to the onset of regulation no distinction was made between licensed and license-exempt family child care. For this study, unless specification is necessary, they will be referred to collectively as family child care providers. When taken together, license and license-exempt family child care is the most widely used form of child care in the United States, and the providers represent close

to two thirds (approximately 62%) of the 2 million individuals that make up the early care and education workforce (NACCRRA, 2012).

Although family child care is the most widely used form of care, research of child care quality that informs standards for regulatory processes has focused primarily on studies of children's experiences in center-based programs (Fosburg, 1981; Doherty, 2015; Nelson, 1990; Porter et al., 2010; Zinsser, 1991). This raises questions about the fit of current regulatory processes to monitor and evaluate quality. Family child care providers perceive their work and need for evaluation and support as different from center-based care (Doherty, 2015; Modigliani, 2011). As early as 1991, Zinsser's study of family childcare work pointed out the tensions between increased regulations and family child care providers' ability to provide family-centered, informal care. Nelson (1990) reported that some providers felt regulations were overly academic and business oriented and that regulations ignored subtle aspects of quality care such as warmth, concern, and understanding that come from a person's character. Taylor, Dunster, and Pollard (1999) found that when providers did attend training they were frustrated that many trainings did not address important differences between working in a home and working in a center. These findings are again noted by Doherty (2015) who recommends, “Success in developing and implementing government regulations, policies and initiatives that effectively support and enhance family child care quality requires accepting that it is not simply a watered down version of center child care” (Doherty, 2015, p. 164)

In the studies described above, the providers’ experiences with regulation processes are discussed as one of many aspects of their beliefs and values about child care quality that influenced their broader relationships with the families they serve, and with the early care and education profession. This dissertation study is novel because it focuses exclusively on how

providers give meaning to their experience with the regulation processes that set and enforce standards for licensing, training and quality rating of their programs. It examines how providers' experience a regulation process that several studies have consistently noted is not designed for the unique child care service model offered in family child care settings. Drawing on their own experiences, the providers share recommendations about how to improve the current regulatory system to better account for distinct aspects of family child care settings and improve providers' participation.

Many studies have been done to understand quality in child care settings. Research to understand family child care quality is important, but this study is first and foremost a study of how providers experience regulation processes that are intended to improve quality. This study contributes information that can improve providers' experiences with regulation processes and ultimately contribute to improved family child care participation in regulation programs. Based on in-depth interviews with 26 family childcare providers, this study explored the meaning that providers give to the regulation processes they experience. The theoretical question this research addressed is: What social, cultural and historical factors impact the regulation of family child care today and how does the current regulatory process support or undermine family child care providers' ability to do their work according to their values and beliefs? The empirical research question used to understand this was: What meaning do family child care providers ascribe to their experiences with child care regulation processes? Another question of this study is: How do providers' experiences with the processes of licensing and certification impact their decision to participate in and maintain regulation requirements?

Chapter 2

Review of the Literature

This review aims to situate regulation of family childcare in the socio-cultural and historical contexts related to processes of licensing, training and education requirements, and quality rating of early childhood education programs in the United States. To gain a better understanding of family child care, the review begins with an overview of what is known about the origins of family child care. Because regulation is informed by public policy and public policy is shaped by socio-cultural and historical contexts, a second section of the review describes how cultural ideologies have shaped child care policy perspectives. A third section reviews how perspectives of professionalism initiated primarily for center-based programs and adapted to family child care have impacted the regulation and experiences of family child care providers. Research literature related to licensing, training and education, and quality rating of family child care is included in the third section as these are now an integral part of family child care regulation. Overall, the review contributes to knowledge about the history of family child care and offers a fuller picture of the sociocultural context that has influenced the development of family child care regulation in the United States.

Origins of Family Child Care

Historical accounts of family child care are minimal, yet some scholars have engaged in careful review of family life, early care and education programs, and history of child care policy to provide insight into early forms of family child care (for example, see Auerbach & Woodill, 1992; Michel, 1999; Wrigley, 1990; or Youcha, 1995). One suggestion is that arrangements where care and education of children was provided in home settings by servants, slaves, paid tutors, and nannies might be considered early forms of family child care (Auerbach & Woodill,

1992). However, these arrangements were more likely to take place in the child's home and in the case of servants and slaves, not through a negotiated relationship. Thus a more accurate interpretation may be that early forms of family child care are better represented in the extensive use of informal child care (Michel, 1999) and family, friend, and neighbor care negotiated by families of all income levels, cultural groups, and in both urban and rural settings (Emarita, 2006; Nelson, 1990; Zinsser, 1991).

Family child care or family, friend and neighbor care has been referred to as the one of the oldest professions and is consistently referred to as the most widely used form of child care today and in the past (Emarita, 2006; Porter et al., 2010). Emarita (2006) described family, friend, and neighbor care as "the network of relatives, close friends, and neighbors who are involved with parents in the care and education of young children and referred to it as "the most ancient and widely practiced form of child care in history" (Emarita, 2006, p. 5). Additional accounts of multiple generations of family preference for informal child care or babysitting are described in Zinsser's (1991) ethnographic account of babysitters in a working class community in northeastern United States. Zinsser (1991) describes how the babysitters she interviewed were regarded as important members of their community who saw their role as an extension of mothering and stressed family values in their daily work of caring for children.

Throughout the 19th century, day nurseries offered an institutional child care option for working women, but according to some accounts day nurseries were few in number and adhered to strict admission requirements to be sure mothers did not take advantage of the charity (Michel, 1999; Wrigley, 1990). Thus, many mothers relied on informal child care provided in home settings by relatives, neighbors, or independent caregivers to care for their children while they worked (Michel, 1999). According to Michel (1999) both informal and institutional care

increased rapidly throughout the nineteenth century to meet the demand for child care prompted by growing urban populations, industrialization and increased employment of women. Interestingly, Michel describes a historical preference for informal child care that bears strong resemblance to current descriptions of parental preference for family child care such as cultural, language, and parenting consistency, close relationships between the child care provider and the family, convenience of location, and flexible scheduling (Emarita 2006; Maher 2007; Uttal 2010). Michel (1999) writes:

> Moreover, certain groups of working mothers were more likely to choose informal care. Although independent providers did not necessarily charge less than day nurseries, neither did they require the invasive and intimidating application process and investigations that had become routine at charitable institutions. And unmarried mothers, barred from most day nurseries on moral grounds, had no alternative. Non-English-speaking mothers sought speakers of their own language with whom to leave their children, and in general, laboring-class mothers probably felt more comfortable with their own socioeconomic peers. Neighborhood providers were often more convenient and their hours more flexible. Most important, they were unlikely to vaunt their expertise, attempt to exert authority over their clients, or "quarantine" them within the child care setting. (pp. 46-47)

Accounts of origins of formal models of family child care also exist. For example, dame schools run by women in their homes as early as 1673 were used extensively from the 17th through the 19th century (Michel, 1999). Youcha (1995) describes how neighborhood dame schools served as both babysitters and educators, where two-year-olds could nap on a blanket in a corner of the room. Michel (1999) notes that in dame schools women managed domestic responsibilities, cared for children, and often provided basic reading, writing and arithmetic instruction. Similar to today's family child care programs, dame schools ranged broadly in the level of educational services provided and were used by families of varied incomes (Auerbach & Woodill, 1992; Michel, 1999).

An additional reference to a more formal model of early family child care is the foster day care home. According to Frankel (1994) the first documented family day care program was established in 1928 as a foster day care home when the Philadelphia day nursery was not able to meet the high demand for child care and the varied schedules of many working parents. Along with child care centers, foster day care homes were also opened in 1942 to accommodate the high demand for child care for children whose mothers were recruited to work in defense related industries during World War II (Youcha, 1995). Foster day care homes were favored over child care centers by mothers with children under age two or for ill children who would not be accepted in the centers (Michel, 1999; Youcha, 1995). Youcha (1995) specifically refers to foster family day care as what is now called family day care and stated that working conditions during the war often demanded rotating shifts at different times of day that "made some sort of flexible, individualized day care imperative, as some centers even refused to take children whose mothers worked irregular hours" (Youcha, 1995, p. 318).

Concerns were also expressed about the wellbeing of children in family child care. These concerns typically described large numbers of children cared for in poorly ventilated or shoddy environments with minimal if any attention from their caregivers (Auerbach & Woodill, 1992). Newspaper reports in the 1880s and 90s also reported about what was known as baby farming, where orphans and infants of destitute or unmarried mothers were bought and sold, and sadly, often perished as a result of malnutrition or abuse (Michel, 1999). These incidents certainly warrant alarm but the sensationalism of such experiences often overshadows the reality that many woman worked in their homes as an important source of child care for their community and "did not warrant disparagement as baby farmers" (Michel, 1999, p. 47). Although concern about the wellbeing of children in institutional and home-based child care was evident, it was not

until the 1940s when federal funds were allocated to child care that licensing oversight of programs began (Auerbach & Woodill, 1992; Michel, 1999) and most regulations were not well established or enforced until the 1960s and 1970s (Auerbach & Woodill, 1992).

These accounts of the care of children in one's own home offer a broader understanding of the origins of family day care and indicate that throughout history, women have made both informal and formal arrangements for the care of their children that are likely the forerunners of today's family child care. Today as in the past families of varied income levels use family child care, there is a range of approaches to care offered in family child care settings, and a broad range in the degree to which formal education is incorporated into the daily activities (Fosburg, 1981; Porter et al., 2010).

In spite of increased awareness of extensive use of child care in the United States, including a steady increase in use by moderate to upper class women from the 1940s to present, cultural ideologies continued to influence questions of whether maternal employment and use of child care was detrimental to children. The use of child care continued to primarily be considered an unfortunate circumstance used as a last resort due to extreme poverty or an emergency situation (Auerbach & Woodill, 1992; Lombardi, 2003; Michel, 1999). Simultaneously, the inevitable need for child care and concerns about children's wellbeing motivated an ongoing advocacy, research and policy agenda still in effect today to determine first if out of home care was detrimental to children and next, what type of structure and content would assure the quality of the care provided (Auerbach & Woodill, 1992). The following section provides a review of cultural ideologies that have influenced family child care policy and the resulting research studies and policy agendas that have influenced views of professional early childhood education. A third, final section of the literature review follows that demonstrates

how perceptions of professionalism and quality inform current family child care regulation. The third section also includes information from the available literature about family child care providers' perceptions and experiences with professionalism, in terms of regulations, required education and quality rating and improvement initiatives.

Policy and Ideology: An Influential Mix

The policies that drive regulation of family child care in the United States are embedded in broader ideological contexts of mothering, family responsibility, and child development education that have influenced decisions regarding the provision of public funds for all child care for over 200 years (Lombardi, 2003). Within these ideological contexts three approaches to public policy emerged that continue to influence policy decisions for family child care and other early care and education programs today: 1) child care as a temporary emergency measure; 2) child care as a welfare service; and 3) child care as early education informed by developmental psychology (Cohen, 1996; Lombardi, 2003; Michel, 1999; Wrigley, 1990).

The majority of child care research and resultant policy decisions are primarily related to center-based child care and decisions about family child care policy are often adapted from models of center-based policies. As this review will demonstrate, the result is a situation where family child care policy and regulation has been both swept into the discussion, and also neglected or inadequately addressed by policy and regulations that were originally designed for center-based programs. This section describes the three approaches used to develop child care policy in the United States. The impact of child care policy on family child care regulation and the experiences of family child care providers will be the topic of section three of this review.

Child Care as a Temporary Emergency Measure

In the absence of federal child care policies in the United States during the 18th and 19th century, the care of children whose mothers worked was often managed through private charities. Day nurseries such as the Philadelphia House of Industry founded in 1798, emerged throughout the country as philanthropic institutions intended as a temporary solution to provide for the safety of children whose mothers were forced to work due to emergency situations (Lombardi, 2003). During this time foster day care homes were also opened to meet high demand for child care and varied schedules of working parents (Frankel, 1994; Youcha, 1995).

Child care as a temporary emergency measure has taken a variety of forms since the time of the first day nurseries. During the 1930s Depression, the Works Progress Administration (WPA) established nursery schools and family day care homes as an emergency measure to provide jobs for unemployed teachers (Cohen, 1996). When the Depression subsided WPA child care centers and day care homes closed and then opened again in 1942 through the Lanham Act to provide care for children whose mothers worked in defense industries during World War II (Cohen, 1996). In 1946, when the war ended, government sponsorship of child care programs in centers and homes ended once again.

The practice of providing child care as an emergency measure remains in effect today and is enacted as federal policy that conceptualizes the need for child care tuition assistance as a temporary aid for low income women as they seek suitable employment. For example, in 1996 welfare reforms enacted mandatory work requirements intended to transition women from the emergency need for assistance to gainful employment but specified time limits for child care tuition subsidies (Collins & Mayer, 2010) as though child care would only be needed during the time of emergency. The emergency approach is also evident in the practice of targeting low-

income populations for child care assistance rather than establishing federal funding toward the development of a comprehensive national child care system that serves the needs of all families.

The emergency rationale to fund some child care for some groups of women fails to acknowledge that the vast majority of women have always labored to support their children, their husbands and other family members as a normal aspect of family functioning rather than only for emergency measures. It ignores the fact that women from all cultural and socioeconomic backgrounds have always used many forms of child care including care by siblings, relatives, independent family child caregivers, servants, slaves, wet nurses and nannies (Auerbach & Woodill, 1992; Michel, 1999; Wrigley, 1990). A final problem with the emergency service approach is that the temporary status of the programs results in a fragmented system with inconsistent enforcement of federal standards for health and safety and minimal attention to the development of long term federal funding (Cohen, 1996; Phillips & Zigler, 1987).

Child Care as Social Welfare

Throughout the 1900s public policy also adopted the approach of child care as a social welfare service (Lombardi, 2003). The ideology that children fared best when raised by mothers in the home continued to influence how public policy paid attention to child care services. Rather than funding and improving child care options that began as charity work through day nurseries and child care centers that were established during the war, the goal was to keep children out of childcare. Thus, mother's pensions were established as a means of public support that encouraged mothers to stay home with their children. Child welfare workers advocated for mother's pensions as an approach to gain respect for the work of mothering as a valuable contribution to the state (Michel, 1999). However, after federal legislation was passed, in 1909 and again in 1911, states were left on their own to administer services, resulting in wide variation

of administrative agencies, eligibility requirements, and perception of the purpose of the pensions (Lombardi, 2003). In spite of the original intention, mother's pensions were inadequately funded, and similar to the day nurseries, had restrictive rules that excluded many from eligibility. Home visits, demonstration of accepted parenting practices, and ongoing surveillance were required for eligibility (Michel, 1999). Minority and foreign-born women who had different parenting practices than the upper-class program administrators, were often deemed unworthy of the support (Lombardi, 2003; Michel, 1999; Wrigley, 1990).

In addition, according to Michel (1999), pension amounts were so low that many mothers needed to continue working. Michel (1999) notes that many states prohibited pension recipients from working and others advised recipients to take only part-time work or in-home work. The result was that women were channeled into the least desirable, lowest paying jobs and the need for alternative childcare options persisted. Many women continued to make child care arrangements with relatives, neighbors or family child care providers that offered the convenience and flexibility necessary to accommodate variation in schedules and unpredictable terms of employment. It is likely that many women also took in and cared for children as a form of in-home work and a means to augment their meager pensions.

A concern with the social welfare approach to child care is that it imprinted a social class stigma on child care as a service for the poor or those with social or individual pathologies (Norgren, 1981). It ignored that more middle class women used child care following World War II and public perception continued to reflect the belief that federally funded child care was primarily for low-income families or emergency measures (Lombardi, 2003). This contributed to the difficulty of securing adequate and consistent public funding for child care as a basic need for all families. Following the war, as the percentage of employed mothers continued to increase

and policies did not meet the needs of middle class families, the use of family child care again increased to fill the gap left by the closure of government centers (Auerbach & Woodill, 1992).

Child Care as Early Education Informed by Developmental Psychology

The emergence of the European early education movement of the late 1700s has had a profound impact on child care policy (White & Buka, 1987). Early education grew extensively in Europe during the late 18th and early 19th century and was also adopted by immigrant colonists in the United States. European educational reformers such as Oberlin, Pestalozzi, and Owen each played a part in shaping early education programs in the United States (Auerbach & Woodill, 1992). In 1770, Oberlin's work in France was intended to improve conditions for the poor through early education opportunities (White & Buka, 1987). Pestalozzi's 1774 industrial school in Switzerland emphasized the cognitive capacities of infants ages two through seven and from 1816 to 1825, Owen designed programs in both Europe and the United States to meet the care and development needs of children (White & Buka, 1987). Infant schools, intended for children from age four to seven that combined education, care, and moral instruction were common in London in the 1820s and spread throughout the United States in the 1830s and 40s (Auerbach & Woodill, 1992).

Developmental psychology. In 1889, Hall, a founding member of the American Psychological Association promoted his beliefs about scientific motherhood with attention to the child's progress (Auerbach & Woodill, 1992). Throughout the 19th and 20th centuries psychologists built on the foundation of early developmental philosophers and devised "scientifically based philosophies of childhood - developmental theories from which new approaches to education might be developed" (White & Buka, 1987, p. 54). As the early education movement grew in the United States, educational philosophy and developmental

psychology influenced the establishment of kindergartens and nursery schools. Kindergartens established during the mid-nineteenth century, incorporated Froebel's value of the importance of learning through play to teach both religion and basic academics (White & Buka, 1987). In the 1920s, preschools and nursery schools also emerged and were associated with university child-research centers that applied principles of developmental psychology to the study of children and parenting practices (Bloch, 1987).

Throughout the 1900s numerous developmental theories emerged that set in motion an ongoing research agenda regarding nearly every aspect of children's lives and formed the foundation for views of what today is considered developmentally appropriate practice in child care settings. Allen and Marotz (2010) describe how the following developmental psychology theories have had a strong influence on early care and education practices. Gesell's work in the 1920s and 30s, classified for the first time, the average ages children develop various abilities and this later defined the developmental milestones found on checklists used by teachers to assess children's progress. Erikson's psychosocial development theory first presented in the 1950s, acknowledged the interaction between internal and environmental factors on stages of social development. During the 1940s and 50s, Piaget established his stage theory of cognitive development that described the importance of self-initiated exploration. Piaget's theory was increasingly implemented in the 1960s in early childhood education to emphasize the importance of learning through play. Finally, Allan and Marotz (2010) note that Bowlby, Harlow, and Ainsworth's work in the later half of the 20th century shaped ideas about the importance of infant attachment that formed the scientific rationale for appropriate ways to care for infants in homes and child care settings.

In this context, nursery school teachers increasingly became professional child development experts who "specialized in observing the children in their care with an expert eye to see where and how they differed from the developmental norm" (Wrigley, 1990, p. 301). However, in contrast to day nurseries intended for emergency care or welfare services for working mothers, the majority of the early education and nursery schools served as part time enrichment for children of wealthier families (Auerbach & Woodhill, 1992; Wrigley, 1990). The practice of day nurseries for the poor and developmental nursery school for the middle-class is reflected in today's segregated system of child care in the United States where day care and family child care have most often been associated with custodial care and low-income families, while preschool and nursery school have been associated with higher-income families (Cohen, 1996; Frankel, 1994; Wrigley, 1990). It was not until the 1980s when increased efforts were underway to professionalize child care that education informed by developmental psychology was promoted for day cares and family child care (Frankel, 1994). Developmental psychology was promoted to even greater importance when new research that emphasized how early experiences from birth to age three impact positive or detrimental brain development was used to promote the importance of appropriate environments for young children (Shore, 1997).

Child Care as Work Support: Emergency Measures Meet Social Welfare and Education

From the 1800s to present time, the three historical approaches to child care policy, emergency care, welfare, and education have taken various forms and slowly converged towards a somewhat uneasy mix that continues to impact policy decisions that inform regulation priorities. Initially, policy was simply absent and women in need of care for their children had to rely on the charitable day nurseries or make informal child care arrangements (Michel, 1999). As this option was considered merely a temporary emergency measure, and in keeping with the

ideology that a good mother's role was to be home with her children, early forms of public policy for child care became oriented towards social welfare and provision of income supports in the form of mothers pensions (Lombardi, 2003).

National emergencies, such as the 1930s Depression and World War II also prompted the federal government to open temporary child care centers and foster day care homes to provide both work and child care in a time of need. Although the child care centers closed in 1946 when the war ended, their use had a lasting impact on views regarding use of child care (Michel, 1999). Several scholars credit the success of the programs during WWII with a change in public attitude toward group child care and a growing understanding that child care could be beneficial for both women and children (Cohen, 1996; Lombardi, 2003; Michel, 1999; Phillips & Zigler, 1987). This is also the time when the first licensing agencies were established and oversight of child care programs and foster day care homes began (Michel, 1999; Youcha, 1995).

In spite of these developments, the wartime programs closed and additional child care services were not established. Welfare services remained the principle approach to assistance for women and their children through the first half of the 20th century until concern over the growing use of welfare and perceived abuse of this system resulted in welfare reform legislation (Michel, 1999). From the 1960s to the present, welfare reform had a profound impact on child care policy. Instead of the previous long-standing approach of trying to keep children with their mothers, welfare reform policies increased work requirements and called for more child care services. Each successive wave of welfare reform added increased work requirements that necessitated increased child care and increased monitoring of child care programs in both centers and homes (Michel, 1999).

Throughout the 1960s, at the same time that welfare reform increased work requirements and the need for child care among low-income women, middle class women entered the public work force in ever greater numbers and the overall need for child care increased dramatically (Norgren, 1981). Despite the strong ideology that children should be at home with their mothers, a new awareness of the need for child care grew, as did the need to define and monitor quality standards in both centers and family child care homes (Auerbach & Woodill, 1992).

Legislation passed in the 1960s marked a clear departure from the use of funds to encourage mothers to remain at home towards the specific goal to reduce welfare dependency by providing child care so parents could work (Norgren, 1981). In part, this was due to welfare reform but it was also due to a number of changes that influenced more women to enter the paid labor force. Norgren (1981) states that social and economic change, a shift from rural to urban living, women's higher education, increase in divorce and single parenting, and influences of feminism all contributed to women's entry in the public workforce in unprecedented numbers.

The 1960s also marked increased incorporation of child developmental psychology and educational approaches in child care settings as an intervention strategy to improve the outcomes of low-income children considered 'at risk' for school failure (Swadener, 1995). Whereas education was previously associated primarily with nursery and preschool settings, efforts were now underway to increase education in center and home-based child care programs. In many ways, the three historical approaches, emergency care, welfare, and education, converged to form new legislative decisions about regulation of child care as a work support. For example, Head Start began in the 1960s and was offered at no cost to eligible families as a means to support parents to work or gain work skills, and to improve child developmental outcomes through both parenting education and preparing at risk children for entry in the public schools

(White & Buka, 1987). From this time forward child care has been considered a form of school preparation, a form of emergency intervention for at risk children, a necessity for welfare recipients to meet work mandates, and a source of enrichment for middle and upper class children.

The emphasis on the importance of early childhood education and the goal to provide educational and developmentally beneficial care for children has provided a rationale for public funding of child care that does not interfere with the predominant ideology of mother care and results in less public interference in private matters of the home and family. In this context, middle class women are able to place their children in out-of-home care without being chastised, and the children of low-income women are thought to benefit from increased preparation for public school. As such, early education informed by developmental psychology has become highly influential in shaping conceptualizations of professionalized child care quality (Wrigley, 1990) as well as the primary argument for increased federal funding of child care programs as a basic human right.

Child Care as a Basic Human Right

As use of child care became more prevalent child care advocates worked to establish public funding and secure improved work conditions for teachers and family child care providers with the goal to develop a federally funded child care system in the United States (Michel, 1999). For example, the National Committee for Day Care lobbied successfully in 1962 for an amendment to the Social Security Act (SSA) that included funds for child care and in 1967, the SSA Title XX program also included funds for care of children in both family child care and centers (Norgren, 1981). The Children's Defense Fund (CDF) also coordinated a coalition of early education professionals, labor organizations, community advocates and feminists who

lobbied for child care legislation (Norgren, 1981). The CDF coalition believed that, "comprehensive child development programs should be available as a matter of right to all children regardless of economic, social, and family background, although priority would be given to those with the greatest economic and social need" (Cohen, 1996, p. 32). For the first time in U.S. history child care was proposed as a basic human right.

As efforts to obtain federal child care funding continued both houses of Congress adopted the Comprehensive Child Development Act of 1971 proposed by the CDF coalition, but President Nixon vetoed the bill. Again ideological positions persisted, revealed by Nixon's stated concern that nationally supported child development programs would amount to government approval of communal approaches to child rearing over the family-centered approach (Lombardi, 2003; Michel, 1999; Norgren, 1981). From this perspective a national child care program would threaten the idealized model of family life and also overstep the bounds of public authority within the private domain.

Nonetheless, efforts to secure federal funds and improve workforce conditions continued throughout the 70s and 80s. The Center for the Child Care Workforce (http://www.ccw.org, n.d.) established in 1978, worked to address issues of the child care workforce, such as recruitment, retention and compensation. In addition, throughout the 60s and 70s unions, including The American Federation of State, County, and Municipal Employees (AFSCME), the United Auto Workers (UAW), and the Service Employees International Union (SEIU) organized workers in child care centers (Chalfie, Blank, & Entmacher, 2007). In later years, SEIU developed a model to successfully organize family child care providers based on the relationship with the state in which they received payment under the subsidy program and lobbied for increased federal funding for child care and increased reimbursement rates for providers caring for children who

received federal tuition assistance (Chalfie et al., 2007). This model was adopted by AFSCME and the two unions organized successful campaigns in several states.

After several years of advocacy efforts, in 1990 a new Children's Defense Fund coalition, the Alliance for Better Child Care, helped to pass legislation for the Child Care and Development Block Grant (CCDBG) and the At-Risk Child Care Program intended to help families who were at risk of going on welfare (Michel 1999). Although funds were extremely limited when CCDBG first passed, the bill was considered a gain that clearly linked child care to work rather than to welfare. It also marked an important change in the administration of child care funds and the monitoring of child care quality. CCDBG required all states to develop a plan for child care, and funds were set-aside for quality improvement of programs (Michel, 1999). Today, CCDBG remains the primary source for child care funding and advocates argue that the ongoing need for high quality child care is justification to continue and even increase federal funds.

Unfortunately, an unanticipated impact of CCDBG was that the idea of funded child care as work support paved the way for the most severe federal welfare reform in history, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Lombardi, 2003). In a modern day version of funding child care only as an emergency measure, the PRWORA eliminated cash entitlements, enforced stricter work requirements, and set time limits for child care assistance. The result is that much like 200 years ago, women continue to be channeled to low paying, part time jobs as they attempt to work around available child care options. While PRWORA is described as successfully increasing women's employment, Collins and Mayer (2010) present a critical perspective of welfare reform as the race to the bottom of the low wage labor market.

An important aspect of work to obtain federal funding for child care was to present child care as a profession that offered value to society. Many of the groups who worked towards improved child care policy and funding also worked towards a professional image of child care. For example, these groups shared a vision of improved care for children, improved working conditions for child care workers, and access to affordable, high quality child care for parents, all embraced within a federally funded child care system (Michel, 1999; Norgren, 1981).

Professionalizing the Child Care Workforce

Efforts to professionalize child care included both center-based and family child care providers and programs. These efforts drew on research from developmental psychology (for example, see Copple & Bredekamp, 2009) and more recent research regarding the importance of brain development during the earliest years from birth to age three (Shore, 1997). Brain development research has been used to promote the importance of appropriate environments and caregiving behaviors for children's healthy development (Shore, 1997). Similar to the earlier trend with nursery school teachers, professional child care workers are now encouraged to obtain specialized education and present themselves as child development experts. Increasingly research has been conducted to gain a better understanding of how quality child care benefits both children and society. Studies such as the Perry Preschool Project (Schweinhart et al., 2005), the Carolina Abcedarian Project (Ramey et al., 2000), and the Children of the Cost and Quality Outcome Study go to School (Peisner-Feinberg et al., 2001) documented that high quality child care leads to long term academic achievement.

Today, early education theory centered in the discipline of developmental psychology is the most widely used frame of analysis for empirical research that informs the standards of practice in early childhood programs. The largest early childhood education organization in the

United States, the National Association for the Education of Young Children (NAEYC) states that "research on child development and learning and the knowledge base regarding educational effectiveness" (NAEYC, 2009, p. 1) forms the framework for the association's position regarding developmentally appropriate practice in early childhood settings. Developmentally appropriate practice states that teaching practices should account for each child as a unique individual and be appropriate for each child's age, developmental status, and sociocultural context (Copple & Bredekamp, 2009). When these needs are not met, children are considered at risk for developmental problems thought to reduce their chance of successful experiences in kindergarten, the public school system, and throughout life (NAEYC, 2009).

A concern of the scientific and developmentally appropriate approach to professional child care is that it moves educators and quality assessment experts toward increasingly standardized prescriptions of appropriate ways to interact with and teach young children. While standards are needed the standards often stem from elite parenting practices that are reinforced through academic research and that may reinforce societal inequities (Burman, 1994; Cancian, 2002). For example, Cancian (2002) asserts that the primary tenets of research that set norms for child development fail to account for variance in family structures, mother-child interaction, developmental supports, family communication patterns, and the impact of socioeconomic constraints on parenting processes. As noted by Swadener (1995) this type of variance may lead to inappropriate classification of the child as "at risk." The "at risk" label draws on a deficit model in which the "other" race, class, spoken language, sex, ability, or approach to guidance, and family structure becomes a problem in need of intervention (Swadener, 1995). A recent example of the importance of addressing this concern is emphasized in the Black Child Development Institute's (BCDI) (2014) publication, *Being Black is Not a Risk Factor* that

addresses the pervasive societal presentation of Black families and Black children as at risk. In early childhood education settings, this may lock teachers into stereotypical images of families or inappropriate roles that interfere with true collaborative relationships, such as the teacher as the superior benefactor and the family as the beneficiary (Swadener, 1995).

Noting the dominance of the developmental psychology approach reconceptualists scholars sought to increase the use of feminist, critical, post-structural, and postmodern frameworks to encourage alternative perspectives of theory and practice in early childhood education (Bloch, 1992). A post-structural lens encourages the interrogation of historical and socio-cultural contexts and provides a framework to examine the idea of a universal image of childhood and the globalized, modern child (Bloch & Swadener, 2009). The promotion of a universal image for children and prescriptions for best practice of child care legitimizes power for some and oppresses others. This type of prescriptive teaching narrows the potential for the natural interconnectedness of children's learning and opportunities for emergent, deep education experiences (Tochon, 2010) that allow children to follow their own patterns of thinking and learning within their situated context (Lent, 2004), and that may overlook alternative ways that skills and abilities are learned and expressed (Emarita, 2006). Further, the child care teacher as expert may fail to acknowledge parental knowledge and limit the potential for deeper relationships between the provider and the parent that Uttal (2002) asserts is a fundamental aspect of child care quality.

In relation to family child care programs, this study raises the question of whether standardized views of appropriate teaching and perspectives of quality in early childhood education account for the consistently low ratings of family child care as assessed by current quality rating processes. While many family child care providers seem to have embraced child

development principles, there is wide variation of teaching styles from one program to the next that may not be understood or accounted for within current quality rating processes. There are many ways to achieve optimal development that are practiced in the wide diversity of programs. What is problematic is that assessment tools seem to increasingly assess only standardized processes of teaching and learning in specifically designed settings that reflect dominant ideological assumptions of normal behavior (Burman, 1994; Cancian, 2002; Coll et al., 1996). The impact of this approach to professionalization and its enforcement through licensing, training and education, and quality rating of family child care providers is discussed in the following section, regulation of family child care.

Regulation of Family Child Care

For most states family child care regulation did not begin until the 1940s when individual states began to issue family child care licenses separate from licenses issued to child care centers and group foster homes (Gellert, Hollestelle, Perreault, & Manfredi/Petitt, 1997). An increase in routine monitoring and assessment began in the late 1960s when use of all forms of child care increased (Auerbach & Woodill, 1992). Today, the Child Care and Development Block Grant Act administered through the Office of Child Care (OCR), Administration for Children and Families, requires that every state operate a licensing system to ensure health and safety of children in child care settings (National Association for Regulatory Administration [NARA], n.d.). Requirements vary from state to state but typically include a group size threshold after which a provider must obtain a license or registration. A criminal background check is required at the time of application and at each renewal. Typically a licensed provider agrees to announced and unannounced home inspections to assure they meet the health and safety standards and all others standards outlined in the licensing guidebook for their state (NARA,

n.d.). What follows is a review of literature that relates to family child care regulation in the United States and the three primary regulatory processes central to this study, licensing, training and education, and quality rating.

Licensing as a Regulatory Process

Licensing is considered the "first line of protection for children in out-of-family child care settings" (Azer et al., 2002, p. 1). The National Association of Regulatory Administrations (NARA) defines quality indicators as licensing requirements that are "based on research and best practices linked to children's safety, well-being, and/or school readiness" (Payne, 2011, p. 17). Maher (2007) states that structural quality indicators include the setting, materials, staff qualifications, adult to child ratio, and number of children in the group, and that process quality indicators are the type and frequency of relational interactions between the provider and children in the group. Licensing sets baseline requirements for structural quality and makes recommendations for process quality (Payne, 2011).

In most states, including Wisconsin, a provider is legally bound to obtain a license if they care for more than three unrelated children. Additionally, in Wisconsin, if a provider cares for even one child that receives federal CCDBG tuition assistance administered through the Department of Children and Families, Wisconsin Shares program, the provider must either be licensed or undergo a certification process and must also participate in YoungStar, the state quality rating and improvement system. Licensing and certification set minimum health and safety standards, entry-level training or education requirements, and increasingly in many states, require participation in a quality rating and improvement system (Tout et al., 2010). Providers who participate in regulation must complete the required trainings, and demonstrate their ability to maintain quality indicators defined by their state regulatory agency. Though no specific causal

relationship has been determined, participation in regulation is associated with higher quality care in a number of studies (Kontos et al., 1995; Elicker et al., 2005; Payne, 2011). The improved quality has been attributed to the fact that regulated providers are more likely to make use of local child care resources such as support groups, training opportunities and consultation through a Child Care Resource and Referral (CCR&R) agency (Kontos et al., 1995).

Providers' perspectives of licensing. Three significant qualitative studies have increased the understanding of providers' perspectives of licensing and other regulation processes by providing descriptive information about how family child care providers conceptualize their lives and work. Along with rich descriptions of family child care providers' lived experiences, Nelson (1990), Zinsser (1991), and Tuominen (2003) each addressed to varying degrees how family child care providers made decisions about, and were impacted by regulation processes.

Zinsser's (1991) ethnographic study of 50 unregulated caregivers situated in a small northeastern city revealed how beliefs about childrearing and the importance of family and community influenced the provider's motivation to offer care. In this community, registration was voluntary and a license was required if caring for 5 or more children. The providers in Zinsser's study were aware of the 5-child limit and most adhered to this rule. However, regulation was not a sign of quality or an approach to recognition as a professional. Instead, these "babysitters" as they referred to themselves, were proud of their work, well established in their communities, and had no difficulty finding children to care for. Under these circumstances, a question posed by Zinsser's study was, "How much regulation should family childcare providers be subjected to?" Zinsser became concerned with how to preserve and encourage the

positive aspects of local neighborhood child care while at the same time establishing regulations to strengthen informal caregiving and eliminate abuse or inequity.

Nelson (1990) used a survey questionnaire and phenomenological analysis of in-depth interviews with 50 family child care providers. Her analysis notes that family day care providers do not all experience their work in the same way. She describes challenges such as the tensions that providers undergo as they engage in a market exchange within a social context, or as they negotiate between their own and the parent's beliefs about child-rearing, or manage the impact of the business on the their own family members. Nelson found that some providers were concerned that regulation might interfere with their ability to make their own decisions about their business. She states that providers' decisions about participation in regulation are often embedded in the context of relationships they negotiate with their own family members and with parents and children in the program.

Nelson also comments on the decision of some providers to include a preschool program as part of their family day care. In reference to all of the providers in her study, Nelson (1990) respectfully notes, "many of the women who do this work do it sensitively and well" (p. 218). She describes the growing perspective that equates the provision of school preparation with professionalism in a child care program noting that the women who include a preschool program in their family day care "shed light on the question of what might happen if family day care were to be transformed not just into a more businesslike endeavor (as might be the case with increased regulation), but into a more distinctly professional one as well" (Nelson, 1990, p. 18).

Tuominen's (2003) institutional ethnography with 20 in-depth interviews examined social processes that influence the experiences of family child care providers. This study draws attention to the gendered nature and cultural and economic devaluation of care work as well as

the racial ethnic hierarchy within the workforce. Tuominen describes one provider's frustration with her wages earned while caring for children whose families pay with federal funds. Although the provider worked full time, was licensed for 4 years, completed a year of college and additional training in early childhood education, her income was more than 20 percent below the poverty level. She points out that Fosburg (1981) found a racial ethnic hierarchy of wages in family child care where Hispanic providers earn two-thirds less, and black providers one-half of white providers. A final issue noted by Tuominen was that some regulated providers no longer associated with non-regulated providers. This highlights how regulations reinforce a workforce division by social class and license status. In Tuominen's (2003) analysis, regulation policies and low payment for subsidized family child care amount to "institutional social processes that incorporate and perpetuate the historical devaluation of women's care work" (p. 177).

There are also a growing number of providers who have accepted the regulation process. Beginning as early as 1958, and currently present in every state, family child care associations and networks have emerged that provide support to complete license requirements, offer trainings, manage equipment lending services, and refer parents to providers who have openings in their programs (Gellert et al., 1997). Providers in these groups consider themselves professionals and are more likely to manage their program similar to a preschool within a home using a teaching rather than parenting model of care (Nelson, 1990). They are also more likely to complete a degree in early childhood education or to obtain credentials beyond licensing such as accreditation through the National Association for Family Child Care (NAFCC). However, Nelson (1990) points out that all providers, regardless of regulation status, found themselves negotiating their businesses around the concepts and constraints of regulation. She found that

even providers who pursued regulation as an aspect of professionalism were not always satisfied with the requirements and many viewed the regulatory process as punitive rather than supportive.

Today, the majority of family child care programs in the United States remain unlicensed and there has been a recent trend for licensed programs to close. Child Care Aware (CCA) (2009) reported a national decline in regulated family child beginning in 2008. CCA attributed this decline to the recession and warns that children will not be safe in unregulated care. This trend has been documented in Wisconsin in several reports published by the Wisconsin Council on Children and Families (WCCF) (Edie, 2012, 2013, 2014). A WCCF report (Edie, 2012) indicated a 28% reduction in the number of licensed family child care centers in Wisconsin between 2004 and 2011. An additional analysis reported on the WCCF website (Edie, 2014) reports a 71% drop in certified, and 34% drop in licensed family child care providers between 2007 and 2013.

The situation in Wisconsin was further exacerbated in 2009 when regulatory inspections were increased as a measure of fraud prevention after some centers and family child care homes were convicted of collecting subsidy payments when no children were enrolled. According to WCCF (Edie, 2013) it is difficult to determine if the recession, fraud prevention efforts, or parents choosing lower cost unlicensed care has had the greatest impact on child care closings. One additional report suggests a complex situation related to family child care program closings. A study of family child care closings done by Community Coordinated Child Care (4-C) (2012) of Madison, WI reported a 50% drop in the average number of regulated providers from 1996 to 2012 in Dane County, one of the counties in its service area. To learn more about why the programs closed, 4-C conducted a survey and interview study of 141 providers that closed within the prior 12 months in 4-C's eight-county service area. The family child care providers in this

study listed several economic factors stemming from new regulation such as low enrollment and reduced hours due to changes in the Wisconsin Shares program, and difficulty financing and meeting requirements for YoungStar, Wisconsin's newly implemented QRIS. This indicates that factors that influence family child care closings extend beyond difficulties from the recession and suggests that from the providers' perspective, continued participation in regulation does not provide enough value, or may cause too much interference with their programs, especially when requirements have increased dramatically with minimal monetary reward. The research done for this dissertation sought to explore these ideas through learning about the providers lived experiences with regulations. Additional specific information about Family Child Care Regulation in Wisconsin and the experiences of family child care providers with the regulation system will be presented and discussed in the findings chapters of this dissertation.

Training and Education as a Regulatory Process

Family child care training refers to professional development activities that occur outside of the formal education system. Family child care education refers to credit-based course work within the formal education system as well as to a providers' own level of education (NACCRRA, 2012). Like many aspects of child care regulation entry-level education and training requirements vary from state to state. The training requirements for family child care involve non-credit, entry-level coursework as well as an ongoing, annual requirement for additional training hours. Nine states require entry-level training of one hour, 23 states require less than 15 hours of annual training, and more than one-fifth of states do not require fire safety or other health and safety trainings (CCA, 2012). Given this situation, there is great interest in mandating higher training requirements for family child care providers as well as minimum educational degree standards.

Do training and education improve caregiver behaviors? The potential of training and education to improve quality in home child care settings has been more extensively researched than any other area related to family child care. Many studies report that training specific to early care and education and a providers' own level of education are positively correlated with increased quality of care and specifically to increased sensitivity of caregiver interactions with children (Burchinal et al., 2002; Clarke-Stewart et al., 2002; Davis, Thornburg, & Ispa, 1996; Fosburg, 1981; Kontos & Wilcox-Herzog, 2001; Raikes, Raikes, & Wilcox, 2005). An exception, Howes (1983) found safe, appropriate environments to be a more important indicator of quality than training. Another exception, (NICHD, 1996) found that specialized training did contribute substantially to positive caregiving behaviors but the caregiver's own level of formal education did not. However, each of these studies present methodological limitations due to correlational design, self-reported outcome measures, small sample size and inability to isolate education level and training from other factors that might influence results (Kontos & Wilcox-Herzog, 2001; Porter et al., 2010).

Kontos and Wilcox-Herzog (2001) highlight three studies that show stronger causal relationship between specialized training and quality: DeBord and Sawyers (1996), Cassidy et al. (1995), and Kontos et al. (1997). Each used quasi-experimental design to measure structure and process quality before and after providers participated in training and also rated a comparison group of providers before and after the training even though they did not participate. Providers that participated in the training program had more significant quality improvement ratings than those that did not. According to Kontos and Wilcox-Herzog (2001) these studies demonstrate that specialized training can cause changes in child care quality.

Little is known about how varied training content or varied patterns of training attendance impact caregiver behaviors. One study that obtained information about how content areas influence quality used three different quality assessment instruments to test how provider education and training influenced process qualities and then used a post hoc analysis to determine the impact of certain knowledge areas (Bordin, Machida, & Varnell, 2000). The study found knowledge of child development and health care practices to be more significant than other factors for positive process qualities of attentiveness, sensitivity and involvement with children. Another example, Norris (2001) compared quality ratings of providers with differential patterns of training participation, and found continued participation resulted in higher overall scores on the Family Day Care Rating Scale (Harms & Clifford, 1989) and especially in the language reasoning, learning activities, and basic care subscales.

Some studies also examined if a provider's own level of education or years of experience impacts their interest in professional development training. For example, Walker's (2002) study using in-depth interviews and surveys found that a provider's years of experience was negatively associated with their interest in pursuing professional development and concluded that required training may seem punitive or unnecessary for experienced providers. Other studies have compared family child care provider's interest in training as well as their own educational level to that of center-based caregivers (see Dunn & Tabor, 2000; Gable & Haliburton, 2003; Gable & Hansen, 2001). In a focus group study with 74 participants including directors, center providers, and home providers, Gable and Hansen (2001) found that home-based providers were less likely to think that education is necessary for child care work than center-based providers and that home-based providers with no post high school education were even less likely than those with a college degree to consider education necessary.

More recently, in order to determine effective professional development strategies Forry et al. (2012) used survey and quality assessment data from the Quality Interventions for Early Care and Education (QUINCE) Partnerships for Inclusion (PFI) study (Bryant et al., 2009) to complete a latent profile analysis (LPA) analysis of 341 family child care providers who sought professional development. Using scored ratings from the multiple quality measures implemented in the QUINCE PFI Study (including FCCERS, ECERS-E and the Sensitivity Subscale of the CIS) Forry et al. (2012) sorted their subsample into 3 groups based on quality ratings with the following results: 12% of the care provided was above moderate quality, 50% was rated moderate quality and 38% was rated low quality care. Within each group, the latent profile analysis examined correlates between characteristics of the provider (demographics, setting, provider attitudes, provider supports), and three dimensions of quality: teaching and interaction, caregiver sensitivity, and instructional supports for literacy.

In terms of training and education, the most salient finding from the Forry et al. (2012) study was that experience and training were more strongly associated with higher quality than the provider's own education. It was also noted that membership in a professional organization was a predictor of higher quality ratings across all three groups. In addition, the researchers noted that programs in the lower quality group served a higher portion of subsidized children and stated there was a difference in attitudes among the low quality group where providers demonstrated less confidence in their abilities and fewer child-centered beliefs and practices than those in moderate to above moderate quality groups. Based on this information, Forry et al. (2012) suggested the use of consultation models that target provider's beliefs and motivations rather than classroom-based trainings for providers with less experience and low quality ratings. For providers with moderate to above moderate quality ratings and more experience they

suggested topics related to business management and program sustainability. An important consideration in this study is that providers that serve a high proportion of subsidized customers are typically themselves lower income. Thus, while the Forry et al. (2012) study offers a more in-depth consideration of factors that impact providers' participation in training and education, it can be noted that a bias favoring more elite child rearing practices and standards of quality care (BCDI, 2014; Burman, 1994; Cancian, 2002; Swadener, 1995) may have impacted perspectives of the researchers or been inherent in the research instruments.

When considered as a whole, the above research examples that examine how training impacts provider quality ratings make a strong case that specialized training targeted to specific provider groups can positively influence quality in child care programs and some studies suggest a provider's own education may also make a difference. These studies provide information about what early childhood experts consider to be important considerations regarding training and education for family child care providers. Next is a review of research that examined family child care provider experiences with training and education. This is followed by a summary of the potential strengths and challenges related to implementing training and education strategies to improve quality in family child care programs.

Providers' perspectives of their experience in training and education. In some studies, providers report benefits from completing training. In one post training survey, providers reported that the most important thing they gained from the training was a sense of professionalism and self-respect (Dombro & Modigliani, 1995). In the same study and another, providers stated that when they completed training parents and the early learning community seemed more respectful of their important role in child care services (Dombro & Modigliani, 1995; Lanigan, 2011). Porter et al. (2010) reviewed family child care literature and concluded

that provider's interests may vary depending on their reason for providing care but overall they expressed interest in training topics such as health, safety, child behaviors, child development, licensing and community resources.

Providers have also communicated challenges they experience with training and formal education. Three distinct themes have emerged from a variety of sources including a publication based on an informal conference discussion (Trawick-Smith & Lambert, 1995) and a number of small studies that used surveys, focus groups, or interviews to explore provider perspectives of training and education (Bailey & Osborne, 1994; DeBord, 1993; Rusby, 2002). Providers want (a) training with content tailored to family child care that is presented by instructors familiar with home-based care; (b) culturally relevant content; and (c) flexible delivery formats.

The first theme is especially relevant when considering the nature of home-based care. Trawick-Smith, a university professor, and Lambert, a family child care provider, collaborated to publish an article about family child care training needs based on a question and answer session that followed a conference keynote at an early childhood conference (Trawick-Smith & Lambert, 1995). The family child care providers in this discussion explained that in contrast to care provided in child care centers, family child care often involves working simultaneously with children whose developmental needs range from infancy through school age, designing learning environments that are shared with one's own family, and managing boundaries between work and family. In a survey study of 300 providers conducted through Montana State University providers listed stress management, assertiveness skills, discipline, and business management as top training priorities (Bailey & Osborne, 1994). From this study, Bailey and Osborne surmised that differences in caring for children within one's home while one's own family is present, as well as the need to manage both care and business aspects of the program were key factors that

determined family child care training priorities. These findings are also confirmed in other studies (DeBord, 1993; Lanigan, 2011; Trawick-Smith & Lambert, 1995). Specifically in family, friend and neighbor care where the caregiver may be a grandparent or close friend, Drake et al. (2006) found that providers wanted training to set boundaries and communicate about discipline without criticizing. In spite of distinct differences between the approach to care provided in centers and that provided in family child care homes, minimal research has been done to understand how these aspects of care impact children's developmental outcomes and what specific training factors related to these differences would enhance the care provided.

In some studies, providers commented that many trainings are conducted by people who have never cared for children in their own homes or visited a family child care program (Dombro & Modigliani, 1995; Trawick-Smith & Lambert, 1995). They expressed frustration that video and other materials did not show family child care settings (Rusby, 2002) and that ideas are presented from the perspective of center-based child care with the assumption that this will readily translate to home-based settings (Dombro & Modigliani, 1995; Lanigan, 2011; Taylor et al., 1999; Trawick-Smith & Lambert, 1995). Instead, they want to learn from experienced caregivers or trainers familiar with family child care issues, such as working with mixed age groups, designing play environments in a home setting, or the challenge of disciplining the child of a close friend (DeBord, 1993; Dombro & Modilgiani, 1995; Drake et al., 2006; Lanigan, 2011; Taylor et al., 1999).

Providers also indicated a need for culturally relevant context. Providers of all socioeconomic levels and diverse racial and ethnic groups, including immigrant and refugee populations have varied perspectives of child rearing practices, child development, and needs of children (Maher, 2007). Training programs that incorporate culturally relevant content and

support providers to negotiate differences between the content they are taught, their own beliefs, and the beliefs of the families who use their services are more likely to gain interest from providers. For example, Uttal's (2010) analysis of a community based research project revealed that the providers had questions about US child rearing practices such as promotion of individual development, independence, and emphasis on self esteem. Uttal noted that Latina immigrant providers experienced an absence of their cultural value of convivimiento*,* 'living together daily with respect and empathy' when the trainings and certification programs focused on US values of fostering individual, independent children. According to Uttal (2010) these providers engage in liminal cultural work to reconcile their own cultural childrearing practices with the U.S. mainstream childcare training values that they are taught in required certification courses.

Cultural relevance requires trainers to go beyond translating materials to a specific language and requires that they adapt both content and approach to reflect the culturally specific values and beliefs of the targeted group (Uttal, 2010). Argo, Chan, & Malecka (2005) described a process of translating culture and not just words that took place when they were engaged in support and training for family, friend and neighbor caregivers through Refugee Women's Alliance and the Chinese Information and Service Center in Seattle, WA. In this program relationships were formed when community members were trained to lead groups and when trainers adapted their program when the participants wanted to learn more about health and nutrition rather than child development.

A final consideration related to training involves barriers to participation. A variety of functional barriers such as care for their own children, cost of trainings, and time away from work or their own family often impede provider participation. Most studies indicate that providers are interested in alternative delivery options for trainings such as online formats, or

correspondence courses with assignments based on viewed video content (Porter et al., 2010). Overall, providers need low-cost training offered in the evening or on weekends that is relevant to their settings (Rusby, 2002). The challenges with training and education experienced by family child care providers described above are of concern because regulations and quality rating and improvement systems continue to increase training and education requirements.

The case for increased training and education requirements. Research studies such as those discussed in this literature review that find correlational relationships between provider training and improved quality, underlie the rationale for increased training and education requirements for family child care providers. Early childhood education advocates have called for increased training and increased education requirements (Azer et al., 2002; Kontos & Wilcox-Herzog, 2001). Some suggest implementation of an Early Childhood Education National Competency Assessment that would be administered after the completion of an Early Childhood Associate of Arts Degree (AA) or Early Childhood Bachelor of Arts (BA) degree for both center and family child care teachers (Kagan et al., 2008). In addition as of 2014, all quality rating and improvement systems include rating indicators related to staff qualifications and training (Build Initiative & Child Trends, 2014).

The call for more education and training presents a concern for family child care providers for a number of reasons. First, according to Early and Winton (2001) in a study of 247 Early Childhood Associate of Arts programs and 180 Early Childhood Bachelor of Arts programs, only 11.6% of the AA programs and 4.6% of the BA programs have an entire course related to working in family child care so providers would not be likely to get training related to strengths and challenges unique to home settings. Recently, some states, including Wisconsin, are taking steps to address this issue and have developed credit-based credentials for family child

care. For example, Wisconsin's Family Child Care Credential is a 4-course, 12-credit credential offered through 2- and 4-year colleges (The-Registry.org, n.d.).

Some programs have worked to provide training and education tailored to the needs of family child care providers. The National Association for Family Child Care (http://www.NAFCC.org, n.d.) offers an annual conference and administers an accreditation program. NAFCC accreditation involves a self-study, a series of non-credit course modules with content tailored to family child care practices, and a home visit by an approved accreditation specialist. The Council for Professional Recognition (http://www.cdacouncil.org, n.d.) offers a national Child Development Associate (CDA) Credential for Family Child Care that some community colleges will accept for course credit. In addition, in more than 20 states the TEACH early childhood scholarship program includes options for family child care providers to receive the scholarship to take classes (Mitchell, 2012).

Another concern with increased training and education requirements is that although training is believed to improve quality, and providers have low participation in training (Helburn et al., 2002), additional research is needed to learn more directly from family child care providers what type and content of training they would find most useful. In some instances, there may be a bias towards formal education as well as a lack of respect for family child care providers' own self knowledge and knowledge of their own work that can be discerned in the academic literature. In one study the researchers concluded that family child care providers were unaware of their training needs (Peters & Kostelnik, 1999) and in another it was posited that because they do not have education, they are unaware of the benefits that education could provide (Gable & Hansen, 2001). Family Child care providers also often comment that their experience as parents and grandparents helps them in their daily work. Yet trainers may refute parenting experience as

appropriate preparation for child care work and they discuss the difference between parent and provider roles with children (Katz, 1988). Additionally, in the introduction for the most commonly used global assessment tool for family child care, the authors note "family child care providers often tell us that their program is 'good' because the children they care for are treated just as their own children would be" (Harms, et al., 2006, p. 1) and then point out that this does not necessarily ensure positive child development. However, providers value the family model and believe it is good to care for and treat children in their child care programs just as care for and treat their own children (Baker & Manfredi/Petitt, 1998). In contrast, rather than dispute this claim, Emlen and Prescott (1992) suggest that trainers respect caregivers' experiential learning as mothers because caregivers can distinguish between the mother role and the caregiver role.

The research for this dissertation explores the fit between current approaches to training and education and quality rating with the intention to inform understandings of quality in family child care settings. There is reason to question the accuracy of the ratings of quality in family child care programs, and this in turn will impact the effectiveness of training and other quality improvement initiatives for family child care. The following section reviews quality rating as a regulatory process and considers the implications regarding the fit between current regulatory processes and family child care providers' beliefs, values and practices.

Quality Rating as a Regulatory Process

Studies such as the Perry Preschool Project (Schweinhart et al., 2005), the Carolina Abcedarian Project (Ramey et al., 2000), and the Cost and Quality Outcome Study (Peisner-Feinberg et al., 2000), report that high quality child care leads to improved child development outcomes resulting in long-term academic achievement. Of concern is that most child care settings do not provide the components of quality care such as low teacher child ratios and

formally educated teachers, defined by the research as necessary for academic success (Kagan et al., 2008). NICHD (2000) sampled 1300 children in all types of child care settings in ten U.S. locations and reported that among this sample 8% of care was poor, 53 % was fair or mediocre, 30% was good, and only 9% was excellent. Another study of family child care settings only, indicated 9% were considered to provide good quality care, 56% were rated as providing adequate custodial quality care, and 35% were rated as providing inadequate quality care (Kontos et al., 1995). As noted previously, Forry et al. (2012) found that of 431 family child care settings, 12% of the care provided was above moderate quality, 50% was rated moderate quality and 38% was rated low quality care. These studies and many others set in motion an agenda to assess quality in early childhood settings.

In response to concerns about child care quality assessment instruments have been developed for multiple purposes, including for researchers to identify how quality impacts child outcomes, for policymakers to evaluate effects of quality improvement initiatives, and to aid parents in selection of appropriate settings for their children (Zaslow et al., 2011). A number of instruments have been developed for assessing the global quality of child care centers and family child care homes. These instruments typically use parent surveys, coded observations, time sampling, and numeric rating scales with both qualitative and quantitative analysis to measure the structural and process components of quality (Modigliani & Dunleavey, 1990). Some assessment tools measure a single aspect of care or a specific developmental outcome, such as language development or literacy, and these may be used in conjunction with a global assessment tool (Porter et al., 2010). Increasingly, global assessment instruments are included as a primary component of quality rating systems. In this context, for providers who serve children

whose tuition is paid with federal funds through the Child Care and Development Block Grant, an evaluation using a global assessment instrument becomes a regulatory requirement.

Quality rating and improvement systems (QRIS). One approach to improve child care quality is the use of quality rating and improvement systems that assign tiered levels of federally subsidized tuition reimbursement based on a program's quality rating (Tout et al., 2010). The first QRIS was implemented in 1998. Additional states implemented the QRIS at a somewhat slow pace until about 10 years ago when the Race to the Top-Early Learning Challenge federal funding competition incorporated QRIS as a central grant application component which greatly increased its use in building ECE systems (Goffin & Barnett, 2015). Currently 38 states operate QRIS (Build Initiative & Child Trends, 2014) and the remaining states are engaged in QRIS development (Goffin & Barnett, 2015). QRIS are used for a range of purposes including as a professional development system, and most recently as an accountability tool to assess and increase program quality (Goffin & Barnett, 2015). Typically, states designate a set of core benchmarks for all programs related to health and safety and then build in additional quality benchmarks that programs work for to increase their QRIS rating. The most common areas of quality assessed to increase ratings are benchmarks for staff qualifications and training, environments, program administration and management, and family partnerships and engagement (Build Initiative & Child Trends, 2014). The highest level involves completion of accreditation or specific training or education requirements. Currently, most states suggest completion of NAFCC accreditation to earn the highest rating and compensation. A few states, including Wisconsin, require providers to have credit-based early childhood course work such as a combination of early childhood credit-based credentials. For example, the Wisconsin Department of Children and Families, YoungStar QRIS information website

(http://dcf.wisconsin.gov/youngstar/point-detail.htm, 2015) listing of family child care evaluation criteria indicates that the highest QRIS level and thus the highest compensation rate, requires up to 24 credits or an associate degree or more advanced degree.

The QRIS process most commonly begins with a global assessment completed by a technical consultant and a self-assessment completed by the provider in order to rate the overall quality of the program at the onset of participation. The Family Child Care Environmental Rating Scale, Revised Edition (FCCERS-R) (Harms, Cryer, & Clifford, 2007) is the global assessment tool used by the majority of QRIS (Tout et al., 2010). Once the initial rating is completed, training and consulting are then used to support the provider to reach higher levels on the rating scale and to prepare for a final rating completed by a trained rater who will again use the global assessment tool to assign the final rating. The score from the assessment tool may also be combined with other evaluative criteria as determined by any given state's QRIS. The final rating is what determines the reimbursement level the provider will earn for families who pay with the state's child care assistance subsidy. To earn the highest tuition reimbursement offered through the subsidy system, providers must complete the benchmarks set for the highest level of their state's QRIS.

In most states where a QRIS has been implemented they are considered by regulators to be a voluntary system. However, in some states, all providers who care for children that receive federal tuition assistance are required to participate in the QRIS. Therefore, in the case of child care providers who typically serve families who receive assistance, if the provider elects not to participate in the voluntary system they will lose customers. In addition, because even the highest subsidy rates are very low, the level of investment needed to obtain the highest quality rating often outweighs the return for the effort (Edie, 2014). Even with grants to purchase

equipment and scholarships to complete classes many providers will not fulfill the education and other requirements of a QRIS due to lack of time, lack of child care for their own children, or the inability to get time away from work to complete classes. Thus, QRIS have a direct impact on the provider's income and work experience. For this reason evaluation of the effectiveness of state QRIS is extremely important, yet to date research regarding QRIS effectiveness has not kept pace with QRIS implementation and practices (Goffin & Barnett, 2015).

Research concerns about family child care quality assessment and QRIS. Initial reports from some states indicate that participation in a QRIS is associated with improved levels of quality as measured by global quality ratings and more positive teacher-child interactions (Satowski, 2009). However, some researchers have expressed concerns with the results of family child care quality studies. They point out that quality assessment of family child care has been an ongoing challenge due to varied state regulations, diversity of programs and diversity of families that use this type of care (Maher, 2007; Porter et al., 2010). This complexity makes it difficult to conduct broad based studies of quality or to generalize data from smaller studies. Quality assessment is further complicated because instruments vary from study to study, and samples are drawn primarily from low-income populations (Porter et al., 2010). Given the methodological concerns, researchers are doubtful about the generalizability of quality studies.

Concerns have also been expressed about the use of global assessment instruments such as the Family Child Care Environmental Rating Scale, Revised (FCCERS-R) (Harms et al., 2007) that is the most used assessment instrument in the country (qrisnetwork.org, n.d.). For example, Porter et al. (2010) note that studies using instruments other than the FCCERS-R, such as the Quality of Early Childhood Care Settings: Caregiver Rating Scale (QUEST) and Child Care Assessment Tool for Relatives (CCAT-R) have found positive aspects of quality in home

care settings including affectionate and responsive interactions, nurturing of children, and providers that were involved with the children. Designed specifically for home-based care, QUEST assesses interactions between the provider and a single child at a time rather than with the whole group and also uses the standards derived from the National Association of Family Child Care to assess environments (Halle, Vick Whittaker, & Anderson, 2010). The CCAT-R is an instrument that was designed specifically for assessment of family friend and neighbor care. This suggests that instruments that were designed specifically for home-based care may provide a better understanding of quality than those such as the FCCERS-R that were adapted from tools originally designed for group care.

Global assessment instruments are valuable tools, yet in any case, there are limitations to their use. There is not always consensus regarding definition or selection of components, and comparison between studies is difficult because varied tools use constructs that measure different dimensions of quality (Modigliani & Dunleavey, 1990). Adaptations of instruments from one program type to another may be inappropriate. Regardless of the program they are intended for, many tools fail to account for the challenge faced by methodological parameters that reflect dominant developmental psychology ideological assumptions of normal behavior related to caregiving and guidance practices (Burman, 1994; Cancian, 2002; Coll, et al., 1996).

A compendium of child care quality measurement instruments (Halle et al., 2010) reveals the emphasis placed on child development experts and theorists to design constructs and to determine content validity. Among global assessment instruments described in the review for use with family child care, content validity was typically established through consultation with early childhood professionals and researchers, extensive literature review, and from knowledge of child development theory and developmentally appropriate practice as established by the

National Association for the Education of Young Children. While the input of experts is invaluable, it is important to consider if reviewers represent a homogeneous group (e.g. upper class and Eurocentric) in terms of cultural standpoints as well as academic traditions. If so, there is a higher likelihood that hegemonic patterns will be recreated in the criteria set forth by the various instruments and multiple versions of any given tool.

Efforts have been made to incorporate broader perspectives in quality measurement instruments. The compendium of quality measurement instruments (Halle et al., 2010) also includes information regarding how the instruments address diversity. The most common approach was to include assessment items that measured availability of materials and activities for promoting understanding of diversity. Two of the instruments indicated the use of focus groups to improve the cultural sensitivity of the instruments, and one indicated that it would be important to test the instrument with various cultural groups to determine if it measured views of quality held by these groups. While materials and activities are important, the use of focus groups and efforts undertaken to learn of views of quality held by cultural groups and varied program types such as family child care, present the highest likelihood of shifting from a hegemonic academic and cultural standpoint.

Researchers have also expressed concerns about the ability of existing global assessment instruments to adequately capture the full range of quality experiences that influence child outcomes such as self regulation, social competence and cultural identity (Porter et al., 2010). Quality has often been conceptualized and measured as providing an academically enriching environment, but many studies highlight unique characteristics of family child care that go beyond academic achievement. This research suggests that the close, long-term relationships between providers and parents and a style of caregiving that resembles parenting more than early

childhood education are important dimensions that define quality (Emarita, 2006; Maher, 2007; Porter, Rice, & Mabon, 2003; Uttal, 2002). Porter et al. (2003) note that the relationship between the caregiver and the child and child's family that endures long after the child care arrangement ends is what distinguishes family friend and neighbor care from other forms of child care. Emarita (2006) points out that family friend and neighbor care provides children with a holistic approach to development that is embedded in the strong social networks of their individual family, community and cultural context and that this fosters resilience in children. For the families in Emarita's (2006) study, culturally specific social skills were considered the most important aspect of quality care and early learning and the foundation for all other learning.

These additional characteristics suggest a more expansive view of child care quality is found in the diverse settings of family child care that is not accounted for in current measurement instruments or quality rating scales. Maher (2007) states that measures of quality must incorporate values of parents who choose the care, such as shared childrearing, strengthened family bonds, and cultural consistency. Porter et al. (2010) suggest that measures should be specific to the setting and use characteristics of the care arrangement, the child in care, and the caregiver to assess quality. Yet, current research and the resulting assessment instruments typically used for quality rating and improvement neglect to sufficiently attend to these relationship characteristics and contextual considerations.

An additional concern expressed regarding research of child development overall that is relevant to this study is that existing research that has supplied evidence of quality indicators for quality improvement has relied heavily on positivist traditions. Positivist research traditions systematically reduce constructs to individual units of analysis rather than allowing for a structural analysis of broader societal issues of inequity (Bloch, 1992). Bloch argued that an

over-emphasis of remedial interventions for the individual child or family, or a specific child or political issue, such as those described in this review, impedes progress towards meeting the needs of children and families and solving problems in the field of early childhood education. This argument is echoed in concerns expressed by Hatfield et al. (2015) regarding inequitable access to quality and ability of programs in communities of low socioeconomic status to meet the QRIS quality standards.

Researchers also express concern about the effectiveness of QRIS to improve quality and to achieve desired child outcomes. The QRIS approach was implemented for the first time in 1998 and studies of effectiveness are in the early stages. Finne & Guppy's (2009) examination of QRIS programs in five states determined that the QRIS measures inputs to a program rather than actual child outcomes, and that QRIS are expensive to administer and provider participation is low. Perhaps of greatest concern is that there has been a rapid adoption of QRIS by childcare state regulatory systems, yet there is a lack of empirical evidence to draw on to develop legislation, design QRIS components, and implement the programs (Steinberg, 2008). As a starting place to address this Steinberg conducted in-depth interviews with key stakeholders in five states that had adopted QRIS and published a summary of lessons learned that indicated a need for more advance preparation and increased evaluation of QRIS for effectiveness. Steinberg's (2008) stated need for more information seems equally pressing today as indicated by the introductory comments for a 2015 special issue publication of Early Childhood Research Quarterly, *QRIS as a Change Agent.* The introduction noted there has been a rapid increase in the use of QRIS in the last ten years and that the primary use for QRIS had changed from a tool to inform parents about child care quality to a tool for standardizing early childhood education measures with accountability related to child outcomes (Goffin & Barnett, 2015). A concern

expressed by Goffin and Barnett (2015) is that research has not kept pace with QRIS practice and that the majority of the submitted manuscripts sought to address fundamental issues with QRIS design. Thus while research continues to grapple with the best approach for designing a QRIS and evaluating the effectiveness of the assessment instrument, states are going forward with QRIS implementation that profoundly impacts all child care practitioners and especially family child care providers.

Providers' perspectives of QRIS. Information from this literature review indicates there are a number of concerns regarding family child care regulatory processes and the QIRS approach. Yet, there are no studies that have examined in-depth, how providers experience today's processes of licensing, regulation and quality rating. In 2008, 45% of states reported a drop in regulated family child care programs (CCA, 2009). CCA attributes this drop in family child care programs to the economy yet evidence emerged that additional factors also influenced the decline in programs. For example, Finne (2012, p. 1) is critical that higher QRIS scores for quality are gained by those programs with the "provision of an environment resembling a preschool, including college-educated staff holding a specialized degree in early childhood learning" and notes in her review of five states that family child care providers indicated that the cost of meeting QRIS requirements is difficult.

As stated previously, there has been a noticeable drop in the number of licensed family child care programs nationally and in Wisconsin, there was a drop of 28% between 2004 and 20011. In Milwaukee County where there is a high percent of African-American providers, the rate of decline was 33 % in just 4 years. More recent estimates indicate a 71% drop in certified, and 34% drop in licensed family child care providers between 2007 and 2013 (Edie, 2014). Critiques of QRIS suggest that a steady increase in regulatory requirements culminating in the

implementation of the Young Star QRIS, first implemented in Wisconsin in 2009, may have contributed to this decline. An additional consideration is that it is not the rating system alone, but rather the QRIS combined with a subsidy payment system that reimburses Wisconsin providers well below the market rate even at the highest quality rating level, that exacerbates this problem. In response to these concerns Wisconsin Council on Children and Families conducted an informal online inquiry and providers listed the reasons for the decline of regulated family child care as: more requirements and tighter reinforcement; low wages; the economy and unemployment; families changing to use the newly implemented statewide 4-year-old kindergarten; families leave family child care due to publicity about fraud and poor quality; and Wisconsin Shares payment policies (Edie, 2012).

Chapter Two Summary

It has been the practice of the early care and education experts to set standards and derive definitions of quality that are heavily based on research from child care centers and on desired school-readiness outcomes. This approach has generated a biased perspective in which child care settings that demonstrate accepted approaches to school-readiness are afforded higher quality ratings to the exclusion of other important aspects of quality. Additionally, most of the research has focused on how to improve child development outcomes, yet we know that children's outcomes are dependent on the ability of the provider to offer high quality care. Providers are more likely to offer high quality care if their needs for support, training and compensation are met.

Research that has been done in family child care settings suggests there are many aspects of quality and an approach to both care and education that differs from what is provided in center-based programs (Doherty, 2015). Although researchers and early childhood experts have

adjusted regulations, incorporated some education specific to family child care, and adapted quality assessment instruments to incorporate some of the program differences, the core premises of all of these regulatory processes stem from a positivist tradition of research focused on children's experiences in center-based programs. If research and the resulting policies that guide regulation processes are to serve family child care, then regulation should be studied as a dynamic phenomenon that takes place in a situated context as part of the ongoing daily experience of the providers in their particular social and cultural context.

In order to provide high quality child care and to improve their own work experience, family child care providers need educational opportunities, quality improvement assessments, and supportive guidelines provided by regulations that are consistent with their perception of themselves and their work. This interpretive phenomenological study aimed to capture rich contextual descriptions and understandings of how providers interpret their experience with regulatory processes of licensing, training and education requirements, and quality rating and improvement systems. To obtain this information, 26 in-depth interviews were conducted with family child care providers from as many different locations in the state of Wisconsin as possible. The intention is to produce information that may improve the design of regulatory systems that account for the unique needs and characteristics of family childcare providers and their programs.

Chapter 3

Methodology

The purpose of this research was to study family child care regulation by interpreting the meaning that family child care providers ascribe to their lived experiences with the regulation phenomena of licensing, training and education, and quality rating. Information gained from the analysis was used to generate theory regarding reasons behind the decisions family child care providers make about participation in regulation. This study is important because it informs understanding of the manner in which family child care providers want to be regulated and contributes information to develop policies and regulation practices that will support family child care providers to offer services that are consistent with their values and beliefs.

Interpretive Phenomenology and Grounded Theory Analysis

The study employed interpretive phenomenological methodology and constructivist grounded theory coding (Charmaz, 2006) to analyze in-depth interviews in order to construct a contextual description of how providers experience regulation requirements. Interpretive phenomenology is an approach to qualitative research that aims to offer insight into how a given person or group of persons makes sense of a given phenomenon. Emerging out of a tradition of symbolic interactionism grounded theory analysis allows the researcher to engage in inductive reasoning to interpret how individuals negotiate meanings that are formed through the social, historical and cultural norms that operate in their daily lives (Charmaz, 2006; Creswell, 2007). Charmaz (2006) emphasized that the researcher must establish how people construct meaning in order to understand why they act as they do. According to Charmaz (2006), "the constructivist approach means learning how, when, and to what extent the studied experience is embedded in larger and often, hidden positions, networks, situations, and relationships" (p. 130). An

interpretive, constructivist approach using in-depth interviews was the most appropriate method for this study because it allows the researcher to conduct an intensive exploration of a particular topic with people who have relevant experience (Charmaz, 2006).

Research Questions

The theoretical question this research addressed is: What social, cultural and historical factors impact the regulation of family child care today and how does the current regulatory process support or undermine family child care providers' ability to do their work according to their values and beliefs? The empirical research questions used to understand this were:

1. What meaning do family child care providers ascribe to their experiences with child care regulation processes?
2. How do providers' experiences with the processes of licensing and certification impact their decision to participate in and maintain regulation requirements?

The interview protocol included questions that encouraged providers to describe their experiences with topics related to family child care regulation including licensing and certification, training and education, and quality rating. The providers were also asked to describe a typical day in their program and to talk about what they want most for children, families, their careers, and the family child care profession. These questions encouraged them to describe what they believe are the most important aspects of the services they offer. Analysis of the providers' own descriptions of their caregiving practices and experience with regulation processes was completed using grounded theory coding procedures that identified themes and patterns that brought to light the essence of the participants' lived experience. Specific information about the in-depth interview questions and the grounded theory coding procedure

used for analysis is provided in the data analysis section below and the schedule of interview questions is provided in Appendix A.

Method of Participant Recruitment

Recruitment began by talking about the study with acquaintances such as family child care providers and representatives from the Wisconsin Family Child Care Association and Wisconsin Early Childhood Association, and asking them for referrals to contact for the interviews. As the interview process got underway, a snowball sampling method was used to obtain additional potential participants through referral from interviewees and through additional conversations with family child care providers at early childhood conferences and training events. Although there are limitations to the self-selected process of a snowball sample initiated by the researcher, this approach is accepted as viable when attempting to work with a population that may be difficult to locate. Because many family child care providers have been reluctant to share their approach to child care with "professionals," they are often referred to as an underground population and considered difficult to contact. One advantage to my personal experience within the child care community in the state of Wisconsin was that I have worked throughout the state with all of the different types of providers described in the literature review, and thus have a rapport as an insider in this community. While this indicated the need for cautious analysis, it also offered great potential to contact many providers, and that might have been more difficult for a researcher that does not have a relationship with the study population. This approach resulted in many referrals throughout the state. Several providers posted information about the study on their support group Facebook sites and also contacted members of resource and referral and early childhood advocacy organizations. From these referrals a

purposeful sample was obtained based on the criteria for selection of participants noted in the following section.

Criteria for Selection of Participants

The goal for selection of participants was to obtain a purposeful sample with a specific focus to achieve analytic saturation based on data obtained not solely from demographic diversity of the caregiver, but also diversity of their experience with regulation. This is called maximum variation sampling (Lincoln & Guba, 1985) and involves advance determination of criteria that differentiates participants and then selection of participants for the study that differ on the criteria (Creswell, 2007). I designated several selection criteria including age, experience, education of the provider, program type, urban and rural locations throughout the state, regulation status such as license-exempt, licensed, never licensed, or certified, and race, ethnicity, and socioeconomic status. I devised a neatly calculated plan to select the most diverse participant group possible and to ask each participant to refer three providers. From the group of three, the provider who was most unique to the study would be contacted for an interview. In reality, as is the nature of snowball sampling, the sample formation took on a life of its own. I obtained many more than three referrals from some contacts, no referrals from others, and several from the information that went out to various support groups through their Facebook sites. Throughout this process, I worked to achieve the most diverse sample possible based on the designated criteria by sending emails, by contacting some individuals more than once, and by turning down some providers who volunteered to be interviewed.

Participants. Twenty-six providers participated in the study. Their ages ranged from 32 to 68 years. Fourteen of the providers were in their 40's and 50's. Four providers were in their 30's and six were in their 60's. Of 26 participants, four were African American, one was Native

American, one was Latina, and twenty were White. The providers represented a range of experience levels, with 16 of the providers at 11 to 30 years of experience as family child care providers. Five providers had less than 10 years of experience and four providers had more than 30 years of experience. One provider was license-exempt and the remaining twenty-five were licensed. Two providers lived in towns with populations under 500, two lived in towns with populations under 5,000. Nine providers lived in cities with a population between 10,000 and 50,000, and twelve lived in cities with a population over 100,000. Providers lived in many areas throughout the state though it was more difficult to obtain providers from far Northern Wisconsin and no providers responded from recruitment efforts in Southwest Wisconsin. A table of participant profiles and a map with general location of participants is provided in Appendix B.

Data Collection

In-depth interviews ranging from 30 minutes to 2.25 hours in length were conducted either face to face or over the phone with 26 family child care providers. Two interviews were less than 1 hour, two were more than 2 hours, and the remaining interviews were between 1 and 1.5 hours in length. All interviews were transcribed verbatim resulting in 470 pages of text data available for analysis.

Qualitative research uses a cyclical data collection-preliminary analysis process to arrive at a final analysis. Creswell emphasizes the emergent process of qualitative research and states, "all phases of the process may change or shift after the researchers enter the field and begin to collect data," (Creswell, 2007, p. 39). In line with qualitative methodology, an emergent data collection process was employed to include any potential sources of additional data that became relevant as preliminary analyses of data were conducted. Anything learned during the interviews

that influenced how I interpreted the data such as information about a current event related to family child care, or comments from social media, blog sites, mediated web discussions or periodical publications was considered data. For example, a series of periodical publications related to incidents of child care providers convicted of fraud by collecting subsidy payments when no children were enrolled was reviewed to gain insight about the current context in which providers in this study experience regulation. Another data source was a number of publications by several child care organizations related to a drop in the number of licensed family child care homes in Wisconsin and throughout the country. Yet another, was a set of newspaper articles that applauded providers for working to raise their ratings on the newly implemented QRIS.

Demographic information was also obtained with the use of a prepared form administered to each interview participant to obtain information about: income, age, family size and composition, race/ethnicity, and number of years as family child care provider. This information was summarized to provide a description of the study participants and also reviewed to determine if any of these constant variables revealed significant information to inform analyses related to the research questions. A table and summaries of participant profiles based on the demographic characteristics is provided in Appendix B.

Data Analysis

The purpose of the analysis was to identify general processes and themes rather than to describe or explain correlations between variables. The text was analyzed using steps for constructing grounded theory through interpretive phenomenology including initial, focused, axial, and theoretical coding, and the constant comparative method (Charmaz, 2006). The constant comparative method is used to generate concepts and theory using inductive processes that compare data with data throughout each stage of theory development (Charmaz, 2006).

Insights from this process are then used to guide the consecutive data collection. For example in this study, although analysis of the first ten interviews appeared to represent saturation of the data I continued to collect and comparatively analyze additional interviews seeking providers with the broadest range of experience and location possible in order to test my own interpretation of the saturation point. The grounded theory coding is described below and Figure 1 on the following page provides a conceptual illustration of the constant comparative method.

Initial coding. Initial coding of the transcripts was done to identify concepts or ideas that emerged from the data. During the initial coding process, I reviewed the data for descriptions of how the people I interviewed explained their perceptions of the specific topics of the research questions: becoming a family child care provider, maintaining licensing and certification, experiences with training and education, participation in the quality rating system, a typical day in their program, and their hopes for children, families, their careers, and the family child care profession. Charmaz (2006) notes that initial coding might be word-by-word, line-by-line, or incident-to-incident. In each of the interviews providers described detailed incidents with specific examples in response to each of the research questions. I began to notice themes among these incident descriptions and in order to gain additional clarity and verify my interpretation, I developed a table to collect examples of the providers' response to each question (see Table 1 below). As I proceeded with additional interviews and added data examples to the table, I used the constant comparative method to recheck the emerging themes in each new interview against earlier interviews by comparing situation-to-situation in order to determine if the emergent analysis was steady. If a new theme emerged or if something contradicted an existing theme, then I revised or extended my analysis until I was able to explain and interpret all cases described in the interviews. According to Charmaz (2006), initial coding allows the

researcher to compare data with data and learn what research participants experience in relation to the problem, thus moving the researcher towards an analytic interpretation of the data.

Focused coding. Focused coding was used to synthesize the themes and describe larger patterns that emerged from the initial codes and themes. During focused coding the most significant or frequent initial codes are identified and this supports the researcher to make decisions about which initial codes make the most sense to categorize the data more completely (Charmaz, 2006). One example of the focused coding process related to family child care teaching practices. When talking about their typical day the providers described examples of teaching the children. They spoke of talking one-on-one with children, teaching through interrelational activities among children of different ages, and emergent curriculum based on children's interests. As I reviewed these and other teaching descriptions in the transcripts, my attention became focused on the unique and specific teaching practices of family child care providers and these situations were given the focused code: unique family child care (FCC) teaching practices.

Axial coding. Axial coding was used to organize and analyze relationships between categories and subcategories in order to describe the essence of the research problem and give coherence to the emerging analysis. Axial coding is the process during which the researcher reassembles the data to give coherence to the emerging analysis (Charmaz, 2006). Returning to the above example, when asked about their experiences with the QRIS, several providers described situations where their teaching practices differed from the approach suggested by their consultants and these were assigned the focused code: contrasting teaching practices. During axial coding I compared these categories and also noted that some of the responses from the research questions about why they became family child care providers, and what they wanted for

the children in their care, informed my interpretation about their rationale for the teaching practices they preferred. During focused coding these examples were coded as "unique" or "contrasting" teaching practices, but during axial coding as a result of comparing these categories and the rational for, and implications of their teaching practices, a broader theme of intentional pedagogy emerged. Axial coding moves the researcher towards theoretical interpretation of the data.

Theoretical coding. Charmaz (2006, p. 63) notes that theoretical codes "not only conceptualize how your substantive codes are related but also moves your analytic story in a theoretical direction." Again, following the above example, the focused and axial coding directed my analysis to a process of theorizing about what characterizes family child care teaching practices and what best describes the intentional pedagogy of family child care. Theoretical coding in this instance involved writing memos about the questions that emerged related to pedagogical practices in family child care and how this fit with regulation processes. In this way, the initial, focused, and axial coding processes and the constant comparative method were used to analyze the data for each research question. Figure 1 below provides a conceptual map of the constant comparative method used for data analysis. Table 1 on the following page illustrates one instance of this process related to family child care teaching practices. The table shows how each of the key interview questions was reviewed and how some of the questions offered insight and context, that allowed for theorizing about pedagogical practices and others did not. The process was repeated for all aspects of the interview data to obtain the findings from this study. Appendix C provides a conceptual maps for each coding process that led to a theme and towards the emergent theory of relationship-based intentional pedagogy in family child care settings.

Figure 1: Constant Comparative Method

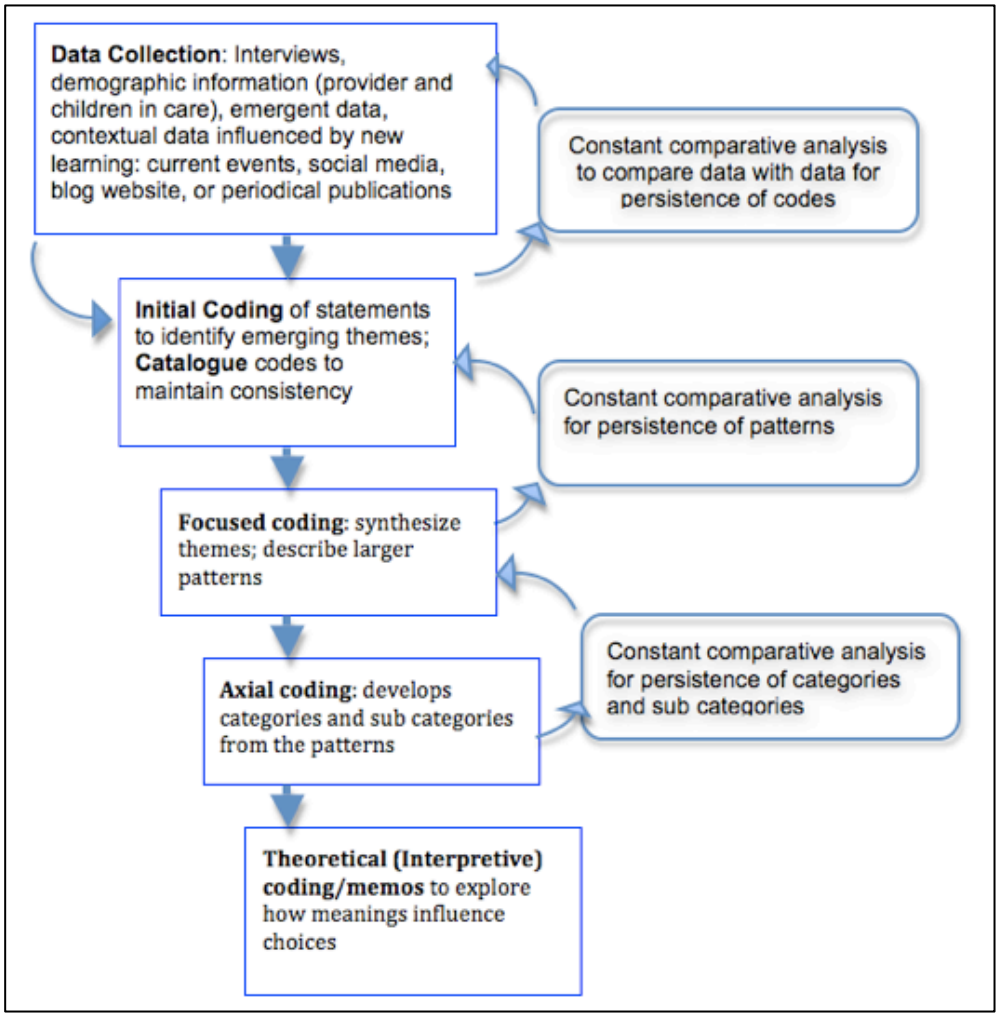

Figure 1. This figure illustrates the constant comparative method in which data from each interview is constantly compared to that of prior interviews in order to. Patterns, categories, and sub-categories and themes also undergo constant comparative analysis.

Table 1: Data Coding Example

Research Questions	**Initial Coding** Most significant or frequent data examples from every participant for each research question	**Focused Coding:** Synthesize themes describe larger patterns	**Axial Coding:** Relates categories to subcategories	**Theoretical Coding** Memos for emergent theory
1. How did you become a FCC provider?	Comments from this question were sorted/listed here as initial coded situations. For example, some described situations and reasons why they chose FCC work over other forms of child care work and these were coded "why FCC."	Why FCC?	Related to preferred teaching practices. Grouped and compared during axial coding Informs ideas related to teaching.	How do FCC teach children? Are there common practices that could describe an intentional pedagogy that stems from providers descriptions rather than from center-based research?
2. What is it like to have a license or certification?				
3. What prepared you for the work of FCC?				
4. What are your experiences with Young Star QRIS?	This question yielded significant examples of how teaching practices differed from practices suggested by QRIS consultants that were sorted/listed here as initial coded situations	Contrasting FCC teaching practices	Intentional pedagogy	How do providers preferred teaching practices impact how they are rated on the QRIS?
5. Tell me about a typical day in your FCC	Examples of teaching unique to home settings and mixed age groups that were sorted/listed here as initial situations	Unique FCC teaching practices	Intentional pedagogy	Does this inform intentional pedagogy? What is the intentional pedagogy of FCC?
6. What do you want most for the children, families, your career and the profession?	Related to 'wants for children,' informed rationale for teaching practices and examples were sorted/listed here as initial situations	Teaching rationale	Informs ideas related to teaching. Does this inform intentional pedagogy?	

Table 1. This table illustrates one example of how data from each of the interview questions was analyzed. Analysis of initial coding identified larger categorical patterns that were in turn analyzed for relationships that informed theory regarding intentional pedagogy. The process was repeated for all aspects of the interview data to obtain the key findings for this study.

Establishing Credibility of the Analysis

An interpretive, constructivist approach that considers data and analysis as created from experiences and relationships of the researcher and participants (Charmaz, 2006) was adopted. With this approach the researcher takes a reflexive stance toward the research process and takes into account that both the researcher and the participants will engage in interpretation of meanings and actions throughout the study. Reflection about this process is incorporated in the data analysis. Instead of reliability, replicability, or statistical analyses, the credibility and validity of the study is confirmed and verified through the systematic, constant comparison of themes and patterns throughout data analysis and the rigor of the researcher's reflection and reflexivity. Rather than to claim that the study is representative of an entire population, the goal is to identify societally significant ideas. Thus, this study does not claim to be representative of the entire population of family child care providers. It is intended to identify significant ideas that can inform family child care regulation processes.

Initial interviews for this study were collected purposefully selecting providers with the broadest range of experience and location possible until there was a saturation of the data with significant ideas. In order to test my own interpretation of the saturation point, an additional 16 interviews were collected, again using maximum variation and purposefully selecting for the broadest variation possible. In addition to verifying saturation of the data analysis, care was taken to include perspectives from all participants in the research analysis and when reporting the findings. Further, the results were reported using specific phrases to indicate prevalence of ideas such as "one provider," "a few," "many," "most," "almost all," and "all." For certain characteristics when confidentiality was not a concern, such as age, education, and racial identity of the sample as a whole, numeric counts were given. This approach provides the reader with a

better understanding of frequency while still maintaining confidentiality and the qualitative nature of this study,

Role of the researcher. As an early childhood professional, I bring experiential knowledge to my research and my perspective is not value free. I have worked in various positions including six years teaching in a center-based preschool program, nineteen years as a family child care provider, and nineteen years as a college instructor of child care and child development courses. In addition, for the majority of that time I have presented at numerous practitioner conferences, provided workshops and trainings, and worked as a consultant for both center and family child care programs. My own family child care program was licensed by the State of Wisconsin, and accredited by Satellite Family Child Care, Inc., the City of Madison, Wisconsin's family child care accreditation program. I valued, and continue to value the aspects of child care quality improvement that support children's social and academic development yet have come to believe there are many paths to that goal, multiple paths to quality, and multiple purposes for child care.

Some of the biases that I anticipated in my approach to this topic were the potential to ask leading questions based on my own lived experiences with regulation, and the potential that my personal experiences would cloud my judgment during analysis. A benefit from my experience that I anticipated is that I have experienced multiple roles in early childhood settings and therefore am able to understand the strengths and challenges of the varied perspectives related to the issues that were researched. Acknowledging this, I used analytic memos to record my experiences and questions related to the research and worked to be self-aware of when my history seemed to shape my interpretation. I repeatedly asked myself, whether my interpretation accurately represented the individual or specific group of providers who came forward to

interview for this study. I was cautious to analyze the data to make sense based on the meanings of the participants, but at the same time I also allowed my interpretation to be informed by, and emerge from my own professional, personal, cultural, and historical experiences (Creswell, 2007).

Limitations

This study of regulation represents regulation processes in one state at one point of historical, socio-cultural context. The study is not representative of all family child care providers. It provides a rich description of one group of family child care providers' experiences with regulation and offers insight into the reasons family child care providers may or may not participate in regulation. It is likely there are many family child care providers that were fearful or mistrusting to express their beliefs and practices for this type of research and thus the sample, though diverse in many ways, represents a group of providers that appear to be more comfortable expressing their view. Further, regulation practices differ from state to state and though there may be similarities, the study does not represent regulation practices in any other state of the United States nor does it propose to represent all family child care providers. In addition, the study seeks to extend theory about family child care beliefs, values, and teaching practices from the perspectives and experiences of family child care providers themselves, yet it does not propose to represent beliefs and practices of all family child care providers.

Chapter Three Summary

Interpretive phenomenology was employed to identify themes and construct a contextual description of how family child care providers make sense of their lived experiences with the regulation processes of licensing, training and education, and quality rating. The empirical research question provides understanding of the meaning that providers ascribe to regulation through a description of their lived experiences with regulation processes. Grounded theory

coding and constant comparative analysis of the descriptive data was used to gain insight and generate theory regarding the factors that influence family child care providers' decisions about whether or not to participate in regulation. By gaining knowledge of these factors as well as understanding of the beliefs and values that motivate providers to do the work they do, the study seeks to extend theoretical conceptualizations of family child care practices and thus inform new approaches to regulation of family child care providers' programs.

Chapter 4

Professionalism, Pride, and Dedication

This chapter begins the exploration of the providers' lived experiences with regulation. It examines the factors that influence family child care providers' decisions about whether or not to participate in licensing, training and education, and quality rating. One of the main themes that the providers communicated is that participation in regulation as a licensed or certified provider, attending trainings, taking classes, and engaging in advocacy as members of early childhood associations and support groups are all important aspects of professionalism. The providers in this study also demonstrated their professionalism through mentoring and leadership roles and by expressing pride in their accomplishments and dedication to children, families, and the family child care profession.

Their views contrast with images of family child care providers who operate outside of the regulatory system (Zinsser, 1991) or images of mothers who do this work only because they enjoy being at home with their children while earning additional income (Atkinson, 1992). Instead, the experiences of several providers in this study represent Layzer and Goodson's (2006) description of family child care providers who may have begun family child care in order to stay home with their own children and then elected child care as a career choice and stayed in the field. In addition, many of the providers in this study extend Layzer and Goodson's (2006) description because they began their careers in center-based programs and then elected to work as family child care providers due to the unique opportunities this type of care offered in relation to their teaching values and practices and the services they offered to children and families.

In many ways, the findings indicate that the providers in this study represent a pivotal point in the history of family child care. The experiences they describe offer one answer to

Nelson (1990) and Zinsser's (1991) question, "What will happen if family child care becomes regulated and professionalized?" This group of providers is negotiating an identity that stems from the intersection of their experiential learning in home-based settings, regulation requirements, and professionalized academic standards defined by developmentally appropriate practice and the broader early childhood profession. This transitional identity was evident when they were asked why they became family child care providers. The response was a mix of answers from, "I was born into it. I am the oldest of 10 brothers and sisters. I really liked taking care of children and that was where I was going to head, to become a teacher," to, "I was in center-based care for eleven years with the military and I had the opportunity to become something called a home off post facility," or, "I quit working to be more involved with my children's lives and it was the rearing and the upbringing that I had that I felt I could be of service to someone else." Several providers also described experiences where they were not satisfied with the care settings their own children were in and as a result they elected to start child care programs in their homes. Whether they began in their home or in center-based care, this sample represents the voice of family child care providers who elected family child care as a career. Their approach to child care and their work reflects intentional decisions that are responsive to both their personal experiences and current events and professionalization in the early care and education field. Below, I will describe how they view themselves as professionals and view professionalism as benefiting the families and children for whom they provide care.

It is not surprising that a study about regulation would prompt individuals who are concerned about regulation to agree to an interview. Because family child care providers have historically been known to work outside of the regulation system, or have not all embraced ideas of professionalism promoted by mainstream early care and education advocates, I anticipated

that providers less interested in regulations and professionalism would be most likely to agree to interview. What was surprising to me is that the majority of the providers that agreed to interview are considered leaders in their field and have embraced professionalism, which is encouraged by the broader early care and education field. Thus, this sample of providers reflects a population of providers who have a unique professional identity that reflects traditional family child care, a commitment to regulation processes, and an emerging pedagogy of family child care values and practices. The providers in this study expressed their commitment to professionalism in each of these areas and also expressed pride in their accomplishments and dedication to the work they do as family child care providers. Currently, the three primary components of Wisconsin's regulation system are licensing or certification, training and education, and quality rating. In this chapter, the providers' own views of how family child care professionalism is demonstrated through these regulation processes are outlined and in the following chapters, the challenges they face to maintain this professionalism will be discussed in greater detail.

Regulation as a Professional Practice

For the providers who interviewed for this study, maintaining a license or certification offered a way to define themselves as a part of the early care and education profession. One provider commented, "as child care professionals, we felt it was important to be licensed." Another stated, "I think it is important to have somebody making sure that we are providing a safe environment for the children and they are healthy, and just having someone kind of look over our shoulders." While there is no doubt that licensing and certification requires great attention to detail and increased vigilance for health and safety standards in a family home, for some providers, the guidelines made this relatively easy to accomplish. Typically an information packet is obtained by the licensing agency and providers prepare for the inspection by

completing a checklist. One provider expressed that she appreciated the guidelines and "liked having the rules and to know what to expect when they come through the door." Most providers accepted and understood the purpose of the unannounced monitoring visits and potential citations if they had overlooked one of the requirements. One provider described her license visits as follows:

> My old licensor that I had for 9 or 10 years, we got to know each other. I won't say that it was ever comfortable because it is always a licensor and you are always afraid that they are going to find something that you messed up on. You know, paperwork that was not done or something, because that happens. But at least I knew that she was not going to be out to get me. I knew that if I forgot something or she saw something she would write me up. Whatever, I deserved that.

She also described how she was able to ask her licensor questions:

> I would email with all kinds of questions and I'd say, I heard about this. What do you know about this? I heard that they are going to be changing the standards for cribs. Do you know if that is going to be happening? And she would say, nope that is not coming through yet. So I never had a problem asking her questions and such. And I think that's kind of neat if you have that kind of relationship that you feel comfortable talking to your licensor about that.

The providers seemed to appreciate the extrinsic motivation that regulation offered to help them keep on top of all the details necessary to maintain a healthy and safe child care program. They valued the opportunity to ask questions and learn practices that helped them manage caring for children in their homes.

However, recently, licensing standards have increased, and many providers also talked of the challenges they experience with regulation processes and monitoring visits. They note that times have changed and it seems as though the visits are more punitive and less supportive. These challenges will be discussed in following chapters.

Professionalism through Training and Education

The certification and license regulations in Wisconsin require providers to complete non-credit, entry-level, child care courses (Wisconsin Department of Children and Families 250 Licensing Rules for Family Child Care [Wisconsin DCF 250], 2009). The courses amount to a minimum of 70 hours of training and include an introduction to child care, specific training related to caring for infants and toddlers, CPR, shaken baby syndrome, sudden infant death syndrome, Wisconsin Model Early Learning Standards (WMELS), and training related to family child care business practices (Wisconsin DCF 250, 2009). Providers are also required to maintain a minimum of 15 hours of continuing education per year. The providers took these requirements seriously and many often did more than what was required of them. One of the providers who was highly motivated commented,

> I took every class I could possibly get. If you needed 20 hours a year, I had 70. I just went overboard. It was so good for me to learn all that stuff, both for my kids and for the child care group.

When asked to provide an example of how the trainings helped her she said:

> Just in terms of being professional, knowing that I needed to have a contract. The other students and the teacher emphasized: have it be your profession. This is not something you do as a favor, but something that you do as your job, for your income, and you will be taken advantage of if you don't. And, I also learned the hard way with the first few families that I had. I did not enforce things like paid days off, notices for when children don't attend, and things like that. So, I learned from experience but I also learned from the classes.

The providers in this study also expressed a belief in the value of credit-based coursework and obtaining a Masters or Associate Degree in Early Childhood Education. In addition to the required non-credit training, all but one of the participants in this study had completed some college level, credit-based coursework in early childhood education even though this is not a regulation requirement. Twelve of the twenty-six participants had degrees in early

childhood education. Two completed a master's degree, three completed their bachelor's degrees, and seven had earned an associate degree. Thirteen of the providers had earned some college credits in early childhood education. One provider did not have any college coursework in early childhood education but had completed a BA in a non-related field. Regarding the importance of credit-based education, one provider commented as follows:

> I would say that credit-based education is essential in many ways because it really is important to get into a subject. I mean there is no way anything can be covered in two hours, or four hours, or even a 40 hour class gets you a little ways, but I think people need to take classes that make them think a lot broader than just one tiny little topic. That is really important. I think that when you have taken credit-based coursework you are saying that you are willing to learn, you are saying that there is more out there that you can gain from other people, that you can gain from somebody who is directing you.

Statewide registries have been implemented throughout the country to develop training and education opportunities, and to track entry-level training requirements, continuing education units, and academic educational achievements of the early childhood workforce (National Workforce Registry Alliance, n.d.). These elements of professional development are combined to determine a career level for each early childhood educator whether in a home or center. For example, The Registry, Wisconsin's registry system, was established in 1991 as a voluntary system and in 2009 it became a license requirement that all providers maintain a registry certificate to document their professional development. In Wisconsin, The Registry career ladder spans a continuum of 1 to 17 levels. Lower levels are associated with non-credit entry-level training and levels increase with completion of credit-based credentials or degrees. Level 17 requires a PhD in early childhood or human development. Often, quality improvement initiatives will link incentives such as wage-enhancement grants, or education scholarships to increased registry levels. The registry levels of the providers in this study ranged from level 3 to level 16 with the majority of the providers at level 7 or higher.

Further evidence of commitment to professionalism shown by the participants in this study is that seven of the 26 participants had completed one or more of the available credit-based early childhood credentials offered through The Registry in Wisconsin in collaboration with the Wisconsin Technical College System and the University of Wisconsin four-year colleges. The Wisconsin Registry offers 8 different credentials of 12 to 18 credits per credential. Interested students can complete an Infant Toddler, Preschool, Afterschool, Inclusion, Leadership, Program Development, Administrator Credential, or the newly developed Family Child Care Credential. Credentials can be taken separately, in a sequence to build toward a degree, or as is the case for several providers in this study, a provider with an associate or bachelor's degree may choose to complete a credential to increase their registry level.

Professionalism through Quality Rating and Improvement

YoungStar, the Wisconsin Quality Rating and Improvement System was first implemented as a pilot project in 2000 and the full program was implemented in 2010 (Build Initiative & Child Trends, 2014). The YoungStar rating scale includes five star levels with benchmarks for family child care providers to obtain. Each involves a point system and when enough points are gained and a formal rating observation is completed, the provider's star level may increase. Benchmarks for family child care providers begin with licensure and basic health and safety standards and progress through incorporation of various achievements such as improved business practices and design and implementation of a developmentally appropriate curriculum and learning environment. Providers who are accredited through the National Association for Family Child Care (NAFCC) or Satellite Family Child Care, Inc. of Madison, WI, are automatically rated at four stars. The fifth star level in Wisconsin requires completion of an Early Childhood Education Associate degree. In many states, including Wisconsin, QRIS are

promoted both as a way for child care programs to improve and as a means for parents to gain a better understanding of high quality child care.

Of the areas where providers in this study worked to gain a professional image, YoungStar QRIS was the most controversial. Participation in YoungStar was promoted as voluntary, although any provider who cares for children whose family pays using the Wisconsin Shares child care subsidy program is required to participate. Thus if a provider's customers all use Wisconsin Shares her only option is to participate in Young Star or terminate the enrollment of those families. Because this typically meant a significant loss of customers, income, and relationships with families, the providers did not experience YoungStar as a "voluntary" system.

In this study, there was a mix of interest in participation with YoungStar. Both providers who had customers using subsidized pay and those who did not were interested and participated in YoungStar as an approach to demonstrate the quality of their programs. Some providers were clearly not interested and elected to no longer care for children whose families paid with Wisconsin Shares subsidies and some participated in the program initially and then dropped out. The primary reasons providers gave for not participating in the program of for dropping from the program were 1) they would not be able to obtain the highest level because they did not have an associate degree in early childhood education and the effort to complete this far exceeded the monetary return; 2) they disagreed with their final formal rating and perceived the formal raters as lacking knowledge about family child care values and practices; 3) their perception of the poor fit of the Family Child Care Environment Rating Scale (FCCERS-R) (Harms, Cryer & Clifford, 2007) used for the rating tool with their program and teaching practices, and 4) their concern about the overall effectiveness and validity of the program in its current delivery state,

especially in terms of inconsistencies of information among the program representatives. (I will discuss these views in later chapters.)

The process to obtain a Young Star rating is that a consultant works with the provider through a series of visits to their program and helps the provider prepare for a formal rater to come and observe for the final quality rating level. An exception to this process was that providers who were accredited by the National Association for Family Child Care (NAFCC) or by Satellite Family Child Care, Inc. of Madison, WI, were not required to have a formal rating and were granted a 4-star level (Wisconsin Department of Children and Families, http://dcf.wisconsin.gov/youngstar/default.htm, n.d.). This is because accreditation standards are considered to go above and beyond licensing standards and accreditation involves visits from the accrediting agency.

Most providers that participated in YoungStar were appreciative of the consultants that worked with them to review their program and prepare for a final rating. One commented, "They are full of great information and they are very helpful, and the grant that they offer is amazing. There are a lot of good things." Providers received grants for participating that they could use for improvements needed to obtain a higher star rating and this was considered a benefit. For example:

> I do recommend participating with YoungStar. People will say, well, I don't know if I want to have another person come in my home. I think participating with Young Star, that's $500.00 for the children that I can have on a yearly basis above and beyond what I normally can do. So I think it benefits the children in the long run. And I do believe in YoungStar. I mean, there are problems, but like any program they can work them out.

A provider who worked with a YoungStar consultant when she was getting started with her child care program noted how her consultant helped her:

> She helped with my educational things, and turned me on to coming to conferences and using my grant money for the conferences. We remodeled our basement to put the

> daycare down there this past year. She helped me with the layout of it and what was best for everything.

In contrast, other providers noted they were not satisfied with the final formal rating process. They stated that a three-hour rating by a formal rater whom they had not met previously and who had never been in their program would not provide an accurate assessment of their abilities or program. They also commented that some of the raters had minimal experience in family child care and that many of the items on the rating scale were not common practices in family child care homes. For example, in a small home setting on a main floor of the home, to keep children in both sight and sound is sometimes not practical or necessary such as when a provider goes to the next room in their home to change a diaper. One provider described how this type of situation caused a reduction in her ability to earn enough points for a higher rating.

> There is no way that I can score points in safety because I can't see the kids at all times because then I could not change a diaper. I mean, what am I going to do, take them all with me? That's not practical.

Several providers also talked about their teaching practices and one noted that she preferred to teach children one-on-one by commenting on, or facilitating their play activities. She noted that circle times did not work well because the children were of mixed ages and had varied levels of ability in terms of sitting for songs or stories. Yet a planned group time is considered "excellent" when a provider plans activities for the whole group and this earns points in the Family Child Care Environment Rating Scale (FCCERS-R, 2007) used to evaluate providers and their programs to determine their YoungStar points and star level rating. This intersection of how family child care practices and child care practices assessed by the YoungStar rating system differ emerged as a key point of interest in this study and an opportunity to theorize about intentional pedagogy in family child care settings. How do family child care teaching practices differ from other approaches to teaching? Can specific aspects of

family child care values and practices be identified as common among most programs? How might this information shape conceptualizations of quality and quality rating in family child care homes? How might this information support the development of regulation processes that are a better fit for family child care providers and thus gain greater participation? These ideas are explored further in the following chapters.

Professionalism through Teaching, Leadership and Advocacy

Another form of professionalism is participation in local, state, and national child care associations such as the National Association for the Education of Young Children, Wisconsin Early Childhood Association, National Association for Family Child Care Providers, Wisconsin Family Child Care Association, and Child Care Providers Together, the child care union. These associations help providers keep up on legislative policy that impacts their work, opportunities for professional development, and information about best practices in early care and education. In addition, they offer the opportunity to take on leadership roles by presenting at conferences or through participation as regional representatives or board members for the association.

Professionalism was also expressed by more experienced providers as being experts, teachers, or guides of less experienced providers. Some of the providers became approved through the state technical college system to teach the non-credit courses and this represented a source of pride in their leadership and mentoring of new providers. One provider expressed pride in her ability to support and teach other providers by teaching the Fundamentals of Family Child Care course required by licensing. She stated,

> By the time we were done with my class their policies were done. They had all the paperwork because I made them make copies of everything. I had them go online and download everything. They had a binder with everything in it. It was all set to go. They knew what they needed to do and they felt more confident in the process.

As educators and members of professional organizations the family child care providers in this study demonstrated that they placed a high value on teaching, leadership and advocacy for the early care and education profession.

Professionalism through Mentoring, Support Groups, and Networks

Many of the family child care providers in this study were members of support groups that met on a regular basis to share successes and challenges and to help each other keep up-to-date with licensing, training and education, and quality rating regulations. The support groups organized their meetings around a variety of relevant topics and often had speakers attend or planned specific trainings to enhance their work. In this way experienced providers' mentored new providers and all providers benefited from the discussion and interaction. Several providers commented on the benefits they experienced in their support groups. For example a provider commented,

> I got a letter from another provider that was starting her own support group. It was just a small one. It was under 10 people and we started meeting regularly. There would be speakers, and we would have trainings or we would just talk about things that were problems that we wanted to share with each other and get support.

Another very positive description of the benefits of support groups was expressed as follows:

> Our support group was anywhere from 80 to 100 child care providers. We had monthly meetings. We found ways of increasing our knowledge as a team and we [several of the members] decided to take the Infant Toddler Credential together to support one another. We had the mindset that anything that was out there that would better our business we would sign up for it and basically that is what we did over the years.

This group also worked together to keep abreast of new regulation developments.

> The members of our support group, we tried to be on every committee and every board that took place. One of our members was on their board when they were doing the quality rating. You know, trying to get all that stuff together. And she would come back and share the information with us and try to get our point of view.

Some of the providers in the city of Madison were also able to join a network, Satellite Family Child Care, Inc., that implemented the City of Madison Accreditation program and provided consulting and technical services for its members. Satellite also offers a referral service, sponsors a variety of trainings, and helped the providers to form support groups. Others became accredited through the National Association for Family Child Care.

Professionalism as Union Members

Providers also joined unions that worked for improved subsidy rates and improved regulation procedures. Beginning in the 1960s several unions organized workers in child care centers but it was not until the 1980s when the Service Employees International Union (SEIU) developed a new labor-organizing model that unions took on a bigger role in child care. In this model, the state became the employer of record for bargaining purposes based on the providers' relationship with the state in which they received payment under a state administered program (Chalfie, Blank, & Entmacher, 2007). The model has since been adopted by a number of different unions to organize home child care workers around the country. The American Federation of State, County, and Municipal Employees (AFSCME) is the union that organized family child care workers in Wisconsin to form Child Care Providers Together, and bargaining rights were gained in 2006 (Child Care Union Info, http://www.childcareunioninfo.com/wisconsin.html, n.d.). Although in 2011 the passing of the ACT 10 legislation in Wisconsin ended the union's right to bargain, the child care union remains an important resource for support and information for family child care providers. For example, when providers in Milwaukee County were getting paid late through the subsidy system, they were told to deliver their timesheets in person to the Milwaukee Early Care Association (MECA) to assure a timely payment. Under this rule, hundreds of providers stood in line for hours on the

day timesheets were due. Union representatives supported them by helping to organize a meeting with MECA leaders and the in-person requirement was removed (AFSCME, 2014).

Involvement in unions was also important for providers to learn about the development and implementation of the YoungStar QRIS. Because the YoungStar QRIS ratings are tied to subsidy reimbursement amounts it was important for providers to understand how their YoungStar rating would impact the amount they would be paid. In reference to obtaining information about the rules of YoungStar QRIS one provider commented, "I didn't learn a lot of things until I joined the union. Once I became with the union, I learned a lot from them."

The many ways that this group of family child care providers engaged in professional development activities demonstrates they have a strong sense of pride in, and dedication to their approach to child care and to the children and families they serve. These examples offer insight to theorize about how family child care providers define professionalism.

Pride and Dedication to Family Childcare as a Profession

The family child care providers in this study clearly expressed pride in family child care as a unique and valuable approach to child care. They indicated that they selected their career due to a strong belief and preference for the approach to teaching and support for families that is offered in family child care. They also demonstrated a desire to promote family child care and its value to others. For example one provider who invited a state senator to come to her program commented:

> I'm proud of what I have accomplished so I do enjoy showing that off to people that come. I had a state senator come this last summer and I shared my program with her because I was trying to show her what family child care could be.

Dedication to children and families, success with children, a highly individualized approach to teaching, and the belief that family child care offers unique services is demonstrated in the following example:

> A lot of years I had special-needs kids. I loved it. Even when they were difficult I loved it. I had a boy, when he was eight he had been kicked out of every program and school in town. He had ADHD. I literally had to start working with him as if he was a two-year-old. I had to teach him about listening, about conveying or talking though things. The kid had very little going for him accept for the most wonderful mom. She got him into a science and math academy. It was great. He went to college and in December he will graduate with his Ph.D. in electrical engineering. Working on teaching him those things, and with his mom and I working together, I'm really proud of that, really proud of that.

For the provider in the following example, family child care offers something more that other types of child care. It is a setting where she intentionally elected to engage in teaching children and working with families and where she also experiences growth from her interactions and work with children and families.

> I always thought there has got to be something more. I tried the group route and I tried Head Start and it was not for me. I said, no, the first 5 years are the most important. I learned that more after working for the juvy justice system in Chicago with 12 to 21 year old kids, gang related kids, kids with no family, and kids with no education. I said, you know what I need to do is start with the little ones, the birth to 5, to prevent these kids from being the 12 to 21 year old kids that I was working with. And that is what made me grow and grow and grow. I have always said this, there has got to be something more.

It is likely that this level of dedication to their profession is what motivated this group of family child care providers to interview for this study. The providers that came forward to interview for this study have a history of participation in early childhood advocacy associations. They attend local trainings and statewide and national conferences on a regular basis and complete well above the required number of continuing education hours per year. They believe in child care regulation, the value of training and education, and the necessity of quality rating and improvement. In addition, they engage in a variety of activities to mentor and support each

other as professionals, as business owners, and to advocate for the importance of early care and education.

As they shared their experience and discussed the importance of professionalism, they also talked of changing times and how the profession was changing from when they started to now. A second theme emerged where the providers described punitive rather than supportive regulations. As regulators responded to concerns about fraud and mismanagement in the Wisconsin DCF program, many providers commented that they were treated differently than in prior years and felt they were made to pay for actions of a few providers. Regulation monitoring increased, more recordkeeping was required, and stricter standards in all areas were enforced. This is the topic of the following chapter, regulation in changing times.

Chapter Four Summary

What this chapter reveals is that family childcare providers are developing strong professional identities. It portrays family child care providers at a turning point in the history of family child care as a profession, in which many providers are integrating practices from experiential learning and professionalized academic standards to develop intentional pedagogies for teaching children and supporting the families they work with. The chapter also demonstrates cause for concern that providers who have worked to maintain the highest early care and education standards suggested by regulators and educators have expressed challenges with both regulation and quality rating. Chapter five will next explore family child care experiences with regulation and chapter six will explore experiences with the quality rating system. Each chapter examines the fit between current regulatory processes and family child care providers perception of their work, their need for support and how this impacts their decisions to maintain regulation standards and participate in quality rating and improvement initiatives.

Chapter 5

Provider Perspectives: Family Child Care Regulation in Changing Times

Family child care providers' lived experiences with licensing and certification are discussed in this chapter. The study results indicate that the providers experienced a change in the licensing process that they described as an excessive increase in rules and a shift from supportive to punitive interactions with their licensing specialists. In part, they understood this as important ongoing efforts of the early childhood education profession as a whole to maintain safe, high quality child care. However, participants also expressed their perception that all providers were being penalized due to several incidents that took place in some child care programs. The first segment of this chapter describes the incidents that the providers believed led to changed regulation. The second segment explains through examples how the providers experienced regulation processes during this time of change and how the new regulations impact their ability to provide services in a manner consistent with their beliefs and values.

Study participants repeatedly mentioned three specific incidents they believed caused an increase in regulation requirements and a change in their experience with their licensing specialists. First, between 2005 and 2010, three fatal accidents occurred in three separate child care centers in Wisconsin when children were left unaccounted for in program vehicles for an extended period of time (Rutledge, Haggerty, & Garza, 2009). Understandably, this brought implementation of stricter safety requirements for all programs whether in centers or homes. For example, all programs that transport children in vehicles are now required to install vehicle safety alarms that prompt drivers to inspect a vehicle before leaving. All programs are also required to provide a fenced area for children's outdoor play. Several providers in this study commented that the cost of the alarms ($500.00) and a fence (average $1,000.00) was a

significant challenge. They also commented that in some cases they felt the requirements were more relevant to care of large groups of children in center-based programs. For example, a provider with only two or three children in a group is far more likely to notice quickly if a child is missing from the group than a center-based program with twelve children in the group.

The second incident discussed was an investigation of the Wisconsin Shares program in 2009 by the *Milwaukee Journal Sentinel* (MJS). MJS published a series of articles (Rutledge, 2009 through 2013 [complete featured series]) that revealed that some child care programs were collecting funds through Wisconsin Shares for children who were never enrolled. The MJS investigator both condemned the behavior of the providers and criticized the poor oversight of the Wisconsin Shares program that allowed this to happen. The Wisconsin Department of Children and Families (Wisconsin DCF) responded with the establishment of an antifraud task force, the establishment of an integrity unit in the department to conduct on-sight audits of providers' paperwork for accuracy and completion, and increased on-sight visits by licensing specialists to monitor health, safety, and child attendance (Wisconsin DCF, 2009, October 22).

A third incident that providers talked about was the implementation of YoungStar, Wisconsin's Quality Rating and Improvement System (QRIS). As part of the response to concerns about child care fraud the Wisconsin legislature approved allocation of funds to implement the YoungStar QRIS. The original Wisconsin QRIS was intended as a quality improvement initiative that had been in the development stages as early as 2003 and was proposed as "KidsFirst: Quality Counts for Kids," to the legislature in 2004 (Edie, Adams, Riley, & Roach, 2005). In 2010 a revised version of KidsFirst, with a name change to YoungStar, was submitted to the legislature and approved. The new version was promoted as a fraud prevention tool for the Wisconsin Shares program and as a means to reestablish a positive image for child

care in Wisconsin (Wisconsin DCF, 2010; Wisconsin Early Childhood Association [WECA], 2010). All programs that provided care for children whose families use Wisconsin Shares funding were required to participate and would therefore undergo increased program inspections. These programs were required to undergo a YoungStar QRIS rating and reimbursement rates earned for care of children whose families used the funding were determined by the child care program's rating. Added to this was a new policy that changed pay for children in family child care programs from enrollment-based to hourly attendance-based even though it is standard practice for the majority of child care centers and family child care programs to charge enrollment-based fees. In this study, many providers believed that counter to the original intention of the QRIS, the long awaited legislative approval of YoungStar was instead a political move to improve the marred reputation of the Wisconsin DCF.

These three incidents generated increased attention to every aspect of child care regulation and heightened tensions and distinctions among providers and programs. In 2009 alone, MJS published 20 articles related to the fraud investigations including information about programs that faced allegations, resignations of officials from the Wisconsin DCF, and the approval of the YoungStar QRIS (see Routledge, 2009 through 2013 for a listing of the 2009 articles and additional articles). Numerous additional articles were published by MJS and other state and local periodicals to report about convictions from the fraud allegations, to describe child care providers efforts and challenges to meet new requirements, and to report information about the number of child care programs that closed due to suspension or due to hardship from new rules. For examples, see articles in *The Milwaukee Journal Sentinel* (McLaughlin, 2012; Stein, 2011); *The Wisconsin State Journal* (Erickson, 2013); and *The La Crosse Tribune* (Anderson, 2013). In some cases, the articles talked about the opportunity for child care

providers to improve their programs (Erickson, 2013). In others, the establishment of the tiered reimbursement system based on YoungStar ratings was discussed as a system of rewards and punishments that "rewards high quality providers of poor children and punishes those that fall short" (McLaughlin, 2012).

There were conflicting accounts of the impact of the antifraud efforts. One article quoted an official from the Wisconsin DCF who stated that antifraud measures saved taxpayers millions of dollars (Rutledge, 2013, September 18). However, according to an analyst from the Wisconsin Council on Children & Families quoted in the same article, intentional policies such as a freeze in reimbursement rates since 2006 prior to the incidents of fraud, a 5% pay cut for programs with lower YoungStar ratings, and the implementation of attendance based pay where providers are not paid if a child is absent, all had a greater impact on savings than the fraud prevention program (Rutledge, 2013, September 18). In their policy analysis of early care and education, Wisconsin Council on Children and Families later reported a 71% drop in certified, and a 34% drop in licensed family child care providers between 2007 and 2013 and again noted how this reduced expenditures for the Department of Children and Families (Edie, 2014).

Both agency representatives and child care providers engaged in debate about the cause of the decline in family child care and about the best approach to high quality child care. For example, the Wisconsin Council on Children and Families, posted "*Child Care Trend: Big Drop in Family Child Care*" on their WisKid blog (Edie, 2012, April 18) to report on the decline in both licensed and certified family child care and asked, "*What do you think*?" This elicited the following anonymous response ([blog comment] in Edie, 2012, April 18) from a family child care provider who described the challenges that led to the decline.

> I know local colleagues that have been considering getting out of the field because it is becoming increasingly more difficult to get kids enrolled, causing loss of income. A few

> colleagues have become, or are staying unregulated. This is somewhat due to feeling invaded upon by regulators—more regs being set in place because of a few providers that are making poor judgments, resulting in policy being set/punishments being given to all of us. In addition, it is my opinion that the YoungStar program is trying to align family-based care with center-based care. I chose to take my 2-star, in-compliance-rating, because there are a few items I cannot accommodate within YoungStar—these items do not make my day care less worthy, just less "scorable" by an observer. I know I could get a 3-star rating by meeting with a tech consultant, and even get some grant money to go along with it. But my day care is not about how much money I can suck out of the state. It is about providing quality day care to families in my community. It makes it very frustrating that my quality of care is being presented in such a way. So far this program has not affected my ability to enroll children. If things head down that road, I will end up as one of your statistics representing a drop in family-based day care.

Another response to the WisKids blog (Terrie [blog comment] in Edie, 2012) expressed dismay at excessive new rules.

> I am a certified family child care provider and have been new ruled to death. YoungStar is very discouraging. It is hard if you don't have a college degree. Shouldn't 20 years of experience count for something?

Of additional concern was the perspective that the focus on fraud reduction disproportionately targeted African American providers. A post in the Milwaukee Talkie Public Policy Forum (Dickman, 2012) reported that as of March 2012, of 281 providers suspended by the Department of Children and Families, 90% were located in Milwaukee County where the rate of African-American providers is 48% compared to a statewide rate of 10%. Several child care providers filed a class action law suit against the Department of Children and Families and the State of Wisconsin alleging the state financial audits targeted programs run by Black providers in Milwaukee (Flaherty, 2012).

In contrast, other providers supported the legislative approval of YoungStar. On the Wisconsin Early Childhood Association Website Blog, "YoungStar Officially Passes in Wisconsin," (WECA, 2010) one commenter (Jessica, [blog comment] in WECA 2010) shared her excitement and also demonstrated tension between various groups of providers.

> I am so glad this program was finally approved! It just gives us another way to show off our center and the high quality we give to the children in our care! I can't wait to get started. Some groups, like the Union, don't support this wonderful program. I am not sure their reasons are reasonable. They wanted it all but they were not willing to give in return. Well with this program many will have to return to school and take additional trainings to improve their center. In the long run, educating yourself will only make yourself and your center a better place for children to grow and develop. Why not have a degree in early education? Why not be involved with TEACH or on the Registry? These programs have been in place for years. They are here to benefit child care teachers. I really hope child care teachers use these programs along with their resource center, WECA and WFCCA!

A final example of issues present in the current context of early care and education in Wisconsin relates to the persistence of inadequate compensation for the child care work force. This was evident in responses to a two-part series published in *The Wisconsin State Journal* highlighting YoungStar's increased education requirements and the positive impact this could have on improved quality (Erickson, 2013). For example, one letter to the editor, from the director of workforce initiatives for the Wisconsin Early Childhood Association noted that average compensation for the child care workforce is close to the federal poverty level, at $23,550.00 for a family of four, and that adequate compensation is necessary to support child care workers as they meet new requirements (Paulson, 2013).

In another letter to the editor written in response to the Erickson article, a representative of the Wisconsin Child Care Administrators Association expressed concern about the outcomes of the TEACH scholarship program that supports child care workers to take credit-based classes towards credentials and degrees (Madsen, 2013). Madsen noted that while scholarships do support teachers to improve their skills they are "useless if they are part of a child care system that is unsustainable" (Madsen, 2013). Madsen explained that when Wisconsin Shares reimbursement rates are below federal guidelines, providers who complete their education using scholarships often leave for higher-paying jobs, thus defeating the purpose of the scholarships to

generate a well-trained child care workforce. According to these representatives, a sustainable early care and education system requires that compensation rates be raised to meet the needs of child care workers and retain professionals in the field.

Turning Points as Opportunities to Learn

This series of challenging events represents a significant turning point for the early care and education profession in Wisconsin where tension and differences are heightened and problem solving action is necessary. In their work on the promotion of social change, Tseng et al. (2002) note the importance of turning points within a system as an opportune time for social change. This work states, "when systems at any ecological level enter turning points, they also represent opportune moments for facilitative processes within those systems" (Tseng et al., p. 415). My original interest in this study stemmed from reports of family child care closings both nationally (Child Care Aware, 2009), and in Wisconsin (4-C, 2012; Edie, 2012). As I learned more about the challenges and tensions in the situated context of Wisconsin's early care and education profession (Dickman, 2012; Edie, 2013), I became interested in gaining a better understanding of these points of tension and what significance this turning point for Wisconsin's early childhood profession would have for family child care providers. We know that family child care providers historically have a low participation rate in regulation processes and the current situation appears to have increased this trend. At the same time it also highlights distinct differences and concerns expressed by family child care providers about their experiences with family child care regulation, education, and quality rating. I wanted to know from the provider's perspective, what caused the dramatic drop in programs and what could be learned from their experiences. What can be learned from providers' experiences with regulation during this time of change that would offer insight about their decision to obtain and maintain regulation

requirements? The following section describes the lived experiences of the study participants with child care licensing regulations during changing times and chapter six will discuss their experiences with, and the impact of the newly implemented YoungStar QRIS.

Licensing and Certification Then and Now

Licensing and certification are considered the first line of protection for children in child care settings (Azer et al., 2002) and as such this is the first step in the regulation process. In Wisconsin, state law requires that child care providers be licensed if they care for more than three non-related children under age seven. Certification is an alternative to licensing for providers who care for three or fewer non-related children under age seven. Any provider who cares for even one child whose family pays through the Wisconsin Shares program must be either certified or licensed and must participate in the YoungStar QRIS. Licensing and certification monitor baseline health and safety practices and set entry-level standards for the program curriculum and the provider's training and education. Many of the family child care providers in this study began with certification and then obtained a license as their business grew. At the time of the interviews all were licensed providers, except one provider who had been licensed in the past and was working to get re-licensed.

When asked about their experiences obtaining and maintaining certification or a license, the providers consistently commented that in the past, the interaction between the licensor and the providers was very different in that it was more supportive and less punitive. They commented that while the licensing process has always been a challenge, the experience took a turn for the worse following investigations and charges of fraud against some centers and some family child care providers. For example, one provider commented

> When I think about licensing, I think about how it was thirty years ago compared to today and how my original licensor was just so family friendly and he would come in and he

> would look around and he would notice your environment, that everything was safe and he would also watch how you were with the kids. It was just so much more relaxed than it is today and I never had any problems with the trainings and I always had the right training and the right forms. But it seemed so much simpler then. It seems like over the years, things have become more and more and more complicated, based on, in my mind and my opinion, whether the state can be sued or not. I think a lot of the rules and regulations over the past 10 years are based on that.

Another provider also commented about how license visits used to be more supportive and noted that things were much different now.

> I remember my first licensor, he always left me feeling like I was doing something really good and I felt deeply encouraged and supported that I could do things better. He'd come in and talk to the kids and ask them their names. He wanted them to kind of come around so that he actually saw the kids. Licensors now only want to see the paperwork and only want to know the names of the kids as they are holding a checklist looking at the paperwork. They literally come in to check my files and mostly now licensing is to see if the files are in order.

Even when providers expressed understanding that the licensor had a job to do, they also expressed the difficulty of undergoing a license inspection while working with children.

> It is a little bit more harried now. They have a certain amount of time they can be here. I understand from the other side of it. They have a huge caseload. They are focused on their paperwork. You know, looking around and making sure we are following all the regulations, and that is fine. I don't have a problem with that. But if they show up at lunch time, there are times that I want to say, listen, you are just going to have to sit in the living room until I'm done here because this is my job and I need to take care of the kids first. They are eating and I need to make sure they get their hands washed, you know, like it says in the licensing regulations. And if they come at lunch and start asking me for papers, I can breathe, and I can be calm. But inside, I'm just saying to myself, "Are you kidding me?" It is lunchtime, my busiest time of day and you want me to go through my files and find a piece of paper. Not now! You know!

Getting Written Up

A common source of frustration for the providers was getting 'written up' for compliance violations by the licensor following an inspection. When providers are written up for a noncompliance, they are given a written noncompliance statement and must write the correction plan on the statement and post the statement next to their license certificate in an area that is

visible to parents or any person in the program (Wisconsin DCF 250, 2009). This remains posted until the next license inspection. According to the providers, in these changing times, licensors rarely comment about what works in a program, and instead, a write up seems to indicate to the licensor that they have done their job. This experience was described as follows.

> In the beginning, I would say, up until the last five or six years, licensing was very supportive. All my licensors that I had were always willing to help me instead of write me up for something. You know, if something was minor, they would express their concerns and make sure it did not happen again. They always had ideas and resources. They were available. They were very helpful in the beginning. Now it is more of a recite. Everything is a recite, recite, recite. I am just overwhelmed with the recites because it is not explained to us what the recite is. It is very frustrating because we are required to make sure that we follow all the rules and there are some rules that they don't follow that we can't challenge. And when we challenge it, the final conclusion or the final results, they are actually in charge of that. With one license specialist, I requested not to have that individual come back because I felt like it was a nit-picky thing where, you know, nobody's perfect so I'm going to find something. I just did not want that. I need somebody who is going to come and be honest and if there is something that I overlooked, than that is fine, write me up for it. And that is what I liked about the license specialists back in the day. Back in the day they helped you to become better. Now it is more of a finger-pointing thing.

Even when things seem to be going well and the provider described the licensing experience as favorable, licensing inspections were still a source of irritation because this interrupts the provider's work with the children. For example, one provider described the following experience.

> For me being licensed has been favorable and I have not had many times where I have been written up for things. But one time, a new licensor, she came in and she said, "Well, I just want you to know that I only planned to be here a short while but I am required, I see that you have no write ups for something, and I am required that I need to come back with something. So, I'm here for the duration." She was there for four and a half hours. She'd walk around. She was trying to find something. She was asking for the water, vehicle, and fire inspection documentation. She ended up not writing me up on anything. She tried though. I was almost to the point where I wanted to say, "Do you see that outlet over there? I'm going to pull that safety plug out and set that up there, all righty then?"

The providers were especially frustrated that all citations are now posted on the Wisconsin DCF website. With this new procedure, noncompliance violations are posted on the family child care program bulletin board, and also listed on the Wisconsin DCF website. When this process began, there was no description given on the website for the listed violation and providers were concerned about what parents who viewed the Wisconsin DCF website might think. This concern was described as follows.

> That is another thing too, with the non-compliances that are so small and so piddly, and then they decided to put them online but there is no explanation to it. But parents looking at it might think, "Oh my god, they are not a safe place." Let's say you took a safety plug out of an outlet to play music for the kids and you forgot to put the plug back in. So you get written up for it and it is listed under health and safety and there is no explanation that it was just an outlet plug. And everybody looks at it and thinks, "Oh my God, she got a health and safety. That means it is not safe for my kids there."

This process has since been adjusted so that a description of the non-compliance is included on the website and the providers completed compliance statement can also be posted (for examples, see Wisconsin Department of Children and Families Child Care Finder http://childcarefinder.wisconsin.gov/). However, one provider noted that she always tells parents how to review her compliance record on the Wisconsin DCF website and because parents may not be aware of how to read it, she points out how to review the description of the violations and how they were corrected. While the Wisconsin DCF adjustment to the website posting process demonstrates responsiveness to feedback, providers described many additional concerns about the license inspections. They described examples of what they believe are unrealistic expectations, inconsistent interpretation of the rules both within and across agencies that administered regulation processes, disrespectful treatment by integrity unit agents who conduct unannounced inspections to check attendance records, and difficulty getting paid.

Unrealistic expectations. The providers described regulations they believed were unrealistic. Many providers talked of the challenge of meeting the new requirement to provide a fenced in area for children to play. Previously, if a play area was considered safe after a licensing inspection, the program would be given an exemption. Even though they were given the information about this requirement in advance, many could not afford the cost of a fence or by the time they had saved for the fence, it was winter and it was not possible to put one in, and for this, they were given a noncompliance statement.

Sometimes the expectations were difficult for providers and other times they prevented the provider from meeting a real need in their community. For example, one provider in a rural setting cared for school-age children in a community where there was no after school program at the public school. Children from her preschool group were scheduled to leave at the same time that the afterschool children arrived. She explained the problem as follows.

> There are so many people that need care before and after school. It's so hard because you have kids that get picked up, 3 of them that go home at like 3:30. Well, school gets out at 3:15 and the kids would walk here. They would get here and sometimes there would be a high percentage at the crossover where I would be over numbers. That's really hard because there is no arrangement at the school that the kids can stay at the school so there isn't that crossover. But it's not like it was 20 kids crossover and it was only 15 minutes. If it overlapped, that should not be enough for getting written up. They need to make some kind of allowance for that because there is such a need.

This provider knew she was over numbers and she still had the parents sign in and out at the correct times. When the licensor reviewed her attendance records they showed that for short periods of time there were more children in the program than allowed and she was given a noncompliance statement. To correct this and remain in compliance, she had to remove two children from her program, one school age child and the child's younger sibling that was in the program during school hours. This type of adherence to policy does not serve families and in this case, it might have been possible to grant a waiver but that was not allowed.

Inconsistent interpretation. From the perspective of the family child care providers in this study, the licensing compliance inspections are further complicated because of inconsistent interpretation of the rules from one licensor or regulation agency to another or the interpretation may lack common sense when applied to the actual context of care. For example, one provider described her experience with preparing her medical log. The medical log is used to record any medications the child is given and injuries received by the child either in or out of the center. The logbook must have stitched binding, the pages must be lined and numbered, and pages may not be removed from the book (Wisconsin DCF 250, 2009). This provider had purchased a book and numbered the pages ¾ of the way through the book and had been using the book for several years without nearing the end of the numbered pages. One licensor told her this was ok and another did not agree with this.

Another provider was ready to purchase a new stroller and knew that the regulation for strollers had changed. When she called to clarify information in a letter sent by Wisconsin DCF about stroller regulations she was given incorrect information that contradicted the information in the letter. In our interview she noted, "It can get real tricky if you're told one thing and then another. If they saw the stroller that wasn't in compliance, then they would have written me up for it even though they told me it was ok." Still another provider commented that one licensor told her the form she printed for her background check was adequate and at her next inspection, another licensor told her the form was not correct and wrote her up for non-compliance. In her frustration this provider commented, "So, they are not all of one accord. Yet, they expect us to make sure that we do everything correctly."

Other incidents of inconsistent information have the potential for more serious consequences than getting written up and might result in a program closure. For example, one

incident involved a situation where a provider received conflicting information from her licensor and a representative at the Wisconsin DCF office about how to complete an attendance record when a parent and provider agreed that the provider would care for the child in a private arrangement after business hours. The licensor told her to record the time the approved hours ended regardless of whether the family stayed longer. However, the Wisconsin DCF representative told her to record the actual exit time even if after approved hours for the family. This type of inconsistency can cause a serious problem because if attendance hours are repeatedly recorded incorrectly there could be a problem in the event of an audit from the integrity unit and the provider might be accused of fraud and be forced to close the program.

Integrity Unit

The purpose of the Wisconsin DCF Integrity Unit is to conduct unannounced inspections of a family child care home in order to check enrollment and attendance records. At times, inconsistencies or oversights in procedures can lead to serious consequences and a revoked license for providers. This may occur from a mistake on the part of the provider, the certifier, or the licensor, and, as was uncovered in the investigation of the Wisconsin Shares program, there were also incidents of fraud. As noted previously, several of the providers in this study expressed dismay that incidents of fraud caused a more punitive approach to the licensing process. However, it was the providers that were investigated by the newly formed integrity unit that underwent the most severe difficulties. Three of the twenty-six providers interviewed (one each from northeastern, south central, and east central Wisconsin) talked of audits from the integrity unit.

One provider described how two auditors showed up at her door, asked for a tour of her facility, and asked to see her attendance records.

> They showed up about 2:30. I'm like, “I have parents coming. How are they going to sign out, if you take my sheet?” “We'll be right back.” I'm like, “I could make a copy for you.” “No, no.” They wanted a tour. I'm like, “I'm working, and I have children here.” They were like, “Well, we need a tour right now.” They weren't willing to wait. Of course, they probably figured I'd fudge something. I didn't know what was going on. I had to call my husband. They were like, “Oh, you can take a break.” He came and watched the children, while I showed them my place, and got them the paperwork. They left with my paperwork. They did get back before the parents got here. They took it off and made copies of it. I never heard anything, so I'm assuming it was okay.

Another provider who was newly certified did not understand that although the maximum group size for a certified provider is six children, she could never enroll more than 3 non-related children at one time. For example, a provider with two children of her own is allowed to enroll and care for three additional nonrelated children to make a group of five children, but not allowed to enroll a fourth nonrelated child to reach the maximum group size of six. This provider did not understand the rule and because she did not have any children of her own that were young enough to count in the group size, she enrolled a group of six non-related children. She cared for the children for four years and during that time the certifier came to her home and never questioned if the children were related to her or not. The provider believed she had followed the rules but when the mistake was realized she was ordered to pay the money back for any hours that she had worked with any children over the enrollment limit. Thus, the work she had done with these children for four years during those hours went unpaid. As she described it

> During the process of the four years I had the certifier come in to my house and never question the kids and who was related. So it was not that I disrespected the rules. But when I started child care, it wasn’t embedded. I was doing it and having fun when I was doing it, and respecting the certifiers that came to the house and giving the certifiers what they need, the records and stuff that they need. So, I don’t know if it was because of the fact that all the kids looked like me [they were Black] that they assumed that they were half mine and half not. So during that time when they were having all this fraud and stuff like that they went over my records to see if I was overpaid, if my time sheets were filled out right. They called all my parents in and had them verify the hours. They went over every thing with a fine-tooth comb. They asked, 'Are any of the kids related to you?' And I responded, “No, why would they be related to me, six kids are six kids?”

She tried unsuccessfully to overturn this decision and expressed concern that additional training is needed to help new providers understand all the rules.

> My defense was if I was unsafe for the last 4 years, why didn't your certification person put emphasis on this or even ask me if I was doing care for unrelated children. Remember, I'm a new person on the block, trying to do child care. There are some rules and regulations you should always put emphasis on during the 1st year instead of just putting it in paper and expecting us to really remember when you go to one 8-hour class and you are going over 100 different things.

A third provider described an audit inspection from the integrity unit as the worst experience she had ever seen. She works with an assistant but the assistant had just left when the auditors arrived. She had two children just getting up from nap when two women knocked on her door and requested entrance and to see her attendance records and the children. The provider did not want to leave the children alone with the women while she got the records so she contacted her assistant who came back to the center to help. She described how the auditors sat at her kitchen table and pulled her files apart to check them.

> I had a certain way of keeping my attendance together. I had the attendance form and then I had the remit form that tells you what they paid for those two weeks. I had those stapled together. She sat at my table and she unstapled every single one of them. The mess that she made was unbearable. So when she gets done she says, "you are missing some." I said, "No I am not." She said, "Yes, you are missing some." So I said, "No I am not. They are in that mess that you just made." So she said, "I'm going to need you to bring them down to the office tomorrow." And I said, "I have to call in staff and I don't know when I will get them there." She said, "Well, you got until 12 noon to get them there." I thought to myself, oh my god. Well, she left about 4:45 PM and it took me and my staff until 9:00 PM to put all of that stuff back together and find those attendance reports that were already in that pile that she made a mess off. So these auditing people are coming out and they are the rudest people you ever met. Not all of them, but some of them are.

Based on her own and other providers' experiences with the integrity unit, this provider filed a complaint with Wisconsin DCF. She indicated that after sharing the concern, things have gotten better but that she was still concerned that there was no mandated training to teach new providers about how to complete their attendance reports. In frustration she commented, "they

make everything else mandated but they cannot make it so the providers had to take the attendance report training so they understood how to do it and the fact that they have to keep it for 3 years." Along with other participants in this study, she believed there is a need for increased training requirements to help family child care providers understand the regulation rules. She believed that when new family child care providers do not learn the rules, it is a set up to fail and that there is a much higher likelihood that the provider's license will be revoked. When a license is revoked, in addition to the disruption to customers, and aside from the loss of income, the provider may need legal services to challenge the revocation or dispute any fines or orders to repay prior tuition amounts.

Still no respect. At a time when the early care and education profession as a whole is enjoying somewhat greater recognition for its contribution to society and value to prepare children for school, family child care providers continue to struggle to counter the stereotypical image of their work as babysitting (Tuominen, 2003). In today's regulatory climate this challenge is compounded by what they perceive as disrespect and punitive actions from their licensors. Sometimes there is a general sense of disrespect.

> Ok, they can come in here anytime they want and they kind of look down upon you. They make little remarks that to me, I think, you don't need to do that in front of the children.

And other times it is more direct as in the experience one provider shared with me about a licensor's interaction with her teaching assistant.

> When the license specialist came my staff was at the table doing activities with children. So she invited them in and told them to go ahead and look around, "I know you're the license specialist and when you leave, let me know." So when the license specialist left, she was kind of upset (my staff), because the license specialist said when she left, "Well I hope what you were doing with the children when I came, you do all the time." And my staff said, "What do you mean." And the specialist said, "Most of the time when I go to family child care providers homes, they are not doing what you were doing." And my staff said, "But I was doing this when you got here so what is your

> point?" I was kind of upset by that, because I thought don't judge me for what you have seen in other centers. We are all unique in our own ways.

For some providers, they are able to maintain their sense of self-respect as expressed by the following sentiment

> I will not allow them to disrespect me. You must talk to me in the same manner that I am talking to you. Don't try and down grade me. Don't try and make me feel like you are more superior than me because you know we are all working trying to make a living, because without me you would not have a job.

Overall, for most family child care providers the challenge in today's regulation climate continues to be to garner respect for their work and clarify its value as a profession that deserves adequate compensation.

Getting Paid

For many providers who work with families receiving assistance through the Wisconsin Shares program, getting paid can be a difficult challenge. They may have parents who have been authorized to use care and then the authorization runs out and they don't get the paperwork to indicate there will be no more funds until after they have already done the care. When they try to manage this type of situation, it takes a long time to reach someone who can help. One provider commented,

> You can't even talk to somebody because you have to leave a message on the computer and you don't get ahold of anybody for at least a week. And then you finally get ahold of somebody and there is paperwork to complete and this takes another week. So that is 4 or 5 weeks out. It is a small business and I can't financially handle that any more.

Under these circumstances, with rate freezes since 2006, increased inspections, and audits due to antifraud measures, the implementation of attendance-based pay made things even more difficult for family child care providers and families using the Wisconsin Shares program.

Attendance-based pay. One of the most devastating antifraud measures for family child care businesses was the enforcement of the attendance-based pay structure. According to

Wisconsin DCF the change from an enrollment-based to attendance-based pay authorizations in 2011 was implemented to reduce fraud and save money (Stein, 2011). For many years early childhood advocates have suggested that the best business practice for child care programs, including family child care, is to establish an enrollment-based payment structure (Copeland, 2006). This is to prevent fluctuations in income each time a child does not attend due to illness or a parent's change in schedule due to work or vacation plans. A stable income helps providers maintain a long-term business and thus stable services for children and families. Enrollment-based pay is believed to be beneficial to providers, parents, and children as it reduces the likelihood parents will need to change child care arrangements due to program closings.

The Wisconsin DCF implementation of attendance-based pay is difficult for both providers and parents for a number of reasons. Some providers continued to work for the families they had enrolled but took a pay cut.

> The authorizations come in the mail periodically and so you really have to be on top of the paperwork and they might even change. So my income from state funded families would always go up and down and I never really knew what I would make and what their co-pays would be or if it would change. It was just so hard to keep track of. And so you basically just had to choose to have less if you worked with state funded families.

Other providers required parents to maintain the enrollment-based pay structure and pay out-of-pocket for any hours that would not be funded by Wisconsin Shares assistance. Still others, that previously accepted customers who paid with Wisconsin Shares assistance discontinued this service. One provider explained, “I’m being forced to do that. I’m no longer accepting any funded families unless they pay me up front my full rate.” Then when the funding comes in she applied this as a credit to the account. This is obviously a sound business practice but many parents can’t afford to pay in advance and this may cause them to end their enrollment

representing an even greater loss in income for the provider and possibly making it difficult for the parent to find adequate child care.

Devastating consequences

The consequences of today's regulation processes have been quite devastating. As was noted previously many family child care programs have closed. Providers no longer contact their licensing specialists when they have questions for fear of a reprimand. Also, many family child care support groups have disbanded. When asked why support groups no longer met or were greatly reduced in numbers, the reasons given were, 1) Many family child care programs were closed by Wisconsin DCF and the providers could not afford a lawyer to fight for their business so they no longer attended a support group; 2) There were too many changes coming at one time and providers made the decision to close; 3) With no increase in pay in over 10 years, and in fact several experiencing a decrease in pay due to the new regulations regarding pay, the work of caring for children was just too much for too low of pay. It was also noted that when support groups did remain active, the experience was different because most of the discussion centered on the difficulties providers experienced with regulations.

Less time with children. Possibly the most unfortunate consequence of current regulation processes is that the additional work that providers must do to review ever increasing regulations and manage their recordkeeping takes away from the time that providers are able to focus on the children in their care.

> I don't have time to spend with my children because I have to make sure that my attendance is right, that my license is right, and if it is not, the consequences are devastating because the first thing they want to do is revoke you. Back in the day it was more about the children, their education, and the environment. Now everything is paperwork, paperwork, paperwork. You almost have to have an extra one or two days just for the paperwork just to make sure you are keeping up. It is not so much about the children now. You know, everything is you gotta have this class, you gotta have that paperwork and its becoming very monotonous for the providers because you are not

> doing what you feel you should be doing—caring for the children and being there for the parents.

A balancing act. One provider clearly described the challenges she experienced as she tried to negotiate a balance between state regulation requirements, her heartfelt beliefs about doing child care, the children and families' needs, and her own needs when she shared the following.

> Following the standards is typically, I think, fairly easy although I think a lot of it is changing. It's more paperwork, paperwork, paperwork, and less dealing with the children. I feel like sometimes I get taken away from interactions with them to do a specific task for the state. I try to balance what the state tells me to do and what in my heart I think I should be doing. So I try to keep everybody happy. I dedicate time for myself to be happy. I try to keep the kids happy. I try to keep the families happy. I try to keep licensing happy. And it is just stuff. It's just a balancing act. It's difficult. The requirements that licensing requires, I understand why they require what they require for the most part. And I'm totally willing to be in compliance. I want to be in compliance but it can be difficult too. I had several licensors through the years and it seems like when a new licensor comes in they are always asking something different. Something that you did before was okay and now it isn't and that can be frustrating because you are just trying to do the right thing.

Based on the providers' comments and descriptions in this study, today's family child care regulations and increased standards pull them further and further from their ability to meet the needs of the children and families in their communities.

Chapter Five Summary

This chapter described many different experiences that the family child care providers in this sample underwent with regulation processes as they worked to maintain their business, provide quality care for children and support the families in their program. We know from their descriptions of the importance of regulation and professionalism discussed in chapter four that they respect the need for regulatory guidelines and quality rating and improvement. We know they value professional practices including education, leadership, and mentoring, and that they take pride in the work that they do with children and families. The information in this chapter

establishes that providers take regulation requirements seriously and are trying to follow new procedures and meet the demands of increased standards. It indicates that in spite of great effort, providers feel misunderstood and disrespected, that they are often concerned about potential license revocations, loss of customers, loss of income, and ever increasing standards requiring still more paperwork. It is within this specific situated context that family child care providers in this study experienced the implementation of the YoungStar QRIS, the topic of the next chapter. Chapter 6 provides a description of the YoungStar QRIS and examples of the providers' experience with YoungStar as they underwent initial enrollment in a quality rating system during a time of changing child care policies and licensing regulations.

Chapter 6

Provider Perspectives: Unsettled Reactions to New Quality Rating Policy

In this chapter, I describe the experiences of the study participants with the newly implemented YoungStar program in a regulatory climate of anti-fraud and budget cuts. I explore the tension between hope for the program and the reality of its implementation and I examine points where new learning about regulation for family child care might be considered. The chapter begins with a description of how the YoungStar QRIS was developed and a critical review of a recent YoungStar public report. This is followed by examples of the providers' accounts of their experience with YoungStar. Together, the two sections demonstrate the contrast with what is reported to promote YoungStar and what the providers report about their experience with the rating system.

Developing a Quality Rating System for Wisconsin

Wisconsin's quality rating and improvement system (QRIS) was developed over several years beginning in 2003 as a partnership between university researchers, state government, and public and private organizations and agencies (Wisconsin DCF, 2014; Edie, Adams, Roach, & Riley, March, 2005). A 21-member task force of early childhood education stakeholders reviewed research and examined QRIS models (Wisconsin DCF, 2014). The goal of the task force was to develop recommendations for a QRIS and a tiered subsidy reimbursement system to compensate different levels of quality and create an incentive for child care programs to strive toward the highest standards. (Edie et al., March, 2005). Public hearings were held to gain input on the task force recommendations from early childhood professionals and other interested parties (Wisconsin DCF, 2014). Following the hearings, the task force completed their recommendations and a QRIS model was proposed to the Wisconsin legislature in 2004.

Several of the providers in this study participated in the development stage of the Wisconsin QRIS by attending meetings and public hearings or contacting their legislators. Often those who participated in the meetings took information back to their support groups for discussion. In general, most providers in this study expressed support for the idea of a quality rating system. Some were hopeful it would improve the public image of their profession and provide much needed information about the importance of high quality child care and the work of early care and education professionals. One provider commented, "When it came out, I was excited. I thought it was going to be such a great tool and educator for parents about quality child care." Some providers also expressed caution that the idea of being rated, and getting "stars" similar to a hotel or restaurant rating just did not seem right. As one provider noted in her interview, "it's coming, we have to be prepared."

It was not until 2010 that a revised version of the original QRIS proposal was approved by the legislature as the YoungStar QRIS and full implementation began in 2011. At this time, the Department of Children and Families was working to address the allegations of poor management that had been uncovered through the Milwaukee Journal Sentinel investigation of fraud in the subsidy system (Rutledge, 2009 through 2013). When YoungStar was at last implemented, it was also promoted as a Wisconsin Shares fraud prevention tool (McLaughlin, 2012). All programs with children whose families paid with Wisconsin Shares funding were required to enroll in YoungStar. The QRIS required annual ratings and this additional monitoring was considered one aspect of the overall antifraud effort. A notable revision from the original QRIS proposal included the structure of the tiered reimbursement plan that incorporated a 5% reduction in rates for programs with 2-star ratings, no pay change for 3-star ratings, a 10% increase for 4-star ratings, and a 25% increase for 5-star programs (Wisconsin DCF, 2015). This

was a severe reimbursement plan compared to the original proposal that did not include any reductions, and a big disappointment for early childhood advocates and child care providers. With this plan, Wisconsin became the only state in the nation to incorporate the disincentive of a reduction in pay for programs with lower quality ratings. The Milwaukee Journal Sentinel (McLaughlin, MJS, July 3, 2012) even referred to this as a punishment commenting,

> Nearly three out of four day care centers rated by the Department of Children and Families face funding cuts this week as the state rolls out its new reimbursement system that rewards high-quality child care providers of poor children and punishes those that fall short.

Many family child care providers in this study commented that they felt they were being punished for the actions of a few who committed fraud and public media seemed to present that image as well. In addition, with the intention to reduce Wisconsin DCF expenditures a change from enrollment-based to attendance-based pay was enforced for licensed family child care providers in August 2011, but not for center-based programs (Wisconsin DCF Operations Memo, August, 2011). Thus, while the QRIS had been developed as an incentive to improve quality, it was now passed as a punitive program with a significant reduction in subsidy pay for many child care programs with a greater reduction implemented for family child.

After a five-year wait, early childhood advocates that worked to promote YoungStar were excited to have a QRIS program implemented. They remained hopeful that the system would improve with policy adjustments that included increased reimbursement rates. Professional organizations encouraged the child care workforce to support the approval of YoungStar (WECA, March 31, 2010). Many were hopeful that the increased funding allocated for YoungStar would support the development of a stronger infrastructure of technical assistance and improvement incentives (WECA, March 31, 2010).

At the same time that these funds generated new life through the creation of new jobs and structures in Wisconsin's early childhood organizations such as Supporting Families Together, the Child Care Resource and Referrals, and Wisconsin Early Childhood Association, and increased funds for education scholarships, micro-grants, and consulting for child care providers, many child care programs serving Wisconsin Shares customers underwent substantial pay cuts and many closed due to loss of income. The average time to complete a YoungStar rating is 12-weeks (Wisconsin DCF, 2014) and there was little time for family child care providers to prepare. For this reason, providers were encouraged to take what is referred to as an automated (or in-compliance) 2-star rating. The automated 2-star rating required only a signature and verified that the provider was participating in YoungStar as this was now a requirement in order to continue receiving payments for subsidized families. For most family child care providers the loss of any income from even one enrollment is very challenging. For family child care providers who live in low-income communities where the majority, if not all, of the families they serve pay with the subsidy system, they had only two choices, accept the automated 2-star rating or close their business due to loss of customers. In order to maintain their customers and their business, many programs began YoungStar with an automated 2-star rating resulting in a 5% reduction in amounts earned through Wisconsin Shares. Added to this was the mandatory switch to attendance based pay for family child care resulting in additional pay cuts estimated at 7 to 8% of their income (Wolfe, 2011). As a result many programs closed, especially in low-income communities where services for Wisconsin Shares customers are most needed.

On the one hand increased federal funding was at last allocated to a new early care and education system and on the other, administration and implementation of a new program created many unforeseen challenges and points of tension. It is these points that are explored in this

research study with an aim towards new learning. What can be learned from providers' experiences with the YoungStar QRIS during this time of change that would offer insight about their decision to maintain regulation requirements and participate in the QRIS? How do current regulatory and quality rating processes support or undermine family child care providers' ability to provide child care in a manner that is consistent with their values and practices? The following section reviews a recent YoungStar public report to demonstrate the contrast with what is reported to promote YoungStar and what the providers in this study report as their experience with the program. The points of contrast highlight the challenges family child care providers experience with the regulatory processes.

The YoungStar Success Story

The Wisconsin Department of Children and Families (Wisconsin DCF) contracted with three organizations, Celebrate Children Foundation, Supporting Families Together Association (SFTA), and Wisconsin Early Childhood Association (WECA) who formed the YoungStar Consortium in order to administer and deliver YoungStar program services (YoungStar Consortium, 2014). The purpose of YoungStar is: 1) to evaluate and rate the quality of child care; 2) to help parents choose quality child care; 3) to set standards for quality improvement; and 4) to support providers with training and education (YoungStar Consortium, 2014). YoungStar rating levels are based on four main categories of quality: health and well-being, business and professional practices, learning environment and curriculum, and educational qualifications of staff (Wisconsin DCF, YoungStar Program, n.d.).

The 2014 YoungStar Consortium report, *Moving Wisconsin Forward: How YoungStar is Creating a Better Future for Children and Families*, describes the ongoing success of YoungStar and key stages in program implementation during the first four years. In 2011 the focus was to

enroll programs and provide initial technical consultation as well as to launch the YoungStar child care rating website that allows parents to obtain information about a child care program's YoungStar rating and non-compliance history. According to the report, YoungStar enrollment increased from 1,500 in 2011 to 4,500 in 2013. Of this group, from 2012 to 2014, there was a 21% increase in programs whose 2-star rating increased to 3- to 5-stars. The report further states that now, 70% of the children in Wisconsin Shares are in 3- to 5-star programs and attributes this increase to the provision of YoungStar services including consulting, grants, and professional development training.

Unanswered Questions

The significance of the information provided in the 2014 YoungStar Consortium report may be overstated. To remain in compliance and retain their customers, several providers began enrollment in YoungStar by simply signing a contract with an automated 2-star rating. They were not rated using the Family Child Care Environmental Rating Scale assessment that accounts for a portion of their rating score. In addition, their training and education was not taken into account and in fact, no formal rating took place at that time. Thus, if automated 2-star ratings were included in the original count, the numerical base of 2-star ratings was a false base and did not accurately indicate the quality level of all who enrolled in YoungStar. While the Consortium claimed the success of improved quality represented by the 21% increase from 2-stars to ratings between 3- and 5-stars, they do not report how many of the original 2-star rated providers simply increased in their rating due to the fact that now an actual formal rating had been completed. For this reason, without further information, it cannot be assured that the improvements were due to consulting, grants and professional development training.

Another concern about the actual significance of a 21% increase in programs from 2-star to 3- to 5-star ratings is that the majority of the increase was to 3 star program ratings. There is a substantial difference in education and other requirements for each level at 3-, 4-, and 5-star ratings. Grouping these three levels together does not offer a clear representation of quality. More specific reporting would indicate that among 43,550 children using Wisconsin Shares child care programs, 37% (12,731) are in 2-star programs, 47% (20,852) are in 3-star programs, 6% (2,390) are in 4-star programs, and 17% (7,565) are in 5-star programs. This break down of levels gives a more accurate description of the significance of stated 70% of children in 3 to 5 star programs as it clarifies the actual percent at each level.

Further, during the period of time discussed in the report (the onset of YoungStar from 2010 to 2014) there was a severe overall decline in children served by the Wisconsin Shares subsidy payment program. From 2009 to 2013, there was a 29% reduction in Wisconsin Shares subsidy payments due to a decline in the number of children served, fewer child care programs accepting Wisconsin Shares customers, a freeze in payment rates to providers, a 5% pay reduction for 2-star rated programs, and changes in payment policies (Edie, 2014). Thus while the percent of children served by 3- to 5-star programs increased by 21%, the overall number of programs available to serve families using Wisconsin Shares decreased by 29%. The result is that while 70% of the children are in better rated programs, there are less children being served overall which leaves one to question if this can be counted as a success.

Unsettled Reactions

The decrease in the number of programs serving Wisconsin Shares families is of concern. It will be important to monitor this aspect to determine if the complexity of the YoungStar program, the low reimbursement rates, and the increased requirements, especially for college

credit, impact providers decisions about whether to serve Wisconsin Shares customers. As noted by some providers in this study, their skill and expertise in their profession was gained primarily through experiential learning on the job and the rating program only accepts college credits for levels 3 and above. For these providers, many middle age or older, college is not a realistic option, especially for the minimal monetary return. Because they know they will not return to college, these providers elected to "take the 2" and did not undergo further rating. This suggests that many of the family childcare homes with low 2-star ratings may be underrated due to minimal accounting for years of experience in the YoungStar levels. Sadly, at least for the providers in this study, they have demonstrated their professionalism and excellence in other ways yet they will not progress in the rating scale. Some continue to work with the families who receive subsidies and others simply no longer accept Wisconsin Shares customers.

There are many unanswered questions regarding the actual success of the YoungStar program in Wisconsin and regarding QRIS in general. Nationwide, research is still in early stages "and has not kept up with practice" (Goffin & Barnet, 2015, p. 179) to determine the extent to which the purpose of any given QRIS is functioning as intended. For example, some studies are examining best practice for QRIS delivery, others are concerned with examination of the reliability and validity of the ratings, and still others seek to determine to what extent QRIS tiered ratings impact children's learning outcomes (Boller & Maxwell, 2014). In their opening commentary for the 2015 Early Childhood Research Quarterly Special Issue related to QRIS research, Goffin and Barnet (2015, p. 179) note that the present focus of QRIS research is "primarily on validating rating systems as measures of program quality and teaching effectiveness" indicating that this knowledge has still not been established. Boller and Maxwell (2014) comment that "provocative questions will drive new research and foster lively discussions

regarding the purposes of QRIS and the extent to which it is functioning as intended" (p. 339). While this lively discussion is underway, child care programs and the early childhood workforce have become the laboratory for QRIS research. Because many QRIS are tied to reimbursement rates (Build Initiative & Child Trends, 2014) and program revenue directly impacts teacher compensation, and indeed, the teacher's ability to provide quality care, this raises ethical questions about assigning compensation rates to QRIS levels prior to clear understanding of reliability and validity of ratings and the actual impact of QRIS on children's learning outcomes.

One provider interviewed for this study expressed an unsettled reaction to the new policies and noted her sense that things were not fully worked out with the YoungStar program and with quality rating systems in general. She elected not to participate and commented:

> Generally I like to be up on best practices and do things well just because it is best practice. I like to be up on the cutting edge of things, which is why I jumped at the accelerated degree program and being in the pilot of that. But when the YoungStar program was proposed, I looked at that and I thought, "I don't have a good feeling about this one." I think I'm going to wait and see what happens with it. When I was reading about it and hearing what it was going to be, I can't really put my finger on it, but I just had this gut feeling like, it does not sound like it is all figured out yet. It sounds like they are going to have a bunch of kinks to work out and I don't want to be a guinea pig. That is not usually the way I am. I'm like, "Sure, I'll try this. Sure, that will be fun. I'll try that." But this one just didn't seem right. I had a reaction that this is just not something that I want to jump in on.

It is not difficult to find public media stories about child care programs that met the challenge and worked hard to improve their YoungStar rating. The Department of Children and Families posts a webpage for "Rising Stars" where stories are shared about successful programs (http://dcf.wisconsin.gov/youngstar/shining-stars.htm, n.d.). The Supporting Families Together website (http://supportingfamiliestogether.org/success-story-archive, n.d.) and the Wisconsin Early Childhood Association (WECA) website also promote YoungStar by sharing success stories (YoungStar Consortium, 2014). Organizations such as the Wisconsin Early Learning

Coalition continue to advocate for changes in the subsidy rates that would end the 2006 base wage freeze, remove the 15% reduction for 2-star programs, increase reimbursement for 3- to 5-star programs and restore enrollment-based pay for family child care (WECA, blog, February 12, 2013). The Wisconsin DCF website now provides a 68-page YoungStar Policy Guide complete with a "Creation and History of YoungStar" section with lists of links for empirical research studies that back the use of QRIS and the importance of teacher education to quality (Wisconsin DCF, December, 2014). The Milwaukee Journal Sentinel continued with coverage of the story from a budget reducing, anti-fraud perspective (McLaughlin, MJS, July 3, 2012). There have been some articles and commentaries on the web about the hardship faced by child care providers from the pay cuts (for example see, Milwaukee Neighborhood News, May 11, 2012). However, stories of the devastating impact for family child care providers are minimal in comparison to those regarding fraud and the success of new QRIS. The stories of difficulties are increasingly absent from today's discussion of the history of YoungStar and the initial and ongoing experience of family child care providers. The following section serves to keep the providers' voice alive and describes how the family child care providers in this study experienced the implementation of YoungStar QRIS as they continue to adjust to new regulations and policies in changing times.

YoungStar: The Untold Story

Overall, there was a wide range of emotion and disagreement as YoungStar got underway in 2011. In this study, the challenges providers discussed included strained personal and professional relationships due to opinions about the politics and the implementation of YoungStar and disagreements about many aspects of the QRIS approach. They discussed their opinions about the tiered reimbursement system, requirements for the star levels, the fit of the

selected evaluation instrument to family child care practices and values, interpretation of teaching strategies and best practices in family child care programs. They also questioned the overall potential of the QRIS approach to rate quality, and the qualifications of the newly trained raters. The following section of Chapter 6 describes the providers' experiences as they got started with YoungStar and in the next chapter (Chapter 7) their perceptions of their ratings in relation to their values, their teaching, and their business practices will be described.

Tense Relationships

One clear indicator of how the implementation of the QRIS generated strong emotions and points of tension is that concern was expressed about speaking about representatives from early childhood agencies that had, in other situations, often helped family child care providers to gain self-respect and grow their business. After the implementation of QRIS, one provider's comments hinted about the changing nature of their relationships with agency representatives:

> Before you go on, I don't want to minimize any of my mentors or people who helped me early on. That is really what made the difference. When I came into this group I was so welcomed and so supported. If I had come and they would have gone, "Oh, wow, it's just family child care," that would have probably ended my work in this field, at least the way I did it. I want to make sure that is part of what you say.

Some providers also experienced stress with personal relationships with their colleagues. As quality improvement raters began to evaluate programs and assign ratings providers with lower ratings seemed less comfortable with those with higher ratings. Decisions about professional development and consideration for each person's resources in terms of time and finances that were previously considered more personal now seemed more public. One provider with a 5-star rating commented that a lot of providers in her area were not as friendly with her now and noted that more private groups had opened on Facebook. The providers complained that it is expensive and time consuming to obtain the materials, complete training, education, and

accreditation that result in higher QRIS ratings. Another provider talked of the change she experienced when many of the providers in a large support group that ended due to poor attendance. For some it was because their program was closed by the state, others elected to close because there were too many changes to keep up with, and still others were so busy trying to keep up, they simply did not have time to attend support groups. Her description of this experience shares the emotional aspect as well.

> It was so free and lively back then before all of this took place. We were able to, as child care providers, communicate with one another different things that we did with our children. We shared among ourselves. But now you can't share that because you don't know whether it's appropriate or if it is a requirement.

When I asked if people talk about their ideas together anymore she responded,

> They don't, they don't. There are no support groups here. Providers don't go to the conferences like they used to. We went to every single conference that WECA had. We went to the national association conference. We traveled all over and we came back with ideas that we shared with everybody and it was just joy and you felt like you were making a difference. We brought back information for the parents. Now, everything is paperwork, paperwork, paperwork.

The strain on personal and professional relationships illustrates tension that can be created due top down ranking systems as well as unequal access to resources.

In spite of great efforts on the part of advocacy agencies, providers across the state do not have equal access to resources to improve their YoungStar ratings. For example, the city of Madison offers an accreditation program through Satellite Family Child Care with technical consulting, equipment rotation, trainings and other services at a minimal cost of 125.00 annually compared to the cost of national accreditation at $900.00. Accredited providers earn an automatic 4-star level in the rating system. While some providers are able to access networks such as Satellite Family Child Care with the services that support providers to do high quality child care and earn automated 4-stars, others do not have easy access to such resources.

In family child care many providers developed their programs and their reputations as high quality providers through training, support group mentoring, and experience on the job before college education was encouraged for the profession. A 3-star rating requires 18 college credits and these providers often elected the automated 2 because returning to school at their age was not a good option, especially for the minimal, if any, return in pay. These providers experienced a sense of devaluing as their years of experience did not count in the new QRIS system without a return to college. Where once they were considered leaders in their field, they are now represented by YoungStar statistics as poor quality providers due to their 2-star rating.

Assigning a 4-star level for accreditation, a system that was designed by family child care professionals to provide support services needed for high quality child care and acknowledge their work, is a practice that providers agree with. However, when star levels are associated with pay rates and public perception of quality, and the value of a provider's services, there can be resentment if there is not equal access to resources. What is necessary is to provide equal access to this type of program through expanded services and expanded funding. If providers are to be rated fairly, they need equal access to resources. In many ways the YoungStar technical consulting system offers potential to provide that, yet many barriers and challenges must be overcome including improvements to the current process of program implementation and increased options or pathways for achieving higher star ratings. The following section illustrates the varied experiences of providers of different socio-economic status as they encounter the challenges of the new QRIS.

Politics, Pay Cuts, and Getting Rid of Us

When asked about YoungStar, several providers indicted they thought the idea of a quality rating and improvement system was a good idea but had concerns specifically with the

Wisconsin model as it was implemented. They expressed concern about revisions made to the original QRIS proposal and noted that it did not begin as an anti-fraud tool. Many expressed their belief that policies regarding pay reductions for 2-star providers and attendance based pay for family child care and not for centers was a move to get rid of family child care programs**.** One provider talked about the long awaited approval of the QRIS as a political move.

> I think QRIS are really good. I'm not criticizing QRIS, but I do criticize the politicalness of it and I think YoungStar really became a political toy. With the original YoungStar, if you do the right stuff you get a little more money. You get a little more subsidy. I don't feel that people should have things taken away and be penalized. I think you start at a base and if you don't get to that base, it is not a penalty you just don't get to be in the program. You are not in the program, period. Then once you hit that base you go upward from there and somebody decides where the breaks are for the different levels. But the idea of being penalized really hits wrong.

The financial impact of the tiered reimbursement system was particularly challenging for family child care programs that served a large number of Wisconsin Shares families. Wisconsin is the only state in the country that established a tiered payment system in which programs that earned a 2-star rating had a reduction in their reimbursement rates. During the first year of YoungStar, 84% of programs were rated at the 2-star level (WECA, 2014) and according to YoungStar Impact Statistics for December 2011 (http://dcf.wisconsin.gov/youngstar/impact.htm, n.d.) the majority of these were family child care programs. One provider explained to me why someone might accept an automated rating.

> The very first year you are a 2. All you have to do is just sign the contract and you will be 2-star and you can continue to get Wisconsin Share kids. So people did, because especially in Milwaukee, that's our greater population of people. We barely have private pay people. So you have to sign the contract or shut your business down.

In addition, the change to attendance based pay has been estimated to result in a 7 to 8% pay cut for most family child care providers (WCCF, August 2011). Most child care programs charge their customers based on daily or weekly enrollment slots. Parents buy the enrollment slot

and pay regardless of whether their child attends every day. Thus, if the child is absent due to illness, vacation or other reasons, the provider's income remains stable. The use of enrollment-based fees is taught in trainings and promoted both as an important business practice and also as best practice for children because it helps providers manage a stable business and reduces the chance children will change programs due to closings (Copeland, 2006). Prior to the enforcement of attendance-based pay, providers were paid for subsidized children based on enrollment, either daily or weekly. According to a 2011 Wisconsin DCF Operations Memo, the change to attendance based pay would "reduce costs in the Wisconsin Shares child care subsidy program by reducing the amount that the department unnecessarily pays for care not actually provided" (Wisconsin DCF, 2011, p. 1). For family child care providers this meant they must either charge parents fees in addition to their subsidy payments or accept the loss. Because child care centers were still allowed to use enrollment-based pay, if a family child care provider did charge fees to make up the difference, often the parent would elect to leave the program and seek a center where they would not have to pay additional fees to make up for reduced subsidy payments. The result was that many family child care providers closed their business, with a higher rate of closing in the Milwaukee and other areas where the providers themselves are low income and primarily serve low income families.

Some providers elected to participate in YoungStar even though they were unsure about it because they wanted to take funded families. These providers found themselves stuck in the middle between state policies and negotiating their business practices. One provider described the challenges of the attendance-based policy she experienced as a business owner.

> I don't make as much per week as I do if it was not a county funded family. A couple times over Christmas, I had two days for vacation days, and two days for paid holidays, and one day they didn't come because they chose not to come so I didn't get paid for a whole week. The other families pay me for Christmas and the holidays but this family

> couldn't do that because the county won't pay for that. No holidays. No vacation days. No sick days, nothing, only when they come. So even though I feel like as a seasoned provider with a lot of experience and I need vacation time and I am entitled to vacation time, I did not get paid that whole week. It's good for me to take vacation time but I can't get paid. Even if I asked them for a co-pay, it's not near as much as what a week would be. They don't have it so I can't even ask them to pay half of what I would get paid. They just don't have it.

The interviews yielded many comments about administration of Wisconsin Shares (sometimes referred to as W2) such as the challenge of managing the paperwork to be certain providers would get paid and also about how they no longer accepted funded families or only accepted a few families as opposed to previously when anyone could enroll if there was a space available. For example:

> Right now, I have probably 2 or 3 families compared to last year I was 90% for W2. It is difficult to get all the paper work done and make sure the parents get their authorization. I worked almost a month of not getting paid because the paper work is not in. And that is so unreasonable to me, I don't think it is fair, and so I would rather be paid by a private parent paying for it compared to W2. I do not like the W2 program. Okay, for a specific example, I have a parent that comes in and says that they got W2 and they are going to be getting funding immediately. I don't see anything on the computer, a week later, two weeks later I told the parent, I don't see anything. You can't even talk to anybody because they have to leave a message on the computer so they don't get ahold of anybody for at least a week. And then they finally get ahold of somebody and then there is some paper work, so I'm doing the paper work again and that is another week out.

Some providers were just as upset, if not more upset, about how difficult the attendance based pay policy was for the parents and children they worked with. One provider commented that attendance based pay not only hurt her business it hurt the families.

> They chose family care for a reason. They don't want a large institutional feel. My child already has to do that once they get in the school age. They have to be in an institution. Big cold walls, big sterile place, gigantic walls, for babies! Family care, what grandma used to give in somebody's home, that is a preference for some people but they are now forcing them. These families wanted my services. Many of the families that did not want to leave family child care had to migrate for their financial well-being.

Other providers managed to implement business practices where families paid in advance.

> I decided I would take WI Shares when I first opened. If a parent is eligible, why not? I definitely have a clear policy with the parent that they are going to prepay until the amount from the WI Shares comes to me that balances it out. I think that is something that maybe some providers don't have in place that keeps them a bit more concerned about it. But I made it very clear to the families that until this kicks in, or if there is a balance then I am going to let them know and that is something that needs to be taken care of immediately. It always credited forward and if ever there was a balance then they just had to pay that and I have an online payment process or I do cash or check. So it is very convenient for the parents to take care of it whether they are here or not, they can pay online.

The above example demonstrates it is possible to work successfully within the Wisconsin Shares system yet from the varied experiences discussed in the interviews, it is clearly challenging as well.

Getting Rid of Us. Perhaps the most difficult thing for these family child care providers to discuss was their belief that Wisconsin DCF regulators were fed up with family child care and trying to get rid of family childcare and family childcare providers. Whether from low income or more affluent communities many providers in this study expressed their belief that the regulators were trying to end family child care. Providers commented that they felt tricked. After such a long wait for approval of the QRIS, it was implemented quickly and once approved there were continuous "adjustments" and changes as things got underway. Even though some providers had earned a 5-star rating, they still expressed many concerns with the program. For example, one provider warned others in her community as follows.

> And I said to them, all you people with two stars you wake up. They are going to pull the wool over your eyes. You guys better be trying, and I don't know how you are gonna do it but you better be trying to pull that standard up. Who can get it together in 2 or 3 months to come up in their rating? Now they are going to be rated. And they just went, now you gotta be a 2-star. And then they took the money from the 2-star. Everybody that's a 2-star looses 5% of their pay, 3 stars stay the same and if you were 4 you got this 10%. Whoa, now you want me to come up with my bootstraps but you just took my boots off. You can do it [they say], because we are going to send out a technical advisor and work to help you get up from a two star and then you can go at least to your 3-stars. Let's get you up to a 3-star. But you just took money from me. How am I supposed to pay for the things that their advice is now telling me about, while going back

> to school? Where am I supposed to get the money to go back to school? Buy this. If you read this, if you buy that... Where am I supposed to get the money to buy that? It's crazy! So it's got to be that they wanted to shut you down already. We are gonna get you financially. If we can't catch you for fraud, we are gonna get you by putting your business under financial stress. We're easy pickens because we are just Ma and Pa businesses. We are paycheck to paycheck. But who are you hurting the most? The children in child care are the ones that you are hurting.

Another, who worked with new providers, commented that it is difficult to get started as a new provider, "I'm finding that a lot of the new providers are unaware of all of the regulations. They are not lasting very long. It is almost like, you fend for yourself and we will see how you do. And if you don't do well then we will close you up." Still another provider who was financially better off, and who did not serve any families that used subsidy expressed her concern about the future of family child care.

> Sometimes when I go to conference, I become disenchanted with the whole system, and sometimes I feel as though they're trying to get the family child care providers out of the system. When I talk to other people about their experiences of working with the licensors and working with the YoungStar and even thinking about this whole system of payment it is like, man, I require payment ahead of time. I don't even know how all of that would work in the YoungStar system with getting paid after the fact. These parents would be paying me before they'd even get money coming in and they don't have that kind of money.

It is clear that on many levels the implementation of a QRIS in Wisconsin has been a challenging experience that leaves many unanswered questions and unsettled reactions for the providers in this study. The experiences they shared represent reactions to new regulations and policies as well as a sense that their work and contributions are devalued within this new regulation process.

Chapter Six Summary

This chapter described the challenges providers faced as they learned to navigate new regulation processes in changing times. For many, it was either sink or swim. Many programs closed and others proceeded with caution. They experienced challenges with both personal and

professional relationships and frustration regarding unequal access to resources. They expressed alarm regarding the punitive measures taken with pay cuts and mandatory change to attendance based pay. They were concerned about their ability to manage their business and take care of their personal health and wellbeing. And, they were concerned about the families and children in their programs. In this regulatory climate of anti-fraud and budget cuts, they expressed a sense of mistrust and the belief that the Department of Children and Families and the Advocacy Agencies would prefer they did not have to deal with them and were trying to get rid of them.

This contrasts with the enthusiastic YoungStar Consortium (2014) report and raises questions about how family child care providers will respond in the future as they decide if they will or will not participate in regulation and quality rating. Some questions were raised about the significance of the YoungStar Consortium report in its presentation of the mounting success of the YoungStar program. Whether the Consortium perception of YoungStar's success, and the rating scale itself is accurate or not, it clearly has had a negative impact on the confidence and self-worth of family childcare providers. This suggests the importance of investigating support options for family child care that are strength based and meet the providers where they are at and build on that foundation towards improved programs. Additionally, due to the many challenges the providers described, and especially when research has not kept up with validity and reliability of QRIS rating systems as a method to rate teaching practices and program quality, or outcomes for children, the question is raised of whether it is ethical to tie wages to quality ratings determined by QRIS.

Previously, in chapter four of this dissertation the providers discussed their commitment to family child care and their pride in professional practices. They were among the first in Wisconsin to become regulated, take trainings, complete college degrees, participate in

legislative advocacy for improved recognition and funds for early care and education, and promote support groups and associations specifically for family child care. They engaged in efforts to promote a quality rating and improvement system in Wisconsin and though some were unsure as YoungStar began, they still got started and continued to work towards what they believed was best practice for their profession. Amidst the challenges of the regulatory aspects of YoungStar implementation, the providers who elected formal technical ratings began to work with technical consultants and prepare for the observation that would determine their final ratings and earn their stars. In the next chapter I describe family child care providers' perceptions of the rating system and their own rating levels.

Chapter 7

Provider Perspectives: Earning the Stars

This chapter begins the exploration of the providers' ratings according to the YoungStar evaluation criteria. Because the information is presented with minimal identifying context in order to maintain confidentiality, it is important to note that I carefully selected examples from the data to represent providers from different areas of the state and varied circumstances. The chapter begins with a review of the application process and describes how providers learn about applying to YoungStar, setting up appointments with their technical consultants and preparing for their formal rating. This is followed by examples of their experience as they prepare for and undergo the consulting, observation, and evaluation process, and their reactions to this process during each of the steps from start to finish of earning their star rating. As these processes are explored, they reveal significant points of tension that often highlight the difference between what the providers want and do in their work with children and families and the expectations of the consultants and evaluators. In addition, they raise some questions about the approach to evaluation. In this chapter the differences in practices and values are described and I begin to conceptualize the impact of standardized practices and prescriptive pedagogies of evaluation. In the following chapter, the differences as well as the evaluation approach will be explored on a deeper level to consider how these distinctions offer insight and opportunities to theorize about family child care teaching and learning pedagogies.

Applying to Participate in YoungStar

YoungStar, Wisconsin's quality rating and improvement system (QRIS) was implemented in 2011 with the intent to improve outcomes for children by improving child care quality. The design of YoungStar was based on a five-state study funded by the Rand

Corporation that identified common themes of successful QRIS including: clear goals and expectations, incentives for participating, monitoring performance, evaluation of expectations, and encouraging improved performance through quality improvement support (Zellman & Perlman, 2008). Family child care providers that participate in YoungStar work to earn up to forty points across four categories: 1) Health and Wellness; 2) Business and Professional Practices; 3) Learning Environment and Curriculum; and 4) Provider Qualifications. The categories are weighted based on number of assigned points. The provider qualifications, and learning environment/curriculum categories are weighted for highest importance and each earn up to 14 points. The business and professional practices category earns up to 7 points and the health and wellness category earns up to 5 points (YoungStar Policy Guide, December, 2014). All regulated providers can participate in YoungStar and any provider who enrolls a child whose tuition is paid with Wisconsin Shares is required to participate.

License compliance. To participate in YoungStar, family child care providers must be in compliance with certification or licensing regulations and complete an application with information and forms available on the Wisconsin DCF website: http://dcf.wisconsin.gov/youngstar/providers.htm. The following information about the application process is a very brief description of some of the key items the provider must understand and complete for their application and rating. The information is intended to help the reader of this dissertation gain an understanding of the complexity of the YoungStar QRIS application and rating process. Information about all steps in the process is available on the Wisconsin DCF website at the URL noted above.

Application options. To begin, the provider can elect one of three options when they complete their YoungStar application contract. Option A allows the provider to apply without a

formal YoungStar rating. This option is referred to as an automated 2 as the provider is automatically assigned a 2-star rating. With Option B, the provider elects to have a formal rating when they apply and the rater may assign between 2 and 5 stars. A provider who wants to work to earn a 5-star rating, must meet the education and other requirements and agree to a formal YoungStar observation rating. If a program is accredited by an approved accrediting agency, the provider can choose Option C to be assigned an automatic 4-star rating. If an accredited provider has a two-year degree in early childhood education, they will be rated as 5-stars and are not required to use a YoungStar formal observation for their rating because the accrediting agency completes the onsite evaluation. In sum, accredited providers are rated at level 4 or 5 depending on their education and they are not required to complete a YoungStar formal rating evaluation. Non-accredited providers must meet the requirements for each star level, and undergo a formal YoungStar rating evaluation. Both YoungStar and the accrediting agencies require self-evaluations and announced and unannounced on-site visits as part of the evaluation process.

Taking the 2. This option was often mentioned by the providers in the study as the decision to, "just take the damn 2." One reason providers in this study gave for not "taking the 2" is that they did not want such a poor rating of their work recorded anywhere. This was expressed as follows, "I refused to participate in YoungStar. I feel that I am not a level 2 provider and I didn't want that label attached to my name anywhere." For other providers, although this is presented as a choice, their options were in fact limited as indicated by the following comments:

> In the beginning, really to be on the program, you just have to be a 2-star in order to take state children. Pretty much then you just have to sign a paper saying that you are on the YoungStar. If you want somebody to come in, they can come in. If you don't, then they don't have to come in and help you. You can pretty much just sign and say, "Okay, I'm a 2-star." Part of why you have to is if you have state children. In my area the majority of

> the children are. It never used to be like that. Now, there are so many and if you are not part of the YoungStar program then you can't take them.

For some providers taking the 2 was a choice they made based on their current situation where they felt they had no time to make a decision about how to manage within the new regulatory system. When looking at the enormous amount of information for providers on the Wisconsin DCF YoungStar website it is not difficult to understand why a provider who is just getting started would elect an automated 2-star rating. The website is well organized and from the perspective of someone familiar with the internet it is easy to navigate. Applicants complete and submit a relatively simple application contract available on the website. However, the amount of information, instructions, policies and processes to review may be quite overwhelming for providers. The downloaded frequently asked questions list alone is 62 pages long (Wisconsin DCF, 2015, http://dcf.wisconsin.gov/youngstar/provider-faqs.htm). The FAQ covers questions for all program types and the provider must locate the ones relevant for their needs. It is typical for a provider to work a 60 to 70 hours per week and time consuming to learn new processes such as those required to understand YoungStar procedures. Not all providers are familiar with the internet, and especially in rural northern Wisconsin they may not have daily access to the internet and may need to access it from a local library or school which may be many miles from where they live. Even in public locations they may not have access to broadband as is discussed in many articles available via the University of Wisconsin Extension Broadband and E-Commerce Education Center (http://broadband.uwex.edu/blog/category/ruralbband/, n.d.).

Other providers were confused about why their technical consultant assigned a rating of 2 and felt like the consultant encouraged them to take the 2 as stated in the following comment.

> YoungStar, I am very disappointed. I don't even know how to explain the relationship. I felt that they are unjustly placing..., I can't speak for anyone else. I can only speak for me. I've heard many people give their opinions and I've agreed with them, but I can only speak for me that from my understanding, I'm supposed to offer a variety of curriculum for my students. I'm supposed to be able to allow them to grow socially, emotionally, and academically and I'm doing that. I have a lot of resources here. I do not skimp on the products that I buy or purchase for my day care kids. A lot of people say, "Oh my God. I can't believe you do that!" But I do. For me to get a 2 star, I felt the young lady was just trying to put me in a basic category. She just said, 'Let's just do this for right now and then next year you'll be a 4-star.' I kept saying, 'Why can't you give me a 4-star now?' If I'm giving you 4-star quality in my first year, why can't you give me a 4-star now?' She was like, well, I think you need more help. You need to take these classes. I forgot what she called them. I didn't want to do that. I said, "If I deserve a 4-star, I want that now." Then, she came in for another visit. We talked about my budget and things like that. The next thing you know, I get a 2-star in the mail. When I called back, they said she was no longer taking care of my case and that I would be reassigned to someone else.

Another important factor in terms a provider's decision to accept an automated 2 is that to earn a 3-star level the provider must have a minimum of 18 college credits in early childhood education coursework. A 4-star level requires 24 credits and a 5-star level requires an associate's degree in early childhood education or higher. If they don't meet the education requirement and know that they will not complete these requirements in the near future or at any time, completing any additional aspects of the YoungStar application is not worth their effort. For many providers, especially older providers with many years of experience, the investment of time, energy, and funds to complete credit-based coursework is far too great for the projected return. If they do have these credits and wish to work towards a 3-star or above rating, they can continue with the application process.

As was noted in Chapter 6, when providers move from a star rating of 2, to ratings of 3 to 5, this is considered a success for YoungStar. If many providers took automated 2s and others were confused about why they were rated as 2 when their consultant indicates they could be a 4, this raises questions about the true significance of the increase in quality that is represented when

a provider moves from a rating of 2 to a rating of 3 to 5.

Earning points. To learn how to earn points in each of the above mentioned categories and thus how their formal rater will rate them, the providers can review the 64-page evaluation criteria guide available on the Wisconsin DCF website: http://dcf.wisconsin.gov/youngstar/providers.htm. To move from a 2-star to a 3-star level, the provider must meet the education, curriculum and environment, business practices, and health and wellness category requirements for the 3-star level. They will complete a self-evaluation related to the categories and can select from a variety of self-evaluation options posted on the YoungStar website that range from 30 to 67 pages in length of checklist criteria. If they have elected to have a YoungStar formal observation rating, they must use the Family Child Care Environmental Rating Scale (FCCERS) for their self-evaluation.

Family Child Care Environmental Rating Scale. The evaluation instrument used by trained formal YoungStar raters to evaluate family child care programs is the Family Child Care Environmental Rating Scale-Revised Edition (FCCERS-R) (Harms, Cryer, & Clifford, 2007). The FCCERS-R is organized into seven subscales: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interaction, Program Structure, and Parents and Provider, each with lists of indicators that are scored and averaged for the subscale final score of 1 through 5. Along with the required education credits, a FCCERS-R score of 4 is required for a 4-star rating with YoungStar and a FCCERS-R score of 5 is required for a 5-star rating.

To prepare for the formal observation rating, the provider will purchase the FCCERS-R book of rating criteria, review it and make sure their program meets the criteria. Examples of areas the provider may need to prepare include adjusting the environment, purchasing materials, and designing a system to observe and record children's development and write lesson plans. When

the formal rater uses FCCERS to rate the provider's program, the provider will earn a FCCERS score between 1 and 5. This score and the points earned from the evaluation criteria from all four categories of the 64-page YoungStar evaluation guide are then used to determine the provider's star level. In order to achieve a star level 3, 4, or 5 the provider must earn 3, 4, or 5 points on the FCCERS. If the provider elects to remain at a 3-star level they may elect to forego the formal YoungStar rating and select one of the alternative 'self-evaluation' options which are typically a bit shorter at about 30-pages of evaluation criteria. The completed self-evaluation is used to devise an improvement plan that is approved by the technical consultant. The provider is then eligible for a $500.00 micro-grant and a potential pay increase if they earn a 4 or 5 star rating. If they only move from a 2- to a 3-star rating, their reimbursement pay will be returned to the original amount prior to the 5% cut implemented when the YoungStar program began.

Heroic efforts. As noted several times in this study, in Wisconsin, all 2-star ratings are reimbursed at 5% below the standard rate, 3-star ratings are reimbursed at the standard rate, 4-star providers are paid 10% above the standard rate, and 5-star providers are paid 25% above the standard rate. This information becomes even more significant in relation to the following section that describes family child care providers experiences with their YoungStar ratings and their perspective of the YoungStar participation incentives including micro-grants of $500.00 per year and on-sight consulting by YoungStar technical consultants. According to a 2013 Wisconsin Council on Children and Families analysis, because Wisconsin Shares rates have not kept up with market prices for over 10 years and due to attendance-based pay and reduced rates, the fiscal incentives to participate in YoungStar are "more than canceled out by the shrinking Shares payments" (Edie, 2013, p. 3). What is not mentioned in the 2013 analysis is that the provider must use the micro-grant to purchase materials only from specific early childhood

education vendors or for other improvements for their program such as training or accreditation. With this condition, the grant does not represent increased income. Under these circumstances, providers who participate in the program and undergo observation and rating to earn stars can easily be considered heroic. The following section describes the providers' experiences as they went through the evaluation process to earn their star ratings.

Earning the Stars

Based on my analysis of the interviews for this study, it seems that in part, the particular group of providers who became the study participants responded to the call for interviews to express frustration about how they are now regulated by a system where the benefits to their program and their own needs have been reduced rather than increased and the investment is far greater than the return. As I reviewed the interviews and worked to interpret their message, a deeper, underlying message also came forward. I had anticipated there would be complaints, as often people want to talk of their frustrations. These providers did talk about frustrations with inconsistent information between technical consultants and formal raters, unexpected changes to the rating policies, and difficulty understanding what they felt was an overly complicated process. However, my interpretation is that their stories went beyond complaining to a deeper level. It was clear that most providers in this study felt that the evaluation process was not a good fit for family child care, and that their work was misunderstood, devalued, and underrated. The following sections describe the lived experience of the family child providers as they underwent technical consulting, observations, and evaluation ratings to earn their stars.

Technical Consulting

Of all of the aspects of the QRIS that the providers discussed, they had the most positive comments related to the technical consultants. This is not to say they did not also express

concerns about the consultants and the consulting process, but what they did appreciate was the opportunity to share with someone about their program and business. If there is one thing that family child care providers seem to love, it is talking about their program and the children and families with whom they have developed relationships. In contrast to a licensing compliance visit that has a distinct purpose to monitor compliance, the purpose of the consultant visit was to answer questions, review their self-evaluations and reflect about options for an improvement plan. The providers were both nervous and excited to have someone come in to their program with the intention to consult and reflect about their work. For example some of the comments shared about the technical consultants were:

> "I love my counselor or whatever she is. It is being handled through our local R&R [resource and referral agency] and it has been great."

> "I definitely enjoyed the experience with my technical consultant. It was nice to share my program and to get new ideas from an outside source."

> "I think QRS are good and it is great that someone can come in and look at your growth and see that you are accomplishing all of these things."

Some providers talked about ways that the technical consultant helped them with program improvements. One noted that she was helped to make portfolios to document children's observed development.

> There are some things from YoungStar that have helped me. I started doing portfolios of the children. The parents really like the portfolios. I had never done portfolios before YoungStar so that is one thing that I still do.

Another appreciated the help she got getting started to take classes.

> I started off automatic with a 2. Now she [the consultant] is helping me with the family child care credential. So once I get that I'll be a 3. For me, I wanted to get more education. Being a mother and just a grandmother, I had no formal education.

This responsiveness to relationship-based support services is consistent with research findings that regular support and communication between network staff and family child care providers is associated with higher quality care for children (Bromer & Bibbs, 2011). What seems to have happened in several situations for the providers in this study is that even when the relationship with the technical consultant started on a good note it was later undermined by several points of tension during the consulting and final rating processes with the formal observer. The providers' concerns involved frustration regarding the incredible amount of work needed to get ready for consultants and the rater. They talked about excessive paperwork, inconsistent information given by the technical consultant and the formal rater, disagreement about how the consultant or the formal rater interpreted their program and caregiving practices, and surprise and dismay about their star-level ratings. All of this they noted, created stress, depleted their energy, and took time away from the kids in their programs as they found they had to work on things for school or business tasks, or prepare for the consultant or rater while sitting alongside the children as they played.

Getting Ready

Family child care providers may work alone or with an assistant and their day involves working with a specific group of children and parents often for several years. The group gets comfortable with each other after a period of time and for some, it can be challenging to have others come to their program. Unlike working in a center, where there are many other staff members around all the time, many family child care providers are not used to being observed as they work. For some providers in this study this increased their nervousness while preparing for and being observed. For other providers, often those who had worked previously in a center, the consulting and evaluation process was not as difficult. In a child care center the children get

used to seeing other staff, and lot of different parents and staff are used to working with coworkers. In a family child care program the children may see just the provider and her family. Especially for infants and toddlers, when a "stranger" comes to the program, they may act different and may be more cautious, or cling to the provider. Older children may be so excited that a visitor is there that they are more active. Of course it is the providers job to support the child through that but this can add stress and providers want everything to go perfect for a visitor or an observer. The study participants had varied levels of anxiety or comfort about consultants and observers coming to their homes but all of them wanted things to be perfect. As one provider stated, "When you have somebody observing you, you just want things to be as perfect as you can when you're getting points."

In addition to preparing the home for someone "new" to come in, they also worked in between consultant visits to complete their self-evaluation and complete the tasks necessary for their improvement plan in order to get the $500.00 micro-grant. Several study participants talked about how hard it was to get everything ready and to complete work they committed to in order to get the $500.00 micro-grant or just to get the best point score they could. Almost all of the providers referred to the YoungStar consultants and raters as "they," and talked about how they had to prepare for what "they" wanted, how "they" preferred you do something, and how "they" thought the environment should be arranged. For example,

> That first year when it first came out I did participate and I worked my butt off to get a 4-star and obviously I couldn't get the 5-star because of my education. And I was all excited I got the 4-star but it was so hard I felt it was just a lot of work. Way more work than it ever should've been, I honestly think. The things that they wanted me to do I did it, but I didn't feel it benefited my program. And then as soon as they left I did go back to my old ways. So I prepped and prepped and prepped and then they came and they observed and I was crazy nervous and I was afraid I would say the wrong thing at the wrong time and I needed to say the right thing at the right time. And it just wasn't me. It wasn't my personality. And it was just really, really, hard but I did get the four stars. So I was like, "Yay, a 4-star!"

For another provider, she had increased her rating from a 2 to a 3 and was now accumulating points at that level so that when she was ready she could try for a level 4 rating. She described the challenges of working towards the higher rating level and also how she felt about her original 2-star rating.

> I was a two star last year [after my rating]. I'm currently in the process of raising my points because I wasn't really happy with the whole thing. My points were low in learning environment and curriculum. That bothered me because my kids go to kindergarten ready for kindergarten. I don't know if in the future parents will look at that. To me, if a parent was looking at that and that's what they wanted their child to do was learn, obviously that's still what a lot of parents do want, and in my paperwork, it looks like I'm not teaching them, then I don't know what they will think.

This provider was proud of her success with the children she cared for and believed she gave them a strong foundation so that they were ready to succeed in the public school when they entered Kindergarten. She was insulted that the YoungStar rating system scored her program low in learning environment and curriculum. For her this meant the raters did not think that she was properly preparing children for the experience of formal schooling. She wanted to work towards a 4-star rating but had concerns about the expense of meeting the requirements as well as time and her own personal energy to work full time, care for her own family, and manage school work. She was also concerned about how her group of children reacted to the observation process and described them as a challenging group. She commented:

> They are coming to review and it is just not going to go well. I shouldn't be doing that. I should be focusing on the kids I have right now without worrying about who is going to come and watch me all day. Because the main reason is the way the group acts when anybody is here. They totally show off and get out of hand. Even when the parents come, my mind is like, "Where are the kids that I just had 10 minutes ago?" I know they are going to put on a show for people. Maybe possibly in the future I will work for a 4-star. And right now, I don't know about a 4-star because it's expensive to do everything you are supposed to do. You do have the option of getting a $500 grant, which is awesome but you can only spend it where they want you to spend it. I can't go to Walmart and buy something on sale. I have to get it through one of the places that they want you to get it through. Kaplan, Lakeshore Learning, one other place, and you know how expensive they are. Then they want to see it all. With three stars, she's coming in

> next time and she's going to make sure I have three things in each domain. I think it is three things, yes. I can make things and stuff. When you look at the huge picture of it and you see they want the kids to have appropriate things, hey, we all go out and we buy the little chairs that the feet can reach the floor when before we might have had a bench. Things that they think we need, we don't say we necessarily think we need.

Each of the above examples illustrates the anxiety the providers experienced as they prepared for or thought about their observation and about what goals to set related to the QRIS. Both examples also illustrate differences in how the consultants and providers interpret what is necessary in the environment and for children. The second example specifically emphasizes the importance of "stuff" to perceived program quality, but not just any stuff; it has to be "the right stuff" and "enough stuff." It is enjoyable to have toys for children and educational toys do often guide them towards certain types of learning. What is of concern is that at some point, at least in child care programs, this seems to have become a mandate rather than a choice.

Quality Assessment

What follows is a discussion and examples of the experiences of the study participants with both their consultants and their formal observation raters in the four categories assessed by YoungStar: business management, health and wellness, provider qualifications, and environment and curriculum. The majority of providers were familiar with using parent contracts and written policies. They did not seem challenged to meet business requirements though they did sometimes lose points in their ratings if for example their records were not up to date. Several providers also had to develop a written budget to meet that requirement for a 3-star level. Overall, this area was not typically disputed and when something was missed or required work, the provider accepted that. For that reason it is not discussed further below.

The areas where the providers expressed the most concern were health and wellness, provider qualifications, and environment and curriculum and thus these areas are given the most

attention in this report. The examples intentionally illustrate the points of tension as an approach to begin conceptualizing differences between family child care practices and values and criteria set by the YoungStar quality rating program that primarily draw on research conducted for group child care programs. Examining these points of tension will offer insights that support the development of criteria that is a better fit for rating quality in family child care programs.

First, to review, the quality assessment process that is used to assign star-level ratings involves a self-evaluation completed by the provider, either on their own, or with the aid of a YoungStar technical consultant. If the provider wants to receive a micro-grant, they must work with the consultant. When the self-evaluation is complete, a date will be scheduled for the formal rating observation. This observation is not completed by the technical consultant to avoid conflict of interest, and instead is completed by a trained rater. The rater will use the FCCERS-R (Harms et al., 2007) to complete the observation. A FCCERS-R score of 3, 4, or 5 are required for each of the corresponding YoungStar levels. Because of this, a provider who wishes to complete the formal rating process uses the same assessment instrument, FCCERS, to complete their self-evaluation prior to the formal evaluation. Table 1: Required Quality indicators for Young Star Levels (Wisconsin DCF, YoungStar Family Evaluation Criteria, 2015) is shown below to provide context for the examples of providers' experiences.

Figure 2:

Required Quality Indicators for YoungStar Levels

Family Child Care

	☆☆ 0-10 Points	☆☆☆ 11-22 Points	☆☆☆☆ 23-32 Points	☆☆☆☆☆ 33-40 Points
All programs must be in Regulatory Compliance to earn two or more stars.				
Education	N/A	Infant/Toddler Credential, Family Child Care, Inclusion Credential or 18 related early childhood credits	Administrator Credential, Preschool Credential or 24 related early childhood credits	Related Associate's Degree or unrelated Bachelor's Degree
Environment and Curriculum	N/A	Indicator B.1.1: Self-Assessment	Indicator B.1.1: Self-Assessment Indicator B.4.1: Environment Rating Scale (ERS) average score of 4	Indicator B.1.1: Self-Assessment Indicator B.4.2: ERS average score of 5
Business and Professional Practices ***NOTE:*** *All programs must sign a YoungStar Contract to participate in YoungStar*	N/A	Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record	Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record Indicator C.2.2: Written copy of parent handbook	Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record Indicator C.2.2: Written copy of employment policies Indicator C.2.3: Written policies to reduce risk
Child Health and Well-being		Indicator D.1.1: CACFP and/or nutritious meals	Indicator D.1.1: CACFP and/or nutritious meals	Indicator D.1.1: CACFP and/or nutritious meals
Additional Optional Points Needed		**4 or more points**	**6 or more points**	**12 or more points**

(Wisconsin DCF, YoungStar Family Evaluation Criteria, 2015)

Health and Wellness. Overall, providers did not have disputes about most health and wellness items. They provided nutritious meals, followed healthy daily care routines, and provided a safe and sanitary environment. However, it is easy to miss details at any given point during a busy day and sometimes they missed hand washing, or some other common sanitary procedure. When something was missed or required work, the providers accepted that. In some

cases, if a provider was only a few points away from a higher star level and an item in one of these areas held them back, or if they disagreed with the rating, they did try to get it changed though not with much success. Of most concern in the health and wellness area is an experience one provider shared about working with infants in her program.

Infant Care. Most family child care programs have at least one infant enrolled on a regular basis and it is not uncommon to have two infants. According to the Family Child Care Environmental Rating Scale, Infants are not to be kept confined in swings, chairs, walkers or other such devises for extended periods of time. This is important as it gives the infant tummy time and also time for stretching, twisting, rolling, and other physical movement. One YoungStar rater told the provider that she worked with that 20 minutes was the limit an infant could be in a contained device. According to the provider she lost points because the infant was in a device for 24 minutes. She was also told the infants did not have access to books but the provider disagreed and noted that they were all on the floor looking at books when the rater got there. When the provider disagreed and discussed it with the rater she was told it was almost impossible to be a 5-star program when there are infants and that providers were not taking infants if they wanted to do the formal rating and earn 5 stars. This provider had been rated at 4-stars and now was rated at a 3-star level. She expressed her feelings about this, "I haven't been a 4-star for 2 or 3 years. To have that go down because I have infants, I mean it's just like I work, and work, and work, and that's what's going to happen?" It is hard to understand how this could happen. This incident raises many concerns because most family child care providers work with children birth through school-age but with 4-year old kindergarten, it is more common to have mostly children ages birth through 3 years. Many parents also prefer the homelike setting for their infants.

Provider qualifications. Star levels 3, 4, or 5 require early childhood credit-based education. Star-level three requires 18 credits, star-level four requires 24 credits, and star-level 5 requires an associate's degree or higher. Some options to complete early childhood credit based course work include early childhood education credentials offered by The-Registry of Wisconsin, the Early Childhood Education Associate Degree offered through Wisconsin's Technical College System, or Early Childhood Education Bachelor's degrees. As noted in Chapter 4: Professionalism, Pride and Dedication, the participants in this study expressed a belief in the value of credit-based course work. Twelve of the twenty-six participants had degrees in Early Childhood Education. Two completed a master's degree, three completed their bachelor's degrees, and seven had earned an associate degree. Thirteen of the providers had earned some college credits in early childhood education. What was challenging for the study participants regarding the education requirement is that the final rating still required a formal observation and rating from a YoungStar rater, which sometimes meant that even with their education, they might still end up with a 3-star level. For this reason, if they scored low on the FCCERS-R during their 3 to 4 hour formal observation, they did not earn the higher star level that acknowledges a degree or credit-based course work.

Accreditation. One exception that overrides the need for the formal observation rating is if the provider holds a current accreditation from either the National Association for Family Child Care (NAFCC) or Satellite Family Child Care Inc. of Madison, WI. Accreditation is recognized by YoungStar as an alternative to a formal YoungStar observation rating because the accrediting agency works with the provider to complete a self-evaluation and program improvements based on accreditation standards, and also conducts on-site visits. At the time of the interviews only eight of the providers held a current accreditation. The most common

reasons reported for not holding accreditation are cost and access. While it is less costly to obtain accreditation from Satellite Family Child Care, this organization only accredits providers in Madison, WI and the surrounding area. NAFCC accredits anyone in any state, but the cost is approximately 900.00 with ongoing renewal fees. For many providers this is a significant expense. Wisconsin Early Childhood Association (WECA) also offered an accreditation option in the past but no longer offers this service. Several of the providers in this study had been accredited in the past with either WECA or NAFCC but had not maintained the accreditation.

The low ratings earned by providers due to education requirements was clearly a point of tension and great frustration both for their own recognition and also for their colleagues who did not have college level coursework but had many years of experience. The providers who worked for years to complete their degrees wanted recognition for that and at the same time, they seemed to believe that there were many paths to knowledge in this profession such as years of experience or working with mentors. There are positive efforts in place in the various Wisconsin colleges for providers to demonstrate their experiential learning. One option is when a student "portfolios out" of a class. In lieu of coursework, students can request approval from college program coordinators to portfolio out of a class and then they develop a portfolio that meets standards of the college and demonstrates specific competencies. A student might be approved to complete one or more classes in this manner but not an entire degree. While this is an excellent option, many students comment about how time consuming it is. Here is how one provider who had already completed an associate's degree described her opinion about the requirement to have college credits.

> I guess for me, when YoungStar came out and said you need 18 credits to be a 3-star, I was so adamant against that. I personally believe that somebody that is 10, 20 years in the field should get credit towards that without having to make these portfolios, without ripping them out of their program with their children, without making them put these

> portfolios together, because that is not easy either. It is not as easy a process as they make it out to be. And I just think that when you are 50 something years old and you have been in the field for 21 years for them to say you are worth nothing because you don't have any college credits, I think it is a slap in the face. I think it is really awful. And for my own children too, and for me, college is not the most important thing. Where I come from there are apprenticeships where you do hands on learning working with somebody, the mentoring type of thing and I think that can be equally good. A 21 year old coming fresh out of college is not going to do a better job than someone that has been in the field. That's not guaranteed. And so that part upsets me that it is so heavily required and that this is "the" only way. And that bothers me because there are a lot of my fellow workers that I know are amazing and they don't have a degree.

The difference between 2 and 3 stars is to complete a budget, to have earned 18 credits in early childhood education coursework, and to score a 3 or higher on the FCCERS-R during the formal observation and rating. Most people can complete a budget with some self-directed work. However 18 college credits requires a significant investment of time and money. Even with scholarships that are provided through Wisconsin Early Childhood Association, there are still many additional expenses. One suggestion was to allow a time frame for providers to complete education requirements.

> I think it was unfair that they made it right away. They did not say, everybody is going to be a 3 star, and then if you do not do it within a 2- or 3-year span, then you will be moved down to a 2-star. I can see that. But to just right off the bat start taking money from individuals, we already lost the attendance based pay plus you are taking money from us and then you expect us to go back to school with money that we don't have. This is not how it is working in other states. One of the young ladies that I actually raised in my center, as a young lady, she now is in the service and she stays in North Carolina and they have the rating system but it was not tied to any money what-so-ever. But here it is tied to money. Who wants to work and have money taken away from them? That does not make sense.

Perhaps one of the most difficult things to understand about the education requirement and the FCCERS-R scores is that it is quite possible to be rated poorly during the formal observation rating regardless of ones educational attainment. This can be for a variety of reasons ranging from the kind of day a provider is having (for example stress from being observed, a child who becomes ill, or many other reasons) or from actual overall poor quality of care. We

know that education alone does not ensure quality of care and for this reason the onsite formal rating is an important aspect of the overall quality rating. However, from descriptions given in this study, sometimes the standards were adhered to so strictly that a provider who met the education requirements for a 5-star rating might be down one point for a relatively minor item and then not earn the level. At the same time, a provider who has only earned 18 credits to meet the education requirement for level three might be rated a score of 5 on the FCCERS but may never complete a two year degree and thus may never earn a 5-star rating.

For example, one provider had over 30 years of experience and master's degree in Early Childhood Education, Administration and Leadership. She worked for many months to prepare for her final formal rating. She completed a self-evaluation using the FCCERS and made adjustments to the indoor and outdoor environment. She purchased and set up an online program designed to record children's developmental milestones and apply that to lesson plans. The online program was also used to communicate with parents about their child's experiences in her program. She met all the requirements to earn 5 stars but was marked down on the formal rating with the FCCERS for relatively minor sanitary practices. According to her, the children had been playing outside and she had filled the outdoor sensory table with water for them to play in. There is a license rule that children should always wash their own hands before and after playing in a sensory table and the provider did not have the children go in the house to wash prior to playing in the water. Instead, they were allowed to come and go from water play as desired during their outdoor playtime so a point was lost on the rating scale. Later, while the children were washing their hands before lunch, apparently there was a dead fly in the sill of an open window and then another point was lost. In the end, her final rating was 4-stars because the FCCERS-R rating is what is given the most weight in the overall quality assessment and the

provider's final FCCERS-R score was 4, not 5. It is important that providers actual work with children is assessed as a high priority to meet quality standards and certainly we want sanitary practices in all child care programs yet there is a degree to which this and other qualifications can be balanced for a more accurate final rating.

Another provider had completed a bachelor's degree in Human Resources and an associate's degree in Early Childhood Education. She had worked as an administrator for an army accredited program and at one point decided she wanted more contact with children than is typical in a management position so she decided to begin family child care. She described her experience working for the military day cares as excellent preparation for running her own business:

> I had 11 years in army accredited programs and that experience was priceless. I was able to work in the classrooms. I was a trainer. I was a desk staff. I was an assistant director. So it definitely gave me the all-around experience to be able to run my own business from my own home.

When I asked her why she chose to leave that and do family child care, she explained as follows.

> I think the last position I was in was assistant director and I realized I did not have as much contact with the children when I was in that management position. I spent more time in meetings and at my desk and I really wanted to get back working with the kids. I saw being at home with my own children and being able to be right there with the kids in my own environment as much more appealing at that time than being a manager. So really getting back to the roots of it and being with the kids again was what I was missing. And that is what brought me more back in the direction of home day care. I felt like I had the experience. I had the education and I just wanted to get my hands back in the activities and reading the stories again and things like that.

She described how she was excited for the opportunity to participate in YoungStar and how the consultant had indicated she would earn 5 stars.

> My technical consultant was telling me left and right that you are definitely a 5 star. You are going to get it. So when I was formally rated and they came back and said I was just going to stay a 3 star I was devastated and I did not understand what I was doing wrong.

In this case the provider had completed a self-evaluation using the FCCERS-R which is the rating tool used by the formal observer. She discussed it with the technical consultant and made some adjustments to her program based on the consultant's advice. For her, the final result of the formal rating at the 3-star level was frustrating.

> When the formal rater came in there were, I thought, very over the top expectations. From my experience with the NAEYC [National Association for the Education of Young Children] accreditation and my military experience, I really thought that the standards for the formal rating were I guess out of this world. There were certain things that I was rated very low on that I did argue. I sent a letter to the director of the program and said these are things I disagree with but ultimately they stood behind what they disagreed with. I felt like, I do have the point value of a five star but I don't get the recognition of a 5 star. So that is disappointing for me because I know that if a program is accredited by the NAFCC [National Association for Family Child Care] that they do get the 4 or 5 star and they don't have to go through the formal rating process. I mean I've worked with the NAEYC accreditation and I've been face-to-face with the NAEYC inspection team before and when there is something that you don't agree with for an inspection, you can go and you can find evidence and you can say, this is what we do and this is what our practice is. Just because you saw something or something happened when you are here, that is not our typical practice. And then they will say, well ok. That was not the case. When I argued some of the results, I found evidence and I found my procedures and I wrote out all the practices that I do follow but there was no flex space at all. And I thought that is not typical of what an accredited program would have to go through. So I felt like it was unfair. I feel like I am a 5 star program but just because of those 3 hours when somebody who has never been in my program before came in I am a 3-star program.

The above examples illustrate both the complexity of setting up a QRIS that accurately assesses the quality of care in early childhood programs, and the difficult consequences that are experienced with final ratings. Ratings have very real and powerful consequences for family child care providers that impact their work. There were also many challenges evident in the experiences the providers had with their ratings for the YoungStar environment and curriculum category.

Learning Environment and Curriculum. In early childhood education, the curriculum is typically considered to take place during caregiving routines, free choice play times, and

teacher directed, planned learning times. Family child care providers typically work with mixed age groups and the ages may change from year to year or even from one day of the week to the next. For example a provider might have an enrollment schedule where Monday, Wednesday and Friday is mostly 3 and 4-year olds and one infant, and Tuesday and Thursday has one infant and three 2-year olds. For this reason, they must be flexible with their routines and there is variation in the types of activities that take place each day. The manner in which they conduct free choice and planned activities often (though not always) differs from how that would be done in a center. The primary consideration is that the approach the provider takes on any given day or with any given grouping of children, is based on a compilation of factors that do not take place in center-based care as the following examples illustrate. To gain a better idea, of the factors that influence a provider's daily decisions, consider the following description of just one segment a provider's morning routine.

> They drop the kids off. Then we probably just play for a little while until most of the kids get here. I have two kids that go to school. I send them out on the bus. Then we have free play, at a certain time we have our morning snack. After that then we do group time. Then we have an activity we usually do at the table like a project.

She described how her approach to teaching differed from what was expected and what "they" preferred.

> We like doing, I don't know, the Christmas tree or turkey, the kind of stuff where you put the circle there or add something here, that kind of stuff, whereas they don't want that. I think in our classes they don't want us to do that either. They prefer the kids to do what they want to do with the materials. As a parent [I think] you want to come home with this cute little turkey that looks like a turkey. You are supposed to like it. You know what? It works too. My kids, they could cut out their own feathers and it still looked adorable. Then there are the ones that say, 'Hey you guys, let's make this turkey.' You put this here and glue that there.

This provider is describing a teacher directed art activity and current teaching in early childhood education suggests (mandates?) that art should be a process activity where the teacher

sets out the supplies and the children explore them freely. The emphasis is on the process of creating rather than the product. An example of how this is rated in the FCCERS-R is that points are given for "individual expression encouraged" (Harms et al., 2007, p. 39) and the description of how to rate this is:

> 85% of the time when art materials are used, children can do "free art" and are not required to follow an example. Observe to see whether children have access to the art materials and if they actually use them in their own creative way. You may also look at the artwork displayed in the home. If you see many provider-directed projects displayed, and little individual work being done by the children during observation, do not give credit for this indicator. If you are not sure, ask the provider how often projects are done following an example.

Even a highly trained observer could easily misinterpret the above criteria. Another provider talked about the requirement to have art supplies available for older children at all times.

> I've got a newborn, I've got a 1-year old, I've got two 3-year olds, and I've got a 4-year old running all over the place. I think sometimes these people ... Has she ever done daycare? Have any of these coordinators ever been family day care providers? Working family childcare and working group childcare is two totally different entities. I have done both. The majority of YoungStar is set up for group childcare. They want drawing materials easily accessible to children at all times. There is no way I can have paint out all the time. Our house would be trashed. I can't even have crayons. I can't have scissors. I can't even have paper. If they want it they ask for it. I offer it to them many, many times. But my gosh, if I have crayons and markers out with an 18 month old, you don't want to know the outcome. This can go for pegboards. This can go for magnets. Magnets are very dangerous to small children.

A provider also talked about what "they" tell you about group time and how this differed from what she enjoyed doing with the children in her group.

> You are not expected to do group time because if you have a child that doesn't sit, you can't expect them to come back to group time if they don't want to do group time. That's a big part of our day. They love group time. I enjoy it. It makes me, I don't know, get to know all the kids. You're just there with that group doing what you're doing, which is different from them running around playing and you're watching them or playing with them. Does that make sense? At group, we doodle in the calendar. We read stories. They get to pick songs. We have the letters of the month up. We review those. They have a little mailbox and a phone and they sing their address and phone number songs.

> It's more like, we mostly do it like in a seated area but if a child leaves the group, you are not supposed ask them to come back. You can't. It might seem mean to a lot of people. When they go to kindergarten, I have two that went to kindergarten right now. We should be teaching them that there are times that they have to sit down and they have to listen.

The teaching and learning approach used with the FCCERS-R considers it beneficial for the child to develop independence and autonomy. To foster this the child is allowed to engage in self-care and make as many choices as possible. When children are required to remain seated for extended periods of, this is considered too restrictive. Another provider shared how this was a problem when she was observed and required toddlers to stay at the table during lunch.

> This person who did the rating had only worked in centers as far as I understand and with different age groups but she wasn't really familiar with multiple ages in one group and wasn't familiar with family eating style for instance she was used to being in a place where children, perhaps older children, would come to the table and serve themselves cereal and poor themselves the milk and they would take it to the table. We were dealing with a much younger group and we had a young child, I'm not sure how old she was, perhaps 16 months old or so, who was in fact the child of the lead teacher one of the people that works here every day. And we have a thing where we start the littlest ones in a high chair and then they moved to a sling chair and then they move to a chair with arms that's on the floor. And this was her first day sitting in the chair with arms. And so it's her first day without having any straps. So she kept getting up and we kept going and getting her to bring her back to eat breakfast with us and the person who was doing the observation actually got quite angry that we would not let this child just run over into the other room. And she was quite adamant that her beliefs about this were proper and in the best interest of the child even though it was even the child's mother who was bringing the child back to the table. And later on this person wrote an apology in an email and said that she realized that other people had different methods of doing this but my overall problem with YoungStar is that it counts itself as being evidence based without ever really considering whose evidence are we counting.

Several providers commented about the inconsistent information they were given about curriculum and teaching practices and that it seemed like whatever they did, it was not enough. They also described times when the consultants made suggestions that they felt would not work in their program with mixed ages of children. For example consultants typically thought that wooden unit blocks should be displayed, sorted by size and type on a shelf or in baskets after

every use. One provider described what it was like to get continuous suggestions for changes and what it would be like for her to meet that requirement.

> The biggest example I can give is that every time she [technical consultant] works with me her answers are different. I've been building curriculum for years for the children and, of course, my curriculum has to follow WMELS [Wisconsin Model Early Learning Standards] and things like that. It seems like I've done it. It's not all that hard to do the different domains and things like that and it seems like every time she looks at it and says, "Oh, but just add this." So I will add that. The next time she comes, "Oh, but you need to add to this." One time she sat down, and I'm not kidding, for 45 minutes, and told me how wrong my block section was. And she wanted like 4 or 5 boxes of blocks but they all have to be separated. How are you going to keep a 2-year old from mixing up the round wooden blocks with the square wooden blocks, does it matter? Does it really matter? At the end of the week when I clean them and bleach them, I can put them all in these other boxes but come Monday morning and they play with them and they put them away and, "Guess what?" They all get mixed up.

A final example in this area illustrates how the providers are well aware that they simply cannot take even one single point for granted in this punitive system. The way the reimbursement system works is it adjusts the payment based on the provider's current star-level rating. When one point can make the difference in your rating level and the rating level determines your pay rate, which can be reduced for any point reduction, points become very important. In this situation, the provider has a 5-star rating but she wants to make sure she has earned every possible point available at the 5-star level, which has a point range of 33-40 points. Her concern is that if she gets docked points during any of her annual ratings and her points go below the number needed for a 5-star rating, then she will lose income that she relies on to pay her bills. The problem, as she put it is that the raters, "are all trained that they've got to find something and even if they can't find something they can't walk out here with a clean sheet." She explained that the consultants and raters often complement her program and say it is the best they have seen but even when they share this, they still have to find something for improvement and thus a problem

that needs to be solved. More importantly she explains how serious it is to maintain as many points as possible.

> Last year the man that came out begged me not to shut down because I plan on closing this year. This man said I've been doing this for almost 20 years and there are ratings that are five stars but this is the best I've ever seen. So, having said that, even him, even he has to find something because that's how he's trained! So he goes and he says, 'We did a check and I did your environmental rating and everything, and needless to say I'm not supposed to tell you this but I've got to. We are not supposed to tell anybody how they did until they actually get the paper in the mail. You are still going to be a 5-star, but I did your rating and it rated at the top of everything except for this one area. So now this keeps me from getting those points, remember, and every year I end up gaining a point or two more, getting towards the most, right? So if I'm now at 40 or whatever the point thing is, he is denying me an extra point that pushes me back to 39 and you know why? Oh my God! [He tells me] 'It's your art! Just this one area, but you shouldn't be concerned because you are still five-star, but that one area is your art. And I was amazed because you have met the criteria for 6.5 points on the FCCERS. You have the same supplies inside that you have outside for the kids activities. It was wonderful. Except ..., I saw glitter. The moment I saw glitter my training tells me I cannot give you a rating. I have to give you a one. I have to stop. I cannot consider anything because you had glitter.' So I said to him, 'Do you understand how ridiculous that is? I said wait a minute hold on. I've had glitter since I've been open and nobody ever said that.'

She continued to explain to me how she was told there was a new FCCERS-R rating book and that now glitter was not allowed. Later, when she began to prepare for the rating for the following year she went to buy the new book and learned there was not a new book and this had been a mistake. She learned that glitter was allowed and especially because in her situation, it was in a cabinet and not accessible to children under 3 years of age. She felt she had to dispute this and earn her point back. She shared with me how she explained it to her consultant and why she insisted she get the point.

> If I do one thing that goes against anything, whether it is DCF or whether it's you, one error, that you found that you made, or that you had overlooked, you would take my money just like that and drop me down. It would not matter if it was in three months into your rating or nine months into your rating. You would say we found an error and you are now a four-point. He wouldn't say, "Oh, well she's been a five-star all year, we will just let her go and make sure that we don't overlook it again, right?" Don't tell me that, I want my point!

Misunderstood, Devalued and Underrated

The above examples demonstrate how potentially demeaning the rating system can be. The providers felt their ratings were not accurate, that the rating scale was not a good fit for family child care, and that the rules about what they could do with the grants they received were restrictive. As one provider commented,

> I heard from someone that YoungStar is a recognition of a lot of mediocre providers because so many of them are at level 2. I disagree with that. I think there are a lot of really good providers out there who aren't recognized on YoungStar.

According to information provided in the YoungStar Policy Guide available on the Wisconsin DCF website (YoungStar Policy Guide, December, 2014), YoungStar was established using objective and research-based criteria. The guide states that it is "critical that criteria measured to demonstrate quality are objective, reliable, regularly available, and efficient to administer" and that "valid and objective criteria reduce the risks of subjective judgments of raters" (YoungStar Policy Guide, December, 2014, p. 12). The examples provided demonstrate inconsistent and subjective interpretation of criteria that is intended to be objective. They emphasize the fact that no matter how objectively an evaluation system is intended to be, there is always some level of interpretation on the part of the observer and evaluator.

Chapter Seven Summary

This chapter described the complexity of the YoungStar Quality Rating and Improvement System. It specifically pointed out the tedious rating process and the challenging experiences providers underwent to prepare for and complete their ratings as well as the frustration they felt with the results. The information presented emphasized how challenging it is to design a system that accurately assesses performance and how this can have serious consequences for those that are rated, especially if this is tied to wages. It emphasizes the need for additional research about

the type of QRIS design that would be most appropriate and equitable in its application for family child care. The chapter also began to explore the contrast between what family child care providers value and how they teach in their programs and what is valued in the quality rating system. The following chapter will examine what the providers believe about the quality of their work and how their beliefs and values demonstrate an intentional pedagogy of family child care that can be defined and rated in a manner that is more representative of the type of care they actually do.

Chapter 8

Provider Perspectives: Family Child Care Values and Teaching Practices

We Know We're Good!

This chapter explores the providers' own descriptions of their work during a typical day and their goals for children and families. It also provides information about the meaning that providers give to their experience with YoungStar Quality Rating, especially in relation to their values and teaching practices. The providers were asked to talk about a typical day in their program and to describe what they want most for the children and families they care for and for family child care as a profession. By understanding what providers do during their typical day and what they want for children and families, it is possible to begin to conceptualize new perspectives of teaching and learning in family child care settings. These new perspectives can inform new understandings of how quality is defined in family child care contexts and approaches to quality assessment in family child care programs.

What follows is a composite review of the study participants' comments about a typical day in their program and teaching and learning practices in family child care settings. The broader composite description of the providers' perspectives of teaching and learning helps readers to gain understanding that even though there are many variations in approach to family child care, it is possible to note shared values within the profession that inform intentional teaching practices. These shared values will then be demonstrated through examples of provider's experiences during a typical day and a discussion of quality rating that illustrates how circumstances rather than the quality of teaching, learning and daily care practices alone, can impact a provider's YoungStar rating.

A Typical Day in Family Child Care

There is really nothing quite like a family child care provider's description of her day. Without fail, during the interviews, each time I asked a provider to tell me about her typical day, the description began with a 'run through' of the schedule with descriptions of each child in the group including their ages, their arrival times, their school schedules, children with specific individual needs, the schedule of daily meals, teaching and learning activities, naps and caregiving tasks, and each child's departure time. For the providers in this study, a typical workday begins anywhere from 5:00 AM to 7:30 AM and for most, it ends between 4:00 PM and 6:30 PM. Most worked a minimum of 9 to 10 hours per day, 5 days per week. Several of the providers also did evening care and one of the providers did not work on Fridays.

Each provider had a somewhat different emphasis to how they structure their day, but they seemed to work out a process that works for their program, in their community, and for the group of parents that enroll. Within that context they develop a daily routine much like a child care center. However, family child care providers are far more likely to have variations in the configuration of their group of children then center-based programs. This variation often creates a compilation of factors that simply do not take place in center-based care and that require decisions about teaching and caregiving that are unique to family child care. For example, it is quite possible for a provider to have mostly 3- and 4-year-old children three days per week and add to this an infant or toddler on two other days. They may have the same five children every day of the week or some full-time and some part-time children. The children may be mostly the same age or it could be five children of mixed ages. Unlike teachers in child care centers who often specialize with work in a specific age group such as infant, toddler, or preschool, most family child care providers become highly skilled at teaching children of any age and at adapting

their teaching to variations in their group on a daily, weekly or annual basis as needed according to their enrollments. The location of the program, the length of time the group has been together, and the varied ages of the children during each day or week in any given group formation often influence the provider's approach to teaching. The daily routines and practices are highly relational and responsive to the unique qualities of their personal style and the situated context within which they teach. This aspect of family child care makes it far more difficult to assess using standardized assessment tools. Yet, there are certain components in quality care that can be assessed in any setting such as the quality of interactions and relationships, health and safety features of the setting, and an articulated, intentional approach to teaching and learning. It is these qualities that are demonstrated and discussed in the following examples.

Teaching and Learning in Family Child Care: A Responsive and Relational Process

The family child care providers in this study were very enthusiastic to share information and descriptions of their teaching practices. They shared descriptions about their daily routines, activities they enjoy doing with the children in their groups, and their relationships with the children's families. The importance of relationships began with their interactions with parents and was central to their teaching and learning practices.

> For my parents, I want them to have a family. I don't know how to describe it. I want them to have more of a family connection to me as a provider. Maybe they'll feel more comfortable. I always try to make sure that there is not always a business feel. I want them to be relaxed and comfortable and for them to feel secure and safe that they are leaving their kids with me. I make sure that I do create that rapport between my parents and my children so that they have a home type of feel because this is a home day care. I don't want them to feel like this is just all business.

When they talked about what they want most for children, they often framed this within a relational context that emphasized respect for the child's pace and emotional wellbeing. It is not that they did not talk about supporting children's physical, cognitive and language development

or have a strong interest in teaching literacy, science and math skills, but rather that the framework for teaching these was highly relational and often involved interactions typical of families. For these providers it was not a matter of choosing between social skills and academics. Instead, social skills were considered the road to academics; the necessary foundation for wellbeing that would in turn support the mindset and sense of security that fosters deep integrated learning and creativity. The providers in this study took great pride in their ability to prepare children for school and their knowledge of child development and firmly believed that their individualized, relationship based approach was a foundational aspect of their success with children's outcomes. For example one provider described her teaching as follows:

> I have a good schedule and structure but I was also taught from the very beginning that children learn best through play and the kids, I feel like right now in my care, really learn more from each other. They all have like a brother, sister relationship. And, I value the outdoors. I have a large garden in my backyard that we have built over the last couple of years with the day care kids and with my family. We have an apple tree so I think those are the things that, if the kids aren't getting that at home or in their community, I really value providing here. We pick fresh tomatoes during the summer and the kids eat them outside in the morning. That is something that puts a smile on my face every time we go out there and we see a red tomato.

In contrast to the dominant approach to achieving optimal child development through structured lesson plans, this provider is clearly capitalizing on emergent experiences and the importance of relationships as an intentional approach to teaching and a powerful motivator for children. The above provider did not talk about a lesson plan with science, nutrition, and physical exercise listed as meticulously written learning objectives, organized around a gardening theme, nor did she discuss what the children would do to demonstrate their learning. Instead, learning about these concepts takes place during the normal course of the day with relational interactions and ongoing conversation.

In addition, in this case, because the provider values and respects how children learn from each other, children also learned about depending on others and about leadership and helping skills. The providers in this study often expressed their belief that learning about different roles for relational interactions and supporting children to develop social skills is the most important aspect of teaching. As stated by one provider, "The first thing they need is social emotional play. The other stuff will come. If they don't have that foundation, then we haven't done our job." The foundation this provider refers to is healthy social emotional development and by other stuff she means academic skills such as math, science, and literacy. In this manner, she expresses a common teaching practice in family child care where social skills and emotional wellbeing are considered to create the security necessary to free the child to engage in cognitive processes for academically oriented learning.

School readiness. A frequent comment regarding YoungStar ratings was that providers felt the scores for their curriculum and learning environment were too low. They interpreted these low ratings to imply that according to the QRIS, they were not properly preparing children for Kindergarten. They considered school preparation to be an important part of their job and several providers shared stories about children from their programs who had succeeded in school and attended college. They were proud of their contributions to children's academic success and insulted by the low ratings. What is unique about family child care providers is that their teaching and school preparation activities often stem from a relationship based context where most of what is taught to enhance cognitive skills is framed in terms of relational interactions. They wanted to help children get ready for school and often mentioned the importance of happiness, someone to talk to, and the development of social skills as a highly significant way to prepare children for school.

> My feeling is for the children, I want them to be happy and I want them to know this is their second home. I want them to feel secure, so if something is bothering them whether it's somebody at school, a brother or a sister, a parent, or they just don't feel like dealing with anybody, they can talk to me. If they are comfortable enough to climb on my lap and put their head down, even if they are comfortable enough to fight with me, then that is what I want.

The importance of happiness, security, and social skills to learning and development were expressed by another provider as follows:

> What I want most for the children in my family child care is that they are happy, that they are getting their basic needs met, that they are developing, that they are learning, and that they come in and I can see that they are happy to be here for the most part. I want them to be able to handle the day pretty well, and for them to leave happy to see their parents, and sometimes, not happy to leave daycare. But in that time period when they have felt secure, I want them to have learned things and that everybody can see that, maybe not day to day, but from week to week. Everybody can see that all of the sudden this child is doing something they had not done before, you know, wherever they are at. I don't want to be sitting and drilling kids on any academic way but I want to provide them with things that will help them grow and learn.

For some providers, there was a notable sense of uncertainty about whether an emphasis on social emotional development should be prioritized over what they considered academic forms of learning and they sought validation for their ideas.

> I really want for my children to be here with social skills. When I came back [to work in child care] in 2010, my daughter who is a high school teacher goes, "Mom, why don't you meet with the kindergarten teachers and see how you feel about what they are doing?" I talked to them and I watched them and then I interviewed one of them. I asked, "What would you like for me, as an in-home family childcare provider, to do with the kids before you get them?" They said, "Social skills." We can teach them the colors and numbers and you can do that too, but we want them to have social skills.

From Many Right Ways to One Right Way

Some providers indicated that their own approach to teaching contrasted with what the YoungStar consultants and raters expected them to do. They noted how expectations about what family child care providers should do have changed and they also talked about the idea that in the past, within the early childhood profession, many different approaches to teaching and

learning were accepted but now, they felt that only 'one right way' was allowed. The problem, they indicated, is that "the" right way depended on the views of a given evaluator or instructor. As I listened to them describe their practices, I got the sense that they felt that no matter what they did it would not be accepted as "good enough" or the proper way to teach. In some cases this was expressed through apologetic comments for their lack of education and preferred practices such as "I'm sorry, this is just what I do," or "I'm sorry, I just think this is better." In others, it was expressed with dismay or defiance.

It is important to note that even among family child care providers there is not agreement about what is the best way to teach. However, teaching practices are often discussed among providers at trainings and in support groups as a way to learn about their profession and overall, the consensus is that there are many right ways. In a context where points are given and employment is jeopardized, and decisions about what is acceptable comes from 'outsiders,' a discussion of teaching practices results in an oppressive, rather than supportive experience.

One point of contention that was talked about by several providers had to do with whether to have a circle time or any focused time where the children were required to sit and respond to structured teaching from the provider. Some providers preferred to include a time each day for structured, teacher directed learning similar to what children would be required to do in a school classroom and others preferred to prepare an environment and observe as the children explored. What was interesting is that regardless of the provider's preferred approach to teaching, they felt that their approach was not accepted as appropriate. It seemed that both the consultants and the providers had varied interpretations of the expected approach. One provider who enjoyed doing a group time with the children described the following experience with her consultant.

> One of my YoungStar technical consultants came by and my children were sitting down and we were doing activities. They were doing songs. They were doing story time. We had sign language, you know, and we all did it in a group. And I was told [by the evaluators] that was not good. We shouldn't sit children down in a group and have activities. I don't understand why because that is what they are gonna be doing when they get in school.

When asked if this was because the group time was too long, or if there was a concern that the children were too young for the activity or if they were uncomfortable, she responded:

> No, I was told that we should not be doing this. The children were fine. We have been doing this for years and they look forward to that because there are songs that they enjoy singing and with movement and all that. But we were told that we should not be doing that. I've had children that have skipped kindergarten and went to first grade because of the involvement that I have had with my children for all of these years and I am proud of that. For me to go back and restructure all of that, you know, I see that, where if children don't have some type of structure or involvement where they have to be involved as part of a team or some type of structure, they run rampant. And I've been doing that for all of these years and it is hard for me to grasp why now it should be different.

She continued to explain that the expected way to work with children was to follow the children and interact with them during moments when an opportunity for teaching presents itself, otherwise known as "teachable moments." She also explained, "we have free choice but there was just a certain portion of the morning that we got together and did things as a group and [the evaluators] said we should not do that." For this provider the regulation requirements regarding curriculum and instruction went from an approach of 'many right ways' to 'one right way.'

Unlike the above provider who was told not to sit children for group time but wanted to use that approach, another provider commented that she was taught in her early childhood education associate degree classes that large group circle time was very important. Common circle time activities that students learn and practice include reading to the group, leading songs or movement activities, and reviewing the alphabet, phonics, numbers, calendar, and the weather. She noted that this is a teaching practice that students are expected to master and implement in early childhood programs. But when she tried it she did not think it was a good idea for her

family child care program. She commented:

> I came into this through the back door and did not go to school for this. I was a mom first and I did not do a lot of the typical lesson planning or circle time and you know, we just played. Then I went back to school about ten years ago and I got my associate's degree. I kind of struggled with the whole idea of having to do circle time at a certain time of day and having to do transitions, and you have to have a prop for your transition. I mean my transition was, "Hey guys, you want to do art? And boom, they all go to the table." I kind of struggled but because I did not come through the early childhood school to begin with I thought they must be right and I must be wrong so I worked really hard to try to do things the right way and it just didn't fit. Recently then, I have a schedule and it has a circle time in it but we don't really do it, it just doesn't fit because I always think, if the children are busy and engaged in something, who am I to tell them, now we have to stop doing that and we have to sing, because the clock says that. That is just silly.

From these accounts it appears that there are many variations of 'one right way' and that providers get mixed messages from the instructors of early childhood degree programs who place high value on the ability to lead circle time and at least some of the YoungStar raters who insist that it is not appropriate to have children sit in groups for teacher led activities. In today's world where academics are given such a high status, and where positions of power and authority are most often based on educational attainment, for providers with minimal formal education, it can be confusing when the authoritative requirements of their instructors and evaluators are not of one accord. Regardless of which 'right way' is being imposed, it seems it is no longer up to the providers, who have the deepest knowledge of the children and families they work with to make the decisions about how to best support them. For family child care providers the process of teaching and learning often depends on the situated context of the group that they have formed in their unique setting. One explanation for the many variations of teaching found in family child care settings is that each provider is likely to account for the nuance of relationships formed in the varied group formations that occur both daily and over the years in their specific setting. For this reason, they may be more likely to use a flexible rather than a fixed, preplanned, approach to teaching.

Emergent Groups and Emergent Curriculum

Because the formation of the group in family child care may change from day to day in terms of the ages of the children and the number of children present, or even whether an infant or younger child happens to be napping or awake, the approach to curriculum is often highly flexible and emergent. In each of these formations, the relational context and individual needs vary and this determines the provider's response to the group as illustrated in the following example.

> I can't have my magnet stuff out all the time. Oh, my gosh! And this is something Young Star just does not get. It is totally fine in a group care but not family care. I do it as a planned activity. I make all these things accessible to the children two or three times a day. Or, if there is a day where there are more older children than younger, then I bring the box out and it just stays out. So, it just depends on your day.

Responding to variations in the group each day may mean that certain activities such as fine motor development with small manipulative toys that are not safe for infants or messy art projects might not happen for older children every single day. Or, it may mean that learning happens in a less formal way throughout the day such as when children make a design with small pebbles at the park, or play with small sticks to make little castles in an outdoor sandbox.

Teaching throughout the day. Several providers talked about teaching throughout the day. They described times when they engaged in conversation with children, sometimes asking 'proper preschool questions' about colors, numbers, shapes and the weather and other times just talking on and on such as in the following example.

> The way that I teach is throughout the day. I don't sit down and say, "OK, all my two-year-olds come on over and sit down and we are going to learn about this," because that just doesn't work for me. So when we are sitting at the breakfast table, we'll talk about pancakes and I'll say, "What shape are they?" And the children respond, "Circles!" And I might say, "OK, what kind of day is today? Is it going to be a sunny day or a cloudy day?" And the children respond, "Cloudy day!" And then, we might talk about clouds and the shape of the clouds and then we go on and on and that's just my style of teaching. Later, we have lunch and then when naptime is over we get the kids up and wash them

> and then we have snack. And it's the same. We talk about things. Or if the kids are playing on the floor and have the trains all lined up we can count them or we can line up the cars and say okay let's put all the blue ones here and all the red ones over here. And I know, like that's just my style. I just want the kids to have more social skills than the academics, but I intertwine both of them and we talk a lot about being friends and being nice to each other and how we are kind of like family here in the house.

It might seem like the providers do this because there is no other realistic option for how to teach children when working on your own with a mixed age group. However, based on the conversations in the interviews, an intentional pedagogical process of teaching throughout the day has developed and been fostered within the family child care profession because the providers value the approach. As noted previously, several providers in this study had worked in child care centers and made an intentional approach to working in their home as a family child care provider because they believed this was a better approach. Another excellent description of teaching throughout the day in which the provider clearly indicated that this was her preferred approach to teaching was given as follows.

> I think I teach children all day long and I don't even realize I'm teaching them. I don't even necessarily purposely think I'm teaching them. It's laid-back but it's still learning. It's a lot better then the teacher that's always directing children in my opinion. Yes to me in my opinion it is a lot better than the teacher that's constantly directing children to this place or to that place. At least for the kids that I have in care right now it is. I just want to make sure that they are happy, that they are healthy, that their needs are met, that they are understood, and that they are supported and challenged in a safe place. Social skills and manners are important, and caring about other people is very important. Empathy is important for kids. You can't teach empathy but you can do a lot of modeling with the children in communicating. I do a lot of talking with the children in reiterating what they are doing and giving words to the things that they are doing. But I also do a lot of pause time. I just think kids can be busy with life, and evenings at home with parents can be busy and I think it's important for kids to slow down and enjoy the little things that adults don't see anymore or value anymore. And I give kids time to respond. A lot of times parents, you know, they put words in their mouth. I take the time to say something but then I think it's really important to stop and let them process what you said and respond how they choose. They think that's just so cool at all different age groups.

Even though the providers in this study each had unique styles for teaching, certain aspects of their teaching practices and program values were remarkably similar across the study

participants regardless of varied program types. Their practices were first and foremost centered within relational contexts and responsiveness to individual children and varied group structures. Even when one provider described her preference to include a teacher directed, group-learning time, she described the value of this in terms of how she used this as a time to build a relationship with the children in her group and get to know them better. In addition, most providers placed high value on school readiness and expressed that the most important aspect of school readiness was to prepare the children with foundational social and emotional skills. Further, most providers described the practice of teaching throughout the day using an emergent process rather than pre-planned written lessons. This information provides new learning that could inform new approaches to evaluation of quality in family child care settings.

Providers' Perception of QRIS

The providers repeatedly expressed that with the new requirements, there was so much paperwork, observation, and documentation required that this took away from the quality of the time they spent with children. They felt the QRIS was more interested in written work than the actual work they did with children. One provider complained:

> The problem is with the structure of the program itself. YoungStar is set up where they value a program based on loads and loads and loads of paperwork. That is what I hate. The program doesn't value really what you are doing with the children and how the families are affected by your work. They only understand paperwork. Paperwork doesn't make a 5-star program. So they got their lists, and they got tons of stuff, and they come to do their consulting and then they come to do their observations, and it takes a ton of time. I don't have time for that. I got to work with the kids.

Another provider expressed frustration with the requirement to observe and record children's developmental activities.

> When are you supposed to do all this [observing and written documentation of development]? How many more people will I have to hire in order to document all this. Maybe some people think that's a real accomplishment but mostly I enjoyed just being with the kids and families and I don't really need to document every time one of us makes

> a really astute observation. It's enough that we enjoyed each other and talked about it and continue to do that. I don't need to document it all. Who am I documenting this for? I'm not sure the parents even want to look at this stuff. It's a particular kind of person who likes to do that sort of thing. And then they have a great diary but I personally don't even like looking at other people's photo albums that much, but I remember the children and I recall their voices. I remember their jokes. I don't need to document for someone else. But this is what they consider very important and it's whose belief system, whose culture here do we have to follow? Every child comes with their own gift and it isn't fully developed yet and so all we have to do is let them develop it without telling them that it is either right or wrong. But everything about the atmosphere of the YoungStar program is to say that the outside knows more than the inside and that's not what I'm about. And the kids that develop their insides are stronger adults. They are stronger children even. Providers typically have strong relationships with the children and their family members.

They are with the children every single day. The children don't move up to a new classroom every year and they are often in the same family day care from birth through school age. Many don't feel the need to collect numerous anecdotes about the children's development though they might complete informal assessments one or more times per year or use observation and assessment if there is a concern about a child. Often, they expressed a strength-based perspective and the belief that children all develop in their own pace and time.

Given the highly relational and flexible process that family child care providers seem to prefer, it becomes easier to understand how uncomfortable they feel with the standardized teaching processes expected by the FCCERS and an evaluation completed by an individual that they have never met. The varied approaches to teaching and learning in family child care settings and the use of an approach that is responsive to changing configurations of the group raises concern about the accuracy of QRIS ratings that attempt to apply standardized processes within a fluid context. The following section describes examples from three different family child care settings with a discussion of their QRIS rating and notes how circumstances such as the ages and needs of the enrolled children, the amount of time the children have been in the

program, the provider's own age, and the home setting inform teaching decisions and practices that may not be accurately assessed through YoungStar quality rating criteria.

Teaching and Learning in Family Child Care Settings – Three Examples

Examples of typical days in three family child care programs that had somewhat different approaches to teaching and learning were selected from the sample of participants to illustrate how family child care providers engage in intentional pedagogy that is unique to their setting and their current group of children and families. In addition, these examples demonstrate how the provider's circumstances prevented them from higher ratings even if they clearly demonstrated high quality care. This raises questions about what should be rated in family child care, or any child care program and if the selected criteria for the global assessment tool truly provides an empirical rating system.

Example 1: Deborah

The first provider, who I will call Deborah, had seven years of experience. Her description of a typical day represents common practices when working with both infants and toddlers in the same group where the caregiver is likely to interact with and provide care (bottle feeding, changing, and comforting) for a non-mobile infant while also teaching toddlers who move from one area of the room to another to explore the materials. In this context, the teaching of the toddlers takes place through discussions of the caregiving provided for the infant such as how the baby is eating good food or the importance of helping others and of gentle caregiving. Teaching for the toddlers also takes place as the provider notices and responds to the older children as they play with the materials the provider prepared in advance in the environment based on her informal observations of their interests and developmental levels. For example if a

child decides to do a puzzle while the provider is feeding an infant, she would talk about the process of fitting the pieces or perhaps the figures (such as animals) on the puzzle pieces.

For Deborah, and the children in this group, learning also takes place through interaction with the provider's family during daily care routines. Children experience modeling of family interactions and make connections to individuals of varied ages. Deborah explains:

> Children come from about 6:30 AM and from 6:30 to 8:00 is feeding time. These are my babies; some are 6 months. After I'm done making breakfast for them we are down on the lower level, you know doing different things, reading books and playing games and oh, yes, help me lord, changing pampers, feeding, reading, rocking, no don't cry, hugging, kissing, wiping noses, and I'm just pretty much responding to their needs. At this moment, it is more or less in the infant and toddler stage and so it is not so much, do you want to do this or that. The way my facility is set up is pretty much for self-help and they go into the play areas. It is more that I have the material down for them to chew on and play with and throw a ball or climb a slide. With the 3-year olds, I have a little area where they can do stuff, you know, draw, work in the block area, read, do imagination play. That happens for about one hour and a half until about 9:00. Then I read or do a puppet show or something like that for them, and then we go over some singing and a little dancing. Oh my goodness. And I'm just letting everybody know, you got me right, I'm tired! After that, we do snack and after snack we go outside. The park is right down the street and we got a pond in this area and we take the kids on a walk around the pond. If the whether is bad I have stuff downstairs they can climb on and I bring stuff out. They come upstairs for lunch and then everything else is downstairs for them. I bring them up and cook the meals while they are in the kitchen, and you know at the age they are they are kind of helping me with the meal. They are picking out what kind of plate they want, what kind of cup they want, or what color and all of that. Some stuff I have to heat it up and some stuff can be prepared in the refrigerator all the time. But you know I always have somebody here, like one of my children so in the summer time they might fix my lunches for me. The children are pretty patient. They sit up here while I fix food and we laugh and we talk and that is when they come in to this area.

The above example demonstrates how providers adapt their teaching practices depending on the needs of the different ages of the children in the group. For example a provider with three infants under one year of age would focus primarily on caregiving and providing attention to the infants. However, a provider with one infant, and three two-year-old children, such as Deborah is very likely to interact with and teach the two-year-olds while caring for the infant. She might encourage the two-year-olds to help her with the infant, to engage in pretend play with the dolls

to mimic what she is doing, or she might simply observe the children as they play with materials in the environment such as in the previous example of playing with a puzzle. These are two different approaches to teaching yet both are common in family child care and most providers have a fluid process such as this that is adjusted to respond to individual needs depending on the group enrollment for the day.

Family child care providers also teach within the context of the relationships and daily routines of their own family. For example, as Deborah noted,

> My family is pretty involved with the children. When they see my husband it is like, "Hi, hi!" My husband is the primary cook in the house so every time they come over, the parents pick up, or the kids, when they leave, they can smell some dinner being cooked. My daughters are pretty much involved with the children. They know everybody's name in the house and they help clean up and they help close things up. And the kids, they are pretty much a part of my family. You know they clean up and take care of their area, and you know, it is like their home.

Several providers in this study commented that the Family Child Care Environmental Rating Scale (FCCERS) was not family child care friendly. One example of this is that the fluid approach to teaching described in Deborah's example is not accurately represented or defined as an important assessment criteria in the FCCERS. Additionally, the provider may have periods of time when children learn primarily from how she arranges the environment rather than from a series of planned activities such as painting at an easel or drawing with markers. For some providers this results in a barrier to a higher rating from FCCERS.

Deborah, however, had resources and an ongoing relationship with her Satellite Family Child Care accreditation consultant who also acted as her YoungStar consultant. When Deborah began participating in YoungStar, she was working towards accreditation through the City of Madison Family Child Care accreditation program and completing accreditation became the goal she set with her consultant. While many YoungStar consultants and raters had recently been

trained and had minimal experience with family child care, Deborah's consultant was familiar with family child care. Her consultant helped her complete her FCCERS self-evaluation and adjust her teaching practices as needed both to complete her accreditation and to achieve her YoungStar rating. When she completed accreditation, she was given a 4-star rating. Access to an accreditation support system helped this provider move more quickly to a higher rating and likely motivated her to do more. She is now working toward an associate's degree in early childhood. This promising practice offers potential to improve family child care participation in the QRIS and improve quality

Example 2: Linda

The second provider, Linda, has 30 years of experience and a bachelor's degree in early childhood. She participates in YoungStar and has a 5-star rating. For experienced providers who already had a degree, YoungStar education was not a barrier to higher ratings such as it is for experienced providers without a degree. Linda has a degree and also has extensive experience working with children with special needs and this is an important part of her program. Her description demonstrates her knowledge of how both planned and free play activities during the day contribute to children's development. In many ways it resembles a more traditional preschool setting yet it also incorporates a highly relational component that comes from long term relationships with children and families. In addition, it demonstrates how Linda manages an extremely complex daily process that she adapts according to the group needs on any given day.

> Everyday is a different challenge. I start my day at 7:00 in the morning. A child travels right now almost a half an hour to get here. I've been on his IEP team (Individualized Education Program team). He has a form of autism, obsessions, anxieties and fears. By about 7:30, I have a set of twins that I have raised for the last four years. I have also raised a set of triplets. I work with preemies and children that are delayed in development. By 9:00 I have two more children arrive and by then we have already had breakfast, brushed our teeth and got ready for the day. We stay with kind of a structured setting, a bit of a routine. When the two come in at 9:00, the daily routine starts and takes

> over. We have snack in the morning. We do arts and crafts. I do preschool two days per week. I work on their speech, language, motor, cognitive and self help skills. I think children need to learn respect and manners. My children say yes, please, no thank you, and may I be excused from the table. We learn a lot of self-help skills, potty skills. We do a lot of playing and a lot of role playing. We do a lot of walking. We do a lot of exercising. We go down to the dinosaur museum at the university. We go down to the children's museum. I take them to the farmer's market. We do preschool. All the kids know how to sing the ABCs when they wash their hands. We do printing of their names. We teach how to color and how to make things, how to do things with their hands and their eyes. The 4-year-olds are so excited because both of them learned how to pump on the swing this summer. You know, we just do little things like that, like how to flip a ball in a basketball hoop. Just things like that we do just to improve their language, their speech and skills, whatever. By 11:30 we have lunch. By 12: 30 the 4K [Kindergarten] bus comes and the one that got here at 7:00 leaves for 4K. The other four take naps and maybe another child will come at 12:30. So, most afternoons can be anywhere from 2, 4, or up to 5 children napping. By 3:00 all the kids are usually up having snack. The 4K bus comes back at 3:30. Two kids, the twins, usually leave between 3:30 and 4:00. The other two leave between 4:30 and 5. I might still have the child that got off the 4K bus as well as the one that got here at 12:30. We have supper at 5:00. Usually the 4Ker leaves at 5:00. The one child might stay 3 days a week, maybe only one day a week, until 10:30. And that is my typical day. Well, that is usually Monday through Thursday. Friday I still start work at 7 but I am done by 4:30 or 5:00 on Friday evening.

The experiences of Linda and Deborah with YoungStar offer examples of the two approaches to achieving a high rating in the Wisconsin QRIS, accreditation and formal education. They also offer important learning about two primary obstacles for other providers. First, as noted previously, access to accreditation is not uniform throughout the state because of the two different systems, the National Association for Family Child Care Accreditation (NAFCC) and the local Satellite Family Child Care system. Many providers in this study expressed a desire to complete accreditation through either of these systems because in both, the accreditation consultants have extensive experience with family child care and are likely to have been family child care providers at one time.

Second, for many years, while higher education was encouraged, there were many additional options for providers to demonstrate their professionalism and the quality of their programs. The majority of family child care providers in Wisconsin did not have degrees at the

time of the YoungStar implementation. Instead, these providers had increased their skills through years of experience, informal training, mentorship, and leadership roles in advocacy agencies. When providers do obtain degrees it is very common to take one or two classes per semester with the result of a two-year degree taking four or more years to complete. For the providers in this study who had extensive experiential knowledge through many years of teaching, and a well established business, completion of a degree did not provide enough value in comparison to the effort required and the return for that effort. The third example describes how a provider with a high quality program can still be assigned a very low rating through the YoungStar system.

Example 3: Eva

The third provider, Eva, has over 30 years of experience and is known for her high quality program and long term commitment to mentorship, advocacy, and professionalism in family child care. However, she is not participating in YoungStar. She has college credits in early childhood education but does not have the required 18 credits to change her rating from a 2- to a 3-star level. She does not plan to complete additional education and did not feel that a 2-star rating accurately represents the quality of care she provides and therefore refused to participate. She previously cared for many children using Wisconsin Shares, but no longer does.

Eva spoke of the importance of regulators and child care providers working together for the good of children and families. She described how her licenser was respectful and supportive and later was told he should not review programs that were doing well more than one time per year.

> We had worked together over the years and if he had to find violations, he also made a point of mentioning what a provider was doing right. I felt that was really, really

> important, that the licensing and providers worked together to make care better for children. And he got reprimanded for that. He got told that he was not supposed to be out in programs that were doing well more than once a year.

Eva was a family child care provider who participated on committees that had worked to advocate for a quality rating system in Wisconsin. She expressed her disappointment with the version of YoungStar that was implemented. She commented:

> I was working with family child care providers at the time that YoungStar came to be. We had done a lot of negotiating with the State on things that we thought were important, those of us that worked in the field. I felt that in the final program, it lost the piece that acknowledges providers like myself. You know, at one time I had more training than any other provider in the State on The Registry but I do not have a degree. I would only ever get to be a 2 on YoungStar. And I feel that I am not a level-2 provider. I didn't want that label attached to my name anywhere. There was no other interaction about it. Clearly there was a lot of advocating before that to get the different levels to reflect what you believed in and that's not what happened.

Like Deborah and Linda, Eva offers a variety of activities for the children each day, she manages a complex schedule that is responsive to the needs of the families who use her program, and she adapts her approach to teaching and daily care according to the age and abilities of the children. Eva's description of her work includes many examples of how children's self esteem is supported through acknowledgements and well wishes and also through the opportunity to participate in daily routines as a valued contributor. There are numerous examples of ways that the children of different ages within the group are encouraged to interact with each other and how this happens for children from birth through school age. In addition, it describes opportunities for learning through outdoor play. Much like Deborah and Linda, her teaching practices are anchored in relational contexts and she prides herself on her contributions to children's successful outcomes in and out of school. However, in contrast to Deborah and Linda, Eva does not have 18 or more college credits and thus would not be assigned more than a 2-star

rating from the QRIS. Yet the following description of Eva's program clearly indicates a high level of skill and quality.

> I start at 6:00 in the morning. Lot's of times I have a full house by 6:30. We have breakfast by 7:15. Everybody watches for the school bus. By then I'm doing breakfast dishes, and changing babies. The children are playing, just doing free play kinds of things while I do that. After I get the kitchen straightened up, and the babies all changed, and all the others to the bathroom then we'll sit down. We'll do what we call "Wish You Well," where we sit down and welcome everybody in the group. We give 'Wish You Well Hugs' and they put their pictures up on our "Wish You Well Circle." We have a job chart, and they choose one that they are going to do. What we do next really depends on the day, but we read stories, do music, sing songs, and by then it's time to go to the bathroom and get ready for snacks. We have morning snack. If I have an infant, somewhere in there the infant needs to be fed. We are really, really good at singing songs and doing music while I feed the infant. After snack we do what we call our project time. We do science, or art, or sensory, and go outside anytime that's it's nice enough. The kids choose what we are going to do. Once a week after snack we sit and figure out what we're going to do for the next week. On their leader day they choose what they are going to eat, the kind of activity they want to do, and the music tapes they want to listen to. Right now because I have a number of kids under two, my husband helps get lunch going. While he's getting lunch started, we straighten up, and then we put out the sleep bags. The leader of the day gets to get them all out and ready. Everybody helps. It is amazing how young they are when they figure out the 'Leader of The Day' thing, and getting to choose what it is that they want to have and do. That's often the first question at breakfast, 'Who's the leader today?' Whenever I say who it is their face lights up and they are so excited it's their day. It's the same every week and they are still so excited. Then we have lunch, clean up, and everybody goes down for a nap. Generally, in there somewhere I'm feeding a baby again, and putting them to sleep. My two one-year-olds are on one side of me, and the two-year-old is on the other side. During nap I'll try to do the dishes. If I finish them, maybe I'll squeeze in a little paperwork, but it doesn't work that way very often. My days are usually, pretty busy. By about 2:45 the kids are up. We put away the sleeping bags, change babies, get bottles, get a snack, and watch for the bus again. The bus comes and that's a big deal to watch for the bus. I have one school-ager who has been with me since he was five-weeks old. He's a part of that group. They are so excited to see him get off that bus. Then after that, it's generally, I'm on the floor, and we do free play. We do music again or read a story if they want to, and then parents start to come and we clean up.

Eva's comments describe the experience of many family child care providers in this study. They worked to support ongoing professionalism in the early care and education field and were proud of their efforts and of all family child care providers who worked to improve child care options for children and families. She stated:

> Somewhere I read recently, or heard […] that YoungStar is a recognition of a lot of mediocre providers because so many of them are at level 2. I disagree with that. I think there are a lot of really good providers out there who aren't recognized on YoungStar.

In addition, Eva's account of her teaching practice offers an incredibly rich description of deeply integrated education for each member of the group that is situated in the context of their ongoing relationships. It offers a clear example of scaffolding both social and academic learning through capitalizing on the social benefits of leadership, caring for others and a sense of importance and belonging within a group and demonstrates the powerful motivation this provides for children. It demonstrates the intentional pedagogy of family child care.

The Intentional Pedagogy of Family Child Care

Family child care providers engage in intentional pedagogy that is unique and responsive to their setting. The approach to teaching and learning on any given day or with any given group of children is based on a compilation of factors that do not take place in center-based care and thus may not always be obvious to early childhood education "experts" who are more familiar with center-based teaching practices. In today's early childhood care and education profession where best practices for teaching and learning continue to be newly articulated, best practices for family child care programs that represent the perspectives of family child care providers remain to be articulated. Even though Deborah, Linda and Eva each had a slightly different approach to teaching, these descriptions of a typical day gave insight about family child care providers' beliefs and values that can inform and define an intentional pedagogy of family child care.

The above descriptions and examples of the providers' typical day offer a more in-depth perspective of what is good about family child care and potentially point researchers and theorists towards conceptualizing new frameworks for quality and quality assessment for family child care. They emphasize the importance of the relationships that take place in family child

care and present an image of confident professionals with intentional practices deeply engaged in their work in a manner that is beneficial to the wellbeing of children and families. The approach to teaching is highly relational and teaching decisions are based on variations in age and number of children present on any given day. Everyday experiences such as getting children off to school, watching for the bus and greeting children as they return are ways that help children to be excited about school. Other experiences such as helping with meals, planning the weekly activities, and being a leader for the day emphasize the importance of contributing to the group. In addition, and within the context of normal conversation, they read, sing, talk about colors, shapes, numbers, animal behaviors, about their likes and dislikes, and their personal experience**.**

Misunderstood, Undervalued and Demoted

Within the overall profession of early care and education, family child care has traditionally been considered the least professional approach to care (Tuominen, 2003). Based on the experience of the providers in this study and their evaluation by the YoungStar system, this perception does not seem to have changed. What is different for the providers in this study is that while the perception of poor quality was formerly associated primarily with the public outside of the early care and education profession, the QRIS ratings and ongoing reports of the poor quality in family child care have expressed that this perception exists within the early childhood profession as well. Although the providers in this study practice intentional pedagogy and engage in professional practices, they still experienced a lack of understanding for their work and clearly articulated how the QRIS system left them feeling undervalued and demoted.

For example, the providers experienced the increased educational requirements necessary to move past a 2-star rating with YoungStar as a demotion. Where once their skills were respected and valued and they were considered leaders in their field, they now felt undermined

by the new regulations which they perceived as one dimensional and too simplistic to really capture the work they do as FCC providers.

> Everything is educational now. If you look at all of the point systems most points are just 1 point. It is all of the education that you get higher points. So a lot of people are being forced to go back to school which is good in some ways if your are just getting in the business but you have a lot of people who have done child care for years that have actually given up childcare because that one concern. Trying to go to school and working can take a toll on your life. So they are telling me that in order for me to reach my goals, I have to have an associate's degree. It is like it is dictated to me what I have to do.

When asked if she thought education was the only way to achieve quality she responded:

> That's the way they have it look. The only way that you can get quality is to be 5 stars, and for that you have to have a degree. Let me give you an example. I taught all the entry-level courses and I can no longer teach them because I don't have an associate degree. And when I taught them, it was through experience. It is not like I could not teach, but they made it to the point where the only way I could was if I had a degree.

The lack of value given to work experience in contrast to completed educational coursework is one of the major changes that long-time FCC providers report. Family child care providers do not feel they are treated as equals within their profession and this impacts their perception of current regulation practices and their willingness to fully participate. They believe they worked hard to be accepted within the broader early care and education profession and for many, the message implied by their low quality ratings from the QRIS is devastating.

> I broke down. I was told I wasn't as good as I thought I was after years of being one of the leaders in the state, sitting on many different boards at WECA, and all these different groups, and being part of The Registry. I was like, "I'm a voice. I'm talking to legislators, I'm doing this, and I'm doing that." To have this come through, I fell apart. I felt like I was no good, and why was I doing this job? It would have been really easy, at that point, for me to leave the profession. I really thought about it. Then I was like, You know what? No. I was happy the way it was. I said, "You know what? I'm done. I'm not going to do YoungStar. I'm going to do what works for me." Unfortunately, I'm not going to be able to take state funded children. I never really had that many but now they are not going to get the opportunity to be here.

Because of their ongoing experiences with public perception of their work and because of their experiences with being evaluated by the YoungStar system, family child care providers

continue to perceive their work as misunderstood and undervalued by early childhood educators, licensors, and quality raters and this was expressed in their comments about what they want for the family child care profession.

What do Family Child Care Providers Want?

When asked what they wanted for the profession many providers talked about a need to be treated in a positive manner and respected as equal to other forms of child care. For example, one commented, "If we were treated on the same level by the state of Wisconsin and by YoungStar, I think I would feel more valued here." Another provider's comment noted the lack of understanding of the unique work of family child care.

> I would still love to see a way to recognize providers for what they do everyday because I think that it is specifically, family child care. They are undervalued for what they do everyday. I do not believe that people know what we do in a day. We are not just the teacher in the room. We aren't just the administrator. We aren't just the cooks. We are the whole shebang.

Another expressed that enforcing attendance-based pay for only family child care indicated family child care was not valued as a profession.

> If I had what I wanted for support it would be positive support for the family child care provider, meaning [recognition] that we add value and we could have support [for that]. I mean the state of Wisconsin with their attendance-based enrollment only for family child care shows we are not considered equal [to center-based care]. I want us to all be equal, on the same line. We all have education. We need to be treated equal. It's not just a group or a center. We are all doing the service for children. For me, that needs be more supported by the state.

Another provider expressed she wanted to be treated in a friendly way with respect for the beliefs and values of family child care and the manner in which she and other providers support children and families.

> We need somebody out there that can support us in a friendly way. Yeah, we can call licensing but everybody is afraid to call licensing because now they're going to come. They're going to show up at my door. Maybe somebody that you can call and say, "Hey, I'm having a problem with this child. I really could use some help. Just some support that

> will help you improve. YoungStar is helping us to improve but they're focused on what they're focused on, what they think is right, not what we think is right.

What was interesting about these descriptions is that while all of them believed strongly in the value of their approach, there was a clear understanding that whatever the approach was; it was not likely to be accepted by the "experts" and that increasingly, they are being required to change their practices to conform to standards that were set based on what is considered a superior approach to teaching and learning typically practiced in centers rather than in home settings. For some providers although they had no intention of changing their practice, an apologetic comment was included that their practices did not match what "the experts" suggest such as, "I'm sorry, this is just the way I do it." For others there was a sense of indignation in that many expert opinions about quality in child care settings suggest aspects such as strong family involvement, long term relationships, and ample time outdoors in nature as hallmarks of quality yet, although these aspects are often consistently present in family child care it was still considered lower quality care. Last, and clearly the most promising, some providers managed to maintain their sense of dignity and self worth as early childhood professionals as expressed in the following comment.

> We happen to know that we offer an excellent program. We never have a hard time getting kids. We have always done it through word of mouth. There was no need. We've already got our stars. We know we are good!

Taken together, the providers descriptions of their teaching practices and their clearly expressed sense of devaluation through the current regulation system raise cause for concern about whether and to what extent they will continue to participate in regulatory processes. They suggest the importance of reconceptualizing definitions of quality in family child care and reexamining approaches to quality rating and improvement.

Chapter Eight Summary

This chapter described the nature of family child care and brought forward the voices of the women who do this work to talk about its value. Specifically, the provider's own words were used to describe the types of interactions and relationships valued in family child care and how these are applied as intentional pedagogical practices common in many family child care settings. Key findings included: 1) the importance of relationships as the foundation of family child care to teaching and learning practices; 2) the developed skill of family child care providers to respond to an ever changing group configuration and how this accounts for variation in teaching and learning practices on a daily and weekly basis; and 3) the practice of teaching throughout the day using an emergent process rather than a pre-planned lesson. While each of these practices is not necessarily unique to family child care settings, a new insight from this study was the providers' own articulation of this that was consistent across the sample even though they were unaware of the content of any of the other interviews in the study. Collectively, the participants described a relationship based approach to child development in which social skills and emotional health were considered the necessary foundation for wellbeing that supports the mindset and sense of security that fosters creativity, learning, and deep integrative cognitive experiences. This demonstrates the emergence of intentional pedagogical practices in family child care.

In addition, the chapter indicates cause for concern that the quality rating and improvement system that is supposed to improve the quality of care for young children is backfiring by demoralizing the same people who are supposed to provide the children with quality care experiences. The findings indicate that YoungStar ratings may not be accurate and that the QRIS criteria for quality do not accurately assess quality in family child care programs.

With better understanding of family child care practices this may support improvement in regulatory processes and increased participation on the part of family child care providers. The following chapter provides an overview of the findings of this study, a conclusion, and recommendations for future research, policy and practice.

Chapter 9

Findings, Interpretation, and Policy Recommendations

Family child care providers are at a turning point in the history of their profession in which they are integrating practices developed from experiential learning, informal training through support groups and mentors, and formal early childhood education. This integration has supported a newly defined identity and sense of professionalism for many providers that influences what they want and do not want to incorporate in their teaching practices and assistance for families, and also what they need for their own professional development and support. As the providers in this study described their difficult experiences with increased regulations and the mismatch of their daily program practices with the quality rating criteria of the Family Child Care Environmental Rating Scale, Revised (FCCERS-R) (Harms et al., 2007) and additional standards used in the YoungStar QRIS, this pushed them to reflect deeper and articulate more clearly their own sense of professional identity and their preferred approach to teaching and learning. They described a highly emergent approach to teaching and learning that incorporates multiple activity options, tunes in with individual children throughout the day, and is responsive to varying family schedules and the individualized needs for care associated with children of different ages. Central to this approach is the value placed on learning that takes place among children of differing ages in a family-like context and the importance of social emotional wellbeing as the foundation for positive outcomes for all other learning. Through this research a unique approach to teaching has been identified as the intentional practice of relationship-based pedagogy commonly used in family child care programs.

Methodology

This study was conducted in the state of Wisconsin where in the last 5 years, new regulation and evaluation processes for family child care were implemented.

Two fundamental research questions framed the research:

1. What meaning do family child care providers ascribe to their experiences with child care regulation processes?
2. How do current regulatory processes support or undermine family child care provider's ability to do their work according to their values and beliefs?

Twenty-six in-depth interviews were conducted with family child care providers from varied locations throughout the state of Wisconsin. Data from the interviews was examined in relation to past and current historical, cultural, and social factors that impact regulations of family child care. Wisconsin was chosen as the site for this study because it has recently implemented a quality rating and improvement system. Because I worked in this state in a child care center for 8 years and as a family child care provider for 16 years prior to returning to graduate school in 2008, I was able to gain rapport with the study participants and this facilitated both the participant's response and my own analysis of the data.

From those who responded to the call for volunteers, participants were selected based on the widest variation of demographic and professional characteristics possible with emphasis on variation in location throughout the state. The resulting sample included providers from 18 cities in 14 different counties from across the state. The sample included 26 women with 21 White, 4 African American, 1 Native American, and 1 Latina provider. Most would be considered low income or lower working class based on income levels. The providers ranged in age from 32 to 68 years and their education in early childhood ranged from some college coursework to

complete early childhood credentials to a master's degree with most having an associate degree. All were members of local, state, and national early childhood advocacy groups and some were professional development trainers and college educators.

The interview data was analyzed using Charmaz's (2006) constructivist approach to grounded theory. According to Charmaz (2006) constructivists study how and why participants construct meanings in specific situations and analyze and interpret data to construct theory. This approach allows the researcher to conduct an intensive exploration of a topic with people who have relevant experience. In addition, the researcher takes a reflexive stance toward the research process and takes into account that both the researcher and the participants will engage in interpretation of meanings and actions throughout the study. While the findings from this study are not representative of all family child care providers the findings do contribute information to develop polices and regulation practices that would be more acceptable to providers and thus improve participation.

Findings

Family child care providers in Wisconsin are experiencing difficulties with increased regulation and education requirements and with the recent implementation of the YoungStar Quality Rating and Improvement System (QRIS). The regulations introduced increased safety precautions, increased recordkeeping to document attendance and program practices, and increased monitoring through home-inspections and program audits. In addition, providers who work with families who pay their fees with funds from the Wisconsin Shares program were required to enroll in YoungStar, the state Quality Rating and Improvement System (QRIS). The new regulations were established after cases of fraudulent claims for tuition reimbursement were uncovered in 2009 in Milwaukee and Racine. Several child care center directors and family child

care providers were prosecuted and the Department of Children and Families was accused of mismanagement of the Wisconsin Shares program. These cases were reported in an extensive special investigation news series (Rutledge 2009 through 2013) and this negative publicity has had a profound effect for all early childhood programs in the state and especially for family child care programs.

Family child care providers have experienced a shift from supportive to punitive interactions during their regulation compliance inspections. For example, all but one of the providers in this study described increased instances of "getting written up" when they had not gotten citations in the past. They explained that the licensors would not leave until they found something they could write up and that sometimes the write-ups were unfounded. According to the providers in this study most providers no longer consider their licensors as a resource and do not contact them with questions about their program or to ask for clarification of rules and procedures. Several providers in this study had difficult experiences with the Wisconsin Department of Children and Families Integrity Unit that audits programs who interrupted their work with children to inspect files, and with the license specialists that inspect programs for regulation compliance who made disrespectful comments in front of the children in the group. Overall, there is a sense that all family child care providers are mistrusted, misunderstood, and looked down upon. For the providers in this study that perception increased with the implementation of the YoungStar QRIS.

QRIS Controversy

The implementation of the YoungStar QRIS in 2010 has been one of the most controversial aspects of the new regulatory system in Wisconsin. A striking aspect of this study is that the participants are family child care providers who have worked to maintain the highest

early care and education standards suggested by regulators, educators, and advocates, yet they have expressed extensive challenges with the new regulations, increased education requirements, and quality rating criteria. The findings indicate that the FCCERS-R is not an appropriate assessment tool for many family child care settings and that the YoungStar educational requirements discount and undermine family child care providers' experiential learning as well as the learning gained from participation in support groups and mentoring exchanges. Combined with the tiered rating system where Wisconsin Shares tuition reimbursement rates are tied to YoungStar ratings, and the new requirement for attendance-based pay, the consequences of the new QRIS have been devastating for family child care providers. What follows is a discussion of the misfit of family child care teaching and caregiving practices in relation to the FCCERS-R, the impact this has had on YoungStar scores and the ability of family child care providers to maintain their businesses, as well as the impact on their morale.

Contrasting Programs

Quality Rating and Improvement Systems are intended to assess, improve and communicate to the public the quality of a child care program. In many ways, for family child care, according to the findings from this study, the QRIS has become a regulatory vehicle that enforces rather than supports quality in family child care settings. Current regulations enforce a formal conceptualization of quality, with education requirements and quality rating criteria that are primarily based on research evidence intended to inform teaching practices and program design for center-based child care programs. Even though the FCCERS-R (Harms et al., 2007) is intended to assess family child care programs, the fundamental, underlying concepts that define the criteria for this rating scale emphasize a center-based, preschool oriented approach to early care and education. The majority of the criteria that are assessed for points relate to obtaining

equipment and materials to set up learning centers for the child care environment and implementation of a daily schedule and planned curriculum activities in a manner similar to a child care center. Of 38 possible items to score, only 4 items focus specifically on interactions between and among the provider, children, and parents, yet interactions are highly emphasized in family child care.

Family child care providers typically work with a mixed-age group of children over an extended period of time in a home-based setting. They develop in-depth relationships with the families in their programs that can last from birth through school-age or longer. In contrast to teachers in group child care centers who often specialize with teaching a specific age group such as infant, toddler, or preschool, most family child care providers work with multi-age groups and become highly skilled at teaching children of all ages. In a group child care center, the classroom environment is typically designed for children of similar ages and the caregiving tasks, activities, and daily routines follow a fairly similar pattern each day. Often, one teacher will lead activities while another provides care or alternate options for the remaining children. However, family child care providers typically work alone and are more likely to design the environment using materials and safety precautions to accommodate children of varying ages within the same play area. Rather than have certain materials such as art supplies or toys with small parts available for preschool and school age children to use independently at all times, or for most of the day as suggested in the FCCERS-R, there may be an arrangement where children request these items or the provider offers them at appropriate times.

Family child care providers routinely adapt their teaching on any given day to accommodate variations in their group as needed according to their enrollments and the individual caregiving needs of the different ages in their group. The location of the program, the

length of time the group has been together, and the varied ages and needs of the children in any given group formation influence the provider's approach to teaching. Daily routines and teaching practices are highly emergent and responsive to the unique relational contexts within which they teach. These aspects of family child care make it more challenging to accurately assess quality using a standardized global assessment tool such as the FCCERS-R.

For the family child care providers in this study, characteristics of their work such as the value of learning among children of mixed ages, the importance of social emotional development as the foundation for all teaching, the practice of teaching throughout the day, and the decisions that they make regarding emergent curriculum as a response to fluctuating group sizes and age variations were not accurately assessed by the highly standardized quality rating system that emphasizes characteristics of group child care programs.

Theoretical Interpretation

Many Right Ways: Relationship-Based Pedagogy in Family Child Care

The contrast between the institutional and standardized QRIS process and the highly relational and flexible daily care and education practices of this group of providers has been a point of tension that supported the emergence of a substantive grounded theory of intentional family child care pedagogy. The providers' reactions to new regulation policies and to the low ratings they were assigned through YoungStar evaluations provoked their own increased reflection about what it means to be a professional family child care provider and about their own teaching and learning practices. This pedagogy represents specific skills and three strategies for relationship-based teaching and learning that were described by almost all of the providers in the study although no provider was aware of the response from other study participants. The strategies. appear to have developed by many providers as a response to the unique situated

context of family child care settings. The first strategy is capitalizing on family-like relationships as the primary approach to teaching and learning and a basis for quality care. The second strategy is the use of a highly flexible schedule and emergent teaching throughout the day to accommodate fluctuating group configurations resulting from daily schedules and caregiving needs in a mixed age group. The third strategy is emphasis on social emotional wellbeing as the foundation for all learning. Each of these strategies is detailed more fully below.

Strategy 1: Capitalizing on Family-Like Relationships for Teaching and Learning

Relationship-based family child care pedagogy is an intentional pedagogy that has evolved in family child care settings. It involves a highly emergent and responsive process in which the importance of family-like relationships is central to the approach to teaching and learning and leveraged as a powerful motivator for children. Family-like relationships value the learning that takes place when older and younger children interact. Because of the difference in developmental abilities, older children must accept varied abilities of younger children and must adopt caregiving and leadership roles. For younger children this relationship supports development of trust and also provides a model for their future reference when they are able to adopt leadership roles. While there remains a focus on individual needs in family-like relationships, there is also a strong emphasis on the needs of the group as a whole and this includes both the children and the parents. The importance of family-like relationships went beyond daily teaching to an overall approach to the business. Family child care providers also want the parents to feel like they have a family-like connection to the provider so the parent feels secure and safe about where they are leaving their children.

Strategy 2: Flexible and Emergent Teaching Throughout the Day

Due to accommodation for variable family schedules and individualized care for children of mixed ages, family child care providers typically experience a greater number of changes in their daily routines and weekly enrollment than teachers in center-based programs. These variations impact every decision providers make about designing the program environment, curriculum, and lesson plans, and have influenced the adoption of flexible and emergent teaching practices. Rather than teaching using only pre-planned lessons for the whole group, family child care providers are more likely to set out a variety of options and then teach individual children throughout the day as they facilitate and interact with them during play. This is an emergent approach to teaching in which decisions about the day's activities are made based on variations in age, the number of children attending on a given day, or even the times of day when infants or younger children are napping. For example, on a day when an infant happens to be fussy due to teething the emergent curriculum might be to sing or talk to the baby. On a day when the same baby (who is usually awake in the morning) takes a morning nap the emergent curriculum might be to put a bin of small legos out for older children to use or to set up the easel for a painting activity. In this manner, learning how to cooperate happens at various times throughout the day for children in a family child care program as they take turns, help with caregiving routines, plan activities, and act as the leader for the day.

Teachers in child care centers typically do not have to implement these emergent curricular adaptations because each classroom has a group of children of similar ages and needs and children's developmental capacities are primarily synchronized. Daily curriculum adjustments do take place to the same degree in centers because in a center the daily and weekly enrollment schedule has less fluctuation. In addition, there are multiple staff members in each

classroom who take on different roles and one teacher might lead a planned activity while another engages with children who choose not participate in the planned activity.

Along with the above practices, and within the context of normal conversation, providers and children read, sing, talk about colors, shapes, numbers, about their likes and dislikes, and their personal experiences. The relationship-based approach to teaching incorporates the use of what has been referred to as "teachable moments" where teachers make the most of children's play and relational interactions by reflecting on what is learned. Family child care providers are experts at taking advantage of teachable moments and they also engage in a more intentional practice of checking in with the children in their program at various times throughout the daily activities to engage in teaching practices and social emotional support.

Strategy 3: Social Emotional Wellbeing as the Foundation for all Learning

The third intentional teaching strategy is a reflection of the first two strategies. When positive, healthy relationships are nurtured and attention is given to individual needs for both care and learning, children experience happiness and a sense of social and emotional wellbeing. Family child care providers place high value on supporting children to develop social skills and consider it the most important aspect of teaching. Social interaction skills and emotional stability are considered primary goals and this is considered to be foundational to all other aspects of learning.

Social emotional wellbeing and school readiness. An area of contention for the study participants was their low YoungStar ratings related to curriculum and lesson planning designed to prepare children for public school Kindergarten. Even though the study participants tended to get low scores in curriculum and lesson planning on the FCCERS-R there was no indication that they did not value teaching and preparing children for success in school. The providers in this

study shared their belief in the importance of preparing children for Kindergarten and later school success. Many providers noted with pride how well their children did in public school settings and one described how some children in her program skipped Kindergarten and went straight to first grade. Others described with heartfelt emotion experiences where children came to visit them years later to share that they had graduated high school and were starting college. For FCCERS-R, specific lessons plans and activities represent appropriate preparation for school, but for the family child care providers in this study, emergent teaching throughout the day along with ongoing coaching and support for development of social skills is what prepared children for school. The providers believed that their individualized relationship-based approach was foundational to their success with children's developmental outcomes. For family child care providers it is not a matter of choosing between social skills and academic skills. Instead, social skills are considered the road to academics. Social skills and emotional wellbeing provide the necessary foundation for wellbeing that supports the mindset and sense of security that fosters deep, integrated learning and creativity.

Theoretical Extensions

The findings regarding family child care values and teaching practices both support existing research findings and extend core ideas related to quality in family child care. Long-term relationships between providers and parents, a caregiving style that resembles parenting, and shared child rearing and cultural values are important dimensions of quality in family child care (Baker & Manfreddi-Petit, 1998; Emarita, 2008; Uttal, 2002). Baker and Manfreddi-Petit (1998) focus primarily on relationships between adults and children to discuss the importance of positive attachment relationships as an important foundation for children's learning and an indicator of program quality. Emarita (2008) explains the importance of culturally consistent

relationships to children's positive sense of self and as a foundation for future learning. Uttal (2002) found that many parents base their perception of child care quality on the quality of the relationship between the parent and the provider. In the current study, descriptions of what providers want for children and families during a typical day in a family child care program supports these research findings about the importance of relationships and adds a new dimension. The participants' descriptions of their teaching practices extend and build upon prior understanding to include the importance of relationships between children in the program. Their descriptions provide specific information about how they capitalize on relationships among children to motivate learning. These highly relational practices are consistently represented in their approach to teaching in a manner that implies intentional pedagogy. For example, the providers consistently talked about their teaching practices within relational contexts, placed a high value on supporting children to learn from each other in a manner similar to siblings in a family, and emphasized the importance of social skills. The providers indicated they valued social skills as much as academics and relational interactions were considered to provide the necessary foundation for the child's wellbeing that in turn would foster the child's ability to engage in creative learning processes.

Emergent Theory Of Relationship-Based Intentional Pedagogy Of Family Child Care

This work contributes to the academic knowledge in that it broadens understanding of the combination of relationships that impact approaches to teaching and learning in family child care settings. It is a critique of the enforced regulation of narrower definitions of quality in childcare that over-emphasize a standardized approach to individual child development and school readiness. The quest to standardize teaching practices that will achieve measureable child outcomes has objectified both family child care providers and early care and education programs

as units of analysis. The exclusive use of positivist science focused on the caregiver or program as the unit of analysis for quality assurance is problematic because it side-steps the broader societal issue of a persistent failure to adequately fund early care and education based on a family service model that accounts for the broad range of family needs rather than a deficit, intervention model. In the case of the providers in this study, these practices have failed to account for the situated context and approach to teaching and learning that takes place in family child care settings.

Unique to this study is the emergent theory of relationship-based intentional pedagogy of family child care that describes how family child care providers capitalize on relationships between children as well as children's relationships with adults to form the foundation for social and cognitive development. As family child care providers redefine their professional identity they have integrated experiential knowledge, mentored learning from other providers, and formal early childhood education with their value to provide child care that retains support for parents and emphasizes interactions with and among children similar to those found in a familial context. Family child care providers want to provide a secure emotional base where both children and parents feel like they are in a "home away from home" that is similar to a family. They believe this sense of social emotional security provides an essential foundation for children's success in all areas of life. These values have formed the core ideals represented in relationship-based intentional pedagogy.

Family child care relationship-based pedagogy is a highly emergent and responsive process in which the importance of family-like relationships is central to the approach to teaching and learning. In relationship-based pedagogy, social emotional well-being is the essential foundation for success in all learning processes. Teaching takes place throughout every

part of the day and may vary depending on how the provider responds to the current relational configuration of children present. It is an intentional approach to teaching that has been developed among family child care providers to adapt to the many different group formations common in family child care that occur due to varied family schedules and varied needs of children of different ages. It is these qualities of family child care that are not adequately addressed in current definitions of quality and approaches to quality assessment.

Policy Analysis and Implications

Relationship-based intentional teaching strategies demonstrate highly skilled knowledge of child development and the ability to be responsive to children of all ages in a variety of contexts. Family child care providers engage in intentional pedagogy that is unique and responsive to their setting in a manner that may not always be obvious to early childhood education "experts" and that is not necessarily acquired through a degree in early childhood education. Their teaching is not always based on standardized practices and preformed lesson plans. Instead, it is understood that there are many right ways to teach, learn, and provide high quality child care. The relationship-based approach introduces new skills that contribute to fostering child development through the application of flexible and emergent curriculum activities, and the practice of teaching throughout the day, all with a strong emphasis on social emotional wellbeing. These practices support a humane, strength-based approach that reconceptualizes early care and learning as a holistic, deep education process that is responsive to individual needs and diverse sociocultural contexts. Relationship-based pedagogy emphasizes the importance of the depth of relationships that take place in family child care settings and presents an image of confident professionals with intentional practices deeply engaged in their work in a manner that is beneficial to the wellbeing of children and families. This contrasts with

the image presented by YoungStar that rates the majority of family child care providers at the 2-star level. It raises questions about the accuracy of current definitions and criteria of quality in family child care settings. Even though each provider had a slightly different approach, the descriptions of their teaching practices indicate core values that could be further examined in order to better understand and evaluate quality in family child care settings.

The findings raised questions about the accuracy of the 2014 YoungStar Consortium report and its presentation of the mounting success of the YoungStar program. For example, the report claims YoungStar has successfully supported many providers to move from a 2-star to 3- to 5-star ratings on the QRIS. This implies that poor quality providers were now offering higher quality services. However, many providers accepted an automated 2-star rating that did not require an initial evaluation to determine the actual quality of their program. The automated 2-star rating is an option used by providers who need to quickly join YoungStar in order to continue serving their current customers. It is not clear if providers who accepted the automated 2-star rating are included in the YoungStar analysis. If they are included as can be assumed since no omission was mentioned, the presents a concern with the report. Because these providers initially were not actually rated, when they did in fact get rated, an increased level may not necessarily have been a reflection of the benefits of YoungStar services and may simply have reflected their ability to fully document their qualifications. A more accurate report might indicate if the automated 2-star ratings were included and specifically note what percent of the 2-star ratings actually obtained through formal evaluation achieved higher ratings after receiving the micro-grant and technical consulting services. In addition, the Consortium report claimed great success in improving quality by providing micro-grants (of 500.00) for program improvements. However, public policy reports (WCCF, 2015) indicate that the loss of income

associated with the 2-star rating and attendance based pay greatly overshadowed the benefit of the micro-grant.

This study also highlights concerns about the universal application of quality regulations and assessments, and specifically about operationalization of the definition and criteria for quality embedded in the FCCERS-R (Porter et al., 2010; Finne, 2012) as well as the lack of empirical evidence regarding the effectiveness of QRIS to improve child outcomes (Goffin & Barnett, 2015). In a review of research from 2003-2010, researchers found over ten definitions of quality that were applied in studies that used an environmental rating scale to operationalize and evaluate quality (La Paro, Thomason, Lower, Kintner-Duffy, & Cassidy, 2012). The experience of the family child care providers supports these concerns and demonstrates that the FCCERS-R is not suitable for family child care evaluation as it does not capture and adequately evaluate the highly emergent processes common in family child care settings. Characteristics of family child care relationship-based pedagogy such as the importance of relationships and social-emotional development as the foundation of teaching and learning practices, the practice of teaching throughout the day, and decisions about emergent curriculum made as a response to fluctuating ages and group sizes on any given day are not accurately assessed by this highly standardized assessment tool and the overall process of the quality rating system.

Defining a New Identity.

Both Nelson (1990) and Zinsser (1991) expressed concern about how to preserve the unique qualities of family child care while simultaneously improving regulation and monitoring of programs. Nelson (1990) asked what might happen if family child care became more professionalized. Zinser (1991) was concerned that over regulation of family child care might have a negative impact on the unique approach to care. The results of this study offer one

answer to these questions. The participants represent a group of providers that have embraced professionalism and that view the regulatory processes of licensing, training, education, and quality rating as professional practices. At the same time, they continue to negotiate an identity both for the family child care profession and as family child care professionals that acknowledges the importance of teaching and learning in family-like, relational contexts. For this reason, many of the participants in this study indicated a preference for training and education, whether formal or informal, developed and delivered by instructors who have experience with family child care. As researchers continue to explore best practices for defining and understanding quality in family child care settings, better accounting for the perspectives of experienced family child care providers may inform improved regulation and professional development practices.

Tuominen (2003) concluded that regulation policies and low payment for subsidized family child care amount to "institutional social processes that incorporate and perpetuate the historical devaluation of women's care work" (p. 177). The providers in this study did not talk about women's work, but they did express their perception that their caregiving knowledge was devalued through regulation processes and the prioritizing of formal education and standardized developmental practices favored by the QRIS. The findings demonstrate how institutionalized regulatory processes in effect today have reinforced the persistent and historical social class division prevalent in the early care and education system (Auerbach & Woodhill, 1992; Wrigley, 1990). The current regulation and quality rating system in Wisconsin has reinforced an institutionalized social class division within the early childhood profession because providers in low-income neighborhoods where the majority of families they serve use Wisconsin Shares subsidies have no choice but to participate in YoungStar or close their businesses. As a result,

they are more likely to undergo monitoring and surveillance than providers who are able to decline from participation. In addition these providers are more likely to have lower education levels, and thus lower ratings on the QRIS. This has seriously impacted their financial well-being and their ability to achieve the standards required by current regulation processes further reinforcing their social class position.

Childcare Policy Recommendations

Family child care regulations represent an institutionalized social process embedded in historical and cultural contexts. Family child care policy has risen within a context impacted by the cultural ideologies of mothering, family responsibility, and child development that have framed child care policy in the United States. In the absence of support and policies established for child care as a basic human right for all women (Mitchel, 1999), child care policy has wavered from implementation as a temporary emergency measure to a welfare service intended to allow mothers to care for their own children (Lombardi, 2003; Mitchel 1999). As the early education movement progressed in the United States, child development and education offered a more professional image for child care and formed a framework to advocate for public funds (Lombardi, 2003). In this context, child care became acceptable for the children of middle class women as educational enrichment and was further justified as an approach to educational intervention for low-income children. However, throughout this time, the majority of child care research that informed resultant policy decisions was primarily related to center-based child care and decisions about family child care evaluation and the resulting regulation policy has often been adapted from models intended for center-based programs. The result is that family child care has been both included in regulation and policy discussions, and also neglected or inadequately addressed by policy and regulations that were originally designed for center-based

programs. Within this context, family child care providers have struggledto maintain caregiving, teaching, and learning practices unique to family child care, and to carve out a professional image in early care and education that is reflective of their values.

Current regulation processes do not support, and in fact undermine the ability of family child care providers to offer child care in a manner that is consistent with their beliefs and practices and what is good for families and child development. Historically family child care providers are known to evade regulations for a number of reasons including concern about the cost to maintain the regulations and concern that their business practices or caregiving style will be heavily scrutinized and controlled (Fosburg, 1981; Nelson, 1990). At a time when use of child care continues to increase and regulation and quality monitoring has been associated with improved quality (Elicker et al., 2005; Kontos et al., 1995; Payne, 2011) it is a grave concern that providers who have worked to participate in regulations now experience a sense of dismay and no longer use their licensing representatives as a resource to support quality in their programs.

Public policy reports in Wisconsin analyzed in relation to this study indicate a drop in regulated family child care programs (Edie, 2014), and a reduction in the number of programs serving families who pay tuition using Wisconsin Shares funding (Edie, 2013). We can only speculate whether the drop in regulated programs represents providers who closed their business all together or if they are now operating outside of regulation requirements. This information suggests a need for continued research to gain a better understanding of what might encourage providers to return to the regulation system and continue to serve families who receive federal tuition subsidies such as Wisconsin Shares. The final section of this chapter recommends next steps for research and policy in three primary areas: 1) Better understanding of family child care

practices, 2) Quality rating and improvement, and 3) Improved support systems for family child care.

Understanding Family Child Care Practices

The study results revealed that family child care has emerged into a profession that embraces unique values and practices that require regulation, education, and evaluation designed and developed specifically from the perspective of family child care providers. The following recommendations are suggested to accomplish this.

Maximize opportunities to gain information from family child care providers. A deeper understanding of family child care practices must come from the providers themselves. There is potential to engage in additional research through use of surveys, focus groups, and interview studies that seek the perspective of family child care providers. This information can be used to expand knowledge about family child care teaching and program practices and then applied to develop new programs and enhance existing ones.

Generate new/expand existing theory of teaching and learning in family child care.

Based on information gained from family child care providers through program observations that are not for rating purposes, and through surveys, focus groups, and interview studies, as well as review of existing research, build a theoretical framework of intentional pedagogy in family child care. For example theories that acknowledge the importance of the sociocultural aspects of teaching and learning present in home care settings such as Vygotsky's sociocultural theory might extend thinking about how family-like relationship-based interactions within situated contexts support children's development. Further exploration and application of relationship based theories such as those of Baker & Manfreddi-Pettit (1998) and Uttal (2002) also offer insight to better understand family child care practices. Considerations from deep

education theory (Tochon, 2010) that account for the significance of interconnected experiences such as those described within the relationships established in family child care might also be applied. These options, along with a focus on the strengths rather than the risks associated with children (Swadener, 1995) may lead to better understanding of children's outcomes in terms of their sense of empowerment as learners and their personal wellbeing rather than their achievements and test scores.

Quality Rating and Improvement in Family Child Care Settings

The findings emphasize the need for information that would increase understanding about the type of QRIS design and what evaluation instruments would be most appropriate and equitable for rating family child care quality. Additionally, due to the many challenges the providers described, and the potential inaccuracy of the QRIS rating systems as a method to rate teaching practices and program quality, the findings point to a new question regarding whether it is ethical to tie wages to a QRIS system.

Explore alternative approaches to quality assessment. This study provides an example of the negative impact of the application of policies based on adaptation of policy stemming from research related to child care centers to family child care programs. When research conducted related to centers is used for the framework for quality rating and improvement, family child care providers are either left out of the funding or caught in a process that does not fit their intentionally chosen approach to child care. It seems necessary to revisit the approach to assigning star levels and specifically the use of FCCERS-R, and the requirement for credit-based education as the highest level of achievement. Given the potential for varied and inconsistent interpretation, the FCCERS-R or a similar tool might be considered as a reflective tool rather

than a formal scored rating tool. Continue to develop alternative but equal ways for caregivers to demonstrate their competencies through accreditation and professional development options.

Remove tiered wage incentives from QRIS. Many QRIS are tied to reimbursement rates (Build Initiative & Child Trends, 2014) and program revenue directly impacts teacher compensation, and indeed, the teacher's ability to provide quality care. This raises ethical questions about assigning compensation rates to QRIS levels prior to clear understanding of reliability and validity of ratings and the actual impact of QRIS on children's learning outcomes and indicates the need to end this policy.

Improve Support Systems for Family Child Care.

The findings from this study suggest the importance of improving and reestablishing support systems for family child care. Family child care providers benefit from the shared knowledge they gain from their peers in support groups and professional development trainings. However, this approach to improved quality has been severely undermined as a result of the extreme regulatory requirements. In addition, the requirement that only degreed teachers are allowed to teach non-credit family child care courses, and the lower status of accreditation systems that were designed by and for family child care professionals in relation to formal education in the QRIS criteria have a negative impact on the ability of family child care providers to define their own professional identity. It is essential that researchers and child care advocates work to gain more information directly from family child care providers in order to design supports that reflect their true practices and values. These might include any of the following.

Expand consulting services and local family child care networks. In order to increase equal access to accreditation for family child care providers, expand local networks that support

accreditation processes. Staff the networks so they can facilitate accreditation work locally that results in national accreditation.

Increase credit-based classes specifically designed for and taught by family child care providers. Continue the development of family child care credentials and coursework and offer many delivery options such as online, hybrid, and in person classes that are taught by family child care providers.

Participants in this study expressed that they are eager and willing to participate in positive change processes that are inclusive of and account for family child care beliefs and values. Implementation of the above recommendations and extension of similar policies already initiated may increase their participation in regulation.

Conclusion

The research completed for this study extends and builds upon academic literature in that it explores family child care experiences at a time when regulation has become mandatory and institutional standards increasingly shape accepted practices for family child care providers and all of the early care and education profession. It demonstrates both the serious consequences of a lack of consistent policy for early care and education and the severe impact that inappropriate regulations can have on the work and lives of family child care providers. The early care and education (ECE) profession requires an ECE system design founded in evidence-based practices that improve quality and children's developmental outcomes and that serves as justification for on-going funding. Quality Rating and Improvement Systems are now implemented as a framework for a standards-based ECE System yet there is no conclusive research that confirms QRIS do in fact improve quality or children's developmental outcomes. Under these circumstances, it is unethical to tie QRIS ratings to compensation.

For family child care the concern is elevated because the criteria for quality rating implemented through the QRIS is not based on family child care values and practices. The current approach to quality rating and improvement fails to account and severely undermines numerous important characteristics of quality present in family child care settings. This represents a loss for family child care as well as for the early care and education profession as a whole and especially for the children and families that wish to use family child care programs. The intentional pedagogy of family child care providers founded in a relationship-based approach to fostering child development, the application of flexible and emergent curriculum activities, and the practice of teaching throughout the day demonstrates highly developed skills that are responsive to the variable contexts of family child care settings. These practices support a humane approach that reconceptualizes early care and learning as a holistic, deep education process that is responsive to individual needs and diverse sociocultural contexts that could be applied to all child care settings.

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Appendix A

Interview Schedule

Social Relevance and Purpose: The purpose of this study is to describe how family child care regulation supports or impedes the ability of family child care providers to do their work in order to develop practices and policies that will allow them to provide quality child care in a manner that is consistent with their values and beliefs.

Theoretical Question: What are the social, cultural and historical themes that impact the regulation of family child care today and how do these themes support or undermine family child care providers' ability to do their work?

Central Research Question (I): What meaning do family child care providers ascribe to their experiences with child care regulation processes?

> Subtopic: (II). What factors influence family child care providers' decisions about whether or not to participate in licensing or certification?
>
> Subtopic: (III). What factors influence family child care providers' decisions to refrain from or to participate in training and education specific to early care and education?
>
> Subtopic (IV): What factors influence family child care providers' decisions to refrain from or to participate in quality rating and improvement systems?
>
> Subtopic (V): What beliefs and values motivate family child care providers to do the work they do?
>
> Subtopic (VI): How do current conceptualizations of child care quality fit with the beliefs and values of family child care providers?

INTERVIEW SCHEDULE

I. Tell me about how you became a family child care provider.

II. Licensing and Certification

Interview Questions

1) Tell me about regulation of family child care?
   - Probe: example of an experience with family child care regulation

- Probe: what influenced your decision to participate or not

2) Tell me what it is like to have a [license or certification]?
- Probe: Because I am regulated I...
- Probe: Because I am regulated I never...

III. Training and Education

Interview Questions
1) What prepared you for the work of family child care?
- Probe: Tell me about trainings and classes you have taken to help you with your work.
- Probe: What kind of training or education to you think would help you?

IV. Quality Rating and Improvement

Interview Questions
1) Tell me what you know about the Young Star Quality Rating and Improvement System
- Probe: example of experience with Young Star
- Probe: How does it help you?

V. Beliefs and Values

Interview Questions
1) Tell me about a typical day in your family child care.
- Probe: for the children
- Probe: for the parents
- Probe: for you own family
- Probe: for yourself

VI. Conceptualization of Quality

Interview Questions
1) What do you want most for the children in your family child care?
- Probe: for the parents
- Probe: for your own children
- Probe: for your career
- Probe: for the family child care profession

Appendix B

Provider Profiles

Participant Overview

Twenty-six providers were interviewed for this study. The interviews ranged from .5 to 2.5 hours in length with the majority between 1 and 1.5 hours. Of 26 participants, four were African American, one was Native American, one was Latina, and twenty were White. Of the children they care for 142 are White, 29 Black, 8 Latino, 4 Native American, 1 Afgahni and 13 are children of more than one race. The participants ranged in age from 32 to 68 years. Sixteen of the providers were in their 40's and 50's. Four providers were in their 30's and 6 were in their 60's. The providers represented a range of experience levels. Five providers had less than 10 years of experience and four had more than 30 years of experience. Sixteen of the providers had 11 to 30 years of experience. One provider was license-exempt and the remaining twenty-five were licensed.

Table 2

Participant Years of Experience

Range (1-48 years)	**Years of Experience**
0 to 5 years = 3	1 yr (1), 2 yrs (1), 4 yrs (1)
6 to 10 years = 2	7 yrs (1); 10 yrs (1)
11 to 20 years = 5	11 yrs (2), 14 yrs (1) 18 yrs (1)
21 to 30 years = 11	21 yrs (3), 22 yrs (2), 23 yrs (2), 24 yrs (1), 25 yrs (1), 30 yrs (2)
31 to 40 years - 3	32 yrs (1), 35 yrs (1), 36 yrs (1)
40+ years = 1	48 yrs (1)

Table 3

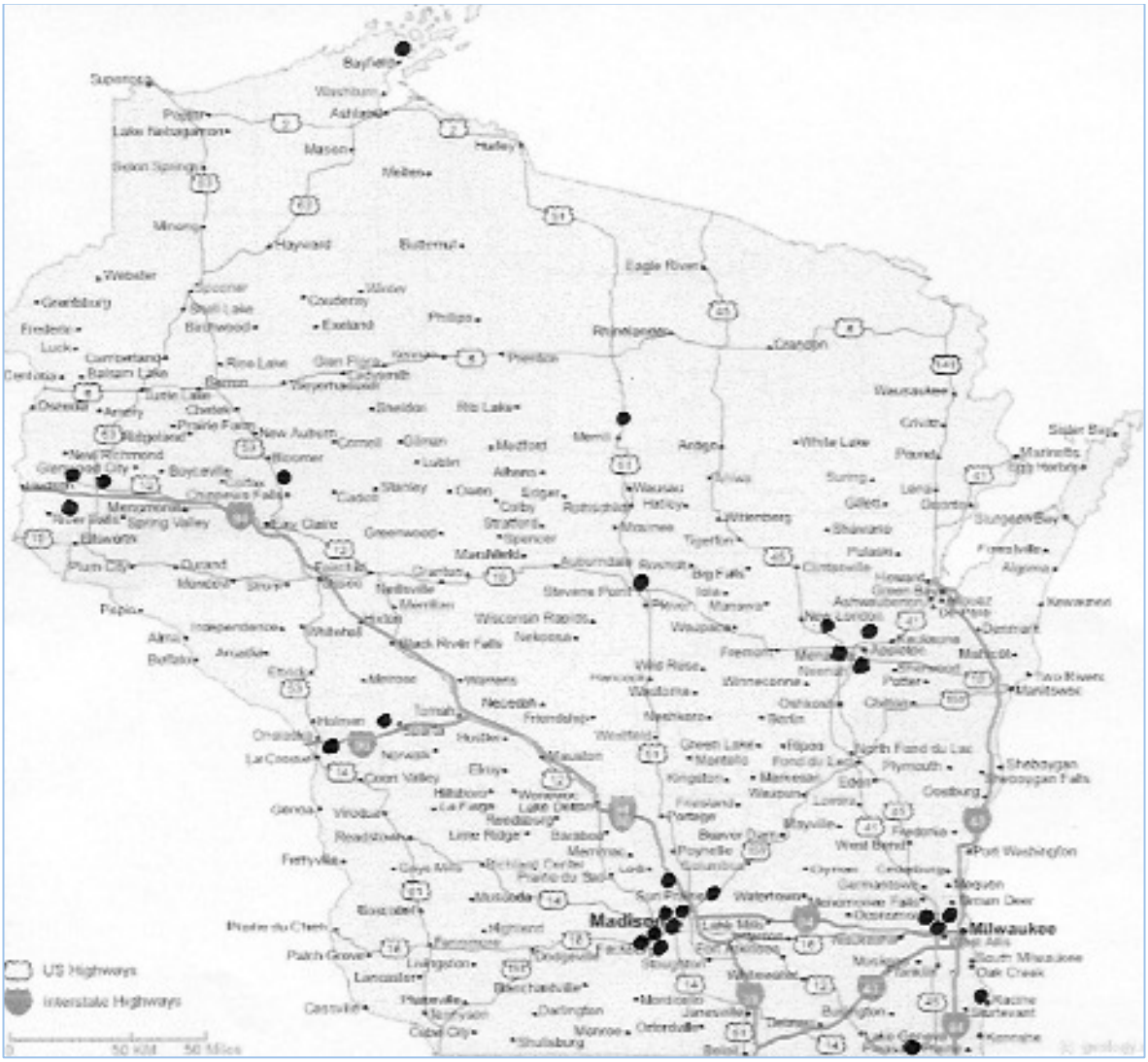
Participant Regulation Profile

License Status	1 License Exempt, 25 Licensed
Education	ECE credits (number not specified) = 3 providers ECE credits ECE= 4 providers with 24, 28, 30, 54 credits AA in ECE = 5 providers (AA in ECE plus additional credential credits = 1 with 12) BA in ECE = 2 providers MA in ECE = 1 provider No data = 5
Training	All had required license training (about 140 hours each) Introduction to the Child Care Profession Fundamentals of Family Child Care Introduction to Infant Toddler Care (if caring for children under 2 years) Sudden Infant Death Syndrome (SIDS) Shaken Baby Syndrome (SBS) Prevention CPR - Child/Adult and Infant if caring for children under 2
Association Membership(s)	Most in at least one, over half in 3 to 5 or more.
Young Star Rating	2-Star = 1 (Automated) 2-Star = 2 3-Star = 4 4-Star = 7 5-Star = 4 Exempt = 1 No interest in YoungStar, no subsidy customers = 1 Noted as refusal to participate in YoungStar = 2 Started then quit YoungStar = 4
Registry Level	Range from 3 to 16, majority above 7

Location

Two providers lived in towns with populations under 500, 2 lived in towns with populations under 5, 000. Nine providers lived in cities with a population between 10,000 and 50,000 and twelve lived in cities with a population over 100,000. Providers lived throughout the state though it was more difficult to obtain providers from far Northern Wisconsin and no providers were from Southwest Wisconsin.

Figure 3: Participant Locations



Appendix C: Concept Maps

Figures 4 through 9 illustrate the grounded theory coding process for each of the emergent themes and for the emergent theory of family child care relationship-based intentional pedagogy.

Figure 4: Professionalism

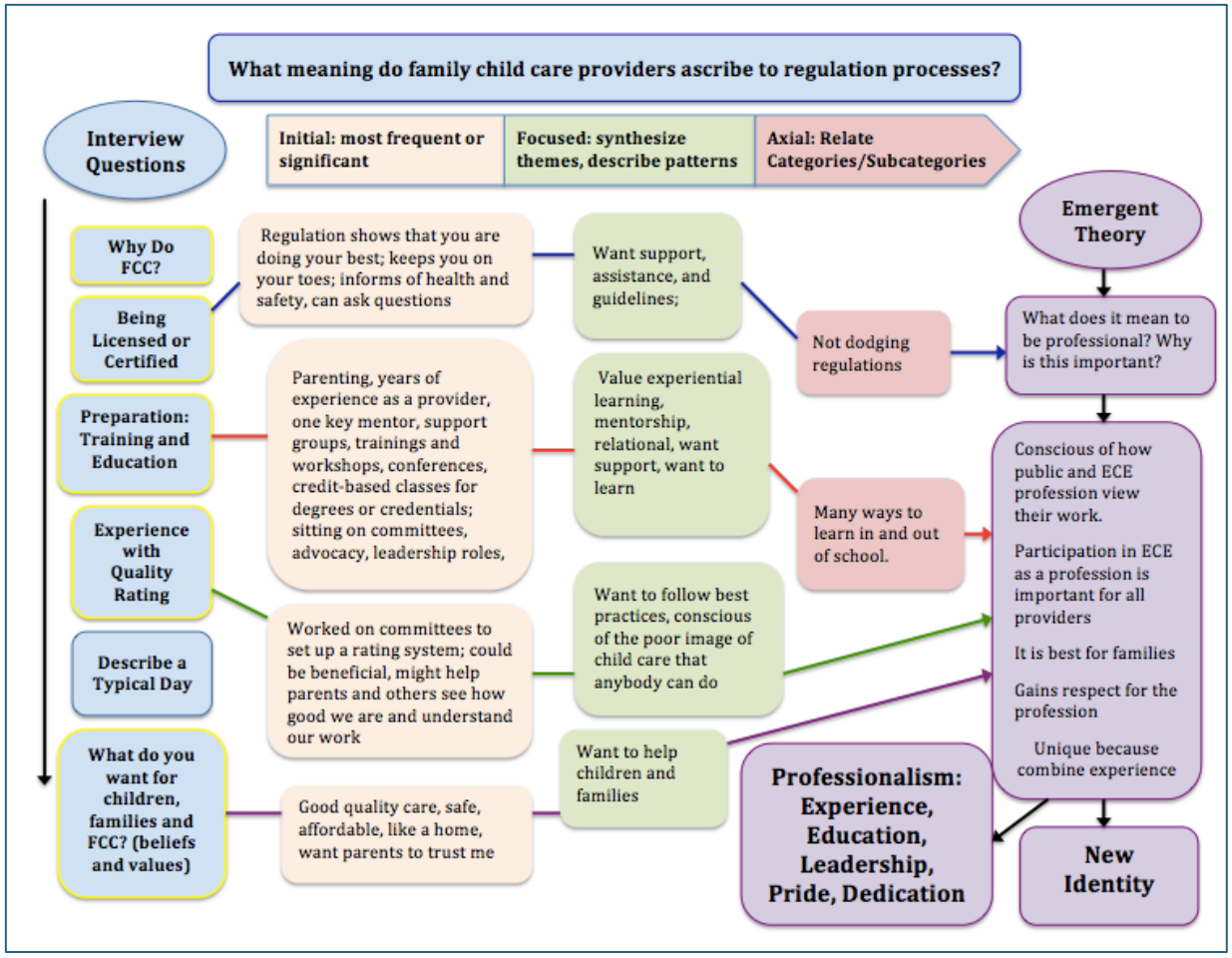


Figure 5: Changing Regulations

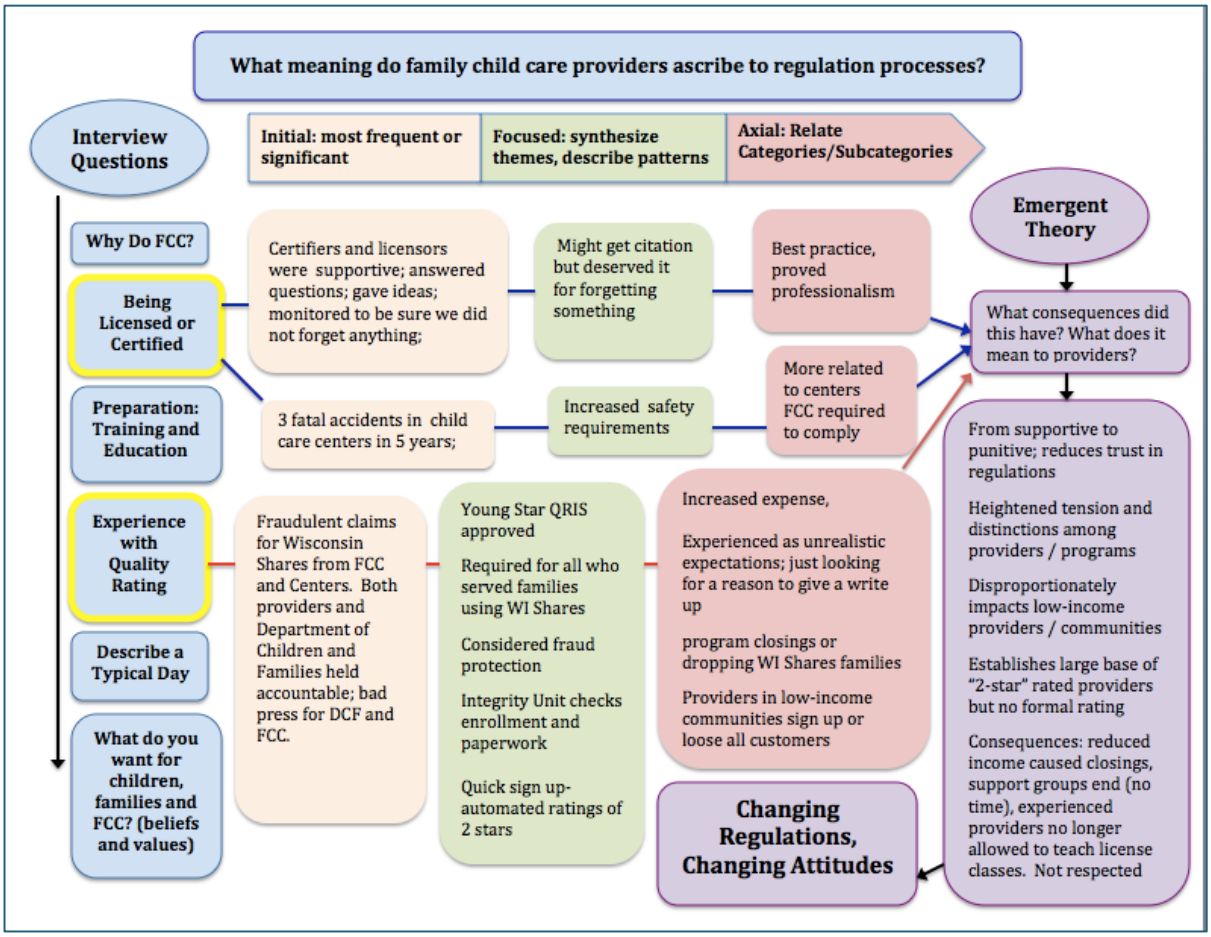


Figure 6: Unsettled Reactions

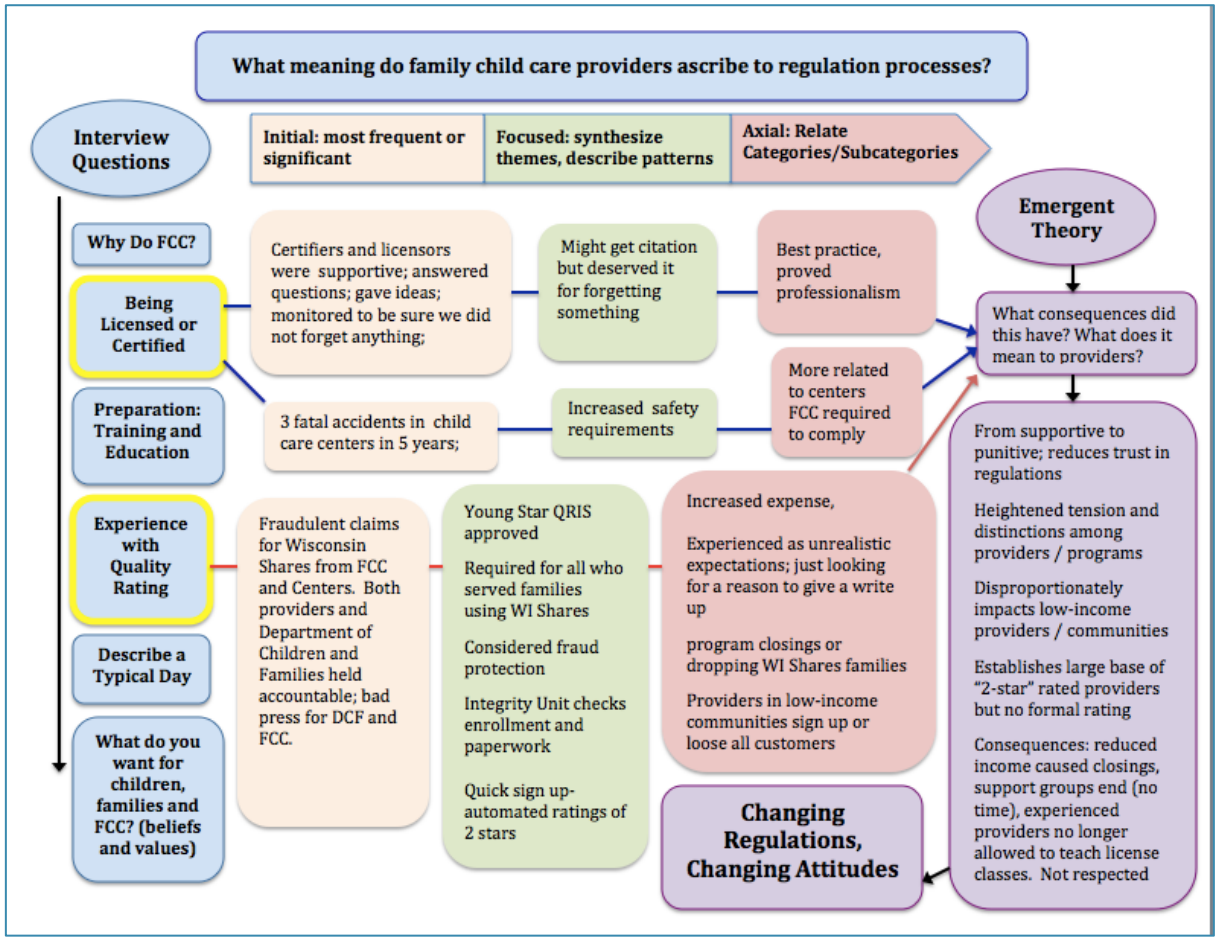


Figure 7: Earning Their Stars

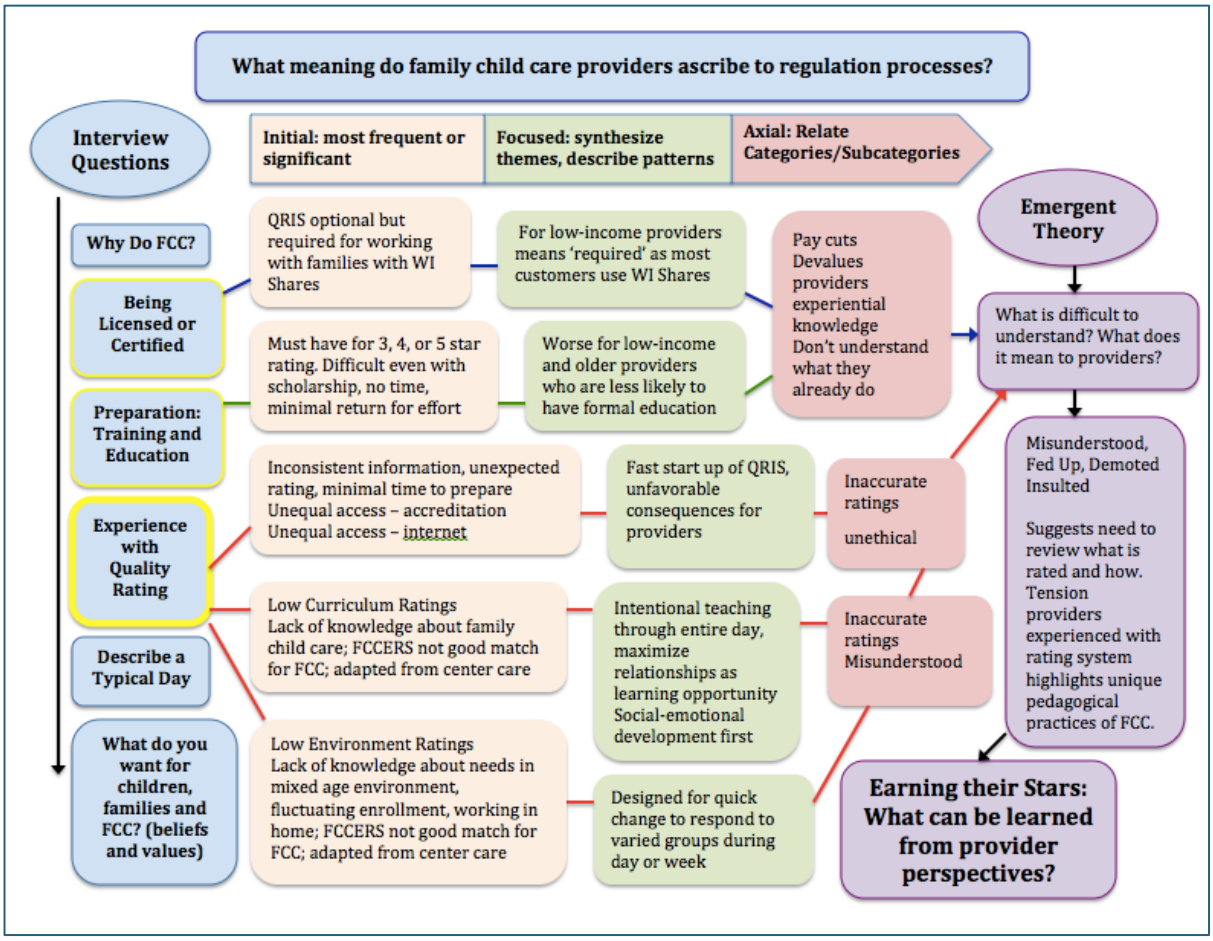


Figure 8: Intentional Pedagogy

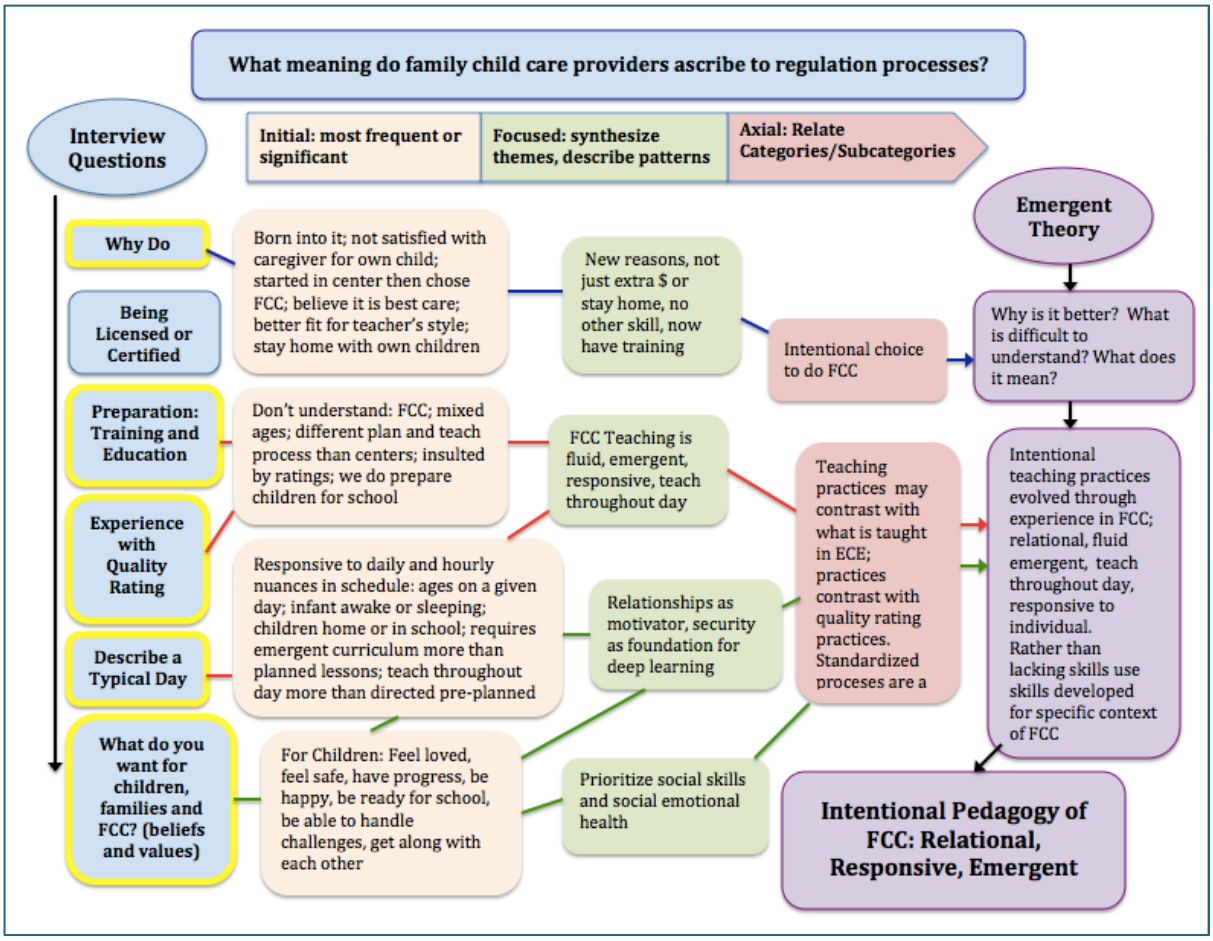


Figure 9: Family Child Care Relationship-based Intentional Pedagogy

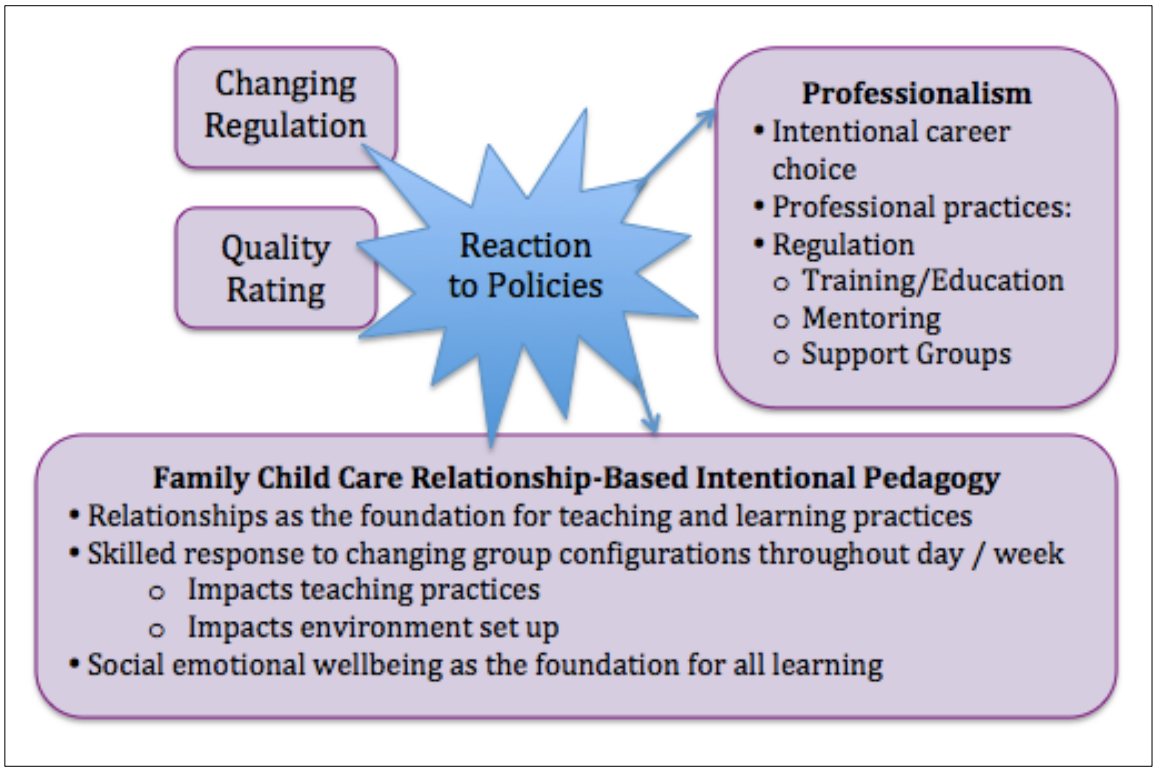


Figure 9: This figure illustrates how the contrast between standardized QRIS and actual daily care and teaching practices of family child care represented a point of tension that supported articulation of emerging theory of intentional pedagogy