

A SURVEY OF TRAINING NEEDS OF REGISTERED FAMILY
HOME CAREGIVERS IN BELL-CORYELL COUNTIES, TEXAS

A THESIS
SUBMITTED IN PARTIAL FULFILLMENT OF REQUIREMENTS
FOR THE DEGREE OF MASTER OF SCIENCE
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NUTRITION, TEXTILES,
AND HUMAN DEVELOPMENT

BY
CATHERINE M. MASON, B.S.

DENTON, TEXAS
AUGUST, 1982

Thesis
7-1989
10-3-89
C.D.

ACKNOWLEDGMENTS

The author wishes to extend appreciation to the following people:

Dr. Deanna Tate, chairman of my committee, for her interest, concern and support in the project. Without her I might never have made it.

Dr. Glen Jennings and Dr. Merry Evenson of Texas Woman's University for serving on my committee and giving encouragement and support.

Dr. Janet Malone who served on my committee during the early days of this study.

Verda Chism for typing, delivery and reminding of deadlines.

Janet Hughes for answering my many long distance phone calls.

Dean Ben Wickersham, Central Texas College, for his encouragement and faith in me.

My children, Susan, Glen, Bob, Brenda and Perry for their continued love and understanding.

My dear friend, Pat Bishop, for the many long hours of listening and encouragement, and still remaining a friend.

TABLE OF CONTENTS

ACKNOWLEDGMENTS	iii
Table of Contents	iv
List of Tables	vi
Chapter	
I. INTRODUCTION	1
Statement of the Problem	4
Purposes of the Study	5
Research Question	5
Limitations and Delimitations	5
Basic Assumptions	6
Definitions of Terms	6
II. REVIEW OF THE LITERATURE	10
Strengths and Weaknesses of Family	
Day Care	15
Rural-Urban	19
Cost	20
Family Day Care Consumers	21
Licensing Debate	23
Training	26
III. METHODOLOGY	29
Introduction	29
Sample	30
Development of Instrument	31
Procedure	32
Data Analysis	33
Summary	33
IV. RESULTS	35
Description of Bell-Coryell County,	
Texas	35
Description of Respondents	35

Chapter

Characteristics of Subjects	37
Findings	39
Training Organization	39
Training Topic	41
Summary	45
V. SUMMARY, DISCUSSION AND CONCLUSIONS, AND RECOMMENDATIONS	46
Summary	46
Discussion and Conclusions	47
Recommendations	49
Suggestions for Related Studies	49
APPENDICES	
A. Texas Department of Human Resources Letter	52
B. Phone Call to Participants	54
C. Letter to Participants	56
D. Family Day Home Caregiver Training Survey	58
E. Follow-up Letters to Participants	63
REFERENCES	65

LIST OF TABLES

Table

1.	Characteristics of Subjects	38
2.	Training Organization	40
3.	Training Topics	42
4.	Areas of Most Needed Training	44

CHAPTER I

INTRODUCTION

The backbone of licensed day care programs in this country is the family day care home (Grotberg, 1971). The facility, a home, is licensed for the care of a certain number of children. In Texas, registered family homes are licensed for care of not more than six children under 14 years old excluding the caretaker's own children, and may provide care after school hours for not more than six additional elementary school siblings of the other children given care. The total number of children, including the caretaker's own, may never exceed 12 at any given time (Texas Department of Human Resources, 1979).

The largest existing network of out-of-home care for infants and children has been ignored and maligned (Grotberg, 1971). There may be good reasons why social scientists have ignored family day care. Nevertheless, social scientists investigate that in which they are interested or with which they have grave concern (Dubos, 1975).

Despite the fact that private, unlicensed family day care has long provided the major portion of non-relative, out-of-home child care, it has not been until the last

decade that it has gained recognition as a "legitimate" form of child care by child-care advocates (Collins, 1969). Sale and Torres state that its relative advantages both compete with, and in, "mixed" systems, and complement those of center-based care, which has for too long dominated thinking as the only viable setting for quality child care. Certainly, there lingers disdain for--or at least doubts about--the competence of unsupervised caregivers among some professionals and parents. This researcher must agree that the untrained caregiver generally provides only custodial care. Yet demonstration projects in California (Sale & Torres, 1971) and Oregon (Collins, 1973) have attested to the soundness of naturally-evolved networks and private family day care arrangements.

Family day care is a creative social achievement; for both the care giver and care user it is an adaptation of family life. For the working mother it is a way of acquiring an "extended" family within the neighborhood, with kith, though not with kin, while for the care giver it involves a modest and manageable expansion and modification of family life. Family day care is workable because for neither party does it require radical departures from ordinary behavior, experience, talents, or motivations (Emlen, 1972, p. 31).

This system of child care is low status; it is concerned with children of all socio-economic classes, races, and cultures; it defies licensing procedures; it is successfully meeting the needs of many working parents

and their children (Sale, 1972b). The family day care arrangement accounts for the care of 20% of the children under 6 years old whose mothers work full time (Emlen, 1973). An earlier study by Low and Spindler (1968) indicates that 70% of the children remain at home or with relatives.

It has been assumed that most family day caregivers are intelligent, capable persons interested in carrying out their responsibilities in a manner that supports and facilitates the development of the children for whom they care (Sale & Torres, 1971). Keyserling (1972) found that women who run family day care homes take up family day care often as a last resort for earning some money, and they have neither the resources, facilities, nor energy for coping with numbers of children they take in order to make a living.

Family day care should be provided as a properly supervised service either under public or private auspices or by licensing policies and procedures which assure supervision of day care homes. Unsupervised family day care may fail to provide for the protection of children and for their social development. Therefore, family day care should be offered in a way that would assure that the basic requirements for good child-care practices are being met.

In day care training, mothers would be helped to achieve higher standards of care (Willner, 1971).

According to the Child Welfare League of America, a comprehensive day care program should include both group care and family day care to meet the diverse needs of children of various ages with differing developmental and emotional needs. However, not until parents are aware that family day care can be more than custodial care will they accept family day care on the same level as they accept group day care. Training and supervision of day care mothers, the service of consultants on education, health, and social work, and assurances that daily routines and enrichment programs are inherent in the day care home, have to be provided in family day care as they are in group day care (Willner, 1971).

Statement of the Problem

There is no training provided for caregivers of children in registered family homes in the Bell-Coryell County area. The local licensing representative for the Department of Human Resources states that, after licensing, she monitors registered family homes only when there is a complaint. A survey of family day caregivers in the Bell-Coryell County region was needed to determine what types of

training are desired so that workshops, classes or self-paced programs might be designed to meet their needs.

Purposes of the Study

The purposes of this study were:

1. To determine if family day caregivers in the Central Texas area perceived a need for training; and
2. To determine the type of training which they felt was needed.

Research Question

One primary research question is of interest in this study. What were the needs for training of registered family home caregivers, as they perceived it, in the Bell-Coryell County, Texas area?

Limitations and Delimitations

The limitations and delimitations of the study were:

1. This study was concerned with the need for training of caregivers in registered family homes as they perceived it, through workshops, classroom instruction, self-paced programs or in-home training.
2. The instrument used in this study, a questionnaire, had not been tested for reliability or validity; therefore, the results must be interpreted with caution.

3. The study was limited to the 58 registered family home caregivers located in the counties of Bell and Coryell, within the state of Texas who responded.

4. This study was dependent upon the caregivers answering each question in the questionnaire truthfully.

Basic Assumptions

It was assumed in this study that caregivers in registered family homes would answer honestly or to the best of their ability in their responses to statements concerning the need for training. It was also assumed that those participating in the study had the reading ability and knowledge to respond to each question. It was also assumed that caregivers would, to the best of their abilities, participate in completing the instrument.

Definition of Terms

When used in this paper, the following words were defined to mean:

Caregiver or Caretaker. A person who provides direct care to children in a day care setting. Caregivers or caretakers include teachers and aides in day care centers and individual family day care providers (Rains, 1980).

Child Care. Synonymous for day care.

Comprehensive Care. A child-care service providing children and families with health, nutritional, psychological, and social services, as well as developmental care (Rains, 1980).

Custodial Care. Limited service, providing for the safe care of children with little or no attention to special efforts for enhancing each child's development (Rains, 1980).

Day Care. The care, supervision and guidance of a child or children, under 14 years old, unaccompanied by parent, guardian or custodian, on a regular basis, for a period of less than 24 hours per day, in a place other than the child's or children's own home or homes (TDHR, 1979).

Day Care Center. Any family, whether or not known or incorporated under such descriptive title or name as "Day Nursery School", "Kindergarten", "Child Play School", "Child Development Center", "Early Childhood Center", and the like, which regularly receives 13 or more children for day care. This term applies to programs, buildings, grounds, furnishings, and the equipment involved (TDHR, 1979).

Day Care Program. Those services and activities which are provided by a day care center; the daily schedule (Rains, 1980).

License. A complete document issued to the caretaker in a registered family home, authorizing the licensee to operate at a specified location in accordance with the provisions of the license, the law, the rules and regulations of the Texas Department of Human Resources (TDHR, 1979).

Parent. Whenever "parent" occurs in this research, it is considered to include parent, legal guardian, or managing conservator (Rains, 1980).

Registered Family Home. A facility, or home, licensed for not more than six children under 14 years old excluding the caretaker's own children, that provides care after school hours for not more than six additional elementary school siblings of other children given care. The total number of children, including the caretaker's own, shall not exceed 12 at any given time (TDHR, 1979).

Rural. Areas with a population of 5,000 or less (Education Commission of the States, 1975b).

Texas Department of Human Resources (DHR). The designated services agency for the state of Texas, mandated by the legislature to provide medical, financial, and social services for children, adults, and low income families (TDHR, 1979).

Texas Department of Human Resources Region. One of 12 Texas Department of Human Resources regions or geographic areas in the state. There are 19 counties included in the central Texas area.

School Age Care. Care offered to children between the ages of 5 (before September of that school year) and 18 (TDHR, 1979).

Training. May include, but is not limited to, workshops, reading, classroom lectures, film strips, or time with consultants and may be in subject areas such as child care, child development, early childhood education, first aid courses, fire safety, or fire evacuation.

Urban. Areas having a population of greater than 5,000 (Education Commission of the States, 1975b).

CHAPTER II

REVIEW OF LITERATURE

In 1969, a national survey conducted under the auspices of the Women's Bureau, U. S. Department of Labor, provided information on a national basis regarding child-care arrangements made by working mothers. This study made it quite clear that family day care was the most prevalent type of "out-of-home" care, and estimated that there are 1.8 million children in family day care (Low, & Spindler, 1968).

An estimated 45 percent of the 7,445,000 families using some form of day care for their children 10 hours a week or more use care in private home settings referred to as family day homes or family day care homes (UNCO, 38). Family day homes are a primary source of child-care arrangements in Texas. A survey commissioned in 1973 by the Texas Department of Community Affairs (TDCA, 1976), revealed that of the 412,500 pre-school children in child care arrangements, 57% were in family day homes. Keyserling, (1972) expressed concern about the nature of this type of child-care arrangement after members of the National Council of Jewish Women in 1970 and 1971 observed

and obtained information about 166 family day homes. Of these homes, 9% were thought to be providing superior care, 28% were regarded as good, 50% were custodial in nature and provided no education or other services beyond the meeting of physical needs, and 11% were regarded as poor or very poor.

In response to the critical need for information about family day care, the Administration for Children, Youth, and Families, Department of Health, Education, and Welfare, commissioned the National Day Care Home Study. The study was a 3-year study of urban day care and was the first attempt to describe the ecology of family day care as a complex social system. The National Day Care Home Study was the first major study to simultaneously examine all the principle family day care participants--the caregiver, the children in care, the parents, and the supportive community institutions. The field implementation of the study was conducted with 144 family day homes in Los Angeles, California. Philadelphia, Pennsylvania (128 family day homes) and San Antonio, Texas (96 family day homes) constituted the other research sites. Data from all three communities were analyzed (Roupp et al., 1976).

The Final Report of the National Day Care Study was made in October, 1980. Among the various aspects of

caregiver qualifications, education or training in fields specifically related to young children emerged as the strongest correlate of caregiver behavior and children's test scores. Lead caregivers with specialized education or training played a more active role with children than those without such preparation, and children under their supervision made relatively rapid gains on standardized tests (Travers et al., 1980).

As of March, 1967, there were 24,300 licensed family day care homes serving 81,900 children. By March, 1972, there were 60,967 licensed family day care homes serving 215,841 children (Senate Finance Committee, 1974). The Education Commission of the States reported that by 1974 there were 34,235 licensed day care centers and 81,182 licensed family day care homes (Education Commission of the States, 1975b, pp. 4-5).

The typical provider is a white, married, middle income woman with three children of her own, who cares for an average of 2.5 day care children for 7.3 hours/day. One-third of her own children are part of the group for 5.5 hours a day, according to the provider's estimations. The children are typically from 3 to 4 years old. Placements are quite stable and siblings can be accommodated (Education Commission of the States, 1975b).

Societal demand for day care has continued to expand and this growth has not been a result of a temporary social crisis. This expansion is primarily due to changes in the family as an institution and to policy developments of the federal government.

Two important changes in the family which have occurred may account for this increase in the expansion of child care. The first change is the tremendous increase in the number of mothers who work. Kagan and Whitten (1970) found changes in middle class attitudes which have resulted in more middle class mothers desiring to be released from some child-rearing responsibilities to pursue other interests. They also found that poor mothers who work away from home do so to improve their financial situation. The second change is the growth in the number of children living in families headed by a single mother or father grew by 50% in the 1960's and grew by another 14% between 1970 and 1973 (U. S. Bureau of the Census, 1976).

The family day care children most often come from single parent, low to middle income families, who live not in the immediate vicinity of the provider's home, but typically, at least 10 minutes traveling time away.

The overwhelming majority of their parents are working, frequently in skilled jobs.

Two separate but related issues have evolved recently that give rise to the questions of determining need for day care. The first is the "critical stage" issue. Research conducted in the last 20 years has shown that the most crucial period of human development is in the preschool years and especially during the 18 to 22 month age span (Schuchter, 1975). Bloom (1964) indicated that the child's interaction and experience with the environment during these early years can affect the subsequent development of the individual. Hunt (1961) also suggests that the environment has a lasting impact on a child during his early years of life.

The second issue involves early intervention through day care programs. Studies by Karnes (1972), Weikart (1971), and Kuno (1975) have shown that substantial cognitive gains were not maintained as the children moved through the primary grades (Education Commission of the States, 1975a).

If the child's critical period of development is during his/her preschool years, and if so many children are currently enrolled in day care centers during these

developmental years, then day care becomes important as an early-intervention program. Accumulating evidence shows that the preschool years are the period when the child needs a certain amount and quality of experience for optimal intellectual development. The writings of human development researchers Hunt (1961), Brunner (1971), and Bloom (1964), give serious consideration to whether the environments available to young children adequately provide these experiences (Education Commission of the States, 1975b).

One factor which suggests that this society has begun to re-order its relationship with its young is the explosion of interests in young children's development as evidenced by the establishment of state offices of child development. Due to federal legislation, family changes, economic pressures, and the number of working mothers, the demand for day care has increased. Programs and policies currently being developed will have a major impact on families and on young children's lives for years to come (Education Commission of the States, 1975b).

Strengths and Weaknesses of Family Day Care

For many years the strengths attributed to family day care seemed to be in areas that would benefit parents rather than children. Such strengths would include family

day care's geographical convenience, flexibility in hours, and relatively inexpensive nature. Now some observers are saying that family day care may in some ways be more advantageous than group care in its relation to children. Sale, (1972b) states the following in regard to family day care and center care. "One of the advantages to family day care is that, because a family is not focused solely on the child, as is a center, it can offer a broader range of stimuli in a more complex environment" (p. 23). On the other end of the spectrum, Saunders and Keister (1972) found that family day care did not live up to high performance standards. These researchers state:

Children in family day care do not realize their potential . . . One-third of the babies in the group performed at low levels in their final tests of mental abilities, and 42 percent at considerable lower levels in their final tests of motor abilities than they had on first testing; and in the area of social development, half of the group of babies earned much lower social quotients at older ages than they had scored at young age levels (p. 17).

A more neutral position on the family day care vs. center question was taken by Ranch and Crowell (1974) in their demonstration project. These researchers concluded that the important variables for quality care are not location or physical setting, but rather adult-child ratio, consistency of caregivers, and the quality of the care that is given.

Feldman and Feldman (1974) found in their study for the U.S. Department of Labor on women in rural/urban upstate New York that families prefer their children be cared for (1) in their own homes or (2) in their own neighborhoods. Some of the reasons given for their preference for family day care were:

1. Family day care gives the child more personal attention;
2. The care giver cares for the child the way the mother wants the child cared for;
3. It is more convenient in hours and location since it is usually in the parents' neighborhood or community;
4. Flexibility in hours accomodates shift workers, and school-age children;
5. Several small children in one family can be cared for together;
6. Care is available if a child is slightly ill or becomes ill during the working day (the parent need not leave work or call an older child out of school).

Family day care's impact beyond the day care home has not gone beyond the descriptive stages, but there is evidence that family day care does have an important impact on families. In 1971, authorities at the Annual

Meeting of the American Orthopsychiatric Association stated that:

An unexpected result was the development of the day care mother as an indigenous community worker influencing not only the children to whom she gives care, but the children's families and other families in the community. Through daily contact, these mothers develop relationships with working mothers whom social agencies have often found hard to reach or help (p. 21).

Research conducted by Emlen (1971) and Sale (1972b) corroborate the supportive influence family day care seems to provide to some of the families it serves (Family Day Care, 1975).

Parents' values influence their choice of a caregiver. Kohn's studies (1969, 1972, 1977) of parental values for children found working-class parents valued obedience, neatness, and cleanliness more highly than middle-class parents. Middle-class parents valued curiosity, happiness, consideration for others, and self-control more than working-class parents. Both classes valued honesty and respect for the rights of others (Kohn, 1972). Middle-class parents emphasized self-direction; working-class parents emphasized conformity (Kohn, 1969). In reporting the result of this study, Kohn stresses that the relationship of social class to values is remarkably pervasive and consistent (Kohn, 1969). This relationship is true

regardless of race, religion, or national background. Parents would like to have caregivers with similiar values.

A national debate seems apparent on the issue of the stability of the family day care arrangement. The two most divergent views are represented in the Keister (1970) report and the Emlen, Donoghue, LaForge, and Clarkson (1971) longitudinal study. The first reported that "continuity of care proved to be a sham, with greater mobility of the children among different family caregivers than the center care." The latter (Emlen et al., 1972) came to the following conclusion: "Most arrangements end for extrinsic reasons and not for dissatisfaction and would last longer were it not for the changes of work role, of residence, or of changes to child-care usage where the child remains at home. Many satisfactory arrangements last for years" (Bookman, 1976, p. 14).

Rural-Urban

The environment is of recognized importance in the development of a young child's social, emotional and cognitive attributes. Environments also differ in relation to class, ethnic, geographic, sociocultural and personality factors. Therefore one should look at how people in urban and rural communities choose this environment. One should

also examine what the young child's environment currently offers and evaluate differences between urban and rural residents in their choices, preferences, and needs in regard to day care (Education Commission of the States, 1975b).

Cost

Finding the true cost of "quality" family day care seems to be as tricky for researchers as establishing whether family day care is a stable arrangement for children. Lewis, in a 1973 report on day care prepared for the Joint Economic Committee of Congress, points to one of the dilemmas policy makers face when looking at the current research on cost:

The main difficulty with the most recent estimates of the cost of family day care is that they are so wholly in contradiction with the data produced by the same agencies a few years ago when they were urging the expansion of day care centers. Developmental family day care was then estimated at costing \$1,423 at a minimum level, \$2,032 at an acceptable level, and \$2,372 at a desirable level (under the 1968 standards), a minimum of \$557 higher than the present estimates (p. 63).

There are several explanations for these discrepancies. One, of course, is the whole question of what is meant by minimum levels of quality and desirable levels of quality. Another explanation is that cost experts have in recent years eliminated from their cost analyses social and

psychological services to children in family day care. Two figures widely used in regard to family day care costs were prepared by Ogilivie (1972) for the Office of Child Development (OCD). Ogilivie concludes that the mean cost of family home care for a full year for infants (0-18 months) is \$2,025 per child, and for toddlers (19-35 months) is \$2,122. Some critics suggest that these figures do not include the hidden costs of family day care such as insurance, overhead or equipment. In any event, the issue of "hidden costs" is clearly an issue that researchers need to pursue. Another important research issue is parent preference and cost. Important preliminary research suggests that costs do play an important role in parental preference for in-home care.

Family Day Care Consumers

Questions regarding family day care consumers (parents) have mostly centered on parent preference, although questions on parent payment and ecological questions in regard to family day care's effect on families have recently emerged. Many researchers would agree with Emlen et al. (1971) that "preference research is still at a very rudimentary stage". Problems exist with such studies. For example, in Willner's 1970 New York City work, the

study found that private family day care users in New York City preferred group care; however, the sampling was done from center waiting lists. Emlen (1970) has pointed out that research on preferences needs to take into account how informed consumers are about the alternatives as well as the feasibility or availability of alternative forms of care so as not to confound what is possible with what is preferred.

The question of family day care payments is being examined in a current national day care consumer survey. The data suggest that approximately 1/3 of the costs of day care are paid in cash, 10% of the costs are not paid, and 55% are paid in kind. True family day care may fall partly in the bartered category, and partly in the paid category.

Day care mothers decrease their earning potential if they take more than one child from the same family; parents may pay \$5.00 per day for one full-time child and then often as little as \$1.00 a day for each additional child. Day care mothers make such arrangements out of realistic consideration for working mothers (especially those in low-paying jobs), but such arrangements do exploit the day care mother (Education Commission of the States, 1975a).

The number of day care children for which a mother cares increases as her husband's job classification moves

in the direction of the less skilled. The less education a mother has, the higher the number of children she cares for, and the longer she plans to stay in day care.

Data indicate that day care mothers put $\frac{1}{4}$ or more of their income back into their operation, providing food for snacks and lunch, as well as toys, and educational equipment. Other expenses include taking the children for trips, making structural changes such as putting in fences, and buying disposable items like paper plates, towels, and diapers.

Probably long work hours and inadequate pay, coupled with real financial need, largely account for finding that family day care is a relatively short term venture for the women involved. Two-thirds have been licensed for more than 6 years. Family day care cannot be promoted as a child-care career until adequate pay and improved community support are provided (Education Commission of the States, 1975a).

The Licensing Debate

There is a major debate in the family day care community whether family day care mothers should be licensed or registered. Under a registration system a family day care mother would submit her name to a regulatory body and be certified, often without prior inspection of her home

(Bookman, 1974). Lewis in her 1973 day care report to the Joint Economic Committee of Congress wrote, "Efforts at policing, licensing, and controlling day care in the family situation seemed doomed to failure and the best control device appeared to be parental choice" (p. 26). The argument for abolishing licensing for a system of parent regulations through registration was voiced in a Michigan Department of Social Science Interim Report (February, 1976). The preliminary findings of the demonstration project suggest that the "registration approach results in a higher number of homes regulated, . . . moderate costs incurred, and a greater willingness for providers to become regulated (p. 41). The report also stated that under registration there was an increased number of homes having one or more rule violations. It is clear that the whole question of registration as it pertains to public policy needs to be examined further. According to a report on family day care prepared by staff in the New York State Department of Social services, July 31, 1972:

The Department's Day Care Licensing Rules define family day care as care provided for three or more children away from their own home for less than two hours per day in a family home which is operated for such purposes, for compensation or otherwise, for more than five hours per week. The Department's rules for licensing family day care were established in 1962 and revised in April 1971. These rules apply to all family day care homes affiliated with social services or authorized child care agencies (p. 17).

The U.S. Department of Health, Education, and Welfare formally recognizes family day care as a distinct category of child care and sees it as being especially suitable for infants, toddlers and sibling groups, and for neighborhood-based day care programs including those for children needing after-school care (Family Day Care, 1975). Federal requirements for family day care are set forth in the Federal Inter-Agency Day Care Requirements. The New York State Department of Social Services Rules and Regulations are in conformity with these requirements.

Certification of licensing does not guarantee quality child care by a trained caregiver. The Texas DHR rules and regulations specify the qualifications of physical plant, sanitation, safety precautions, health, diet, supervision, program admission of children, records, and enforcement. In 1971, training for the family day care mothers was almost non-existent (Family Day Care, 1975).

Despite the rules and regulations of the New York State Department of Social Services governing in-home care, the majority of caregivers were unlicensed, uncertified, and unsupervised. Many were ignorant of the law; often the department of social services had no way to be in contact with them. It was impossible to obtain exact numbers of family day care homes serving private paying

families or of the number of children cared for in these arrangements. State and local departments of social service are first to admit that they do not have staff to implement conditions of the law, that their first responsibility is to children of department and social services clientele whose care the department subsidizes in whole or in part.

A recent study by the Social Administrative Services and Systems Association for the Office of Economic Opportunity found that 50 to 75 tasks are required and 185 days involved in the time-consuming ordeal of licensing a child-care home (Family Day Care, 1975).

The confidentiality practices by some local departments or social services to protect certified family day care parents often tends to exclude these care providers from receiving educational materials or information about educational programs. Few private providers are licensed, so the majority are unknown (Family Day Care, 1975).

Training

Limited data exists on the effectiveness of training day care providers. The University of Michigan under direction of Thelma Valenstein conducted an in-service family day care training program for 68 providers. The program evaluators found that one group of participants

were rated significantly higher in their child-care skills and qualities at the end of the program than they had at the beginning. The University of Hawaii (1974) through the Office of Child Development (OCD) funded Infant Satellite Nurseries Project and also reported the importance of in-service training than on pre-service training (Bookman, 1976).

One of the major caveats in regard to training programs is that warmth and love cannot be legislated, and even intensive caregivers' training programs cannot teach anyone to give it. Prosser, (1975), referring to the ABT Associates, "Cost Projections for F.A.P. Child Care," said that in fact evidence suggests that there is no correlation between "warmth" and caregiver training (Lewis, 1973). This raises important questions in regard to public policy and hiring women to be day care mothers in order to "get them off welfare."

One of the important issues in regard to training is whether to put "training" under the rubric of support services. Some evidence indicates that the latter upgrading of service strategy is more efficient. The Office of Child Development (U. S. Department of Health, Education and Welfare, 1975) reported that "when family day care programs

raise the status of the day care mothers through adequate benefits, the degree of professionalism rises among care givers, as does the rate of employee retention" (p. 68).

CHAPTER III

METHODOLOGY

Introduction

A substantial proportion of the research done in the field of education involves survey research. "Survey research is a distinctive research methodology . . . a method of systematic data collection . . ." (Borg & Gall, 1971). A number of studies reviewed in the preceding chapters utilized survey research methodology which involved low-income persons in the samples surveyed. The type of design used in this research was a descriptive questionnaire study.

The questionnaire and interview are the most common instruments for data collection in survey research (Borg & Gall, 1971). The majority of the studies previously reviewed and mentioned utilized the interview method. Response rates tended to be much lower with mailed questionnaires than with personal interviews. Most survey researchers preferred the more expensive personal interview (Lansing, Withey, & Wolf, 1971).

The validity of research involving lower-class populations has been questioned (Carew, 1978). However, the authors of a group of papers on survey research in

poverty areas conclude that the survey research approach is feasible in central-city neighborhoods where many low-income persons live (Lansing et al., 1971). Response rates and the extent to which nonresponse may lead to bias in the results is a concern in survey research. If the nonrespondents to a survey are similar in their relevant characteristics and attitudes to those who respond (Lansing et al., 1971) and if careful planning of the survey effort is done (McCallon, 1978), the extent of nonresponse may not be a problem (Lansing et al., 1971).

Sample

The population included in this study was the 58 respondents from a pool of 189 day home caregivers in Bell-Coryell Counties, Texas, registered with the Texas Department of Human Resources. The licensing representative for the Department of Human Resources for the area was contacted prior to the study to enlist the Department's participation in the study. The researcher was furnished with a list of family day home caregivers in the target area. The list is provided to anyone who might need day care services. A letter of consent (Appendix A) for use of the list was secured from the licensing representative.

In July and August, 1981, a pilot random sample of 10 registered family day home caregivers residing in

Bell-Coryell Counties, Texas, was selected from the identified population. Each pilot participant was asked to complete the questionnaire and evaluate the instrument for thoroughness, readability and relevancy for family day caregivers.

Development of Instrument

A questionnaire (Appendix D) was developed for the study. Questions for the instrument were developed from instruments used in research studies which examined types of training needed by caregivers in registered family homes. No questionnaires were found that could be mailed to family day home caregivers that met the needs for this study. Therefore, a questionnaire was devised by generating 9 questions and a check list of 15 subjects. Caregivers were asked to complete the questions, check needed training topics, and rank needs in order of importance.

Personal data secured included facts concerning sex, age, years of education completed, size of family, ethnic origin, years of work in the field, and daily hours of child care. The questionnaire examined the topics in which training was needed, the most feasible times of day and locations for training sessions, and the specific types of training in which workshops were needed. The questionnaire could be completed in approximately 10 minutes.

Content validity of the instrument was established by a panel of three experts. The panel consisted of a child development specialist, a family day caregiver with 12 years of experience, and the licensing representative for the Department of Human Resources for the Bell-Coryell Counties area. The questionnaire was delivered to each member of the panel with instructions for determining validity of the instrument. The panel rated each item as appropriate, appropriate with modification, or inappropriate, in order to determine content validity. Revisions of the questionnaire were made based upon the suggestions of the panel.

Procedure

Permission was obtained from the Texas Department of Human Resources to use the list of all Registered Family Homes in Bell and Coryell Counties, Texas. Participants were informed on the purpose of the study through a letter attached to the questionnaire and by telephone by the researcher.

The phone call was made to each participant prior to mailing the questionnaire for three reasons:

1. to explain the purpose of the study;
2. to make personal contact with each participant; and

3. to enhance participation and expedite return of the survey instrument.

Subjects were requested to complete the questionnaire and return it to the researcher in a self-addressed, stamped envelope. The researcher waited two weeks for the return of the questionnaires. A follow-up letter was then mailed to caregivers to encourage better response. Envelopes had been coded so that a record of returns could be kept. As responses were received, the envelope code was checked off a master list and the envelope discarded in order to maintain confidentiality of survey results. The researcher waited another two weeks before compiling the data from the 58 returned questionnaires.

Data Analysis

Upon return of the survey instrument, the responses were compiled as frequencies and percentages. Percentage and frequency tables were used to indicate the training needs of registered family home caregivers.

Summary

The survey of needs was undertaken to determine what training to assist them in their daily routine in working with young children, if any, is needed or wanted by the registered family home caregivers. The procedures

involved developing a questionnaire, piloting the questionnaire, revising the questionnaire as deemed necessary, and mailing the questionnaire to 131 family day home caregivers in Bell and Coryell Counties, Texas, registered with the Department of Human Resources. The analysis consisted of frequency and percentage tables reflecting the needs for training by registered family home caregivers.

CHAPTER IV

RESULTS

The major problem of this study was to determine the need for training of registered family caregivers in Bell-Coryell Counties, Texas, and the kind of training needed. The questionnaire was mailed to 131 caregivers in the target area. Participants were informed of the purpose of the study by the researcher through a letter attached to the questionnaire and by telephone. The analysis of results is presented in the following order: (a) description of Bell-Coryell County areas of Texas; (b) description of respondents; and (c) discussion of data collected.

Description of Bell-Coryell County, Texas

The Bell-Coryell County, Texas, Suburban-Metropolitan Statistical Analysis (SMSA) area is one of the fastest growing areas in Texas. It encompasses a mixture of urban, suburban and rural cultures. Because of the military influence, the number of transients is higher than average for the rest of the state of Texas. The area is unique in that the population centers are fragmented. A single population nucleus does not exist. No mass transportation system is present. Killeen and Copperas Cove

are primarily military communities relying almost totally on Fort Hood, Texas, as the only major industry. The area has population and income of urban proportions but without a single major city.

The ethnic community is made up of Indian or Alaskan Natives - 0.3%, Asian or Pacific Islanders - 0.3%, Hispanic - 9.7%, Black Non-hispanic - 12.8%, and Korean 12.0%. The remainder are Caucasian Americans. The Killeen Independent School District enrollment is 22% Black, and the military personnel at Fort Hood is 37% Black.

The area is predominately youth-oriented. The frequency of divorce and child abuse cases are among the highest in the state of Texas. Because of the percentage of young adults, a higher than average need exists for child care.

Description of Respondents

The questionnaire developed by the researcher was completed by 58 registered family home caregivers from Bell-Coryell Counties, Texas. Demographic information collected included (a) the caregiver's age and sex; (b) the ethnic background; (c) educational background; (d) number and ages of children in care; (e) hours of child care; and (f) number of years of providing child care.

Questionnaires were sent by first class mail to 131 registered family day caregivers in Bell-Coryell Counties, Texas. A second mailing by first class mail was made to those caregivers who did not return the questionnaire. Out of 131 questionnaires mailed, 58 were returned and usable for the survey. The 58 participants represent a 36% return of the 131 questionnaires mailed, and 25% of the total population of 189 registered family day homes in the Bell-Coryell Counties, Texas area. Preliminary phone calls showed that 15 phones on the list had been disconnected. In addition, after three attempts to call, the researcher was unable to contact another 35 caregivers listed as registered family day homes. Eight caregivers indicated they did not want to participate. An additional 24 caregivers in the Gatesville area were mailed questionnaires without making the preliminary phone call. The response for those 24 participants, without the phone call, resulted in only two returns.

Characteristics of Subjects

Table 1 presents information concerning the characteristics of the respondents. All of the caregivers were female. The highest percentage of caregivers was in the 23 to 27 year age range. Caregivers 45 years of age or older were the smallest group to respond. A majority

Table 1
Characteristics of Subjects

Subject Characteristics N=58	N	%
Age		
18 to 22 years	6	10.3
23 to 27 years	19	32.8
28 to 34 years	13	22.4
35 to 44 years	12	20.7
45 or older	7	12.1
No answer	1	1.7
Sex		
Male	0	0.0
Female	58	100.0
Ethnic background		
Caucasian	57	99.0
Black American	0	0.0
Mexican American	1	1.0
Educational background		
9th grade or less	2	3.4
Some high school	13	22.4
Finished high school	27	46.6
Some college	13	22.4
Finished college	2	3.4
Graduate work	1	1.7
Number of children in care	6	10.3
Ages of children in care		
0 to 1 year	2	3.4
1 year to 18 months	18	31.0
18 months to 3 years	18	31.0
Over 3 years	4	7.0
Hours of child care		
Less than 4 hours	2	3.5
4 to 6 hours	5	8.8
6 to 8 hours	24	42.1
9 to 10 hours	21	36.8
10 to 12 hours	4	7.0
Other	1	1.8
Number of years of providing child care		
Less than one year	11	19.0
1 to 3 years	26	44.8
4 to 6 years	14	24.1
7 to 10 years	1	1.7
More than 10 years	6	10.3

of the children cared for were under the age of 4 years. Most caregivers indicated that they cared for children 6 to 8 hours per day. A majority of the caregivers had been caring for children in their homes from 1 to 3 years.

Random selection of participants was not appropriate for use in this research. The population consisted of all of the caregivers in the Bell-Coryell Counties, Texas, area who were registered with the Texas Department of Human Resources. The participants did not reflect the characteristics of the community. Generalization from the findings of the study is not appropriate.

Findings

The research question for this study was to determine the needs for training of registered family home caregivers, as they perceived it, in the Bell-Coryell County, Texas, area. The questionnaire was divided into two major categories (a) training organization; and (b) training topics. The findings related to each division are presented below.

Training Organization

Factors considered related to training organization were (a) most appropriate times for training; and (b) best locations for training. Table 2 indicates the times and places for training preferred by participants.

Table 2
Training Organization

Times and places for training	N	%
Times		
Morning	8	13.8
Afternoon	10	17.2
No response	40	69.0
Weekly	4	6.9
Monthly	30	51.7
No response	24	41.4
Saturday mornings	32	55.2
Evenings/weekdays	12	20.7
Nap time on weekdays	2	3.4
Sunday afternoon	2	3.4
No response	10	17.2
Places		
Central Texas College	3	5.2
Local community center	11	19.0
Church meeting hall	6	10.3
In home	4	6.9
Other	1	1.7
No response	33	56.9

No strong preference was indicated for the time of day. Monthly frequency was most preferred by participants. A majority of participants indicated a preference for training to be held on Saturday mornings. The most preferred location for training was the local community center.

Training Topics

The second area surveyed was the preferred training topics by participants. Table 3 indicates areas of interest for training as indicated on the questionnaire by the participants.

The majority of participants selected five topics in which they perceived a need for training. The five areas most often chosen in order of preference were: (a) discipline/guidance techniques; (b) tips for recipes and for the purchase of food, equipment and materials; (c) information on tax reporting, deductions and insurance; (d) tips on arranging the home and materials to most easily care for children; (e) learning how good observation skills can help us know when a child is ready to learn/accept a new challenge; and (f) child development (what to expect at different ages). Some interest was indicated in every topic area.

Table 3
Training Topics

Topic	Number Interested	Percentage
A. Discipline/Guidance techniques	26	44.8
B. Tips on arranging the home and materials to most easily care for children	21	36.2
C. How good observation skills can help us know when a child is ready to learn/accept a new challenge	20	34.5
D. Activities appropriate for the age group of children I have	18	31.0
E. Tips for purchase of food, equipment and materials and recipes	23	39.7
F. How to use materials I have at home for children's activities	19	32.8
G. How to improve my skills in talking/communicating with the parent, the Welfare Department and other service agencies	19	32.8
H. Information on tax reporting, deductions and insurance	23	39.7
I. How do I feel about myself/how do others feel about me?	10	17.2
J. What are day care home caregivers doing in other areas and states outside Bell-Coryell Counties, Texas?	13	22.4
K. Toilet training	17	29.3
L. Child development (what to expect at different ages.)	20	34.5
M. Community agencies which could help me	16	27.6
N. Record Keeping	12	20.7
O. Other	1	1.7

In the questionnaire, participants were asked to rank, by placing number 1 beside their most needed training area, and to check (✓) other areas of interest. Table 4 / indicates the areas of training most needed by participants, ranked in the order as indicated by a number 1 on the questionnaire. It must be noted that participants indicated most need in the area of tips for recipes and for the purchase of food, equipment and materials. The second most important need was for training in discipline and guidance techniques.

Table 4
Areas of Most Needed Training

Topic	N	%
E. Tips for purchase of food, equipment and materials, and recipes	12	20.7
A. Discipline/guidance techniques	11	19.0
D. Activities appropriate for the age group of children I have	10	17.2
H. Information on tax reporting, deductions and insurance	10	17.2
F. How to use materials I have at home for children's activities	8	13.8
G. How to improve my skills in talking/communicating with the parent, the Welfare Department, and other service agencies	8	13.8
B. Tips on arranging the home and materials to most easily care for children	6	10.3
C. How good observation skills can help us know when a child is ready to learn/accept a new challenge	4	6.9
K. Toilet training	4	6.9
I. How do I feel about myself/how do others feel about me?	3	5.2
J. What are day care home caregivers doing in other areas and states outside Bell-Coryell Counties, Texas	2	3.4
L. Child Development (what to expect at different ages)	2	3.4
N. Record keeping	1	1.7
M. Community agencies which could help me	1	1.7
O. Other	1	1.7

Summary

The major purpose of this study was (a) to determine if family day caregivers in the central Texas area perceived a need for training; and (b) to determine the type of training which they felt was needed. The questionnaire developed by the researcher for the study was used to secure feedback from participants. The respondents included in this study were the 58 day home caregivers in Bell-Coryell Counties, Texas, registered with the Texas Department of Human Resources. All of the respondents were females. Only one respondent was Mexican-American; all others were white Americans. A need exists for training of registered family home caregivers in the central Texas area in the categories of tips for recipes and for the purchase of food, equipment and materials; discipline/guidance techniques; activities appropriate for the age group of children; use of good observation skills in helping to know when a child is ready for learning and accepting a new challenge; and how learning to improve skills in talking/communicating with parents, DHR staff members, and personnel of other service agencies.

CHAPTER V
SUMMARY, DISCUSSION AND CONCLUSIONS,
AND RECOMMENDATIONS

Summary

The major purpose of this study was to determine if family day caregivers in the Bell-Coryell County, Texas, area perceived a need for training; and if so, to determine the topics that they determined to be most needed by them and the times and places most convenient for them to receive such training.

The questionnaire, developed by the researcher for the study, was used to secure feedback from the participants so that plans for training, as indicated by participants, could be implemented. The 58 respondents included in this study were family day home caregivers in the Bell-Coryell Counties, Texas, who were registered with the Texas Department of Human Resources. The majority of the respondents were Caucasian women, between the ages of 23 and 27 years who were high school graduates. They expressed a need for training in the area of discipline and guidance techniques, tips for purchase and preparation of food, and tips for arranging the home and materials to most easily care for children.

Analysis of the feedback from participants indicates that registered family day caregivers perceive a need for training in all topic areas, with most requests in the area of child guidance and discipline techniques.

Discussion and Conclusions

This study indicates that there is a need for training of registered family home caregivers in the Bell-Coryell County, Texas, area. Interest was indicated in all of the surveyed topics.

Examination of characteristics of the subjects aided the interpretation of the more general findings. Since most respondents were in the child bearing years, a possible interpretation is that their desire to care for children in a family day home is related to their desire to be at home with their own children while adding to the family income.

The discovery that the caregivers are mostly young Caucasian women with high school educations, that they care for an average of 6 children 6 to 8 hours per day, and that they have only cared for children 1 to 3 years, leads to a judgement that there is a definite need for training. In addition, review of findings indicates that certain kinds of organizational patterns for training are preferred.

Training is most likely to be successful if it is close to home, on Saturday mornings and at convenient locations.

Complications always exist in trying to arrange times and places for meetings with family day home caregivers. Making arrangements to have another caregiver come in to the home, and planning for accessibility to the selected meeting places are potential solutions. A suggestion might be to have several smaller group meetings, with a variety of times and locations. In support of such a training program, a television program could be aired weekly, giving tips and information on the topic areas. A direct phone line which the viewer can use to ask questions on a more personal basis would greatly enhance meeting the individual needs of "hard-to-reach" caregivers.

The findings from the group of respondents in this study cannot be used to determine the needs of all caregivers in the target area. The demographics of the participants do not reflect the characteristics of the community. Characteristics or needs of all family day caregivers would be difficult to ascertain. Since much family-based care operates in an underground economy, there is no way to identify all individuals who do that kind of care with a mailed survey. A house-to-house survey would be necessary to accurately identify numbers of persons who care for

children of working parents for pay on a regular basis within the community. However, the use of television as a training delivery system has potential for serving this group as well.

Recommendations

Further studies in the Bell-Coryell Counties, Texas, area might include alternative methods of identifying caregivers who keep children in their homes, whether registered with the Department of Human Resources or not, by a house-to-house survey of homes where children are kept on a regular basis for money. Cluster sampling based upon geographic areas, combined with a house-to-house survey, appears to be a feasible research methodology (Selltitz, Wrightsman, & Cook, 1976). A needs survey should be designed to explore the interest of home caregivers in a weekly television program providing training which could be beneficial to those caregivers in areas of least accessibility.

Suggestions for Related Studies

The opportunity to observe and train family day home caregivers has led to identification of many other

questions. Such questions provide meaningful research opportunities. They are:

1. What effect, if any, does caregiving by the mother have on the caregiver's own children?
2. What changes occur in the dispositions of the caregiver's children?
3. Have there been changes in the daily schedules of the caregiver's children, and, if so, how have such changes affected the children?
4. Has the entry of other children of various ages and ethnic origins into the child's own home and space affected the caregiver's children; has it affected their self-concepts, their attachments for the mother, or their competitiveness?
5. How did the caregiver's own children cope with competition for their own parent's attention in a larger group in their own home?
6. How has the spouse of the caregiver reacted to having other children in the home for long periods of time daily?
7. Does the spouse have feelings of displacement of affection, space and privacy in the home, and does the income derived from the in-home care of other children offset the inconvenience?

8. Does the attitude of the spouse affect the kind of care given by the caregiver?

9. Does caregiving affect the actual physical arrangement of the caregiver's home to the point of disruption for her immediate family?

10. How does the caregiver cope with the frustration of being restricted to the home alone with very young children for long periods of time daily?

11. How does the caregiver handle impartiality and fairness of settling children's disputes when her own children and their personal possessions are involved?

12. How does the caregiver schedule her time to care for additional children without neglect or lessening care for her own children and/or spouse?

13. Does the caregiver's physical ability or condition, such as pregnancy, affect the quality of care given to children in her home?

14. Is the income derived from caregiving used to purchase equipment for improvement of care or to pay impending household bills?

APPENDIX A

TEXAS DEPARTMENT OF HUMAN RESOURCES LETTER

Texas Department of Human Resources

DAY CARE LICENSING DIVISION

215 East Central

Temple, Texas 76501

817-778-6751

DATE: 6/1/81

JEROME CHAPMAN
Commissioner

BOARD MEMBERS

HILMAR G. MOORE
Chairman, RichmondJAMIE H. CLEMENTS
TempleRAUL JIMENEZ
San Antonio

Mrs. Catherine Mason
203 Evergreen
Harker Heights, Texas 76541

Dear Mrs. Mason:

Enclosed is a copy of the Registered Family Homes located in Bell and Coryell Counties. As we discussed, this information is provided upon request to the public. The list is usually provided to individuals looking for day care.

Please contact me for further information.

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

APPENDIX B

PHONE CALL TO PARTICIPANTS

Mrs. _____, I am Catherine Mason. I am preparing my thesis for my Masters' Degree at Texas Woman's University. I am interested in providing training for caregivers in Registered Family Homes in Bell and Coryell Counties, Texas. In order to determine if caregivers are interested in or perceive a need for training, I have prepared a questionnaire which I would like to mail to you.

It will take about 10 minutes for you to complete the questionnaire. There will be a self-addressed, stamped envelope enclosed for your convenience in getting your response back to me.

It is important that you respond since training sessions may be scheduled at times and places convenient to most people. Also, the topics to be covered in training sessions will be determined by your responses on the questionnaire.

Is your correct address _____.

You should receive your questionnaire within the next 5 days. I will appreciate your taking time from your busy schedule to complete the form and return it to me.

Your answers will be kept confidential and no one will be identified at any time during or after the study.

Thank you.

APPENDIX C

LETTER TO PARTICIPANTS

Dear Family Day Home Caregiver:

Thank you for talking with me by phone. As indicated, you have been chosen to help with an important study. Is there a need for a training program for family day caregivers in the Central Texas Area? If so, what training topics would be of most interest to you? This study will examine the need for training, if any, as perceived by family day caregivers within the Central Texas area.

The Questionnaire is easy. I hope you will enjoy doing it. Your answers will be kept confidential. No names will be used.

This is what you can do to help:

1. Read the questions and training topics list.
2. Check your answers.
3. Mail the answers in the return envelope.

Your ideas are very important for this study. Please do the questionnaire today--right now if you can--and mail it to me.

Thank you very much for your help.

Sincerely,

Catherine Mason
Researcher

APPENDIX D

FAMILY DAY HOME CAREGIVER TRAINING SURVEY

QUESTIONNAIRE

Please answer the following questions:

1. What is your age? ☐ 18-22 years
☐ 23-27 years
☐ 28-34 years
☐ 35-44 years
☐ 45 or older
2. How many children (not your own) are on your roster?
_____ What is your daily attendance? _____
3. What are the ages of the children (not your own) in
your Family Day Home? _____ to _____ years.
4. What is your education? ☐ 9th grade or less
☐ some high school
☐ finished high school
☐ some college
☐ finished college
☐ graduate work
5. What is your ethnic group? ☐ White
☐ Black American
☐ Mexican American
☐ Asian American
☐ Others: _____
6. How many hours per day do you keep children?
☐ Less than 4 hours
☐ 4 to 6 hours
☐ 6 to 8 hours
☐ 9 to 10 hours
☐ 10 to 12 hours
☐ Other: _____

7. How many years have you been a family day home caregiver?

- ☐ less than 1 year
☐ 1 to 3 years
☐ 4 to 6 years
☐ 7 to 10 years
☐ more than 10 years

8. If training is offered for family day home caregivers, check time and place most convenient for you.

(Please rank each column by placing 1 by your most preferred time and place.)

<u>Times</u>	<u>Places</u>
<input type="checkbox"/> Morning	<input type="checkbox"/> Central Texas College
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Local community center
<input type="checkbox"/> Weekly	<input type="checkbox"/> Local church meeting hall
<input type="checkbox"/> Monthly	<input type="checkbox"/> In-home training
<input type="checkbox"/> Saturday mornings	<input type="checkbox"/> Other _____
<input type="checkbox"/> Evenings, weekdays	
<input type="checkbox"/> Nap time on weekdays	
<input type="checkbox"/> Sunday afternoon	

SUGGESTED TRAINING TOPICS TO BE RANKED BY EACH CAREGIVER

(Rank by placing #1 as to your most needed training area, and check () others for interest)

Rank	Training Topics
	A. Discipline/Guidance techniques
	B. Tips on arranging the home and materials to most easily care for children
	C. How good observation skills can help us know when a child is ready to learn/accept a new challenge
	D. Activities appropriate for the age group of children I have

Rank	Training Topics
	E. Tips for purchase of food, equipment and materials, and recipes
	F. How to use materials I have at home for children's activities
	G. How to improve my skills in talking/communicating with the parent, the Welfare Department, and other service agencies
	H. Information on tax reporting, deductions and insurance
	I. How do I feel about myself/how do others feel about me?
	J. What are day care home caregivers doing in other areas and states outside Bell/Coryell Counties, Texas?
	K. Toilet training
	L. Child Development (What to expect at different ages)
	M. Community agencies which could help me
	N. Record keeping
	O. Other

9. If it is determined that a number of caregivers would like training in certain areas, as set out on page two, would you like to be notified of time, place and subject topics? Yes_____ No_____

I understand that the return of my questionnaire constitutes my informed consent to act as a subject in this research.

No medical services or compensation is provided to subjects by the University as a result of injury from participation in research.

You may stop your participation in this research at any-time simply by withdrawing and/or not returning the questionnaire.

APPENDIX E

FOLLOW-UP LETTERS TO PARTICIPANTS

Dear Family Day Home Care Giver:

Because of the vital importance of the work you perform as a Family Day Home caregiver, you were selected to help with an important study. We are interested in your experience and your opinions about child care training.

You and other Family Day Home caregivers were selected to represent all caregivers in Central Texas. It is important that we hear from you. Your answers will be kept strictly confidential. If you object to any of the questions, please skip those.

Your ideas are very important for helping us learn more about caring for children. Please fill out the questionnaire--right now if you can--and mail it to me.

Thank you very much for your help in this study and especially for the important work you do in caring for children.

Sincerely,

Catherine Mason
Researcher

REFERENCES

REFERENCES

- Bloom, B. Stability and change in human characteristics. New York: John Wiley and Sons, 1964.
- Bookman, R. Chairman's Final Report for the New York State Family Day Care Conference, December 5, 1974.
- Bookman, R. Family day care associations. Washington, D.C. Day Care and Child Development Council of America, Inc., 1976, 62-63.
- Borg, W. R. & Gall, M. D. Educational research: an introduction. New York: David McKay Company, 1971.
- Bruner, J. Overview of development and day care. In E. H. Grotberg (Ed.) Day care: Resources for decisions. Washington, D.C.: Office of Economic Opportunity, 1971.
- Carew, J. V. The care of young children: Some problems with research assumptions, methods, and findings. Mother/Child Father/Child Relationships, edited by Joseph H. Stevens, Jr. and Marilyn Mathews, Washington, D.C.: National Association for the Education of Young Children, 1978, 225-243.
- Collins, A. Exploring the neighborhood family day care system, Social Casework, November, 1969.
- Collins, A. Natural delivery systems, American Journal of Orthopsychiatry, 1973, 43(1).
- Dubos, R. Man adapting. New Haven: Yale University Press, 1975.
- Education Commission of the States. The role of the family in child development. Report #15, Early Childhood Project, Dept. of Research & Information Services, Denver, Colorado, December, 1975, (a).
- Education Commission of the States. Rural and urban differences in day care. Early Childhood Project, Denver, Colorado, 1975, (b).
- Emlen, A. Realistic planning for the day care consumer. Washington D.C., Department of Health, Education and Welfare, June 4, 1970, ERIC Document ED 043 374.

- Emlen, A. Family day care research--A summary and critical review. Paper presented at Family Day Care West Conference, Pasadena, California, Pacific Oaks College, July, 1972, ERIC Document Reproduction Service No. ED 070 511.
- Emlen, A. Slogan, slots, and slanders: The myth of day care need. American Journal of Orthopsychiatry. 1973, 43(1).
- Emlen, A., Donoghue, B., LaForge, R., & Clarkson, Q. Child Care by Kith: A Study of the Family Day Care Relationships of Working Mothers and Neighborhood Caregivers, Portland, Oregon, Oregon State University, 1971, ERIC Document ED 060 955.
- Emlen, A. & Watson, E. L. Matchmaking in neighborhood day care: A descriptive study of the day care neighbor services. Corvallis, Oregon; DCE Books, 1971, ERIC Document Reproduction Service No. ED 060 952.
- Fain, M. E. Family day care homes. Unpublished professional paper. Texas Woman's University, 1980.
- Family Day Care. A cooperative extension pilot program. Third Annual Report, State University of New York, Ithaca. College of Human Ecology at Cornell University, Extension Service (DOA) Washington, D.C., June 1975. ERIC Document Reproduction Service No. ED 124 285.
- Feldman, H. & Feldman M. U. S. Department of Labor on women in rural/urban upstate New York, 1974.
- Grotberg, E. The present status and future needs in day care research group. George Washington University, November, 1971.
- Grotberg, E. H. Day care: resources for decisions. Washington, D. C.: Office of Economic Opportunity, 1971.
- Hunt, J. McV. Intelligence and experience. New York: Ronald Press, 1961.
- Kagan, J. & Whitten, P. Day care can be dangerous. Psychology Today, 1970, December 9, 36.

- Karnes, M. B. A five year longitudinal comparison of a traditional versus structured preschool programs on cognitive, social and affective variables. Paper presented at 1972 AREA convention, Chicago, Illinois, April 1972, 3-7.
- Keister, M. E. Final Report. A demonstration project: Group care of infants and toddlers. University of North Carolina, Greensboro, North Carolina, 1970.
- Keyserling, M. D. Windows on day care. A report issued by the National Council of Jewish Women 1972. New York: National Council of Jewish Women, 1972, p. 5.
- Kohn, M. L. Class and conformity. Homewood, Illinois: The Dorsey Press, 1969, 72, 77.
- Kohn, M. L. Social class and parent-child relationships: An interpretation. Influences on Human Development, edited by Urie Bronfenbrenner, Hinsdale, Illinois, The Dryden Press, Inc., 1972.
- Kohn, M. L. Class and Conformity, 2nd edition, Chicago, Illinois, The University of Chicago Press, 1977.
- Kuno, B. E. Impact of early education on disadvantaged children. Washington, 1975. ERIC Document Reproduction Service No. Ed 069 428.
- Lansing, J. B., Withey, S. B., & Wolf, A. C. Working papers on survey research in poverty areas. Ann Arbor, Michigan, Institute for Social Research, 1971.
- Lewis, V. Day care: Needs, costs, benefits, alternatives. Studies in Public Welfare, paper No. 7, prepared for the Joint Economic Committee of Congress, July, 1973, p. 104.
- Low, M. & Spindler, R. How women arrange for the care of their children while they work. A study of child care arrangements, costs, and preferences, 1968.
- McCallon, Earl L. Planning and Conducting Surveys. Unpublished manuscript, North Texas State University, Denton, Texas, 1978.
- Michigan Department of Social Science Interim Report, Demonstration project for the registration of family day care home. February, 1976.

- Ogilvie, D. Employer-Subsidized Child Care. Community Service Administration, Dept. of Health, Education, and Welfare, Washington D.C., 1972, ERIC ED 089 056.
- Prosser, W. R. Cost projections for F.A.P. Child Care, ABT Associates, Inc. Cambridge, Massachusetts, 1975.
- Rains, B. J. Selected childrearing beliefs and practices of parents and caregivers in family day care. Unpublished doctoral dissertation, North Texas State University, 1980.
- Ranch, M. & Crowell, D. Toward high quality family day care for infants and toddlers, National Institutes of Health, (DHEW), 1974, ERIC ED 109 297.
- Ruopp, R., Brown, S., Burke, V., Emlen, A., Fein, R., Howell, M., Hu, Teh-Wei, Levine, J., Light, R., Marston, C., McClellan, K., Morgan, G., Niemeyer, J., Ogilvie, D., Prescott, E., Rowe, M., Rowe, R., Travis, N. National Day Care Study First Annual Report, 1974-75. Volume I: An overview of the study, ABT Associates, Inc. Cambridge, Massachusetts, Office of Child Development (DHEW), Washington, D. C., 1976 ERIC ED 131 928.
- Sale, J. Family day care, potential child development service. American Journal of Public Health, 1972, 62(5), (a).
- Sale, J. Open the door, see the people. A descriptive Report of the Second Year of the Community Family Day Care Project. Washington, D.C.: Day Care and Child Development Council of America, Inc., 1972, (b).
- Sale, J. S. & Torres, Y. L. I'm not just a babysitter: a descriptive report of the community family day care project. Pasadena, California, Pacific Oaks College, 1971, ERIC Document Reproduction Service No. ED 156 758.
- Saunders, M. & Keister, M. Family day care some observations. Reprint of Day Care and Child Development Council, Greensboro, N.C., June, 1972.
- Schuchter, A. Boston Early Education Project, Boston University, Massachusetts Center for Community Resource Development, 1975, ERIC ED 132 812.

- Senate Finance Committee. Child care data and materials.
Table 21, 1974.
- Texas Department of Community Affairs. The family day home system: What is it? How does it work? Austin, Texas: Department of Community Affairs, 1976.
- Texas Department of Human Resources, Minimum standards for registered family day homes. Austin, Texas: Department of Human Resources, 1979.
- Travers, J., Coelen, C., Ruopp, R., Bache III, W., Connel, D., Flantz, F., Goodrich, N., Goodrich, R., Goodson, B., Hewett, K., Lazzer, J. Research results of the national day care study. Final report of the national day care study. ABT Associates, Inc., Cambridge, Massachusetts, Administration for children, youth, and families (DHEW), Washington, D. C. October, 1989, ERIC Document ED 195 336.
- U. S. Bureau of the Census. Daytime care of children: October 1974 and February 1975. Series P-20, No. 298, October 1976.
- U. S. Department of Health, Education, and Welfare. National child care consumer study. Office of Child Development, 1975.
- University of Hawaii, Office of Child Development, Infant satellite nurseries project, 1974.
- Weikart, D. Early childhood special education for intellectually subnormal and/or culturally different children. Paper prepared for the National Leadership Institute in Early Childhood Development in Washington, D. C., October 1971.
- Willner, M. Unsupervised family day care in New York City. The Changing Dimensions of Day Care. Child Welfare League of America, Inc., 1970.
- Willner, M. Family day care: An escape from poverty. Social Work, 16(2), April 1971, 32-33.