


INFANT AND TODDLER CARE IN BRITISH COLUMBIA:
Centre Operations and Caregivers' Views on Regulations,
Work, and Professional Development

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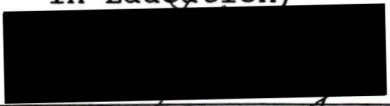
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ABSTRACT

This study surveyed beliefs and attributes of infant/toddler caregivers regarding child care regulations, training, professional development, and employment. Aspects of infant/toddler centre operation were included. Subjects were 84 senior infant/toddler caregivers in licensed day care centres in British Columbia who completed a mailed questionnaire. Differences ($p < .05$) by regions, auspices, and qualifications are reported. Caregivers agree with regulations and training requirements in B.C., but want infant to adult caregiver ratios lowered. Caregivers participate frequently in professional development and prefer topics relevant to their perceived needs. The majority of centres conduct annual staff and program review, however external evaluation by consultants is rare. Job satisfaction is high and job turnover rate is lower than Canadian and B.C. averages for all day care workers. The majority of infant/toddler centres also enrol children up to five years of age. Caregivers average 10 years experience in child care and 82% have two years training. The Central

Interior region has fewer qualified caregivers. The North has fewer infant/toddler centres, and caregivers participate less often in professional development and program review. Caregivers in the North and Central Interior want greater recognition for their work. Fewer unqualified caregivers feel training requirements are reasonable, and fewer participate in staff evaluation. A higher percentage of Northern and unqualified caregivers rate their care for children as "somewhat adequate." Non-profit and privately-owned centres are similar in caregivers' qualifications, job satisfaction, and frequency of program and staff evaluation; but most private infant/toddler centres also enrol older children, and caregivers participate less frequently in professional development. Findings are partially congruent with Canadian and U.S. studies.

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Chapter 1

INTRODUCTION

The number of Canadian families needing supplemental child care services is escalating. Fifty-seven percent of Canadian women over 15 years of age participate in the labour force, and 35% have children under the age of 16 years. Approximately six hundred thousand working women, 10% of the female work force in Canada, have children under three years of age (Statistics Canada, 1993).

In British Columbia, it has been estimated that 61,000 children under three years of age in 1990 were in need of supplemental care (Task Force on Child Care, 1991). The 1991 report from the British Columbia Task Force on Child Care estimated that in 1989 only 5% of children under 36 months of age, who were in need of supplemental care, were in licensed care. Although the need for supplemental care for children under 36 months of age is largely unmet by formal systems of day care provision, centre-based care is rapidly gaining momentum in terms of numbers of licensed group infant/toddler day care centres and in professional recognition of centre-based care as a viable form of supplemental care for infants and toddlers.

Purpose of this Study

This study examines the views of centre-based infant and toddler caregivers throughout British Columbia regarding group day care, post-secondary training, and professional development. Further, it examines caregivers' stability in the early childhood education profession and satisfaction with current employment as infant/toddler educators. Information on variations in the operation of infant and toddler day care centres is included in the study.

Definition of Terms

Supplemental child care refers to the provision of supervised care for children by someone other than children's parents. Day care is supplemental child care which is scheduled for a sufficient period each day to enable parents to pursue full-time work, study, or other endeavors.

Centre-based child care is provided to groups of children in specially designated facilities, whereas family day care is provided in a caregiver's residence. In Canada and the United States, centre-based day care is more closely regulated than family day care. Precise regulations governing day care vary across provinces and states, however in most jurisdictions centre-based care must comply with regulated standards regarding caregiver training, adult-child ratios, group size, and physical facilities in order to be licensed for legal operation.

In British Columbia, as in many other jurisdictions,

provincial licensing regulations recognize the different needs of children of different ages in group care. The regulations for infant and toddler group care typically have different staff-child ratios, maximum group size, and caregiver training requirements from programs providing care for older age groups of children (Child Care Regulation, 1989).

Early childhood is defined as the first stage of a child's life, from birth through eight years of age (Doxey, 1990). However this study is concerned only with programs for children below the age of school entry and is primarily concerned with care for children under the age of 3 years. In British Columbia, infant care is defined as care for children from birth to 18 months of age; toddler care is defined as care for children 18 months to 36 months of age (Child Care Regulation, 1989).

Early childhood education implies a philosophy of care which, more than being simply custodial, supports children's healthy, well-rounded development (Doxey, 1990). Adults who are professionally involved in early childhood education are referred to as early childhood educators. In British Columbia, early childhood educators are legally defined as individuals who have completed post-secondary training and experience requirements and have a certificate from the Child Care Facilities Branch of the Ministry of Health. Additional post basic training is required in British Columbia for certification as an infant/toddler educator (Child

Care Regulation, 1989).

Background To This Study

Growth of Centre-Based Infant/Toddler Care

Supplemental centre-based care for infants and toddlers in British Columbia has grown dramatically, albeit somewhat fitfully, in recent years. Statistics from the Community Care Facilities Branch of the British Columbia Ministry of Health indicated the approximate 1989 capacity of centre-based care for children under 3 years of age was 1250, an increase of 24% over 1988. From 1988 to 1989, the total number of day care facilities for children under 3 years of age increased 35% overall. Total centre-based infant and toddler day care capacity was 242 spaces.

Between 1988 and 1989, the number of "under three" (toddler care) facilities for children 18 months to 36 months of age increased 30% and increased in total capacity by 28% to 1067 spaces. In the same period, the number of centre-based infant care facilities increased 58%, however the total capacity increased by only 4% (Community Care Facilities Branch, 1988; 1989). The reason for the low percentage increase in infant care spaces is unclear, however since the average capacity decreased from 14.8 to 9.7 spaces, it may indicate splitting of larger centres, or stricter adherence to group size limits in both new and existing infant centres.

Regulation of Centre-based Infant/Toddler Care
Group Size, Staff-Child Ratios, and Caregiver Qualification

In addition to considerations for children's physical protection and care, research has confirmed that factors such as group size, staff-child ratios and training of caregivers affect the quality of children's supplemental care in group situations (Phillips & Howes, 1987). In British Columbia, comprehensive regulations regarding the provision of child care are the responsibility of the Provincial Child Care Facilities Licensing Board (P.C.C.F.L.B.) and enforced through initial licensing approval and regular on-site inspections by designated Ministry of Health personnel in each region. In addition to health, safety, facility and procedural standards, the Child Care Regulation delineates allowable staff to child ratios, maximum group sizes, and staff qualifications for various age groupings of children in care.

The Child Care Regulation (Child Care Facility Act, 1989) limits the number of children under 36 months of age who may be cared for in one group to 12. Each group of no more than 12 children must have a separate area and separate staff from other groups of children.

In licensed group care for children under 36 months of age, the minimum allowable staff to child ratio is one caregiver to four children. A qualified infant/toddler educator (i.e., completed post-basic infant and toddler

training) must be present when up to four children are in care. In addition, one early childhood educator (i.e., completed basic early childhood education training) is required for five to eight children, and one assistant (i.e., in the process of qualifying) for nine to 12 children. In the event fully qualified staff are unavailable, letters of permission may be issued to less qualified individuals for a specified period of time while the individuals obtain the required training.

Infant/Toddler Caregiver Training and Certification

Caring for infants and toddlers in groups is "physically hard work and requires special equipment, a highly child-proof environment and a meticulous approach to health and caregiving routines" (Task Force on Child Care, 1991, p. 17). In addition, "high quality care for infants and toddlers can be provided only when staff are trained to acknowledge and respond to the needs of very young children" (Martin, 1990, p. 195).

To qualify for certification in British Columbia as an infant and toddler educator, completion of an approved infant and toddler education training program is required. This training is in addition to basic early childhood education training, hence the term "post basic." Infant and toddler educators must have met the requirements for qualification as an early childhood educator which includes completion of an approved basic program and completion of

500 hours of work experience in a licensed child care facility.

The post basic infant and toddler educator program usually consists of approximately one half years additional training in infant/toddler development, health, nurturing, arrangement of care environments, and practical experience (Early Childhood Education Provincial Articulation Meeting, 1990). With a few exceptions, most infant and toddler training is offered through part-time programs in community colleges throughout the province.

Certification as an infant and toddler educator, or early childhood educator, is granted by the Provincial Community Care Licensing Board for a period of five years. Renewal of certification is granted on proof of completion of a minimum of 300 hours work as an educator, and completion of one related course or attendance at two seminars, conferences or workshops totalling 12 hours.

Characteristics of Quality Infant/Toddler Programs

A child's first years of life are recognized as an important period in the development of social attachments, language, motivation for learning, and perceptions of the inanimate world (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1951; Caruso, 1984; Honig, 1989; Howes, 1989; Lamb, 1988). Parents, caregivers, policy-makers, and researchers share both concern regarding the impact on young children of supplemental care and a sense of urgency in identifying the

components of high quality care.

The Ecological Model

With roots in the 1960's efforts to measure effects of early education on children's development, and the 1970's efforts to link program variables to achievement scores, research in early childhood education has increasingly focused on understanding the critical components of quality child care. The past decade has seen a body of research developing in early childhood education which considers the interactions of factors within child care settings which affect positive outcomes for children.

By either intention or design, researchers in early childhood education have increasingly been adopting an "ecological research" model as a means of studying and interpreting the processes and outcomes related to supplemental child care (Goelman & Pence, 1990; Jorde-Bloom, 1988; Yeates, McKenna, Warberg, & Chandler, 1990; Zigler & Finn-Stevenson, 1988). This concept, based on Bronfenbrenner's (1979) ecological model of human development, places the child within the home or child care setting at the core of increasingly larger interacting dimensions of the community, culture and social systems within which he or she exists. Increasingly, findings regarding quality indicators and the ecology of the child care environment are providing the foundation for discussion of regulations, assessment, policy formulation, and training standards of infant and toddler

caregivers in early childhood settings (Goelman & Pence, 1990; Martin, 1990; Phillips, 1987; Yeates et al., 1990).

Caregiver Responsiveness

The quality of early social interactions of infants and toddlers with caregivers is reflected in both children's immediate behavioural manifestations and in their later development (Howes, 1989). It is generally agreed that very young children benefit most when their physical needs receive immediate attention and when their individual rhythms of sleep and play are accommodated (Honig, 1989; Martin, 1990;). Research concerned with the developmental outcomes for infants and toddlers in supplemental out-of-home child care has indicated that young children with more responsive and sensitive caregivers show more positive gains in social, cognitive and language development (Clarke-Stewart, 1987b; Howes, 1989).

Assessment of Quality in the Caregiving Environment

Several landmark projects conducted in the United States during the last decade attempted to identify the characteristics of caregiving environments which indicated quality child care. The 1979 National Day Care Study (Ruopp, Travers, Glantz, & Coelen, 1979) identified specific structural dimensions such as adult-child ratios, group size, and caregiver training and experience as predictive of developmental outcomes for infants, toddlers, and preschool children in care. Harms and Clifford (1980) broadened the

scope of quality indicators of the caregiving environment in their measure of early childhood program quality. The resulting Early Childhood Environment Rating Scale (ECERS) included program dimensions such as personal care, furnishings, learning experiences, staff-child interactions, and adult needs.

In 1984, the National Association for the Education of Young Children (NAEYC), published criteria for voluntary assessment of quality and accreditation of infant and child care facilities. NAEYC is the largest child-related professional organization in North America, with membership of 70,000 in 1989 (Smith, 1989). The Accreditation Criteria, developed through consensus of early childhood professionals, included the quality indicators identified in the above studies, as well as standards for nutrition, health, and safety provisions, interactions with parents, administration procedures, and evaluation (NAEYC, 1984). Both the ECERS and the NAEYC Criteria included some items or alternate descriptions applicable to infant and toddler care (e.g., infant/toddler furnishings and personal care routines). In particular both measures included descriptions of caregiver-infant interactions (e.g., responsive, warm, and encouraging,) space arrangements (e.g., space for crawling) and curriculum (e.g., elaboration of language), with the NAEYC Criteria also including staff-child ratios (1 adult:4 infants) and group sizes in infant and toddler settings.

The Infant/Toddler Environment Rating Scale (ITERS) (Harms, Cryer, & Clifford, 1990) is an adaptation of ECERS focused at the specific assessment of centre-based care for children under 30 months of age. Although following the same basic format of the ECERS, notable changes in the content of the ITERS include new category titles and content. For example, categories such as "Talking and Listening," "Interaction," and "Program Structure" (including an item on staff cooperation) have been added.

Jorde-Bloom (1988) identified 10 dimensions of the adult work environment within child care programs which influence caregivers' behaviour, feelings about work, and relationships with co-workers, children, and parents. These dimensions consider staff perceptions of collegiality and support, shared understanding and focus on program goals, involvement in decision making, and opportunities for equitable advancement and professional growth. Given a sufficient number of employees in a child care facility, the "Early Childhood Work Environment Survey" can serve as a standardized assessment of the organizational climate of caregivers' work environment.

Relationship of Environmental Factors to Outcomes

The ECERS and the NAEYC Criteria have provided references for further examination of influences within the caregiving environment which related to quality child care. Kontos and Stremmel (1988) examined links between quality

indicators and such aspects of the adult work environment as salaries, profit/non profit status, and job satisfaction. The National Child Care Staffing Study (Whitebook, Howes, & Phillips, 1989) employed a number of methods, including the ECERS, NAEYC Accreditation Criteria, United States federal standards for group size, ratios and training, staff interviews, and various assessments of children's development to explore the relationship of factors in the caregiving environment to measures of program quality, staff turnover, and outcomes for infants and preschool children. These studies of the processes and structures within supplemental child care environments showed that factors such as group size, level of caregivers' formal training, staff-child ratios (Ruopp et al., 1979), quality of child care environments, and employment benefits (Whitebook et al., 1989) are linked to caregiver sensitivity and responsiveness, as well as to the stability of child-caregiver relationships.

Rationale

Specific Considerations of the Infant/Toddler

Caregiving Context

Many questions remain to be answered about influences on quality across child care environments, however even more unknowns exist about infant and toddler care environments and infant/toddler caregivers' perceptions around employment. For instance it is not known if differences exist

between preschool care and infant/toddler care within the wide range of variables examined for child care as a whole. Consequently it is not known to what degree staff qualifications, working conditions, job stresses, employment benefits, satisfaction with employment, and personnel turnover vary according to the ages of children for whom care is provided.

Although centre-based infant and toddler care has been expanding rapidly during the past decade, few studies have taken into account the potential impact of rapid change on such factors as measures of staff turnover or accessibility and adequacy of specialized training. It may be that many experienced staff presently working in infant and toddler care have had previous experience in group care for three to five year olds. It is not known what influence previous experience with older children has on caregivers' abilities or satisfaction in work with younger children. It is not known what effect, if any, employment as an infant/toddler caregiver may have on an individual's professional self-concept.

Regional Comparisons

Identifying differing influences resulting from regional variations has barely been addressed and not often in ways which afford in depth comparisons. Efforts have been made in several studies to include references to varying regional standards, population demographics, and urban/-

rural contrasts, however limits in sample selection have not allowed for the formation of any adequate regional pictures. For instance, while several studies included comparisons with infant and toddler "classrooms," thus implying separation of both children and staff, there is no way of knowing if such samples fairly represent the characteristics of group composition found throughout a region. Specialized training has not been examined in much detail as far as variations of length, content, impact on child care practices, or caregivers' perceptions regarding it.

Regional studies may have particular merit in that they could elucidate some of the subtleties and differences in practices and perceptions within a broader sample functioning under the same regulatory dimensions and similar funding arrangements. Unfortunately, research designed to both substantially clarify factors associated with quality and address the notion of child care as part of a broader social framework does not seem available. The broader the scope in examining regional characteristics of infant/toddler care, the more likely it seems that in-depth examination of the dynamics and impact of such features may be sacrificed.

Considerations in B.C. Infant/Toddler Centres

Insuring optimal centre-based care for infants and toddlers appears likely to become a major component of the child care challenges of the 1990's. In British Columbia,

as elsewhere in Canada and the United States, centre-based care for children under 3 years of age is a rapidly growing form of supplemental child care (Community Care Facilities Branch, 1988, 1989, 1990; Howes, 1987, 1989). As more children under three years of age receive supplemental care in group situations, insuring good quality infant and toddler care outside the home has become an increasing concern of parents, policy makers, and child care professionals.

Although the regulated standards, including staffing requirements, staff to child ratios, and limits on group size, in centre-based infant and toddler day care in British Columbia appear to be in keeping with professionally agreed upon standards for high quality care (NAEYC, 1987), many aspects of the broader picture of infant and toddler care in British Columbia are not well known. No clear picture exists regarding actual caregiver qualifications or how children are grouped in facilities. Variation in centre characteristics, such as funding and management auspices, and their possible relationship to other factors in child care environments, has not been examined.

There is no requirement in British Columbia for staff or program evaluation in centre-based child care beyond that related to licensing procedures, and it is not known what formal or informal evaluation procedures are voluntarily initiated in infant and toddler centres. Consequently, little in the way of information or feedback has been sol-

icated regarding the adequacy and impact of licensing and training standards as perceived by infant and toddler caregivers, their perceptions of the care they provide, or caregivers' current needs and attitudes related to employment.

Working Conditions in B.C. Infant/Toddler Centres

Several studies have found consistently low levels of salaries and benefits among centre-based child care staff in British Columbia (Canadian Day Care Advocacy Association & Canadian Child Day Care Federation, 1992; Cooke, London, Edwards, & Rose-Lizee, 1986; Rodgers, 1990), a situation which likely applies in the infant/toddler educator group as well. In a recent study, Caring for a Living (Canadian Day Care Advocacy Association and the Canadian Child Day Care Federation, 1992), British Columbia was reported to be close to the national average in hourly wages, percentage of staff with post-secondary credentials, and turnover rate. How wages, benefits, and working conditions affect perceptions and retention rates among centre-based child care staff in British Columbia has not been documented.

The expansion of centre-based care for infants and toddlers, and requirements for qualified infant and toddler educators has placed considerable pressure on post-secondary training institutions to implement infant and toddler training programs which have increased in number rather dramatically in recent years. Of the community colleges, several school boards, and private institutions which have approval

to offer training in care of infants and toddlers, at least one-third do not appear on the 1989 Community Care Facilities Branch list of approved post basic infant and toddler training programs (E.C.E. Articulation, 1990).

Professional Preparation and Development of Infant/Toddler Caregivers in B.C

New infant and toddler training programs have often been developed and approved based on their close adherence to program models previously approved at other institutions. Since no formal studies have related early childhood education (basic or post-basic) training programs to standards of care provided by graduates, province-wide consensus on the length and content of infant and toddler training may be more a matter of shaping programs to fit preconditions of the approval process rather than representative of an informed consensus regarding appropriate design of training.

Little in the way of post-training professional development for infant/toddler educators is available in the province. Provision of professional development opportunities in early childhood education is not required of post-secondary institutions in the province, although courses may be offered on a cost recovery basis. Professional associations, such as the Early Childhood Educators of British Columbia, rely on membership and registration fees in offering professional development activities including their annual conference.

An April 1990 conference at the University of Victoria, devoted exclusively to issues of infant/toddler group care and teenage parents, drew over two hundred participants. This was the first such conference to be held in British Columbia and it attracted a far broader range of interested professionals than was anticipated. The Early Childhood Educators of British Columbia annual conference, held in May of 1990, did not include any workshops specifically concerned with infant/toddler care. Because such factors as interest and affordability most likely influence participation in professional development activities, it seems important to know the professional development interests and resources of potential registrants, as well as the extent to which infant and toddler caregivers make use of information networks in their professional roles.

Research Questions

The purpose of this study is to examine opinions and information gathered from centre-based infant/toddler caregivers in British Columbia. The research questions are:

1. What are infant and toddler educators' perceptions about programs and licensing regulations?
2. What are the perceptions of infant and toddler caregivers regarding professional training and their preferences for professional development?
3. What is the stability and level of satisfaction with

current employment in infant and toddler centres?

4. What degree of structural variation (i.e., funding, management auspices, age groupings, etc.) is occurring in the operation of centres which provide care for infants and toddlers?

Summary

The past decade has seen a dramatic increase in the need for supplemental child care, including care for children under three years old. Questions as to whether child care is good for young children have been replaced, largely out of necessity, by a concern for identifying those constituents of care which result in the provision of high quality service of benefit to children.

Research studies, and other work by child care professionals concerned about standards of care for infants and toddlers, have identified a number of specific program features of child care environments, such as group size, caregiver to child ratios, and caregiver education, which appear to influence outcomes for children. Caregiver sensitivity and responsiveness to young children's needs appears to be the most important personal ingredient in high quality care of infants and toddlers.

A number of factors in infant and toddler care work environments may influence the quality and stability of caregiver-child relationships and overall program quality.

Wages and benefits, management auspices, and staff responsibilities have been examined for links to centre and staff characteristics with varying results.

In British Columbia, regulations for centre-based care of infants and toddlers are within the standards which research has shown are generally predictive of positive outcomes for children. Wages and benefits for day care employees are low and professional development opportunities are limited.

What is not known is how infant and toddler caregivers in B. C. view the adequacy of the regulations and provision of centre-based infant and toddler care. Caregivers' perceptions regarding their infant and toddler educator training and preferences for professional development are also not well known. Because centre-based care for infants and toddlers is a relatively new field of child care employment, it seems timely to examine how caregivers feel about their responsibilities and working conditions, and what level of commitment they currently hold for continued work with infants and toddlers. An examination of these aspects seems a worthwhile first step in furthering understanding of the context of care for infants and toddlers in supplemental group care in British Columbia.

Chapter 2

REVIEW OF THE LITERATURE

Concern for the quality of children's early experiences in supplemental child care, as mediated by the adult caregiver, has both a theoretical and empirical basis. Areas of research which are pertinent to this study are those concerned with the importance of infants' social attachments to significant caregivers, those concerned with identifying quality indicators in the supplemental caregiving environment, and those examining conditions of work which may have significant bearing on the quality of relationships between caregivers and young children. These areas of inquiry are relevant to the research questions of this study in that they provide a basis for interest in the questions and illuminate links between young children's well-being in supplemental care arrangements and the context of their caregivers' employment.

Significance of Social Attachment

A brief discussion of research regarding the "milestone" of infants social and emotional development is appropriate because the social bond, commonly referred to as

attachment, develops between an infant and specific individuals who are consistently available and respond appropriately to the infant's signals (Lamb, 1988). Infant attachment is characterized by infants using the preferred adult as a secure base for comfort and encouragement of exploratory behaviour.

Parental Influences on Attachment

In 1951, John Bowlby reported that children who had grown up in institutions frequently seemed listless and failed to display appropriate emotions in situations expected to elicit signals of pleasure or distress. Numerous studies, prompted by Bowlby's findings, considered both the role of maternal interactions with infants, and infants' individual differences and characteristics in response to interactions (Lamb, 1988).

Ainsworth and Wittig (1969) developed the "Strange Situation" assessment procedure to examine differences in 10 to 24 month old infants' reactions to stress induced by the combination of an unfamiliar setting, the presence of a female stranger, and brief periods of separation from the parent. Infants who evidenced distress when separated, attempted to search for the parent, and attempted to re-establish proximity or contact when the parent returned were identified as having a secure pattern of attachment. Infants who behaved in an avoidant fashion toward the returning parent, or who behaved ambivalently, were said to be

displaying insecure attachment. Ainsworth, Bell, and Stayton (1974) went on to hypothesize that differences in individual infant's attachment security reflected differences in parental sensitivity to their infants.

Subsequent studies of attachment and parenting styles, reviewed by Lamb, Thompson, Gardner, and Charnov (cited in Lamb, 1988) indicated an association between nurturing, attentive and non-restrictive parental care and more securely attached, playful and sociable infants who become independent, confident children. Less-sensitive parenting, such as failing to interact contingently with infants' behaviour either by overstimulating or reacting coldly, was associated with less securely attached infants who were less socially competent and resilient several years later. In a separate review of studies of the consequences of maternal attachments, Howes (1989) concluded: "early secure maternal attachments are associated with later healthy development while insecure attachments are associated with hostility and aggression toward others" (p. 24).

Attachment research, as reviewed by Lamb (1988), showed that this vital social relationship is neither unalterable, nor is it limited to a single (or maternal) relationship. Studies showed that major changes in family circumstances or caregiving arrangements seemed to influence infants' Strange Situation behaviour, possibly as a result of changes in parental sensitivity brought on by stress. As well, studies

showed that infants can form attachments to both parents or other trusted adults at the same time.

Separation and Attachment

Separation anxiety and separation protest are believed to be closely associated with the development of infants' attachments. Studies by Bowlby, Ainsworth, and others (cited in Lamb, 1988) described the reactions of infants to periods of prolonged separation from significant people to whom they were attached. Children younger than about six months of age appeared to experience a period of disequilibrium and readjustment, while infants older than six months displayed intense protest and distress, progressing to despondence and depression.

A longitudinal study of infant day care showed that scores on measures of mental and motor functioning declined for all children for the first several months of supplemental care (Hignett, 1988). Although each child had a trained caregiver who cared for two other children, and had the same caregiver for the duration of his or her stay in the program, children in the initial months of care spent significantly more time crying and fussing, were more often ill, or had digestive tract upsets.

In her discussion concerning whether children enrolled in out-of-home care as infants are at risk for later social and emotional development, Howes (1989) reviewed studies of maternal attachment and maternal employment. Howes found

that studies using Ainsworth's Strange Situation assessment to examine the relationship between attachment and maternal employment showed infants of full-time employed mothers were more likely to exhibit insecure attachment behaviour than were infants of part-time employed or non-employed mothers. Howes noted, however, that well over half the infants of full-time employed mothers were classified as securely attached. Studies using a Q-sort rating of children's attachment behaviours in natural environments found no difference in attachment security of infants of employed and non-employed mothers. Because infants enrolled in child care and those not enrolled may have different experiences of separation, the Strange Situation laboratory procedure may not present an accurate comparison of attachment security of the two groups (Howes, 1989).

Attachment to Supplemental Caregivers

Most studies linking maternal employment and maternal attachment do not include consideration of infants' alternate care environment. Likewise, studies of the association between family characteristics and caregiver characteristics and the links to outcomes for children often do not consider security of the child's attachment per se. Howes found that infants do become attached to caregivers, but that maternal attachment was not predictive of caregiver attachment. Howes, Rodning, Galluzzo, and Myers (1988) found that infants with secure attachments to both mother and alternate

caregiver were more socially competent than infants with insecure attachments to both. Infants with a secure attachment to their caregivers but insecure in their attachment to their mothers were found to be more socially competent than were infants who had insecure caregiver but secure maternal attachments.

Howes (1989) argued that behaviours of alternate caregivers, such as appropriate responsiveness and sensitivity in interactions with infants, should be assumed to contribute to secure infant-caregiver attachments just as responsive and sensitive maternal behaviours contribute to infants' secure maternal attachments. Howes reported a number of studies showed infants and toddlers with more sensitive and responsive caregivers were more likely to be securely attached to their caregivers, more socially competent, and have higher language and cognitive scores. Her own studies suggested that young children who experienced frequent changes in child care arrangements were less socially competent.

Honig (1989) characterized the caregiving style she believed most beneficial to children as one "committing energy, body-loving, and tuned-in attentiveness to their child's well-being" (p. 4). Specifically, Honig contended that caregivers who respect infants' physical tempos and comfort needs, as well as their need for exploratory play,

nurtured the roots of intellectual competence, cooperative interaction, and resilience in coping with stress.

Impact of the Caregiving Environment

The supplemental caregiving environment is composed of numerous complexities of structural and dynamic features. Not only are such factors as health, safety, and appropriate physical resources of apparent importance, so too are the factors which affect the adult caregiver's ability to participate in beneficial human relationships with young children. What researchers began as an attempt to identify essential ingredients of good child care has become a struggle to uncover the foundations of quality within the contextual maze of child care.

Understanding the interconnecting influences within infant/toddler caregiving environments is further complicated by the fact that few studies have looked at this environment separately or have included it in investigations regarding group day care environments. Centre-based infant and toddler care is a relatively recent phenomenon and a significantly smaller percentage of infants and toddlers are enrolled in supplemental child care than are preschool-aged children. Inasmuch as centre-based preschool-aged care has much in common with infant/toddler care, it is reasonable to assume that some of the factors influencing the quality of care for three to five year olds may also influence the care

of infants and toddlers. However, since the developmental needs of infants and toddlers for nurturing and stimulating care may be qualitatively different from those of pre-schoolers, findings from studies of group care for three to five year olds may not always be directly applicable to infant/toddler group care.

Few studies regarding child care quality have been conducted in Canada. While not disputing the value of studies conducted in the United States, many differences do exist, particularly in demographics, program sponsorship, and legislated controls between United States and Canadian child care situations.

Background Studies

Project Head Start

The roots of contemporary interest in the quality of centre-based child care can be traced through the past several decades of research efforts which have included analyzing the consequences of supplemental care on children's development, testing the differential effects of program models, comparing the impact of structural variables, and attempting to clarify the interactions of multiple factors within the child care milieu. Although concern about the welfare of young children in supplemental care can in fact be traced through the greater part of the last century, the application of statistical analysis and qualitative appraisal of program dimensions and outcomes

appears to have begun primarily with the 1969 nation-wide evaluation of Project Head Start (Goodwin & Driscoll, 1980).

The early 1960's in the United States was a time of social unrest and growing awareness of the need for socio-economic reform and racial equality. The work of two scholars, Hunt (1961) and Bloom (1964) was generally credited with having advanced the perspective that human behaviour and intelligence is flexible and environmentally determined rather than fixed by heredity (Goodwin & Driscoll, 1980; Zigler & Anderson, 1979). These studies, prevailing attitudes, and commitment of the U.S. government to addressing the conditions of poverty led to the structuring of Project Head Start in 1965. Initially envisioned as providing compensatory summer programs for 100,000 poor children entering kindergarten in the fall, Head Start had 700,000 children enrolled in full-year programs by the time the Westinghouse Learning Corporation and Ohio University were contracted in 1968 to evaluate the project.

Although the original goals of the Planning Committee for Head Start included improvement of children's physical health, social and emotional development, sense of dignity, expectations of the future, and capacity to relate positively to family, as well as improvement of children's mental processes and verbal skills, it was the latter cognitive goals which became the major focus of the project evaluation. The Westinghouse study included approximately 2000

children in grades one, two, and three with Head Start experience and a matched control group of 2000 children from the same grades and schools who had no Head Start experience. The study reported findings on children's learning readiness, academic achievement, language development and attitudes, based predominantly on testing methods. In brief, the Westinghouse study found that Head Start children showed immediate improvement on all measures, however children in school years "did not score significantly higher" on measures of development or achievement. Despite the recommendations contained in the study, that programs should be of a longer duration, concentrate on the characteristics and specific learning needs of children, and assist parents to be better teachers to their children, the Westinghouse study led to immediate turmoil within the Head Start community and a decade of defending early education (Richmond, Stipek, & Zigler, 1979).

Responses to Westinghouse Findings

Among the studies which followed, and attempted to respond to the Westinghouse findings, were several which continue to be regarded as "landmarks" in early education research. The Miller and Dyer (1975) study of 1968-1972 was a longitudinal study comparing the effects of four different prekindergarten program models on 4-year old children, and the effects of the programs in a three year follow-up at grade two. The study was intended to identify specific

differences in program dimensions among the four preschool models and assess their effects on children's cognitive, motivational, and perceptual development. Included in the findings of Miller and Dyer was the confirmation that program dimensions did indeed differ, and some dimensions appeared to have differential impact on children's development. Although all children showed immediate gains from preschool enrolment, children who were enrolled in programs which emphasized cognitive development showed the highest immediate increases in IQ scores and the greatest decline in IQ over the four years of the study. The most detectable positive effects of preschool after four years were in non-cognitive areas.

The Miller and Dyer study, and the Stallings (1975) study which followed represented a shift in research from asking whether preschool was effective to asking what particular program models had greater effects. Stallings looked at the implementation of seven program models and the difference which classroom practice made in the development and achievement of children in grade one and grade three. Stallings found that time spent in reading and math drill, practice, and praise contributed to higher reading and math scores, however children accepted responsibility for their failures but not successes. Classrooms with more flexible procedures, materials, and independent activity resulted in

lower absentee rates and higher scores of non-verbal reasoning.

Structural Dimensions of the Caregiving Environment

Clarke-Stewart (1987a) characterized the debate on effects of early education and the search for optimal styles of care as "wave one" and "wave two" of modern child care research. Earlier studies, concerned with identifying developmental outcomes of supplemental child care (mainly compensatory preschool) and the significant program dimensions which predicted them, gave way to "wave three" studies which extended their focus to indicators of "good quality" and contextual features in the caregiving environment which facilitated positive outcomes.

Although only limited empirical evidence existed, it was a widely held belief that care provided in small groups by an adequate number of trained or experienced caregivers enhanced interactions and resulted in increased benefits for children. Efforts to verify the "conventional wisdom" that control of factors such as group size, staff/child ratios, and various aspects of caregiver qualifications supported quality in centre-based care prompted the initiation of several large-scale and numerous small studies (Phillips, 1987; Ruopp, Travers, Glantz, & Coelen, 1979; Whitebook, Howes, & Phillips, 1989).

Group Size and Staff-Child Ratios

In 1979, the Administration for Children, Youth, and Families (an agency within the United States federal government) launched the National Day Care Study (Ruopp et al.) to identify the effects of variations in regulatable characteristics of centre-based child care. A sub-study of infant/-toddler day care included interviews with staff in 54 widely distributed centres and on-site observations of infant and toddler classrooms in 38 centres. Findings of the Infant/Toddler Day Care Study showed both staff/child ratio and group size were related to the quality of the day care experience for both staff and children.

The study found that infant/toddler caregivers spent approximately three hours more per week in the direct care of children, a situation which would indicate increased continuity of children's care, but also less time away from classroom duties such as for administrative duties or contact with other staff. The Infant/Toddler Day Care Study found that centres where children were cared for in larger groups tended to have lower staff/child ratios. Children in such centres showed more overt distress, more apathy, and were exposed to more potential danger. Caregivers in large group infant classrooms engaged in less cognitive and language stimulation with children.

Each of the five studies contained in the monograph Quality in Child Care: What Does Research Tell Us (Phillips,

1987) examined outcomes for children of the indicators of quality identified by the National Day Care Study. Results of the studies were somewhat difficult to compare given differences in research design, and different ranges occurring within the measured indicators of quality. All five studies included children in centres with some overlapping of children's ages (between 18 months and 5 years) across the studies. Only the Howes (1987) study looked exclusively at outcomes for children under 36 months of age. Two other studies (Clarke-Stewart, 1987b; Goelman & Pence, 1987) included two year old children in their samples. None of the five studies reported findings by age grouping. Significance of family background varied in both the design and findings of each study.

Staff-child ratios, group size, and caregiver experience and training were included in the design of all five studies in Phillips (1987), however no clear consensus as to their influence on child development outcomes emerged. Howes (1987) found high quality care, defined as having an adult-child ratio of 1:4 for two-year old and younger children, trained teachers, and low staff turnover, correlated with children's social competence. Clarke-Stewart (1987b) found high adult-child ratios correlated with lower social competence in her sample of two and three-year old children of middle class families. She also found small group size

related to children's friendliness to strangers but lower social cognition.

Caregiver Qualifications: Education, Training and Experience

In the Infant/Toddler sub-study of the National Day Care Study (Ruopp et al., 1979) staff qualifications were found to be related to infant and toddler caregiver behaviours, although less so than classroom composition. Staff education was positively related to social and cognitive/-language interactions with children. Specialized training, which was not readily available at the time of the study, was somewhat related to positive caregiver behaviour. Staff experience, on the other hand, was associated with less social interaction and cognitive stimulation in infant groups and more apathy and potential danger in both infant and toddler groups.

Clarke-Stewart (1987b) found higher levels of caregiver education related to higher scores of social competence while formal training in child development was associated with higher scores of cognitive abilities but lower sociability with peers. In studies of care for preschool-aged children, Kontos and Fiene (1987) reported children in programs with more experienced directors scored higher in measures of language and social development. Phillips, Scarr, and McCartney (1987) and Clarke-Stewart (1987b) reported higher scores for social adjustment and cognitive competence, respectively, for children with more experienced

caregivers, however both studies reported a negative correlation with children's sociability.

In discussing the somewhat inconsistent and inconclusive findings, Clarke-Stewart (1987a) suggested further examination of the nature, rather than simple measurements, of caregiver experience and training may be necessary before relationships of the factors to child outcomes can be more clearly understood. For example, though she speculated that the relation between caregiver experience and child development may be curvilinear, with an optimal level of experience falling between 10 and 15 years, simple measures of experience do not measure equivalencies of ideology and attitude. Likewise, uncomplicated measures of caregiver training may not take into account the effects of specific kinds of training on child outcomes.

Phillips (1987) proposed that future research consider quality as "a configuration of ingredients" (p. 121) to more aptly reflect the interactions which occur in child care. New directions for research suggested by Phillips included studies which would consider regional variation and examine factors influencing quality of the adult work environment.

Contextual Dimensions of Child Care

The National Child Care Staffing Study (Whitebook, Howes, & Phillips, 1989), conducted in five metropolitan areas across the United States, investigated links among a

number of employment factors and aspects of centre quality; examined variations in quality with respect to standards, accreditation and auspices; and compared the findings to the 1977 findings of other researchers. The study included a randomly stratified sample of 227 child care centres which matched the income and neighbourhood characteristics of other centres in each area. Classroom observations and interviews with directors and staff were conducted in all the study centres. Child assessments were conducted in only one city.

The National Child Care Staffing Study (Whitebook et al., 1989) found years of teaching experience was not predictive of teacher behaviour, rather the level of formal education of the teaching staff was shown to best predict sensitive, less harsh, and less detached caregiving. Specialized training was an additional predictor of appropriate teacher behaviour in infant classrooms. Turnover of staff six months after initial interviews was highest among less experienced and less specially trained staff who had shown more detached behaviour toward children of all ages. Centres which met United States federal guidelines for adult-child ratios, group size, and teacher training, had teachers with more formal education, specialized training, and experience, and who were more sensitive and less harsh. Accreditation through evaluation by the National Association

for the Education of Young Children (NAEYC) was a strong predictor of preschool program quality.

The Child Care Work Environment

The notion that day care staff were underpaid and overworked was not a new one in 1982 when low wages, low (or non-existent) benefits, and the lack of compensation for overtime work were documented in a study by Whitebook, Howes, Darrah and Friedman. In addition to surveying monetary levels in day care employment, the study found indirect evidence showing low wages, low status, high tension, and isolation in child care caused stress, generated anger, and contributed to high staff turnover rates.

The National Child Care Staffing Study (Whitebook, et al., 1989) found that NAEYC accredited centres paid better wages and provided better working conditions and benefits. Centres which arranged overlapping shifts for staff, allowing for shared responsibility and communication about children, also paid better wages and benefits. In this later study (Whitebook, et al., 1989), staff wages was shown to be not only the strongest predictor of positive child outcomes but the strongest predictor of staff turnover as well.

Staff Turnover

While the National Day Care Study (Ruopp et al., 1979) had found staff turnover rates averaging 15% a year, Whitebook et al. (1982) found 20% of day care staff had held their current job for less than six months. Whitebook's (1982)

study suggested that staff may often switch employment in centres. In their sample of 34 centres, 70% of staff had worked in the field of child care for more than three years and 54% of the sample for more than five years, yet 37% had been at their job for less than one year. By 1989, White book et al (1989) found annual job turnover rates as high as 41%.

High rates of staff turnover appear to be related to mostly negative situations and outcomes for both children and staff in centre-based child care. Staff stability, measured by Clarke-Stewart (1987b) as the length of time the caregiver had been in a centre, was positively related to children's social and intellectual development. Kontos and Fiene (1987) had similar findings when measuring staff stability as a percent turnover. Phillips et al. (1987) also found low percentages of staff turnover were associated with higher ratings for program quality and children's social development, however higher turnover was somewhat related to children's higher scores on language assessments. In the National Child Care Staffing Study (Whitebook, et al., 1989), staff leaving was related to lower quality in preschool programs, but not in infant programs.

Job Satisfaction

Job satisfaction in centre-based child care employment appears to be mainly derived from the nature of the work itself, that is caring for young children, whereas remunera-

tion and working conditions in child care appear to be the greatest sources of dissatisfaction (Kontos & Stremmel, 1988; Whitebook, et al., 1982, 1989). Whitebook, et al. (1982) reported 78% of staff in her sample stated working directly with children was what they liked most about their job. Related aspects of work with children which provided satisfaction included opportunities to observe and facilitate children's development and engage in processes of self reflection and improvement of professional skills.

Low wages and unpaid hours of overtime work were the most often stated reasons for both job dissatisfaction and tension. Additional sources of dissatisfaction, especially for staff at the lower end of centre hierarchies, were staff relations, managing children, and divisions of responsibilities. Interestingly, while the National Child Care Staffing Study Whitebook, et al., 1989) found that 66% of teachers in the sample stated that they viewed child care as a career, only 14% belonged to a child-related professional group.

Kontos and Stremmel (1988) surveyed the experiences and perceptions of 40 caregivers in 10 Pennsylvania centres regarding working conditions and job satisfaction, and drew comparisons related to measures of centre quality and profit status. Subjects were staff members with responsibility for the care of preschool-aged children, regardless of job title. Overall, subjects were found to be positive about

their jobs, however head teachers expressed lower job satisfaction and significantly more head teachers than staff in other positions planned to leave the day care profession.

Contact with children was mentioned by 90% of the subjects in the Kontos and Stremmel (1988) study as what they liked most about their job. When asked what they liked least, 32.5% said wages and an additional 22.5 % said hours or benefits. Dealing with children was mentioned by 27%, and administrative styles was mentioned by 20% as being the least liked aspects of their jobs. When asked how their jobs could be improved, 37.5% mentioned reducing the number of children, while 22.5 mentioned better pay or better administrators. Interestingly, no correlation of job satisfaction with centre quality, as measured by the ECERS (Harms & Clifford, 1980) was found in this study.

The Canadian study, Caring for a Living (Canadian Day Care Advocacy Association & Canadian Child Day Care Federation, 1992) found that child care staff in Canada saw the nature of their work and its value in the lives of children as the most satisfying aspects of their current employment. Improvements to wages and increased public respect for their profession were viewed by Canadian caregivers as the most important factors for increasing job satisfaction and retention rates.

Centre Auspices

Several of the studies discussed in previous sections included comparisons by centre auspices or funding type on measures of program quality, working conditions, and job satisfaction. The Whitebook et al. study of 1982, which examined the causes of staff "burnout" in centre-based child care, noted that private proprietary (for-profit) centres had the highest child/staff ratios, worst reported working conditions and benefits, and the highest staff turnover rates.

The study by Kontos and Stremmel (1988) found that job satisfaction and wages did not vary significantly in for-profit and nonprofit centres, however centre quality did. Nonprofit centres received significantly higher scores on the Early Childhood Environment Rating Scale (Harms & Clifford, 1980) than did profit centres. Staff in nonprofit centres reported receiving better fringe benefits, such as medical insurance, maternity leave, and more days of paid vacation. Staff in profit centres more frequently reported disliking their hours, benefits, and administrative and communication patterns, whereas staff in nonprofit centres more frequently reported disliking the "daily hassles with children" (p. 87), and wages.

In an attempt to quell the growing child care debate regarding the respective merits of for-profit and nonprofit centre-based care, Kagan and Newton (1989) initiated a study

to determine if centre, program, or staff characteristics differed in centres with different management auspices. The study consisted of questionnaire responses from 439 centres across the state of Connecticut, and on-site evaluations of quality in 57 randomly selected centres which approximated the distribution of centres by profit status. After reviewing the data, the researchers decided to split the nonprofit category into two sub-groups, government-subsidized and privately supported nonprofits, in order to reflect their substantial differences in revenue sources.

The Kagan and Newton (1989) study found all three types of centres showed similarities in reported program and curricular priorities, and additional similarities were observed in group sizes and ratings of child behaviour. Observational data, based on a modified measure of caregivers' skills (Child Development Associate Checklist), showed similarities in six of ten areas of teaching competence.

Patterns of differences were found for child-staff ratios and services to children and families among the types of centres with nonprofit centres superior to for-profits, and government-subsidized often superior to privately supported nonprofit centres. Both types of nonprofit centres were higher on measures of child-sensitive and creative environments.

Formal education and experience among directors did not vary with centre type (Kagan & Newton, 1989). Over 90% of directors had formal education in child development or related field, 50% had bachelor's degrees and 25% had master's degrees. Directors had an average of approximately 10 years experience in child care. On the other hand, staff training and experience did vary substantially among the centre types. Government-subsidized centres had the lowest percentage of staff with formal education beyond high school, whereas significantly more staff in the other types had bachelor's degrees. More staff in privately supported nonprofits had master's degrees as well as significantly greater average years experience in child care.

The National Child Care Staffing Study (Whitebook, et al., 1989) reported that nonprofit centres complied more with federal guidelines, had better educated and trained staff, paid better wages, had more appropriate activities and more sensitive teachers, and experienced lower turnover rates. Nonprofit centres, excluding church-run centres, had proportionately larger budgets due to government funded subsidies, however both types of nonprofit centres allocated significantly more of their budgets to staff wages and benefits than did for-profit centres. The study found auspice was the strongest predictor of quality in all centre-based child care, and second to that as a predictor

of quality in infant and toddler care was whether centres met federal guidelines.

With respect to the relationship between auspices and working conditions in Canada, Caring for a Living (Canadian Day Care Advocacy Association & Canadian Child Day Care Federation, 1992) reported that staff in non-profit centres had higher educational levels than staff in commercial centres. Salaries in municipal centres were higher than both non-profit and commercial centres, however non-profit centres paid 25% more than commercial centres. As well, non-profit centres had a lower staff turnover rate than did for-profit centres.

Discussion

Study of supplemental infant and toddler care has been somewhat of a late-bloomer in child care research, and at times it appeared to have been overshadowed by findings from larger samples of preschool-aged care. Nonetheless, some understanding of the impact of infant and toddler care and the conditions under which stable, sensitive, and responsive care takes place has begun to emerge. As well, though infants and toddlers have been shown to have particular needs for individualized physical care and social interactions, findings regarding some aspects of preschool care situations might be assumed to apply to infant and toddler caregiving situations.

Some of the structural dimensions of infant and toddler care which contributed to its quality have been confirmed in recent years, while the impact of other variables remains uncertain. The number of infants and toddlers cared for together, and the ratio of adult caregivers to a given number of children, appeared to influence the quality of care and personal relationships which young children experienced. When too many infants or toddlers were cared for together by caregivers with little time to spare beyond providing for routine physical needs, children became apathetic and slower in their development of social, language, and cognitive skills. Caregivers in less crowded environments and with fewer children in their immediate care were more available to facilitate affectionate and responsive interactions with children.

Caregivers who continued their formal education beyond secondary (high) school, and those with specialized training in child care often provided more attentive care to children than less educated caregivers. This pattern did not necessarily hold true in regards to caregivers' experience in child care work. Some studies found that years of experience was related to less responsive and stimulating care, whereas other studies found experience was not predictive of caregiver behaviour.

Consideration of child care in the broader context of an environment mutually shared by adults and children, and

influenced by both internal and external factors, has prompted examination of aspects of the adult work environment which may have bearing on the quality of both children's and adults' child care experiences. Observing and supporting the development of young children was most commonly reported as the source of satisfaction from employment in child care. But satisfaction with employment, regardless of its source, did not relate significantly to the quality of care being provided.

Being in close contact all day with young children, and in particular those who are not yet verbal and who are only just at the stage of developing appropriate social strategies to manage conflict, has been shown to be stressful for both adults and children. It seemed that affording infants and toddlers significant attention and continuity of care each day may not have allowed caregivers as much time as their preschool counterparts to spend in other duties and break times away from children. Spending long periods of time each day caring for groups of very young children may have limited caregiver's access to adult interactions and opportunities for reflection as professionals.

Summary

The years of infancy and toddlerhood are shaped by social interactions and experiences with the physical world. The foundations of cognitive, language, and social skill are

fostered by responsive, nurturing care during a child's early years of life. With sensitive, attentive, and stable caregiving, young children establish trusting and secure relationships which enable them to develop as confident, curious, and sociable beings.

Better care for children and better working conditions for adults appeared to be closely related. Centres which paid higher wages usually had better qualified staff, better quality programs, and underwent fewer staffing changes. Although a direct link has not been established between caregivers' satisfaction with employment and program quality, centres where staff reported more stress and tension were also the centres which experienced highest rates of staff turnover, a situation likely to further strain human relationships and affect children's rate of development. Research has shown that the quality of the very young child's experience in supplemental group care rests in large measure on the quality of the working life of his or her caregivers.

Chapter 3

METHODOLOGY

This chapter describes the instrumentation, procedures, subjects, and analysis used to examine the views of infant and toddler caregivers and information on infant and toddler centres in British Columbia. Limitations of the study are discussed.

Instrumentation

The instrument, upon which this study was based, was a mailed questionnaire (Appendix 1) consisting of 49 items divided into four categories: (a) views on infant and toddler care; (b) professional training, development, and evaluation; (c) satisfaction with employment; and (d) information on centres. The questionnaire consisted mainly of items asking subjects' perceptions or attributes, however there were several questions regarding subjects' beliefs and behaviour as well as one question pertaining to auspices and one about the length of time facility has been licensed as an "under-three" centre.

Rationale for the Questionnaire

The questionnaire format was chosen for reasons having

to do with the distribution of centres throughout the province, the limitations of licensing data, and the nature of the information sought by the researcher. Geographically, British Columbia is a large province, and although the majority of the licensed infant/toddler centres are located in urban areas in and around Vancouver and Victoria, contact by phone would have been costly and likely inconvenient for caregivers.

Access to data from the Ministry of Health (1989,1990) was limited to lists of group day care centres licensed for infants and children 18 months to three years respectively. All lists included addresses, phone numbers, and licensed capacity, however the lists available at the time of preparing the questionnaire did not contain information as to the date licenses were issued or the management auspices of centres. Lists obtained after printing of the questionnaires included dates licenses were granted, names of licensees, and ownership codes indicating for-profit or nonprofit centres. No lists included staff names or individuals' certification status.

Development of the Instrument

Factors in the caregiver work environment which were linked to quality child care, particularly those of auspices, training, and staff turnover, and the sections of the Child Care Regulation pertaining to requirements for training and experience, facilities, and staff-child ratios

provided the foundation for items in the research instrument. Design of items in the research questionnaire was based on recommendations contained in Dillman's Mail and Telephone Surveys: The Total Design Method (1978).

Piloting the research instrument consisted of distributing the questionnaire to six individuals, four from the Interior region and two from the Victoria area, who had recent first-hand experience as infant/toddler caregivers in group centres. Three subjects in the pilot study were community college instructors, two were centre administrators, and one was an infant development consultant. No participant in the pilot study was included in the main study. Participants in the pilot study were asked to complete the pilot questionnaire, comment on the layout, identify ambiguities in wording, and suggest items for addition or deletion. Following the pilot study, several wording and layout modifications were made to the instrument.

Subjects

The subjects were one "infant or toddler educator" from each licensed infant or under-three centre in British Columbia which appeared on either of two sets of lists provided by the Child Care Branch of the Ministry of Health and dated respectively 12/29/89 and 13/06/90. The covering letter indicated the preference of the researcher that "the most

qualified staff member available who is working directly with children under three years of age completes the questionnaire" (Appendix 1).

Procedures

Questionnaires, with a covering letter and stamped self-addressed return envelope (Appendix 1), were mailed to all "under three" (toddler) and infant centres included in Ministry of Health lists for British Columbia. Centres with names and addresses appearing on both infant centre and under-three lists were considered as separate centres in the first mailing and postcard follow-up of the questionnaire, since the degree of separateness of programs and staff could not be determined.

The covering letter explained the purpose of the study, identified the subjects of the study, and assured confidentiality of responses. A follow-up postcard, intended as both a thank you to respondents and a reminder to non-respondents, was mailed to all centre addresses two weeks after the initial mailing of the questionnaire.

Replacement questionnaire packages, with a renewed request for response, were mailed to non-responding centres five weeks after the original mailing of the questionnaire. Only one replacement package was sent to each of these centre addresses.

Limitations of the Study

The chosen research method had the potential to include a subject from each licensed infant and toddler group care centre in the province of British Columbia. The study was limited by a number of factors, namely those imposed by the research method and those resulting from the construction and distribution of the instrument. Detailed discussion of the limitations of the method and instrumentation follows.

Program Quality

While previous studies relating program quality and child outcomes to structural dimensions in child care provided a partial foundation for formulating the research questions, this study did not include any on-site measurement or evaluation of structural dimensions or program quality which some of the background studies utilized. The decision by the researcher not to use the ECERS, or other instrument for examining program quality was based on a number of related factors which included the uneven distribution of centres in B.C., the limited resources of the sole researcher, and the inexperience of the researcher in using the ECERS instrument for research purposes.

Current practices in centres regarding maximum group size and staff-child ratios were assumed to be appropriately regulated by the provincial Child Care Branch and were not included in the instrument. Questions referring to factors

linked to program quality, including staff-child ratios, were contained in the instrument, however the majority of questions ask for subjective responses. With the possible exception of the item referring to auspices, none of the responses to items soliciting factual data could be verified from information available from the Ministry of Health. available. No conclusions regarding actual program quality, per se, can or should be drawn from this study.

Work Environment

This study did not include any questions pertaining to specific salary levels, nor did it include any questions relating wages to job classifications or caregivers' duties. Although the study did ask whether caregivers expected to still be employed in infant/toddler care in five years time, no verification of actual job turnover rates was undertaken.

Subjects

Self-selection by subjects and self-reporting as a source of data limit the reliability both of the results and their interpretation. Since the questionnaire was mailed close to the beginning of the summer holiday season, the most qualified "available" subject in a centre may not have been the most qualified individual normally working with children. Thus the timing of the mailing of the questionnaire may further limit its reliability, particularly in generalizing about the opinions and training levels of senior staff.

Grouping of Data

Management Auspices

In the interest of protecting the confidentiality of subjects, achieving sufficient sample size for comparisons, and reducing the potential for ambiguous responses, data from the questionnaire item related to management auspices was grouped into two categories: non-profit centres and privately owned centres. Strictly speaking, church-affiliated, Native band-operated, and employer sponsored centres may not be managed by duly constituted non-profit societies under the B.C. Societies Act, however it was assumed that they were not proprietorships in the same manner as are privately owned centres. Since the intention of the study was to examine the commonalities and differences between not-for-profit and for-profit auspices, grouping responses accordingly does not compromise the study.

Geographical Location

Licensed group care for infants and toddlers is not evenly distributed across the province geographically nor demographically. Community college regions were used in the instrument as a means of determining the general location of centres while preserving the confidentiality of subjects. All areas of the province are included within at least one college territory; all community colleges in B.C. offer basic early childhood education training; and most offer part- or full-time post basic early childhood education.

Since the majority of infant and toddler centres were located in the southern portion of the province, it was necessary to group results from the large central and northern regions to maintain confidentiality and provide sufficient data for analysis. As a consequence of grouping results from a number of college regions, conclusions related to training and professional development in these regions can only be of a general nature.

Analysis

Responses were recorded numerically for each item of the instrument and converted to percentages of the total sample. Measures of central tendency (mean, median, and mode) were calculated for the two items related to years of experience and length of time in current employment.

Frequencies of responses were also calculated separately for each of the following categories: profit/non-profit management auspices, qualified/non-qualified caregivers, and location by provincial region (Vancouver, Victoria, Central Interior, and North). For each item, the significance of the difference between percentages of responses by category groups was calculated. As well, the significance of group differences of means and medians for length of experience and current employment were calculated.

Responses to all items were reported as percentages and occasionally reported numerically. As well, all significant

differences (at the .05 or higher level of confidence) within the separate categories were noted. Due to the relatively small sample size, correlations of responses by groupings to multiple items were not calculated.

Summary

The instrument used for this study was a 49 item questionnaire surveying infant and toddler caregivers' perceptions, attributes, and beliefs, as well as characteristics of the licensed day care facilities in which they were currently employed. Use of a mailed questionnaire sent to all known licensed infant and toddler centres was chosen as the research method in the interest of economically surveying as many caregivers as possible in all regions of the province.

The instrument was designed by the researcher. A pilot study was conducted with a small group of experienced infant and toddler caregivers who by the nature of their current employment were not included in the study.

Subjects for the study were one infant or toddler caregiver from each licensed infant or toddler day care centre in British Columbia. It was the stated preference of the researcher that subjects be the most qualified employee available who worked directly with children.

Data for this study was limited to responses provided by subjects. No attempt was made to examine or link

responses to program quality. The study did not include a survey of wages or employment turnover in centres. The reliability of the data is limited by the self-selection and self-reporting by subjects, as well as by the sub-grouping of data for analysis.

Responses were tallied and converted to percentages of the total sample for each item of the research instrument. Responses for each item were then analyzed separately by the categories of management auspices, qualifications of care givers, and location of centres by provincial region. All significant differences between percentages of responses in each category were noted.

Chapter 4

DATA ANALYSIS AND RESULTS

Sample

The research data consisted of 84 completed questionnaires returned by infant/toddler caregivers representing 84 distinct licensed infant and/or toddler centres in British Columbia. With discounting of duplicate mailings, errors in license listings, and discontinued programs, the sample represents a return rate of 77%.

A total of 145 numbered questionnaires were mailed to 129 "under-3" (toddler) and 16 infant centres with addresses appearing on either Ministry of Health lists of licensed under-3 or infant centres dated 12/29/89, or appearing on a more recent under-3 list of 13/06/90. (No updated list of infant centres was available.) Only 6 centres appeared exclusively on the list of infant centres; 10 centre addresses were duplicated on the list of under-3 centres. A total of 12 centres received 13 duplicate questionnaires. In the calculation of the return rate, all duplicate mailings were subsequently considered to have been sent to the same centre, since 4 of the 11 centres which responded

returned both copies with identical centre-type reported, and 7 returned only one copy of the questionnaire. Table 1 and Table 2 outline the calculation of the overall return rate and the return rate by current Ministry of Health licenses.

Table 1

Calculation of Overall Return Rate

145	questionnaires mailed
13	duplicate mailings
15	indicated no under-3 license
5	(1 infant-only) returned by postal service
3	<u>presumed inactive (not on 91/06 under-3 list</u>
-36	Total of invalid mailings
<hr/>	
109	Total presumed-valid mailings
-25	not returned
<hr/>	
84	Total returned questionnaires

Table 2

Return Rate By Current License

License	Mailed	Returned	% Return
Infant-only	5	5	100%
Infant & Under-3	12	11	92%
Under-3	92	68	74%
Total	109	84	77%

Characteristics of Infant/Toddler Centres

Geographical Distribution

The sample of licensed group infant and toddler day care centres was unevenly distributed across the province (see Table 3). The highest percentage (49%) of centres was located in the Lower Mainland area including Vancouver, surrounding municipalities, and the Fraser Valley. The area of southern Vancouver Island, including Victoria to Nanaimo, contained 22% of the sample infant and toddler centres. The Central Interior, including the Okanagan, Kootenay, and Kamloops areas, contained 18% of the sample; and the North region, including northern Vancouver Island, contained 11% of the sample.

Operation of Centres

Age-Group Configurations

Throughout British Columbia, centres varied in how they elected to group or separate children by age (see Table 3).

Table 3

Age Groupings in Infant/Toddler Care By Regions and Auspices

	Van.	Vic.	Cent. Int.	North	Priv. ausp.
Infants-only	2	1	0	1	(1)
Toddlers-only	9	1*	0	0	(1)
Infants & toddlers	9	4	1	0	(1)
Toddlers & 3-5 yrs.	11	10	5	3	(9)
Infants, toddlers, 3-5 yrs.	6	2	6	3	(4)
Infants, toddlers, 3-5 yrs, school	0	0	2	0	(1)
Toddlers, 3-5 yrs, school	2	0	1	0	(1)
Other (not specified)	2	1	0	1	(1)
Total of Centres	41	19	15	9	(19)

* One centre enrolls children to 3.5 years of age.

Only 35% of centres in the sample provided care exclusively for children three years of age and younger, with 5% of

centres providing care only to infants and 13% of centres providing care only to toddlers.

The Vancouver region had a significantly higher proportion of their centres (49%, $p < .05$) dedicated to caring exclusively for children under three years of age. The Central Interior region had a significantly smaller proportion of their centres (7%, $p < .05$) caring exclusively for children under three years of age.

Significantly fewer centres, $p < .05$, caring solely for children under three years of age were privately owned. Only 16% of privately owned centres licensed for infants and toddlers provided care to this age group exclusively.

In all regions, care of toddlers in centres also enrolling preschool-aged children was the most frequently reported group care situation for children under three years of age (see Table 3). Between 61% and 65% of centres providing care to children under three years of age also provided care to older children, namely preschool-aged children (55%) or preschool and school-aged children (6%). Approximately one-third of these centres enrolled children from infancy to five years of age, and approximately 4% enrolled children from infancy through school age.

Length of Operation

Across the sample, centres were about evenly divided between those which had been licensed to care for infants or toddlers for more than three years (49%) and those licensed

for fewer than three years (43%). Variations in the length of time Vancouver region and Victoria region centres had been licensed for infant and toddler care were significantly different, $p < .05$. In the Vancouver region, only 24% had been licensed for fewer than three years; in the Victoria region, 69% of centres had been licensed less than three years.

The length of time centres had been licensed for infant and toddler care did not vary by management auspices, but did vary with the qualifications of caregivers. A larger proportion (67%, $p < .05$) of centres employing unqualified Infant and Toddler Educators had been licensed for fewer than three years.

Within centres licensed for both toddler and preschool-aged children, only 9% reported that toddlers did not interact with older children. Toddlers totally shared both time and space with older children in 27% of facilities. In 64% of centres offering care for toddlers and children over three years of age, toddlers spent part of their day with older children, most commonly sharing outdoor play times, meal times, and arrival and dismissal periods.

Parent Clientele

The parent clientele of infant/toddler centres consisted mainly of working (74%) and student parents (32%). Teen parents were listed as clientele by 14% of centres. Six percent of centres said they cared for children of non-

working parents. No privately owned centre specified teen parents among their clientele, nor did any centre from the North.

Auspices

Twenty-three percent of licensed infant/toddler day care centres were privately owned and more than two-thirds (68%) of centres specified their management auspices as non-profit or society/school board. Of the 9% of centres with another management designation, one centre reported management by a religious organization, one reported employer sponsorship, and five (6%) were operated by Native bands. Responses from caregivers in these centres were included with responses from non-profit centres.

Regional variations in management auspices were not statistically significant. As well, differences in the proportions of qualified and not-qualified infant and toddler caregivers in privately-owned and non-profit centres was not significant.

Additional Funding Sources

In addition to parent fees and child care subsidies to low-income families, 51% of centres caring for infants and toddlers derived significant additional funds from a variety of sources and efforts. With the exception of one privately owned centre which claimed municipal support, all centres securing major funding or resources in addition to fees and subsidies were non-profit centres.

Sources of additional funds which were cited included grants (19%); fund raising, support from service clubs and bingo/casino revenue (29%); and student society fees (7%). Employers contributed to 4% of centres as did "umbrella" societies. Two programs cited support through federal job development programs.

Caregiver Characteristics

Training

In almost all centres (96%), the most qualified caregiver had completed basic requirements as an Early Childhood Educator. Eighty-two percent of caregivers were registered as qualified Infant and Toddler Educators.

Of the 15 (18%) infant and toddler centres in the province with unqualified Infant and Toddler Educators, 40% ($p < .01$) were located in the Central Interior region. By statistical coincidence, these centres also constituted 40% of the licensed infant and toddler centres in the Central Interior. Among the caregivers who were not fully qualified Infant and Toddler Educators, 10 caregivers (67%) were employed with letters of permission, which means they must continue training. Of the 12 caregivers who reported that they still had course work and practica to complete, 3 caregivers (30%) believed they would do so in less than one year, 3 caregivers (30%) anticipated completing in less than two years, and 2 caregivers (20%) said completing would take

more than two years. Four caregivers indicated they would likely never complete the training requirements.

Experience

Most caregivers had extensive experience in early childhood education. Years of caregiving experience ranged from less than one year to more than 25 years. Only 6% of caregivers had 12 months or less experience; the overall average (mean) for the length of time in the early childhood field was 11.1 years. Other measures of central tendency indicated a balanced distribution with caregivers most frequently reporting between 10 and 11 years (mode = 10.5), and half the sample claiming 10 or more years experience (median = 10.8).

Caregivers' Views on Infant/ Toddler Care and Licensing Requirements

Views On Provision Of Care

Although 64% of caregivers believed their centre provided very adequately for the needs of most children in their care, 7% (all from the Vancouver region) said their programs were inadequate in meeting the needs of most children. Significantly more caregivers in the North (56%, $p < .05$), and unqualified Infant and Toddler Educators (53%, $p < .05$) rated their care as "somewhat adequate" compared to the overall average of 29%.

Thirty percent of caregivers felt there were particular children enrolled in their centres whose needs were not being met. Of these, 56% suggested these children would benefit from smaller groups, lower child to adult ratios, or a shorter day. Seven caregivers, all from Vancouver area centres expressed concerns specifically regarding the well-being of "special needs" children. Responses from caregivers did not vary by auspices or qualifications.

Views on Licensing Requirements

Adult-Child Ratios

When asked to indicate the ideal child/caregiver ratios, 90% of the total sample of caregivers stated they believed the ratio for infant care should be less than the current 4:1 limit. Only 74%, $p < .01$, of caregivers in privately owned centres believed the ideal ratio for infants should be lower than 4:1. Views regarding ideal infant to caregiver ratios did not vary significantly with caregivers' qualifications.

Overall, more caregivers (43%) were satisfied with the allowable ratio of one caregiver for four toddlers, however an equal percentage (43%) believed the ratio should be lowered to one adult to three toddlers. A larger percentage of caregivers from privately owned centres (58%) were satisfied with the present ratio of four toddlers per adult, and a significantly smaller percentage, 21%, $p < .05$, thought it

should be lower than four. Views of unqualified care-givers did not vary significantly.

Influence on Centre Development

The majority of caregivers (72%) felt the need for supplemental infant and toddler care in their communities was not being adequately met. This perception did not vary significantly across regions of the province.

Caregivers were divided in their thoughts about what influence, if any, provincial licensing regulations had on the development of new centres: 35% of caregivers believed they had little influence, 32% believed they inhibited development of new centres, and 12% believed the requirements encouraged new centre development.

Opinions about the influence of regulations on the development of infant/toddler centres varied according to the management auspices of centres. More than half, 53%, of caregivers in private centres versus 26%, $p > .05$, in non-profit centres believed the regulations inhibited the development of new centres. All caregivers within the group of private centres stated some opinion about the influence of regulations on centre development, whereas 28% of caregivers in non-profit centres indicated they did not know, or had no opinion, about the influence of licensing regulations.

Training Requirements

There was general agreement (76%) among the overall sample of caregivers regarding the reasonableness of post-

basic training for qualification as an Infant and Toddler Educator. There was also agreement that 500 hours of work experience in an early childhood setting should be completed before starting Under-Three training (75%). Although 65% of caregivers felt the extent of the required work experience was appropriate, 12% felt it was too long and 17% believed it was too short. Views on training and work experience did not vary significantly by auspices.

Caregivers who were not qualified Infant and Toddler Educators had significantly ($p < .05$) different views from qualified caregivers regarding the post-basic training requirement. Forty-seven percent of unqualified caregivers versus only 16% of qualified caregivers believed the post-basic training requirements were somewhat or very unreasonable. While the majority of both groups of caregivers felt the 500 hours requirement was about the right length, 30% of unqualified infant and toddler caregivers versus 9% of qualified caregivers felt the 500 hour requirement was too long. Significantly more, $p < .05$, qualified caregivers (93%) than unqualified caregivers (67%) believed completing 500 hours before commencing under-three training was important.

Facilities and Staffing Requirements

More than half of the caregivers (56%) believed the provincial licensing requirements regarding facilities were "about right." Six percent of caregivers said facilities

requirements were too stringent and close to one-third (32%) believed they were not stringent enough.

Approximately three-quarters of the caregivers in the sample had suggestions for changes to provincial licensing regulations or procedures. Proposed changes to regulations included: raising requirements pertaining to the size and quality of room space (10%); reducing infant/adult ratios, group sizes and daily hours of care, and raising the minimum age of enrolment (24%); and allowing more flexibility in centre practices (15%). Eleven percent of respondents said they wanted more specific explanation and details of licensing regulations.

Thirteen percent of respondents thought licensing procedures should be streamlined and better coordinated. Thirty seven percent of respondents favoured more frequent and supportive visits from licensing personnel. The same percentage suggested regulations, including those pertaining to qualified staff, should be more equitably and vigorously enforced.

Professional Training

Location

Seventy percent of caregivers received infant and toddler training from post secondary programs in British Columbia, however the greatest number (40%) of caregivers received their instruction in the Vancouver region (see

Table 4). Nineteen percent of caregivers were educated outside the province; all non-Canadian trained caregivers (13%) were educated in Great Britain.

Table 4

Location of Infant/Toddler Training By Geographical Region

Geographical Region	Number	percent
Vancouver and "Lower Mainland"	34	40%
Victoria and Nanaimo	10	12%
Central Interior	8	10%
North	3	4%
B.C. distance education program	3	4%
Other Canadian province	7	8%
Great Britain	11	13%
No answer	8	10%
Totals	84	101%*

*Total exceeds 100% due to rounding

Adequacy

When asked to rate the adequacy of their formal training, the majority of responding caregivers rated all areas of their training as having prepared them very adequately or well (score of 4 or 5 on a 5 point scale) for work with in-

fants and toddlers (see Table 5). Training in child development (85%) and health and nutrition (84%) most frequently received high ratings from caregivers. Only 54% of caregivers believed they had been very adequately or well prepared in administration. Perceptions of the adequacy of training did not vary with the region or management auspices of caregivers' employment.

Table 5

Caregivers' Views on Adequacy of Training

Areas of Training	N =	POORLY		ADEQUATELY		WELL
		1	2	3	4	5
a. Infant/toddler activities	76	4%	16%	17%	24%	39%
b. Child development	75	0%	4%	11%	19%	67%
c. Child behaviour and management techniques	76	1%	5%	21%	28%	45%
d. Design of infant and toddler environments	76	5%	9%	21%	29%	36%
e. Health and nutrition	75	1%	4%	11%	20%	64%
f. Relationships w/families	75	4%	17%	17%	21%	40%
g. Administration	72	15%	11%	19%	21%	33%

Professional Activities

Professional Development Interests

When provided with a list of proposed topics for professional development, caregivers indicated a substantial likelihood they would attend almost all (see Table 6). However when asked to select several topics of greatest and least interest, caregivers' preferences were more apparent. Guiding children's behaviour, infant/toddler activities, special needs, and staff relations were identified as topics of most interest to caregivers (see Table 6). Health and nutrition, administration, community and government relations, and ethics were identified as topics having the least appeal. Some topics such as special needs and updating philosophy and practices received high ratings in both their degree of appeal and in their degree of non-appeal.

Table 6

Caregivers' Interest in Professional Development Topics

Ranked in Order of Interest			
	Most In- terest	Least Interest	Likely to Attend
Guiding children's behaviour..	1	12	79%
Infant/toddler activities	2	7	74%
Special-needs infants/toddlers.	3	5	68%
Staff relations.....	4	13	73%
Updating on philosophy/practice.	5	6	76%
Professionalism, effectiveness..	6	10	68%
Infant/toddler environments.....	7	7	65%
Centre administration.....	8	2	61%
Staff/parent relations.....	9	15	75%
Emotional development.....	10	16	80%
Updating on health/nutrition ..	11	1	43%
Cognitive/language development.	12	9	65%
Parent/child relations.....	13	8	63%
Community/government relations	14	3	57%
Social development.....	15	14	8%
Ethics.....	16	4	63%

Financial Support For Professional Development

In 75% of centres, caregivers receive some financial support in the form of paid leave and/or payment toward expenses for professional development activities. In the

overall sample, 19% of centres offered no financial support for professional development and 6% of caregivers did not answer. Of the 41% of centres having policies which included both paid leave and expenses, a significantly greater proportion, 63%, $p < .05$, were located in the Victoria area. Support for professional development did not vary by management auspices.

Participation in Professional Development

Eighty-one percent of caregivers reported they attend at least one workshop per year, and nearly two-thirds stated they attend conferences (65%) and visit other centres (64%) at least once per year. Annual participation in workshops and conferences of caregivers from privately owned centres was significantly lower, $p < .05$, (63% for workshops; 47% for conferences) than was the participation rate for caregivers from non-profit centres. Although only a small number did not indicate ever attending a workshop (6%) or conference (11%), or visiting other centres (14%), caregivers in the North represented a significant proportion, $p < .01$.

Support From Colleges

Formal support from community colleges was considered available occasionally, or as often as requested, by 80% of caregivers (see Table 7). Of the remaining 20% of caregivers, 7% said formal support was never available, and 13% said they did not know how often it was available.

Table 7

Perceived Availability of College Support

Region	n=	Formal	Informal
Vancouver	41	88%	63%
Victoria	19	89%	63%
Central Interior	15	60%	73%
North	9	56%	67%
Provincial average	84	80%	66%

Significantly fewer caregivers from private centres (63%, $p < .05$) and from the Central Interior region (60%, $p < .05$) considered formal college support available. An even smaller proportion of non-qualified Infant and Toddler Educators, 53%, considered formal support from colleges was available compared to 83% of qualified caregivers, $p < .01$.

A smaller percentage of caregivers (66%) than considered formal support available considered informal support was available from colleges, and almost twice as many caregivers stated they did not know if informal support was available (24%) than had stated not knowing about formal support (13%). Only about half (53%, $p < .05$) of private centre caregivers thought informal support was available. Caregivers from the Interior and North considered informal

support was more available from colleges than formal support (see Table 7), however this and other regional variations, as well as those related to qualifications of caregivers, were not statistically significant.

Contact With Community Professionals

Caregivers reported frequent communication with professionals from other community agencies: 29% of caregivers had contact about once a month and 44% had contact a few times a month. Only 5% of the sample reported no, or rare, contact with outside professionals. The proportion of caregivers having contact at least once a month was very consistent over regions, auspices, and qualifications of caregivers.

Ministry of Health (Public Health) professionals were the most frequently cited group (85%) as professional contacts outside of centres. Ministry of Social Services, elementary school teachers, and therapists were mentioned by an average of 24% of caregivers. Contact with colleges was cited by only 5% of caregivers.

Professional Affiliations

More than half (59%) the caregivers surveyed belonged to a professional organization related to child care. Membership in a provincial association (48%) was most frequently reported; of these, approximately 80% were in Early Childhood Educators of British Columbia. Caregivers also indicated membership in local (29%) and federal (24%) child

care related organizations. Professional affiliations did not vary significantly across regions of the province, or by management auspices or caregivers' qualifications.

Evaluation

Program Review

In 64% of centres, caregivers reported that an internal review of their child care program was conducted at least once a year. A significantly smaller proportion of caregivers in the North (33%, $p < .05$) reported their centre annually reviewed the program.

Overall, caregivers were in strong agreement (83%) that program review should occur at least once annually. Another 8% believed program review should be "ongoing," and 6% gave no time period. Caregivers in private centres indicated significantly less commitment to annual program review with only 68%, $p < .05$, stating review should occur once a year. Agreement on annual program review did not vary by region or qualification of caregivers.

Staff Evaluation

Two-thirds of caregivers reported their centres have a system for conducting staff evaluation at least once a year. Although the frequency of staff evaluation reported by caregivers did not vary by region or auspices, it did vary significantly in centres employing non-qualified Infant and Toddler Educators. More than half (53%, $p < .05$) of these

caregivers reported their centres had no system for staff evaluation at least annually.

The majority of caregivers (83%) agreed that staff evaluation should occur once or more per year; only 6% believed every two years was sufficient. Five percent perceived evaluation as an "ongoing" process and 5% believed it should occur "as needed." A number of caregivers (26%) believed staff evaluation should occur more often than once per year; in particular, caregivers in the Victoria region (47%) believed staff evaluation should occur more frequently. Several caregivers commented that more frequent staff evaluation should occur during the first year of employment.

External Review

One-third (33%) of caregivers reported their centre had been evaluated by a formal external review process and all but one had been conducted in the past five years. Of the centres reporting an external review, 68% credited either Ministry of Health licensing personnel (39%) or Ministry of Social Services (29%) for the review; 21% credited parents, peers, or board members. Only three centres, 11% of those reporting external review, had been formally evaluated by a day care consultant.

Attitudes Toward Employment

Job Satisfaction

Close to one-third of caregivers (32%) said they were very satisfied in their present employment and 45% expressed general satisfaction. Nineteen percent of caregivers indicated they were only somewhat satisfied and 4% were not at all satisfied with their present employment. Other than caregivers in the North, 55% ($p < .05$) of whom said they were somewhat or not at all satisfied, contentment with employment did not vary across other regions, centre auspices, or qualification of caregivers.

For 57% of caregivers, the challenge or enjoyment of working with children was the best aspect of their present job. The work environment, including other staff or employers, was considered the best factor by 36% of caregivers. A sense of pride in their work or satisfaction with their role was cited as the best aspect by 25%. Only 7% indicated wages, benefits or hours of work were the best feature of their current job.

One-third (33%) of caregivers stated wages and benefits were the least satisfying aspect of their present job. Poor program quality, including shortage of program funds, shortage of trained staff, or inadequate facilities were cited by 26% of caregivers as being the least satisfying aspect. Working conditions, such as hours, duties, and adult-child ratios were mentioned by 18% of caregivers; 17% said lack of

recognition or support was the least satisfying part of their current employment.

Wages and benefits were cited most often (46%) by caregivers as the aspect of their employment they would like to see improved. Thirty-six percent of caregivers stated a desire to see improvements made to the professional climate of their centres: 13% wanted increased recognition and support, 11% desired enhanced staff and management relations, 7% specified a need for more trained staff, and 5% wanted better sponsorship for professional development. Nineteen percent of caregivers wanted more money spent on facilities and equipment.

Approximately half of caregivers in privately owned, Northern, and Central Interior centres, and as well as unqualified caregivers stated wages or funding to centres was the least satisfying about their work and most in need of improvement, however these findings did not reach statistical significance.

Employment Stability

The length of time caregivers had spent in their present job ranged from less than 1 year to more than 15 years, with a mean of 4.5 years. Other measures of central tendency indicated that half the caregivers had about three years in their current employment (median = 3.1), with 32% having less than two years (mode = 1.5 years).

Of the 23% of caregivers who had been employed in their current job for 12 months or less, 7% were in their first year of their career in early childhood education. There were no significant differences by auspices, qualifications, or regions, with the exception of the Vancouver region in which only 12% ($p < .05$) of caregivers were in their first year of employment.

Fifty-six percent of caregivers said they believed they would still be employed in infant and toddler care in five years. A total of 37% of caregivers said they could not see themselves still employed in five years, while 7% said they were not sure about continuing in infant and toddler care. Of those considering leaving employment as an infant/toddler caregiver, 22% expected to retire, 22% anticipated making a professional move within the early childhood education field, and 11% planned to pursue further education. Some caregivers expressed strong discontent with wages (24%) and others (22%) indicated "burnout" as their reason for planning to leave.

Summary

Characteristics of Infant/Toddler Centres

The sample consisted of 84 caregivers from an equal number of licensed infant or toddler day care centres in British Columbia. Approximately 25% were privately owned and the remainder were non-profit facilities. Almost half

the centres had been licensed for under-three care for three years or more, and most enrolled toddlers as well as preschool and school-aged children of working or student parents.

Almost all caregivers were qualified Early Childhood Educators, and 82% were qualified Infant and Toddler Educators. Caregivers averaged more than 10 years experience in early childhood education but averaged three years in their current employment.

Caregivers' Views

Most caregivers agreed with training and work experience requirements for qualification as Infant-Toddler Educators, and many felt licensing requirements were appropriate. Caregivers wanted more visits from Ministry of Health staff and more strict enforcement of regulations. Caregivers saw a need in their community for more infant and toddler care, but there was no consensus on whether regulations were related to centre development.

Most caregivers felt their centres provided adequate care, however some said individual children's needs were not met. Most caregivers wanted the ratio of infants to adult caregivers lowered, but opinion was split on the acceptability of the current ratio for toddler care.

Professional Activities

Most infant and toddler caregivers were trained in British Columbia and considered their post-secondary educa-

tion had adequately prepared them to work with children. Caregivers indicated strong interest and participation in professional development. The majority of centres provided financial support for professional development.

Most caregivers felt support was available from community colleges and most reported frequent contact with community professionals. More than half the caregivers in this study were members of a professional child care organization.

Evaluation

Over two-thirds of caregivers reported annual program review and staff evaluations, and four out of five caregivers stated they believed in annual assessments. One-third of centres had received an external program review.

Attitudes Toward Employment

Most caregivers were satisfied with their current employment, particularly with the pride and fulfilment of working with children. Wages and factors impinging on program quality were least satisfying. In five years, 44% of caregivers said they may not be employed in infant/-toddler care because of retirement, professional advancement, or changing careers.

Comparisons of Regions

Vancouver and the Lower Mainland had almost half the centres in the sample. Three-quarters of the centres had been licensed for more than three years, and half offered

care exclusively to infants and/or toddlers. Only a small number of caregivers, but all from the Vancouver region, rated their centre's care as "inadequate," or expressed concern for special needs children.

Victoria and southern Vancouver Island had fewer than one-quarter of the centres with two-thirds licensed for fewer than three years. A higher percentage of centres offered financial support for professional development, and a higher percentage of caregivers believed in more frequent staff evaluation.

The Central Interior had the highest percentage of caregivers who were not fully qualified Infant and Toddler Educators and the smallest percentage of centres which cared for infants and/or toddlers exclusively. These caregivers perceived less formal support was available from colleges.

The North, including northern Vancouver Island, had the fewest centres licensed for infant/toddler care and none reported teen parents among their clientele. A lower percentage of caregivers reported annual review of their program, attended professional development functions, or were satisfied with their job. A higher percentage of caregivers rated their centres' care as only "somewhat adequate."

Comparison By Auspices

Private and non-profit centres were similar in caregivers' attitudes toward training, employment of qualified staff, support for professional development, membership in

professional organizations, frequency of program and staff evaluation, and general satisfaction with current employment. Significantly fewer private centres offered care exclusively for infants and/or toddlers and none reported teen parents among their clientele. Private centres relied solely on parent fees and subsidies for income.

Caregivers in private centres were more satisfied with the ratio of adults to infants or toddlers and felt that current regulations inhibited new centre development. Caregivers in private centres attended fewer professional development functions, believed less college support was available, and were less committed to annual program review.

Comparison By Qualification

Fewer than one in five caregivers was not a fully qualified Infant/Toddler Educator. Two-thirds of the centres they worked in had been licensed for fewer than three years. The largest percentage of non-qualified infant/toddler caregivers was employed in the Central Interior region.

A higher percentage of unqualified caregivers felt 500 hours of required work experience was too long and post-basic training requirements were unreasonable. A higher percentage rated their centres' care as only "somewhat adequate." Over half the centres employing unqualified infant/toddler caregivers did not conduct annual staff evaluations.

Chapter 5

DISCUSSION AND CONCLUSIONS

In many ways, the perceptions among the sample of senior infant/toddler caregivers in this study parallel the findings of other researchers, however there were some findings which seem to reflect both British Columbia's demographics and its regulation of supplemental group care for children under three years of age. Infant/toddler caregivers in this study took satisfaction from their work with children but were frustrated by their low professional status; and depending on their level of qualification, the region in which they worked, and the auspice of the centre, some caregivers were more likely than others to feel confident in the quality of care they provided and enjoy support in their professional role.

Caregivers' Views on Licensing Requirements

Support was high among responding senior caregivers for provincial licensing requirements and procedures in British Columbia which govern group care for very young children. Rather than viewing regulations as an encumbrance to day care operation, the majority of caregivers seemed to view licensing regulations as a safeguard for both the quality of

children's care environment and their own work environment. Most caregivers in this study agreed that licensing requirements were at least reasonable, however many wanted facility and program requirements raised and more strictly enforced.

Views on Provision of Care

Close to 60% of caregivers worked in centres where children under three years of age spent part or all of their day with older children. Although the majority of caregivers expressed satisfaction with the care provided for most children enrolled in their centre, about one third expressed concern about the suitability of their program for some children. Of these, almost all said children would benefit from either smaller groups or family day care because they were too young or had special needs.

Caregivers were virtually unanimous in wanting the ratio of infants to adult caregivers lowered from the current 4:1 ratio to at least 3:1. Although few caregivers specifically mentioned the mixing of infants and toddlers with older children as causing difficulty, the number who believed ratios should be lowered and group sizes reduced indicates that caregivers and children may be experiencing stress and these changes may be seen as a more realistic remedy than opening new facilities or limiting enrolment.

Staff and Program Review

Close to one-third of centres did not conduct annual appraisals of their program or staff performance despite

half the caregivers in these centres stating they believed in annual evaluation. Despite caregivers in the North, and unqualified caregivers, expressing less conviction about the quality of their programs, sadly, two-thirds of caregivers in the North had no annual program review, and 40% of centres employing unqualified staff did not have annual staff evaluations. Not only do these caregivers have either less training or less access to professional development than do most caregivers in the province, but it appears that they were also missing important opportunities to communicate about program goals and structure, and receive feedback and support concerning the value of their work.

Only three centres (4%) had been evaluated by other than someone related to licensing functions or associated with the centre such as parents or board members. Obviously, the idea has not caught hold of using consultants to assist centres in identifying program and staff needs, as well as in assessing program quality. Although some centre administrators might balk at the anticipated expense of bringing in an outside evaluator, it is probably more likely that most administrators have not realized the potential benefits of external evaluations in terms of improved staff morale and program direction.

Training

A high percentage of caregivers in this study were qualified Early childhood Educators (95%), as well as qual-

ified Infant/ Toddler Educators (82%). With the exception of the group of unqualified caregivers whose opinion was very divided, most caregivers felt that additional post-basic training in infant and toddler care was a reasonable requirement, and they were in strong agreement that 500 hours of work experience as an early childhood educator should be completed prior to commencing post-basic training.

For many caregivers, achieving the qualification of Infant/Toddler Educator has meant returning to a post secondary institution for either full or part-time study after gaining career experience in early childhood settings. This effort and the high ratings given for the adequacy of their training, suggest that caregivers view the additional education as both valuable and necessary.

All regions of the province have some centres in which the most qualified caregiver has not completed post-basic training in infant/toddler care, with the largest percentage in the Central Interior region. Many colleges, outside the major population areas of southern British Columbia, have been slow to develop infant/toddler training programs, probably in part as a consequence of the dispersed nature of the potential student population in the Central Interior and the Northern regions, and in part due to the slower rate of development of licensed infant/toddler care. The common reliance on informal care arrangements in these regions

tends to discourage centre development and consequently the pursuit of infant/toddler caregiver training.

Infant/toddler training is available in the Northern region through part-time study, often including distance education by audio-teleconferencing, however the protracted schedule of course offerings inherent in part-time study inhibits many students from completing the program. Very recently, one college in the Central region has begun offering post-basic infant/toddler courses during the summer, but this and any other possible training options are not widely known throughout the province.

Experience and Employment Stability

Similar to the findings in the Kagan and Newton study (1989), senior infant and toddler caregivers in British Columbia had an average of 10 years experience in early childhood education. The annual turnover rate of employment among infant/toddler caregivers in B.C. in this study, who were the most qualified caregivers in their respective centres, appears to be approximately 16%, below both the 28% child care staff turnover rate for British Columbia and the 26% national turnover rate for Canada reported in the recent study Caring for a Living (Canadian Day Care Advocacy Association & Canadian Child Day Care Federation, 1992).

Given the experience and training required for qualification as an Infant/Toddler Educator, as well as the findings that half the caregivers in this study had been in cur-

rent jobs for fewer than three years, and half the centres had been licensed for infant/toddler care for fewer than three years, it appears that newly opened or licensed centres draw their senior personnel from other centres. Whitebook (1982) suggested caregivers switch employment frequently. Perhaps in B.C., experienced caregivers switch when new employment opportunities are developed.

Job Satisfaction

About three-quarters of infant/toddler caregivers in this study expressed satisfaction with their current employment. Working with children was mentioned as the best aspect by 56%, a sense of pride, autonomy, or feelings of contributing in their role was mentioned by 25%, and enjoyment of their work environment including relations with other staff was mentioned by 36%. These findings seem to be consistent with those of the cross-Canada study, Caring for a Living (Canadian Day Care Advocacy Association & Canadian Child Day Care Federation, 1992) which reported that the "nature of the work" and "positive feelings about the work" were the most satisfying factors in the current jobs of child care staff. Although the Canadian study reported an apparently higher level of satisfaction with co-workers (a score of 8.6 out of 10), direct comparison of findings is complicated by differences in styles of data collection.

Although the factors contributing to job satisfaction among B.C. caregivers are consistent with those mentioned in

Whitebook's (1989) study, they are only somewhat consistent with the findings of Kontos and Stremmel (1988) who reported 90% of caregivers in their sample mentioned contact with children as what they most liked about their job, and only 15% mentioned their co-workers.

One-third of B.C. infant and toddler educators in this study stated wages and/or benefits were the least satisfying aspect of their job; poor program quality was mentioned by 26%, working conditions by 18%, and lack of support by 17%. Although a few caregivers (4%) mentioned particularly disliking some duties such as changing diapers and doing laundry, unlike the Kontos and Stremmel study (1988), no caregiver in the B.C. study mentioned dealing with children as an aspect of their job they disliked.

Aside from the 8 (9.5%) caregivers who anticipated retiring within the next five years, slightly more caregivers in this study said they were likely to leave infant and toddler care because of wages or feeling "burned out" (20%) than said they were likely to leave in order to advance professionally or take more education (14.5%). Similar findings with respect to staff leaving the child care field because of low pay were reported in Caring for a Living (Canadian Day Care Advocacy Association & Canadian Child Day Care Federation, 1992), however this Canadian study did not mention the likelihood of caregivers leaving current employment to advance their careers.

It is quite conceivable, given the years of child care experience of most of the senior infant/toddler caregivers in this study, that many may be in what Katz (1972) describes as a "renewal" phase. Having become competent caregivers, they are now more closely assessing the value and quality of their work, looking for challenge and stimulation in their teaching career, and seeking affirmation of their image as professionals.

Professional Development

Four out of five caregivers reported attending at least one professional development workshop a year, and about two-thirds reported attending conferences and visiting other centres. Although caregivers declared interest in a range of professional development topics, their strongest preferences were for ones which could be assumed to have direct application in respondents' day-to-day roles as caregivers and co-workers. Managing children's behaviour, conceiving new program ideas, and maintaining constructive staff relationships are common responsibilities faced by most senior day care staff.

Caregivers' reported lack of enthusiasm for topics such as centre administration, public relations, and ethics, may be related to the proportion of non-profit centres in the sample. In such centres, management boards are often responsible for administration duties, fund raising, promoting the centre's image, and lobbying governments. Although

caregivers gave relatively low ratings for their training in administration, it is conceivable that caregivers who are not directly involved in administrative duties have little interest in learning more, and those who are directly involved already feel confident in their skills. Similarly, the high ratings for training, but low interest ratings for professional development, accorded to both child development and health and nutrition topics suggest that caregivers may feel confident in their knowledge of these subjects and may not see further study as especially related to their other perceived needs.

Knowing more about the care of very young special needs children was uppermost on some caregivers' lists of priorities and was very low on others. The two "streams" of current post-basic early childhood education training in British Columbia tend to place emphasis on either caring for normal infants and toddlers, or on special needs children between age three years to school entry. Consequently, when infants and toddlers with special needs are enrolled, it is reasonable to assume that many caregivers may feel a lack of confidence in their knowledge and ability to provide adequate care. Quite possibly, those caregivers registering little interest in learning more about exceptional children have not yet faced the challenge of caring for infants and toddlers with handicaps.

Professional Contacts

Close to 60% of sample caregivers claimed membership in a local, provincial or federal child care association. This number is considerably higher than the finding of the National Day Care Staffing Study (Whitebook et al., 1989) that 14% of caregivers across all employment categories belonged to a professional organization.

Although many caregivers had at least monthly contact with professionals from outside their day care centre, close to one-third of the sample expressed a desire to have more frequent contact particularly with licensing personnel. Due to the nature of day care work, maintaining a support network beyond one's immediate group of co-workers is often difficult, and it is not uncommon for senior staff to feel isolated from the stimulation and encouragement of knowledgeable professionals (Katz, 1972). Quite possibly, infant and toddler caregivers view licensing personnel in a positive light as colleagues and consultants rather than solely as representatives of government bureaucracy.

College Support

Surprisingly, while approximately two-thirds of the sample said informal support was available from community colleges, hardly any caregivers mentioned college personnel as being among their regular professional contacts.

Despite their considerable knowledge, experience, and ready access to educational resources, instructors in early childhood education departments may be perceived by senior caregivers as less "regularly" available, less interested in the "grass-roots" experiences of centre operations, or less involved with individual children.

It is reasonable to assume that both instructors and infant/toddler caregivers could benefit from more frequent contact with one another. Not only do child care practitioners appear to want new information and ideas on program operations, materials and resources, and policy directions, but instructors need to maintain a realistic picture of the context of child care, the adequacy of their training programs, and the professional development needs in their region.

Geographical Comparisons

Results of this study confirm the Ministry of Health licensing data that day care facilities for infants and toddlers are unevenly distributed throughout British Columbia, with the majority concentrated in the main population centres of the Lower Mainland, Vancouver, and southern Vancouver Island. These regions have experienced a rapid population growth and an increase in the cost of living. Increase in the number and percentage of employed women with young children, as well as an increase in the number of families able to afford group day care fees, has supported

the development of infant and toddler care over the past decade in the Vancouver region. As population and family incomes continue to expand in the Victoria area, it is likely that more licensed centres for infants and toddlers will be developed there.

It is not surprising that the less populated areas of the province had fewer licensed infant/toddler day care centres. Several caregivers in both the North and the Central Interior noted difficulty in maintaining enrolments given the availability of informal care in their communities. With respect to the recently announced provincial incentive grants in support of infant/toddler care and facilities development, it remains to be seen what impact these grants will have on the establishment and distribution of new day care spaces for children under three years of age in British Columbia.

Although responding caregivers in the North and Central Interior have much in common with caregivers in the southern portion of the province, they appear less energetic in pursuing professional development and less involved in program assessment. At the same time, comments from caregivers in these regions reflected a strong desire for greater appreciation from parents and recognition of their professional status in their communities. The perception of child care as being held in low esteem is consistent with the findings of the study Caring for a Living (Canadian Day Care Advocacy

Association & Canadian Child Day Care Federation, 1992), which, together with increased salary levels, ranked "promoting more respect for child care workers" as the most important contributing factors to job satisfaction and staff retention.

Caregivers in the North engender some particular concerns since they were significantly more negative regarding the quality of their programs and less satisfied with their jobs. Responding caregivers in the North indicated significantly less participation in both professional development and program review. These findings suggest that Northern caregivers may be suffering more than geographical isolation, and are in need of some professional revitalization to insure children continue to benefit from their day care experience.

Caregivers in the Vancouver area were the only ones to express concerns regarding the welfare of special needs children in their centres. Integrating children with handicaps into community day care facilities is a growing trend, but one for which the greatest momentum is still in the more populated regions. It is difficult to say if, or when, infant/toddler care will see a significant increase in the enrolment of children with special needs. Successful integration not only depends on the availability of day care spaces, but also requires preparation and support of parents and caregivers. Including care of special needs children in

infant/toddler training curriculum would contribute to caregivers' readiness to care for young children with handicaps. In addition, such training may promote increased awareness and confidence in integrated child care on the part of community professionals, such as infant development consultants and Ministry of Social Services personnel, who have regular contact with both families of special needs children and care providers.

Variation in Auspices

With respect to privately owned and non-profit centres, there seemed to be no significant differences between the proportions of qualified caregivers, financial support for professional development, program and staff review, caregivers' opinions about licensing regulations, or job satisfaction in this study. On the other hand, caregivers in private centres participated less often in professional development, were less aware of support from community colleges, and were less committed to program review. Among privately owned centres licensed for infant and toddler care, only 3 (16%) limited their enrolment to children under three years of age, and no privately owned centre mentioned teen parents among their clientele.

With the exception of one mention of municipal support, no caregiver in this study who was working in a privately owned centre indicated any source of major economic support for their centre beyond parent fees and subsidies to fam-

ilies. In addition to a greater degree of autonomy, financial considerations are no doubt a major factor in the decisions and management style of private centres. It is possible, for instance, that a number of reporting caregivers in private centres were also owner-operators, and consequently may have had access to professional development funds but used them less frequently than caregivers in non-profit centres.

With the current 4:1 infant/toddler to adult caregiver ratios limited by provincial regulation, care of infants and toddlers is roughly twice as expensive as care for children over three years of age, and it would become even more expensive if child to adult ratios were reduced. Without access to provincial grants and community funds, most private centres probably find limiting care to children under three years of age is not financially feasible. Without substantial financial incentives for caring for infants and toddlers, private centres will probably continue to offset the cost of infant/toddler care with care of older children who can be accommodated in larger groups.

Financial consideration may be a major factor limiting enrolment of children of teen parents in private centres in B.C. With rare exceptions, these parents would be reliant on government subsidies to cover day care fees. The finding that no privately owned centres in B.C. serve children of teen parents is partly congruent with the finding of Kagan

and Newton (1989) that significantly fewer private centres provided care to children from low income families. Because privately owned centres are least able to operate on revenue from fees at the subsidy limit, children enrolled in private centres are more likely to be from middle to upper income families.

Owner-operators are not accountable to management boards, and may therefore assume all responsibility for program decisions and direction. Although fewer caregivers in private centres were committed to program review, Jorde-Bloom (1988) has noted that administrators consistently rate their organizational climate higher than do other staff. Engaging in a process of program assessment with employees may give owner-operators insights for maintaining quality in their work and child care environments.

Conclusions and Future Research

Not surprisingly, senior infant and toddler caregivers in licensed group day care centres in British Columbia share many of the same attributes and perceptions of daycare workers across Canada and the United States. They have several years of post-secondary education and many years of experience in child care. They find satisfaction both from the care of children and from their sense of belonging to a profession. They are dissatisfied with their wages, and

they want better environments in which to work and care for children.

Infant/toddler daycare environments in British Columbia are likely not as bleak as those which might be found in some regions of Canada and parts of the United States because provincial regulations specify minimum standards such as staff/child ratios, group sizes, and staff training requirements which have been related to quality in other studies. As a group, senior caregivers who responded in this study are of the strong opinion that infant to adult ratios should be reduced and regulations adhered to more strictly. Findings indicated that infant and toddler caregivers in this study are likely to change jobs within child care if employment opportunities with better wages, better working environments, or more professional status become available.

Senior caregivers are willing to participate in professional development, but if given a choice will select opportunities which appear to have practical relevance to their work. As more atypical children are enrolled in community day care programs, interest in, if not demand for, additional training in the care of special needs infants and toddlers will increase. Privately owned centres and centres outside major population centres may have insufficient financial resources to fully participate in professional development and consequently may remain isolated and static.

Including support to caregivers as part of the mandate of more early childhood professionals outside of day care centres, could serve to enhance the quality of programs for young children as well as the quality of training for future caregivers.

The Early Childhood Environment Rating Scale (Harms & Clifford, 1980), although a commonly used instrument in studies which include on-site assessment of the quality of child care programs, was not used in this study, nor does it appear to have been used in any British Columbia day care study. Future studies of infant and toddler caregiving in British Columbia would benefit from the use of such a scale.

Other areas for future examination might include both caregivers' perceptions regarding care for children in mixed age groups and comparisons of program quality of mixed and exclusive age groupings. Examining the procedures child care centres actually use, or would find helpful, in reviewing their programs and assessing staff performance could be of immediate relevance and assistance to infant and toddler caregivers in British Columbia.

A number of issues around post-secondary training programs for infant/toddler caregivers also warrant study. The influences of such factors as program content and length, admissions policies, time allowed for program completion, quality of practicum sites, and instructors' qualifications and experience on the preparation of infant/toddler care-

givers and the satisfaction and retention of staff are not well understood. Limited provincial training standards and the dearth of examples in literature of assessment methods to evaluate quality of early childhood and infant/toddler training suggest these may be important areas for future research.

As the demand for supplemental care of infants and toddlers increases in British Columbia, centre-based care will also likely increase. Insuring optimal quality of care for very young children in groups requires an environment which allows for calm, attentive, and responsive care from trained, nurturing, and stable caregivers. How these dimensions interrelate and what consequences they have for children's development have been the subject of numerous studies, however few studies have looked specifically at infant/toddler care and few studies have been conducted in Canada. Although this study did not directly assess the quality of supplemental group care for infants and toddlers in British Columbia, it did examine some of the attributes and expressed perceptions of senior caregivers which have been related, in other studies, to the quality of care for children. Knowing more about how infant/toddler centres operate, and how regulations, training, and work environments are perceived by caregivers is important for parents, educators, policy makers, who make decisions which may ultimately affect the well-being of very young children.

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APPENDIX 1

Letter to Caregivers

Questionnaire

6309 B. Old East Road
Victoria, B.C.
V8Y 1V8
June 1, 1990

Dear Under-Three Supervisor:

Group care for infants and toddlers is expanding rapidly in British Columbia and more Early Childhood Educators are working with very young children. However, not much is known about how caregivers themselves feel about their work and professional development.

Knowing more about your opinions and employment situation as an educator of children "under three" is important. As an early childhood educator and college instructor for many years, I know that such information is particularly useful for informing educational institutions, policy makers, professional associations and others who make decisions which affect your work in infant and toddler group care.

One infant or toddler educator from each licensed Infant or Under-Three centre is being asked to help in a province-wide study by completing and returning the enclosed questionnaire. In order for the results to be as representative as possible, it is best if the most qualified staff member available who is working directly with children under three years of age completes the questionnaire.

You may be assured of complete confidentiality. The questionnaire has an identification number for mailing purposes only. This is so your centre's name may be checked off the mailing list when your questionnaire is returned. The number will then be removed. Neither your name, nor the centre's name or location (other than by region) will ever appear on the questionnaire or be otherwise identified.

The results of this research will be distributed to the Child Care Facilities Branch, ECEBC, and educational institutions in the Province. As well, the research will form part of my Master's thesis which will be available through the University of Victoria library. You may receive a summary of the results by writing "copy of results requested" on the back of the return envelope, and printing your name and address below it. Please do not put this information on the questionnaire itself.

I would be most happy to answer any questions you might have. Please write or call. The telephone number is (604) 652-0170.

Thank you for your assistance.

Sincerely,

Nancy J. Hogue

Infant and Toddler Caregiver Questionnaire

This questionnaire is intended for early childhood educators who work directly with children under three years of age in centres licensed as Infant or Toddler group care facilities.

The questionnaire is divided into four parts: views on Infant and Toddler care; professional training and development; satisfaction with employment; and centre information.

Please limit your answers to what you personally know, believe, or have done, rather than what others may know, believe, or have done.

The term "your centre" applies to the centre in which you are currently employed. "Post basic infant and toddler training" is used inter-changeably with "under-three training" and refers to training following the completion of basic early childhood education program and 500 hours work experience.

Your cooperation in completing this questionnaire is greatly appreciated.

Please circle the one answer for each question which best applies to you.

Views on Infant/ Toddler Care and Training and Licensing Requirements

1. How adequately do you think the need for Under-Three care is being met in your community?

- 1 NOT AT ALL ADEQUATELY
- 2 SOMEWHAT INADEQUATELY
- 3 SOMEWHAT ADEQUATELY
- 4 VERY ADEQUATELY
- 5 DON'T KNOW/NO OPINION

2. In general, how adequately do you feel your program is meeting the needs of most children in your centre?

- 1 NOT AT ALL ADEQUATELY
- 2 SOMEWHAT INADEQUATELY
- 3 SOMEWHAT ADEQUATELY
- 4 VERY ADEQUATELY
- 5 DON'T KNOW/NO OPINION

3. Are there children in your centre for whom you feel this is not the best program for them at this time?

- 1 NO
- 2 YES - If so, what type of program would better meet their needs? _____

4a. In general, how reasonable is the requirement of completion of post basic infant and toddler training to qualify as an Infant and Toddler Educator (Under-Three Supervisor)?

- 1 VERY UNREASONABLE
- 2 SOMEWHAT UNREASONABLE
- 3 SOMEWHAT REASONABLE
- 4 VERY REASONABLE

4b. In general, what is your opinion about 500 hours of required work experience before becoming qualified as an Infant and Toddler educator?

- 1 TOO LONG
- 2 TOO SHORT
- 3 ABOUT RIGHT
- 4 DON'T KNOW/ NO OPINION

4c. In your opinion, how important is it that 500 hours of work experience as an early childhood educator be completed before starting Under-Three training?

- 1 VERY IMPORTANT
- 2 SOMEWHAT IMPORTANT
- 3 NOT IMPORTANT
- 4 DON'T KNOW/ NO OPINION

5a. In general, what is your opinion about the facilities requirements for licensing of Infant and Under-Three centres?

- 1 TOO RIGID
- 2 NOT RIGID ENOUGH
- 3 ABOUT RIGHT
- 4 DON'T KNOW/NO OPINION

5b. Please state what you believe are ideal caregiver/child ratios:

caregiver/infants ___/___ caregiver/toddler ___/___

5c. Please state any ways you would like to see licensing requirements and/or procedures changed.

Licensing requirements _____

Licensing procedures _____

6. In general, what influence do you believe licensing requirements for Infant and Under-Three centres have on the development of new centres?

- 1 INHIBIT THE DEVELOPMENT OF NEW CENTRES
- 2 ENCOURAGE THE DEVELOPMENT OF NEW CENTRES
- 3 HAVE LITTLE INFLUENCE ON WHETHER CENTRES ARE DEVELOPED
- 4 DON'T KNOW/ NO OPINION

Professional Training, Professional Development and Evaluation

7. Are you registered in British Columbia as a qualified Early Childhood Educator (3-5 Supervisor)?

- 1 NO
- 2 YES

8. Are you registered in British Columbia as a qualified Infant and Toddler Educator?

- 1 NO (if No, please go to questions 8a,b,c)
- 2 YES

8a. Are you currently employed with a "Letter of Permission?"

- 1 NO
- 2 YES

8b. How much of the training do you have left to complete?

- 1 COURSE WORK ONLY
- 2 PRACTICUM ONLY
- 3 COURSE WORK AND PRACTICUM

8c. How soon do you believe you will complete the required Under-Three training?

- 1 LESS THAN ONE YEAR
- 2 ONE OR TWO YEARS
- 3 MORE THAN TWO YEARS
- 4 LIKELY NEVER

9. In each of the following categories, please indicate how adequately you believe your Under-Three training prepared you, or is preparing you, to work with infants and toddlers.

	POORLY		ADEQUATELY		WELL	N/A
a. Infant & toddler activities	1	2	3	4	5	0
b. Child development	1	2	3	4	5	0
c. Child behaviour and management techniques	1	2	3	4	5	0
d. Design of infant and toddler environment	1	2	3	4	5	0
e. Health and nutrition	1	2	3	4	5	0
f. Relationships with families	1	2	3	4	5	0
g. Administration	1	2	3	4	5	0

10. From what educational institution did you receive, or are you receiving, the majority of your Under-Three training?

11. Please check () how often you participate in non-credit professional development activities such as workshops, conferences, visits to other centres, or other activities.

	WORK- SHOPS	CONFER- ENCES	VISIT CENTRES	OTHER
a. Once or more per year	_____	_____	_____	_____
b. Less than once per year	_____	_____	_____	_____
c. Once every few years	_____	_____	_____	_____
d. Never	_____	_____	_____	_____

12. Circle one of the following which best describes the professional development policy of your centre as it applies to you.

- 1 NO PROFESSIONAL DEVELOPMENT SUPPORT
- 2 LEAVE WITHOUT PAY ONLY
- 3 PAID LEAVE ONLY
- 4 EXPENSES ONLY
- 5 PAID LEAVE AND EXPENSES
- 6 OTHER (Please specify) _____

13a. To what extent is formal professional support available from the Community College in your region, eg. courses or workshops?

- 1 NEVER
- 2 OCCASIONALLY
- 3 AS OFTEN AS REQUESTED
- 4 DON'T KNOW

13b. To what extent is informal professional support available from the Community College in your region, eg. consultation, resources, etc.

- 1 NEVER
- 2 OCCASIONALLY
- 3 AS OFTEN AS REQUESTED
- 4 DON'T KNOW

14a. Using the scale below, please circle the number which most closely indicates the likelihood you would attend if the following professional development opportunities were to be offered in your region.

- 1 NOT ATTEND
- 2 POSSIBLY ATTEND
- 3 PROBABLY ATTEND
- 4 DEFINITELY ATTEND

	NOT ATTEND	POS- SIBLY	PROB- ABLY	DEFIN- ITELY
a. Updating on health/nutrition	1	2	3	4
b. Updating on philosophy and practices	1	2	3	4
c. Guiding children's behaviour	1	2	3	4
d. Infant/Toddler activities	1	2	3	4
e. Infant/Toddler environments	1	2	3	4
f. Emotional development	1	2	3	4
g. Social development	1	2	3	4
h. Cognitive/language development	1	2	3	4
i. Special Needs-Infant/Toddler	1	2	3	4
j. Parent/child relations	1	2	3	4
k. Staff/ parent relations	1	2	3	4
l. Centre administration	1	2	3	4
m. Professionalism, effectiveness, eg. commitment, values	1	2	3	4
n. Ethics	1	2	3	4
o. Staff relations	1	2	3	4
p. Community and government relations	1	2	3	4
q. Other (Please specify)				

14 (A). With reference to the above list, please indicate the letters of the professional development topics for which you would be most interested in attending.

_____ ' _____ ' _____

14 (B). Please indicate the letters of the topics for which you would be least interested in attending.

_____ ' _____ ' _____

14 (C). Other than completing your training, in the past two years what professional development activities, and for what topics, have you attended?

15. In which Community College region are you presently employed?

- 1 CAPILANO, VANCOUVER CITY COLLEGE, KWANTLEN, DOUGLAS
- 2 CAMOSUN
- 3 CARIBOO
- 4 COLLEGE OF NEW CALEDONIA
- 5 EAST KOOTENAY
- 6 FRASER VALLEY
- 7 MALASPINA
- 8 NORTHERN LIGHTS
- 9 NORTHWEST
- 10 NORTH ISLAND
- 11 OKANAGAN
- 12 SELKIRK

16a. Does the centre where you work conduct an internal review of its program at least once a year?

- 1 NO
- 2 YES

16b. How often do you think a review of the program should occur?

- 1 ONCE A YEAR
- 2 ONCE EVERY 5 YEARS
- 3 OTHER (Please specify) _____
- 4 DON'T KNOW/NO OPINION

17a. Does the centre where you work have a system for staff evaluation at least once a year?

- 1 NO
- 2 YES

17b. How often do you think staff evaluations should occur?

- 1 MORE THAN ONCE A YEAR
- 2 ONCE A YEAR
- 3 ONCE EVERY 2 YEARS
- 4 NEVER
- 5 OTHER (Please specify) _____
- 6 DON'T KNOW/NO OPINION

18. Has the centre where you work ever had a formal external evaluation?

- 1 NO
 - 2 YES - when? _____, by whom? _____
- _____

19a. How often do you communicate with other community agency personnel, such as public health nurses, speech therapists, elementary school teachers?

- 1 NEVER OR RARELY
- 2 FEW TIMES A YEAR
- 3 ABOUT ONCE A MONTH
- 4 FEW TIMES A MONTH

19b. Which community agencies do you communicate with?

20. To which, if any, professional child care associations do you belong?

local _____

provincial _____

federal _____

Personal Satisfaction and Expectations Regarding Employment

21. How long have you worked at the centre where you are now currently employed? _____ years _____ months.

22. How long have you worked in Early Childhood Education? _____ years _____ months.

23. Overall, how satisfied do you feel in your present employment?

- 1 NOT AT ALL SATISFIED
- 2 SOMEWHAT SATISFIED
- 3 GENERALLY SATISFIED
- 4 VERY SATISFIED

24. Overall, what is the best aspect of your present employment?

25. Overall, what is the least personally satisfying aspect of your present employment?

26. What aspect of your employment would you most like to see improved?

27. Do you see yourself still employed in Infant/Toddler care five years from now?

- 1 YES
- 2 NO (If not, why not?) _____

Information on Your Centre

28. Please indicate the type of centre in which you currently work.

- 1 INFANT-ONLY
- 2 TODDLER-ONLY
- 3 INFANT AND TODDLER
- 4 TODDLER AND 3-5 YEAR OLDS
- 5 INFANT, TODDLER, 3-5
- 6 OTHER

29. If the centre in which you work is licensed for toddlers and 3-5 year old children, please indicate how the toddlers are accommodated.

- 1 TODDLERS TOTALLY SHARE SPACE AND TIME WITH OLDER CHILDREN
- 2 TODDLERS ARE TOTALLY SEPARATED IN SPACE AND TIME FROM OLDER CHILDREN
- 3 TODDLERS SHARE SPACE BUT USE IT SEPARATELY FROM OLDER CHILDREN
- 4 TODDLERS SHARE SOME TIME WITH OLDER CHILDREN (Please estimate the percentage of time Toddlers spend with older children in your centre)
_____ % time

Please identify activities toddlers and older children spend together: _____

30. How long has your centre been licensed as an Under-Three centre?

- 1 LESS THAN ONE YEAR
- 2 ONE TO THREE YEARS
- 3 MORE THAN THREE YEARS
- 4 DON'T KNOW

31. Under what auspices is your centre managed?

- 1 NON-PROFIT SOCIETY/SCHOOL BOARD
- 2 CHURCH OR RELIGIOUS ORGANIZATION
- 3 PRIVATE OWNERSHIP
- 4 EMPLOYER SPONSORED
- 5 NATIVE BAND
- 6 OTHER (Please specify) _____
- 7 DON'T KNOW

32. In addition to parent fees and subsidies, from what other sources, if any, does your centre receive major funding, resources, or support?

33. What is the main parent clientele of your infant/toddler centre? (eg. working, student, teen parents)

34. Please add any additional comments you wish to discuss or think will help clarify your answers or opinions.

APPENDIX 2

Partial Results

PARTIAL RESULTS

Infant and Toddler Caregiver Questionnaire

(Note) Some percentage totals may not equal 100% due to rounding.

Views on Infant/ Toddler Care and Training and Licensing Requirements

1. How adequately do you think the need for Under-Three care is being met in your community?

1	NOT AT ALL ADEQUATELY	45	54%
2	SOMEWHAT INADEQUATELY	15	18%
3	SOMEWHAT ADEQUATELY	20	24%
4	VERY ADEQUATELY	4	5%
5	DON'T KNOW/NO OPINION	0	0%
		N=84	101%

2. In general, how adequately do you feel your program is meeting the needs of most children in your centre?

1	NOT AT ALL ADEQUATELY	2	2%
2	SOMEWHAT INADEQUATELY	4	5%
3	SOMEWHAT ADEQUATELY	24	29%
4	VERY ADEQUATELY	54	64%
5	DON'T KNOW/NO OPINION	0	0%
		N=84	100%

3. Are there children in your centre for whom you feel this is not the best program for them at this time?

1	NO	58	69%
2	YES	25	30%
	(No answer)	1	1%
		N=84	100%

What program would better meet needs...

Smaller group/family day care	12
Separate age groupings	3
Consideration for special needs children	7
Lower ratio	1
Shorter program	1
Culturally appropriate	1
	N = 25

4a. In general, how reasonable is the requirement of completion of post basic infant and toddler training to qualify as an Infant and Toddler Educator (Under-Three Supervisor)?

1	VERY UNREASONABLE	10	12%
2	SOMEWHAT UNREASONABLE	7	8%
3	SOMEWHAT REASONABLE	17	20%
4	VERY REASONABLE	47	56%
	(No answer)	<u>3</u>	<u>4%</u>
		N=84	100%

4b. In general, what is your opinion about 500 hours of required work experience before becoming qualified as an Infant and Toddler educator?

1	TOO LONG	10	12%
2	TOO SHORT	14	17%
3	ABOUT RIGHT	55	65%
4	DON'T KNOW/ NO OPINION	<u>5</u>	<u>6%</u>
		N=84	100%

4c. In your opinion, how important is it that 500 hours of work experience as an early childhood educator be completed before starting Under-Three training?

1	VERY IMPORTANT	63	75%
2	SOMEWHAT IMPORTANT	12	14%
3	NOT IMPORTANT	6	7%
4	DON'T KNOW/ NO OPINION	<u>3</u>	<u>4%</u>
		N=84	100%

5a. In general, what is your opinion about the facilities requirements for licensing of Infant and Under-Three centres?

1	TOO RIGID	5	6%
2	NOT RIGID ENOUGH	27	32%
3	ABOUT RIGHT	47	56%
4	DON'T KNOW/NO OPINION	<u>5</u>	<u>6%</u>
		N=84	100%

5b. Please state what you believe are ideal caregiver/child ratios:

caregiver/infants	1/1	2	2%
	1/2	40	48%
	1/3	34	40%
	1/4	5	6%
	1/6	1	1%
	(No answer)	<u>2</u>	<u>2%</u>
	N= 84	99%	
caregiver/toddler	1/2	3	4%
	1/3	36	43%
	1/4	36	43%
	1/5	1	1%
	1/6	3	4%
	1/8+	4	5%
	(No answer)	<u>1</u>	<u>1%</u>
	N=84	101%	

5c. Please state any ways you would like to see licensing requirements and/or procedures changed.

(62 respondents)

Licensing requirements:

Lower infant:staff ratios	12
More flexibility: age groupings, staff training, facilities	6
Improvements to space and equipment standards	6
Reduce length of day for infants	3

Licensing procedures:

Regular/more supportive visits from licensing personnel	23
Equitable/consistent enforcement of regulations	13
Enforce requirements for qualified staff	10
Expedite/coordinate licensing procedures	8
Expand/improve College training	7
Increase detail/explanation of regulations	7
Closer scrutiny of staff suitability	4
More regional flexibility	3

6. In general, what influence do you believe licensing requirements for Infant and Under-Three centres have on the development of new centres?

1	INHIBIT DEVELOPMENT OF NEW CENTRES	27	32%
2	ENCOURAGE DEVELOPMENT OF NEW CENTRES	10	12%
3	HAVE LITTLE INFLUENCE ON WHETHER CENTRES ARE DEVELOPED	29	35%
4	DON'T KNOW/ NO OPINION	12	14%
	No answer	6	7%
		<u>84</u>	<u>100%</u>

Professional Training, Professional Development and Evaluation

7. Are you registered in British Columbia as a qualified Early Childhood Educator (3-5 Supervisor)?

1	NO	3	4%
2	YES	81	96%
		<u>84</u>	<u>100%</u>

8. Are you registered in British Columbia as a qualified Infant and Toddler Educator?

1	NO (if No, go to 8a,b,c)	15	18%
2	YES	69	82%
		<u>84</u>	<u>100%</u>

8a. Are you currently employed with a "Letter of Permission?"

1	NO (or no answer)	5	33%
2	YES	10	67%
		<u>15</u>	<u>100%</u>

8b. How much of the training do you have left to complete?

1	COURSE WORK ONLY	0	0%
2	PRACTICUM ONLY	1	7%
3	COURSE WORK AND PRACTICUM (awaiting registration)	10	67%
	No answer	1	7%
		<u>11</u>	<u>101%</u>

8c. How soon do you believe you will complete the required Under-Three training?

1	LESS THAN ONE YEAR	5	33%
2	ONE OR TWO YEARS	4	27%
3	MORE THAN TWO YEARS	1	7%
4	LIKELY NEVER	3	20%
	Completed all requirements	1	7%
	No answer	<u>1</u>	<u>7%</u>
		N=15	101%

9. ... indicate how adequately you believe your Under-Three training prepared you, or is preparing you, to work with infants and toddlers. N = 84

	POORLY		ADEQUATELY		WELL	No/A
	1	2	3	4	5	0
a. Infant/toddler activities	3	12	13	18	30	8
b. Child development	0	3	8	14	50	9
c. Child behaviour and management techniques	1	4	16	21	34	8
d. Design of infant and toddler environments	4	7	16	22	27	8
e. Health and nutrition	1	3	8	15	48	9
f. Relationships w/families	3	13	13	16	30	9
g. Administration	11	8	14	15	24	12
	23	50	88	121	243	63
	4%	9%	15%	21%	41%	1%

10. From what educational institution did you receive, or are you receiving, the majority of your Under-Three training?

CAMOSUN	8	NORTHERN LIGHTS	0
CAPILANO	5	NORTHWEST	2
CARIBOO	3	NORTH ISLAND	1
NEW CALEDONIA	0	OKANAGAN	0
DOUGLAS	10	SELKIRK	0
EAST KOOTENAY	5	VCC-LANGARA	16
FRASER VALLEY	1	U.B.C.	1
KWANTLEN	0	U.VIC	1
MALASPINA	1	PAC. RIM INST.	3
		LANGLEY CONT. ED.	1
		Other Canadian prov.	7
		Great Britain	11
		No answer	8
			<hr/>
			N = 84

11. Please check how often you participate in non-credit professional development activities such as workshops, conferences, visits to other centres, or other activities.

	WORK- SHOPS	CONFER- ENCES	VISIT CENTRES	OTHER
a. Once or more per year	68	55	54	19
	81%	65%	64%	23%
b. Less than once per year	6	7	11	4
	7%	8%	13%	5%
c. Once every few years	5	13	7	1
	6%	15%	8%	1%
d. Never	2	4	4	2
	2%	5%	5%	2%
NO answer	3	5	8	58
	4%	6%	10%	69%
				<hr/>
	N=84	N=84	N=84	N=84

12. ... which best describes the professional development policy of your centre as it applies to you.

1	NO PROFESSIONAL DEVELOPMENT SUPPORT	8	10%
2	LEAVE WITHOUT PAY ONLY	7	8%
3	PAID LEAVE ONLY	16	19%
4	EXPENSES ONLY	8	10%
5	PAID LEAVE AND EXPENSES	34	40%
6	OTHER *	9	11%
	No answer	2	2%
		N=84	100%

* Other

	Owner operated	3
	Limited financial support	5
	Developing Prof. Dev. policy	1

N = 9

13a. To what extent is formal professional support available from the Community College in your region...?

1	NEVER	6	7%
2	OCCASIONALLY	41	49%
3	AS OFTEN AS REQUESTED	26	31%
4	DON'T KNOW	11	13%

N=84 100%

13b. To what extent is informal professional support available from the Community College in your region...?

1	NEVER	9	11%
2	OCCASIONALLY	26	31%
3	AS OFTEN AS REQUESTED	29	35%
4	DON'T KNOW	11	24%

N=84 101%

14a. ... which most closely indicates the likelihood you would attend if the following professional development opportunities were to be offered in your region.

	NOT ATTEND	POS- IBLY	PROB- ABLY	DEFIN- ITELY (N=)	
a. Updating on health/nutrition	7	32	22	14	75
b. Updating on philosophy and practices	5	10	32	32	79
c. Guiding children's behaviour..	1	11	28	38	78
d. Infant/Toddler activities	3	13	22	40	78
e. Infant/Toddler environments...	2	18	23	32	75
f. Emotional development.....	4	9	32	35	80
g. Social development.....	2	15	27	30	74
h. Cognitive/language development.	2	17	27	28	74
i. Special Needs-Infant/Toddler..	4	19	18	39	80
j. Parent/child relations.....	5	16	28	25	74
k. Staff/ parent relations.....	3	11	27	36	77
l. Centre administration.....	10	16	17	34	77
m. Professionalism, effectiveness, eg. commitment, values	4	15	24	33	76
n. Ethics.....	3	19	30	23	75
o. Staff relations.....	1	13	23	38	75
p. Community and government relations.....	6	14	28	20	68
q. Other: (8 responses)					
stress management		3			
staff communications/evaluation		3			
child abuse		2			
music for infants/toddlers					
outdoor play					
toy making					
fund raising					
Magda Gerber					
board development					

Rank order by percentage of sample indicating
"probably/definitely attend"

f. Emotional development	80%
c. Guiding children's behaviour..	79%
b. Updating on philosophy and practices	76%
k. Staff/ parent relations.....	75%
d. Infant/Toddler activities	74%
o. Staff relations.....	73%
g. Social development.....	68%
i. Special Needs-Infant/Toddler..	68%
m. Professionalism, effectiveness, eg. commitment, values.....	68%
e. Infant/Toddler environments...	65%
h. Cognitive/language development.	65%
j. Parent/child relations.....	63%
n. Ethics.....	63%
l. Centre administration.....	61%
p. Community and government relations.....	57%
a. Updating on health/nutrition	43%

14 (A). With reference to the above list, please indicate the letters of the professional development topics for which you would be most interested in attending.

	Responses	Percentage of sample (84)
c. Guiding children's behaviour..	28	33%
d. Infant/Toddler activities	26	31%
i. Special Needs-Infant/Toddler..	24	29%
o. Staff relations.....	21	25%
b. Updating on philosophy and practices	20	24%
m. Professionalism, effectiveness, eg. commitment, values.....	18	21%
e. Infant/Toddler environments...	17	20%
l. Centre administration.....	16	19%
k. Staff/ parent relations.....	15	18%
f. Emotional development	14	17%
a. Updating on health/nutrition	11	13%
h. Cognitive/language development.	10	12%
j. Parent/child relations.....	9	11%
p. Community and government relations.....	9	11%
g. Social development.....	5	6%
n. Ethics.....	3	4%

14 (B). Please indicate the letters of the topics for which you would be least interested in attending.

	Responses	Percentage of sample (84)
a. Updating on health/nutrition	38	45%
l. Centre administration.....	24	29%
p. Community and government relations.....	24	29%
n. Ethics.....	21	25%
i. Special Needs-Infant/Toddler..	18	21%
b. Updating on philosophy and practices	12	14%
d. Infant/Toddler activities	12	14%
j. Parent/child relations.....	12	14%
h. Cognitive/language development.	9	11%
m. Professionalism, effectiveness, eg. commitment, values.....	9	11%
e. Infant/Toddler environments...	7	8%
c. Guiding children's behaviour..	6	7%
o. Staff relations.....	6	7%
g. Social development.....	5	6%
k. Staff/ parent relations.....	3	4%
f. Emotional development	1	1%

14 (C). Other than completing your training, in the past two years what professional development activities, and for what topics, have you attended?

Univ. of Victoria conference	20
child abuse	13
art, puppetry, expressive play	13
first-aid and earthquake safety	12
ECEBC conference	12
speech and language development	10
parent-staff communications	9
special needs	9
other conferences	8
behaviour management	7
teen parenting	5
administration/grants	5
diploma courses	5
evaluation	4
multiculturalism	4
other- related to ECE	6
other - unrelated to ECE	3
	N = 75

15. In which Community College region are you presently employed?

1	CAPILANO, VCC, KWANTLEN, DOUGLAS	38	45%
2	CAMOSUN	13	15%
3	CARIBOO	9	11%
4	COLLEGE OF NEW CALEDONIA	1	1%
5	EAST KOOTENAY	5	6%
6	FRASER VALLEY	3	4%
7	MALASPINA	6	7%
8	NORTHERN LIGHTS	0	0%
9	NORTHWEST	3	4%
10	NORTH ISLAND	5	6%
11	OKANAGAN	1	1%
12	SELKIRK	0	0%

N=84 100%

Grouping of college regions

Vancouver and "Lower mainland"

CAPILANO, VCC, KWANTLEN, DOUGLAS	38	45%
FRASER VALLEY	3	4%
	<u>41</u>	<u>49%</u>

Victoria and Nanaimo

CAMOSUN	13	15%
MALASPINA	6	7%
	<u>19</u>	<u>22%</u>

Central interior

CARIBOO	9	11%
EAST KOOTENAY	5	6%
OKANAGAN	1	1%
SELKIRK	0	0%
	<u>15</u>	<u>18%</u>

Northern (and remote)

COLLEGE OF NEW CALEDONIA	1	1%
NORTHERN LIGHTS	0	0%
NORTHWEST	3	4%
NORTH ISLAND	5	6%
	<u>9</u>	<u>11%</u>

16a. Does the centre where you work conduct an internal review of its program at least once a year?

1	NO	28	33%
2	YES	54	64%
	No answer	2	2%
		<u>N=84</u>	<u>99%</u>

16b. How often do you think a review of the program should occur?

1	ONCE A YEAR	70	83%
2	ONCE EVERY 5 YEARS	1	1%
3	OTHER*	8	10%
4	DON'T KNOW/NO OPINION	5	6%
		<u>N=84</u>	<u>100%</u>
	*other		
	ongoing	6	
	every 2 years	1	
	as needed	1	

17a. Does the centre where you work have a system for staff evaluation at least once a year?

1	NO	28	33%
2	YES	54	64%
	No answer	2	2%
		<u>N=84</u>	<u>99%</u>

17b. How often do you think staff evaluations should occur?

1	MORE THAN ONCE A YEAR	22	26%
2	ONCE A YEAR	48	57%
3	ONCE EVERY 2 YEARS	5	6%
4	NEVER	0	0%
5	OTHER*	8	10%
6	DON'T KNOW/NO OPINION	0	0%
		<u>N=84</u>	<u>99%</u>
	*Other		
	As needed	4	
	Ongoing	4	

18. Has the centre where you work ever had a formal external evaluation?

1	NO	49	58%
2	YES*	28	33%
	(No Answer)	7	8%
		<u>N=84</u>	<u>99%</u>

* When?:

		By whom?	
1990	8	Licensing official	11
1989	6	Ministry of Social Services	8
1988	5	Society board/ parents	5
1987	2	Day care consultant	3
1986	2	Peer	1
1979	1		

19a. How often do you communicate with other community agency personnel, such as public health nurses, speech therapists, elementary school teachers?

1	NEVER OR RARELY	4	5%
2	FEW TIMES A YEAR	19	23%
3	ABOUT ONCE A MONTH	24	29%
4	FEW TIMES A MONTH	37	44%
		<u>84</u>	<u>101%</u>

19b. Which community agencies do you communicate with?

Ministry of Health ("Public Health")	71	85%
Ministry of Social Services	26	31%
Elementary School teachers	24	29%
therapists	21	25%
special needs consultants/Infant Dev.	13	15%
family / community services	13	15%
college	4	5%
employment-related	4	5%
other	6	7%

20. To which, if any, professional child care associations do you belong?

local	24	29%
provincial	40	48%
federal	20	24%
No answer	34	41%

Personal Satisfaction and Expectations Regarding Employment

21. How long have you worked at the centre where you are now currently employed?

0-1yr	1-2yrs	2-3yrs	3-4yrs	4-5yrs	5-8yrs	8+
17	15	9	8	8	9	18

22. How long have you worked in Early Childhood Education?

0 -1yr.	1-2yrs.	2-3yrs.	3-4yrs.	4-5yrs.	5-8yrs.	8+
5	1	2	4	2	8	62

23. Overall, how satisfied do you feel in your present employment?

1	NOT AT ALL SATISFIED	3	4%
2	SOMEWHAT SATISFIED	16	19%
3	GENERALLY SATISFIED	37	44%
4	VERY SATISFIED	27	32%
	No answer	1	1%
		$\overline{N=84}$	$\overline{100\%}$

24. Overall, what is the best aspect of your present employment?

challenge and/or enjoyment of children	48	57%
staff, employers, work environment	30	36%
sense of pride, autonomy, contribution	18	21%
support of families and / or community	8	10%
salary, benefits, hours	6	7%
leadership role	3	4%

Information on Your Centre

28. Please indicate the type of centre in which you currently work.

1	INFANT-ONLY	4	5%
2	TODDLER-ONLY	9	11%
3	INFANT AND TODDLER	14	17%
4	TODDLER AND 3-5 YEAR OLDS	29	35%
5	INFANT, TODDLER, 3-5	17	20%
6	OTHER *	10	12%
	No answer	1	1%
		<hr/>	<hr/>
		N=84	101%
	* other		
	Infant - out of school	2	
	Toddler - out of school	3	
	Toddlers - 3.5 yr. olds	2	
	Not specified	3	

29. If the centre in which you work is licensed for toddlers and 3-5 year old children, please indicate how the toddlers are accommodated.

1	TODDLERS <u>TOTALLY SHARE</u> SPACE AND TIME WITH OLDER CHILDREN	15	27%
2	TODDLERS ARE <u>TOTALLY SEPARATED</u> IN SPACE AND TIME FROM OLDER CHILDREN	2	4%
3	TODDLERS SHARE <u>SPACE</u> BUT USE IT SEPARATELY FROM OLDER CHILDREN	3	5%
4	TODDLERS SHARE SOME TIME WITH OLDER CHILDREN	35	64%
		<hr/>	<hr/>
		N=55	100%

(Please estimate the percentage of time Toddlers spend with older children in your centre) N = 50 (1 & 4 above)

0-20%	21-40%	41-60%	61-80%	81-100%
12	10	7	6	15

Please identify activities toddlers and older children spend together:

outdoor play	23
opening/closing	14
snack/lunch	14
free play	10
special events, field trips	7
nap/rest	4
group activities	4

30. How long has your centre been licensed as an Under-Three centre?

1	LESS THAN ONE YEAR	8	10%
2	ONE TO THREE YEARS	28	33%
3	MORE THAN THREE YEARS	41	49%
4	DON'T KNOW	3	4%
	No answer	4	5%
		<hr/> N=84	<hr/> 101%

31. Under what auspices is your centre managed?

1	NON-PROFIT SOCIETY/SCHOOL BOARD	57	68%
2	CHURCH OR RELIGIOUS ORGANIZATION	1	1%
3	PRIVATE OWNERSHIP	19	23%
4	EMPLOYER SPONSORED	1	1%
5	NATIVE BAND	5	6%
6	OTHER	0	0%
7	DON'T KNOW	1	1%
		<hr/> N=84	<hr/> 99%

32. In addition to parent fees and subsidies, from what other sources, if any, does your centre receive major funding, resources, or support?

Grants	16	19%
Fund raising	9	11%
Service club donations	7	8%
Student society fees	6	7%
Bingo, casinos	5	6%
Employer support	3	4%
"Umbrella society"	3	4%
Federal job dev. program	2	2%
Municipality	1	1%
None / No answer	41	49%

33. What is the main parent clientele of your infant/toddler centre? (eg. working, student, teen parents)

Working parents	62	74%
Student parents	27	32%
Teen parents	12	14%
Non-working parent	5	6%
No answer	2	2%

34. Please add any additional comments you wish to discuss or think will help clarify your answers or opinions.

Comments	31
No comments	53

Comments re:

Wages, benefits, prof. dev.	19
Inadequate quality of staff	14
Structural factors: grouping ratio, space	11
Lack of recognition for day care work	8
Stricter enforcement of regulations	6
Weak management	6
No grants to private centres	4

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Author



NANCY JEAN HOGUE

April 2, 1993
(Date)