SELF-EFFICACY AND TRANSFORMED PRACTICE IN FAMILY CHILD CARE

by

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A thesis submitted to the Faculty of the University of Delaware in partial fulfillment of the requirements for the degree of Master of Science in Human Development and Family Studies

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ABSTRACT

Family child care represents a significant number of the early childhood programs available to families, with this type of care representing almost one quarter of the child care community (Laughlin, 2013). With increased attention and funding focusing on early childhood over recent years, systems and strategies have begun to focus more on family child care providers and ways to support their professional growth and enhance program quality. Using a participatory research design, the intent of this longitudinal, qualitative study was to examine evidence of changes in family child care providers' sense of self-efficacy, as identified by Bandura's model of self-efficacy (1977), and evidence of transformed practice. Within this study, transformed practice was defined as sustainable changes in thinking and practice inspired by learning experiences in which providers question deeply held beliefs and ideals within the context of their own program. Three family child care providers who were part of a Star Plus cohort in which the researcher was also assigned as their technical assistant participated. Providers were interviewed, along with analysis of data recorded in the state's Quality Rating and Improvement System (QRIS) database documenting their experiences within the QRIS over a three-year period. Audio recordings of Community of Practice meetings were also accessed in order to provide more detail into providers' experiences and a focus group was conducted as a member check to discuss initial findings with providers. Evidence of changes in self-efficacy was found in three domains: business owner/administrator self-efficacy, teacher self-efficacy, and resource and advocate self-efficacy, along with strong evidence of transformed practice in categories that paralleled these three domains. Findings also suggested an additional domain in self-efficacy as a learner.

Chapter 1

INTRODUCTION

In the mid 1990's, conversations and inquiry regarding the topic of child outcomes and early childhood experiences began to surface within the United States (Gomby, Larner, Stevenson, Lewit & Behrman, 1995; Barnett, 1995). As a result, the field of early childhood education has attracted national attention over the past several years, with state and federal initiatives created to improve early learning experiences for young children and their families (NICHD, 2002; OPRE, 2010; Burchinal, 2010; U.S. Office of the Press Secretary, The White House, 2011; Early Childhood Data Collaborative, 2014). There is also a renewed interest in research with the goal of better understanding teachers' needs and identifying ways to support the profession (Child Trends 2011; NAEYC, 2015; Early Educator Central, 2015). Among those receiving support are family child care providers who typically care for primarily non-relative children within their home, which is regulated by the state and for which providers receive pay (Morrissey & Banghart, 2007). In Delaware, family child care providers who serve families by providing care for one or more children within their home are required to be licensed by the state. Family child care homes that serve more than six children are considered "large" family child care and require an additional adult (Surdna Foundation Inc., 2001). The family child care provider is responsible for all aspects of the business and early childhood experiences for children and their families within their program. While not as prevalent as center-based care, family child care homes make up approximately 20% of the child care community, with children spending an average of about 30 hours per week in family child care settings (Laughlin, 2013). Approximately one-quarter of all children entering kindergarten have been enrolled in this type of child care (Morrissey & Banghart, 2007).

Despite the large number of children in this type of care, research efforts to support family child care and family child providers has been slow in coming. Only over the past decade has substantial progress been made in identifying program and provider characteristics that are predictive of quality programming and strategies that promote quality improvement (Surdna Foundation, 2001; Institute for Women's Policy Research, 2005; Raikes, Raikes & Wilcox, 2005; Mathematica Policy Research, 2010; Weaver, 2010; Lanigan, 2011). While findings from these studies provide insight into structural aspects for supporting quality improvement, limited research has focused on the process and providers perspectives as they engage in systems designed for continuous quality improvement.

Studies conducted in other educational settings have examined self-efficacy and its relation to effective teachers (Yost, 2002; Garvis & Pendergast, 2011; Garcia, 2004), as "teachers sense of self-efficacy appears to be the most important motivational factor for explaining learning and teaching practices" (Thoonen, Sleegers, Oort, Peetsma & Geijsel, 2011, p. 497). Experiences that challenge deep rooted beliefs and points of view encourage one to reflect on these learning and teaching practices in a way that promotes changes in practice and may lead to transformed practice (Taylor, 2007). In order for one to make sustainable changes in practice, a new frame of reference or point of view is therefore needed (Mezirow, 1997). One's sense of self-efficacy and experiences that may promote transformed practiced have yet to be explored and may prove to be valuable in supporting family child care and improving early childhood experiences for young children and their families.

In 2011, nine states received millions of dollars in federal funds through the Race to the Top- Early Learning Challenge, in order to implement various strategies among early childhood programs, including family child care homes, in the hopes of enhancing quality and ultimately producing better outcomes for the children they serve (U.S. Office of the Press Secretary, The White House, 2011). One of these strategies for improving program quality has been the implementation of a Quality Rating and Improvement System (QRIS). Working with family child care providers within a state's QRIS provides opportunities to strengthen providers' self-efficacy while improving program quality for the families they serve. With the resources allocated for supporting these programs, efforts that focus on providers' sense of efficacy and transforming practice may be instrumental in strategies that are sustainable long after funding ceases.

This study will focus on the narratives of three family child care providers participating in a QRIS over the course of two to three years. A QRIS consists of five core components including a set of quality standards in important areas of practice, monitoring of early childhood programs in relationship to the established standards, assisting programs in meeting the quality standards, providing financial incentives to programs, and disseminating program quality information to parents and the broader community (Child Trends, 2010).

Chapter 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

In the last decade, more research has been conducted in family child care than in prior years, with family child care becoming an increasingly trending topic in the field of early childhood education. Recent findings within the literature have begun to explore specific strategies or models, such as Family Childcare Networks (Herr Research Center for Children and Social Policy, 2009; Wilcher, Gebhard, & Williamson, 2012), specialized professional development and coursework with on-site coaching (Koh & Neuman, 2009) or a combination of the above strategies (Lanigan, 2011) and online training resources (Weigel, Weiser, Bales & Moyses, 2012) to support providers. While this is encouraging, more research focusing on process and evidence of impact over time is needed for informing policies and creating systems that result in sustainable change and professional growth.

Studies and literature reviews continue to describe provider characteristics, state requirements, training needs and overall public perceptions of providers (Pence & Goelman, 1991; Fisher & Eheart, 1991; Kontos, 1992; Rusby, 2002; Tuominen, 2003; Raikes, Raikes & Wilcox, 2005; Morrissey & Banghart, 2007; Lanigan, 2011; Weigel, Weiser, Bales, & Moyses, 2012; Gerstenblatt, Faulkner, Lee, Doan, & Travis, 2014). As important as these studies are in learning about the family child care population, they tend to reiterate what past studies have already revealed. What is needed now is research focused on evidence-based strategies that provide long-term professional support for these providers.

In 1991, Fischer and Eheart proposed and tested a connectional model for factors influencing caregiving practices of family child care providers, with five variables identified as having direct or indirect effects on caregiving practices. Within the model, factors such as demographic characteristics, training, support networks, business practices and stability, were all recognized as influencing practice, with training and support being the most powerful predictors among the sample of 177 family child care providers (Fisher & Eheart, 1991). However, overall quality was low and providers did not appear to be improving over time (Fisher & Eheart, 1991). One approach may be to shift the focus from program quality to the providers themselves in an effort to inform sustainable quality improvements while at the same time enhance professionalism of the family child care workforce.

Provider characteristics have been reported as predictive of program quality in multiple research findings, such as provider stress, attitudes and beliefs regarding their work, professional identity, psychological well-being, and motivation (Taylor, Dunster, & Pollard, 1999; Doherty, Lero, Goelman, Tougas, & LaGrange, 2000; Weaver, 2002; Stein, 2010; Forry, Iruka, Tout, Torquati, Susman-Stillman, Bryant, & Daneri, 2013; Gerstenblatt et al., 2014). From these studies, program quality was found to be associated with access to professional and personal resources (Stein, 2010; Forry, Iruka, Tout, Torquati, Susman-Stillman, Bryant, & Daneri, 2013) and more formal education and training in early childhood (Stein, 2010), with providers voicing the need for more available trainings that were relevant to their needs (Taylor, Dunster, & Pollard, 1999). Providers' beliefs in themselves and their work also was found to be a predictor of program quality, as well as, provider's commitment to the profession (Doherty, Lero, Goelman, Tougas, & LaGrange, 2000; Weaver, 2002). Providers who were felt supported in their work and had a strong sense of professional identity were also found to be less stressed in their role as a family child care provider

(Gerstenblatt et al., 2014) and were found to have higher quality family child care programs (Stein, 2010; Forry, Iruka, Tout, Torquati, Susman-Stillman, Bryant, & Daneri, 2013). These findings may serve as a more effective means for creating strategies for improving quality within family child care

One such strategy is utilizing the theory of self-efficacy and research focusing on provider efficacy for promoting professional growth and quality improvement over time. Due to the lack of research on self-efficacy and family child care providers, studies are included in this literature review that highlight possible factors and benefits of teacher self-efficacy reported within elementary schools and early childhood programs. While the context varies, the idea of self-efficacy can be applied to differing professionals in different situations, therefore issues related to teacher self-efficacy may be applied to the family child care provider resulting in potential benefits for providers, the children and families they serve, and society at large.

Theoretical Frameworks

In 1989, Bandura developed the social cognitive theory, with the theory of self-efficacy as its cornerstone. Self-efficacy refers to people's beliefs about their ability to influence events in their lives and make a difference as a result of their actions (Bandura, 2010). It is not about the skills one has, but the belief of how effective one is with the skills one possesses (Garcia, 2004). Four factors are identified in shaping personal efficacy: mastery experiences, vicarious experiences, social persuasion, and physiological factors, according to Bandura's model of self-efficacy (1977) and can be applied to teacher self-efficacy and the context of early childhood programs.

Teacher self-efficacy or, the teacher's own beliefs that he/she can personally provide good teaching (Coladarci, 1992), serves as the theoretical foundation for studies in supporting teachers and student achievements (Yost, 2002; Dembo & Gibson, 1985; Hoy & Burke 2005) and suggests a framework for creating systems that can support family child care providers throughout their careers. Systems that incorporate the theory of self-efficacy for supporting family child care providers may also provide opportunities for increasing teacher efficacy and encourage practices that lead to high quality programs for the families and children they serve. If efforts are made to encourage positive experiences within each of the four factors shaping self-efficacy, providers may experience an increase in confidence regarding their skills and abilities and enhanced professional growth, ultimately affecting practice and the early learning experiences for children in care.

Another consideration of the theory of self-efficacy is the notion that perceived self-efficacy is most accurately correlated to outcomes when it is domain specific, rather than viewed as a disposition one possesses (Bandura, 1986). Running a successful and high-quality family child care home requires the provider to wear many hats, such as that of a cook, teacher, and business owner. This necessitates many skills in communication-both written and verbal, math and organizational skills, and the ability to utilize teaching, observation and assessment strategies, and classroom management skills. When applying the theory of self-efficacy to this line of work, focusing efforts to increase provider's self-efficacy in one area may contribute to strengthening self-efficacy in other areas within the provider's skill set. This is due to how interwoven the various roles and corresponding tasks are to one another. Supporting providers in creating written policies and reflecting on situations in order to better articulate and reinforce those policies with clients, may in turn encourage providers' academic self-efficacy and therefore pursue professional development or educational ventures they may not have considered before. Pursuing these new goals may then filter to other skills and thus strengthen multiple aspects of the child care program. Bandura (1984) believes this phenomenon occurs due to the fact that, to some extent, the personal beliefs we have in our abilities, in some way, connect to everything we do, and because "self-efficacy beliefs mediate to a great extent the effect of other determinants of behavior" (Pajares, 1986, p. 570) and therefore contribute to the paths we follow and decisions we make.

Transformative learning theory is another significant theory to consider when working toward the goal of improving professional practice. Professional development that is based on transformative learning theory has the goal of fostering deep and sustainable changes in thinking and practice (Taylor, 2007). The field of early education provides a context in which those who work with providers or deliver professional development can employ the core elements found within the theory: critical reflection, dialogue, holistic orientation, appreciation for context, authentic relationships, and individual experience, both prior experiences and those experiences within the current learning environment (Mezirow, Taylor, & Associates, 2009). Within this study, transformed practice refers to sustainable changes in thinking and practice inspired by learning experiences in which providers question deeply held beliefs and ideals within the context of their own program.

The core elements of transformative learning theory are consistent with Bandura's factors identified in shaping self-efficacy as they are embedded within provider's experiences and can be used to inform specific strategies and present opportunities to increase personal efficacy. For example, through mastery experiences providers have the opportunity to draw on prior experience in the unique family child care context critically reflect on the experience and begin to make connections between practice and feelings of success. These learning opportunities not only encourage quality improvement efforts but impact affective knowing, which can prompt reflective thinking (Mezirow et al., 2009) both for the novice provider, as well as the more seasoned provider who may serve as a mentor. Similarly, core elements of transformative learning can be found within each of the remaining four factors identified in shaping self-efficacy. Wheatley (2005) proposes that "teachers' efficacy beliefs about their ability to *learn* in new ways is often more important for teacher educators than is traditional teacher efficacy." (p. 750). Both transformative learning theory and the theory of self-efficacy can be used as a framework for encouraging professional growth and transforming practice, with this study examining the relationship between them within the context of family child care.

Benefits of Efficacious Teachers

Within several studies, high teacher efficacy was identified as a salient ingredient to an effective classroom (Thoonen et al., 2011; Yost, 2002; Garcia, 2004). Teachers identified as having a higher sense of self-efficacy were more inclined to try innovative practices, displayed more enthusiasm for their profession, and were more resilient in overcoming obstacles within their elementary classrooms and in the profession as a whole (Yost, 2002). Such teachers enjoy a sense of ownership over their professional growth (Yost, 2002), implement practices that encourage a commitment to the profession (Thoonen et al., 2011) and employ practices that promote family involvement (Garcia, 2004). This is a critical finding when creating professional development opportunities and other strategies to promote best practices for family child care providers. System efforts that incorporate opportunities for shaping self-efficacy, rather than focusing solely on content knowledge, promote confidence in implementing newly-learned practices and create a renewed interest in learning, as documented in a study of four veteran teachers who served as mentors to novice teachers for a year (Yost, 2002).

A stronger sense of teacher efficacy may also have an impact on students (Dembo and Gibson, 1985). The benefit of having classrooms with teachers who have a strong sense of teacher efficacy not only provide children with higher quality early childhood experiences, but can foster the same confidence in students' own abilities. This assimilation of self-efficacy within the classroom may be due to the fact that "strong teacher self-efficacy has also been consistently related to teacher behavior, student attitudes and student achievement" (Garvis & Pendergast, 2011, p. 10). The teacher's ability to motivate and encourage learning in a way that begins to shape children's beliefs in their own ability in planning, motivation, self-help, control over events that occur in their lives, including setbacks and challenges, and potential for reaching personal goals (Garvis & Pendergast, 2011) can have lasting affects for young children.

This impact is even more significant for children and their families within family child care. Due to the nature of family child care programs, children in these settings typically experience more stability in their relationships with their caregiver than those in center-based care (Whitebrook, Phillips, Crowell, Almarez, & Jo, 2004), with providers often providing care for the same children, as well as their siblings, over extended periods of time. This continuity of care, along with the fact that families are more likely to prefer this type of care for infants and toddlers (Morrissey & Banghart, 2007) validates the role providers play in the first five years of a child's life before formal schooling; with the responsibility in helping shape children's own self-efficacy inescapable.

Families also reap benefits from efficacious teachers. In today's society, more and more young children are enrolled in some type of early childhood program with 12.5 million (61 percent) of the 20.4 million children under 5 years of age were in some type of regular child care arrangement, as documented in 2011 (Laughlin, 2013). Parents leave their children with early education teachers, child care center directors and family/large family providers with the hopes of a positive, rewarding early education experience for both them and their children. In conjunction with other factors, one of the components of this experience is the relationship between parents and their child's early childhood teacher. For family child care providers, the opportunity to form strong partnerships with parents is more feasible than with teachers within schools and early childhood programs, as they are the front lines in communicating with parents during drop off and pick up and tend to have longer child care arrangements in that they care for children of multiple ages- sometimes caring for the same child from birth through school-age.

A sense of self-efficacy is linked to teachers' practices in family involvement, with higher efficacious teachers incorporating additional practices that promote family involvement, as compared to their less efficacious peers (Garcia, 2004). While many providers have a desire to involve parents within their program, they may lack the confidence in promoting such events, and therefore do not do so. In 2004, a study was conducted within a large urban school district to determine if self-efficacy beliefs predicted family-involvement teacher practices (Garcia, 2004). Elementary school teachers completed the Teacher Efficacy Scale (Tschannen-Moran & Woolfolk Hoy, 2001), Family Involvement Teacher Efficacy Scale, and a survey of their practices related to parent involvement. Findings revealed that teacher's self-efficacy beliefs were significantly associated with higher levels of family involvement, with teachers having higher degrees of efficacy as more inclined to include parents in events such as conferences, volunteering, home visits and other efforts that encourage parent-provider relationships. Understanding this phenomenon and using that knowledge to develop professional development strategies that strive to strengthen teacher self-efficacy is the first step in state and local efforts to support family child care providers in partnering with families.

Factors Influencing Self-Efficacy

Efforts to strengthen teacher self-efficacy, which includes opportunities for providers to experience each of the factors identified as shaping self-efficacy described within this literature review --mastery experiences, vicarious experiences, physiological states, and social persuasion (Bandura, 1977)-- can be used in creating a confident early childhood workforce, particularly with family child care providers. In the following sections, a brief description of each factor is provided, along with documentation of studies addressing the factor of self-efficacy within elementary schools and early childhood programs, and conclude with how this factor of self-efficacy is applicable to the family child care provider and programs they provide to children and their families.

Mastery Experiences

According to Bandura, of all the factors shaping self-efficacy, mastery experiences is the most important (1977); in other words, personally experiencing success results in higher self-efficacy, whereas exposure to failure lowers self-efficacy. In a study of 53 graduate students who were conducting their first year of student teaching, a significant increase in teacher efficacy from the beginning of student teaching to after the first year of employment as a teacher was reported (Hoy & Spero, 2005). One conclusion from the study was that some of the most influential factors in the development of teacher efficacy were mastery experiences during student teaching and the first year of employment (Hoy & Spero, 2005). While these experiences are offered within the pre-service programs required for elementary teachers, early childhood educators are generally not governed by the same requirements (Early & Winton, 2001). This is even more of a concern for family child care providers. A 2001 study of 438 institutions of higher education examined the preparation programs for early childhood teachers and found that only 9.5% of bachelor programs and 8.3% of associate programs offered field placement or student teaching experiences in family child care, the least prevalent of all content areas (Early & Winton, 2001). In referencing Delaware's Delacare, rules for family child care homes (2009), no requirement exists in mandating pre-service training for family child care provider's applying as a level 1 family child care home. This lack of required pre-service training, coupled with the fact that providers often work alone, provides them with little to no opportunities for mastery experiences as they begin their career. In addition, it does not provide them with opportunities to engage in practices associated with transforming practice such as reflecting on practice, sharing and learning through conversations with colleagues and creating trusting relationships that encourage personal growth, especially if they have no prior experience in child care or education.

Personally experiencing success provides validation in one's ability to succeed or reach specific goals, and is one reason why mastery experiences are so important, especially with novice teachers or newly licensed providers. This idea is confirmed by a longitudinal study that followed teachers from a teacher preparation program until the end of their first year of teaching and found that teacher efficacy is most pliable during the first year of teaching, and once established, is hard to change (Hoy & Spero, 2005). This insight reinforces the need for additional supports for newly established family child care providers, so that they have greater opportunities for strengthening teacher efficacy through mastery experiences. It may also provide an explanation as to why providers with less experience were more inclined to dramatically improve program quality compared to providers with more experience, as reported from The Family Child Care Training Study (1995). Creating mentor programs or strategies for using supervised, care-giving/teaching hours with veteran providers who exhibit high teacher efficacy may be just a few possible approaches to implementing a pre-service requirement, thus providing the context for increasing teacher self-efficacy within the novice.

Vicarious Experiences

While not as powerful as mastery experiences, vicarious experiences also influence one's self- efficacy (Bandura, 1977), with the central belief that observing others succeed in similar situations, instills confidence in one's own abilities, or "If others can do it, so can I". In one study, veteran elementary teachers mentored novice teachers, as the novice took full teaching responsibilities for a full year within the veteran's classrooms, with results showing both novice and veteran teachers reporting higher levels of efficacy after the study (Yost, 2002).

Vicarious experiences are not only valuable for novice teachers or newly-licensed providers, but also can be beneficial to veteran teachers and more seasoned providers. The reported increase in teacher efficacy for both the pre-service and in-service teachers addresses one variable in teacher efficacy, that is, that efficacy can vary according to context and subject matter (Tschannen & Hoy, 2001). Those that are more efficacious in one area or subject matter may exhibit less self-efficacy in other domains. This impacts the children they care for, in that if teachers are efficacious in a content area, they are more likely to incorporate that subject into their daily classroom activities and have higher effectiveness. By the same token, teachers who do not believe in their personal teaching ability will be less likely to engage in planning and teaching, even if they believe it is "best practice" and beneficial to their students (Garvis & Pendergast, 2011).

Because teacher's efficacy can vary in relation to context and subject matter and can therefore impact students' exposure to various content areas, opportunities for vicarious experiences in all content areas may encourage teachers to employ strategies in areas where they may be less efficacious. A study of 21 early childhood teachers in Australia illustrates the correlation between teacher efficacy and classroom activities, with teachers reporting higher perceived competence for teaching math and English, compared to the different branches of the arts, and thus did not incorporate some of the arts in their daily classrooms. This was reinforced with quantitative data which showed that 95% of the classrooms had no weekly experience with dance, 90% no drama and 85% no media (Garvis & Pendergast, 2011). While this study cannot be generalized to the field, it does generate conversation about a possible connection between teacher efficacy and content areas.

Exposure to various strategies that have been proven successful for other teachers is vitally important. Teachers learning from one another through intentional modeling or sharing successful strategies amongst their peers, employs a more practice-based approach, allowing the teacher to internalize and see results sooner, versus a mere passive transfer of knowledge (Lee & Shaari, 2012).

The importance of vicarious experiences as a means for professional growth is reiterated through results from a study of family child provider's training needs (Rusby, 2002). In reflecting on two, 2-hour workshop sessions which focused on proactive practices for preventing problem behaviors, "only 2 (of the 12) providers participating in the focus group felt more confident in preventing problem behaviors after the workshop training sessions" (Rusby, 2002, p. 288). Incorporating opportunities for observing those who effectively integrate the ideas into practice is key to successfully applying strategies to one's own program. Constructing knowledge through watching others also allows the observer to be an active participant of his/her learning, creating a more bottoms up approach that can better inform state and local efforts in supporting their needs. "Teachers need to understand their own needs and then have a voice in planning how to meet those needs" (Yost, 2002, p. 195).

In order for modeling to be advantageous in strengthening teacher self-efficacy, the observers must be able to apply the skill to their individual context (Hoy & Spero, 2005). This is especially true for family child care providers who work and live within their home, which adds additional challenges to an already demanding profession. The distinction between home and work becomes blurred when providing an early childhood program from your home (Kontos, 1992; Tuominen, 2003; Gerstenblastt et al, 2013); therefore, skills learned must be applicable to this type of context. Modeling within providers' own settings, or similar contexts, provides opportunities to take into account these unique challenges and addresses how skills can be implemented most effectively, in spite of these challenges. "Showing the gains achieved by effortful coping behavior not only minimizes for observers the negative impact of temporary distress but demonstrates that even the most anxious can eventually succeed through perseverance." (Bandura, 1977, p. 197).

Another consideration for modeling to be valuable in strengthening self-efficacy is that the observer must be able to identify with the one modeling the skill for it to have the biggest impact on self-efficacy (Hoy & Spero, 2005). Technical Assistants (TA's) who support providers through reflection and feedback on implementing newly-learned strategies into practice (NAEYC & NACCRA, 2011) may utilize modeling as a strategy in working with providers. These professionals, along with mentors, trainers, and others who may provide modeling to family child care providers must acknowledge that family child care is distinctly different than center-based care, for which many trainings and professional activities are based upon (Doherty, 2014). Family child care providers often experience stress related to maintaining dual roles of business owner and child care provider and are viewed by society as underrated, compared to their center-based counterparts (Gerstenblatt et al., 2013). In a qualitative study of providers' perspectives of effective professional development, one provider states, "They didn't understand where we're coming from as providers and that's maybe the difference. It's a big difference working in a preschool where everybody is the same age. It just is. It's a big difference and I think that's where they didn't understand where we were coming from" (Lanigan, 2011, p. 402). Knowledge of these common challenges experienced by providers, or personal experience as a family child care provider, can help build creditability in the one modeling and increase the effectiveness of the vicarious experience.

Providing opportunities for vicarious experiences also involves several components within transformative learning such as the provider's prior and current individual experiences, dialogue shared between the more seasoned and the novice, feelings and emotions that are generated through the process of seeing something modeled, which in turn prompts reflection and a renewed confidence in oneself, all within the unique context of the family child care home. However, acquiring these experiences is a challenge for family child care providers, as their early childhood programs are distinctly different than that of other programs and there is little opportunity to connect with their peers. Such challenges include isolation from other providers, especially for those living in rural areas, trainings that do not meet their individual needs and lack of support for implementation of newly-learned skills (Lanigan, 2011). Incorporating infrastructures that offer peer mentoring and forums where providers can share ideas, such as professional networks or Communities of Practice (CoP), may encourage vicarious experiences among these professionals.

Physiological States

Another factor identified in Bandura's model for shaping self-efficacy is one's physiological state (1977). This factor in shaping self-efficacy not only considers one's emotional state, but also how reactions to events are perceived and interpreted (Bandura, 1977). Caring for children, in itself, is a stressful job, and can produce mixed-emotions that include doubt and uncertainty of one's teaching abilities. This stress is magnified for the family child care provider, who oftentimes cares for multiple children, varying in age from infant to school age, and works long hours with no "break time" or emotional support from co-workers. Providers who have little training or knowledge of best practice in behavior management can quickly find themselves feeling anxious about day-to-day routines and transitions, resulting in irritability and a loss of control. This is reaffirmed in a study of 178 randomly-selected, licensed, family child care providers in Oregon, in which 84% of the providers reported training needs in behavior management and 73% in stress management (Rusby, 2002). The likelihood of burnout is great for these professionals, without a strong sense of efficacy and enthusiasm for the profession. In working with family child care providers, these findings can serve as a basis for integrating strategies that support provider's physiological states in order to promote self-efficacy, and their commitment to the profession.

Social Persuasion

The final factor influencing self-efficacy, according to Bandura's self-efficacy theory (1977), is social persuasion. Social persuasion refers to the verbal influences, which either provides encouragement in meeting a goal, or discourages behavior and creates self-doubt for the person receiving it. Family child care providers do not have the luxury of co-workers, directors, curriculum coordinators, mentor teachers or principals to praise them on a job well-done after a implementing a successful strategy or to provide encouragement when feelings of self-doubt begin to emerge, such as when an activity does not go as planned. Having friendly, professional relationships with colleagues that can "provide emotional and psychological support for teachers' work" (Thoonen et al., 2011, p. 506) was found as an important factor for teacher motivation and professional learning in a study of 502 elementary school teachers. This need also exists for family child care providers.

As providers work from their home, isolated from others in the field, the necessity of encouragement from those that work in the same context, or have substantial experience as a provider, may help provide social persuasion that fosters a sense of competence. Depending on the credibility of the person giving the pep talks and feedback, social persuasion can be a strong influence on self-efficacy, either helping to strengthen it through encouragement, or lowering it, due to discouraging remarks that stir self-doubt (Hoy & Spero, 2005). Receiving feedback and “words of wisdom” from one that has experienced first-hand, the unique context of running a family child care home, and all the specific challenges it entails, may be a more credible source for fellow providers. Engaging in this type of social persuasion not only shapes self-efficacy and encourages professional growth, but simultaneously employs all elements associated with transformative learning (Mezirow et al., 2009), contributing to transformed practice and sustainable quality improvement efforts.

Families the child care program serves are also a main influence of social persuasion for the provider and therefore influence self-efficacy. Results from a study of 11 family child care providers participating in three focus groups identified parent satisfaction with their program as one source of stress (Gerstenblatt et al., 2013), with one provider describing the stress as, “You’re afraid, the smallest little thing and they’re going to leave.” (p. 71). These feelings can often contribute to self-doubt and lower self-efficacy, and even result in negative attitudes towards parents (Kontos, 1992), especially if these families are the only source of adult interaction providers experience on a daily basis. However, one provider who participated in a community-based family day care network described how parents' attitudes of family child care changed when they actually observed the provider's program and validated the provider's efforts in providing a quality early childhood program (National Center for Children in Poverty, 1993). Both of these findings illustrate how families' attitudes, opinions and perspectives can influence family child care provider's sense of self efficacy and their program as a whole.

Community of Practice (CoP), similar to a network, also provides a forum where family child care providers can elicit social persuasion that increases self-efficacy. A Community of Practice is defined as a group of people with a shared domain of interest who build relationships that enable them to learn from one another and share practice (Wenger, 2000). Within the CoP, people who share knowledge about a particular area of interest engage in productive interactions as they build relationships with one another and create resources that are accessible to the group and improve their practice (Wenger, 2000). A three-year study of family child care providers' perspectives regarding professional development and their role in the early childhood field illustrates this point (Lanigan, 2010). Through cohorts that were geographically close and culturally similar, providers were able to build relationships and form a sense of Community, neither of which they had experienced before the study. Providers shared feelings of isolation as one of the main challenges in their field; however, as the study progressed, this feeling became less and less and was gradually replaced with a sense of belonging with participation in the professional development network.

As a result of participating in the network, providers also shared an increase in support and motivation for professional development opportunities and a place where they could discuss professional issues in a safe and trusted environment without the worry of being criticized or judged. Providers shared that they felt more respected by the parents, saw themselves as true professionals in the field and were less intimidated to make quality improvement changes within their program. This was evident in many quotes from providers, validating the impact that participating in the network had on changing practice, "I'm using a lot more interactive guidance than I was before. I didn't realize the impact that could have and how it could be used" (Lanigan, 2010, p. 400). Unlike other support groups that may be used as "venting sessions" for providers, the professional network afforded these professionals a non-judgmental forum that was supportive and promoted personal growth and a sense of self-worth. The use of family child care networks or CoPs, as a strategy for providing social persuasion, may be one possible approach for promoting self-efficacy and professionalism for family child care providers, as well as, serve as a mediator in how providers internalize and interpret parent feedback.

Finally, another source of social persuasion that is often overlooked is that of the provider's own family, specifically his or her spouse or adult partner. This gap in research is addressed in a study that looked at predictors of quality and commitment in family child care, with findings confirming that "partner or spouse support were significantly related to professional commitment in the regulated settings" (Weaver, 2010, p. 274). Due to the family child care home operated within the provider's own home, and oftentimes incorporated within the family's personal space, attitudes and perception regarding the business and profession impact social persuasion and affect provider's self-efficacy. Depending upon the spouse or partner's attitudes and feelings, providers are either supported in their efforts, through words of encouragement and actions that contribute to the overall success of the program or must constantly defend their decision for providing child care and overcome challenges in meeting the needs and expectations for both the provider's own family and the families served in the family child care program. A qualitative study of 62 providers in twelve focus groups revealed, "the presence of a family member who was not supportive of the child care program is a recipe for high levels of provider stress to the detriment of program quality" (Doherty, 2014, p. 160). An awareness of the influence family members have on social persuasion and the impact it has on self-efficacy is essential in helping providers gain the support they need from their own families in order to grow professionally and provide quality care.

State initiatives can support family child care providers in social persuasion through multiple means such as with Technical Assistants (TA's) and veteran family child care providers, who have achieved distinction in program quality and display leadership skills and serve as mentors to those less experienced. Using highly effective veteran providers to serve as mentors not only can be a source of social persuasion for the novice provider, but also contributes to the self-efficacy of the veteran teacher, because being chosen for such a role confirms their competence and professionalism in the field (Yost, 2002). CoPs can also support providers with opportunities to realize a sense of self, which is formed through collaborating with one another and reflecting on one's own practice (Buysee, Sparkman, & Wesley, 2003). All of these methods can help bridge this social gap that exists within family child care programs and fulfill providers' need for acknowledgement in the field. In doing so, providers are able to critically reflect on practice through dialogue with fellow providers working within similar contexts and encountering similar experiences, while at the same time building authentic relationships; all factors related to transforming practice and informing quality improvement efforts in family child care.

Capturing Self-Efficacy in Family Child Care Providers

Although much is known about self-efficacy, little is known about family child care providers' sense of efficacy as they transform their practice. This was reiterated after a thorough review of literature specific to family child providers, in which Gerstenblatt and all found "a significant amount of the literature actually pertains to quality of care for children, center based providers, or kinship providers rather than the experiences of family child care providers" (2013, p. 68). Not only does this indicate a need for additional research in family child care, but also possibly the need for a new approach that focuses on providers' stories to better understand their experiences and professional needs.

Studies that have been conducted in family child care have focused primarily on topics such as work stress, professional development needs, caregiving behaviors essential for quality programs, provider characteristics and services provided (Gerstenblatt et. al., 2013; Lanigan, 2010; Doherty, 2014; Kontos, 1992); yet, limited progress has been made in recent years to identify and provide long-term, professional support for family child care providers. One study conducted with twenty family child care providers provided an in-depth qualitative study to better understand providers motivation for entering the profession, how public perceptions of their work impact providers and the various identities that they assume while providing care within their home (Tuominen, 2003). While these studies have enhanced our knowledge of the profession and provided insight from providers themselves, there remains the need for more research that focuses on providers' experiences and their professional growth, with efforts that use empirical data in order to better support these professionals. In looking at approaches that will enable providers to become effective early childhood teachers within the field, it is imperative to shift the lens to the providers themselves, focusing on self-efficacy and its relationship to transforming practice, in order to create frameworks that provide long-term supports for them, their programs, and the families and children they serve.

Past research in family child care has focused on demographic characteristics of providers, with little work on establishing a theoretical framework to help guide practice and policy in the field (Fisher & Eheart, 1991). As more research is conducted in family child care, efforts focused on identifying strategies for improving practice that are measurable and sustainable are needed.

Chapter 3

METHODS

This longitudinal, qualitative study employing a participatory research design examines evidence of changes in family child care providers' sense of self-efficacy, as identified by Bandura's model of self- efficacy (1977), and evidence of transformed practice. Transformed practice is defined in this study as sustainable changes in thinking and practice inspired by learning experiences in which providers question deeply held beliefs and ideals within the context of their own program. This study seeks to answer the following research questions:

- In what ways, if any, does family child care providers' sense of self-efficacy change while engaging in a state QRIS?
- What evidence of transformed practice, if any, is found while family child care providers engage in a state QRIS?

Context of the Study

In March 2012, the researcher was assigned as the Technical Assistant (TA) for a newly-created family child care cohort as part of the Stars Plus initiative within Delaware's Stars *for Early Success*, the state's voluntary Quality Rating and Improvement System (QRIS). As part of this model, additional supports were given to programs located in identified high need areas or that served at least 40% of their enrollment through Purchase of Care, Delaware's child care subsidy program offering financial assistance to low-income families for child care (Division of Social Services, 2014). Within the Stars Plus model, providers received weekly technical assistance, gathered for monthly Community of Practice (CoP) meetings facilitated by the TA and participated in coordinated professional development, as well as, received additional funds for purchasing needed materials for the program (Cortes, J., Perkins, K., Seefeldt, A., & Hallam, R. 2013; Cortes, J. & Hallam, R. (in press). The frequent on-site visits and communication between researcher and providers provided a context in which relationships were formed between the researcher and providers and created a safe place where providers could share personal views and experiences and reflect on current practice- all fundamental principles of participatory research (Bergold & Thomas, 2012). This approach enabled the researcher to conduct a qualitative study focusing on family child care providers and the idea of self-efficacy.

Participants

A purposeful sample of three family child care providers was obtained, based on specific features related to the research questions, along with the following four criteria: 1) a member of the Stars Plus cohort in which the researcher served as the technical assistant; 2) actively engaged in the monthly CoP meetings, professional development opportunities and technical assistance visits offered throughout the duration of the Star Plus cohort, in particular, during the last six months of the study as these meetings offered multiple opportunities for experiencing factors that contribute to self-efficacy (Bandura, 1977) and elements of transformative learning (Mezirow, Taylor, & et al., 2009); 3) achieved Star Level 4 or Star Level 5, the highest rating possible within the state's QRIS, by the end of June 2015 which served as a quantitative measure of the quality improvement; and 4) forthcoming in verbally sharing their personal and professional experiences throughout the cohort, both during TA visits and CoP meetings. Due to the nature of the study and the reliance of providers’ stories of how their experiences within the cohort affected them, this was the final criterion for participation in the study. Three providers within the cohort best met these criteria and were invited to participate in the study. The first provider was actively engaged throughout the cohort, received regular TA visits, attended 5 of the 6 CoP meetings during the last six months of the study and moved to Star Level 5 in June 2015. The second provider also was actively engaged throughout the cohort, received regular TA visits, attended 5 of the 6 CoP meetings during the last six months of the study and moved to Star Level 5 in April 2015. The third provider invited to participate in the study was actively engaged throughout the cohort, received regular TA visits, attended 5 of the 6 CoP meetings during the last six months of the study and moved to Star Level 4 in October 2013. All three providers were also verbal in sharing their personal and professional experiences as they consistently reflected throughout the cohort, both during TA visits and CoP meetings, and therefore met all criteria set forth by the researcher. Table 1 shows data referencing entrance into the cohort, level of engagement, and Star level movement for each provider.

Recruitment occurred during technical assistance visits at the providers’ homes, with the TA providing an overview of the study and a copy of the consent form for providers to review (see Appendix A for informed consent). During the next technical assistance visit, any questions were answered and signed consent forms were obtained, with all three providers initially invited agreeing to participate. It should be noted that due to the addition of providers to the cohort at two distinct times throughout its duration, the three providers in the study joined the cohort at varying times. One of the family child providers was part of the initial cohort launch in March 2012, another provider joined the cohort approximately a year later in January 2013, and the third provider became a member of the cohort in January 2014. All three providers engaged in on-site technical assistance throughout their time in the cohort, in which the researcher was an active participant as their TA. During this time, two providers moved in program quality from “Starting with Stars” (the system’s initial star level), to one program achieving the highest Star Rating, Star Level 5, and one program moving to Star Level 4. The third provider had recently achieved Star Level 4 prior to joining the cohort and achieved a Star Level 5 a year and a half later while participating in the cohort. All three providers were female, two African American and one Hispanic, were located within New Castle County, and based in both urban and suburban areas.

Table 1 Provider data based on study criteria

Provider	Subsidy Density	Entered Cohort	# of TA visits	# of CoP meetings	# of PD taken with cohort	Achieved Star Level 1	Achieved Star Level 2	Achieved Star Level 3	Achieved Star Level 4	Achieved Star Level 5
1	100%	1/8/14	49(18mos)	16/18	5	9/5/12	11/12/12	-	8/14/13	6/3/15
2	50%	1/7/13	89(30mos)	23/29	11	11/15/12	2/13/13	-	9/24/13	4/24/15
3	57%	6/22/12	88(36mos)	27/35	21	1/15/12	4/12/12	-	10/30/13	-

[a] Due to Providers 1 and 2 entering the cohort one and two years after its initial start, the # of PD taken with the cohort is less than Provider 3, however Providers 1 and 2 attended the same amount of trainings as Provider 3, just not with the cohort. [b] The # of CoP meetings indicates the number attended out of the total number held, based upon cohort entrance for each provider. [c] All three providers moved from Star Level 2 to Star Level 4, thus skipping Star Level 3. [d] Provider 3 did not achieve Star Level 5 during the study.

Data Collection and Preparation

Interviews with each provider served as the primary data source, or the main source data collection used to answer the study's research questions. The researcher interviewed providers individually, approximately five months after the conclusion of TA visits and CoP meetings. The interviews ranged in time and total pages of transcriptions: provider 1-one hour in length (13 pages of transcriptions), provider 2-one hour and twenty minutes in length (24 pages of transcriptions), and provider 3-one hour and ten minutes in length (21 pages of transcriptions). Interviews were conducted using a semi-structured format with pre-written guiding questions while allowing for further questions based upon providers' responses (see Appendix B for the interview protocol). This format also contributed to a more conversation-like approach, providing natural stages that flowed from one to another (Rubin & Rubin, 1995), both in topic and chronological order as providers shared their experiences during the cohort.

Data from other sources was also obtained in order to gain more insight into providers' experiences over time. TA assist notes and CoP meeting notes were entered in the database by the researcher (TA) for all technical assistance visits and CoP meetings, along with transcriptions from audio recordings of CoP meetings which provided secondary data sources. TA assist notes reflected observations and informal conversations during TA visits and CoP meeting notes captured discussions during CoP meetings from July 2012 through June 2015. Provider 3 began with the initial launch of the family child care cohort in March 2012, Provider 2 joined the cohort in January 2013, and Provider 1 joined in January 2014. Therefore, the commencement of data collection varied depending on when the providers joined the cohort. It is worth noting that, while the cohort launched in March 2012, data was not recorded until June 2012 and thus data commenced for Provider 3 at that time.

During the study period, the participants, the remaining members of the family child care cohort, and the researcher as the TA piloted a federally funded project that focused on language and literacy within family child care. As an IRB-approved participant in this study, the researcher had access to the audio-recorded CoP meetings and transcriptions of these meetings beginning in May 2014. Table 2 shows primary and secondary data sources and the times at which each was collected.

Table 2 Data sources with timelines

Primary Data Source	Timeline
Individual Interviews	November 2015

Secondary Data Source	Timelines
TA Assist notes	June 2012 - June 2015
CoP Meeting notes	June 2012 - June 2015
CoP Meeting Audio Recordings and Transcriptions	May 2014 - June 2015

In preparation for coding and analysis, TA assist notes and CoP meeting notes for each of the providers were retrieved from the Delaware Stars database beginning June 2012 through June 2015. All notes were organized in chronological order and labeled with a unique identifier to protect providers' anonymity (Creswell, 2007). A master list connecting participant names to the unique identifier was stored in a locked cabinet in the Delaware Stars research office.

Audio recordings from the CoP meetings were transcribed by the language and literacy project staff, with the researcher granted access to these transcriptions as well as the audio recordings. Audio recordings of the provider interviews conducted at the end of the study were transcribed by the researcher in a word document with line numbers for facilitation of analysis. All data, including assist notes, transcriptions, and audio recordings from CoP meetings, interviews, and focus group, were stored on a secured server in password-protected files.

Analysis

Provider interviews allowed providers themselves to voice their individual experiences, beliefs and perceptions throughout the cohort and thus served as the primary data source. Because the individual interviews provided data most directly related to the research questions, they were analyzed in much more detail than secondary sources.

Prior to analysis, two typologies (Le Compte & Preissle, 1993; Hatch, 2002), or categories, were established: evidence of changes in self-efficacy and evidence of transformed practice. Index cards with the definitions of self-efficacy (Bandura, 1977) and transformed practice derived from the transformative learning theory (Mezirow, 1997), in conjunction with color coding, were used to identify any data that fell under these categories (Hatch, 2002) and to ensure evidence was consistent with the study's research questions. Three tools used for measuring self-efficacy -- The General Self-Efficacy Scale (Schwarzer & Jerusaleem, 1995), Teacher Self-Efficacy Scale (Bandura, 1993) and items from a measure of entrepreneurial self-efficacy (Noble, Jung, & Ehrlich, 1999)-- were referenced to assist in identifying evidence of changes in self-efficacy. These three measures of self-efficacy were necessary as they provided frames of reference in looking for evidence of self-efficacy within these domains. Each interview transcription was read first without coding in order to get a feel for each provider's story and to begin identifying major organizing ideas (Creswell, 2007). During the second readings, a color-code was given for any data falling under the category of changes in self-efficacy (Hatch, 2002) where the researcher was looking for evidence of self-efficacy, or providers' beliefs about their ability to influence events in their lives and make a difference as a result of their actions. A third reading of the interview transcripts was conducted searching for evidence of transformed practice defined as sustainable changes in thinking and practice inspired by learning experiences in which providers question deeply held beliefs and ideals within the context of their own program.

All data that fell within the first typology of self-efficacy was then extracted from the original transcriptions and placed into a separate word document, and data identified as transformed practice was indexed, or remained within the original interview transcriptions, which allowed the researcher to preserve the context in which particular statements were made, if needed, for better clarification (Hatch, 2002; Gläser & Laudel, 2013). While each typology was pre-determined in order to answer the study's two research questions and therefore prompted the researcher to have some idea of information that might be gathered (Hatch, 2002), this next level of analysis allowed the researcher to "hear" what providers were saying and allowed themes within each category to emerge (Creswell, 2007). The document containing extracted data of self-efficacy was read thoroughly, with the researcher beginning to look for themes. Each new theme was given a different color and corresponding letter code. For example, statements providers made in which providers discussed how they viewed themselves as teachers or saw their ability to teach were highlighted in purple and labeled with the letter code (T). Statements made during the interviews in which providers described how they viewed themselves as business owners or saw their ability to make administrative decisions were highlighted in pink and labeled with the letter code (BA). Letter codes were used in conjunction with color codes as confirmation that the correct themes were identified consistently throughout the data.

Data that evidenced the same theme were given the same color and letter codes. The researcher shared these initial findings with the faculty advisor, and they worked together as the coding evolved and more concrete patterns emerged.

Codes were initially derived from a start list that was created by the researcher (Miles & Huberman, 1994) with the two main codes representing the domains of teacher self-efficacy and business owner/administrator self-efficacy and changes in practice mirroring these domains, with professional practice as a business owner/administrator and professional practice as a teacher. These codes were based on reviews of the literature and initial readings of the data that indicated prominent domains of efficacy. The researcher was open to additional domains of self-efficacy and categories of transformed practice, and coded the multiple domains as they emerged within the data and entries were examined across both typologies for common themes among changes in self-efficacy and transformed practice. As a result, the initial list of codes related to additional themes of technology (T), academic (A), communication /relationships (CA), general self-efficacy (GSE), resource/advocate (RA), and Learner (L) were identified within the interviews.

Based upon the initial coding of the interview data, the researcher then read all TA assist notes and CoP meeting notes searching for patterns and relationships related to themes identified within the individual interviews as well as any additional themes that emerged. All findings were color-coded as either evidence of self-efficacy or transformed practice. Color-coded data identified as evidence of efficacy or transformed practice was also given a letter code corresponding with the codes used previously in indicating the various themes within the interviews. Because all providers in the cohort engaged in discussions during the CoP meetings, evidence coded within the CoP meeting notes could not initially be isolated by provider. Audio recordings were used to verify that evidence of efficacy or transformed practices that were tallied was associated with one of the three participants in the study.

No additional themes were found within the TA assist notes or CoP meeting notes. The researcher also searched entries for non-examples of the patterns and evidence suggesting another idea or concept (Hatch 2002). One finding identified initially as a non-example within an interview was recoded as evidence of transformed practice and is reported within the results chapter. It should be noted that instances of low self-efficacy identified early in the study were not considered non-examples but instead served as a baseline for determining if there were changes over time and were coded with a separate color code and letter code.

In some cases, data obtained from these secondary data sources revealed that initial codes in the interview data were not stand-alone domains, but results or evidence of another over-arching domain and thus recorded as such. These initial coding categories (technology, academic, communication/relationships, and general self-efficacy) were collapsed, eliminated or recoded and the final themes discussed in Chapter 4. For example, some data that was originally coded as communication/ relationships (CA) was re-coded as teacher (T) after scanning the TA notes and CoP meeting notes. This was due to the fact that while the provider had exhibited more of an ability to have conversations with parents and the provider-family relationships had become stronger, she had become more confident in doing so due to feeling more confident in her role as a teacher and thus was more inclined to now share child progress and assessment results and include families as more of a participant during conferences. This process is aligned with a standard coding process of qualitative data sets (Rubin & Rubin, 1995; Creswell, 2007; Gläser & Laudel, 2013) and illustrates the idea of using a data analysis spiral approach to analyzing data (Creswell, 2007) which allowed the researcher to use the secondary data sources as context for the coded findings and provide detailed descriptions of the changes providers stated within the individual interviews. Also, evidence of low self-efficacy was not automatically identified as evidence that disconfirmed findings, depending upon when during the study it was found, as the researcher was looking for overall change over time. This process resulted in three main domains of self-efficacy, along with data of transformed practice that paralleled these domains.

Table 3 represents the coded themes identified in the first level of analysis and the frequency of codes among the various data sources.

Table 3 Frequency of codes among providers and data sources

Theme (Code)	Individual Interviews (SE)	Individual Interviews (TP)	TA Assist Notes (SE)	TA Assist Notes (TP)	CoP Notes, (SE)	CoP Notes, (TP)
Teacher (T)	**32**	**6**	**72**	**78**	**12**	**6**
Provider 1	8	3	10	12	6	3
Provider 2	18	2	37	35	8	5
Provider 3	6	1	25	31	8	4
Business Owner (BA)	**33**	**8**	**71**	**47**	**8**	**2**
Provider 1	8	3	19	12	2	2
Provider 2	12	3	24	17	6	1
Provider 3	13	2	28	18	7	1
Technology (T)	**1**	**0**	**0**	**0**	**1**	**0**
Provider 1	0	0	0	0	1	0
Provider 2	1	0	0	0	0	0
Provider 3	0	0	0	0	0	0
Academic (A)	**6**	**0**	**0**	**0**	**0**	**0**
Provider 1	4	0	0	0	0	0
Provider 2	2	0	0	0	0	0
Provider 3	0	0	0	0	0	0
Communication/ Relationships (CA)	**11**	**0**	**0**	**0**	**0**	**0**
Provider 1	2	0	0	0	0	0
Provider 2	7	0	0	0	0	0
Provider 3	2	0	0	0	0	0
General Self-Efficacy (GSE)	**9**	**0**	**0**	**0**	**0**	**0**
Provider 1	2	0	0	0	0	0
Provider 2	2	0	0	0	0	0
Provider 3	5	0	0	0	0	0
Resource/Advocate (RA)	**19**	**5**	**40**	**28**	**6**	**5**
Provider 1	5	1	11	5	3	0
Provider 2	7	2	18	13	3	3
Provider 3	7	2	11	10	4	2
Learner (L)	**5**	**1**	**26**	**6**	**6**	**2**
Provider 1	1	0	1	0	4	2
Provider 2	3	1	5	1	1	2
Provider 3	1	0	20	5	1	2

[a] Totals for CoP meeting notes indicates the frequency a discussion topic occurred related to the theme for self-efficacy and transformed practice. Each provider present during a CoP meeting where data was coded was given a tally mark for evidence of that particular code.

After analyzing primary and secondary data for themes, a focus group with the three providers was conducted as a member-check in order to share initial findings with providers, gain any new data or perspective regarding the initial findings, and establish trustworthiness of the findings (Hatch, 2002) (see Appendix C for focus group protocol). Because the researcher had a personal connection with the research topic having experienced similar opportunities and context as those of the participants as a previous family provider herself and as an active participant in the TA process with providers, it was important to conduct a member check with providers to establish the reliability of the findings. The focus group was audio-recorded and re-examined, with any data corroborating, expanding upon, or disconfirming findings across all data sets identified in order to establish trustworthiness.

Chapter 4

RESULTS

Analysis of data from the TA visits and CoP meetings yielded evidence of self-efficacy that was consistent with Bandura's definition of self-efficacy in which peoples' beliefs about their ability to influence events in their lives and make a difference is a result of their actions (2010). Robust evidence of efficacy was found in three domains, or specified sphere of activities and knowledge: (1) business owner/administrator self-efficacy, or providers' beliefs in their ability to make and enforce business and administrative decisions and thus be in control of all business-related aspects of the program; (2) teacher self-efficacy, or providers' beliefs in their ability to effectively provide good teaching to the children in their care; and (3) resource and advocate self-efficacy, or providers' beliefs in their ability to serve as a valuable resource to families by providing them with information that will make a difference in their early learning experiences, as well as serve as an advocate for families in speaking on their behalf to help them access resources and services. Within each domain, there was evidence of change in beliefs about self-efficacy over time for all three participants.

Strong evidence of transformed practice was also found in the TA and CoP data for all three participants. The strongest categories of transformed practice paralleled the three domains of self-efficacy: (1) professional practice as a business owner/administrator, or changes in thinking and practice related to business/administrative issues; (2) professional practice as a teacher, or changes in thinking and practice related to teaching children; and (3) professional practice as a resource and advocate, or those changes in thinking and practice that act as a resource and advocate to families and others within the field of early education. All of these changes in thinking and practice were inspired by learning experiences in which providers questioned deeply held beliefs and ideals regarding this aspect of their program and their role as a family child care provider.

The focus group provided data that both corroborated and extended evidence of transformed practice with providers describing sustained practices in each of the three domains. Data from the focus group neither corroborated or extended findings in self-efficacy, nor disconfirmed evidence found of provider’s sense of self- efficacy.

In the following sections, findings will be presented in the order in which the domains emerged over time in the CoP meetings and TA visits. This order reflected the topics of concern raised in the CoP meetings and the individual TA visits. Changes of self-efficacy are introduced within each domain as described through the eyes of the providers. Evidence of transformed practice within the domains is then illustrated through providers’ accounts of changes in practice and descriptions of change over time in TA notes and CoP meetings.

Changes in Providers Sense of Self-Efficacy within the Domains

Evidence of change in business owner and administrator self-efficacy, teacher self-efficacy, and resource and advocate self-efficacy was found as providers participated in the cohort. Evidence that best constitutes Bandura’s definition of self-efficacy, in which people’s beliefs about their ability to influence events in their lives and make a difference as a result of their actions (2010), was identified and is reported in the following sections.

Business owner/administrator self-efficacy

At the beginning, the cohort providers did not view themselves as business owners. As one provider described, "I wasn't seeing myself as a business owner. I was just making income, helping my family, you know, like staying home and having some income." (Provider 2, interview)

Another provider described how she perceived her competence in making decisions and exerting control over the business aspects of running a family child care home:

> Inexperienced, unaware, um, yes, I was not-I thought I was doing- I was doing the best that I, I knew how. But now, I am much more educated and qualified and if I don't know, I know where to go to get the information, as opposed to just winging it. (Provider 3, interview)

During the interview, this same provider explained how, at the beginning of the cohort, she used Stars as a scapegoat with parents for various changes that she had implemented, rather than presenting them as strategies she believed would make a difference in the program: "Stars was a good fall-guy! Anytime that I didn't want to say I needed, I would say, 'Look, Stars is asking me to do this.' Stars was a fall guy on a lot of things." (Provider 3, interview) Provider 3 thus exhibited a lack of self-efficacy in her ability to make business decisions of her own accord.

Knowledge of how to handle administrative and business-related issues with parents, gained from technical assistance and trainings, along with the AIM for Excellence, an online national director credential, provided resources for providers that impacted their perceived self-efficacy as a business owner and how they dealt with issues and everyday situations. One of these issues was having policies and being able to enforce them, which the providers had not felt prior to participating in the cohort. One provider shared her newfound abilities as a business owner in how she now refers to her policies when addressing issues with families. When asked as a follow-up question as to whether she felt like she had more confidence in addressing those things now with families, the provider responded, “Absolutely!… I have more confidence now than I have ever had.” (Provider 1, interview)

For all three providers administrative and business-related issues were a common theme throughout the duration of the cohort, especially in the beginning months when technical assistance and CoP meeting discussions focused on thoughtful business planning and how providers were able to influence many aspects of their business. One provider described her new sense of self-efficacy as a business owner when she was faced with a policy decision and chose to stand behind her policy, at the risk of losing a client. This new belief in her role as a business owner and conviction that she was ultimately in charge of the services she provides, allowed her to follow through with policies and uphold decisions she makes because she now believed she could: “This is a business. I’m very serious about it now. I like it because I feel empowered enough to not be worried about missing (income). You know, you don’t like it, then doors are open; you can go.” (Provider 2, interview)

The slow evolution of how providers’ viewed themselves as business owners and family child care providers afforded a new perspective on their abilities and the services they provide for families. This change in providers’ sense of self-efficacy as the owner of a family child care business was shared by one provider:

> If you go here, these are the things you are going to get when you get here. This is the level of service that you are going to have when you get here. That is one of the biggest things – even when I went to the advisement board, to say that I am not just a provider, I am a quality provider. (Provider 3, interview)

Handling competition with other family child care providers is an important part of running a family child care business. Doing so in a way that is grounded in a sense of self-efficacy as a business owner afforded providers new perspectives on competition. At the beginning of joining the cohort, providers focused their thinking about competition on factors such as rates and how long a provider had been providing services. This view evolved over time as the strength of their beliefs in the services they provided and how they valued their individual program changed. At the end of the study, all three providers shared the belief that their business and early childhood program spoke for itself with respect to the competition that exists among family child care providers, as many of them live in close proximity to one another. One provider gave an account of how she perceived competition and how it evolved as her self-efficacy increased:

> It gives you that sort of power to say … before it was that competition. Being in this development, there is competition. So when I first got out, I had to charge a really, really low rate because I'm in competition with all the other providers- you know, they have been in business for 20 years or whatever. They have that to say, but I have something different to say now. It doesn't matter how many years I've been in the business; it matters about the quality of service that I provide. (Provider 3, interview)

An increase in competence as a business owner was shared among providers as they acquired new skills, and felt capable of implementing those skills in handling administrative and business-related tasks. During one of the last cohort meetings, one of the providers shared that she is learning to be proactive, rather than reactive, not only within the family child care program, but in life in general (Provider 3, CoP meeting, month 35). Not only was this provider able to respond to issues as they arose, but also believed she had the capability to influence future events within the business and in her life. Another provider described an increase in self-efficacy as she now proactively applies for grants in order to continue quality improvement within her program:

> I did my proposal for the capacity grant by myself. They handed out the paperwork and- the objectives and goals- I did this with (TA). So I went through it, and thought, okay, the main goal and what are you going to do to get to that goal? And I did it! (Provider 2, interview)

Teacher self-efficacy

Another domain where providers described growth over time was self-efficacy in their roles as teachers. Within the data, evidence of teacher self-efficacy was found as providers' beliefs about their ability to influence children's learning and manage their classroom changed over time and allowed providers to gain new perspectives on their role as a teacher. One provider reflected on this increase in self-efficacy as she participated in the cohort:

> I was not equipped at all for the education...I didn't even see myself as an educator. I thought I was a child care provider. I knew I wasn't babysitting, but um, but I didn't look at myself as an educator and it wasn't until later on being in the stars program and realizing that yes, I am an educator! I knew how to teach children the basics- the alphabet, you know, the shapes and all that stuff- but there was much more to that and developing them. So I was nowhere near where I am now. (Provider 3, interview)

While they believed that they were providing good care for the children and families they served, they did not have confidence in their abilities to teach children in their care, as one provider shared: "Maybe your kid is just smart, that is what it is, you know. It wasn't because of myself." (Provider 2, interview). This lack of confidence, or trust in her own abilities, impacted the belief that her efforts could lead to impacts and thus revealed a lack of efficacy in this role.

Becoming more proficient in knowledge of child development and early childhood pedagogy was the focus of technical assistance and the topic of many CoP meetings: “I went to all five of the professional development for language and literacy and the results from the assessments from the language and literacy meant a lot to me because we are the beginning point for the children … the professor is teaching me, so I can go back and properly teach it to the children. It taught me how to go back and set up my environment for the children.” (Provider 1, interview.) As providers learned new skills and practiced them within their programs, they became more confident in their ability to create activities that encouraged children’s developmental growth. At the end of the study, providers reflected on their beliefs about their ability to influence children’s learning within their program, as one provider described her growth over time and increased self-efficacy in this domain:

> I wasn’t as professional as I am now. I wasn’t reflecting as I do now. I was more taking care of them, giving them good care, teaching some stuff, basic stuff, that I knew. But I never did think of why you do this. I mean never, you know, if I do this- I will get, you know- she will count she will get the pattern, practice this and that. No. It was just coming spontaneously and they were learning. (Provider 2, interview)

Classroom management was also an area in which providers increased in teacher self-efficacy. For all three providers, this was the topic of many technical assistance visits and CoP meetings. However, the focus of these discussions shifted over time from how to maintain control and understand children’s behavior to the underlying reasons for misbehavior, prompting providers to reflect on their own skills and expertise in order to best meet the needs of each child (Provider 3, CoP meeting, month 32). The following example highlights one provider’s newfound sense of self-efficacy and how those beliefs now inform decisions in working with children and families. Prior to joining the cohort, this provider had enrolled children from young infants through school-age. As she participated in the cohort, she began to realize that she could not provide the types of activities that were associated with quality care for the school-aged children and thus attributed challenging behavior to her not being able to meet their needs, rather than the child having behavioral issues. This prompted the provider to reflect on her skill set and focus on where she believed she was able to provide the quality of care she knew would make a difference in the lives of the children and their families. For this provider, enrollment was no longer dictated by ages for which she was licensed, but instead she now considered the quality care she could provide to the children enrolled in her care:

> You have to discover you and what is best for you before you can provide the service you provide for your young people. I discovered who I was and what I am capable of- my strengths, where it is that I am strongest in- with regards to the young people and teaching them certain things. Where do I really make that greater impact on them? So that is the age group that I focus on. (Provider 3, interview)

A defining moment occurred for one provider during a TA visit, when she showed the TA her philosophy statement as part of a portfolio she was completing for a state Credential. As the TA read it, she showed the provider where she had written "as a teacher", referring to herself throughout the paragraph. The TA asked if she would have written this two years ago. The provider, shaking her head and tears in her eyes said, "No" (Provider 2, TA visit, month 21). This was the same provider who was quoted above, as she described how she saw herself as a teacher at the beginning of the cohort, "Maybe your kid is just smart, that is what it is, you know. It wasn't because of myself." Not only did she now see herself as a teacher in her program, but also identified herself as a teacher within the field.

Resource and advocate for self-efficacy

As providers' sense of self-efficacy as a business owner and early childhood teacher increased, how they perceived themselves as resources and advocates for children and families within the field evolved. They began to believe in their ability to provide families with information that could enhance their children's development and learning and overall early learning experiences as a family unit. Over time, providers saw a responsibility in serving as a resource and advocate for children and their families and increased their efforts in sharing information they had learned to support them. One provider described how her sense of self-efficacy as a resource and advocate has changed since she entered the field and how it has redefined her role within the profession:

> I know what I can offer and what I provide and it is different…the way that I look at it now- 'Oh no! I am much more than just a provider. I am an educator. I am a voice. I am a resource.' There are so many things that I provide for my families. I give them that screening. I am the first warning sign of so many different things. It is much more than being just a provider. (Provider 3, interview)

Providers also began to see their ability to connect families to resources and supports within the community in an effort to promote early learning experiences at home, as one provider shared:

> One of my goals is to expose my families to places and programs offered within the community that they can take advantage of and help strengthen families and provide that quality family time, as well as, learning opportunities for both the children and the families. (Provider 1, interview)

As one provider saw it, it was more than just connecting families to events and agencies within the community, but also bringing families in contact with community leaders, as a resource for supporting and advocating their needs:

> Yes, my councilwoman was there (preschool graduation) and one of the business ladies, well, she is my aunt, but she owns a business in the community. I had her come to speak too. She works with the civic association, and they see me throughout the neighborhood and I thought that was important for my parents to see that I do have a relationship with, you know, I can call my councilwoman and she is on it. So I do, you know, if it centers around what we are doing I will send her a picture and say this is what we are doing. (Provider 1, interview)

As providers continued participating in the cohort and became more confident as a quality family child care provider, their sense of responsibility for disseminating information and providing support extended to other family providers in the field. One provider gave an example of how she shares information as a means for supporting colleagues:

> I haven't met my new TA, but I pay attention to her emails that she is sending out. About the infant incentive, and I don't have any right now, but I pass it along to other people in Stars that may not have gotten the email or don't have the same information. (Provider 1, interview)

Another provider shared how her confidence as a family child care provider has increased since participating in Stars and provides an example of changes in perceived self-efficacy over time:

> Let me tell you something, before, I wasn't as confident as I am of myself. When I would go out (trainings, etc.), I wouldn't share much because I was more worried about what people would think about me. I am telling you, Latino people- and that is whom I talked to so I was more a listener than a speaker. I would listen to what they were saying and think, yeah, this is how I do it this way. Now, if someone asked me, I am like, I do it this way and that way, because I know I am doing the right thing. Being a Delaware Stars ambassador is something that has opened my doors to people. They are calling me- some just to ask things. Yes, I am a professional… I see myself as an early childhood advocate. (Provider 2, interview)

Participation in the cohort provided professional activities that, up to this point, providers had not had the opportunity to experience. For the first time, providers felt empowered to be a voice in the field:

> The conversations I can have now with parents and other educators- I am part of the preschool readiness board- not sure how I got on there- (provider chuckles) but I am on there - I wear many hats. Being on there was awesome because they didn't have a family child care provider represented and you are talking about readiness and pre-k in the local school district and there wasn't a family child care provider on the board. So to be able to be that voice- I would not have thought of me being that voice when I first started out. (Provider 3, interview)

By the end of the study, providers regarded their role as a resource and early childhood advocate with great sincerity and believed that they had a profound influence on the young children and their families they served. One provider portrayed the responsibility she now embraced, as a result of her participation in Stars and increase in self-efficacy through the following statement:

> but to tell them that you are a provider, 'Oh, well, you just take care of kids and noses all day', and so it was really- it felt very degrading for a very long time. It wasn't until I got into the Stars program and it started building up my confidence in this field, in this area, to be able to say I am a provider. I am an educator. I am…I screen, I do assessments, I understand child development, there are so many…I am a valuable resource to my community. And that is much more…one of the things I say all the time is in order for us to change our community, it has to be one family at a time and so you have to be able to take care of one family at a time and make them strong and give them the foundation and give them what they need. (Provider 3, interview)

Transformed Practice within the Domains.

Strong evidence of transformed practice as a business owner/administrator, teacher, and resource and advocate was also found in the data for all three participants. There was evidence of sustainable changes in thinking and practice inspired by learning experiences in which providers questioned deeply held beliefs and ideals within the context of their own program. These new perspectives created a different frame of reference for providers and therefore promoted a change in practice, as their old ways of doing things no longer fit with their new way of thinking or beliefs (Mezirow, 1997).

Professional practice as a business owner/administrator

Through one provider's eyes, changes began within herself and in how she saw herself as a business owner, with the provider now approaching issues with careful consideration:

> I have changed. I have always tried to do what is best for the kids. But coming into Stars has taken my quality of care ten notches. Ten notches. My family child care is a business. It is a business, and it started with me. The change had to come from within me and to get more knowledge about the business. It has helped me so that every situation that comes my way right now is handled with a lot of thought. (Provider 1, interview)

Seeing themselves now as business owners who can make program decisions, providers began to see the need for policies as one strategy for communicating program expectations to parents. The creation of policies was one significant resource providers described as having an impact on practice. While writing policies was new for providers, it was the actual implementation of those polices that facilitated a change in practice.

> I have an administration part- I have policies. That is the most important thing, like the other day, I had to go back to one of my policies, and having policies in place is very beneficial and it came to me when I had a situation that I had to say, ok, here is my policy and here is your signature. (Provider 1, interview)

Another provider shared how she transformed practice, as she now follows through with policies that, prior to joining the cohort, she would have made concessions to meet families' needs, even though they had been notified of such policies in advance. This example also highlights the underlying change in perspective that prompted provider to transform practice:

> I put it (provider's time off) in my electronic sign in and sign out, and I make sure that everybody sees the sheet. It's in the contract even, the days that I am off, so I felt that it was inconsiderate of her not to be aware of when I was off. As opposed to me saying in my pajamas 'Just stay here and I will get you on the bus'. No, you have to be aware. You have to be just as considerate as I would be of your days off. So yes, I did not take the child in. That would not have been me a couple of years ago I would have been like, 'Well, if you really need care, I know I'm closed but I'll stay and I'll do-I'll accommodate you because I know you need…' whereas now it is 'No. I am really closed. (Provider 3, interview)

Maintaining financial records for the business was challenging for providers, as this was the task providers repeatedly reported as not being completed in a timely manner. It was also an area where a lot of progress was made over time. For one provider, the extent of her involvement in the financial aspect of the program at the beginning of joining the cohort was to provide an accountant with a box of receipts at the end of each year. Over time, she realized the importance of implementing practices for maintaining financial records for her program and described this overall change in practice:

> I had the business, but I didn't treat it the way I was suppose to. I was always good with children, but the paperwork part, no. The paperwork part, administration part, I didn't handle right. And now that is a very important part of it. Taking time out to sit down and do it right. (Provider 1, interview)

At the beginning of the creation of the cohort, one of the family child providers employed a staff member to act as the program administrator, who assisted provider in handling decisions involving staff and worked with an accountant in all financial handlings of the program. Over time, the provider utilized strategies gained from trainings, technical assistance, and CoP meetings, in order to support staff and maintain more of a presence in the classroom. Seven months later, the provider shared that she felt more competent to handle these tasks on her own and no longer needed the additional staff member (Provider 1, TA visit, month 7). Eventually, the provider also made the decision to eliminate an additional assistant teaching position and took over her responsibilities. Skills gained as an administrator allowed this provider to transform practice with regard to the overall dynamics of the program, how she managed the business and utilized strategies for working with staff.

Professional practice as a teacher

Evidence of transformed practice related to teacher efficacy was also shared through the eyes of the providers, as well as, found within technical assistant notes and discussions in CoP meetings. One provider reflected on how newly acquired knowledge provided the basis for changes in beliefs related to early learning and how it informed a change in teaching practice within the context of her multi-age program:

> I didn't know much about um, cognitive development, physical development, fine motor, and how come even if you are doing something for gross motor you can still practice cognitive skills. I didn't- I thought every activity was for one thing. Yeah, I learned a lot of that and that every activity could be modified, like you can modify activities to fit your multi-age room, your classroom. Everybody can do almost the same, the same activity but with different materials, or depending on the age of the kids. (Provider 2, interview)

This same provider continued implementing changes in practice as she gained more knowledge in child development and developmentally appropriate practice. By the end of the study, she not only used formative assessment results to customize learning activities for each child in the program, she also partnered with the local school district and one child's parents, in order to create activities that supported goals identified in the child's Individualized Education Plan (IEP) (Provider 2, TA visit, month 30).

Prior to joining the cohort, providers approached their daily program planning for children's activities as mostly spur of the moment decisions, thus the concept of intentional planning became a focus for providers throughout the cohort. As providers gained knowledge about child development and quality early learning environments, they acquired a new perspective of using the daily schedule as a tool for facilitating learning and meeting individual children's needs. One provider shared strategies with TA on incorporating learning activities within the daily routine to ensure that children had access to materials, as she stated she "realized that we have to use every moment as a teachable moment" (Provider 3, TA visit, month 28). Another provider shared this new way of thinking about the daily schedule and how it inspired a change in her practice:

> For the first time, I had fun yesterday with the kids and the activities and routines we did throughout the day! I never thought of the daily routines as learning opportunities and now have more of an awareness throughout the daily routines since the training. (Provider 2, interview)

The environment was another aspect of teaching where providers transformed practice. As providers gained knowledge of quality family child care settings and multi-age environments, which is the unique feature that sets family child care apart from other early childhood programs, they began to see how it played a role in children's developmental progress and learning. One area where all three providers made substantial changes was in their outdoor play spaces, as they now viewed this as another place for children to learn (Provider 1, TA notes, months 3-6; Provider 2, TA notes, months 17-24; Provider 3 TA notes, months 20-25). Many of the interest areas created indoors were incorporated outdoors, such as an art area, a designated infant and toddler area that was shielded from larger activities, and the addition of a flower, vegetable and herb garden. A few months after installing the garden, one provider shared how she was now able to incorporate hands-on science experiences for the children, which was another change in practice for this provider (Provider 3, TA visit, months 24 and 25).

A lack of understanding in how children develop and knowledge of early childhood pedagogy was evident among providers as they entered the cohort. Providers were unsure of what skills to look for and which strategies provided learning opportunities where children could practice these skills. Therefore, this became the focus of many TA visits and CoP meetings. As providers learned new skills within various trainings and practiced them within their programs, they began seeing the need for a comprehensive curriculum to inform the daily activities they provided. This provided the foundation for implementing a state approved, comprehensive curriculum for infants, toddlers and preschoolers, and transformed practice in early learning opportunities they offered children in their care. One provider described this change in practice:

> "I didn't have a curriculum. I put my own thing together, but now I have a curriculum" (Provider 1, interview)

Although providers had a curriculum, which for two providers was a pre-packaged curriculum kit provided monthly, they realized the need for intentional planning and customizing it to meet the individual needs of the children in their care. One provider described this change in practice as it pertained to curriculum planning within her program: “You know, I get up at nighttime. I take an hour to go over my curriculum for the next day. I’m into Funshine (a pre-packaged, monthly curriculum) and like, preparing. That is my biggest thing, preparing now…” (Provider 1, interview).

Along with implementing a curriculum, providers also incorporated the use of a state approved, formative assessment. The more training and support providers received in its implementation, the more it transformed their practice. Over time, providers progressed from using it primarily as a means for sharing developmental progress with families, to a vehicle for engaging them in creating goals for individual children and creating specific learning opportunities that would support those goals within the daily lesson plans. One provider described an example of this change in practice during a TA visit when she shared that she and her assistant were conducting conferences that week and were giving families a printout of their child’s results from Teaching Strategies Gold formative assessment and asking parents to help them set goals for their child based upon the results and observations from home. They had also begun using the results from Gold to help them individualize child activities, with reported success thus far. (Provider 1, TA visit, month 27)

As providers acquired knowledge in developmentally appropriate practice and created individual goals for children, their approach to misbehavior changed. This newfound knowledge afforded them a perspective in how to deal with various behaviors as well as strategies for preventing them. They began experimenting with various approaches and thus transformed practice in how they dealt with behavioral issues. One provider shared during a TA visit how she has begun using strategies from recent trainings to change practice. The provider stated that she has altered her approach and was now ignoring the undesirable behaviors, since responding had resulted in a stressful environment for everyone. The provider reported that so far this was working, with the child stopping the behavior when she didn't get a response. (Provider 3, TA visit, month 27)

As providers implemented new strategies and practices within their program over the two to three year period, these changes did not come without challenges and temporary lapses. One provider shared a term she used for when tasks or strategies became overwhelming, causing her to doubt her abilities and even causing her to revert back to her old way of doing things.

> "Also when you get into that 'implementation dip,' when you get home and you are like, 'Uh, I don't know about this.' I can relate to it a lot because I can remember when I got the new curriculum and I was like, 'Yes, we are gonna do this!' Then I was like, 'Uh, oh wait.' It wasn't as easy as I thought it was going to be. That is what happens- when it isn't as easy as you thought it was going to be or more challenging- you sort of get back in your old routine, and get down." (Provider 3, interview)

During this time, the provider had made a decision to switch curricula as she felt the pre-packaged curriculum she was using no longer met the needs of the children enrolled. As a result, she chose another state-approved curriculum that provided more of a framework, rather than pre-written lessons. From this curriculum, the provider created her own daily lesson plans for all ages, as she felt more confident in her ability to begin creating lesson plans on her own. While she did experience a short time where she reverted back to the pre-packaged curriculum, she did persevere and ultimately implemented the new curriculum into the child care program that allowed the provider to individualize activities for each child, thus her sense of self-efficacy in creating activities for her children continued to strengthen as a result of the experience. (Provider 3, TA notes, intermittently between months 24-36)

Professional practice as a resource and advocate

Resource and advocate self-efficacy was another domain in which providers transformed practice. One of the most notable changes in practice was based upon the newly held beliefs providers had of families, which was acquired through experiences within the cohort. At the beginning of the cohort, providers believed some parents had little interest in their child's development or engaging within the family child care program. However, their perspective changed as they realized it wasn't that parents were not interested in facilitating their child's early learning, they just did not know how. This change in perspective prompted a change in practice with providers communicating and educating parents, as well as, providing opportunities to share what they have learned with families.

> With my parents, we communicate so much. Some of that I share- when the last one goes to nap I text them and share videos and things and they like it. They like it. They are missing all this and before I wasn't thinking of parents like that…(prior thinking) they are so happy to leave their kids with me all day long... Now it's like, no! They actually miss them. Some of them don't get it, and its just because they just don't get it, not because they are mean and they don't want their kids. (Provider 2, interview)

By the end of the study, this change in perspective inspired providers to proactively create opportunities where they could educate families and provide them with resources. All three providers identified multiple ways for disseminating what they believed to be important information for families. Two providers texted and shared pictures with families throughout the day (Provider 2, interview, TA notes; Provider 3, TA notes), one provider who served Spanish-speaking families created resource binders in Spanish for parents to access information during pick up (Provider 2, TA notes, month 3), and each provider began sharing information to support families as they transitioned to another program or entered kindergarten.

Evidence of Sustained Changes in Practice

The focus group provided data that both corroborated and extended evidence of transformed practice with providers, describing sustained practices in each of the three domains. Providers described examples of transformed practice during the focus group that related to business/administrative self-efficacy. They shared the continuation of business practices implemented during the cohort, such as revising contracts on a yearly basis and revising when new policies were warranted, with providers also reporting measures taken for protecting the business with proper insurance. Continued use of screenings, curriculum, assessments and other practices related to teacher efficacy were shared. Providers also described continual assessments of their child care space and the need to revamp it on occasion, to ensure it remained engaging for children. Providers spoke about sustained practices related to resources which increased self-efficacy. They shared that they had hosted various family educational events and that they were planning other means for sharing information with families.

At various times within the focus group, providers also reiterated confidence in their abilities and the quality of program they provide children and their families. They also shared that by knowing what they are able to do and their skill set, they are able to match this to what families are looking for in an early childhood program.

Evidence Suggesting a Relationship between Self-Efficacy and Transformed Practice

Analysis of the data also yielded evidence in which both changes in self-efficacy and transformed practice co-occurred. These examples represented changes in practice that were also associated with elements of agency, thus making it impossible to isolate them into the two individual sections above. Evidence suggesting a relationship between self-efficacy and transformed practice was found in all three domains, or specified sphere of activities and knowledge: (1) business owner/administrator self-efficacy; (2) teacher self-efficacy; and (3) resource and advocate self-efficacy. Among this evidence were also examples of transformed practice that paralleled the three domains of self-efficacy: (1) professional practice as a business owner/administrator; (2) professional practice as a teacher; and (3) professional practice as a resource and advocate. Findings that suggest this relationship are reported in the following sections.

Business owner/administrator self-efficacy and professional practice

Newfound confidence as a business owner, gained from experiences while participating in the cohort, contributed to providers becoming more secure in their ability to make decisions that affected the family child care business, such as who they accepted into the program. One provider described transformed practice in how she conducted the interviewing and enrolling process:

> That is another thing that I learned. I felt like I had to take every child that walked through this door because they came in here and because their parent wanted them to be here that I had to take them. If had a spot, I needed to fill that spot because I needed to make money. It wasn't until-there are so many eye-openers- I got to the point where I was saying I am interviewing them as much as they are interviewing me. And before it was they interviewing me to see if I am a perfect fit for their child, and I have to interview them to see if they are a perfect fit for this program. And to be okay to say that this is not going to work. I remember the first time I had to let somebody go, and it was like, 'Oh my goodness, you are really letting somebody go, out of the program, because they just didn't fit.' And so my questions are a little bit different now. My interviewing process has changed dramatically. (Provider 3, interview)

Now that providers had confidence in making financial decisions for the family child care home, they began seeing it as a potentially profitable business when managed correctly. One provider explained how this new way of viewing herself as a business owner and the family child care business transformed her practice in that she now was able to manage the business and create a savings from the revenue it generated:

> Now, I am organizing the siding of the house. We have to do siding and because I am so good, like we've got some savings now and that didn't happen before. It is money that is going directly- we don't see it- and it goes from one account to the other that I kept for savings. They take it, take it, take it and now we have a down payment to do our siding and windows in the back. Something I never would have (pause) but because I'm more, I know how to manage my money now. I think before spending. I'm like, hold on, what do we need? (Provider 2, interview)

For the provider who employed staff, the experiences from the cohort also highlighted the need to be an administrator, which became a driving force in both self-efficacy and changes made within the program. This newfound awareness not only empowered the provider to take the reins in all decisions affecting the child care program, but provided opportunities to implement what she was learning when it came to expectations of staff, policies, and program quality and thus transform practice. After an occasion where the provider needed to fill in for the infant/toddler teacher, she later shared during a TA visit that as she was doing some of the activities (e.g., stringing beads) with the toddlers, she noticed that the children didn't know how to string or seem to know what to do with the strings even though the materials were in the room. This caused her to begin thinking that she had not been supervising the teachers to know how they were using the materials in the classroom. (Provider 1, TA visit, month 2)

At the beginning of joining the cohort, providers shared a lack of confidence in addressing issues with families and overall competence as business owners. As providers gained knowledge of how to handle situations, they felt more in control of this aspect of their business. One provider reflected on changes in her sense of self-efficacy as a business owner and how she has transformed practice in this aspect of the program:

> And maybe some took advantage of me but it was my fault in the end because I wasn't placing myself as I do now. So things were just happening because it was a reaction to my action. Now, I set my rules and if you are in my program, you have to follow them. I follow my rules, you follow your rules and we meet in the middle and we are all happy. Now everybody pays on time. This didn't happen before. I think it is the way I'm showing my business now. (Provider 2, interview)

Teacher self-efficacy and professional practice

Prior to joining the cohort, providers approached their daily program planning for children's activities similarly to how they handled everyday situations, describing these aspects of the program as mostly spur of the moment decisions. Over time, providers began to see this as an essential component in providing quality early educational experiences to the children they served as they implemented components within their programs such as a comprehensive curriculum and formative assessments. They continued to transform practice while their sense of self-efficacy increased, as one provider recounted:

> I'm more responsible now. I don't think I could have said that before, I was like 'Whatever, another day will come and we will do something. It's okay, kids always keep busy'. Now, I am reading what are we going to do the next day. If I see the activity is not going to be like, so engaging, then I'll go during the weekend and buy something else that I think we can do, or I will read something, like that newsletter that gives really cool ideas, and um, I trust myself enough that I can pick- like the

> Zero to Three website. I like it a lot, and I was reading some things from there and I was like, 'Yeah, they're right.' And then in here, hum, maybe I can try. (Provider 2, interview)

Resource and advocate self-efficacy and professional practice

The more confident providers became in their knowledge of child development, curriculum, and assessing children's developmental progress, the more they began sharing this information with families. This was a significant step for providers, as prior to this point, they had not felt qualified to have these discussions. However, providers not only had these discussions but also realized they could utilize their role as an early educator to provide resources for families that would empower them to provide those same early learning opportunities at home. One provider described this change in perceived self-efficacy and change in practice:

> I think they would have described me as kind, gentle, it would have been more of my attributes, and the type of person that I was, more so than what I was qualified to do. It would have been, 'Oh, she's nice, good with the children.' But now it is a little bit different because you know they see me now as the educator that I am. They come to me with the questions, 'What do we do?' and I provide them with a newsletter and attach all kinds of information about whatever topic that I pick to be able to- like the 5-2-1 none. I attach information about that, when we are doing the 5 food groups they know all of their food groups, so I send that info home so that it equips the families to be able to carry on the things the children learn. (Provider 3, interview)

Hosting family events was another strategy that providers used to support families and provide them with valuable early childhood education information. In the early stages of joining the cohort, providers held social events as a means for building meaningful relationships with families. Throughout provider's participation in Stars, the purpose of these events shifted slightly from building relationships, to planning events as a means for sharing information that would benefit families. One provider described how her literacy night for families changed over the past few years, as a result of new knowledge gained from trainings, as well as, her ability to empower families to support language and literacy development at home:

> Because of the family child care language and literacy training, I did things differently this time, by giving them (families) examples of how to incorporate learning into play activities, sharing the importance of reading to their child and then giving them a gift box with a Dr. Seuss book for them to take home, rather than simply doing a read aloud. I am looking to see how I can share what I am learning about language and literacy with parents, because I think that if parents know more about what is important with early language and literacy acquisition, then parents would be more inclined to do things at home to support it. (Provider 3, interview and CoP meeting, month 30)

Evidence Suggesting an Additional Domain in Self-Efficacy

Data from all three providers also suggested hints of another domain in self-efficacy, in addition to the three domains described above, as they referenced beliefs and abilities as a learner during the interview or made references to such during a TA visit or CoP meeting.

One provider described increased trust in her ability to learn, and take advantage of situations in which she had opportunities to learn from them. When asked if she had more confidence in her ability to learn, the provider responded:

> Yes, not just that, but even my English got better and my writing got better. Oh my goodness! Thanks to all those credentials and things, Yes! Now I'm doing all my reflections for the mentoring and coaching- easy. (Provider 2, interview)

The same provider described how increased confidence as a learner increased her overall competence as a provider. This was important to self-efficacy as this provider now had acquired a conviction in her ability to *learn* in new ways that allowed her to feel that she could respond to, and consider information she was given within in the field:

> I learned a lot. I learned that I can learn easily too. I learned that I am more- I know more. So I am in the position that I can be, before, everything that they were giving me, it was like, 'Oh. Now I can agree or disagree on things.' I wasn't able to do that before. I thought everything was right. Everything was correct. You know, because you don't know. So when you don't know, you take what they say. (Provider 2, interview)

Another provider shared how the perception she had of herself as a learner was also connected to the quality of her program: "I realized that I am a lifetime learner. Yes I am. And I have to be in order to be able to provide the quality of care that I feel my families deserve to have." (Provider 3, interview). This idea of being a life-long learner was reiterated by another provider as she describes how she perceived challenges and mistakes, how this perception changed over time, and how these challenges and mistakes impacted her learning.

> I like to feel that I can handle things on my own too. I like that…I would like to challenge myself to try and get my associates degree. I want to challenge myself. Just because something is challenging, doesn't stop me from doing it- now, no, before, yes. Now no. I like challenges, I do. If I'm sure I am going to learn from it. Like if it is something that is going to serve me…I'm not always successful at everything that I do, but that is okay. You learn from your mistakes and it's cool to make mistakes, if you are going to learn from them and fix them. I mean we learn from everything! Everything is a learning experience. (Provider 2, interview)

For this provider, the belief that she is a life-long learner was a new role for her and one that gave her a new perspective in how she approached challenging tasks while participating in the QRIS. One of the components of the state's QRIS system was that of a formal observation within the child care home in order to provide a formal assessment of program quality. At the beginning of joining the cohort, this provider was intimidated by the assessment team who conducts the assessment, and she shared with the TA her anxiety of having the assessment several days prior to it being conducted (Provider 2, CoP meeting, month 4). By the end of the cohort experience, this same provider welcomed any opportunity to have this formal observation conducted within her program, as she participated in multiple research projects that included this assessment as part of the study, sharing with TA that she wanted the feedback so that she could continue to learn and grow as a provider. (Provider 2, TA visit, month 25)

Another provider also shared how her view of the formal assessments changed over time. After her first program assessment, she shared how she had broken down in tears as she showed the results to a friend and stated: “I don’t understand what I am doing wrong … it hit me as criticism until I had to break down and sit with somebody … It is a different way of thinking. I know when we get our results back my assistant looks for the numbers. I am reading- I want to hear the comments. This is where I can grow and make my biggest change.” (Provider 1, interview). Over time this provider began to view the program assessment as a strategy and tool for contributing to her professional growth and learning and believed that she could learn from the comments and make changes within her program.

Chapter 5

DISCUSSION

This longitudinal, qualitative study explored changes in family child care providers' sense of self-efficacy and changes in practice while they engaged in a state QRIS. Evidence of both was found in areas of business/administration, teaching and resource and advocacy for all three providers. In addition, a possible fourth domain was suggested by one provider who showed evidence of change in the domain of learner. Evidence of transformed practice for all three providers co-occurred in the corresponding categories of business/administration, teaching and resource and advocacy.

While these findings provide useful information for the cohort's overall areas of impact, it was analysis within the domains that contributed to a deeper understanding of why these changes in self-efficacy may have occurred and how providers were inspired to transform practice. As a result of this second level of analysis, evidence suggesting a relationship between self-efficacy and transformed practice began to emerge. From a policy and systems perspective, this is an important insight in that it provides a possible connection between two theoretical frameworks that have the potential to inform approaches that result in sustainable, high-quality family child care programs and increased provider competence in the field.

Second level analysis also suggested self-efficacy as a learner is another important consideration in designing systems to promote transformed practice in family child care providers. In general, family child care providers vary widely in education levels across the field and work in isolation from their peers on a daily basis. Evidence of a provider's sense of self-efficacy as a learner may be a powerful finding in that their beliefs in their ability *to learn* have the potential to transform multiple aspects of not only the family child care program, but encourage providers to begin investing in themselves and their educational attainment.

It should be noted that all three providers did share a few characteristics that may have contributed to influencing the findings within this study. One area that was not identified as a significant domain was the use of technology, with only two findings coded as this domain among the interview transcriptions and CoP meeting notes. This finding may be due to all three providers entering the cohort with some level of technological skills and therefore being competent enough in this area to not have experienced changes in self-efficacy or transformed practice in this domain. However, this is not reflective of the general provider population, as many providers in the field do not share this same skill set and are not comfortable in using technology (Weigel, Weiser, Bales & Moyses, 2012). This study then, may not accurately portray this domain as it relates to the field and the need for support in this area. All three providers also had a passion for what they do. They shared a love of working with children and the desire to provide quality early learning experiences for families served as their primary motivator in participating in the cohort.

Theoretical Limitations

While the theory of self-efficacy may be a useful framework for designing supports in working with family child care providers and quality improvement efforts within their programs, it does have its limitations. One disadvantage is that self-reports of self-efficacy do not always guarantee positive outcomes (Pajares, 1996). For example, providers who have had no formal training or education in child development may not understand what types of activities facilitate early learning and are beneficial for children's development, and therefore may believe they provide quality early learning programs when in fact they do not. Educating providers on what is best practice, based upon current research, is one way to help providers more accurately assess their skill level in this area.

While there are benefits to using this theory and its focus on domain specific tasks as a foundation for working with family providers to achieve positive outcomes, there are barriers that may limit its applicability as well. One of the main limitations is the tools or methods for assessing when one has indeed increased in perceived self-efficacy. Many self-efficacy scales have been created for various domains or tasks, such as teacher self-efficacy and academic self-efficacy (Tschannen-Moran & Woolfolk Hoy, 2001), with some scales even focusing on specific subject areas, but to date, none have been created for family child care providers. Without a tool specifically for this occupation and the many skills it entails, it is almost impossible to measure perceived self-efficacy changes over time. Measures and standards incorporated within the Quality Rating and Improvement Systems (QRIS) capture improvements that have been made within the child care program, but those changes cannot necessarily be attributed to an increase in self-efficacy beliefs of the provider. For example, a provider may be motivated by additional income that could be generated by increasing quality within the program, and therefore purchases an approved curriculum and assessment tool and attends required training in order to meet specific standards for higher levels of quality within the state's QRIS, but does not implement it with fidelity. The provider achieves the higher quality rating and thus meets the goal of increased revenue and a more profitable business. However, the high quality level the program now displays on paper does not accurately portray an increase in self-efficacy in any one area of provider's skills, expect for possibly that of knowing how to manipulate documentation and practice at opportune times to meet specific requirements. In order to more accurately assess the use of the theory of self-efficacy and its role in helping to support providers and make sustaining changes in perceived self-efficacy, one would need to utilize various qualitative methods such as interviews, observations, etc. over a period of time, which requires both time and money that is an invaluable commodity in the field of early childhood.

From a TA perspective

For me, using the theory of self-efficacy with family child care providers to improve the quality of the child care program and to increase providers' perceived self-efficacy as a professional in the field of early childhood is a personal endeavor. I was once one of those providers. For fifteen years, I provided care within my home and know first-hand the challenges and rewards of many providers' experiences. Now as a graduate student and a Technical Assistant (TA) working with providers who serve high subsidy areas, I am interested in research that can provide data to inform policy and efforts in helping to support this group of professionals. Over the past three years as a graduate student, TA, and coach, I have had the opportunity to reflect on some of my personal core assumptions and how I can use that knowledge to guide my efforts in using this theory to support provider's professional and personal growth.

One aspect of family child care in which there has been some progress over the past three years is that of recognition in the early childhood field, both in terms of policy and research. While we have a long way to go before it is seen by society as a valued profession, efforts are being made to include family child care in QRIS systems, design professional development to address their unique environments and conduct research in order to better meet their needs. For providers, this is a huge reinforcer in social persuasion and helping to shape self-efficacy beliefs. As a strong advocate for family child care, I believe now is the time to use this momentum to implement strategies that will enable providers to become effective early childhood teachers within the field. One such approach is to shift the lens to the providers themselves, focusing on self-efficacy and its relationship to transforming practice, in order to create frameworks that provide long-term supports for them, their programs, and the families and children they serve.

In the past, experiences that have been identified to shape self-efficacy have rarely been incorporated into systems that support family child care as a means for encouraging professional growth. However, Bandura’s model of self-efficacy as a framework and theoretical lens can help inform state and local agencies in creating infrastructures and programs that support these professionals during pre-service and throughout their careers. One key ingredient that I have discovered in working with providers over the past few years that has ultimately influenced my work in helping providers increase their self-efficacy beliefs as teachers and business owners is their motivation. If passion for providing children with the best early learning experiences possible is what drives a provider to improve practice, then the theory of self-efficacy can be utilized as a framework for increasing self-efficacy in various domains that not only transform practice, but positively affect their personal lives as well. For those that have only exterior motivators such as increased revenue or status, this approach may not achieve the same results. Anyone can perform “quality for a day”. It is those that value child outcomes that can reap the most benefits from participating in activities that promote changes in self-efficacy and transformed practice.

Future Research in Family Child Care to Inform National and State Initiatives

This study serves as one strategy for promoting professional growth within the family child care profession and leaves the door open for further research in how training and support can be used effectively in encouraging sustainable strategies for quality family child care programs. More longitudinal studies in family child care are needed in order to capture changes in providers' beliefs about their abilities and changes in their practice over time. Future studies using Bandura's model of self-efficacy and transformative learning as a basis for promoting transformed practice provide frameworks and theoretical lens that can help inform state and local agencies in creating infrastructures and programs that support these professionals during pre-service and throughout their careers. While changes in self-efficacy and transformed practice were presented as separate accounts they did not occur in isolation, but in the context of the QRIS and all the ongoing and changing events in the providers' lives. Using frameworks and strategies that incorporate experiences contributing to increased self-efficacy and transformative learning experiences that may result in transformed practice, supports can be customized within an existing system to best meet each provider's needs and improve quality within the family child care home.

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Appendix A

INFORMED CONSENT

University of Delaware *IRB Approved From: 09/24/2015 to: 09/23/2016*

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

Title of Project: Self-Efficacy and Transformed Practice in Family Child Care Providers

Principal Investigator(s): Jennifer Cortes

You are being invited to participate in a research study. This consent form tells you about the study including its purpose, what you will be asked to do if you decide to take part, and the risks and benefits of being in the study. Please read the information below and ask us any questions you may have before you decide whether or not you agree to participate.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to document the experiences connected to self-efficacy and transforming practice of family child care providers participating in Delaware's Quality Rating and Improvement System (QRIS) which is designed to improve, assess, and communicate quality of early care and education programs. This study is being conducted by a graduate student in the Human Development and Family Studies department at the University of Delaware and will be submitted as the student's master's thesis. You will be one of three participants in this study. You are being asked to participate because you are a family child care provider who participated in Stars Plus and have been purposefully chosen for this case study based upon your active engagement throughout the duration of the Stars Plus cohort and movement within the Star Levels. The focus of this study examines providers' self-efficacy and elements of transforming practice over time, therefore providers who were not active participants throughout the span of the cohort or who did not improve in quality, as determined through the program's Star Level, are excluded from this study. The study also utilizes an Action Research design, with the Principal Investigator also the cohort's Technical Assistant; therefore, other family child care providers in other Stars Plus cohorts are excluded from this study.

WHAT WILL YOU BE ASKED TO DO?

If you choose to participate in this study, the researcher will ask you to participate in an interview to discuss your personal and professional experiences while participating in Stars Plus. Additionally, you will be asked to participate in a focus group in which the researcher will share findings of the study to ensure that the findings are accurate amongst the participants. Both the interview and focus group will be audiotaped in order to preserve the conversations for analysis and will take place in a mutually agreed upon location that ensures confidentiality. The interview will take approximately 90 minutes and the focus group approximately one hour.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

You may feel some discomfort in sharing your thoughts about your practice during the interview and focus group with the person who is your Stars Technical Assistant. All responses are confidential and used solely for the purpose of this study and will not in any way affect participation within the Delaware Stars program.

Page 1 of 3

Participant's Initials _____________

WHAT ARE THE POTENTIAL BENEFITS?

It is possible that you may benefit from discussing and reflecting on your experiences over the last couple of years while engaged in quality improvement efforts within your program.

NEW INFORMATION THAT COULD AFFECT YOUR PARTICIPATION:

None known at this time.

HOW WILL CONFIDENTIALITY BE MAINTAINED? WHO MAY KNOW THAT YOU PARTICIPATED IN THIS RESEARCH?

To assure confidentiality, an ID number will be used to identify participants. All information will be kept in a secure location, available only to the research team. A list linking ID numbers to participants' identities will be stored in a locked cabinet in the Delaware Stars research office, separate from all data. Audio files and transcriptions will be stored on a password-protected computer on a secure server, with audio files deleted from the original recorded device once uploaded to the secured server. Audio recordings will be accessible only to members of the research team. All data will be stored for 10 years after the study and then erased. The research team will keep information learned about you confidential to the extent possible. We cannot promise that information shared with other study participants during the focus group will be kept confidential. The research team will make every effort to keep all research records that identify you confidential. The findings of this research will be grouped without identifiers and used within the graduate student's master's thesis and may be presented or published. If this happens, no information that gives your name or other details will be shared.

The confidentiality of your records will be protected to the extent permitted by law. Your research records may be viewed by the University of Delaware Institutional Review Board, which is a committee formally designated to approve, monitor, and review biomedical and behavioral research involving humans. Records relating to this research will be kept for at least three years after the research study has been completed.

WILL THERE BE ANY COSTS TO YOU FOR PARTICIPATING IN THIS RESEARCH?

There are no costs associated with participating in this study.

WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATION?

No compensation will be given for your participation in this project.

Participant's Initials ____________

DO YOU HAVE TO TAKE PART IN THIS STUDY?

Taking part in this research study is entirely voluntary. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise entitled. Your decision to stop participation, or not to participate, will not influence current or future relationships with the University of Delaware or Delaware Stars. You may withdraw at any time and discontinue participation without penalty or loss of benefits to which you were otherwise entitled. If, at any time, you decide to end your participation in this research study, please inform our research team by notifying the principal investigator.

WHO SHOULD YOU CALL IF YOU HAVE QUESTIONS OR CONCERNS?

If you have any questions about this study, please contact the Principal Investigator, Jennifer Cortes, at (302) 668-4811 or jcortes@udel.edu or student's faculty advisor, Cynthia Paris, at (302) 831-8557 or cparis@udel.edu.

If you have any questions or concerns about your rights as a research participant, you may contact the University of Delaware Institutional Review Board at hsrb-research@udel.edu or (302) 831-2137.

Your signature on this form means that: 1) you are at least 18 years old; 2) you have read and understand the information given in this form; 3) you have asked any questions you have about the research and the questions have been answered to your satisfaction; and 4) you accept the terms in the form and volunteer to participate in the study. You will be given a copy of this form to keep.

Printed Name of Participant	Signature of Participant	Date
Person Obtaining Consent (PRINTED NAME)	Person Obtaining Consent (SIGNATURE)	Date

Participant's Initials ____________

Appendix B

INTERVIEW PROTOCOL

Family Child Care Provider Interview Protocol

Beginning with stars (Initial perceived self-efficacy/practice)
You have currently been participating in a Delaware Stars Plus Cohort for over two years now. What motivated you to join Stars in the first place?

You joined a Stars Plus Cohort in (date), thinking back to that time, how would you have described yourself as a family child care provider then?

How would ( ) have described you as a family child care provider?
your daycare families
your own family
other professionals in the early childhood field

Professional growth throughout cohort participation (contributing factors to increase in self-efficacy and/or transforming practice)

Can you describe what changes, if any, you have experienced professionally over the past few or more years while participating in the cohort?

Walk me through some of the experiences that occurred throughout your journey between 2012-2015, while in the Stars program, that you believe contributed to this change?

Can you describe what changes, if any, you have experienced personally over the past few or more years while participating in the cohort?

Walk me through some of the experiences that occurred throughout your journey between 2012-2015, while in the Stars program, that you believe contributed to this change?

What do you see as having the most impact on your learning over the past two or more years while participating in Stars Plus cohort?
Do you feel that you have fundamentally changed as a person since beginning the cohort in 2012? If so, in what ways?

How do you think these changes have impacted or affected your child care program? the families you serve?

Who or what was your biggest source of support during this process of quality improvement and gaining new knowledge?

What was the most eye-opening discovery that you learned about yourself through participating in the cohort?

Current Stars experiences/perceptions of self (perceived self-efficacy and professional practices after participation in the cohort)

How do you see yourself as a family child care provider now?

How do you think (   ) see your role as a family child care provider?

your daycare families?
your own families?
other professionals in the early childhood field?

What do you see yourself doing after the cohort officially ends?

How will you continue to grow professionally? What skills or resources will you use?

If you were talking to another provider who shared that he/she is reluctant to join Stars and participate in the professional activities that you have over the past two-three years, what would you say to them?

Appendix C

FOCUS GROUP PROTOCOL

Family Child Care Provider Focus Group Protocol

After conducting your individual interviews:

(   ) was your main motivation for joining a Delaware Stars Plus Cohort?

You would have described yourself at that time as (   ) family child care provider?

(   ) are the main changes(or no changes) you experienced professionally while participating in the cohort?

Some of the key experiences contributing to those changes were (   )?

(   ) are the main changes(or no changes) you experienced personally while participating in the cohort?

Some of the key experiences contributing to those changes were (   )?

(   ) has the most impact on your learning over the past few years while participating in the Stars Plus cohort?

These changes (if any), impacted your child care program and families you serve by (   )?

(   ) was your biggest source of support during this process of quality improvement?

One of the most eye-opening discoveries you learned about yourself during this time was (   )?

Currently, as a family child care provider, you see yourself as (   ) and believe others see you as (   ) within the field?

After the cohort officially ends, you see yourself doing (   ) and continuing to grow professionally by (   )?

Based upon your experiences in Stars, you would share with other providers who are reluctant to join stars (   )?

Appendix D

IRB LETTER

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI)

COURSE IN THE PROTECTION HUMAN SUBJECTS CURRICULUM COMPLETION REPORT

Printed on 08/26/2014

LEARNER	Jennifer Cortes (ID: 3811592) 302 Red Cedar Lane Bear DE 19701
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INSTITUTION	University of Delaware
EXPIRATION DATE	10/11/2016

HUMAN SUBJECTS PROTECTIONS FOR GRADUATE STUDENTS

COURSE/STAGE:	Basic Course/1
PASSED ON:	10/12/2013
REFERENCE ID:	11479697

REQUIRED MODULES	DATE COMPLETED	SCORE
Belmont Report and CITI Course Introduction	10/06/13	3/3 (100%)
Students in Research	10/06/13	9/10 (90%)
History and Ethics of Human Subjects Research	10/09/13	6/6 (100%)
Defining Research with Human Subjects - SBE	10/09/13	5/5 (100%)
The Regulations - SBE	10/09/13	5/5 (100%)
Basic Institutional Review Board (IRB) Regulations and Review Process	10/09/13	5/5 (100%)
Informed Consent	10/10/13	4/4 (100%)
Privacy and Confidentiality - SBE	10/10/13	5/5 (100%)
Records-Based Research	10/10/13	2/2 (100%)
Research With Protected Populations - Vulnerable Subjects: An Overview	10/10/13	4/4 (100%)
Vulnerable Subjects - Research Involving Prisoners	10/10/13	4/4 (100%)
Vulnerable Subjects - Research Involving Children	10/10/13	3/3 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates	10/10/13	3/3 (100%)
International Research - SBE	10/10/13	3/3 (100%)
Internet Research - SBE	10/10/13	5/5 (100%)
FDA-Regulated Research	10/10/13	5/5 (100%)
Research and HIPAA Privacy Protections	10/12/13	5/5 (100%)
Conflicts of Interest in Research Involving Human Subjects	10/12/13	5/5 (100%)
University of Delaware	10/12/13	5/5 (100%)
ELECTIVE MODULES	**DATE COMPLETED**	**SCORE**
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research	10/12/13	3/3 (100%)

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI Program participating institution or be a paid Independent Learner. Falsified information and unauthorized use of the CITI Program course site is unethical, and may be considered research misconduct by your institution.

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Program Course Coordinator

Collaborative Institutional Training Initiative at the University of Miami