



Training Makes a Difference:

The Experience of Unionized Family,
Friend, and Neighbor Child Care
Providers in Washington State



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The Economic Opportunity Institute (EOI) is a public policy center dedicated to restoring the promise of the middle class: educational opportunity, a good job with benefits, a healthy family and workplace, and a dignified retirement.

Using sound research, powerful coalitions and strategic communications, we advance public policies to improve our schools, workplaces, public services and quality of life. Our goal is to build an economy that works - for everyone.

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Executive Summary

For many families, finding child care arrangements that are affordable and available at the times needed can present a great challenge. Many parents rely on child care provided through an informal network of family members, friends, and neighbors (FFN). Parents may choose a family, friend or neighbor over a more formal child care setting because they prefer to entrust the care of their children to people they know.

In 2004, family child care providers banded together and signed a collaboration agreement with SEIU to work to improve the lives of family child care providers and the delivery of quality care in their homes. In 2006, they worked to pass legislation permitting them to be unionized in Washington state. That same year, providers voted to establish a union and chose SEIU 925 to represent them.

Child care providers and their union have long recognized the critical importance of quality early learning environments for children's development, and the value of on-going training as a method to improve provider's knowledge and skills. Accordingly, the union strongly advocated for training support and funds have been included for training in each collective bargaining agreement. Exempt providers can use these funds to take classes and workshops specifically designed to help them provide high-quality care and education for children.

While there is broad agreement that improving the quality of child care is important, the question issue arises as to whether these classes and workshops are effective. To answer that question, the Economic Opportunity Institute conducted a survey of license exempt providers, using a retrospective pre-test approach to examine their training experiences. 521 surveys were sent to providers who had taken between 10 and 40 hours of training over a period of one to four years, of which 82 surveys were returned.

The primary focus of the survey is to explore whether the trainings increase providers' knowledge and skill level regarding early childhood education and caring for children. The survey also explored whether attending classes brought about additional broader outcomes from, such as making positive professional connections with other providers, developing a better understanding of the role and efforts of their union, and increasing satisfaction in caregiving as a by-product of increasing knowledge and skills. Finally, the survey gathered demographic information on providers and the children in their care.

Demographic responses offer a snapshot of the providers and children in their care. The majority of providers are female, speak English, and over the age of 45. About half are married, and about half describe themselves as White. Well over 70% have one to three children in their care with a mean average of 2.1 children. - Many work full-time, with an average of 36 hours per week, with 39% working 31-40 hours per week and about 22% working more than 40 hours per week.

Providers had a few infants and toddlers in care; with the vast majority of children being pre-school and elementary school age. The most frequent number of children in care was one child, with one-third of providers indicating they provide care for only one child; another 45% of

providers each care for two or three children. A great majority of the children were related to the provider.

The survey results indicate training had an overall positive impact in every area measured. Exempt providers increased both their knowledge and their skill level by an average of 2 points on a 10 point scale, as measured by the provider's perception of their own knowledge and skill related to the content of the training sessions. Most providers rated their knowledge and skill between 6 and 8 before attending, and indicated they increased to level 9 or 10 after training. Almost all providers felt as though they had a strong grasp or mastery of the workshop content after the training.

Many exempt providers took advantage of the training opportunity to expand their professional support network. Over 60% said they made connections with others at trainings. Of those making connections, 59% shared ideas, 53% gained skills, 49% asked advice and 43% shared concerns. A smaller group (22%) brought children together to play. Much of the contact is by phone (66%), while 36% of providers met in person, and 28% either texted or e-mailed. Connecting with others is an important added benefit of training. Providing child care, similar to teaching in a K-12 classroom, is an isolated activity. When isolated in care giving and teaching, providers miss out on opportunities to learn from others' experiences. When providers are able to make connections with each other they often share knowledge, ideas, and tips on caregiving.

Because providers came together to create the union themselves, it is critical that providers continue to feel connected to and fully represented by the union. More than 90% of providers agreed or strongly agreed that their union - SEIU 925 - plays a significant role in making training opportunities available, and that fewer training opportunities would be available without SEIU. In addition, 97% of providers believe SEIU is important in fighting for improvements to the child care system.

For many providers, training classes also improve satisfaction with providing child care. Eighty-five percent of those surveyed agree or strongly agree that the training provided by SEIU 925 makes providing child care more satisfying. For those that felt training made no difference in their satisfaction, there was insufficient information to determine why they hold this belief.

This research led to a number of recommendations on improving training opportunities for exempt providers, including:

- *Incorporating additional training methods, such as play and learn groups, which take advantage of the fact that most providers have few children in care and like interacting.* This training method would help providers put what they learn into action, and could also increase interactions among providers.
- *Continuing successful courses and changing the design or structure of less successful courses.* While some class topics were overwhelmingly popular and helpful for providers, others were not. Continuing to refine the curriculum based on what works will ensure that providers are getting the most they can out of training opportunities.

- *Adding intermediate or advanced level workshops.* This will enable providers who have taken SEIU classes for several years or who have additional training in child care or child development to continue to benefit from classes provided by SEIU 925.
- *Adding training in areas of interest, for instance bullying and conflict.* Listening and responding to providers' needs for training will help ensure training meets those needs and that providers gain knowledge and skills truly relevant to caring for children today.
- *Further encouraging interaction among providers during and after classes by increasing group-building or group work that requires interaction.* Including explicit opportunities to interact can help providers learn from each other and become more comfortable building relationships with providers they meet outside of class, which can contribute to more gains in skills and knowledge.

By taking the initiative to form a union and collaborate with SEIU 925, exempt child care providers in Washington now have access to training that measurably improves their knowledge and skills, and supports their work caring for children. Without collective bargaining, it is highly unlikely these opportunities would have been available.

Introduction

Family, friend and neighbor care

In 2009, an estimated 1.1 million children under 13 years of age lived in Washington. Many spent at least some time in child care: on any given day, nearly 200,000 children in Washington are looked after in child care centers by family child care providers who use their home as a business, and by family, friends, and neighbors.¹ Of those, over 100,000 children receive care paid in whole or part by child care subsidy payments from Washington state.²

Washington requires child care licensing for all child care centers, and in many cases, for a child care provider caring for children in the provider's home. Family members, including certain extended family, are exempt from licensing, as is care provided in the child's own home. Additionally, "persons who care for a neighbor's or friend's child or children, with or without compensation, where the person providing care for periods of less than twenty-four hours does not conduct such activity on an ongoing, regularly scheduled basis for the purpose of engaging in business" are also exempt.³

Child care subsidies

Family, friends, and neighbors who receive subsidy payments for the children in their care are considered License-Exempt (or, "exempt providers"). There are about 6,200 exempt providers in Washington, who collectively care for approximately 13,600 children eligible for child care subsidies.⁴ Of the 37,000 families eligible for child care subsidies in Washington, about 17% choose to place their children in the care of exempt providers.⁵

Parents receiving child care subsidies in Washington are low-income (their family income must be at or below 175% of the federal poverty guideline for their family size).⁶ Those who choose to use family, friend, or neighbor care rather than center or a family child care business often have not achieved higher levels of education.⁷ Family, friend, and neighbor providers often have a similar demographic profile to the families they serve, and are less likely than licensed providers to have higher levels of education or training in child care or child development.⁸

The role of collective organizing

In 2004, exempt providers and licensed family child care providers organized and worked with the Service Employees International Union (SEIU) Local 925 to pass legislation in 2006 to allow for collective bargaining. The new law gave providers and their union the right to enter into a contract with Washington state regarding the "manner and rate of subsidy and reimbursement, including tiered reimbursements; health and welfare benefits; professional development and training; and other economic matters."⁹

SEIU 925 has demonstrated a commitment to support exempt providers through training to improve their child care knowledge and skills, using funds acquired from the state via collective bargaining. As a result, in each of the last four fiscal years, exempt providers have had the opportunity to take 10 hours of training through workshops in their communities, with payment

offered as an incentive to attend. Without their union and the consequent funding provided by the state, these gains would not have been achieved, and many exempt providers would not be equipped to provide enhanced levels of care for the children and families they serve.

The importance of training

Training is particularly important for license-exempt providers, who often have little or no formal education or training in early education or child care. Caregivers with higher levels of education or training in early education or child care are more likely to show higher competency in areas associated with quality of care, including health and safety, developmentally appropriate practice, involvement with children, and richer learning experiences.¹⁰ Additionally, child care providers with more specialized training “are better able to facilitate a positive learning and social environment,”¹¹ as both formal and informal training has been found to contribute to child care quality.¹² Both the state and SEIU 925 have a “common mission to ensure that every Washington family has access to *quality* child care,” [emphasis added]¹³. Training is an essential component in improving the care provided by exempt providers.

Training can open up the door to future career opportunities. It’s likely that most exempt providers see themselves primarily in their relationship to the parent and child, perhaps as an aunt or a neighbor. They see their job as watching and caring for children. Through on-going dialogue and training, exempt providers may begin to see professional opportunities in early childhood education, and if they choose, pursue a career in that field. As providers gain knowledge and skills, career pathways in early childhood education open up to them.

The survey instrument

In recognizing the importance of training for exempt providers, the Economic Opportunity Institute (EOI), with funding from American Rights at Work, undertook a study of the training opportunities provided for exempt providers in Washington by SEIU 925.

Using data supplied by SEIU 925 on the hours and type of training exempt providers received, EOI investigated the success of training opportunities for license-exempt providers in Washington, in order to gain a better understanding of the demographics and needs of exempt providers, and to gauge how exempt providers view their relationship with SEIU 925. This research report focuses on the success of training in increasing child care knowledge and skills *from the providers’ perspective*, as determined through a survey distributed to providers who have participated in trainings provided by SEIU 925.

The survey instrument included eight sections designed to capture both different aspects of providers’ experience with SEIU-provided training and with providing care for children, as well as providers’ demographic information. The survey included both closed-ended and open-ended questions, from which responses were standardized for use in analysis. Providers were told that the first 100 providers to respond would receive a \$10 gift card as incentive to complete the survey.

Analysis of results

Two types of analyses were used in this study: a frequency analysis to determine which responses were most common and the distribution of responses; and a bivariate correlation analysis, to determine whether the training provided by SEIU 925 was more successful for some subgroups of providers than others. Success was based on the following: change in knowledge and skills; connections made with other providers; perceptions of SEIU 925; and agreement that training makes caring for children more satisfying. These analyses, then, provide both a multi-faceted picture of license-exempt providers in Washington state, and information not only on how successful the training was, but which providers benefited most from this success.

This research is distinct from past research on training for child care providers in numerous ways. First, this research defines successful training not only in terms of an increase in skills and/or knowledge, but in a more holistic approach, including making connections with other providers, perceptions of SEIU 925, and agreement that training makes caring for children more successful. Additionally, while most other research on training child care workers focuses on child care centers or home child care businesses, the training provided by SEIU 925 is specifically geared toward license-exempt providers.

This research is also unique in that the training was provided by a union, SEIU 925, and thus helped identify providers' perceptions of their union. As a result, this research not only builds on the body of research around license-exempt child care providers and the effects of training, but can serve as a tool to help SEIU 925 improve the quality and focus of the training to better meet the needs of license-exempt providers in the future.

Chapter 1: Background/History

Over the past six years, numerous developments in Washington state have impacted early learning providers. Beginning in 2005, a plan was set in motion to examine the quality of education in the state and propose changes to the education system to help provide high-quality education from birth to adulthood for everyone in the state. Following that initial phase, an Early Learning Plan was developed to provide specific strategies to improve early learning outcomes. At the same time, family child care providers and license-exempt providers joined together to form a union under the Service Employees International Union (SEIU) Local 925. The union bargained with the state for an increase in the child care subsidy rate and for training funds for these providers.

In 2005, the Washington state legislature passed SB 5441, requiring a study of the state's education system. Washington Learns, including a steering committee chaired by Governor Christine Gregoire and advisory committees with educators, business, and community representatives, evaluated Washington's education system with the intention of improving quality. In the area of early learning, the committee was charged to "Develop an early learning plan to improve the organization of early learning programs and services and to improve accessibility and quality of early learning programs and services."¹⁴ The plan was issued through a report by Governor Gregoire in 2006. When the report was written, less than half of all children in Washington state were adequately prepared when they entered kindergarten.¹⁵ With issues such as this in mind, the governor proposed to revamp the education system in the state, from early learning through adult life.

In the report, ten 10-year goals were proposed, three of which were concerned with early learning. These included supporting parents as children's first teachers, ensuring that families "have access to high-quality, affordable child care and early education programs staffed by providers and teachers who are adequately paid and compensated," and helping all children enter kindergarten prepared to learn.¹⁶ In line with the charge established by the legislature, a number of proposals were put forth in the area of early learning, including developing a Department of Early Learning and "[expanding] early learning teacher training to produce more well-trained, culturally-competent, diverse and imaginative child care providers and early education teachers."¹⁷

In order to move the proposals from the Washington Learns report forward, the state legislature charged the newly created Department of Early Learning with "developing a statewide early learning plan that ensures school readiness for all children in Washington."¹⁸ The Department of Early Learning joined with the Office of the Superintendent of Public Instruction and Thrive by Five Washington to embark on a two year process with parents, early learning providers, school-age teachers and staff, advocates, and funders to create an early learning plan for Washington state.

The resulting Early Learning Plan focused on helping children, parents and caregivers, early learning professionals, schools, and systems and communities to be ready and successful. By helping caregivers and early learning professionals become ready and successful, caregivers would have the "knowledge and skills needed, along with culturally appropriate services and

supports, to act and respond in ways that promote optimal child health, development and early learning.” Additionally, “all families [would have] access to high-quality, culturally competent, affordable child care and early education programs staffed by providers and teachers who are adequately trained and compensated.”¹⁹

During the same time the state was addressing education quality, family child care providers and license-exempt providers joined together with SEIU Local 925 to form a union for child care providers in Washington state. SEIU already had a history of organizing early learning providers since the 1990s, working to both raise the quality of care and negotiate for “higher rates and wages with the goal of slowing turnover and keeping experienced, trained professionals in ... a field that pays very low wages.”²⁰

In 2004, the Washington state Family Child Care Association and the Eastern Washington Family Child Care Association signed a collaboration agreement with SEIU, stating that they would “work together to improve the lives of family child care providers while ensuring the delivery of quality care in a family home setting.”²¹ The associations would offer mentoring and support, conduct training, offer benefits, and communicate with members, while SEIU would organize members to become politically active and collectively bargain with the state.²²

In November 2006, providers represented by SEIU Local 925 reached an agreement with the state to increase child care subsidy rates for both family child care providers and license-exempt providers. This was the first increase for license-exempt providers in almost a decade.²³ The agreement also included over \$750,000 in training subsidies,²⁴ giving SEIU the means to provide training for family child care and license-exempt providers.

Chapter 2: Training for Exempt Providers

While research on the demographics of license-exempt providers is somewhat limited, what data is available suggests that these providers often share the same characteristics as the families for whom they provide care,²⁵ including having limited formal education or training in child care. As studies have shown that increased education and training result in higher quality child care,²⁶ training for this group of providers is especially important in improving the quality of care they provide. Recognizing the importance of such training, many states have developed training programs that include or are geared toward exempt providers, either as statewide programs or as local or regional training initiatives.

Because most states collect little information on license-exempt providers, demographic information on this group of providers is somewhat limited. However, some basic information on family, friend, and neighbor caregivers (including license-exempt providers) has been gathered through various studies. Family, friend, and neighbor providers are most commonly relatives²⁷ and primarily female.²⁸ In general, family, friend, and neighbor providers tend to share characteristics with the families they serve, including race and income.²⁹ Families qualifying for child care subsidies are low-income and many of the license-exempt providers who care for children of those qualifying families are also low-income.³⁰

In addition, family, friend, and neighbor providers tend to have less formal education than licensed providers, including training in child care or child development.³¹ A provider's education and training can impact the quality of care provided.³² Furthermore, those with more formal education are also likely to have had more training in child care or child development.³³ As such, research indicates that the quality of care by family, friend, and neighbor providers is lower than that of licensed providers,³⁴ increasing the need for training.

While most studies on the effects of training for child care providers have focused on center-based care, nearly all studies have shown that increased training can improve the quality of child care. As noted in the *International Journal of Child Care and Education Policy* in 2008, "specific training in early education is the most consistent predictor of children's development."³⁵

Home-based providers who have participated in early childhood training are more likely than those who have not to provide stimulating materials and language and literacy materials.³⁶ In addition to concrete improvement in skills or knowledge, family child care providers "feel that training gives them the confidence to do the work and arms them with the information they needed to do it effectively."³⁷ As such, training for license-exempt providers can positively impact the quality of care provided while also providing positive externalities such as increased confidence and satisfaction for those providing care.

Like Washington, other states across the country have recently recognized the importance of providing training for exempt providers. Currently 32 states³⁸ (in addition to Washington) provide some statewide training through workshops to license-exempt child care providers, though requirements, incentives, and type of training often vary from the standards in Washington.

In Washington, all exempt providers are eligible to attend training provided by SEIU 925, which is specifically designed for exempt providers (licensed family child care providers have different training offered to them). While not all of the workshops in other states are specifically designed for exempt providers, all allow exempt providers to attend.

In many states, training is provided by local Child Care Resource & Referral agencies or other local coalitions across the state, and open to all child care providers. These trainings often vary significantly between sites.³⁹ In some states, providers are only eligible for training if they register with the state, while 10 states – West Virginia, Nevada, Montana, Michigan, Massachusetts, Louisiana, Kentucky, Georgia, Florida, and Delaware – require training for all exempt providers either as part of an orientation process for receiving subsidy payments or as an on-going training requirement.⁴⁰ Many states also offer other activities in addition to workshops, such as online resources, mentoring, in-home visits, warm lines, and Play & Learn groups.⁴¹

As in Washington, some other states provide incentives to encourage providers to attend trainings. Some states provide monetary-based incentives, while others offer classroom materials as incentive to attend. Programs in Illinois, Maryland, New York, Oregon, and West Virginia provide a monetary incentive to attend training,⁴² while programs in Connecticut, Delaware, Michigan, and Minnesota provide materials;⁴³ Idaho STARS provides both monetary and materials-based incentives.⁴⁴ Monetary incentives tend to be tied to levels or hours of training achieved, while materials are often provided in conjunction with attending a specific workshop.

Some states focus training efforts on a limited range of topics such as health, safety, and nutrition. Initiatives in Indiana and Iowa, for example, focus only on health, safety, and nutrition-related topics.⁴⁵ Washington emphasizes quality of care. Most states with quality of care training cover a variety of topics including child development, literacy, and learning through play.

The National Association of Child Care Resource & Referral Agencies (NACCRRA) suggests that training should be planned and progressive, culminating in a credential or college degree.⁴⁶ Similarly, other research notes that “intensive, continuous, and individualized training appears more likely to change teacher/caregiver behavior than short-term workshops.”⁴⁷ While some providers in Washington state have now taken training for four years, the training provided by SEIU 925 is made up of many short-term workshops and is not cumulative in nature.

The NACCRRA also suggests online and distance education be utilized, especially for topics such as safety and child abuse.⁴⁸ However, there is recognition that much learning happens informally, e.g., through conversations and social interactions, and occur more naturally in face-to-face workshops than in online or distance learning.⁴⁹ Thus, it is expected that providers who participate in training will see positive externalities from the informal interactions that come with face-to-face training. Because all FFN providers participated in the same type of training (short-term, non-planned or cumulative, and in-person) provided by SEIU 925, information on whether this model of training in Washington is more or less successful than other models cannot be determined. However, information on whether this training proves beneficial to providers (in increases in skills and knowledge, and in other positive outcomes such as making connections with other providers) can help develop a case for the success of this training and what modifications may make the training more successful in the future.

Chapter 3: The Survey Instrument, Methodology

Over the past four fiscal years, license-exempt providers in Washington have had the opportunity to participate in training workshops provided by SEIU 925, earning a stipend for completing 10 hours of training per year.

Recognizing the potential for training to improve the quality of care provided by exempt child care providers, a survey was developed to gauge the success of workshops provided by SEIU 925, as well as to better understand the experiences of exempt providers who participated. The survey was designed to collect information on the effectiveness of the training opportunities provided by SEIU 925 from the providers' perspective, as well as to collect information on the demographics of exempt providers, providers' background and other training experience, and providers' experience and involvement with SEIU 925.

Success was defined by change in providers' level of knowledge and skills, connections and interactions with other providers, perceptions of SEIU 925, and agreement that training makes caring for children more satisfying.

The survey included both open-ended and closed-ended questions, and was divided into the following eight sections:

- Information on the number and ages of children in care
- History caring for children
- Experience attending training opportunities provided by SEIU 925
- Interactions with other child care providers through training opportunities provided by SEIU 925
- Experience with SEIU 925
- Experience with training *not* provided by SEIU 925
- Experience caring for children with special needs
- Personal demographic and background information

In order to group trainings for analysis purposes, categories were developed by the research team based on workshop topics provided by SEIU. Topics were coded using keywords, and then those keywords were combined into similar groups. After consultation with Early Learning staff at SEIU 925, the many dozens of trainings were sorted into the following 12 categories:

- Health & safety
- First aid & CPR
- Emergency preparedness
- Food & nutrition
- Special needs

- Dealing with stress/anger
- Behavior management
- Child development
- Arts, crafts, & holidays
- Games & activities
- Learning activities, science/nature/math
- Books/reading/language

There were a few training topics that did not fit into one of these categories, so an option for “Other” was also included. Additionally, because many of the workshops covered more than one of these categories, providers were asked to respond on any categories covered in the workshops they attended.

Each section of the survey was designed to capture a different aspect of the provider’s knowledge, skills, training, and experiences, while together helping give a multi-faceted picture of the group of providers who participated in the survey. Information on the number and ages of children cared for, history caring for children, experience taking care of children with special needs, and personal demographics and background provides insight into the lives and experiences of exempt providers. When this data for all providers is combined, it can also create a picture of what type of women (and some men) provide license-exempt child care.

As noted in the introduction, this research is distinct from previous work in several ways. The training provided by SEIU 925 is specifically geared toward license-exempt providers, while most other research on training child care workers focuses on child care centers or home child care businesses. This research is also unique in that the training was provided by a union, SEIU 925, and looks at providers’ experience with the union as a whole, as well. Finally, this research defines success beyond a simple increase in skills or in knowledge, instead including in the definition of success connections with other providers, perceptions of the union, and agreement that training makes caring for children more satisfying. In addition to building on the body of research around training, this research can also serve as a tool to help SEIU 925 improve future training efforts.

Information on providers’ interactions with other providers at training workshops offer insight into whether providers saw positive externalities beyond an increase in knowledge and skills. Specifically, connecting with other providers may indicate that providers gain more skills and knowledge through interactions with other providers, and may find caring for children more satisfying through the existence of a stronger support network.

Information on experience attending trainings provided by SEIU 925 and interactions with other child care providers through those workshops provides insight into the their effectiveness. Because the information is from the providers’ perspective, it also offers insight to providers’ training needs. Information on experience with training *not* provided by SEIU 925 gives insight into what other forms of training providers are interested in, as well as how much additional training exempt providers have.

When looked at in conjunction with information on providers' experiences with SEIU-provided training, this can also provide insight into whether providers who sought outside training had any different experience with SEIU-provided training than those who did not seek outside training opportunities.

Information on providers' experience with SEIU 925 in general provides clues to the role SEIU plays in providers' lives, as well as how involved exempt providers are in union activities outside of training. Because the union agreement with SEIU 925 goes beyond providing training, it is important to understand whether providers take part in additional activities, as well as whether providers view SEIU activities – including training – as important in improving the quality of care they provide.

Taken together, all of the information provides insights into whether the training is equally successful for all providers, or whether certain subgroups of providers are, for example, more likely or less likely to benefit from the training provided or more likely or less likely to participate in additional union activities. This information not only contributes to the body of research about the experiences of license-exempt providers, but also helps SEIU 925 provide more successful training opportunities, and bolsters the case for the importance of funding trainings for exempt providers in the future.

A stratified, random sample was performed using data provided by SEIU 925 including the names and amount of cash incentive earned by all 1,118 providers who took part in at least 10 hours of training. The number of training hours providers took was determined by the amount of cash incentive each provider was paid.

Providers were sorted into groups based on the number of hours of training attended – 10, 20, 30, or 40 hours – and were then assigned individual tracking numbers based on their group and their Social Service Payment System provider number. From the total population of providers who participated in training, the number of providers in each group were as follows: 732 providers took 10 hours of training; 265 took 20 hours of training; 96 took 30 hours; and 25 took 40 hours of training over the past four years.

To help ensure a sufficient response from each of the groups, 200 surveys were mailed out to the 10-hour group, 200 to the 20-hour group, and surveys were sent to all of the providers in the 30- and 40-hour groups, for a total of 521 surveys sent. From the full list of tracking numbers for each group, a random list was generated using the Random Sequence Generator available at Random.org; from this list, the first 200 codes for the 10 and 20 hour groups were included in the random sample to receive surveys. As there were fewer than 200 providers in the 30 and 40 hour groups, all providers who received those amounts of training were sent surveys. Providers received the surveys via postal mail, and had four weeks to return the survey. Providers were told the first 100 to respond would receive a \$10 gift card, as an incentive to participate and promptly return the survey.

Eighty two (82) providers returned their surveys in time to be included in the results. The distribution of providers from each of the four groups (based on hours of training) was slightly different in the returned surveys than in the total group of providers who were sent surveys.

Providers with 10 hours of training made up a slightly lower percentage of returned surveys than of all providers who were sent surveys, while providers from each of the other groups made up slightly higher percentages of returned surveys than of those who were sent surveys. The percentage of surveys in Spanish (as opposed to those in English) was almost identical in the returned surveys to those sent out. As such, the sample of providers who returned the survey is generally representative of the broader population of license-exempt providers in Washington state, with a confidence interval of about 10.5% and a confidence level of 95%.

A retrospective pretest approach was selected in order to quantify providers' perceptions on how much they gained from the workshops. This approach was chosen because no data was collected on the providers' level of knowledge and skills, or on their perceptions of their knowledge and skills before they took part in these trainings. By asking providers to report on the level of knowledge and skills they possessed *before* they took part in the training provided by SEIU, as well as their level of knowledge and skills *after* taking part in the SEIU-provided training, a level of improvement can be measured.

This approach provided a way to assess how much participants felt they learned after the training was completed, and is commonly regarded as an appropriate tool for measuring the impact of professional development.⁵⁰ However, this approach does have limitations. In this case, respondents may have had difficulty recalling their actual level of skills or knowledge before participating in training activities, and so may indicate higher levels than if they had actually been asked before taking part in training. They may also indicate higher levels of knowledge and skills after participating in training than they actually have, in an effort to show that learning took place.⁵¹

Despite these limitations, researchers found the retrospective pretest approach is a reliable tool for evaluating professional development.⁵² As such, this tool is reliable and appropriate for use in determining whether license-exempt child care providers saw a change in skills and knowledge as a result of training by SEIU 925.

Once providers' surveys were returned, responses were entered into a spreadsheet, and were then standardized and transformed as necessary for analysis, as follows:

- Questions requiring a numeric answer and those with multiple choices where only one could be selected were left as originally answered.
- For questions asking for responses on a scale (e.g., strongly disagree to strongly agree), answers were transformed into a numeric scale.
- Questions with only two answers possible (e.g., yes or no), were transformed so that, for example, yes=1 and no=0, creating a clear binary relationship.
- For multiple choice questions where providers were encouraged to select all that apply, each possible answer (a, b, c, d, etc) was transformed into a separate variable, with true=1, false=0 based on whether the provider selected that choice.
- Open-ended, non-numeric questions were qualitatively coded to arrive at a number of possible answers, including "other" for unique answers. Each of these possible answers

was then transformed into a separate variable, with true=1 and false=0 based on whether the provider's response indicated that choice.

- Once the data was standardized, two types of analysis were performed: a frequency analysis, to learn more about the group of providers who participated in SEIU 925-provided training and responded to the survey; and a bivariate correlation analysis, to identify whether there were correlations between various demographic/experience questions and indicators of success, including change in knowledge and/or skills through SEIU-provided training, connections with other providers, perceptions of SEIU 925, and agreement that training makes caring for children more satisfying.

Because much of the information collected in the survey related to providers' demographic information, a frequency analysis was performed to gain a picture of exempt providers who participated in SEIU-provided training, as well as to see how much demographic variability exists among exempt providers. In addition, a frequency analysis of survey sections relating to knowledge, skills, training, and experiences was also included to gain information on the variability among exempt providers in these areas.

Initially, individual frequency tables were created for each question, to determine the distribution of responses for each. From the frequency tables, frequency charts were created for many of the questions, including charts showing the variability in race/ethnicity, age, and years of experience, among others. For some questions, crosstabs were also created to better understand how providers responded. These charts and tables illustrated, as a group, the common responses for various questions, giving a multi-faceted picture of the group of providers who participated in the survey.

A bivariate correlation analysis was also performed to identify correlations between demographic/experience questions and indicators of success. Correlations that corresponded with change in skills or knowledge, connections with other providers, experience with SEIU, and agreement that training makes providing child care more satisfying were noted, as were any demographic correlations not intuitively redundant (such as age being correlated with widow status). Correlations at the .05 and .01 significance level were identified, with each identified as either a positive or negative correlation based on the Pearson Correlation Coefficient. Statistical significance indicates correlation was not likely due to chance; correlations with significance levels at .05 or .01 would be the true 95% or 99% of the time, respectively.

The Pearson Correlation Coefficient is a measure of the correlation between two variables. A Pearson Correlation Coefficient approaching 1 indicates that as one variable increases, the other increases proportionally, while one approaching -1 indicates that as one variable increases, the other decreases proportionally. From this information, lists of correlations for many of the demographic factors and for a number of other questions were created. Additionally, lists of correlations for each of the indicators of success were also created, providing information on whether particular demographic or experiential factors were correlated with success and whether there was a broader connection between the indicators of success, which would provide an argument for a more holistic emphasis for training in the future that would include not only knowledge and skills, but intentional interaction among providers, increased information on SEIU 925, and emphasis on factors that lead to satisfaction in providing child care.

Chapter 4: Results and Analysis

Frequency Analysis

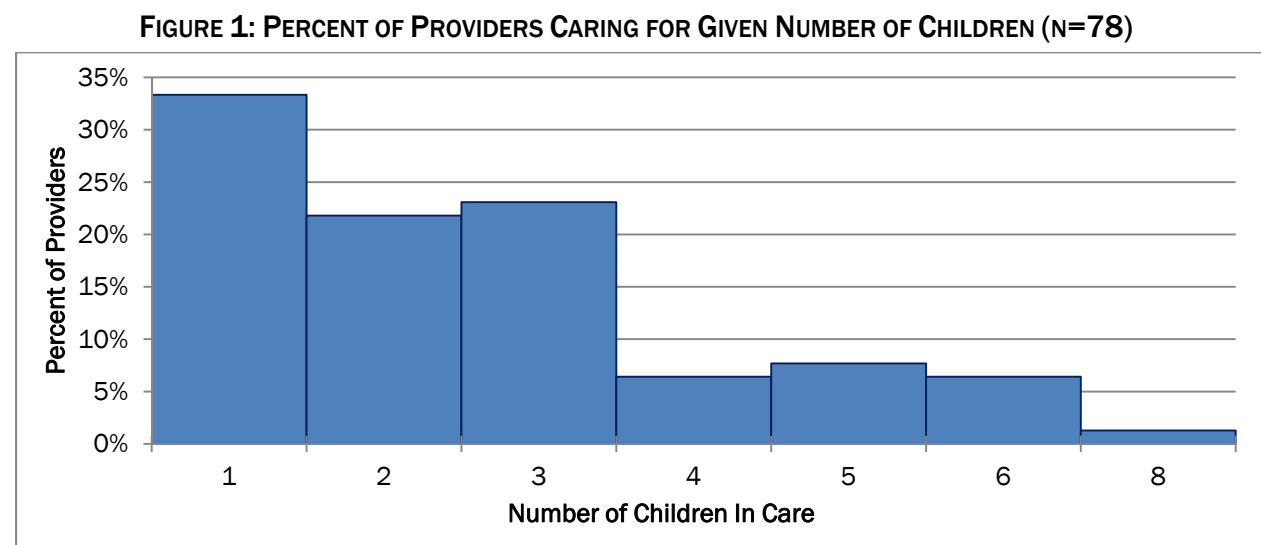
As noted in the methodology section, a frequency analysis was undertaken to help learn more about various characteristics of the group of providers participating in the survey. By analyzing frequency tables and visual frequency charts, general variation among providers for each question can be seen, as can which answer(s) represent most providers. Because many of the questions required nominal or ordinal responses (rather than scale or ratio), descriptive statistics including mean, median, mode, and standard deviation were only used where appropriate.

For each of the tables below, numbers in **bold** indicate the response chosen by highest number of providers. For questions where there were several responses chosen by comparable numbers of providers, all highest/comparable responses are in **bold**. Additionally, a single asterisk * indicates questions for which providers were asked to mark all that apply, while a double asterisk ** indicates questions for which providers were asked to list up to three responses.

Note: because some providers chose not to answer certain questions or used a different metric than was requested, the sample size (n) varies. For this reason, figures in the frequency tables below are shown as percentages of the sample size for each question (rounded to the nearest whole percentage), and the actual sample size is given for all charts.

Section 1: Number and Ages of Children in Care

The frequency table for the first section of the survey provides information about the children cared for by license-exempt providers in Washington state who participated in the survey (see Table 1).



A third of providers care for only one child, while 78% of providers care for between one and three children (see Figure 1), indicating that, as makes sense with typical definitions of license-exempt care, most license-exempt providers care for few children. The mean number of children cared for was 2.59, while the median was 2 children; the standard deviation was 1.64.

Similarly, almost one third of providers care for one child to whom they are related, while 73% of providers are related to between one and three children for whom they provide care. Here, the median was 2 children related to the provider, with a mean of 2.10 children, and a standard deviation of 1.59 children. Only 13% of providers noted that none of the children they cared for are related to them, indicating that exempt providers in Washington are, as elsewhere, often relatives caring for other family members.

TABLE 1: CURRENT DATA CARING FOR CHILDREN

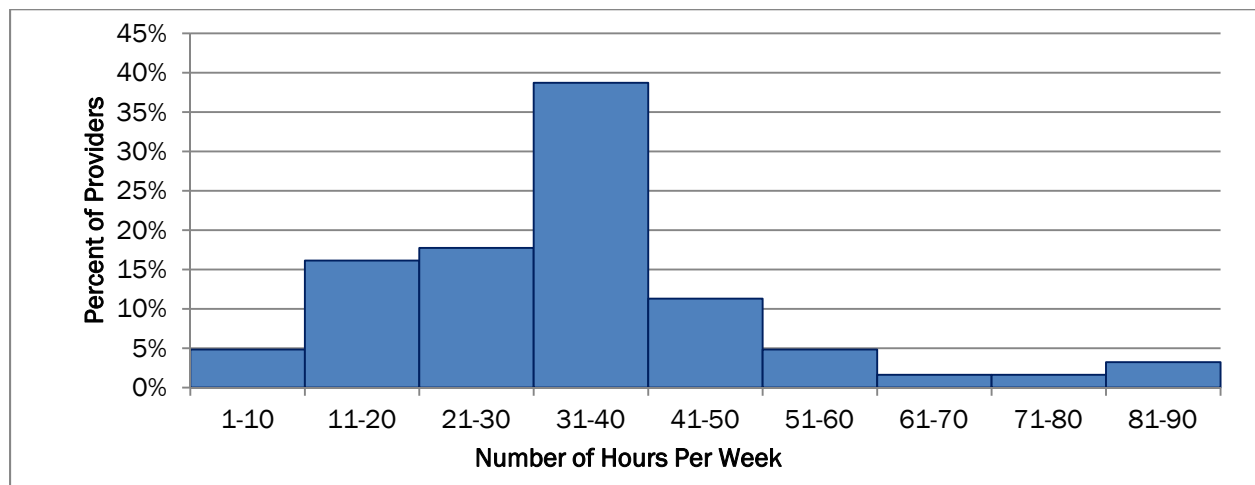
	<u>Children Cared For</u>								
	<u>0 Children</u>	<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>	<u>4 Children</u>	<u>5 Children</u>	<u>6 Children</u>	<u>7 Children</u>	<u>8 Children</u>
Percent of Providers Caring for Given Number of Children	n/a	33%	22%	23%	6%	8%	6%	0%	1%
Percent of Providers Related to Given Number of Children in Care	13%	30%	21%	22%	4%	5%	5%	0%	0%

	<u>Providers Caring for Given Number of Children by Age Group</u>								
	<u>0 Children</u>	<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>	<u>4 Children</u>	<u>5 Children</u>	<u>6 Children</u>	<u>7 Children</u>	<u>8 Children</u>
Less Than 12 Months Old	87%	12%	1%	0%	0%	0%	0%	0%	0%
12 Months-23 Months Old	90%	8%	3%	0%	0%	0%	0%	0%	0%
Between 2-5 Years Old	40%	39%	16%	4%	0%	0%	0%	0%	1%
6 Years or Older	25%	37%	17%	12%	7%	1%	0%	0%	0%

	<u>Hours Per Week Worked</u>								
	<u>1-10 Hours</u>	<u>11-20 Hours</u>	<u>21-30 Hours</u>	<u>31-40 Hours</u>	<u>41-50 Hours</u>	<u>51-60 Hours</u>	<u>61-70 Hours</u>	<u>71-80 Hours</u>	<u>81-90 Hours</u>
Providers Working Given Number of Hours Per Week	5%	16%	18%	39%	11%	5%	2%	2%	3%

There is a great deal of variability in the number of hours providers care for children, with most providers caring for children for 40 hours per week or less (Figure 2). The most common number of hours indicated was 40 hours per week, and 39% of providers indicated that they cared for children between 31-40 hours per week, or full-time. The mean was 36.01 hours per week, and the median was 39 hours per week. The standard deviation was 17.04 hours. Another 39% of providers indicated that they provide child care for less than 30 hours per week, or part-time.

FIGURE 2: PERCENT OF PROVIDERS CARING FOR CHILDREN FOR A GIVEN NUMBER OF HOURS (N=62)



Section 2: History Caring for Children

The second section of the survey dealt with providers' history caring for children (Table 2). There is a distinct downward trend in the number of years of experience providing child care indicated by providers, as most providers indicated few years of care (Figure 3). 36% of providers indicated they had been caring for children for 5 years or less, 33% between 6 and 15 years, and another 24% between 16 and 25 years. While the most common answers (when answers were rounded to the nearest whole number of years) were 3 and 5 years of providing child care, the median was 9.34 years and the mean was 12.32 years, with a standard deviation of 11.23 years.

FIGURE 3: PERCENT OF PROVIDERS WITH GIVEN NUMBER OF YEARS OF EXPERIENCE (N=76)

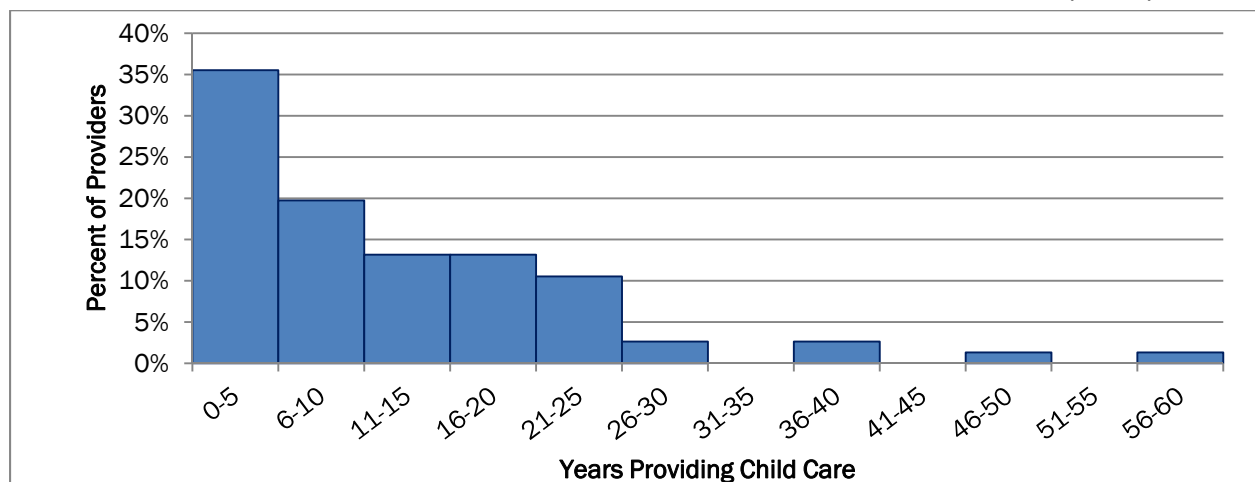


TABLE 2: HISTORY AND FUTURE CARING FOR CHILDREN

Years Caring for Children	<u>0-5</u>	<u>6-10</u>	<u>11-15</u>	<u>16-20</u>	<u>21-25</u>	<u>26-30</u>	<u>31-35</u>	<u>36-40</u>	<u>41-45</u>	<u>46-50</u>	<u>51-55</u>	<u>56-60</u>
Frequency	36%	20%	13%	13%	11%	3%	0%	3%	0%	1%	0%	1%

Job History	<u>Mostly Child Care</u>	<u>In and Out of Child Care</u>	<u>Mostly Other Work</u>	
Frequency	64%	26%	9%	

Plan to Continue Caring for Children After Current Children No Longer in Care?	<u>Yes</u>	<u>No</u>	
Frequency	60%	40%	

Most providers (64%) indicated that their job history from the time that they first began providing child care has mostly included child care as opposed to other forms of work. However, given that there are larger percentages of providers with less years of work experience, their care giving has been for relatively few years.

As illustrated in the following crosstab (Table 3), while only 12% of providers who have been providing care for 5 years or less have mostly done other work during that time, 63% of those providing care for between 21 and 25 years have mostly done other types of work during that time, indicating that longer-term exempt providers may not have been providing child care as a career. Instead, such longer-term providers may have provided care as additional income during periods of under- or unemployment, to provide income during retirement, or to help friends or family members.

TABLE 3: JOB HISTORY FOR GIVEN YEARS CARING

	Mostly Child Care	Mostly Other Work	A Combination of Child Care and Other Work
1-5 years caring	76%	12%	12%
6-10 years caring	93%	7%	0%
11-15 years caring	60%	20%	20%
16-20 years caring	44%	56%	0%
21-25 years caring	25%	63%	13%
26-30 years caring	50%	50%	0%
31-35 years caring	0%	0%	0%
36-40 years caring	50%	50%	0%
41-45 years caring	0%	0%	0%
45-50 years caring	0%	0%	0%
51-55 years caring	0%	0%	0%
55-60 years caring	0%	100%	0%

Finally, more providers are planning on continuing to provide child care after the current children they care for are no longer in their care, with responses of 60% yes and 40% no. Whether these providers will continue primarily providing child care in the future and for how long, though, is unknown.

Section 3: Experience Attending Training Opportunities Provided by SEIU 925

The third section of the survey covered providers' experience with training provided by SEIU 925 (Tables 4 – 9). While there are some trends in improvement in knowledge and skills through training provided by SEIU 925, there is not overwhelming agreement as to which training categories were most important or which categories and topics produced the most improvement in skills or knowledge.

Most providers indicated their initial level of knowledge before attending training at either 6, 7, or 8, on a scale of 1-10 with 1 being low and 10 being high, while a similar number indicated their final level of knowledge after training at a 9 or 10 (Table 4). For level of knowledge before SEIU training, the mode and median were each 7, while the mean was 7.06, with a standard deviation of 1.71. For level of knowledge after training, the mode was 10, while median was 9.0

and mean was 9.10; standard deviation was 1.00. 48% of providers noted a change in knowledge of 1 or 2 points, and 20% indicated no change in knowledge at all (Figure 4).

Given such high ratings, the accuracy of respondent's ratings might be questioned. Since each workshop is a short class with a limited amount of content and often at an introductory level, it is likely that the ratings are in fact an accurate assessment of knowledge prior to the class. It could be argued, though, the high scores are due to limitations of the retrospective pretest method.

FIGURE 4: PERCENT OF PROVIDERS INDICATING GIVEN CHANGE IN KNOWLEDGE (N=82)

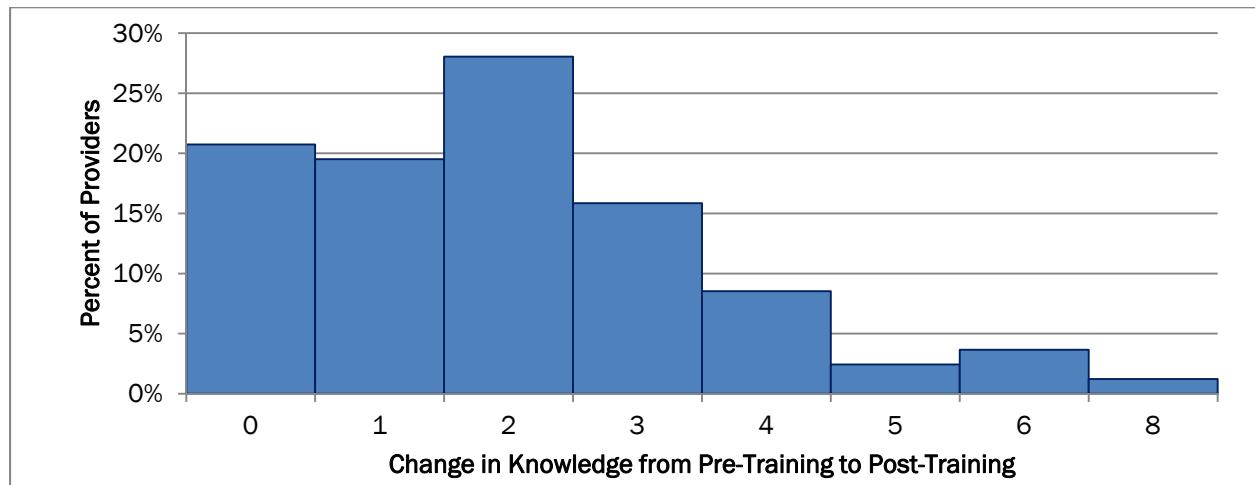
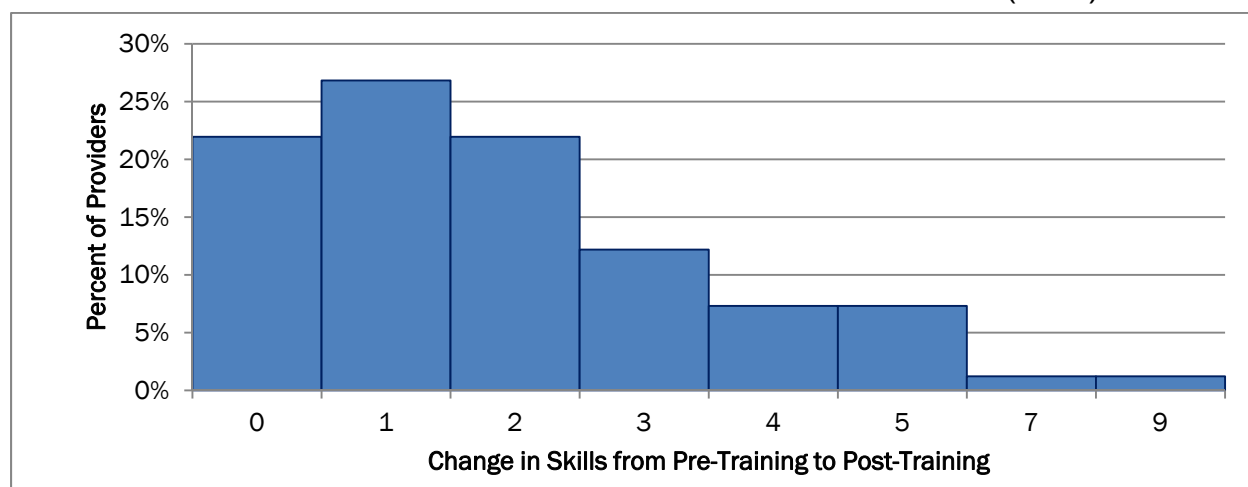


TABLE 4: RATING KNOWLEDGE AND SKILLS

	Rating scale (1-10)										
	0	1	2	3	4	5	6	7	8	9	10
Knowledge Pre-SEIU Training	n/a	1%	0%	2%	4%	7%	16%	27%	26%	9%	7%
Knowledge Post-SEIU Training	n/a	0%	0%	0%	0%	0%	2%	6%	11%	40%	41%
Change in Knowledge	21%	20%	28%	16%	9%	2%	4%	0%	1%	0%	0%
Skills Pre-SEIU Training	n/a	1%	0%	4%	2%	9%	15%	17%	30%	14%	9%
Skills Post-SEIU Training	n/a	0%	0%	0%	0%	0%	2%	6%	11%	33%	47%
Change in Skills	22%	27%	22%	12%	7%	7%	0%	1%	0%	1%	0%

Similarly, most providers indicated their initial level of skills before attending training at either 6, 7, or 8 (see Table 4). The mode and median for level of skills before training was 8, while the mean was 7.21, with a standard deviation of 1.84. A similar number indicated their level of skills after training at a 9 or 10. The mode for level of skills post training was 10, with a median of 9 and a mean of 9.16; the standard deviation was 1.02. Comparable to the change in numbers for knowledge, 49% of providers indicated a change in skills of 1 to 2 points, with 21% noting no change at all (see Figure 5).

FIGURE 5: PERCENT OF PROVIDERS INDICATING GIVEN CHANGE IN SKILLS (N=82)



In rating the various training categories in terms of importance, response was overwhelmingly positive (Table 5). One way to distinguish between these ratings is to look at the distribution of scores (how many lower scores compared to higher scores), as well as to compare categories to one another.

While Arts & Crafts and Games & Activities each had relatively fewer providers rate each 10 on importance, the lowest rating for each of these categories was a score of 3, and each had nearly a third of providers rate the categories in the middle range (4 through 7). Conversely, CPR & First Aid and Health & Safety, which both had much greater percentages of providers scoring each 10, each had providers indicate levels of importance for these categories at the very low end of the spectrum, and had the lowest percentage of providers rate the categories in the middle range.

For each category, the mode was a score of 10, with a mean between 8.02 and 9.29 and a median between 8 and 10. CPR & First Aid had the highest mean and median, with 9.29 and 10 respectively, while Special Needs had the lowest mean (8.02) and Arts & Crafts had the lowest median (at 8). While providers were asked to rate only the categories in which they had attended training, many providers rated all or nearly all of the categories. As such, it is possible that some of the providers did not, in fact, attend training in all of the categories that they rated, and so rated them based on initial perceptions rather than experience with the training itself.

TABLE 5: RATING TRAINING CATEGORIES AS IMPORTANT

	Rating Scale (1-10)									
	1	2	3	4	5	6	7	8	9	10
Health/Safety	3%	2%	0%	0%	0%	0%	5%	8%	11%	70%
CPR/First AID	4%	0%	0%	0%	2%	2%	4%	2%	4%	83%
Emergency Preparedness	2%	2%	0%	0%	2%	2%	13%	9%	11%	59%
Food/Nutrition	2%	0%	0%	2%	2%	2%	10%	16%	17%	50%
Special Needs	9%	2%	0%	2%	2%	2%	9%	13%	17%	43%
Stress/Anger	4%	2%	2%	2%	4%	0%	4%	18%	16%	48%
Behavior Management	4%	0%	0%	2%	2%	4%	8%	19%	15%	47%
Child Development	4%	0%	0%	0%	4%	6%	4%	14%	24%	44%
Arts/Crafts, Holidays	0%	0%	2%	2%	14%	3%	12%	19%	17%	31%
Games/Activities	0%	0%	4%	0%	9%	2%	16%	16%	20%	34%
Learning, Science/Nature/Math	2%	0%	4%	0%	6%	2%	10%	24%	20%	33%
Books/Reading/Learning	2%	2%	2%	0%	4%	0%	7%	13%	28%	41%

Providers were also asked to note the three categories in which they learned the most and in which, if any, they felt they learned very little (Table 6). While few providers listed any categories as ones in which they learned the least (83% of providers noted that there were no training categories in which they learned very little), many of the categories were received less favorably by at least some providers.

Ultimately, categories with the highest difference between the percent of providers who learned most and learned least (for providers who had previously indicated that they took training in that category, based on rating its importance in the previous section) can be seen as most successful. As previously noted, it is possible that not all providers who rated a category on its importance actually participated in training in that category, but this will still serve as a proxy for having attended such training. So, for example, while both Special Needs and Arts & Crafts tied for the most providers who indicated they learned the least, the difference between providers who learned the most and learned the least makes Arts & Crafts more successful than many other categories of training while Special Needs can be seen as least successful.

When accounting for both providers who learned the most and those who learned very little in each category, Health & Safety, Food & Nutrition, and CPR & First Aid were the most successful training categories, as rated by providers. Crosstabs were used to identify if Special Needs was least successful here and was noted of low importance above because providers without Special Needs children viewed it as unimportant and unsuccessful while those with Special Needs children viewed it as important and successful.

60% of providers who learned the most from Special Needs and 50% of those who learned very little from Special Needs also indicated that they currently care for children with Special Needs. For the small group of providers who care for Special Needs children, nearly half did not rate Special Needs in terms of importance, and those who care for Special Needs children made up 12% of those who did rate Special Needs for Importance. For the six who did, half rated Special Needs as a 9 or 10, while one rated it a 2, one a 3, and one a 7. As such, it does not appear that caring for Special Needs children played much of a role in either the positive or negative scores, with the exception of providers who learned the most from Special Needs.

TABLE 6: CATEGORIES LEARNED MOST/LEAST**

	Health/ Safety	CPR/First Aid	Emergency Preparedness	Food/ Nutrition	Special Needs	Stress/ Anger
Learned Most	42%	37%	33%	38%	8%	16%
Learned Little	3%	0%	0%	3%	8%	2%
Difference	39%	37%	33%	35%	0%	14%

	Behavior Management	Child Development	Arts/ Crafts	Games/ Activities	Learning, Science/ Nature/Math	Books/ Reading/ Language
Learned Most	34%	19%	41%	22%	16%	6%
Learned Little	2%	2%	8%	5%	0%	2%
Difference	33%	17%	33%	17%	16%	4%

Providers were also asked to list the most important skills that they learned from the training provided by SEIU 925 (see Table 7). Many providers responded with categories of training rather than specific skills, with many fewer listing specific skills. As such, the specific skills listed were qualitatively coded and combined into topic areas, unless clearly a part of one of the existing training categories (in which case they were included in the count for that training category).

In indicating categories from which providers gained specific skills, Behavior Management was listed most often, followed by Health & Safety and Food & Nutrition. The specific topic area (that was not included in the 12 general training categories) listed most often was Fun & Learning through Play.

TABLE 7: CATEGORIES/TOPICS GAINED SKILLS**

	Category/Topic			
	Health/ Safety	CPR/First Aid	Emergency Preparedness	Food/ Nutrition
Percent of Providers Who Gained Skills	26%	18%	23%	26%

	Stress/ Anger	Behavior Management	Child Development	Arts/Crafts
Percent of Providers Who Gained Skills	10%	34%	15%	21%

	Games/ Activities	Learning, Science/ Nature/Math	Interact, Listen/ Communicate	Paperwork
Percent of Providers Who Gained Skills	10%	8%	6%	6%

	Fun/ Learning Through Play	Schedule	Special Needs	Other
Number of Providers Who Gained Skills	8%	6%	11%	16%

As with skills gained, when asked for concepts that have added to their child care knowledge, many providers responded with categories of training, so those skills that were listed were either entered as the corresponding training category or combined into topic areas (Table 8).

Health & Safety and Food & Nutrition were the two training categories that saw the greatest number of providers indicate gained knowledge. The topic area (not including the 12 general training categories) noted most often was Interacting, Listening, & Communicating.

TABLE 8: CATEGORIES/TOPICS GAINED KNOWLEDGE**

	Category/Topic				
	Health/ Safety	CPR/First Aid	Emergency Preparedness	Food/ Nutrition	Stress/ Anger
Percent of Providers Who Gained Knowledge	27%	20%	18%	27%	7%

	Behavior Management	Child Development	Arts/Crafts	Games/ Activities	Learning, Science/ Nature/Math
Percent of Providers Who Gained Knowledge	22%	15%	15%	15%	7%

	Interact, Listen/ Communicate	Paperwork	Fun/ Learning Through Play	Books/ Reading/ Language	Other
Number of Providers Who Gained Knowledge	13%	5%	7%	7%	27%

Providers were also asked to list any training topics that they would like to see in the future, but that have not been offered in their area. 39% of providers responded to the question, with 16 different general topics and training categories listed. Many providers listed training categories that have been covered by SEIU 925, though not necessarily in all areas of the state. The training category that providers listed most often was Special Needs, with 22% of responding providers listing that topic. Additionally, 19% of providers who responded to the question listed bullying or dealing with conflict among children as a topic in which they would like to have training, indicating an awareness of the growing problem of bullying among youth of all ages.

Section 4: Interactions with Other Providers through SEIU 925 Training

Providers were also asked about their interactions with other providers through the training provided by SEIU 925 (Table 9). Providers indicated overwhelmingly that having other child care providers at training was valuable and that they made connections with other providers at the training.

Almost the entire group of providers, 97%, found the presence of other providers at the training to be valuable. A large majority, 62% of providers, noted that they made connections with other providers, while 12% of providers strongly disagreed that they had made connections with other providers. No providers strongly disagreed that having other child care providers at training was valuable, indicating that the workshop method of training used by SEIU 925 has additional merits beyond improving providers' skills and knowledge.

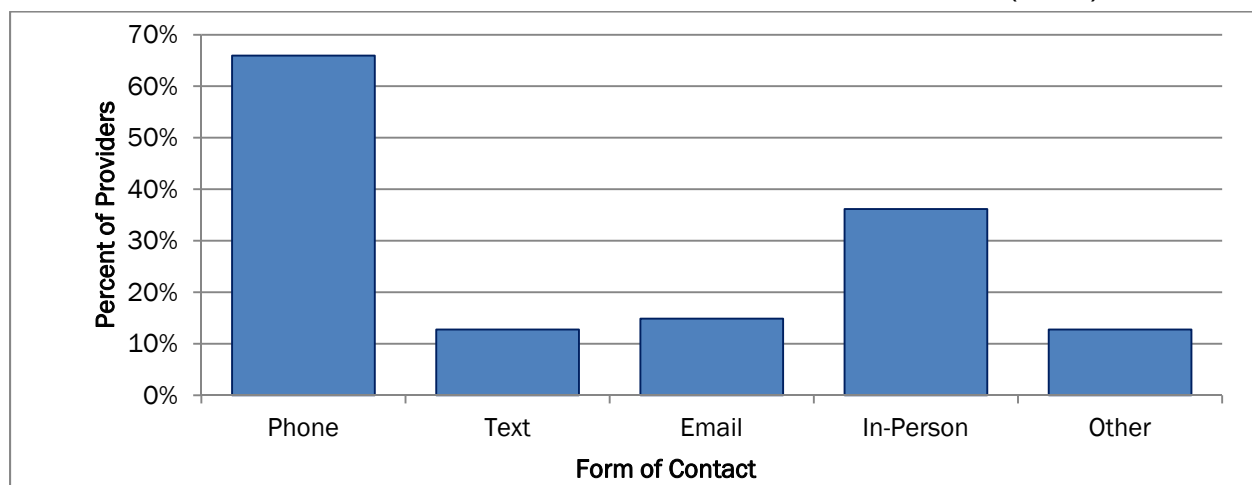
TABLE 9: INTERACTIONS WITH OTHERS

	Strongly Disagree	Disagree	Agree	Strongly Agree
Others Valuable At Training	0%	3%	51%	46%
Made Connections with Others at Training	12%	26%	49%	12%

	Type of Connection*					
	Ask Advice	Provide Skills	Share Ideas	Share Concerns	Bring Children Together to Play	Other
Frequency	49%	53%	59%	43%	22%	12%

	Form of Contact*				
	Phone	Text	Email	In-Person	Other
Frequency	66%	13%	15%	36%	13%

Over half of the providers surveyed indicated that they made specific connections with other providers at the SEIU training opportunities and listed specific forms of contact used. Most connections focused on asking other providers for advice, sharing ideas, and asking for help with skills. The form of contact used most by providers was the telephone, while far fewer communicated by text message or email (Figure 6). A fair number of providers who connected with others met in person, only some of whom brought children together to play. It appears the presence of other providers at workshops helped give many providers the opportunity to grow and improve beyond the formalized opportunities within the workshop itself.

FIGURE 6: PERCENT OF PROVIDERS WHO USED GIVEN FORM OF CONTACT (N=47)

Section 5: Perceptions of SEIU 925

As with the value of having other providers at the training, providers also overwhelmingly indicated a positive experience with SEIU 925 (Table 10). Over 90% of providers agreed or strongly agreed that SEIU was important in making training opportunities available, in fighting for improvements in the child care arena, that there would be fewer training opportunities without SEIU 925, and that training makes providing care more satisfying. 85% indicated that payment is an important incentive for attending training.

TABLE 10: PERCEPTIONS OF SEIU 925

	Strongly Disagree	Disagree	Agree	Strongly Agree
SEIU is Important in Making Opportunities Available	0%	5%	54%	41%
SEIU is Important in Fighting for Improvements	0%	3%	39%	58%
Fewer Opportunities for Training without SEIU	0%	8%	42%	50%
Training Makes Caring Satisfying	0%	10%	40%	50%
Payment is an Important Incentive	1%	14%	39%	46%

Providers were also asked whether they had participated in SEIU activities besides training, and which other union activities they found valuable. Only 11% of providers indicated that they had participated in other union activities, with 8 of those 9 providers listing union meetings as an activity in which they had participated.

Section 6: Experience with Training Not Provided by SEIU 925

Providers were also asked about additional training and certificate programs that they had taken related to child care or child development (Table 11). Most providers indicated they had not had training in child care related topics either in a certificate program or in other classes.

Only 29% of providers indicated they held any child care related training or education certificate, with an Early Childhood Education Certificate the most commonly held. 51% of providers indicated they have received some outside training classes, most of whom took classes in the community or at high school or vocational school. A slight majority of those providers (58%) took outside training in more than one type of setting. 60% of providers noted that they had not participated in any non-SEIU training in the past 12 months.

TABLE 11: EXPERIENCE WITH NON-SEIU TRAINING

	Training/Education* Certification				
	CDA	Montessori	ECE Certificate	Elementary Teaching Credential	Other
Frequency (of providers with certification)	25%	8%	38%	17%	46%

	Type/Location of Non-SEIU* Training				
	Community	Professional Meetings	High School/ Vocational School	Elementary Education	Other
Frequency (of providers with outside training)	54%	30%	58%	36%	28%

	Number of Hours of Non-SEIU Training in Past 12 Months				
	None	Less than 5	5-10 Hours	11-19 Hours	20 or More
Frequency	60%	3%	14%	6%	17%

Section 7: Experience Caring for Children with Special Needs

Providers were asked about their experience and training caring for special needs children in the seventh section of the survey (Table 12). Only 14% of providers indicated that they currently care for children with special needs, with 40% of those providers indicating that they receive the special needs rate.

Likewise, most providers have not received training on special needs, though 23% of providers have not received training but would like to in the future. Of the 11 providers who currently care for children with special needs, only two (18%) feel sufficiently trained to care for those children.

TABLE 12: CARING FOR CHILDREN WITH SPECIAL NEEDS

	Yes	No	No, but would like to
Training on Special Needs?	29%	48%	23%
Care for Children with Special Needs	14%	86%	n/a
Caring for Children with Special Needs and Receiving Special Needs Rate	40%	60%	n/a
Feel Sufficiently Trained on Special Needs	18%	82%	n/a

Section 8: Demographic Information

The final section of the survey covered providers' demographic information (see Table 13). In terms of demographics, there are two factors among this group of providers that the vast majority have in common. Providers are overwhelmingly female, at 92% and speak English, at 82%. Both of those results were as expected. Most child care providers across the country are female.⁵³ Additionally, preferred language listed by providers in the SEIU 925 data indicated that most spoke English. Surveys were distributed in English and in Spanish, with 10% of the surveys sent to Spanish-speaking providers and the remaining 90% sent to those whose preferred language was not Spanish. 9% of the returned surveys were in Spanish.

TABLE 13: DEMOGRAPHIC INFORMATION

	Gender	
	Female	Male
Frequency	92%	8%

	Age					
	18-24	25-34	35-44	45-54	55-64	65 or Over
Frequency	0%	15%	14%	26%	35%	10%

	Marital Status				
	Married	Living With Partner	Separated/ Divorced	Never Married	Widowed
Frequency	49%	6%	28%	11%	5%

TABLE 13: DEMOGRAPHIC INFORMATION (CONTINUED)

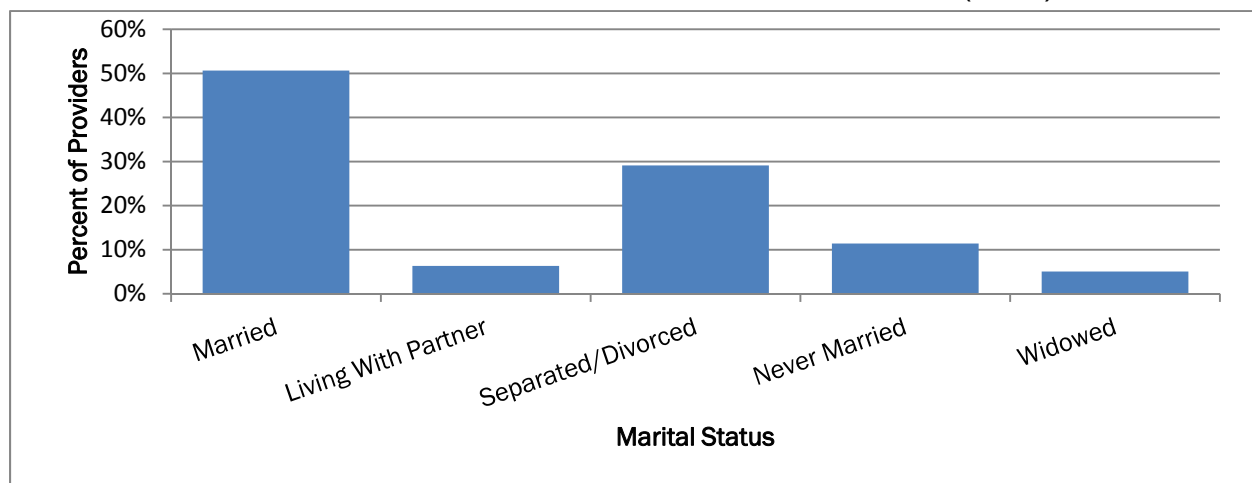
	Race/Ethnicity*						
	White	Black	Asian	American Indian	Hawaiian/ Pacific Islander	Other	Hispanic/ Latino
Frequency	53%	19%	0%	2%	0%	4%	22%

	Primary Language			
	English	Russian	Somali	Spanish
Frequency	82%	4%	1%	13%

	Level of Education				
	Some High School	High School Graduate or GED	Some College but No Degree	Post-Secondary Credential or 2-Year Degree	Four Year College Degree
Frequency	15%	31%	28%	21%	5%

	Household Income			
	Under \$15,000	\$15,000 - \$24,999	\$25,000 - \$34,999	Over \$35,000
Frequency	36%	21%	23%	21%

Other demographic factors show more variability. Roughly half of providers are married, while a little over half had a different marital status (Figure 7). About half of the survey respondents listed White as their race/ethnicity, with nearly a quarter Black and another quarter Hispanic/Latino.

FIGURE 7: PERCENT OF PROVIDERS WITH GIVEN MARITAL STATUS (N=79)

60% of the providers were between the ages of 45 and 64, with 34% of providers between 55 and 64 years of age, which may relate to family, friend, and neighbor child care providers most often being grandmothers.⁵⁴ While 85% have completed high school, only 21% of providers have a 2-year degree and only 5% have a 4-year degree. The rate of providers who have completed high school is greater than in some other studies, though completion of a 4-year degree is lower; rate of 2-year degree completion is also higher.⁵⁵

Exempt child care providers are at the lower end of the income scale with 36% reporting a household income below \$15,000 per year and another 21% between \$15,000 and \$24,999, which is comparable to results from other studies.⁵⁶

Bivariate Correlation Analysis

Significant correlations were found between responses to various questions through the use of a bivariate correlation matrix. Information from this correlation matrix gives insight into connections between demographic factors, work history, as well as whether there are patterns in which providers saw an increase in knowledge or skills, had differing views on the work of SEIU 925, made connections with other providers, and/or more strongly agreed that training made caring for children more satisfying.

Correlations with one asterisk * indicate they are significant at the 0.05 level, while correlations with two asterisks** indicate significance at the 0.01 level. Only correlations that were significant at the 0.05 or 0.01 level are included in the tables below.

Inputs: Demographic and Non-Demographic Factors

Providers' age correlated positively with meeting in person when making a connection with another provider (Table 14). However, older providers were less likely to have participated in more hours of non-SEIU training, made a connection with someone to share ideas, or to use text messaging to connect with another provider.

The positive correlation with meeting in person and the negative correlation with using text messaging may indicate that older providers are less comfortable with using some forms of technology, and prefer the "old fashioned" method of just meeting in person to talk. Additionally, especially as older providers were more likely to be widowed, meeting in person may also be of benefit to those providers as a social opportunity.

TABLE 14: AGE OF PROVIDER

	Pearson Correlation	Sig. (2-tailed)	N
Plan to Continue Care In Future	-.279*	.015	76
Type of Contact: Share Ideas	-.304*	.040	46
Form of Contact: Text	-.468**	.001	44
Form of Contact: Meet In-person	.370*	.014	44
Hours of Non-SEIU Training	-.248*	.041	68
Living With Partner	-.321**	.004	78
Never Married	-.390**	.000	78
Widowed	.360**	.001	78

Providers who were married were less likely than those who indicated another marital status to strongly agree that SEIU is important in fighting for improvements and also less likely to strongly agree that training makes caring more satisfying (Table 15). Being married was positively correlated with income. As married providers may be more likely to have two sources of income, a higher income for such providers is expected.

TABLE 15: MARITAL STATUS: MARRIED

	Pearson Correlation	Sig. (2-tailed)	N
Learned Most: Learning, S/N/M	-.263*	0.03	68
Type of Connection: Play Together	-.295*	0.044	47
SEIU is Important in Fighting for Improvements	-.227*	0.047	77
Training Makes Caring Satisfying	-.250*	0.027	78
Certificate: CDA	-.476*	0.019	24
Race/Ethnicity: White	.241*	0.033	79
Race/Ethnicity: Black	-.321**	0.004	79
Income	.403**	0	73

Providers who listed their race/ethnicity as White were more likely to have noted participation in other union activities besides training, to have higher household incomes and higher levels of educational attainment, and to see payment as an important incentive for training (Table 16). These providers were less likely, though, to make connections with other providers.

TABLE 16: RACE/ETHNICITY: WHITE

	Pearson Correlation	Sig. (2-tailed)	N
Plan to Continue Care in the Future	-.259*	0.023	77
Learned Most: Food/ Nutrition	-.282*	0.02	68
Learned Least: Stress/Anger	-.677*	0.011	13
Knowledge: Child Development	.295*	.023	59
Knowledge: Games/Activities	-.273*	0.037	59
Made Connections with Others	-.331**	0.003	78
Type of Connection: Provide Skills	-.319*	0.029	47
Payment is an Important Incentive	.251*	0.027	78
Participated in Other Union Activities	.320**	0.004	79
Certificate: CDA	-.488*	0.016	24
Care for Special Needs Children	.295**	0.01	76
Married	.241*	0.033	79
Education	.265*	0.026	71
Income	.352**	0.002	73

Alternately, Hispanic/Latino providers are more likely to make connections, to ask advice, and to have participated in more hours of SEIU training (Table 17). However, they are less likely to have spent more years providing child care, to have higher levels of education, or to have higher household incomes. The disparity in income and education between different races and ethnicities is not isolated to this group of providers, but is a nationwide trend.⁵⁷

TABLE 17: RACE/ETHNICITY: HISPANIC/LATINO

	Pearson Correlation	Sig. (2-tailed)	N
Hours of Training	.230*	0.042	79
Years Caring	-.233*	0.045	74
Learned Most: Games/ Activities	.318**	0.008	68
Learned Least: Health/Safety	.677*	0.011	13
Skills: Games/ Activities	.343**	0.007	61
Type of Connection: Ask Advice	.305*	0.037	47
Type of Connection: Provide Skills	.330*	0.024	47
Certificate: CDA	.415*	0.044	24
Education	-.409**	0	71
Income	-.253*	0.031	73

Providers with higher levels of education are more likely to contact other providers through email, to have higher household incomes, and to have participated in a greater number of hours of non-SEIU training (Table 18).

Higher-educated providers are less likely, though, to have taken a greater number of hours of SEIU training and to feel that having other providers at training is valuable. Those with higher levels of education may have more resources through their educational network for finding out about other training opportunities outside of SEIU 925, helping explain the correlations with outside training and SEIU training. Additionally, providers with higher levels of education may already have networks of others to interact with socially, and so receive fewer of the social benefits of having other providers at training.

TABLE 18: LEVEL OF EDUCATION

	Pearson Correlation	Sig. (2-tailed)	N
Hours of SEIU Training	-.290*	0.014	71
Skills Post-SEIU	-.340**	0.004	70
Knowledge: Learning Through Play	.318*	0.019	54
Other Providers Valuable at Training	-.422**	0	70
Form of Contact: Email	.409**	0.006	44
SEIU is Important in Making Opportunities Available	-.294*	0.013	70
Training Makes Caring Satisfying	-.264*	0.027	70
Certificate: CDA	-.543*	0.02	18
Hours of Non-SEIU Training	.383**	0.002	61
Race/Ethnicity: White	.265*	0.026	71
Race/Ethnicity: Hispanic/Latino	-.409**	0	71
Income	.401**	0.001	66

Providers with higher household incomes were correlated with smaller perceived increases in skills or knowledge after SEIU training (Table 19). Higher incomes were also correlated with viewing food & nutrition as less important and being less likely to have gained knowledge or learned most from food and nutrition training.

Higher income providers may learn less from food and nutrition training and view it as less important in part because income can play a part in a person's food choices; "Relative to other households, low-income households must allocate a higher share of both their income and time budgets to food if they wish to consume palatable, nutritious meals."⁵⁸ Higher incomes were also negatively correlated with agreeing that training makes caring for children more satisfying.

TABLE 19: HOUSEHOLD INCOME

	Pearson Correlation	Sig. (2-tailed)	N
Plan to Continue Care in the Future	-.373**	0.001	71
Knowledge Pre-SEIU	.244*	0.039	72
Change in Knowledge	-.235*	0.045	73
Change in Skills	-.233*	0.047	73
Importance: Food/Nutrition	-.285*	0.044	50
Importance: Arts/Crafts	-.368**	0.008	51
Learned Most: Food/Nutrition	-.363**	0.003	64
Skills: Special Needs	-.269*	0.041	58
Knowledge: Food/Nutrition	-.277*	.039	56
Certificate: CDA	-.517*	0.017	21
Married	.403**	0	73
Separated/Divorced	-.345**	0.003	73
Race/Ethnicity: White	.352**	0.002	73
Hispanic/Latino	-.253*	0.031	73
Education	.401**	0.001	66

The number of children in care correlates positively with making connections to ask advice and share concerns, and using the phone to contact other providers (Table 20). There were no significant negative correlations for number of children.

Providers who care for more children may contact other providers via the phone because it is a way to quickly ask another provider for advice or share concerns, even during times the provider is caring for children, and does not require packing the children into a vehicle to meet in person.

TABLE 20: NUMBER OF CHILDREN

	Pearson Correlation	Sig. (2-tailed)	N
Importance: Special Needs	.313*	0.036	45
Type of Connection: Ask Advice	.438**	0.002	46
Type of Connection: Share Concerns	.299*	0.044	46
Form of Contact: Phone	.418**	0.005	44
Receive Special Needs Rate	.647*	0.043	10

The more years providers have been caring for children, the more likely they are to list Interacting & Listening/Communication as a gained skill and as gained knowledge, and the more likely they are to list Behavior Management as a category in which they learned the most (Table 21). They are less likely to have learned the most from Arts/Crafts & Holidays. Providers who have been caring for children for many years may have learned much of their skills and knowledge through experience or through outdated methods. As behavior management has moved toward teaching children right from wrong and redirection from negative situations,⁵⁹ and as there has been a move away from ideas like "children should be seen and not heard,"⁶⁰ these providers may have to unlearn old methods, and so gain much from training in these areas.

TABLE 21: NUMBER OF YEARS CARING

	Pearson Correlation	Sig. (2-tailed)	N
Learned Most: Stress/Anger	.248*	0.045	66
Learned Most: Behavior Management	.337**	0.006	66
Learned Most: Child Development	.252*	0.041	66
Learned Most: Arts/Crafts	-.265*	0.032	66
Skills: Interact/Listen/Communicate	.345**	0.008	58
Knowledge: Interacting with Children	.339*	0.011	55
Widowed	.261*	0.025	74
Race/Ethnicity: Hispanic/Latino	-.233*	0.045	74

Outcome Indicators

While a number of correlations emerged between responses to various questions, the most important for the purposes of this report centered around change in knowledge and skills, experience with SEIU 925, agreement that training makes caring satisfying, and connecting with other providers. These outcome factors indicate whether training by SEIU was effective at improving child care knowledge and skills, whether providers recognized the importance of SEIU, and whether providers received additional benefits due to the presence of other providers at training.

Connections with Other Providers

Providers' race and ethnicity proved to be strongly correlated with whether connections were made with other providers, and which types of connections were made, as well as with education and income. White providers, who made up roughly half of the providers in the sample, were less likely to make a connection with another provider than providers who did not list themselves as White. Hispanic/Latino providers, on the other hand, were more likely to connect to ask for advice or for providing skills. Additionally, while White providers were more likely to have higher incomes and higher levels of education, Hispanic/Latino providers were less likely to have the same.

While it is possible that some of the difference in connections with other providers are the result of differences between workshops led in Spanish and those in English or from cultural differences (White providers may be less likely to converse with other providers or feel a strong sense of community), it is also possible that providers' income and/or level of education also play a role.

Providers' level of education correlated with feeling that having other providers at workshops was valuable. One possible explanation is that the providers with higher levels of education felt less educated providers kept the content and conversations at a more basic level than they desired. A second possibility is socio-economic class differences between more educated and less educated providers. Additionally, providers with higher levels of education were more likely to have taken outside training in the past 12 months, possibly making the need for a connection with providers at the SEIU-provided training less important. Income, on the other hand, did not have any significant correlation with connections with other providers. Higher incomes did correlate, however, with lower change in knowledge and skills. In turn, change in knowledge and skills were both positively correlated with finding others valuable at training (change in skills was also positively correlated with noting a specific type of connection).

The number of children a provider cares for also affected whether a provider made a specific type of connection. Providers who cared for more children were more likely to connect with other providers to ask for advice and/or to share concerns than were providers with fewer children, perhaps because providers with more children were more likely to experience situations that they could not easily handle alone. For providers who deal with the stress of caring for multiple children, connecting with other providers can allow for relief through sharing concerns and problem solving by asking for advice.

Connecting with other providers was also correlated with other outcome indicators. Finding other providers valuable at the training opportunities positively correlates with several areas. There is a positive correlation with perceptions of SEIU, with finding that training makes caring for children more satisfying, and with change in knowledge and skills (see Table 22).

TABLE 22: OTHERS VALUABLE AT TRAINING

	Pearson Correlation	Sig. (2-tailed)	N
SEIU Important in Making Training Available	.617**	0	78
SEIU Important in Fighting for Improvements	.429**	0	77
Fewer Opportunities Without SEIU	.389**	0.001	76
Training Makes Caring Satisfying	.466**	0	78
Change in Knowledge	.315**	0.004	80
Change in Skills	.240*	0.032	80

Listing a specific connection was positively correlated with perceptions of SEIU, finding that training makes caring for children more satisfying, and change in knowledge (Table 23).

TABLE 23: LISTED SPECIFIC CONNECTION

	Pearson Correlation	Sig. (2-tailed)	N
SEIU Important in Making Training Available	.234*	0.037	80
SEIU Important in Fighting for Improvements	.321**	0.004	79
Fewer Opportunities Without SEIU	.348**	0.002	78
Training Makes Caring Satisfying	.441**	0	80
Change in Knowledge	.230*	0.037	82

Additionally, providers who generally noted that they made a connection with another provider were more likely to have positive perceptions of SEIU and to agree that training makes caring for children more satisfying (Table 24).

TABLE 24: HAVE MADE CONNECTION WITH OTHERS

	Pearson Correlation	Sig. (2-tailed)	N
SEIU Important in Making Training Available	.315**	0.005	79
SEIU Important in Fighting for Improvements	.338**	0.002	78
Fewer Opportunities Without SEIU	.362**	0.001	77
Training Makes Caring Satisfying	.452**	0	79

Training Makes Caring Satisfying

Providers' marital status and education were both correlated with agreement that training makes providing child care more satisfying. Providers who indicated they are currently married were less likely to agree that training makes providing care more satisfying. Additionally, providers with higher levels of education were also less likely to feel more satisfied in providing care thanks to training. For married providers, this may be due, in part, to having support from their spouse, while those with more education may have more support from their education network. In each case, these providers may have had more opportunities to find ways to make caring for children satisfying on their own. While many of these providers agreed that training made caring more satisfying, they did not strongly agree.

TABLE 25: TRAINING MAKES CARING SATISFYING

	Pearson Correlation	Sig. (2-tailed)	N
Others Valuable at Training	.466**	0	78
Have Made Connection with Others	.452**	0	79
Listed Specific Connection	.441**	0	80
SEIU Important in Making Training Available	.668**	0	80
Change in Knowledge	.316**	0.004	80
Change in Skills	.338**	0.002	80
Fewer Opportunities Without SEIU	.502**	0	78
SEIU Important in Fighting for Improvements	.667**	0	79

Providers who indicated training makes caring for children more satisfying were also more likely to see a change in knowledge and skills, were more likely to agree that SEIU 925 is important in providing training opportunities and in fighting for improvements for license-exempt providers, and to agree there would be less training available without SEIU 925 (Table 25). Additionally, providers who found that training makes caring for children more satisfying were also more likely to plan on continuing caring for children in the future.

Because married providers make up such a large percentage of the exempt providers in the sample, SEIU may want to work on ways to help these providers find more satisfaction through training. This might include providing a wider selection of types and level of training. SEIU could also ask why providers aren't connecting additional training with a more satisfying experience. It may be that some providers think of caring for children as inherently satisfying and don't connect training to changing that. This inquiry might also include what they find satisfying (or not) about providing child care to see if there are topics or information to add to trainings.

Experience with SEIU 925

As previously noted, providers' level of education, marital status, and formal training resulting in a certificate all correlate with providers' perceptions of SEIU 925, as does hours of SEIU-provided training taken. Married providers were less likely than providers who did not indicate they were married to agree that SEIU 925 is important in fighting for improvements for license-exempt providers.

Providers with higher levels of education were less likely to agree that SEIU 925 is very important in providing training opportunities. Similarly, the greater number of formal certificates that a provider held (e.g. Child Development Associate or College Early Childhood Education Certificate), the less likely the provider was to agree that there would be fewer training opportunities available without SEIU 925. Additionally, as expected, providers who have taken more hours of SEIU-provided training are more likely to agree that there would be fewer training opportunities available without SEIU 925.

TABLE 26: SEIU IMPORTANT IN MAKING TRAINING AVAILABLE

	Pearson Correlation	Sig. (2-tailed)	N
Knowledge Post-SEIU	.262*	0.02	79
Skills Post-SEIU	.304**	0.006	79
Others Valuable at Training	.617**	0	78
Have Made Connection with Others	.315**	0.005	79
Listed Specific Connection	.234*	0.037	80

TABLE 27: SEIU IMPORTANT IN FIGHTING FOR IMPROVEMENTS

	Pearson Correlation	Sig. (2-tailed)	N
Others Valuable at Training	.429**	0	77
Have Made Connection with Others	.338**	0.002	78
Listed Specific Connection	.321**	0.004	79

TABLE 28: FEWER OPPORTUNITIES WITHOUT SEIU

	Pearson Correlation	Sig. (2-tailed)	N
Change in Knowledge	.286*	0.011	78
Skills Pre-SEIU	-.257*	0.024	77
Change in Skills	.328**	0.003	78
Others Valuable at Training	.389**	0.001	76
Have Made Connection with Others	.362**	0.001	77
Listed Specific Connection	.348**	0.002	78

As with other outcome indicators, perceptions of SEIU 925 were positively correlated with additional outcome indicators (Tables 26-28). Providers who made a connection or valued having other providers at workshops were likely to more strongly agree that SEIU 925 is important in providing training opportunities (including agreeing there would be fewer opportunities without SEIU 925) and in fighting for improvements.

Providers who indicated higher levels of skills and knowledge post-SEIU training were likely to more strongly agree that SEIU is important in providing training opportunities. Similarly, a higher change in skills and knowledge was positively correlated with more strongly agreeing that there would be fewer training opportunities available without SEIU 925.

If a goal of SEIU 925 is for providers to leave training with a sense that SEIU is both very important in providing training opportunities and important in fighting for improvements for exempt providers, then a focus on increasing connections among providers may help here, as well as information on what SEIU 925 does to fight for improvements for providers (especially as many providers have been caring for children for a short amount of time, so may be less aware of the improvements that have been made). Additionally, quality training to increase providers' skills and knowledge may leave providers with a stronger sense of the importance of SEIU.

Change in Skills and Knowledge

Providers' income, amount of outside training, number of certificates held, and type of connection made are all correlated with change in knowledge and/or skills. As previously mentioned, providers' income is negatively correlated with both change in knowledge and in skills. Providers who connect with other providers for providing skills or to share concerns are more likely to see a change in skills than those who do not connect for those reasons. While providers with more types of outside training are more likely to have a greater change in knowledge and in skills after participating in training provided by SEIU 925, providers with more certificates are less likely to see a change in knowledge or in skills.

This may indicate that formal certificate programs help providers learn a great deal about a great number of topics, so there is less to newly learn through SEIU-provided training. The change in knowledge and skills seen by those who have taken multiple types of outside training in the past may indicate either that the training was taken long ago, and so child care methods have changed since the provider took outside training, or may indicate more recent outside training is insufficient in greatly improving providers' child care knowledge or skills.

TABLE 29: CHANGE IN KNOWLEDGE

	Pearson Correlation	Sig. (2-tailed)	N
Others Valuable at Training	.315**	0.004	80
Listed Specific Connection	.230*	0.037	82
Fewer Opportunities Without SEIU	.286*	0.011	78
Training Makes Caring Satisfying	.316**	0.004	80

TABLE 30: CHANGE IN SKILLS

	Pearson Correlation	Sig. (2-tailed)	N
Others Valuable at Training	.240*	0.032	80
Fewer Opportunities Without SEIU	.328**	0.003	78
Training Makes Caring Satisfying	.338**	0.002	80

Change in knowledge and/or in skills is positively correlated with agreeing that having others at training is valuable, with listing a specific connection made with another provider, with agreeing more strongly that there would be fewer training opportunities available without SEIU 925, and with agreeing more strongly that training makes caring for children satisfying (Tables 29 & 30).

Chapter 5: Discussion

In the next two sections a discussion of the frequency analysis and bivariate correlation analysis are provided. Recommendations are provided throughout the discussion section and are in italics.

Frequency Analysis

From the frequency tables created for the frequency analysis, a multi-faceted picture emerges of the providers who took part in the survey, and thus took part in SEIU training.

The number of children providers care for, the number of hours they provide care, and their history and possible future providing care give insight into the experiences of providers while they are providing care.

- Most providers care for between one and three children. The children providers care for are typically related to the provider, and are most often over 2 years of age, with many over 6 years of age.
- While nearly 40% of providers provide care for between 31-40 hours each week, a large number of providers care for children between 11 and 30 hours per week, as well.
- Over a third of providers have been caring for children for 5 years or less, with most of those indicating they have mostly been providing child care as opposed to other work during the years since they first started. 60% plan to continue caring for children after they no longer care for the children currently in their care.

The lack of experience, but desire to continue providing care, makes it especially important for these providers to continue receiving training. Since few of the children are infants or toddlers, SEIU 925 may wish to focus training on topics relevant to providers caring for school-age children and for children of preschool age.

Because many providers care for very few children, *additional training methods could be employed to take advantage of that fact, such as play and learn groups*. In play and learn groups, providers bring the children in their care to these events. The providers engage in an interactive workshop or hands-on learning experience, while the children are cared for by a different child care provider.

Providers' experience with training provided by SEIU tended to be positive. Many providers indicated a modest change in knowledge or in skills after attending training. Modest gains in knowledge and skills from the provider's perspective are a very positive outcome, given the short duration of the training classes and workshops.

Providers' initial rating of their levels of knowledge and skills can be explained by two different theories. The first theory focuses on the fact that the courses and workshops are over a short time-frame with a fairly limited amount of content. Much of the content of the workshops and courses is also at an introductory level. Given this type of course, if providers are basing their rating only on the content of the courses they've taken, it seems reasonable that providers'

estimation of a high level of knowledge and skills prior to the training would in fact be an accurate assessment. If these same providers, on the other hand, were basing their rating on the broad set of knowledge or skills that encompasses all aspects of caring for children, we would expect to see lower ratings.

The second theory is that given the lack of many years of experience indicated by most providers, the high scores both for knowledge and skills before training and after may be due to providers over-rating their knowledge and skills. In essence, providers may have been rating their perception of their knowledge on a broad range of knowledge and skills, but simply didn't have a clear understanding of what it is they didn't know.

There is also recognition that the methodology may have limitations. It is possible that providers may not be able to accurately remember their level of knowledge and skills before the training. It is also possible that a rating bias may exist. This bias is present if in an effort to indicate they felt the training was helpful, providers purposefully noted a higher-than-accurate level of skills and knowledge after training.

As noted in the methodology, the retrospective pretest has been found to be a reliable tool for evaluating professional development. It appears, then, the theory that providers accurately rated their knowledge and skills before and after training but only took into consideration the content of the training they attended is most reasonable.

Analysis of the data shows that overall:

- Providers generally saw a change in knowledge and in skills of 2 points or less after taking part in SEIU training.
- Health & Safety, Food & Nutrition, and CPR & First Aid were the three most successful training topics, when accounting for providers who indicated they learned the most and that they learned the least in each category, when considering only providers who implied that they took training in that category.
- Behavior management was the category in which the most providers indicated that they gained specific skills, while the topic with the most skills gained was Fun & Learning Through Play.
- Health & Safety and Food & Nutrition were the categories in which most providers indicated that they gained specific knowledge. The topic with the most concepts gained was Interacting, Listening, & Communicating.

The large number of providers who noted that they learned the most or gained specific skills or knowledge from trainings in Health & Safety, CPR & First Aid, and Food & Nutrition may be due to providers feeling less likely to "pick up" the skills from these categories on the job or from other sources. Similarly, though, providers who gained specific skills in Behavior Management or knowledge in Interacting, Listening, & Communicating may have done so because these skills are much more difficult to pick-up on the job. In addition, these are some of the most important and most difficult things to do well. These skills make a great difference in having positive interactions with children.

SEIU may wish to continue courses that have been successful and look for ways to change the design or structure of less successful courses to help providers gain the most skills and knowledge possible. Courses at an intermediate or advanced level may better meet the needs of some exempt providers. SEIU should consider working with community colleges to offer these intermediate and advanced level courses, as the colleges have several entry-level early childhood college courses designed as three, 10-hour modules. Additionally, as a number of providers indicated a desire for training around bullying and conflict, SEIU 925 may wish to include this topic in the future.

Having other providers at workshops was a positive aspect of training for many providers. Providers overwhelmingly agreed that having other child care providers at the workshops was valuable. Not only did providers gain socially from having other providers present, but having other providers there prompted additional learning. Most providers noted they made connections with other providers to ask for advice, share ideas, or for providing skills in addition to those provided more formally through the workshop.

Providers indicated a positive experience with SEIU 925, overwhelmingly agreeing that SEIU is important in providing training opportunities, that SEIU is important in fighting for improvements for child care workers, that fewer training opportunities would be available without SEIU, and that training makes caring for children more satisfying.

Most providers indicated that they have not participated in union activities other than training. For those who did participate, though, the most popular activity was attending union meetings. While providers may know that SEIU does provide other activities besides training, many do not participate. Some providers indicated this was because of the location of other union activities, while others indicated a lack of time. *If SEIU 925 wishes to have more providers involved in additional union activities, then the activities should be more accessible to providers, perhaps occurring in conjunction with training opportunities that providers are willing and able to access.*

Most providers indicated they have not participated in training outside of SEIU 925 sponsored events. Providers may not feel the time and cost of these trainings will provide enough added benefit, especially given that SEIU training provides a monetary incentive while outside training often has a fee attached. This seems reasonable based on providers' rating their knowledge and skills fairly highly both before and after the SEIU trainings they have completed. It may also be that providers do not know about other training opportunities.

For those that have taken outside training at some point in time, community and high school or vocational school classes were most popular. Because of the small number of providers who had taken outside training, it is clear that these providers rely on the training provided by SEIU to gain knowledge and skills to help improve the quality of care that they provide.

Only 14% of providers indicated they currently care for children with special needs. Most providers have not had training on caring for children with special needs, and as such, most providers indicated that they do not feel sufficiently trained to provide that care. Of those caring for children with special needs, 60% receive the special needs rate. When also considering Special Needs training appeared to be least successful (based on providers' indications of

which categories of training they learned the most and very little), *there may be a need for adjusting the content of Special Needs training*. One of the providers who noted Special Needs as an unhelpful training indicated that it seemed only behavioral disabilities like ADHD or learning disabilities were discussed, rather than a range of disabilities. Because of the small number of providers who have taken Special Needs training and the few written comments and suggestions, no concrete conclusions can be drawn, *but it may be beneficial to investigate how best to improve Special Needs training provided by SEIU 925*.

In terms of demographics, providers are overwhelmingly female and English-speaking. About half are married, with the next largest group being separated or divorced. About half are White, with about 23% of providers indicating they are Hispanic/Latino and about 20% indicating they are Black. The statewide average for the general population is 80% White, 3% Black, and 10% Hispanic/Latino, indicating that providers in the study were more likely to be people of color than are members of the general population at large.⁶¹ About a third of providers have household incomes below \$15,000, compared to about 10.8% of the general population at large in Washington state.⁶² Providers are also generally older than 45 years of age and do not have a college degree. The demographics indicated show that license-exempt providers in Washington state have a similar demographic profile to those found in other studies. Thus, it is likely that the training provided by SEIU 925 could be replicated with license-exempt providers in other parts of the country with similar success.

Bivariate Correlation Analysis

As noted in Chapter 4, the bivariate correlation analysis helped identify whether particular demographic and non-demographic factors were correlated with one another and with outcomes such as change in skills and knowledge, experience with SEIU 925, connections with other providers, and increased satisfaction providing child care as a result of training.

Each of these areas touches on a different type of success: success in measurably increasing skills and knowledge to improve the quality of child care; success in helping providers better understand the role of SEIU 925; success in helping providers experience additional benefits (both social and skills/knowledge-based) through connections with other providers; and success in helping providers feel more satisfaction in their work. While training did appear successful in all of these areas, not all groups shared in each of these successes equally. SEIU 925 may draw upon the findings of this report to make changes to further improve training in the future.

Change in Skills & Knowledge

Providers' change in knowledge was correlated both with demographic factors as well as with other outcome indicators. Providers with higher incomes were more likely to see a smaller change in skills and in knowledge. While providers with higher incomes were more likely to have higher levels of knowledge before training, though, they were not more likely to have higher levels of skills before training. Providers with higher income levels may be more likely to have access to additional training opportunities; however, that access does not necessarily mean providers will take advantage of that training or that it will be any more helpful than the training provided by SEIU 925. *More study is suggested to identify specific reasons why the training is less*

successful for providers with higher incomes, so that training in the future can be helpful for all providers, regardless of income. Additionally, because providers with higher incomes are no more likely to have a higher level of skills before training but are less likely to see a large increase in skills after training, study into how to help higher-income providers increase their skills may be especially important.

The amount of outside training and the number of certificates held by providers also correlated with a change in knowledge and in skills. Providers with more types of outside training are more likely to have seen a greater change in knowledge and skills, while those who hold more certificates are more likely to have seen a smaller change in knowledge and skills. As already noted, providers who hold more formal certificates may have received thorough, high-quality training through the program and therefore have less to learn than those without certificates. Because of this, efforts to further assist these providers may see little success, unless training classes are designed to better meet the needs of providers who already possess a basic to advanced level of knowledge and skills. *One strategy would be to offer more intermediate and advanced level classes.*

Perceptions of SEIU 925

Perceptions of SEIU were negatively correlated with providers' level of education, whether providers were married, and number of certificates held; perceptions were positively correlated with the number of hours of SEIU-provided training taken. As already mentioned, those with higher levels of education may have access to additional professional networks than those who have limited education. Additionally, providers with higher levels of education were more likely to have taken more hours of non-SEIU training and fewer hours of SEIU-provided training. As such, it may be that higher-educated providers are more likely to find out about training opportunities through other networks and are less likely to rely solely on the training provided by SEIU 925 to address their training needs. However, these providers were more likely to indicate Learning Through Play as a concept gained through SEIU-provided training, indicating that providers with higher levels of education were still able to find value in the training provided by SEIU 925. Providers who hold formal certificates may also have access to other networks, but, in addition, may see less of a need for additional training due to the extensive training provided during the certificate program. *More study may be necessary to determine how SEIU can make training more valuable and increase the value for the role they play in making training opportunities available for higher-educated providers.*

While married providers were less likely than those who were not married to agree that SEIU is important in fighting for child care improvements, both married and unmarried providers were more likely to agree than to disagree. The difference between married and unmarried providers was based on whether providers strongly agree or simply agree. While ideally all of the providers would strongly agree that SEIU is important in fighting for improvements, the fact that nearly all of the providers surveyed either agree or strongly agree shows that providers are aware of SEIU's work and have likely recognized the benefits firsthand, as well. *SEIU should consider continuing the work it currently does to educate providers on efforts to fight for improvements.*

Connections with Other Providers

Connections with other providers were correlated with providers' race, as White providers were less likely to make a connection with other providers than those who did not indicate they were White. This may be due differences in cultural norms among White providers and providers of other races, if White providers are less likely to carry forward a connection with someone they just met. It may also be due to a combination of factors including race, income, and education.

Because White providers and providers who care for few children make up such a large proportion of exempt providers, but are less likely to connect with other providers, *SEIU could explore ways to encourage more providers to connect.* Those who are already more likely to make connections will likely continue to do so, but for those who aren't making connections, additional support and encouragement may be helpful. Training classes are an excellent opportunity to facilitate developing relationships between providers. *Two possible design elements that might be increased in workshops are the use community-building or team-building exercises and group work that requires greater interaction between providers.* Helping to build camaraderie and working in teams are excellent ways for people to get to know and learn about each other and to develop a relationship.

Once some of the initial barriers of getting to know each other are broken down, providers will likely be more inclined to continue the relationship after the workshop. *Another option would be for SEIU trainers to explicitly suggest to providers that they consider using class members as a resource, outside of the classroom.* Perhaps towards the end of the class, once providers have had opportunities to get to know and work with each other, *the trainer could encourage providers to think about exchanging e-mail and phone numbers after class.*

Providers' level of education was negatively correlated with agreeing that having other providers at workshops was valuable. More educated providers may feel that they have little to learn from those with less education or they may see less need in making connections because of broader networks through their education. While less can be done if the difference is due to existing networks through education, by *having providers share their experiences providing child care, more educated providers may realize that they have more similarities with and more to learn from less educated providers* than they may have previously thought, and so may be more inclined to make connections. *SEIU could also encourage providers who feel more knowledgeable to help coach new or less well-trained providers.*

Providers who cared for multiple children were more likely to connect with other providers, indicating that this may be an important aspect of training for these providers. As already mentioned, providers who care for more children may be more likely to run into situations that are difficult to handle, and may experience increased stress as a result. Connecting with other providers, then, can provide an outlet to share concerns and get advice, as well as to relieve stress. Because connections appear to be quite important for providers with multiple children, *SEIU 925 may want to work to provide training or, possibly, social activities for these providers to further facilitate connections and conversations specific to providers caring for multiple children.*

Increased Satisfaction Caring for Children

Providers who were married and/or who had higher levels of education were less likely to agree that training makes providing child care more satisfying. As previously noted, both married providers and providers with higher levels of education may feel more support from outside networks, and so may have additional ways to make child care more satisfying on their own. If the training wasn't seen as particularly beneficial, it would also explain the lack of connection between training and satisfaction. It is also possible that some groups of providers are more likely to think of caring for children as providing inherent satisfaction, which may lead them to not connect an outside activity such as training to increasing satisfaction.

There were no questions regarding providers' satisfaction with caring for children. As a result, we do not know which groups of providers and to what level they feel satisfied in their work.

Research into the satisfaction level of providers and what makes caring for children satisfying would be useful. If satisfaction levels are a concern, then, SEIU could emphasize topics or strategies for increasing provider satisfaction.

Correlations among Outcomes

As previously noted, the outcome areas were each correlated with one another, as well, indicating interconnection between connecting with other providers, finding satisfaction through training, perceptions and experiences with SEIU 925, and change in skills and knowledge.

Connecting with other providers at workshops can provide not only a social outlet, but an opportunity to further improve a provider's level of skills and knowledge. Providers who have a favorable view of SEIU 925 are likely to have also seen a change in skills and knowledge and to have made a connection with other providers. Likewise, providers who saw a change in skill and knowledge, who made connections with other providers, and who hold a favorable view of SEIU 925 are more likely to find that training makes providing child care more satisfying.

The interconnected nature of these outcomes is a valuable lesson on the holistic perception providers have of training opportunities. The degree of success is intertwined among these various outcomes. *We recommend SEIU consider ways to increase the various outcomes for those providers that had a universally less successful experience.*

Conclusion

This research study was developed to ascertain how successful training opportunities, provided by SEIU 925 for license-exempt child care providers in Washington state, have been thus far and to gain a better understanding of the demographics of exempt providers in the state. Success of the trainings was analyzed first in terms of improved levels of skills and knowledge in subject matter. In addition, success was examined through the additional lenses of making connections with other providers, perceptions of and experiences with SEIU 925, and examining improvements in satisfaction providing child care as a result of training provided by SEIU 925. A frequency analysis helped provide a many-faceted picture of the group of exempt providers who participated in the survey, while a bivariate correlation analysis provided insight into whether certain sub-groups of providers saw more or less success as a result of the training provided.

Providers who participated in the survey, while not being a homogeneous group, did have many similarities. Most providers cared for few children, and a large portion had been caring for children for five years or less. Providers were overwhelmingly female, as are most child care providers throughout the nation. Additionally, most providers were married or had been married in the past. Roughly half of the providers were White, which is markedly less than the statewide population average of 80%.⁶³ As was the case in other studies, most exempt providers in the survey group had low-to-moderate levels of education, with 55% of providers having taken at least some college classes, but with roughly half of those holding no credential or degree. Finally, as also seen in other studies, many providers had low household incomes, with 35% of providers noting a household income below \$15,000 per year. Because the demographics of providers in this study were relatively similar to those found in other studies, the results of the training may be able to inform license-exempt provider training in other parts of the country.

Change in providers' level of skill and knowledge was used as the primary metric for success for the training provided by SEIU 925. While nearly all providers indicated some increase in their level of both skills and knowledge, providers' income and amount of outside training through formal or informal channels correlated with larger or smaller increases. Both household income and number of certificates were negatively correlated with change in knowledge and in skills. The number of types of less formal outside training (non-certificate) taken, however, was positively correlated with a change in knowledge and in skills. Moving forward, SEIU may want to investigate why providers with relatively higher incomes see smaller increases in skills and in knowledge and make adjustments to address this issue.

The success of the training can also be measured by interactions with other providers, especially as agreement that having other providers at workshops is valuable was positively correlated with change in providers' level of both skills and knowledge, and making a specific connection was positively correlated with a change in providers' knowledge. While nearly all providers agreed that having other providers at the workshops provided by SEIU 925 was valuable, providers' race and education seem to play a role in whether providers make connections, as White providers and providers with higher levels of education were less likely to have made connections with other providers. The number of children providers care for was positively correlated with making connections.

As mentioned in the previous section, it is especially important to address the lack of connections made by providers with few children and who identify as White, as half of providers in the study were White and half of providers cared for only 1 or 2 children. For both providers with few children and for White providers, increased intentional interaction among providers as part of the workshop format may help foster relationships and encourage future connections.

Providers' perceptions of SEIU 925 is also an important aspect of successful training, as there is a hope that SEIU 925 and the training they provide are seen as important to providers. While perceptions of SEIU 925 were overwhelmingly positive, providers with higher levels of education were less likely to agree that SEIU 925 is very important in providing training opportunities, and married providers were less likely to strongly agree that SEIU 925 is important in fighting for improvements for license-exempt providers. Additionally, the number of certificates held by providers was negatively correlated with agreement that there would be fewer training opportunities available without SEIU 925, while providers who had taken more hours of SEIU-provided training were more likely to agree that there would be fewer training opportunities available without SEIU 925.

The final indicator of success for the trainings provided by SEIU 925 is whether providers find more satisfaction providing child care as a result of the training. Ultimately, providers should not only provide high quality care through a high level of skills and knowledge, but should also feel satisfied in the work they do. Here, married providers and providers with higher levels of education were less likely to agree that training made caring for children more satisfying.

It is possible that these providers believe that caring for children is inherently satisfying and do not connect outside activities such as training with increasing their satisfaction. However, because providers were not asked for their level of satisfaction providing child care either before or after the training, this correlation does not necessarily mean that these providers are not satisfied. More study into providers' satisfaction providing child care is needed, as well as how training does or does not influence that satisfaction. From there, SEIU can investigate what makes caring for children more satisfying and can then work to include inputs that lead to satisfaction into future training efforts.

As mentioned in the discussion, there are several areas in which more study is recommended. The following are areas that may be most beneficial to consider:

- Because providers with higher incomes saw smaller changes in their levels of skills and knowledge after training, SEIU may want to investigate why this is the case and make adjustments to address this issue. SEIU may also wish to include intermediate or advanced courses to help better serve providers with higher levels of skills and knowledge whose training needs are not currently being met.
- As higher-educated providers had less positive perceptions of SEIU 925, more study may be necessary to determine how the union can make its training more valuable to those with higher levels of education.

- In order to encourage White providers to make connections with other providers, SEIU may wish to increase community or team building exercises or to increase group work requiring greater interaction. Additionally, suggesting that providers use class members as a resource outside of the classroom may also be beneficial.
- Because there were correlations between certain providers and increased satisfaction through training, but no information was provided regarding providers' level of satisfaction providing child care, more study into providers' satisfaction and how training can affect satisfaction would be useful. From there, SEIU can investigate what makes caring for children more satisfying and can then work to include inputs that lead to satisfaction into future training efforts.

Ultimately, the training provided by SEIU 925 does appear to be of benefit for the providers who participate, both in their level of skills and knowledge and in less traditional metrics including making connections with other providers and providers' perceptions of the union.

License exempt child care providers in Washington state are not a homogenous group, though, so not all demographic groups have seen uniform success. As such, there are areas in which SEIU can alter the training provided that might help more providers see stronger benefits, and areas that require more study in the future. Over all, SEIU 925 has been successful in providing training for license exempt providers that can lead to a better experience for providers and a higher quality of care for the children they serve.

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