The Pennsylvania State University
The Graduate School
College of Education

FAMILY AND CENTER-BASED CHILD CARE PROVIDERS' CONCERNS
AND BELIEFS ABOUT PROFESSIONAL DEVELOPMENT OPPORTUNITIES

A Dissertation in
Curriculum and Instruction
by
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Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Doctor of Philosophy

December 2011
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ABSTRACT

The purpose of this study was to uncover family and center-based child care providers’ beliefs about professional development opportunities available to them in the current environment of increasing expectations. As research has become available to spotlight the possibilities for young children, and the disparities between children who have quality early experiences and those who do not, more public figures are convinced that investments in early childhood programs are key to shrinking the divide between children before they enter school. The changing identity of the child care workforce that cares for and educates these children has prompted a need for specialized professional development approaches to help child care providers embrace this new role. Little is known about effective professional development in early childhood programs, especially home-based programs.

This study addresses two primary research questions: (1) What are family and center-based child care providers’ concerns and beliefs about increasing professional development requirements? and (2) What factors contribute to the providers’ decision to participate or not participate in professional development initiatives? The Maryland Child Care Credential, a professional development incentive program, provided a focused professional development model to explore.

Thirty-seven participants from child care centers and family child care homes in the three western counties of Maryland participated in the study. Data collection tools included three Concerns Based Adoption Model tools developed by Hall and Hord for public school teachers. Child care providers completed a 35-item Stages of Concern Questionnaire and an Open-Ended Statement. Child care providers also participated in
follow-up interviews. The designer of the Maryland Child Care Credential, Liz Kelley, provided information in the creation of an Innovation Configuration Map to outline the intent of the Credential program. Use of Hall and Hord’s Concerns-Based Adoption Model tools suggested an additional research question: Whether or not the CBAM in slightly modified form could be used with the child care population.

The exploratory study found that family and center-based child care providers are concerned about increasing professional development requirements of the voluntary Maryland Child Care Credential. Child care providers who are currently participating in the Credential program are either required to participate to receive college funds or to maintain employment, or they believe that the Credential will soon be required and want to be prepared for that time.

Child care providers who are using participation incentives to receive a college education are most likely to believe that the Credential is relevant to their own professional goals. Child care providers who do not believe that a college education is relevant to their own goals or the goals of the parents they serve are least likely to begin or continue participation in the Credential program.

All child care providers, whether or not they are currently participating in the Credential program, are concerned about the time needed to complete requirements and the procedures that must be followed to receive and maintain the Maryland Child Care Credential. Child care providers reported long work hours, sometimes working second jobs, and family commitments that demand their time outside of work hours.

Child care providers in child care centers who required Credential participation were more likely to have procedural supports in place to minimize the time needed to understand,
complete, and maintain requirements of the professional development program. Family child care providers reported challenges in gaining support in understanding and maneuvering the Maryland Child Care Credential system.

These three Concerns Based Adoption Model tools, along with follow-up interviews of each consenting participant, allowed me to describe the concerns and beliefs of the individual child care providers. There was consistency in individual child care providers’ responses between the Innovation Configuration Map, the Stages of Concern Questionnaire, and the Open-Ended Statement. The small sample size does not allow generalization to the larger child care population, but these initial findings do support engaging in a larger scale study to further explore the use of the modified Concern-Based Adoption Model with professional development innovations within the child care field.
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PREFACE

Ten years ago, I joined the staff of a child care resource and referral agency in Western Maryland. I have been responsible for planning, implementing and evaluating professional development opportunities for the 645 child care programs in the three-county region. Just before I began working at the resource and referral agency, the state department overseeing child care began a professional development incentive program called the Maryland Child Care Credential (MD CC Credential). The MD CC Credential provides cash bonuses to child care providers who complete training and education, have at least two years of experience, and participate in professional activities such as membership in an early childhood or school-age association. The cash bonuses were minimal - $200 to $1000 – and there was a year delay in when you first applied and when you received your bonus check. Still, given the low salaries of child care providers, hundreds of dollars given directly to a child care provider for completing a relatively short application seemed a program that any child care provider would embrace.

Ten years later, there have been several changes in the MD CC Credential, including giving half of the bonus money when the application is first processed, but participation in the program remains extremely low. Participation data are collected by person, and there are no accurate data that represents the total amount number of child care providers in child care centers. There are data available of the total number of family child care providers. In January 2011, 73 family child care providers were participating in the Credential program (MSDE, personal communication, January 21, 2011). There were 471 licensed family child care providers (Maryland Family Network,
Fifteen percent of licensed family child care providers were participating in the Credential program.

Each year, I am increasingly curious about this pattern. While I am not directly responsible for child care providers’ participation in the Maryland Child Care Credential program, part of my role has been to design supports that encourage this participation. I have developed workshops for groups of early educators, worked with individual early educators in preparing his or her Credential application, and developed print resources to help early educators complete the application and maintain their Credentials. Child care providers in Western Maryland do know about the program; many are intentionally choosing not to participate. Even with follow up support, many providers choose not to apply for the Credential, and the reasons are not clear to me.

What are the reasons for this? Why do others choose to participate? What would increase providers’ willingness to pursue professional development beyond what the minimum licensing standards require? Does professional development lead to a more skilled and knowledgeable child care provider? Or, at the very least, do the child care providers and the families they serve believe that professional development is beneficial to children’s daily experiences?

These are the questions in my daily practices that led me to design this study. They are pragmatic questions, particular to my immediate context, but they are indicative of the types of questions underpinning the nation’s current interest and investment in state-wide systems to improve the quality of child care programs. The professional development levels of the child care providers are only one piece of the puzzle, but an important one. Learning more about what leads child care providers to
embrace their own professional development and then translate what they learn to the
daily experiences of children and families will help designers of professional
development to create programs that work. This study is one tiny step towards that goal.

There are certainly other professional development programs that I could
investigate, but my prior knowledge in this program within Western Maryland provides
a rich context to pursue. There is danger in conducting research in my own “backyard.”
To some extent, participants with whom I have a professional relationship may have
changed their answers to “please” me, or given me the answers they think I want to hear.
To counter this risk, I encouraged child care providers to see me as a researcher as
opposed to my previous identity as a director at APPLES for Children.

On the other hand, this existing “helper” relationship that I have with the
participants, with a proper introduction to my researcher role, may have allowed me to
learn more than the average researcher. My knowledge of the region, the child care
programs, and the individual participants may have benefited me in my research beyond
the potential limitations.
ACKNOWLEDGEMENTS

I would like to thank several “families” of which I have been privileged to be a part:

**My Penn State University family.** My thanks to Dr. Jim Johnson for his wisdom, support, and enthusiasm for my interest in the child care profession; to Dr. Jim Nolan for allowing me to use weekly journals to apply his knowledge of high quality professional development systems to my knowledge of the child care profession; to Dr. Ed Yoder for inspiring my enthusiasm for the research process; and Dr. Andrea McCloskey for posing questions that deepened my thinking in many areas. My thanks also to my graduate student peers, Dr. Jennifer Pyles, Suzanne Swartz, Carolyn Griess, and Karen McCoy.

**My APPLES for Children family.** The Professional Development Team (PDT) members from 2001 – 2011 (Katrina Coburn, Sherry Costa, Shannon Rudy, Dannette Ables, Kelly Unger, and Tonya Helbig) initiated almost all of my questions about effective professional development programs. Their continual willingness to share their experiences and adapt to new ideas created the learning community necessary for my graduate pursuits. Hours of philosophical conversations with my partner at APPLES, Fanny Crawford, helped me to clarify my own ideas, and more importantly, learn how to communicate them with others.

**My Shippensburg University family.** Dr. Kent Chrisman and Dr. Donna Couchenour provided me with multiple opportunities to learn, grow, and try out new ideas. Both of them believed in my capabilities from our first encounter at Rowland Lab School. I would not have pursued graduate school without their encouragement.
My traditional family. My husband, Kevin, has supported me through my associate’s degree, bachelor’s degree, master’s degree, and now my doctoral degree. He has been a stable force for our two wonderful sons, Matthew and Nicholas, as I work, read and study. He has created tables and charts of all types, from song charts for my preschool classroom to Excel charts for reports and papers. He listens to my ideas as if I were the most brilliant person in the world. My sons inspire me to be a better mother, early childhood educator, and now adult educator. My mother always reminds me of the bright side of things and my father taught me the value of hard work and attention to detail. My husband’s family, The Searfoss’, may not have always understood my desire for more and more education, but I know they are very, very proud of my accomplishments as well.
DEDICATION

This paper is dedicated to child care providers across the country who care for and educate our youngest children every day.
CHAPTER ONE: STATEMENT OF PROBLEM

Early childhood education is experiencing unprecedented attention from the public (Kagan, Kauerz & Tarrant, 2008; Winton, McCollum & Catlett, 2008). As research has become available to spotlight the possibilities for young children, and the disparities between children who have quality early experiences and those who do not, more public figures are convinced that investments in early childhood programs are key to shrinking the divide between children before they enter school (Center for the Study of Child Care Employment, 2009). Forty states now have some investment in pre-kindergarten programs (National Institute for Early Education Research (NIEER), 2008) and almost 90 percent of states have developed or are exploring statewide quality rating and improvement programs to systematically improve child care programs (National Child Care Information Center, 2010).

**Early childhood caregivers and educators are situated in a wide range of settings, increasing the complexity of implementing early childhood program quality improvements.** Early childhood caregivers and educators, those who care for and educate children from birth to age eight (as defined by the National Association for the Education of Young Children), are situated in a wide range of settings (Zaslow & Martinez-Beck, 2006). Early childhood educators of children from birth to age five before children enter kindergarten include child care providers who provide care and education for small groups of children (usually five to eight) in the providers’ homes; child care providers who provide care and education in privately run centers for a dozen children to several hundred children; teachers in privately run
nursery schools; teachers in Head Start and Early Head Start federally-funded programs; teachers in public schools who have added preschool classes to their elementary schools; and teachers in early intervention sites that care for and education young children with significant developmental delays. Some early childhood experts also include informal or “kith and kin” caregivers, many of who may receive state funds for caring for relatives or neighbors (Kagan et al., 2008). The early educators in these various settings have diverse educational and practical backgrounds (Winton et al., 2008). (See Table 1)
Table 1

Types of Early Childhood Education Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Funding Source</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Child Care Programs (including in-home and center-based)</td>
<td>Families pay fees; states provide subsidies to qualifying low income working families</td>
<td>Provide care and education for children birth to school-age while families work or attend school full time or part time</td>
</tr>
<tr>
<td>Head Start Programs</td>
<td>Federally funded</td>
<td>Provide comprehensive care, education, health and family supports to children at risk, prenatally to school entry</td>
</tr>
<tr>
<td>Pre-Kindergarten Programs in public schools or in partnership with Community Based Organizations</td>
<td>State funded</td>
<td>Provide education (usually part day) for preschoolers in preparation for school competency</td>
</tr>
<tr>
<td>Nursery Schools</td>
<td>Families pay fees</td>
<td>Provide education (usually part day) for preschoolers in preparation for school competency and socialization</td>
</tr>
<tr>
<td>Early Intervention Programs</td>
<td>State funded (with assistance from federal funds)</td>
<td>Provide care and education for children with identified special needs ages birth to three or five (depending on state structure)</td>
</tr>
<tr>
<td>Informal, or “kith and kin”</td>
<td>May be state funded</td>
<td>Provide care while family members or neighbors work</td>
</tr>
</tbody>
</table>

Some early childhood caregivers and educators, particularly those in child care programs and informal settings, are seeing their roles change from “babysitters” to being responsible for children’s readiness for school. In many cases, the increased responsibility has come with little increased compensation, recognition or professional development supports to accept the responsibility (Kagan et al., 2008). The changing identity of the child care workforce coupled with the lack of financial, professional or
educational supports requires specialized professional development approaches to help child care providers embrace this new role.

**Effective professional development that is sensitive to the diverse backgrounds of early childhood educators has become a priority.**

Unfortunately, the body of knowledge that defines effective early childhood education professional development is “at an early stage” (US Department of Education, 2010, p. xi). The US Department of Education recently released a report (2010) designed to review the literature of early childhood professional development to “work toward identification of a set of core features that characterize effective professional development:”

In a comprehensive review of what is known about how young children learn and develop and the implications of this knowledge for the care and education of children, the Committee on Early Childhood Pedagogy concluded, “There is a serious mismatch between the preparation (and compensation) of the average early childhood professional and the growing expectations of parents and policy makers” (National Research Council 2001, p. 261). Current strategies of professional development do not adequately prepare all educators for the array of responsibilities, knowledge, and skills they are expected to demonstrate in their work with young children and their families. (p. ix)

There are significant challenges to developing and implementing professional development for early childhood educators, particularly for early childhood educators in
child care programs. Little is known about effective professional development in early childhood programs, especially home-based programs:

The literature is heavily focused toward professional development for educators working in center-based settings including Head Start and prekindergarten programs. Yet this group of educators constitutes only 24 percent of the workforce. The majority of paid educators in early childhood care and education work in licensed (28 percent) and unregulated (48 percent) home-based settings. (US Department of Education, 2010, p. 87)

Early educators in child care programs often have few pre-service requirements, and rely on in-service experiences to gain the knowledge, skills and dispositions to care for and educate young children (Groark, Mahaffie, McCall, & Greenberg, 2007). This in-service professional development is usually a patchwork of isolated workshops and technical assistance given by trainers and consultants with varying levels of expertise. The professional development is sometimes provided by a community organization such as a child care resource and referral agency, or it could be provided by an individual with a training business. In most cases, the professional development is chosen by the provider from a smorgasbord of available workshops, often two to three hours in length, and not connected to the real needs of the provider. These types of “one-shot workshops” are largely ineffective in influencing early educators’ teaching skills, knowledge and dispositions, “yet workshops are still a common approach to inservice training” (Winton et al., 2008, p. 8). More effective professional development strategies are needed that recognize the complexity of teaching; “long-term multilevel approaches
are required that focus on changing individuals, organizations, and policies” (Winton et al., 2008, p. 9).

Current practices of brief, episodic, disconnected professional development opportunities need to be replaced with opportunities that are:

- Long-term
- Site-specific
- Job-embedded
- Focused on children’s development and learning
- Contribute to organizational development as well as individual learning (Joyce & Showers, 2002; Lieberman & Pointer-Mace, 2008; National Staff Development Council, 2009)

Similar conclusions were drawn by the 2010 US Department of Education report:

Acknowledging that these are initial conclusions, the evidence to date suggests that professional development for early childhood educators may be more effective when:

- *There are specific and articulated objectives for professional development.* When the content of the training was more specific, rather than open in content, effects on early educator practice were larger.

- *Practice is an explicit focus of the professional development, and attention is given to linking the focus on early educator knowledge and practice.* This emphasis is in keeping with the principles of adult learning summarized by the National Research Council (2001). Such approaches often
involved combining course work or training with individualized modeling and feedback on interactions with children in the early educators’ classroom or home-based setting.

- There is collective participation of teachers from the same classrooms or schools in professional development. Joint participation can help to support a professional culture and ensure the sustainability of new techniques and skills.

- The intensity and duration of the professional development is matched to the content being conveyed. The appropriateness of the length of time spent in professional development activities depends on the goals of the activities themselves.

- Educators are prepared to conduct child assessments and interpret their results as a tool for ongoing monitoring of the effects of professional development.

- It is appropriate for the organizational context to be aligned with standards for practice. There is evidence that the effectiveness of professional development approaches will differ according to such features of organizational context as the extent to which are articulated standards for practice with ongoing monitoring and supervision (US Department of Education, 2010, pp. 83-85).

Among the gaps in available research identified in the 2010 US Department of Education report was a need to “identify the specific processes underlying possible effects in practice-focused professional development approaches” (p. xiii). Taylor and
Pearson (2004) note, “Further research is needed to learn more about how to help schools and teachers succeed at the complex task of translating research-based knowledge into practice.” Anders, Hoffman, and Duffy (2000) found, “Relatively few researchers have asked questions about the processes that teachers go through as they learn and continue to learn to teach” (p. 86).

One process that deserves attention is the role that a person’s beliefs play in professional development. Sigel (2006) posits that a person’s beliefs “may not change despite evidence to the contrary,” (p. 1019) when a person’s world view, or root metaphor, is too removed from the research-based practices proposed in professional development. Sigel labels this space the “proximity index,” “defined as the distance between the readiness for findings to be used and the understanding of the meaning and the comprehensibility of the research report” (p. 1019).

Designers of change initiatives in public, P-12 education and business settings point to the importance of understanding each person’s beliefs about the proposed changes throughout the professional development process (Fullan, 2007; Hall & Hord, 2011; Loucks-Horsley & Matsumoto, 1999; Nolan & Hoover, 2007; Theriot & Tice, 2009; Thompson, 1997). This is especially important in early childhood education, where early childhood educators are divided even in basic beliefs about the purpose of early childhood education. Bruce Fuller (2007) identifies three ideological perspectives of what is appropriate for early childhood programming:

1. Those with a liberal-humanist frame, who see early childhood as a time for children to develop their individual interests, as well as social and language skills;
2. Those who see academic skills and school readiness as the goals for early childhood; and
3. Those with a cross-cultural frame who see early childhood as situated in various cultural contexts that should be valued and preserved in early childhood.

**Beliefs are an important part of the complex process of teacher learning (Loucks-Horsley & Matsumoto, 1999).** Designing strategies that maintain respect for this diversity not only engages early educators with multiple perspectives; it is also an important step in the learning process: “Perhaps the most important single cause of a person’s success or failure educationally has to do with the question of what he believes about himself” (Combs, as quoted in Pajares, 1992).

All professional development participants come to experiences with certain beliefs about the validity of the experience, the content of the material, and whether or not they can or will actually learn something (Theirot & Tice, 2009). Beliefs are “formed by personal experiences, education, and values” (Vartuli, p. 76).

These beliefs can greatly influence the outcomes of the professional development experiences (Nolan & Hoover, 2007; Theriot & Tice, 2009). Fullan (2007) considers beliefs one of three critical goals of educational change:

1. The possible use of new or revised *materials*
2. The possible use of new *teaching strategies*
3. The possible alterations of *beliefs* (p. 30)

The role that pre-existing teacher beliefs play in professional development is complex (Hammerness, Darling-Hammond & Bransford, 2005); partially because professional development is a complex process: “Researchers now recognize that
teacher education is not merely a matter of training. Rather, teacher education is a complex process of learning” (Theriot & Tice, 2009).

Thompson (1997) reminds us that changes ...are driven by our fundamental views of educational organizations and our beliefs about learning, about change, and about the challenges we face as a society...these beliefs change slowly, shaped as they are by our world view or paradigm. World views are stable, resilient things and they do not respond to logic alone. (p. 12)

Designers of high quality professional development programs recognize the various factors that may influence teacher beliefs and build in opportunities to address these various factors in the design, delivery and evaluation of a professional development program (Loucks-Horsley & Matsumoto, 1999). There are multiple opportunities within professional development initiatives to uncover teacher beliefs. The most visible opportunity is in the initial step, “Establishing Readiness (Thompson, 1997).” In this step, the participants build trust and establish patterns of positive communication, by “recognizing and building upon the teachers’ existing strengths, individual styles, and unique teaching contexts, rather than by focusing on shortcomings” (Hoover & Nolan, 2008, p. 24). This can be followed by a technique that Nolan and Hoover call “uncovering espoused platforms,” interviews that seek to make a teacher’s implicit beliefs explicit:

This is called the teacher’s espoused platform, and because a teacher’s philosophy about teaching and learning so powerfully influences that teacher’s classroom behaviors, the impact of the supervisory process will be far greater if the
espoused platform can be made explicit and open to examination. Teachers are far more likely to change their behaviors when they come to a self-realization of the underlying reasons for doing so. (p. 27)

**Designers of professional development initiatives need research-based tools and resources to understand beliefs and how those beliefs influence practice.** Tools and strategies are needed for designers and supporters of professional development to uncover an early childhood educators’ espoused platform in various stages of a professional development initiative. One possible framework is Hall and Hord’s Concern-Based Adoption Model (CBAM) (2011).

Hall and Hord (2011) label these feelings and perceptions as *stages of concern*, and have organized the stages of concern, beginning with Fuller’s earlier work in this area, into the Concerns-Based Adoption Model (CBAM).

Feelings and perceptions about an innovation and/or a change process can help or disrupt. When people are excited about a promising change they will try it. But if they perceive threat or loss, people will hold back from engaging with the process. These feelings and perceptions can be sorted and classified into what we call *concerns*. In fact, extensive research is available about how our feelings and perceptions evolve as the change process unfolds. (Hall & Hord, 2011, p. 68)

Hall and Hord developed the CBAM based on theories of change in P-12 education and business. It has been used extensively in formal public school settings, and has potential for use in the various early childhood settings. By researching early educators’ assumed stages of concerns, researchers, higher education institutions, state
professional development systems, and local supporters of professional development may gain insight into what impedes voluntary change. This understanding could assist in designing interventions for overcoming obstacles to increasing voluntary participation in a professional development program.

**Purpose of Study**

The purpose of this study is to uncover family and center-based child care providers’ concerns and beliefs about professional development opportunities available to them in the current environment of increasing expectations. There are at least four ways this study can contribute to current research about early childhood professional development:

1. The study addresses a research gap identified by the 2010 study, *Toward Identification of Features of Effective Professional Development for Early Childhood Educators* (US Department of Education, 2010) by identifying how the Concerns-Based Adoption Model (Hall & Hord, 2011) can be used as a specific effective professional development strategy to measure child care providers’ concerns in a professional development innovation.

2. The study addresses a second research gap identified by the 2010 study, *Toward Identification of Features of Effective Professional Development for Early Childhood Educators* (US Department of Education, 2010) by learning more about home-based programs.
3. Designers of professional development initiatives at the local, state and federal levels benefit from hearing the “espoused platforms” (Nolan & Hoover, 2008) of child care providers and a process to situate those perspectives in a model that suggests individual interventions.

4. A further purpose of the study was to encourage designers of professional development to incorporate professional development “readiness” strategies into long-term, site-based, and job-embedded professional development initiatives by offering tools and resources.

The Maryland Child Care Credential program provides a specific professional development innovation to explore possible strategies for identifying concerns, beliefs and readiness for professional development initiatives. The Credential program (Maryland State Department of Education), a voluntary program that rewards child care providers for increased involvement in professional development activities, is not tied to any specific content area, curriculum or assessment model. Studying individual early childhood educators involved or not involved in the Credential program provides an opportunity to better understand providers’ beliefs about professional development initiatives and may suggest strategies for effectively and efficiently measuring these beliefs in on-going professional development innovations.
Research Questions

This study will focus on answering two primary research questions:

1. What are family and center-based child care providers’ concerns and beliefs about increasing professional development requirements?

2. What factors contribute to the providers’ decision to participate or not participate in professional development initiatives?
Glossary of Key Terms

**Attitude:** The degree to which a person likes or dislikes an idea, person, or object.

**Beliefs:** A person’s thoughts about what is true.

**Change process:** A process of transformation or modification.

**Child care provider:** An adult who cares for and educates children when parents or other guardians are working, attending school, or desire social and educational opportunities for their children.

**Concerns:** The composite representation of the feelings, preoccupation, thought and consideration given to a particular issue or task (Hall & Hord, 2011, p. 72).

**Concerns-Based Adoption Model:** Hall & Hord’s (2011) model measures concerns about adopting an innovation and uses the results to target professional development supports.

**Early childhood education:** Services that provide care and education for children from birth to age eight. The adults providing the services are paid educators in a variety of settings (see Table 1 for more description of typical settings for children from birth to age 5).

**Espoused platform:** A person’s articulated perceptions and beliefs about teaching.

**Innovation:** An idea or program designed to change a current practice or set of practices.

**Innovation Configurations Map:** Hall & Hord’s (2011) process to identify the purpose of an innovation and what it looks like in practice.

**Learning process:** A process of acquiring new skills, knowledge and/or beliefs.
**Open-ended statement:** Hall & Hord’s (2011) statement that generates a written, narrative description of a person’s concerns about an innovation.

**Professional development:** The process of acquiring the necessary and desired skills, knowledge and beliefs to provide quality professional services.

**Readiness strategies:** Activities designed to create stakeholders’ shared meaning of the purpose of a professional development program before the program begins.

**Stages of Concern:** The stages that Hall & Hord (2011) have identified as a person progressing through as he or she adopts an innovation. The seven stages are Unconcerned (or Awareness), Informational, Personal, Management, Consequence, Collaboration, and Refocusing.

**Stages of Concern Questionnaire:** Hall & Hord’s (2011) 35-item questionnaire used to create a profile of a person’s stage or stages of concerns about an innovation.

**Values:** A person’s sense of what is right and wrong.
CHAPTER TWO: REVIEW OF THE LITERATURE

Early childhood education is in the midst of unprecedented attention from policy makers, families, and public school educators. To better understand this current context, and the potential of understanding early educators’ beliefs about the recent changes connected to this context, I will review literature in the following areas:

- Who are early childhood educators?
- What are professional development requirements for early childhood educators, particularly in child care programs, and how have these requirements changed in recent years?
- Why is it important to identify early childhood educators’ beliefs about changes in professional development requirements?
- How do early childhood educators’ beliefs influence their adoption of research-based knowledge, skills, and dispositions as learned in the process of professional development?

Who are early childhood educators?

Early childhood educators care for and educate children from birth to age eight (NAEYC). For the purposes of this discussion, I will focus on early childhood educators of children from birth to age five years. Significant challenges exist in identifying demographic information about this group of early educators. Brandon and Martinez-Beck (in Zaslow & Martinez-Beck, 2006) identify two categories of challenges as “lack of
conceptual clarity …on which individuals to include in the ECE or child care workforce” (in Zaslow & Martinez-Beck, 2006, p. 52) and the resulting discrepancies in data collection systems.

The National Child Care Information and Technical Assistance Center identifies three possible descriptions of the number of early educators in various settings:

- According to the U.S. Census Bureau, there are 884,235 paid employees in child care establishments and 700,046 self-employed child care providers in the United States.
- The National Occupational Employment and Wage Estimates provide data about the size of the workforce by occupation. Based on the 2009 survey, there are 1.04 million early care and education workers, including 595,650 child care workers, 389,660 preschool teachers, and 51,140 education administrators. This estimate excludes data on the self-employed.
- A study by the Partnership for America’s Economic Success and the Human Services Policy Center estimates that the size of the early care and education sector is 2.2 million paid workers (31 percent of P-20 educators). There are an additional 3.2 million unpaid people in the workforce, mostly relative providers (NCCIC, 2010)

The Center for the Child Care Workforce & Human Services Policy Center estimated the size of the workforce using a sampling survey and generalizing the results. The 2002 estimates included child care center staff (555,000); family child care providers (650,000); paid relatives (804,000) and paid non-relatives (298,000) (Zaslow & Martinez-Beck, 2006, p. 60). (See Figure 1).
Figure 1. The Center for the Child Care Workforce & Human Services Policy Center’s 2002 estimate of child care workforce.

What are professional development requirements for early childhood educators, particularly in child care programs, and how have these requirements changed in recent years?

States are struggling with benchmarks for early childhood professional development (Groark et al., 2007). For a few years, it was becoming generally accepted that supporting early educators in obtaining a bachelor’s degree was money well spent towards ensuring a quality early learning environment. While there is some evidence
that a bachelor’s degree and certification in early childhood results in specific aspects of a higher quality early childhood program, there are also conflicting reports that there is not a necessary relationship between the two (Early et al., 2006; Center for the Study of Child Care Employment, 2009; NIEER, 2004; Winton et al., 2008).

Pre-service and in-service professional development requirements have increased significantly in recent years. For example, in Maryland, minimum annual training requirements for child care center staff increased in 2008 from three training hours per year to twelve training hours per year (Maryland State Department of Education). States are also encouraging additional participation in professional development initiatives through Quality Rating Improvement Systems that reward early childhood educators with education and training credentials above minimum requirements (National Child Care Information Center, 2010).

Recommendations for designing professional development programs for early childhood educators are beginning to emerge. Hyson and Odom, in the forward of Practical Approaches to Early Childhood Professional Development, join the editors and authors of the book in sharing

“a belief that effective professional development must be embedded in the world of practice, whether through quality field experiences for college and university students or through job-embedded, relevant training for those already working in the field. Coaching, consultation, and other ongoing follow-ups to more formal professional development are essential components.” (Winston et al., 2008, p. viii)

The Center for the Study of Child Care Employment (2009) recommends two specific ways that government can financially support early childhood professional development:

1. Increased investment in two-year, four-year, and graduate ECE degree programs in institutions of higher education.

2. A system of program grants for ongoing professional development for ECE teachers -- again, designed with the features most likely to foster improved teacher practice, including the presence of experienced and trained mentors or coaches, longer-term efforts with follow-up support (rather than piece-meal or one-shot workshop approaches), and opportunities for reflection and discussion in the workplace about what is being taught. (p. 10)

A study of a three year early literacy professional development program demonstrated that teachers who receive this type of intensive support are able to translate new ideas into practice compared to a control group who received only materials (Grace, Bordelon, Cooper, Kazelskis, Reeves & Thames, 2008). The researchers concluded:

The results of this study demonstrate that ongoing, comprehensive professional development training that is linked to needs identified through classroom
observations and expressed concerns of teachers enhances literacy learning environments. (p. 69)

This type of on-going professional development linked to the needs and concerns of individual teachers contributes to greater application of professional development objectives. Sigel (2006) defines this space between a person’s current belief system and his or her ability to adopt research-based practices as the “proximity index.” “In terms of researchers and practitioners, and the application of research to practice, the degree to which parties share the same, or approximately the same, root metaphor [or world view], the greater their mutual understanding and consequent communication” (p. 1019).

Individual early childhood educators have varying beginning points in the learning process. There is great variation in educational preparation, practical experiences, and personal sociocultural contexts that influence each educator’s current world view or “root metaphor.” When professional development seeks to understand each person’s root metaphor, there are more opportunities for closing the gap in the proximity index:

Recognizing differences is of particular value in reaching consensus. Dialogue is enriched when there is an acknowledged awareness of operating belief systems that are derivatives of root metaphors. A person’s root metaphor can only be influenced by what he or she knows and understands. (Sigel, 2006, p. 1019).
Teachers in elementary schools may have much less variation in proximity indices than early childhood educators in diverse settings. Teachers in elementary schools have had similar educational experiences before entering the field that contribute to more of a shared world view. They have had four years of college study that included many similar courses and ideas; completed one or more field studies to translate their coursework into practice; and passed content specific Praxis exams. Vartuli (2005) reviewed research that found that the process of completing a college degree itself may result in more consistent beliefs about teaching:

Berk (1985) states that college level education in any field can often lead individuals to hold a set of coherent, rational beliefs, which they subsequently use to guide their behavior. Obtaining a four-year degree appears to influence teacher to think about and apply more effective practices. (Vartuli, 2005, p. 81)

Early childhood educators in child care programs often have little professional preparation, with wide variation in their preparation and the work sites in which they are employed.

The National Association of Child Care Resource and Referral Agencies (NACCRA) reports that 38 states do not require teachers in child care centers to complete any early childhood training before beginning work. Only 55 percent of family child care providers and 57 percent of center assistants have at least some college education. Center teachers fare better with 80 percent having some college education, however, center-based staff account for only 24 percent of all child care providers (NACCRA, 2010).
Figure 2. NACCRRA reports educational levels of child care providers.

While it is unclear if professional development strategies used in public schools may translate to child care settings, it is clear that identifying teacher beliefs is a prerequisite to effective professional development initiatives:

While disseminating current knowledge base can be slow and difficult, it is also the case that service providers and policy makers have their own agendas. These agendas have to be recognized, understood, and reconciled by both parties.

(Sigel, 2006, p. 1018)
Why is it important to identify early childhood educators’ beliefs about changes in professional development requirements?

Pajares (1992) distinguishes teacher beliefs from teacher knowledge for the purposes of more clearly defining teacher beliefs: “Belief is based on evaluation and judgment; knowledge is based on objective fact” (p. 313). He acknowledges that a clear definition of teacher beliefs is challenged by theoretical orientations but that researchers would benefit from working towards a common definition. He proposes this conclusion:

The result is a view of belief that speaks to an individual’s judgment of the truth or falsity of a proposition, a judgment that can only be inferred from a collective understanding of what human beings say, intend, and do. (p. 316)

Teacher’s beliefs can influence as many as 1,000 interpersonal contacts daily (Pajares, 1992). These contacts can be influenced by knowledge as well, but in complex teaching situations there are times when cognitive and information-processing do not work, appropriate schemata are disconnected and unavailable, and the teacher is uncertain of what information is needed or what behavior is appropriate. It is the episodic core of beliefs that makes their use so likely in just such a circumstance...with all their problems and inconsistencies.” (Pajares, 1992, p. 311-312)

Vartuli (2005) reviewed literature on the influence of teacher beliefs on teacher behaviors and learning. She identified two themes within teacher beliefs literature: (1)
teacher beliefs about their own abilities and (2) teacher beliefs about the nature of learning and teaching.

**Teacher beliefs about their own abilities**, or self-efficacy, “influence how teachers feel, think, behave and motivate themselves” (p. 76). Positive teacher self-efficacy “is associated with high developmentally appropriate belief scores” (Vartuli, 2005, p. 77) while teachers with negative self-efficacy focus on control of the classroom. These beliefs contribute to a teacher’s perseverance when confronted with challenging situations. “Teachers with high self-efficacy set higher standards of performance for themselves, accept responsibility if the standards are not met, and respond to failure with renewed effort and persistence” (Vartuli, 2005, p. 77).

Zambo & Zambo (2008) further divide self-efficacy into components: personal competence, or a person’s belief that they can perform at a high level of proficiency; and personal level of influence, or his or her belief that they can influence student learning. Zambo & Zambo also make a case for collective efficacy, or the self-perceptions of competence and influence of a group of teachers.

**Teacher beliefs about the nature of teaching and learning** influence teacher expectations and decisions about curriculum priorities; the role of children’s needs, feelings, interests, and freedom of choice; and the importance of social interaction among children (Vartuli, 2005). Research about teacher-reported beliefs and observed practice focuses on “whether teachers believe in and use developmentally appropriate practices” (Vartuli, 2005, p. 80). Most studies have found that teachers’ practices align with their stated beliefs, with some exceptions (Vartuli, 2005).
There are multiple theoretical and philosophical perspectives of how children learn and how to best teach them. Teachers develop these beliefs over many years of being engaged as young students themselves, even before they begin studying teaching in college. Lortie refers to this phenomenon as “the apprenticeship of observation” (as quoted in Hammerness, Darling-Hammond, & Bransford, 2005).

Murphy, Delli and Edwards (2004) conducted a study of second grade students, pre-service teachers just beginning their senior year in a professional development school, and in-service teachers in that same professional development school. Using a questionnaire triangulated with drawings of what good teachers and teaching looks like in a classroom setting and interviews of what those drawings represent, the researchers found consistent beliefs about teaching and learning between second graders and pre-service teachers, with some variations in in-service teachers. “What we found is that students seem to begin assembling these intricate belief systems as early as second grade...” (p. 88) and “...stay consistent, even throughout teacher preparation” (p. 89).

Buehl and Fives (2009) surveyed 53 preservice and 57 practicing teachers at two large state universities to determine their beliefs about the source of their teaching knowledge. Buehl and Fives identified six themes from which the teachers identified as the source of their teaching knowledge:

1. Formal education
2. Formal bodies of knowledge such as books, articles and the internet
3. Observational and vicarious experiences
4. Interactive and collaborate experiences with others
5. Lived experiences in both personal and professional lives
6. Self-reflection, or the process of bringing these various influences into
a personal response.

Teacher beliefs are formed from multiple sources of input, over a long period of time, and are individual to each teacher.
How do early childhood educators’ beliefs influence their adoption of research-based knowledge, skills, and dispositions as learned in the process of professional development?

There are several professional development models that acknowledge and plan for teacher beliefs in the process of high quality professional development. In this section I will highlight five:

- Winton, McCullum & Catlett (2008)
- Thompson (1997)
- Hall & Hord (2011)

Loucks-Horsley, Love, Stiles, Mundry, & Hewson (2003) suggest that teacher beliefs influence the learning process throughout a professional development experience. In the Framework for Designing Professional Development in Science and Mathematics, beliefs (along with knowledge) “inform ‘commit to vision’ and every subsequent step, including how the plan is designed, implemented and evaluated” (p. 3). (See Figure 3).
Figure 3: Loucks-Horsley, et al.’s Framework for Designing Professional Development (2003)

Teacher beliefs are most clear when the process begins with opportunities to discuss existing beliefs and create a shared belief system to inform the vision among various stakeholders:

Beliefs are the ideas people are committed to. Sometimes called core values, fundamental choices, or mental models, beliefs shape one’s ways of perceiving and acting. Many researchers have found that organizations that are deeply committed to a clear set of beliefs and that act consistently with them experience the greatest success. (Loucks-Horsley et al., 2003, p. 7)
Gregoire’s Cognitive-Affective Model of Conceptual Change (2003) also shows that teacher beliefs influence learning at more than one stage of the change (or learning) process. At the beginning of conceptual change, when a teacher is presented with a concept that may or may not match his or her beliefs, he or she first has to decide whether to attend to the “reform message.” Gregoire calls this “implicating self” with two possible resolutions: (1) the teacher decides that the message is applicable and chooses to continue to engage, or (2) the teacher decides that the message is applicable and chooses not to engage but will come along for the experience.

Another decision point for teachers comes when teachers either believe they have the motivation to continue with the learning process or not. If they believe they do have the motivation, they go on to determine whether they have the ability to make the changes or not. In the case of either lack of motivation or lack of perceived ability, the teacher begins a process of making excuses for why the changes will not work for her or him, resulting in no belief change or at best a superficial belief change that enables the teacher to explain what he or she learned, but is not able to carry out what she learned in practice in the classroom, especially when under stress. Figure 4 illustrates the decision points described here.
Figure 4: Gregoire’s Cognitive-Affective Model of Conceptual Change (2003)
Ebert and Crippen (2010) used Gregoire’s model as an assessment of an inquiry based science education professional development program. They found the model to be an effective tool in explaining the changes in classroom practices that did or did not occur as a result of the professional development intervention. However, they used the model as a post-assessment, using evidence that had been collected throughout the program, and were not able to use the information formatively to modify the professional development intervention along the way. Ebert and Crippen recognize that the model would be more useful as a formative evaluation tool, and gave recommendations for bringing its use to a larger scale.

**Winton, McCullum and Catlett** (2008) suggest another framework for the professional development process that allows for teacher beliefs to be addressed and challenged. They recommend that professional development be planned with three components that they call “The Big Three.” (See Figure 5)

![Figure 5: The Big Three components of professional development](image)

Within each component, teacher beliefs could be addressed. Within the needs assessment phase, data can be collected about pre-existing teacher beliefs in specific areas. Winston et al. (2008) suggest methods and strategies for collecting this type and other types of data, including questionnaires and surveys; document analysis;
observations; behavioral frequency counts; critical incident observation; interviews; and focus groups.

During the evaluation phase, data can be collected about changes or validation of teacher beliefs while collecting other evaluation data using satisfaction measurements; self-ratings of knowledge, skills or effectiveness; attitude measures; and observational measures.

Follow-up data about teacher beliefs can be collected during various follow-up activities such as back-home plans; mentoring; assignments; refresher sessions; and follow-up mailings, phone calls or emails. Supervisors and coaches can use this data to monitor and challenge beliefs as needed. (See Table 2)
Table 2

Addressing Teacher Beliefs Within Winston et al.’s “Big Three” Professional Development Model

<table>
<thead>
<tr>
<th>Component</th>
<th>Teacher Beliefs</th>
<th>Recommendations for Methods and Strategies*</th>
</tr>
</thead>
</table>
| Needs Assessment| Data can be collected about pre-existing teacher beliefs within perceived needs | • Instruments such as questionnaires and surveys  
• Document analysis  
• Observations  
• Behavioral frequency counts  
• Critical incident observation  
• Interviews  
• Focus groups |
| Evaluation      | Data can be collected about changes or validation of teacher beliefs            | • Satisfaction measurement  
• Self-ratings of knowledge, skills or effectiveness  
• Attitude measures  
• Observational measures  
• Evaluating planned outcomes  
• Measurement of program or community practices |
| Follow-Up       | Supervisors, peers and instructional staff can continue to monitor teacher beliefs and challenge as needed | • Back-home plans  
• Mentors  
• Assignments, handouts  
• Refresher sessions or follow-up mailing, phone call or emails |

Thompson’s (1997) process for designing site-based professional development programs of up to five years in length begins with a Readiness Phase, designed to address elements of a school’s readiness to commit to professional development. (See Figure 6)
Thompson (1997) acknowledges that this phase is “usually overlooked in planning development efforts” and that “many schools rush to choose innovations or programs without considering the climate, skills, relationships, or values of the school” (p. 19). His model plans for this assessment and consensus-building through these readiness activities:

- Develop a shared sense of purpose
- Develop a view of diversity as an asset
- Develop a climate of trust, safety, support, respect, and commitment to
collaboration

- Develop an information base
- Develop a set of written goals for three to five years

**Hall and Hord (2011)'s Concern-Based Adoption Model (CBAM)**

assumes that “change starts and ends at the individual level” (p. 9) and that the individual’s “feeling and perceptions about an innovation and/or a change process can help or disrupt” (p. 68). The CBAM assesses these feelings and perceptions, or “concerns:”

When people are excited about a promising change they will try it. But if they perceive threat or loss, people will hold back from engaging with the process. These feelings and perceptions can be sorted and classified into what we call concerns (Hall & Hord, 2011, p. 68).

The results of the CBAM can then be used to target professional development at specific levels of concern:

Understanding the Stages of Concern and using the assessment techniques can result in significantly more effective one-on-one coaching sessions, more relevant workshops, and strategic plans that take into account the Personal side of the change process. In this way, the process can be both facilitated and increasingly personalized. (Hall & Hord, 2011, p. 68)

Hall and Hord's development of the Concerns-Based Adoption Model was based on research conducted by Frances Fuller in the late 1960’s. Fuller studied student
teachers’ stages of development of concerns and compared those stages to experienced teachers. Fuller identified four stages of concerns:

- **Unrelated concerns**: Concerns unrelated to teaching, such as college life and college studies.
- **Self-concerns**: Concerns related to how teaching impacts themselves, rather than the act of teaching or the needs of children.
- **Task concerns**: Concerns related to accomplishing the work of teaching.
- **Impact concerns**: Concerns about how their teaching is impacting students.

Hall and Hord (2011) found that

...our research on the concepts and issues related to change has clearly documented that the concerns phenomena that Fuller identified are limited neither to college students going through teacher education programs nor to teachers. In fact, everyone involved in change exhibits the same dynamics seen in the education students confronted with the innovations of student teaching. (p. 70)

The CBAM expands on Fuller’s original four stages of concern, to include seven stages. In the first stage, *Unconcerned (Stage 0)*, concerns are not related to the topic in question. In the second stage, *Informational (Stage 1)*, there is interest in knowing more about the topic. At the *Personal Stage (Stage 2)*, there is more understanding of the topic and interest in knowing how its use will affect the person. Someone at the *Management Stage (Stage 3)*, is concerned with the time and energy needed to engage. At the *Consequences Stage (Stage 4)*, someone is concerned about how the use of the
topic is affecting the clients served. *Collaboration (Stage 5)* concerns relate to
connecting what the person is doing with what colleagues are doing. At the *Refocusing
Stage (Stage 6)*, there is interest in improving upon the topic. (See Figure 7)
### Stages of Concern

<table>
<thead>
<tr>
<th>Stage</th>
<th>Expression of Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Refocusing</td>
</tr>
<tr>
<td></td>
<td>I have some ideas about something that would work even better.</td>
</tr>
<tr>
<td>5</td>
<td>Collaboration</td>
</tr>
<tr>
<td></td>
<td>I am concerned about relating what I am doing with what my co-workers are doing.</td>
</tr>
<tr>
<td>4</td>
<td>Consequences</td>
</tr>
<tr>
<td></td>
<td>How is my use affecting clients?</td>
</tr>
<tr>
<td>3</td>
<td>Management</td>
</tr>
<tr>
<td></td>
<td>I seem to be spending all of my time getting materials ready.</td>
</tr>
<tr>
<td>2</td>
<td>Personal</td>
</tr>
<tr>
<td></td>
<td>How will using it affect me?</td>
</tr>
<tr>
<td>1</td>
<td>Informational</td>
</tr>
<tr>
<td></td>
<td>I would like to know more about it.</td>
</tr>
<tr>
<td>0</td>
<td>Unconcerned</td>
</tr>
<tr>
<td></td>
<td>I am concerned about some other things.</td>
</tr>
</tbody>
</table>

**Figure 7:** Hall & Hord’s Concerns-Based Adoption Model (2011).

Concerns are defined as:

The composite representation of the feelings, preoccupation, thought and consideration given to a particular issue or task is called concern. Depending on our personal make-up, knowledge, and experiences, each person perceives and mentally contends with a given issue differently; thus there are different kinds of
concerns. ...Through all of this, it is the person’s perceptions that stimulate concerns, not necessarily the reality of the situation. (Hall & Hord, 2011, p. 72)

Hall and Hord (2011) and other national and international researchers and practitioners have used the CBAM for research, program implementation and evaluation in public schools, higher education, and business settings. Multiple tools and accompanying technical manuals have been developed to assist researchers and practitioners in understanding individual and group concerns about a variety of change initiatives. Understanding these concerns guide the facilitator towards individual and group interventions appropriate to the specific concern, ultimately allowing the participants to resolve issues at one stage and move to the next stage: “Interventions to facilitate change must be aligned with the concerns of those who are engaged with the change” (p. 71).

The CBAM acknowledges that the change process is complex, rather than linear, and is dependent on the support provided:

The research studies clearly document a quasi-developmental path to the concerns as a change process unfolds. However, the ideal flow to concerns is not always guaranteed, nor does it always move in one direction. If the innovation is appropriate, if the leaders are initiating, and if the change process is carefully facilitated, then implementers will move from early Self-concerns to Task concerns (during the first years of use) and, ultimately, to Impact concerns (after three to five years). (Hall & Hord, 2011, p. 74)
Hall and Hord use the term “innovation” to capture a broad range of possible changes in practice. This term is used in the various tools that have been developed as part of the CBAM: The Innovation Configuration (IC) Map; tools to measure stages of concern, including the One-Legged Interview, the Open-Ended Statement, and the Stages of Concern Questionnaire (SoCQ); and a measure of degree of use of an innovation, the Levels of Use (LoU) Interview. A description of these tools is included below. Tools were also recently developed to assess leadership of an innovation, but will not be included in this review.

**Innovation Configuration**

An important tool in Hall and Hord’s (2011) process is to determine the clarity of the initiative. “A frequent problem for teachers and others who are expected to implement new practices is that they are not clear about what they are being asked to do” (p. 42). Leaders of the initiative need to be able to articulate the purpose of the innovation, what the innovation will look like when it’s in use and what the people will be doing while involved.

An Innovation Configuration (IC) Map is used to answer these questions in “clear word-picture descriptions” (p. 48) that can be used to guide all participants of the learning process. The “dynamic, interactive, consensus-building process is conceptualized as reviewing available information from documents and key informants; identifying what the innovation will look like in action (and any variations that are acceptable); and then verifying the Map with key informants.” (See Figure 8)
Once the goals have been defined, individual teachers can participate in processes that help to illuminate his or her concerns about the changes proposed. Hall and Hord (2011) developed three tools to assist with this process:

1. **The one-legged interview**: a brief check-in between a change leader and a teacher about what the teacher is doing and how she or he feels about what he or she is doing.

2. **Open-ended concerns statement**: a written response to the open-ended question, *When you think about [the innovation] what concerns do you have? Please be frank, and answer in complete sentences.*

*Figure 8: Hall & Hord’s Innovation Configuration Map (2011).*
3. **Stages of concern questionnaire**: a 35-item questionnaire that has strong reliability and internal consistency that can “apply to all educational innovations” (p. 80). Data from the questionnaire can be used to develop concerns profiles. The concerns profiles “graphically...represent this conglomeration or array of concerns of varying intensities...By representing the SoC on the horizontal axis and the relative intensity of concerns on the vertical, a general picture of a person’s concerns can be displayed” (p. 75).

**Level of Use (LoU) Interviews**

Level of Use (LoU) Interviews are used to assess the degree to which a person has implemented the innovation in practice. This tool assesses behaviors, rather than concerns, categorized into non-users and users. Within each category, levels of behaviors have been identified:

**Non-users:**
- Level 0: Non-use
- Level I: Orientation
- Level II: Preparation

**Users:**
- Level III: Mechanical Use
- Level IVA: Routine
- Level IVB: Refinement
- Level V: Integration
- Level VI: Renewal
Hall and Hord (2011) have designed field-tested tools and accompanying resources that may be adapted to a variety of change initiatives in education and business. While the tools have been used in P-12 education, they may be useful, with some modifications, in early childhood education settings to identify early childhood educators’ beliefs about professional development initiatives.

Theoretical Frameworks

Hall and Hord’s (2011) Concerns-Based Adoption Model provides one framework for analyzing child care providers’ concerns and beliefs about increasing professional development requirements. Expectancy-value theory provides another useful framework through which to view the individual perceptions of early childhood educators.

Expectancy-value theories relate a person’s participation in activities to the value the person assigns to the expected outcome of the activity: “perceived expectancies for success and task values contribute to achievement choices and task performance” (Eccles & Wigfried, 2002).

In a review of modern theories of motivation, Eccles and Wigfried (2002) link expectancy-value models of behavior with understanding the relation of beliefs, values and goals with action. Eccles and her colleagues developed a modern version of expectancy-value theory based on earlier work by Atkinson (Eccles & Wigfried, 2002):
In this model choices are assumed to be influenced by negative and positive task characteristics, and all choices are assumed to have costs associated with them precisely because one choice often eliminates other options. Consequently, the relative value and probability of success of various options are key determinants of choice. (Eccles & Wigfried, 2002, p. 118)

An important contribution of Eccles’ expectancy-value theory is the identification of subjective task values. The value that a person assigns to a particular task is complex and dependent on many variables, including a person’s beliefs and concerns about their self-efficacy. This task value is directly related to a person’s achievement-related choices and performance.

Eccles defined task values as the perceived importance of the task because:

1. it is useful or relevant for other tasks or aspects of an individual’s life [utility value];

2. it is enjoyable and fun to engage in [intrinsic value];

3. doing well on the activity influences the individual’s self-concept, self-worth, and identify [attainment value];

4. there are perceived negative aspects of engaging in the activity [cost value] (Eccles & Wigfried, 2002)

Expectancy-value theory and subjective task values are a particularly useful framework for analyzing the second research question, what factors contribute to the
providers’ decision to participate or not participate in voluntary professional development initiatives that increase providers’ levels of professional development?

There is a great deal to be learned about designing effective professional development programming for early childhood educators in child care programs. One small contribution to this literature is to identify child care providers’ beliefs and concerns about professional development initiatives in general, while exploring the potential use of various tools available to classify those beliefs and concerns.
CHAPTER THREE: METHODOLOGY

I used both quantitative and qualitative methods to collect data to answer two research questions:

1. What are family and center-based child care providers’ concerns and beliefs about increasing professional development requirements?

2. What factors contribute to the providers’ decision to participate or not participate in voluntary professional development initiatives that increase providers’ levels of professional development?

Quantitative methods were used to collect data to answer question #1. Data were generated using a modified version of Hall and Hord’s Stages of Concern Questionnaire (SoCQ) and responses to Open-Ended Statements, two Concerns-Based Adoption Model (CBAM) tools. Demographic information was also collected.

Qualitative data from the Open-Ended Statement forms and follow-up interviews were used to answer question #2. The data were triangulated with the quantitative data generated by the SoCQ and demographic survey questions.

Thirty-seven child care providers representing child care centers and family child care homes completed the SOCQ, Open-Ended Statement, and/or the interview. Twenty-eight child care providers completed all research components. Providers were randomly selected from lists of licensed Western Maryland child care programs. The lists were obtained from Maryland State Department of Education, Office of Child Care. Criteria used for selection included whether or not the provider was currently
participating in the Maryland Child Care Credential. Of those providers not participating, some were identified as previously participating but no longer participating in the Credential program.

**Selection of Participants**

Participants were randomly selected within representative subgroups of child care providers from the three western counties of Maryland: Washington, Allegany and Garrett Counties. Criteria for subgroups included type of child care setting, experience with the Maryland Child Care Credential, and county of child care program.

The three selected counties represent one of twelve Maryland child care licensing regions. Child care services are provided by 645 licensed child care centers, family child care homes, nursery schools, Head Start and public school preschool programs, and a variety of school-age programs. Many children are also cared for by informal and other unregulated caregivers.

Of the 645 licensed child care programs in 2010, full-day care was provided by 531 licensed family child care homes and traditional centers operating 8-12 hours a day, with capacity for approximately 7042 children. Other child care programs provide part-day preschool and after school services (Maryland Family Network, 2010). (See Table 3)
Table 3

Full-Day Licensed Child Care Programs in Western Maryland Counties by Type of Program

<table>
<thead>
<tr>
<th>Type of Care</th>
<th># of programs Allegany County</th>
<th># of programs Garrett County</th>
<th># of programs Washington County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>90</td>
<td>29</td>
<td>352</td>
</tr>
<tr>
<td>Center</td>
<td>20</td>
<td>12</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>41</td>
<td>380</td>
</tr>
</tbody>
</table>

More than 500 individual Western Maryland early childhood educators in child care programs have participated in the Maryland Child Care Credential program since the program began in 2001 (Maryland State Department of Education, 2010). Child care providers who have received a Maryland Child Care Credential have submitted an application that includes verification of education and training; years of experience; and involvement in professional activities, such as membership in an association. The applicant must also submit a 300-500 word essay in response to one of two questions: *Why did you become a child care provider?* or *Why do you want to get the Maryland Child Care Credential?* (Maryland State Department of Education, 2010)

Child care providers are awarded a credential at a level one through six depending primarily on their level of education, with a bachelor degree as the educational requirement for a level six. Credentialed providers receive a certificate, a one time or annual financial bonus up to $1000, depending on level, and access to a variety of state-funded financial incentives. Incentives include $400 per year for
training and conference fees, free college coursework, and free copies of state-approved curricula.

Child care centers with 60% of their lead teachers Credentialed and Credentialed family child care providers who have at least initiated an accreditation process are eligible for the Tiered Reimbursement program, providing up to 44% higher monthly reimbursements for children participating in the state’s Child Care Subsidy program for low-income families. Only 12 of the region’s 571 child care programs were currently receiving Tiered Reimbursements at the time this study began, despite almost all child care programs accepting Child Care Subsidy vouchers (MSDE, personal communication, April 19, 2010).

This group of Credentialed participants represents early childhood educators in child care programs who appear to believe that increased professional development can be beneficial, although it is not understood why they believe it is beneficial. An excel file of the participants was available from Maryland State Department of Education.

A target number of participants were determined for each county to proportionally represent each county’s total number of child care providers within each of the following subgroups:

1. ECEs in child care centers who currently hold a Credential;
2. ECEs in family child care homes who currently hold a Credential;
3. ECEs in child care centers who have participated in the program but are not currently participating;
4. ECEs in family child care homes who have participated in the program but are not currently participating.

5. ECEs in child care centers who have never participated in the Credential program;

6. ECEs in family child care homes who have never participated in the Credential program.

Excel files of child care providers’ names in each category were used to randomly select the participants within each county. The files, organized by zip code rather than alphabetical name of child care program, provided a numeric basis for randomization. The ratio of target number of participants to total number of potential participants was applied to the numeric Excel files. Random sampling methods were used to ensure that “every member of a population has an equal chance of being selected into a sample” (Urdan, 2005).

There was one subgroup that was not as easily identified as the other five subgroups and therefore a random sampling method was not possible: previously Credential child care center staff members. The Excel listing of Credentialied child care providers only included the name of the individual child care provider and did not identify the name of the child care center. Since I recognized several names on the list and was able to identify their child care program, I used convenience sampling for this subgroup (Urdan, 2005).

Groups of child care center participants were larger than groups of family child care providers. Fewer participants were selected from the family child care groups due to the limited number of participating early childhood educators in that setting.
Invitations to participate in the study were mailed to a total of 67 child care providers. One week after mailing the invitations, each potential participant was contacted by phone at least once to explain the study and invite voluntary participation. The mailed invitation included implied consent to comply with Research Protections protocol. Each consenting participant was assigned a code to increase confidentiality. (See Appendix A)

A total of 37 ECEs agreed to participate in the Stages of Concern Questionnaire (including demographic information and Open-Ended Statement), the phone interview, or all components. Fifteen child care center staff members and thirteen family child care providers completed all research components. (See Table 4)
### Table 4

**Participation in Research Components by Subgroups**

<table>
<thead>
<tr>
<th>Child Care Provider Group</th>
<th>SoCQ</th>
<th>Open-Ended Statement</th>
<th>Interview</th>
<th>All Research Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentialed Child Care Center Staff</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Previously Credentialed Child Care Center Staff</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Non-Credentialed Child Care Center Staff</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Credentialed Family Child Care Provider</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Previously Credentialed Family Child Care Provider</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Non-Credentialed Family Child Care Provider</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32</strong></td>
<td><strong>32</strong></td>
<td><strong>35</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>

Thirty-three participants completed demographic information: 13 family child care providers and 20 child care center staff members in either a child care center or Head Start program. (See Figure 9)
Figure 9. Participants’ self-identified type of child care program.

Among the child care center staff members providing demographic information, nine were Credentialed; six were previously Credentialed; and five had never participated in the Credential program. Family child care providers providing demographic information included five Credentialed providers, four previously Credentialed providers, and four non-Credentialed providers. (See Table 5)
Table 5

*Participation in Demographic Survey by Subgroup (n=33)*

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentialed child care center staff</td>
<td>9</td>
<td>27.3</td>
<td>27.3</td>
<td>27.3</td>
</tr>
<tr>
<td>Previously credentialed child care center staff</td>
<td>6</td>
<td>18.2</td>
<td>18.2</td>
<td>45.5</td>
</tr>
<tr>
<td>Noncredentialed child care center staff</td>
<td>5</td>
<td>15.2</td>
<td>15.2</td>
<td>60.6</td>
</tr>
<tr>
<td>Credentialed family child care provider</td>
<td>5</td>
<td>15.2</td>
<td>15.2</td>
<td>75.8</td>
</tr>
<tr>
<td>Previously credentialed family child care provider</td>
<td>4</td>
<td>12.1</td>
<td>12.1</td>
<td>87.9</td>
</tr>
<tr>
<td>Noncredentialed family child care provider</td>
<td>4</td>
<td>12.1</td>
<td>12.1</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

The child care providers reported working with children from birth to school-age, with most child care providers caring for children birth to age five. (See Figure 10)
Figure 10: Child care providers’ self-reported ages of children in their child care programs.

Most respondents had at least six years of experience in the early childhood education field (93.7%, n = 31), with 54.5% (n = 23) having sixteen years of experience or more. (See Figure 11)
Figure 11: Child care providers’ self-reported years of experience in early childhood education.

Credentialed child care providers in child care centers varied in years of experience, with the majority of child care providers ranging from three years to 20 years of experience. Previously credentialed child care providers in child care centers also varied in years of experience, with two child care providers having more than 21 years of experience. Child care providers in child care centers who had never received the Credential ranged from 6 years of experience to more than 21 years of experience. (See Table 6)
The level of education completed by participants ranged from a high school or GED degree to a masters degree in Early Childhood Education or a related field. Eight child care providers have a high school (HS) degree or GED (23.5%); four have a Child Development Associate (CDA) (11.8%); six have an associate degree (AS) in early childhood education or other related or non-related field (17.6%); six have a bachelor degree (BS) in early childhood education or related field (17.6%); three have a BS in a non-related field (8.8%); and three have a master degree (MS) in early childhood education.
education or a related field (8.8%). Four child care providers have some college credits towards a college degree. (See Figure 12)

<table>
<thead>
<tr>
<th>Education Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS or GED</td>
</tr>
<tr>
<td>CDA</td>
</tr>
<tr>
<td>Some college</td>
</tr>
<tr>
<td>AS</td>
</tr>
<tr>
<td>BS</td>
</tr>
<tr>
<td>BS other field</td>
</tr>
<tr>
<td>MS</td>
</tr>
</tbody>
</table>

*Figure 12: Child care providers’ self-reported level of completed education.*

At least one-third of child care center staff members in all three categories had a bachelor’s or master’s degree, with more than half of previously Credentialed and non-Credentialed providers having at least a bachelor’s degree. At least one-half of family child care providers had at least some college credits. (See Table 7)
### Table 7

**Level of Education by Subgroup (n=32)**

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Level of Completed Education</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CDA</td>
<td>HS or GED</td>
</tr>
<tr>
<td>Credentialed child care center staff</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Previously credentialed child care center staff</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Noncredentialed child care center staff</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Credentialed family child care provider</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Previously credentialed family child care provider</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Noncredentialed family child care provider</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>
Participants were selected to represent each county of the region. More than half of the participants (64.7%) work in the largest county in the region, Washington County. Approximately one-quarter (23.5%) of the participants work in Allegany County, and 11.8% of the participants work in a child care program in Garrett County, the most rural county of the region. (See Figure 13)

![Pie chart showing the distribution of participants across counties.]

*Figure 13:* Child care providers’ self-reported county where child care program is located.

Participants were also distributed equally across urban, suburban and rural areas of the region (each at 33.3%) (n = 33).

The creator of the Credential program, Liz Kelley, Executive Director of the Office of Child Care at Maryland State Department of Education (MSDE), participated in an
in-person interview and reviewed a draft of the Innovation Configuration Map. Given her public role as creator and administrator of the Credential program, she agreed to participate using her name. (See Appendix A for Consent Form).

**Data Collection**

Data collected included:

- Innovation Configuration Map (Hall & Hord, 2011) (See Appendix B)
- Demographic information (see Appendix C)
- Stages of Concern Questionnaire (Adapted) (Hall & Hord, 2011) (see Appendix D)
- Open-Ended Statement (Hall & Hord, 2011) (See Appendix E)
- Answers to semi-structured interview questions (See Appendix F)

Child care providers who participated in the study chose whether to complete the demographic information, SoCQ and Open-Ended Statement using a link to Survey Monkey sent to them by email, or by using a paper copy of the tools sent to them by mail along with a self-addressed, stamped envelope. Telephone interviews were scheduled at the convenience of the child care provider and were tape recorded and transcribed for analysis.
**Demographic data.** Information about child care providers’ professional preparation and experience as well as personal demographics such as age, marital status and family members was collected. (See Appendix C)

**Innovation Configuration (IC) Map.** Hall and Hord’s (2011) Innovation Configuration Map is designed to illustrate what the “innovation,” or change initiative, is expected to look like when it is being utilized. The IC Map for the Maryland Child Care Credential innovation was created using guidelines from the author’s technical manual (Hord, Stiegelbauer, Hall, George, & Abdullah, 2010).

Steps in creating the IC Map included:

1. A review of Maryland Child Care Credential documents posted on Maryland State Department of Education’s website;

2. A 75 minute in-person interview with Liz Kelley, creator of the Maryland Child Care Credential program, using suggested questions from the technical manual (Hord et al., 2010);

3. Draft of IC Map;

4. Review of IC Map by Liz Kelley for revision and verification. (See Appendix B)

**Stages of Concern Questionnaire.** Hall & Hord’s (2011) 35-item Stages of Concern Questionnaire (SoCQ) was modified to use vocabulary more closely related to the participants’ experiences. For example, the tool uses words such as “students” which was changed to “children” or “parents”; “faculty” was changed to “other early
educators/child care providers” and “innovation” was changed to “Credential.” The most significant modification was to replace “students” with “children” or “parents.” In some instances, “children” may be the more logical unit of change whereas “parents” may be the more logical unit of change for other questions. (See Appendix D)

Hall and Hord’s (2011) Stages of Concern Questionnaire has been used with public school teachers but not with child care providers. Although the authors caution against modifying the questionnaire, I was concerned that child care providers may not see themselves reflected in some of the language used. After modifying several items I piloted the resulting survey with three child care providers using Cognitive Interviewing techniques (Willis, 1999). The three providers, representing child care centers and family child care providers both Credentialed and not Credentialed, were asked to explain their thought processes after I read them each of the 35 items. I also asked them to choose a score that they would assign, to further pilot whether a person would respond as generally expected according to whether or not they were participating in the Credential program. The three child care providers were able to restate each statement and provide a score consistent with my expectations.

**Open-Ended Statement.** At the end of the Stages of Concern Questionnaire, participants were asked to complete Hall & Hord’s Open-Ended Statement form. The form asks the question:

*When you think about participating in the Maryland Child Care Credential program what concerns do you have? Please be frank, and answer in complete sentences.* (See Appendix E)
The Open-Ended Statement (OES) was used to collect data for use in two ways:

1. To provide data to be analyzed quantitatively to triangulate with the data obtained through the Stages of Concern Questionnaire.

2. To provide data to be analyzed qualitatively to inform creation of the Innovation Configuration Map and identification of factors contributing to participation in the innovation.

**Interviews.** Interviews were conducted by telephone with all consenting participants. Participants indicated their consent to participate in an interview as part of the written survey questions. Most interviews were conducted within one week following completion of the written survey, with many conducted within a day or two. The length of the interviews varied, with the shortest lasting ten minutes and the longest 35 minutes. A semi-structured interview process was used, beginning with a structured set of questions that was occasionally modified to allow the discussion to evolve in response to the research questions. (See Appendix F)
Data Analysis

**Quantitative Data Analysis.** Quantitative data analysis strategies were used to answer the research question: *What are family and center-based child care providers’ concerns and beliefs about increasing professional development requirements?*

Stages of Concerns Questionnaire data provided the majority of data for analysis. The Stages of Concern Questionnaire (George, Hall & Stiegelbauer, 2006) was first developed in 1973, with three years devoted to the development, implementation and evaluation of the quick-scoring measure of stages of concern. The pilot instrument consisted of 195 statements that were selected from 544 potential statements.

Construction of subscales began after 363 questionnaires were returned. In this initial phase, “item correlation and factor analyses indicated that seven factors explained more than 60% of the common variance among the 195 items and that the hypothesized scaled corresponded to the factor scales” (George et al., 2006). Validity was also tested by interviewing a selection of participants, determining a stages of concern classification based on their responses, and comparing those stages to the SoCQ results.

The SoCQ instrument was then reduced to 35 items, with five items measuring each of the seven stages. This version was administered to 171 higher-education and elementary school faculty members, and readministered one week later to establish test-retest reliability. Further tests of the instrument were conducted over the next two years in cross-sectional and longitudinal studies of eleven educational innovations.
In 1974, a percentile table was created to interpret raw SoCQ scores. The percentiles are based on a stratified sample of 830 individuals from elementary schools and higher education institutions. Reliability and validity of the percentile table was included in the initial development of the instrument.

In my analysis I began with raw scores for the 35 items of the SoCQ. (See Appendix G). The raw scores are grouped into their corresponding Stage of Concern. Stages of Concern Questionnaire items that correspond with Stage 0, Unconcerned are Items 3, 12, 21, 23 and 30. SoCQ items considered Stage 1, Informational are Items 6, 14, 15, 26 and 35. SoCQ items in response to Stage 2, Personal include Items 7, 13, 17, 28 and 33. SoCQ items used in Stage 3, Management are Items 4, 8, 16, 25 and 34. SoCQ items incorporated into Stage 4, Consequence are Items 1, 11, 19, 24 and 32. SoCQ items used in Stage 5, Collaboration include Items 5, 10, 18, 27 and 29. Stage 6, Refocusing items from the SoCQ include Items 2, 9, 20, 22 and 31. (See Table 8).

Table 8

<table>
<thead>
<tr>
<th>Stage of Concern</th>
<th>SoCQ Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Unconcerned</td>
<td>3 12 21 23 30</td>
</tr>
<tr>
<td>1 Informational</td>
<td>6 14 15 26 35</td>
</tr>
<tr>
<td>2 Personal</td>
<td>7 13 17 28 33</td>
</tr>
<tr>
<td>3 Management</td>
<td>4 8 16 25 34</td>
</tr>
<tr>
<td>4 Consequence</td>
<td>1 11 19 24 32</td>
</tr>
<tr>
<td>5 Collaboration</td>
<td>5 10 18 27 29</td>
</tr>
<tr>
<td>6 Refocusing</td>
<td>2 9 20 22 31</td>
</tr>
</tbody>
</table>

Participants responded to each of the SoCQ items by choosing from 0, Irrelevant; 1 or 2, Not true of me now; 3, 4, or 5, Somewhat true of me now; or 6 or 7, Very true of
me now. Participants were instructed to choose from among the options to represent the
degree of intensity of their present concerns.

The SoCQ items that were grouped in **Stage 0, Unconcerned** profiles include:

- **Item 3:** I am more concerned about other aspects of my child care.
- **Item 12:** I am not concerned about the Credential at this time.
- **Item 21:** I am preoccupied with things other than the Credential.
- **Item 23:** I spend little time thinking about the Credential.
- **Item 30:** Currently, other priorities prevent me from focusing my attention on
  the Credential.

Raw combined scores of the five items are found in Table 9.

<table>
<thead>
<tr>
<th>Table 9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SoCQ Unconcerned Stage (Stage 0) Raw Scores</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 0</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>29</td>
<td>.00</td>
<td>35.00</td>
<td>19.1379</td>
<td>7.37139</td>
</tr>
</tbody>
</table>

SoCQ items that were grouped into **Stage 1 (Informational)** include:

- **Item 6:** I have very limited knowledge about the Credential.
- **Item 14:** I would like to discuss the possibility of participating in the Credential.
- **Item 15:** I would like to know what resources are available if I decide to participate in the Credential.
- **Item 26:** I would like to know what participating in the Credential will require in the immediate future.
**Item 35:** I would like to know how the Credential is better than licensing standards.

Raw combined scores for **Informational Stage (Stage 1)** are found in Table 10.

### Table 10

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1</strong></td>
<td>31</td>
<td>.00</td>
<td>34.00</td>
<td>14.0968</td>
<td>7.45813</td>
</tr>
</tbody>
</table>

SoCQ items grouped into **Stage 2 (Personal)** are:

**Item 7:** I would like to know the effect of the Credential on my professional status.

**Item 13:** I would like to know who will make the decisions about changes to the Credential program.

**Item 17:** I would like to know how my child care program is supposed to change.

**Item 28:** I would like to have more information on time and energy commitments required to participate in the Credential.

**Item 33:** I would like to know how my role will change when I am participating in the Credential.

Raw combined scores for **Personal Stage (Stage 2)** are found in Table 11.
Table 11

SoCQ Personal Stage (Stage 2) Raw Scores

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2</td>
<td>32</td>
<td>.00</td>
<td>34.00</td>
<td>14.0625</td>
<td>7.57729</td>
</tr>
</tbody>
</table>

Management Stage (Stage 3) SoCQ items include:

**Item 4:** I am concerned about not having enough time to organize myself each day.

**Item 8:** I am concerned about conflict between my interests and my responsibilities.

**Item 16:** I am concerned about my inability to manage all that the Credential requires.

**Item 25:** I am concerned about the time spent away from my child care children to participate in the Credential.

**Item 34:** Coordination of tasks and paperwork is taking too much of my time.

Raw combined scores for Management Stage (Stage 3) are found in Table 12.

Table 12

SoCQ Management Stage (Stage 3) Raw Scores

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3</td>
<td>28</td>
<td>.00</td>
<td>28.00</td>
<td>13.6071</td>
<td>6.62397</td>
</tr>
</tbody>
</table>
**Stage 4 (Consequence)** SoCQ items include:

**Item 1:** I am concerned about what parents think about the Credential.

**Item 11:** I am concerned about how the Credential affects parents’ choices about child care.

**Item 19:** I am concerned about evaluating my impact on children.

**Item 24:** I would like to excite parents about their part in the Credential.

**Item 32:** I would like to use feedback from parents to change the Credential.

Raw combined scores for **Consequence Stage (Stage 4)** are found in Table 13.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 4</td>
<td>31</td>
<td>0.00</td>
<td>25.00</td>
<td>12.2903</td>
<td>6.08382</td>
</tr>
</tbody>
</table>

SoCQ items grouped into **Stage 5 (Collaboration)** are:

**Item 5:** I would like to help other child care providers in their use of the Credential.

**Item 10:** I would like to develop working relationships with other child care providers who are using the Credential.

**Item 18:** I would like to familiarize other people about the progress of the Credential.
Item 27: I would like to coordinate my efforts with others to maximize the effects of the Credential.

Item 29: I would like to know what other child care providers are doing with the Credential.

Raw combined scores for **Collaboration Stage (Stage 5)** are found in Table 14.

Table 14

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 5</td>
<td>32</td>
<td>.00</td>
<td>22.00</td>
<td>11.7188</td>
<td>6.37148</td>
</tr>
</tbody>
</table>

**Stage 6 (Refocusing)** SoCQ items include:

Item 2: I now know of some other programs that might work better than the Credential.

Item 9: I am concerned about continuing my use of the Credential.

Item 20: I would like to revise the Credential.

Item 22: I would like to modify the Credential based on experiences with parents and children.

Item 31: I would like to determine how to supplement, enhance or replace the Credential.

Raw combined scores for **Refocusing Stage (Stage 1)** are found in Table 15.
Table 15

SoCQ Refocusing Stage (Stage 6) Raw Scores

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 6</td>
<td>32</td>
<td>.00</td>
<td>23.00</td>
<td>10.065</td>
<td>5.58187</td>
</tr>
</tbody>
</table>

Maximum raw scores decreased as the stage level increased, with a slight increase at the highest level, Refocusing Stage (Stage 6). See Table 16 for a comparison of the seven stages raw scores.

Table 16

SoCQ Raw Scores Comparison for All Stages

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>29</td>
<td>.00</td>
<td>35.00</td>
<td>19.1379</td>
<td>7.37139</td>
</tr>
<tr>
<td>Stage 1</td>
<td>31</td>
<td>.00</td>
<td>34.00</td>
<td>14.0968</td>
<td>7.37139</td>
</tr>
<tr>
<td>Stage 2</td>
<td>32</td>
<td>.00</td>
<td>34.00</td>
<td>14.0625</td>
<td>7.57729</td>
</tr>
<tr>
<td>Stage 3</td>
<td>28</td>
<td>.00</td>
<td>28.00</td>
<td>13.6071</td>
<td>6.62397</td>
</tr>
<tr>
<td>Stage 4</td>
<td>31</td>
<td>.00</td>
<td>25.00</td>
<td>12.2903</td>
<td>6.08382</td>
</tr>
<tr>
<td>Stage 5</td>
<td>32</td>
<td>.00</td>
<td>22.00</td>
<td>11.7188</td>
<td>6.37148</td>
</tr>
<tr>
<td>Stage 6</td>
<td>32</td>
<td>.00</td>
<td>23.00</td>
<td>10.065</td>
<td>5.58187</td>
</tr>
</tbody>
</table>

Percentile scores were then assigned to raw scores using Hall and Hord’s (2011) percentile table. Using these percentiles, SoCQ profiles, or graphs, were created for each participant. (See Appendix H). SoCQ profiles connect percentile scores for each Stage of Concern to “create a visual image of the intensity of a singe respondent or average of a group of respondents” (George et al., 2006). Software available from the Concerns-Based Adoption Model authors (George et al., 2006) was used in this analysis.
The Concerns Profiles compared the relative intensity of each stage of concern in percentiles according to the answers assigned by the participants for each of the 35-item questions. The highest two percentiles can be used to assign a “Concerns Profile” in the following stages:

- 0: Unconcerned
- 1: Informational
- 2: Personal
- 3: Management
- 4: Consequence
- 5: Collaboration
- 6: Refocusing

The internal validity of the Concerns Profiles was analyzed by comparing Stages of Concern assigned to participant Open-Ended Statement responses. Stages of Concern were assigned to Open-Ended Statement responses by:

1. Reading through the entire response, “developing a general feel for the affect, motivation and needs that the writer has reflected” (Newlove & Hall, 1976, p. 25).

2. Reading the response a second time with more attention to the details communicated in each sentence.
3. Breaking the response into “content units” that represent one or more stages of concern. (Newlove & Hall, 1976).

For example, one Credentialed child care provider responded to the Open-Ended Statement with these statements:

*I am apart of the Credentialing program because I have to in order to be apart of the Maryland State Grant for my education. Once I finish I have not planned to continue to be apart of it because it is a hassle. But I have been curious about the Credential program any way, and after doing this survey, wouldn’t mind finding out more about it. I suppose I don’t have a lot of concerns, but would be interested to know if it does help child care educators to be more responsible for their career. I personally am highly motivated to educate myself and learn more all the time, but others may need more motivation.* (CC107, April 4, 2011).

From a general perspective, this child care provider does not see the Credential as relevant to her current situation. Upon second reading, however, there are details that suggest possible interest in the Credential. Breaking the response into content units leads to more than one stage of concern contained in this response:

*I am apart of the Credentialing program because I have to in order to be apart of the Maryland State Grant for my education. Once I finish I have not planned to continue to be apart of it because it is a hassle.* **Stage 0, Unconcerned/Awareness**  
*But I have been curious about the Credential program any way, and after doing this survey,*
wouldn’t mind finding out more about it. I suppose I don’t have a lot of concerns, but would be interested to know if it does help child care educators to be more responsible for their career.] **Stage 1, Informational** [I personally am highly motivated to educate myself and learn more all the time, but others may need more motivation.]

**Stage 0, Unconcerned/Awareness.**

Stages of concern visible in the Open-Ended Statements were then compared to the highest two SoCQ percentiles.

**Qualitative Data Analysis.** Participants’ written responses to Hall and Hord’s (2011) Open-Ended Statement form and transcriptions of follow-up interviews were analyzed using qualitative analysis methods to answer the research question: *What factors contribute to the providers’ decision to participate or not participate in voluntary professional development initiatives that increase providers’ levels of professional development?* Responses were also used to inform the creation and analysis of the Innovation Configuration Map.

Patterns and themes were identified using data display techniques (Miles & Huberman, 1994). A content-analytic summary table (Miles & Huberman, 1994) organized by broad themes suggested by the Concerns-Based Adoption Model (Hall & Hord, 2011) tools and expectancy-value theory (Eccles & Wigfried, 2002) as well as pattern codes that emerged from earlier data reduction and memoing strategies was
created to confirm analyses. Participant responses representing themes were highlighted for inclusion in the results section.

For example, a content-analytic summary table was used to analyze child care providers’ interview responses in preparation for Chapter 6: Mandating a Voluntary Program. The task values of Eccles and Wigfried’s (2002) expectancy value theory suggested categories for the content-analytic summary table: Utility, Intrinsic, Attainment and Cost. The interview transcripts were reviewed for evidence of each child care providers’ task values within the six subgroups of child care providers: Credentialed child care center staff, previously Credentialed child care center staff, non-Credentialed child care center staff, Credentialed family child care providers, previously Credentialed family child care providers, and non-Credentialed family child care providers.

Once the evidence was recorded within each cell of the table, I looked for themes within each subgroup, between child care center staff and family child care providers, and across all subgroups by identifying repeated and unique responses. I condensed similar responses and used color coding and direct quotes to indicate repeated and unique responses (See Table 17 for a portion of the final content-analytic summary table).
Table 17

Sample Content-Analytic Summary Table for Chapter 6

<table>
<thead>
<tr>
<th>Group</th>
<th>Utility</th>
<th>Intrinsic</th>
<th>Attainment</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentialed CCP</td>
<td>Required for job (3) Attending college (3)</td>
<td>Others had credential</td>
<td>Quality preschool teachers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previously Credentialed CCP</td>
<td>Financial (original) Negative-not required/valued by center</td>
<td>Negative (2) “not to fill out the paperwork just to be rejected we know we are doing what we need to do it was just a kick that they didn’t need Negative “I think it is great for the people that have degrees...”</td>
<td>Time (3) Process Financial-tax increase</td>
<td></td>
</tr>
<tr>
<td>Non-Credential CCP</td>
<td>Negative-irrelevant-leaving field</td>
<td></td>
<td></td>
<td>Time (4) Process Paperwork</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(2)</td>
</tr>
<tr>
<td>Credentialed FCCP</td>
<td>Perceived required for job (3) Attending college Financial</td>
<td>“Having the Credential I would say should make them feel good because they’re going above what’s required...”</td>
<td>Time (2) Process (2)</td>
<td></td>
</tr>
<tr>
<td>Previously Credentialed FCCP</td>
<td>Negative-irrelevant to parents Perceived required</td>
<td></td>
<td></td>
<td>Process(2)</td>
</tr>
<tr>
<td>Non-Credential FCCP</td>
<td>Negative-irrelevant-may leave care Negative-irrelevant to parents</td>
<td></td>
<td></td>
<td>Time (2) Process Time</td>
</tr>
</tbody>
</table>

Collecting and analyzing data from the 37 child care providers within six subgroups contributed to my understanding of the two primary research questions:

1. What are family and center-based child care providers’ concerns and beliefs about increasing professional development requirements?
2. What factors contribute to the providers’ decision to participate or not participate in voluntary professional development initiatives that increase providers’ levels of professional development?

The process also contributed to my understanding of the ways in which Hall and Hord’s Concerns-Based Adoption Model (2011) may or may not be a useful construct in identifying child care providers’ concerns and beliefs.

In the three chapters that follow, I outline three primary categories of the results of this study. Each chapter highlights the results of one of the primary data collection tools in the study: the Innovation Configuration Map (Hall & Hord, 2011), the Stages of Concern Questionnaire (Hall & Hord, 2011), and the qualitative data available from Open-Ended Statements (Hall & Hord, 2011) and follow-up interviews. In Chapter Four, *Unintended Consequences of Professional Development Innovations in Early Childhood Education*, I describe how the Innovation Configuration Map creation process uncovered unintended consequences of the Credential program. In Chapter Five, *The Tall Tail*, I explore the use of the Stages of Concern Questionnaire with the child care population and what the SoCQ revealed about child care providers’ beliefs and concerns about the Credential program. In Chapter Six, *Mandating a Voluntary Program*, I explain what I learned about the factors contributing to child care providers’ participation in the Credential program through the lens of Eccles’ expectancy-value theory (Eccles & Wigfield, 2002).
CHAPTER FOUR:
UNINTENDED CONSEQUENCES OF PROFESSIONAL DEVELOPMENT INNOVATIONS IN EARLY CHILDHOOD EDUCATION

The first phase of Hall and Hord’s (2011) Concerns-Based Adoption Model (CBAM) is the creation of an Innovation Configuration (IC) Map. The Innovation Configuration Map is intended to represent what the innovation, in this case the Maryland Child Care Credential, “actually looks like along a continuum from high-quality implementation to least desirable practices” (Hord, et al., 2010, p. 2).

Data for the creation of the IC Map were first obtained through documents available at Maryland State Department of Education’s website (MSDE, 2011) and through an interview with the creator and administrator of the Maryland Child Care Credential, Liz Kelley. Interviews with 37 child care providers provided additional data for the IC Map. The draft was approved by Liz Kelley after reviewing for comment, correction and clarification. (See Appendix B)

The resulting IC Map consists of three components:

- **Component 1:** Child care providers participate in Maryland State Department of Education/Office of Child Care – approved professional development.
- **Component 2:** Child care providers commit to the profession of child care.
- **Component 3:** Child care providers participate in professional activities related to the child care field.
Characteristics of ideal implementation and least desirable implementation were distinguished throughout the process. Each component is illustrated with three or four variations of implementation, with ideal implementation of the component represented on the left side of the scale (a) and the least desirable implementation represented on the right side of the scale (c) or (d).

In this chapter, I will describe each component of the IC Map and discuss the correlations between the state’s desired outcomes of the Maryland Child Care Credential and the actual outcomes reported by the child care providers in this study.

**Component One**

The Innovation Configuration (IC) Map for Component One: *Child care providers participate in Maryland State Department of Education/Office of Child Care approved professional development* is represented in Figure 14. At its ideal implementation (a) child care providers complete their training and education based on professional development goals that lead to a college degree. Less ideal (b) child care providers still complete training and education based on their professional development goals, but plan those goals based on their perceptions of what they need to know and be able to do to meet the needs of children and families they serve rather than seeking a college degree. Still less ideal (c) child care providers complete the minimum number of training hours required to maintain their Credential based on training most readily available rather than on their perceived professional development needs in relation to the children and families they serve. At the least ideal implementation of child care
providers’ professional development (d) child care providers complete the minimum number of training hours required to maintain their child care license based on training most readily available. (See Figure 14)

<table>
<thead>
<tr>
<th></th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Child care providers complete training and education based on professional development goals that lead to a college degree (Levels 5 and 6)</td>
<td>Child care providers complete training and education based on professional development goals and individual competencies needed to meet needs of children and families</td>
<td>Child care providers complete the minimum number of training hours required to maintain Credential based on training most readily available</td>
<td>Child care providers complete the minimum number of training hours required for licensing (Level 1) based on training most readily available</td>
</tr>
</tbody>
</table>

**Figure 14:** Innovation Configuration Map Component One.

At its ideal implementation, child care providers complete training and education based on professional development goals that lead to a college degree. Levels 5 and 6 of the Maryland Child Care Credential correspond with an associate degree and bachelor or master degree, respectively, in Early Childhood Education or a related field. The college degree is represented as ideal in the Credential Level assigned as well as the financial bonus awarded. At Level 5, the bonus is $750 and at Level 6, the bonus is $1000, as compared to $200 - $600 at lower levels. These bonuses are also awarded annually, whereas bonuses as Levels 4 and below are only awarded once, the first time a child care provider applies for the program. (See Appendix I for more information about Maryland Child Care Credential levels)
Liz Kelley confirmed that a child care provider receiving her or his college degree personified the ideal MD CC Credential recipient when she shared this story of an ideal participant in the program:

“One of the very first people that participated in the credential program -- she started off with Level one. Within three months she sent in additional information to become a level two and it was several months later she sent in more information to be a three, within the first year. Not even a year had passed, she had reached level four. To me she was someone who saw -- who really understood -- what the credential is about. It's not about the bonus -- that's great -- because every time she moved up she didn't get the bonus for lower-level, back then you had to finish the year before you got the bonus -- but she really understood that going up through. And by the way she’s now completed her degree...”

Ms. Kelley’s eyes filled with tears and she paused while she expressed her feelings about the project:

“We had 17 graduates last year from the Child Care Career and Professional Development Fund [one aspect of the Credential program that funds degree-related coursework]. We have over 400 people participating [statewide]. That’s incredible. I really didn't know what the participation rate was going to be in that because it’s a huge commitment. It is a long-term commitment too because we only require people to take one class every semester -- two classes a year to complete a degree. You’re in it for the long haul. It's really amazing to me that these people not only want to commit to that but they’re going to commit to stay
in the field for 2 to 4 years depending on the degree that they complete so while we don't have the majority of people are participating in the credential program yet the ones that are they are committed so I would be very interested especially in those people that were credentialed and are no longer -- you know, why are they no longer participating.” (Liz Kelley, February 25, 2011)

In this structure, the state is communicating that the most effective child care providers are those that have a college degree. Minimum licensing in Maryland requires that a teacher in a child care center take two 45-hour courses, which can be taken for college credit or not for college credit. Family child care providers are required to complete 24 hours of pre-service training that is not college-credit bearing.

Five of the child care providers participating in this study as representatives of MD CC Credentialed child care providers in child care centers (n=3) and family child care homes (n=2) were pursuing a college degree, using funds from the Credential program to finance their tuition, fees and books:

Me: “Why do you choose to participate in the program [Credential program]?”

Credentialed child care center staff member: “It helps with the tuition, going back to school and not having to pay for it.”

Me: “Was going back to school something you wanted to do?”
Credentialed child care center staff member: “Yeah, I was going to do that anyway, taking college courses off and on in the past couple years before I really did go back with the Credential program.” (CC106, February 25, 2011)

Me: “Why did you decide to participate in the Credential program?

Credentialed family child care provider: “They offered a grant that comes from the Maryland Department of Education for in-home daycares. If you had your Credential, you were working in daycare, they actually paid a full scholarship. They paid for tuition so I’m actually in school right now working on my Early Childhood Education [degree].”

Me: “So did you decide to go back to school first and then get in the Credential program or were you in the Credential program and then decide to go back to school?”

Credentialed family child care provider: “No I went back to school first. The first semester I took one class and the second semester took two and paid out of pocket and then I found out about the Credential program.” (CF102, April 8, 2011)

Child care providers who chose to discontinue participation in the Maryland Child Care Credential program often made that decision because they did not see themselves attending college:
Previously Credentialed child care center staff member: “I cannot go further with the Credential unless I personally go back to school and for me to go back to school at my age by the time I graduate I’d be retired.” (PCC203, April 1, 2011)

This child care provider further explained that she did not see the value of a college education as important as experience:

“I can’t advance to the next level due to the fact that I am being penalized due to the lack of a college degree. It should be based on merit and experience rather than just education. Anyone can be book smart, but still not know what they are doing.”

A child care provider who is participating in the Credential program was more likely to be enrolled in a college degree program, funded by the state. However, there were unintended consequences to the state’s optimal implementation of the plan as described in Component Two.

Component Two

At the highest level of implementation (a) in Component Two: Child care providers commit to the profession of child care, Maryland Child Care Credential
recipients plan to remain in the child care field as their chosen career. Less ideal implementation of this component (b) child care providers plan to work with children but in a setting other than child care such as a public school. At the least ideal implementation (c) child care providers see child care as a short-term, transitional job. (See Figure 15)

| Component 2: Child care providers commit to the profession of child care. |
|-----------------------------|-----------------------------|-----------------------------|
| a                          | b                          | C                          |
| Child care providers plan to remain in the child care field as their chosen career | Child care providers plan to work with children but in a setting other than child care such as public school | Child care providers see child care as a short-term, transitional job |

Figure 15: Innovation Configuration Map Component Two.

Reinforcement of a child care provider's years of service appears in two different areas of the MD Child Care Credential program. First, Credential applicants must have at least one year of experience in a child care program to achieve Level 2 (or one year of college) and at least two years of experience to achieve Levels 3 through 6. No more than two years of experience are required even at the highest levels.

Secondly, child care providers can receive Professional Activity Units (PAUs) for 10 years of experience (one PAU); 20 years of experience (two PAUs); or 30 years of experience (three PAUs). Applicants need to collect one to five PAUs per year depending on their Credential level, with five PAUs required for Level Six. To achieve Level Four, the highest level a provider can achieve without attending college, three PAUs are required. Child care providers can also receive PAUs by joining a local, state or national
early childhood association (one PAU); participating in the Child and Adult Food Program (one PAU); and/or volunteering for a child care resource and referral agency or other community activity related to early childhood education (one to two PAUs).

Child care providers participating in the MD CC Credential program who were completing a college degree were least likely to plan on remaining in the child care field. All five of the currently Credentialed participants who were enrolled in a degree program planned to complete their degrees, stay in the field long enough to complete the requirements of the Credential, and then pursue a career in public schools:

Me: “What are your long term professional goals?

Credentialed child care center staff member: “To finish college, finish my masters in special education and ultimately to go to public schools in early childhood as a teacher.” (CC104, February 25, 2011)

~~~

Me: What are your long term professional goals?

Credentialed family child care provider: “I’m thinking I’m going to transfer downtown and get my four year and I think I want to teach but not at the preschool level.” (CF102, April 8, 2011)

Paradoxically, almost all of the child care providers not currently participating in the MD CC Credential program planned to remain in the child care field as their chosen career:
Previously Credentialed child care center staff member: “I’d like to continue in this field as long as my health and my aches and pain and I’m able to get up and down on the floor. I plan to continue in this field as long as I can until I retire.” (PCC203, April 1, 2011)

Even the child care providers currently participating in the Credential but not pursuing a college degree were more likely to plan to remain in the field:

Credentialed family child care provider: “I just really enjoy my job. When you wake up in the morning and you’re still tired and you say, ‘So what?’ this is what I do. There’s not a morning I wake up and say, ‘God, I wish I didn’t have to do this today…I love this job…but I do what I have to do, because I don’t know how, I wouldn’t want to do another job. This is what I want to do and there’s not many people who can say that.” (CF101, March 1, 2011)

The providers participating in the MD CC Credential program that were not pursuing a college degree reported that they decided to participate because they believed it would soon be required to remain a licensed child care program:

Credentialed family child care provider: “I figured eventually they’d make it part of being a daycare provider and I’d have to.” (CF101, March 1, 2011)
Component Three

The third component, *Child care providers participate in professional activities related to the child care field*, relate to the Professional Activity Unit requirement of the Credential. The professional activities are measured by assigning Professional Activity Units (PAUs) to various types of activities related to early care and education described in the previous section (see page 81). This component is implemented at the highest level (a) when child care providers increase their participation in professional activities by increasing their Credential levels. Less ideal implementation (b) child care providers’ professional activity units are chosen and managed based on individual interest. Least ideal implementation (c) child care providers’ activities are chosen and managed by a supervisor or other person. A full description of options for obtaining PAUs can be found in Appendix I. (See Figure 16)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child care providers increase their participation in professional activities by increasing their Credential levels</td>
<td>Child care providers’ professional activity units are chosen and managed based on individual interest</td>
<td>Child care providers’ professional activities are chosen and managed by supervisor or other person</td>
</tr>
</tbody>
</table>

*Figure 16: Innovation Configuration Map Component Three*
Child care center staff members participating in this study most commonly reported that they received a great deal of support from their supervisors in choosing and managing their professional activities:

“Our center is very helpful because they have things all set up in place that help us already. I’m not sure of all the things because [Director’s name] took care of it all. I think she has NAEYC [membership], we have a high school-er that comes over so that’s where we get our volunteer time and we have a lot of support already in place.” (CC104, February 25, 2011)

~~~

“I’m glad I don’t have to seek elsewhere, it automatically comes to me.”
(CC102, February 25, 2011)

Family child care providers were more likely to choose their own activities based on their individual interest:

“Besides the continuing education hours that I have to get I have to do my Professional Activity Units, which of course is a checklist of activities. So this past year I volunteered, I earned hours that way. Before that I earned extra hours by taking college classes. I have to be a part of different child care associations. In a way it makes you network with other people or other providers or other professionals.” (CF104, March 2, 2011)

The Innovation Configuration Map is a key aspect of the Concerns-Based Adoption Model (CBAM) (Hall & Hord, 2011) because it seeks to clarify what the leaders can expect to occur when the innovation is successful:
A major reason that widespread change often occurs only modestly across a school is that the implementers, change facilitators and policymakers do not fully understand what the change is or what it will look like when it is implemented in the envisioned way (Hall & Hord, 2011, p. 43).

This Innovation Configuration Map helps to clarify what the Credential is designed to look like when it is implemented across multiple dimensions. Participants in this study who were using the Credential program ideally in one component did not embrace all components of the program.
CHAPTER FIVE: THE TALL TAIL

The second phase of the Concerns-Based Adoption Model is the Stages of Concern Questionnaire (SoCQ). The SoCQ’s 35 items generate Stages of Concern “profiles.” Profiles are “line graphs in which the percentile scores for each Stage of Concern are connected to create a visual image of the intensity of a single respondent or the average of a group of respondents” (George et al. 2006, p. 28). The profiles allow the researcher to develop a “rich clinical picture...by examining the percentile scores for all seven stages and interpreting the meaning of the highs and lows and their interrelationships” (George et al., p. 31). The seven stages include:

0 Unconcerned/Awareness
1 Informational
2 Personal
3 Management
4 Consequence
5 Collaboration
6 Refocusing

This chapter will describe three “pictures” that emerged from analyzing the SoCQ Profiles:

1. SoCQ use with the child care population
2. The pervasiveness of “unconcerned” child care providers
3. Profiles that “tail up”
The Stages of Concern Questionnaire has been used with public school teachers and various business employees. The questionnaire was modified slightly to use language relevant to the child care providers’ experience. Before accepting the SoCQ Profiles it was necessary to determine if the SoCQ was capturing the primary concerns of the child care providers in this study.

**SoCQ Raw Scores.** Child care providers participating in this study completed the 35 item SoCQ using an electronic version using Survey Monkey or a paper version. Each of the 35 items asked participants to assign a number corresponding to the following scale: (See Figure 17)

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrelevant</td>
<td>Not true of me now</td>
<td>Somewhat true of me now</td>
<td>Very true of me now</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 17. Stages of Concern Questionnaire Scoring Scale.*

The raw scores of each participant can be found in Appendix G.

Raw scores were used to assign percentiles using a percentile table (George et al., 2006). Percentiles scores were used to create Concern Profiles for analysis.

Concern Profiles can be displayed individually or by groups and can be analyzed in a variety of ways (George et al., 2006):
• **Peak stage score interpretation:** Assigning a single Stage according the stage that scored at the highest percentile.

• **First and second highest stage scores interpretation:** Expanding the interpretation to include the stage that scored at the highest percentile as well as the relationship between the highest and second highest stage scores.

• **Profile interpretation:** A broader interpretation of the relationship between the scores at all stages in relation to profiles typical for non-users and users at various points in the process of adopting an innovation.

First and second highest stage scores interpretation “makes a more detailed interpretation possible” than peak stage score interpretation alone (George et al., 2006, p. 31). The percentiles of the 31 participants that completed the SoCQ are included in Table 18. The first highest score is highlighted with a bolded border and the second highest score is highlighted with gray shading.
Table 18

*Stages of Concern Percentiles (n=31)*

<table>
<thead>
<tr>
<th>Child Care Provider</th>
<th>Unconcerned</th>
<th>Informational</th>
<th>Personal</th>
<th>Management</th>
<th>Consequence</th>
<th>Collaboration</th>
<th>Refocusing</th>
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<td>3</td>
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</tbody>
</table>

- See pages 38 – 40 for descriptions of each Stage of Concern.
Participants' responses to the Open-Ended Statement were assigned a profile using *A Manual for Assessing Open-Ended Statements of Concern About an Innovation* (Newlove & Hall, 1976) to correspond with the seven stages of concern. These profiles were then compared with SoCQ highest and second highest scores (see Table 19)
Table 19

Comparison of Open-Ended Statement Stages and Stages of Concern Questionnaire (SoCQ) Stages (n=31)

<table>
<thead>
<tr>
<th>Child Care Provider</th>
<th>Open-Ended Statement Stage</th>
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<th>SoCQ Second Highest Score Stage</th>
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<tr>
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<td>Personal (2)</td>
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<td></td>
<td></td>
<td>Personal (2)</td>
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<td></td>
<td></td>
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<td>Unconcerned (0)</td>
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<td>Management (3)</td>
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<td>Personal (2)</td>
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<td>Unconcerned (0)</td>
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<td></td>
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<td>Personal (2)</td>
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<td>Unconcerned (0)</td>
<td>Personal (2)</td>
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</table>
**Consistency between Open-Ended Statement and Stages of Concern Questionnaire.** Stages of Concern profiles from Open-Ended Statements were consistent with either the highest or second highest stage of concern for 93% of child care providers who completed both the SoCQ and Open-Ended Statement (n=28). Therefore, the Stages of Concern Questionnaire appears to have captured the stage of concern for the participants in this study.

Responses to selected interview questions about the Credential program were also coded for one or more stages of concern. Interview questions that addressed stages of concern topics included:

- Item 3. What do you think is the purpose of the Maryland Child Care Credential?
- Item 4. Have your ideas about the purpose changed over time? (If yes, how?)
- Item 5. Why do you choose/choose not to participate in the Credential program?
- Item 6. What helped you decide to/not to participate in the Credential program?
- Item 11. [For Credential participants] What supports have you received in applying for and maintaining your involvement in the Credential program? [Possible follow-up question: Who provided that support?]
- Item 12. [For Credential non-participants] What would encourage you to apply for and maintain your involvement in the Credential program? [Possible follow-up questions: What support would you need? If those supports were available, would you apply today?]
- Item 13. [Follow-up to SoCQ items 3, 21 and 30 if applicable] In your survey responses, you indicated that you are more concerned about some things other than the Credential. What are some examples of those other concerns?
Item 14. [Follow-up to SoCQ item 8] What are some examples of how your interests conflict with your responsibilities?

Item 15. [Follow-up to SoCQ item 19] What are your concerns about evaluating your impact on children? How do you evaluate your impact on children now?

The follow-up interviews were conducted within a day or two of participants’ completion of the Stages of Concern Questionnaire and Open-Ended Statement. Child care providers’ responses to the interview questions were not only consistent with their survey responses, they often referred to the statements they made in response to the Open-Ended Statement. The interview questions expanded on the original statements, but did not conflict with their statements in any of the cases.

The Pervasiveness of “Unconcerned” Child Care Providers

The second question was to determine whether or not the SoCQ profiles illustrated that child care providers participating in the Maryland Child Care Credential program had concerns at higher levels than child care providers not participating in the Credential program. According to the Concerns-Based Adoption Model (Hall & Hord, 2011) one would expect that a child care provider who was engaged in the Credential process would have concern profiles at least above Stage 0, Unconcerned or Stage 1, Informational.

The highest stage of concern for all child care providers in child care centers was Stage 0, “Unconcerned.” Among family child care providers, 77% of the participants’ highest stage of concern was also Stage 0, Unconcerned. It is important to note that “the higher the Stage 0 score, the more the respondent is indicating that there are a number
of other initiatives, tasks, and activities that are of concern to him or her” (George et al., 2006, p. 33).

There may be several reasons for the prevalence of “Unconcerned” child care providers among all representative groups. One possible explanation could be the way that the participants interpreted the SoCQ statements that are used to generate a Stage 0 profile (See Appendix D). Stage 0, Unconcerned has been problematic for the authors of the SoCQ and was not included in the original validity and reliability studies. When included in a 2005 study, the Stage 0 scale had a relatively low estimated reliability of .66 (George et al., 2006).

The five SoCQ statements that are used to generate the relative intensity of each Stage of Concern are:

Item 3: *I am more concerned about other aspects of my child care.*

Item 12: *I am not concerned about the Credential at this time.*

Item 21: *I am preoccupied with things other than the Credential.*

Item 23: *I spend little time thinking about the Credential.*

Item 30: *Currently other priorities prevent me from focusing my attention on the Credential.*

Child care providers could have answered positively to these items for a variety of reasons. A child care provider who is currently involved in the Credential program could have responded positively because there are supports in place at their child care program that minimize the time they need to devote to Credential, allowing them to focus on other priorities, both professional and personal. A child care provider who has decided that the Credential is not necessary to his or her daily work while other
professional and personal priorities are necessary could have also responded positively to these statements.

An equally probable explanation for the “unconcerned” prevalence is supported by other data available from Open-Ended Statements and interviews. Child care providers are simply not interested and engaged in the Credential program beyond its use for obtaining a college degree or maintaining their child care license.

Stage 0 scores provide an indication of the degree of priority the respondent is placing on the innovation and the relative intensity of concern about the innovation. Stage 0 does not provide information about whether the respondent is a user or nonuser; instead Stage 0 addresses the degree of interest in and engagement with the innovation in comparison to other tasks, activities, and efforts of the respondent. A low score on Stage 0 is an indicator that the innovation is of high priority and central to the thinking and work of the respondent. The higher the Stage 0 score, the more the respondent is indicating that there are a number of other initiatives, tasks, and activities that are of concern to him or her. (George et al., 2006, p. 33).

Looking beyond the prevalence of the highest scores to the second highest scores, child care providers participating in the Maryland Child Care Credential program do have slightly higher scores for Stage 2, Personal and Stage 3, Management than child care providers not participating in the Credential program.

Child care providers in child care centers currently (n=8) or previously (n=6) participating in the Credential program had Stage 2, Informational or Stage 3, Management as their second highest score. Child care providers not participating in the
Credential program had a mix of Stage 1, Informational; Stage 2, Personal and Stage 3, Management. (See Table 20)

Family child care providers currently participating in the Credential had Stage 2 or Stage 3 scores as their highest or second highest scores (n=5). Family child care providers previously participating in the Credential had Stage 1, Informational as second highest scores (n=4) with Stage 2, Personal or Stage 3, Management as close third highest scores. Family child care providers not participating in the Credential had a mix of Stage 1, Informational and Stage 2, Personal as their second highest scores (n=4). (See Table 20)
Table 20

**Stages of Concern Questionnaire (SoCQ) Stages By Subgroups**

<table>
<thead>
<tr>
<th>Child Care Provider Group</th>
<th>Child Care Provider</th>
<th>SoCQ Highest Stage</th>
<th>SoCQ Second Highest Stage</th>
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<td>Personal</td>
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<td>Unconcerned</td>
<td>Personal</td>
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<tr>
<td></td>
<td>3</td>
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<td>Personal</td>
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<tr>
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<td>6</td>
<td>Unconcerned</td>
<td>Informational/Personal</td>
</tr>
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<td></td>
<td>7</td>
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<tr>
<td></td>
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<td>Management</td>
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<td>Management/Personal</td>
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<td>Unconcerned</td>
<td>Management</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Management</td>
<td>Unconcerned/Consequence</td>
</tr>
<tr>
<td>Previously Credentialed Family Child Care Provider</td>
<td>1</td>
<td>Unconcerned</td>
<td>Informational</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Unconcerned</td>
<td>Informational/Personal</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Unconcerned</td>
<td>Informational/Management</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Unconcerned</td>
<td>Informational/Personal</td>
</tr>
<tr>
<td>Non-Credentialed Family Child Care Provider</td>
<td>1</td>
<td>Unconcerned</td>
<td>Informational/Personal/Management</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Informational</td>
<td>Personal</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Unconcerned</td>
<td>Personal/Informational</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Unconcerned</td>
<td>Personal</td>
</tr>
</tbody>
</table>

*Two stages are included when there was less than 5 percentage point difference between the two scores.

**See pages 38 – 40 for descriptions of each Stage of Concern.
Open-ended Statements from non-participating child care providers showed evidence that some providers may have answered the questions to explain why they were not participating:

“I know a very limited amount about the Child Care Credentialing program and need to find out more. What I do know about it, the Professional Activity units and training hours for classes seem to require a lot of additional time outside of your child care facility activities.” (NCC308, March 5, 2011)

Profiles That “Tail Up”

When an innovation is well designed, a typical profile pattern emerges for a non-user, an inexperienced user, an experienced user, and a renewing user. Hypothetically, as individuals move from nonuse and scant awareness of an innovation to beginning use and, eventually, more highly sophisticated use, their concerns move through the defined stages. They begin with their concerns being most intense at Stages 0, 1, 2, then shift to Stage 3, and ultimately register their highest levels of concern at Stages 4, 5, and 6. If the innovation is appropriate and well designed and if there is adequate support for its implementation, an individual’s concerns profile plotted over them should look like a wave moving from left to right, as illustrated in Figure 18 (George et al., 2006, p. 37).
When a profile “tails up,” particularly for a non-user of the innovation, it is an indication that the participant has ideas that she sees as “having more merit than the proposed innovation” and might be resistant to the innovation (George et al., 2006, p. 42). Seven to ten percentile points are considered noteworthy; more significant variations are cause for alarm. (See Figure 19)

Figure 18: Hypothesized Development of Stages of Concern. Source: George et al., 2006, p. 36.
Evidence of “tailing up” occurs in five of the six groups of child care providers. At least fifty-percent of all three family child care provider groups’ Concerns Profiles tail up. Child care center staff members that currently or previously held a Credential also have Concerns Profiles that tail up among at least 50% of the group. (See Table 21)
Table 21

*Percentage of Concern Profiles That “Tail Up” By Subgroup*

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage of profiles that “tail up”</th>
<th>Number of child care providers in group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-credential family child care providers</td>
<td>50%</td>
<td>n=4</td>
</tr>
<tr>
<td>Previously credentialed family child care providers</td>
<td>50%</td>
<td>n=4</td>
</tr>
<tr>
<td>Credentialed family child care providers</td>
<td>60%</td>
<td>n=5</td>
</tr>
<tr>
<td>Previously credentialed child care center staff</td>
<td>100%</td>
<td>n=5</td>
</tr>
<tr>
<td>Credentialed child care center staff</td>
<td>50%</td>
<td>n=8</td>
</tr>
</tbody>
</table>

The questioning of the innovation that the tailing up represents is consistent with the Open-ended Statements and interviews as described in Chapters Four and Six. Many child care providers, whether participating in the Credential program or not, do not see themselves reflected in the program. (See Appendix H for all SoCQ Profiles)
The Maryland Child Care Credential is a voluntary professional development initiative designed to increase child care providers’ education, experience and involvement in the child care profession. It is illustrative of a state-wide professional development system for child care providers. This chapter describes what I learned from the study participants about the factors that contribute to child care providers’ voluntary participation in this initiative.

Eccles (Eccles & Wigfried, 2002) defines “task values” within her expectancy-value theory as “the perceived importance of the task,” which contributes to a person’s achievement choices and task performance. A person’s perceptions, or beliefs, about the importance of a task, is subjective and influenced by many factors, but can be grouped into four categories:

1. **Utility Value**: The task is useful or relevant for other tasks or aspects of an individual’s life.

2. **Intrinsic Value**: The task is enjoyable and fun to engage in.

3. **Attainment Value**: Doing well on the activity influences the individual’s self-concept, self-worth, and identity.

4. **Cost Value**: There are perceived negative aspects of engaging in the activity.

Factors contributing to child care providers’ participation in the Maryland Child Care Credential program related to all of Eccles’ task values except for Intrinsic Value. This does not necessarily mean that there were no child care providers that perceived
the activities of the Credential program as enjoyable; it does mean that no one expressed thoughts that could be classified in that way.

**Utility Task Value**

The primary factor that contributed to both child care center staff members and family child care providers’ participation in the voluntary program was a real or perceived requirement to participate in the program. Child care center staff members in the study participate in the MD CC Credential program either because the child care center director required it or because the state requires it to receive college funds. Family child care providers in the study participate either because they have been told by a variety of people that it will be required in the future or because the state requires it to receive college funds.

The expectancy-value for those child care providers participating in the Credential program is high – the “perceived importance of the task” took on a utility value (Eccles & Wigfried, 2002), relevant to maintaining employment in their current setting or a future setting:

**Credentialed child care center staff member:** “I know I was told I had to complete credentialing and I was told I needed to have so many training hours and so many professional activity units…it’s pretty much required for us to do that.” (CC101, February 25, 2011)

**Credentialed child care center director:** “Well to be honest with you my employer told me it was something we needed to do. So when I’m hiring staff
it’s something I require them to do.” (CC102, February 25, 2011)

**Credentialed child care center staff member:** “...because I have to in order to get the Maryland state grant that I’m getting to go [to college] with. Of course that was the motivator. Of course I have to keep the Credential in order to stay in the program but other than that I really don’t know much about it.” (CC107, April 3, 2011)

**Credentialed family child care provider:** “Well I figured eventually they’d make it part of being a daycare provider and I’d have to...so I figured what the heck, I need 24 hours for two years for relicensing and I just jumped right in.” (CF101, March 1, 2011)

**Credentialed family child care provider:** “Because I think it’s going to be required.” (CF103, March 10, 2011)

Hall and Hord (2011) explain that required participation is not necessarily negative if the accompanying supports are adequate. Child care center staff member reported that their employers and/or the child care resource and referral agency had systems in place to make the requirements as clear and manageable as possible:

**Credentialed child care center director:** “If they’re a full time employee we have to participate as part of our job.”
Me: “What kinds of supports did you receive in applying and then maintaining your Credential?”

Credentialed child care center director: “It was [child care resource and referral agency], they were the ones that helped to, gave us pointers on how to fill out the application, gave us ideas on what to use for professionalism, what classes for under the domains we could credit, they explained it all to us. [Child care resource and referral agency] would help us find training if we needed to. That’s where we got our help.”

Me: “Have you found that you needed assistance in maintaining that or now that you are more experienced have you found that you’re able to do it on your own?”

Credentialed child care center director: “Oh, yes, we are able to accomplish it pretty much on our own, and [owner/employer] and I help our staff. But any time we need help she may call [child care resource and referral agency] or she may call someone from the Maryland State Department of Education.” (CC102, February 25, 2011)
Child care center staff members who previously participated in the Credential program and decided not to continue were not required to participate, and did not experience support from the child care center:

“You know they [child care center management] really don’t have that much concern about it at the center that I can tell. You can do the Maryland Credential and you can do whatever above and beyond what they think you should have it really doesn’t make any difference to them like say a raise...There’s no incentive for you to do that. Someone else that just does the 12 hours and someone that does the Maryland Credential you get no different raise. If you’ve done 42 hours of workshops a year and you stay with the Maryland Credential you get no different raise at our daycare...I would think most places go by that but they don’t out there.” (PCC204, May 4, 2011)

Credentialed family child care providers reported little support from others, and even animosity towards the program:

**Me:** “Could you describe the Credential program from your perspective?”

**Credentialed family child care provider:** “I think it’s a bunch of bologna.”

**Me:** “Okay. Tell me more.”

**Credentialed family child care provider:** “Well, you’re supposed to take so many hours of class work every year. And I do my classwork through Care
Courses [correspondence courses]. And then you have to, I have night time kids, so if I can’t find a substitute, I’m closing up early tonight because I’m going to a child care meeting. It’s so hard to get professional hours when you have kids all the time. I even have an overnighter. And I don’t see how it’s going to benefit me. I take 24 hours of classes every year anyhow. I even asked the Credential lady what is this supposed to do for me? Because I’m at level 4+ now, and to go to level 5, I have to take 15 hours of college classes. How am I supposed to do it? I asked her if they had any online college courses and she said ‘no, none of them are participating so far’. So how am I supposed to do it?” (CF101, March 1, 2011)

Later in the same conversation, the family child care provider said, “I’ve called them [Office of Credentialing] I don’t know how many times and every time I call them I’m more confused than before I talked to them.”

Another credentialed family child care provider shared a similar lack of support:

**Me:** “Have you found that your ideas of the purpose of the Credential have changed over time?”

**Credentialed family child care provider:** ...I’m an older person almost 60 so some of it is geared towards the younger kids that want to come into it and I think that people my age can’t really. We’re not being grandfathered in, we’re kind of being forced into it and a lot of us that don’t have computers so it makes it difficult for them.”
**Me:** “So what have you found difficult about being involved and maintaining your involvement in your Credential?”

**Credentialed family child care provider:** “Actually this is the first year that I’ll be – without being [Credentialed]– it happened to me when I submitted all my paperwork and I submitted like 65 – or 45 – over 45 credits and they gave me a Level 1 and I had to call and have someone else re-evaluate the whole thing...See to me that was just a waste of my time because why should I have to do somebody else’s job for them when I’m doing my job.”

(CF103, March 10, 2011)

One Credentialed family child care provider had a different experience. Several years ago she participated in a program in another county that brought together family child care providers to pursue accreditation through the National Association for Family Child Care:

“When I started years ago I was kind of into it and then when I was in [another county] I was part of a group and it was connected to the accreditation program so we were actually mentoring other providers. So now once I decided to renew, once I relocated I haven’t sought any help because I knew about it first hand when it started.” (CF104, March 2, 2011)
Attainment Task Value

The support this family child care provider received from the mentoring program seems to have contributed to an **attainment task value** (Eccles & Wigfried, 2002), connecting her participation to her self-worth:

> “Having the Credential I would say should make them feel good because they’re going above what’s required so they’ll have that to show their parents, that they’ve gone over and above what they need to do. It will allow them to have more training, making you have to stay on top of what’s new and different classes because although you may feel that you know it all there’s always something new that you need to know or you’ll be happy that you learn.” (CF104, March 2, 2011)

Some previously credentialed child care providers expressed that they discontinued their participation in the program in part because it was threatening their self-worth, or a **negative attainment task value** that resulted when they were not able to advance beyond Level 4 unless they committed to a college education. One child care center staff member had been a teacher in an infant and toddler classroom for almost 20 years. She had been perceived by a previous director as a leader, and mentored new child care center staff. In her interview she discussed the new staff coming into the child care center with college degrees under a new director and how that contributed to her feelings about the Credential program:

> *I just feel that a lot of us are being overlooked a little bit because we do have a*
“lot of experience in the field and to be acknowledged with the Credential we have to further ourselves.” (PCC203, April 1, 2011)

**Cost Task Values**

Factors that contributed to child care center staff members’ continued participation in the Credential program, other than being required, were the same factors that contributed to non-participation among all other groups of child care center staff members and family child care providers: time and process. Credentialed child care center staff members were the only group that reported having supports in place to complete Credential requirements without excessive personal time devoted to completing the requirements or navigating the process. Both time and process are *cost values* in that they are perceived negative aspects, or costs, associated with engaging in the activity. Credentialed child care center staff had *positive cost values* whereas those not successful in maintaining involvement in the Credential program had *negative cost values*.

**Time.** Time challenges to participating in the Maryland Child Care Credential program was the most common factor among all groups. Family child care providers reported working long hours, some opening their doors for the first child at 3:00 or 4:00 am and staying open until after dinner time. Other family child care providers remained open for the second shift, and one family child care provider provides overnight care. It was not uncommon for family child care providers to be spending 18 hours per day providing care for child care children and their families.
Whether a child care provider was working long hours or not, they all had many commitments competing for their time, as one Credentialed child care center director explained:

“I think that the major concern of any participation in the Maryland Child Care Credential is time. I work forty hours or more each week at [name of child care program] along with a weekend job. My program requires a certain amount of training hours which typically takes place after working hours. At the present time I am also studying to take the Praxis exams [another requirement of her child care program]. I also have an 18 month old granddaughter with whom I like to spend as much time as possible. I am single and own my own home which requires a certain amount of time to maintain.” (CC101, February 25, 2011)

Non-credentialed child care providers in both child care centers and family child care homes shared that the fear of losing personal time has prevented them from learning more about the Credential program:

Non-credentialed child care center director: “My biggest concern has probably been time. Besides managing [name of child care program] I have four children at home and one of my sons has Asperger’s syndrome. Honestly speaking, I have never taken the time to evaluate the process because I have feared any extra responsibilities.” (NCC307, March 2, 2011)
Non-credentialed family child care provider: “I used to have a full daycare but my husband passed in October and it’s just a lot to do without the extra stress...I’ve never really taken the time to do that [participate in the Credential program].” (NCF304, March 8, 2011)

Process. Child care providers’ challenges with the process of applying for and maintaining the Credential was the second most common factor contributing to participation in the Credential program. There were concrete problems with the process such as long periods of time between submitting the original application and receipt of the Credential certificate and bonus and in some cases never receiving notification at all:

Previously Credentialed child care center director: “My life has become too busy with my kids right now to participate in all the professional activities needed, and I am involved in many other community organizations. My staff have also had problems with the professional units and receiving their bonus. We quit applying a few years ago.” (PCC201, March 4, 2011)

Previously Credentialed family child care provider: “I don’t really think about the program. I have applied in the past but never heard anything back from them after I had completed and mailed in all the information. I just never followed through with it after that. At that time I was concerned more about the requirements that I thought may come to us as child care providers and what I could do to help me to be at that level. I don’t know of any requirements that have really changed for us so at this time I am okay with where I am.” (PCF201, February 23, 2011)
Delays in responses from applications were so prevalent that one Credentialed child care center director where the Credential was required even built the delays into her orientation to the Credential process:

**Credentialed child care center director:** “I’m sure you’ve heard this before, how long it takes to get everything processed. I understand you only have so much time to get everything processed. It takes six months or longer.

**Me:** “Is that how long it takes?”

**Credentialed child care center director:** Yes, our anniversary date is June and we usually hear something by December. I always tell my staff, fill it out, run copies, we’re going to send it in and then just forget about it. One of these days you’re going to get a surprise in the mail. And that’s what they do. Because you don’t want your staff to be thinking every month they’re going to get it but then it’s a very nice surprise when they get it.” (CC102, February 25, 2011)

Some family child care providers expressed challenges with the process in a more global, political way, in addition to the concrete process challenges. One family child care provider who previously participated in the Credential program because she thought is would become mandatory discussed her views about the Office of Child Care now operating under Maryland State Department of Education:
“It seems like since the school took it [Office of Child Care] over it seems like they got these things now where we need to do this and do that and it’s making us feel like we don’t know how to take care of children anymore. And it takes so much of our time up. We have to do paperwork and go to extra training and it seems like we can’t do what we got into child care to do to start with. You know we love the children and we want to work with them but sometimes we can’t do that because we got this to do and that because somebody’s telling us that we got to do this...It angers me that we have government that tells us what we can do and what we can’t do. We’ve talked amongst ourselves, the daycare providers, that these people down here in Washington, in Baltimore, they’re making all these regulations and rules for us and they don’t even have a child. They don’t know what we have to go through each day.” (PCF205, March 2, 2011)

Negative Utility Task Value

A final factor that contributes to child care providers’ participation in the Maryland Child Care Credential program relates to a negative utility value perceived primarily by family child care providers. Ultimately, child care providers provide a service to families: they care for children while parents and other family members work, attend school, or are otherwise unable to care for their children. In every interview except one, when asked if parents asked about the Maryland Child Care Credential the child care providers said “no,” and in most cases the providers did not
believe that parents knew about the Credential and did not care about it or their professional credentials. Their perception is that the people that pay their salary do not care whether or not they have a college degree. What the families care about is that their child is well cared for, is loved, and is happy:

Non-Credentialed family child care provider: “I am very much in demand and parents send their kids to school to learn. I teach them manners and love them while they’re working. The last thing some of the children in my daycare need are more rules. They need hugs and someone who loves them.” (NCF305, March 31, 2011)

One previously Credentialed family child care provider shared that some of her child care parents challenged her when she said she had to go to classes in the evening by saying, “Do you need all that?”

Whether or not a child care provider “needs all that” depends on the value he or she assigns to the task of increasing professional development credentials. A child care provider can value professional development activities if there is utility, intrinsic or attainment value, and if the perceived costs do not outweigh the perceived benefits.
CHAPTER SEVEN: CONCLUSION

This study explored two primary research questions: (1) *What are family and center-based child care providers’ concerns and beliefs about increasing professional development requirements?* and (2) *What factors contribute to the providers’ decision to participate or not participate in professional development initiatives?* The research design suggested an underlying research question as well: *What are the uses of the Concerns-Based Adoption Model in identifying the concerns and beliefs of child care providers?*

This study can contribute to current research in several ways:

1. The study addresses a research gap identified by the 2010 study, *Toward Identification of Features of Professional Development for Early Childhood Educators* (US Department of Education, 2010) by identifying how the Concerns-Based Adoption Model (Hall & Hord, 2011) can be used as a specific effective professional development strategy to measure child care providers’ concerns in a professional development innovation.

2. The study addresses a second research gap identified by the 2010 study, *Toward Identification of Features of Effective Professional Development for Early Childhood Educators* (US Department of Education, 2010) by learning more about home-based programs.
3. Designers of professional development initiatives at the local, state and federal levels benefit from hearing the “espoused platforms” (Nolan & Hoover, 2008) of child care providers and a process to situate those perspectives in a model that suggests individual interventions.

4. A further purpose of the study was to encourage designers of professional development to incorporate professional development “readiness” strategies into long-term, site-based, and job-embedded professional development initiatives by offering tools and resources.

Thirty-seven Western Maryland child care providers in child care centers and family child care homes participated in a modified Stages of Concern Questionnaire (Hall & Hord, 2011), an Open-Ended Statement (Hall & Hord, 2011), and follow-up interviews about one professional development initiative, the Maryland Child Care Credential. Liz Kelley, the creator of the Maryland Child Care Credential, contributed to the Innovation Configuration Map (Hall & Hord, 2011) to understand the purpose of the Credential program and its expected variations in implementation.

The responses of the child care providers contributed to my understanding of their beliefs and concerns about increasing professional development requirements and factors that contribute to providers’ decisions to participate or not participate in professional development initiatives. The lens of the Concerns-Based Adoption Model (Hall & Hord, 2011) and expectancy-value theory (Eccles & Wigfried, 2002) suggested potential implications for practice. The results of the study raised additional questions for exploration in further research.
Child Care Providers’ Concerns and Beliefs

Two tools were used to collect information about child care providers’ concerns and beliefs: the Stages of Concern Questionnaire (SoCQ) and Open-ended Statement (Hall & Hord, 2011). The 35-item SoCQ measured child care providers’ concerns in the seven stages of concern: Unconcerned (Stage 0); Informational (Stage 1); Personal (Stage 2); Management (Stage 3); Consequences (Stage 4); Collaboration (Stage 5); and Refocusing (Stage 6).

The Open-Ended Statement, when completed by the participant, provided specific concerns and beliefs held by each child care provider. The answers began to tell the story of why participants were concerned about the Credential, or why they were not concerned. Answers to the Open-Ended Statements also allowed me to begin to evaluate the internal validity of the SoCQ.

The scoring of the SoCQ relied on percentile tables created by the early developers of the tool. The number of participants in this study alone is not sufficient to determine whether or not the percentile table formulas created for public school teachers can be used reliably with the child care population. The additional data made available to me by the Open-Ended Statement responses and follow-up interviews allowed me to accept some elements of the SoCQ results, with some noteworthy reservations.

First, the number of child care providers who’s Concerns Profiles resulted in Stage 0, Unconcerned raises questions about the reliability and validity of the process. More research is needed to identify what that pervasiveness represented and to suggest possible changes to the process, questionnaire, or both that may increase the reliability.
and validity. It is possible that participants were unclear how to interpret some of the Stages of Concern items and scoring options. For example, the authors (George et al., 2006) note challenges to participants’ scoring of items with the classification of “0, Irrelevant,” in the Stages of Concern Questionnaire that may contribute to participants’ multiple interpretations of that response. In this study, a child care provider who was involved in the Credential but not personally managing the decisions may have scored items as “Irrelevant” because she or he did not have that responsibility. A child care provider who previously participated in the Credential may have answered “Irrelevant” because she or he had dismissed the relevancy of the Credential in her or his life intentionally, whereas a child care provider who had never considered participation because of feared time commitments may have responded “Irrelevant” while still considering involvement. While follow-up interviews provided some additional clarification in certain cases, there was not sufficient information specifically targeted to those potential variations in interpretation. Additional analysis of the data with the express purpose of determining the reliability and validity of responses contributing to assignment of a Stage 0: Unconcerned profile, along with analysis of the percentile table formulas used to assign that profile, could contribute to increased validity and reliability of the SoCQ with child care providers.

Secondly, even with increased reliability and validity of the Concerns-Based Adoption Model tools, use of only the SoCQ or the Open-Ended Statement may not provide enough data to adequately answer the research questions. In future use of the tools, it would be beneficial to use both tools in the collection of data about beliefs and concerns of an innovation.
The themes that emerged from use of the Concerns-Based Adoption model as well as the lens of expectancy value theory may have contributed more to the study results than the results of the tools themselves. These themes, when applied to qualitative data from the Open-Ended Statements and follow-up interviews, provided a richer description of child care providers’ concerns and beliefs about the Credential and the factors that contribute to their decisions to participate or not participate in the Credential program. The qualitative data formulate elements of an “espoused platform” (Nolan & Hoover, 2008) to better understand the beliefs, concerns and goals of each child care provider.

While quantitative researchers are drawn to conclusions that can be represented in mathematical terms, qualitative researchers value the individual and collective stories that can be told in the actual words of the participants. It was through these words that I was most confident in uncovering, exploring and analyzing the research questions.

From the words of the child care providers, viewed through the lenses of the Concerns-Based Adoption Model (Hall & Hord, 2011) and expectancy-value theory (Eccles & Wigfried, 2002), I learned that:

1. Family and center-based child care providers are concerned about increasing professional development requirements of the voluntary Maryland Child Care Credential.

2. Child care providers who are using participation incentives to receive a college education are most likely to believe that the Credential is relevant to their own professional goals.
3. Child care providers who do not believe that a college education is relevant to their own goals or the goals of the parents they serve are least likely to begin or continue participation in the Credential program.

4. All child care providers, whether or not they are currently participating in the Credential program, are concerned about the time needed to complete requirements and the procedures that must be followed to receive and maintain the Maryland Child Care Credential.

5. Child care providers in child care centers who required Credential participation were more likely to have procedural supports in place to minimize the time needed to understand, complete, and maintain requirements of the professional development program.

In this section, I will discuss what I learned within each of these five categories.

1. **Family and center-based child care providers are concerned about increasing professional development requirements of the voluntary Maryland Child Care Credential.** There is some confusion about whether or not the Credential is, in fact, voluntary, and in some cases, it is required by child care center administrators for employment in a child care center. Child care providers who are currently participating in the Credential program are either required to participate to receive college funds or to maintain employment, or they believe that the Credential will soon be required and want to be prepared for that time.

The most compelling representation of these concerns came from a family child care provider who is currently participating in the Credential program. When I asked the question in the interview, “What do you think is the purpose of the Credential
program?” Her immediate response was, “I think it’s a bunch of bologna.” I had expected some of that perspective from a child care provider not participating in the Credential, and even a provider who had previously participated in the Credential program. Her response as a Credentialed family child care provider was unexpected, until I reviewed that passage and further statements with the lens of the utility task value (Eccles & Wigfried, 2002). Why was this child care provider participating in the program if she thought it was a bunch of bologna? She did not mention any of the incentives in her description of why she chose to participate. What she shared was that she thought it would become a requirement.

This perspective is one that I have witnessed anecdotally in my role at APPLES for Children. Increasing professional development requirements from Maryland State Department of Education have created “urban legends” among child care providers about everything from whether or not participation in a new professional development program is required or not, to when proposed changes in professional development requirements will be implemented, to what specific child care populations are affected by changes in requirements.

Communicating state-wide increases in professional development requirements to individual child care providers with clarity is a challenge to state systems, local support systems, and ultimately a challenge to the adoption of those requirements by individuals.

2. Child care providers who are using participation incentives to receive a college education are most likely to believe that the Credential is relevant to their own professional goals. When a child care provider identified a
utility value (Eccles & Wigfried, 2002) to participating in the Credential, she utilized the resources available to her to reach her own professional goals.

When I probed into the decision to pursue a college degree, the child care providers shared that they had already decided to pursue a college degree before participating in the Credential program. In fact, most participating child care providers had already begun taking classes and learned about the Credential program from the staff at the college.

This group of child care providers planned to receive their college degree, serve the required term of employment at the child care center to satisfy the funding obligations, and then pursue employment in a public school setting. One of the questions that remain unanswered is why the child care providers were planning to leave the child care field. Were they looking for increased compensation, benefits, status and free time embedded in a teacher’s ten month schedule? Did they know they were planning to pursue another setting before they began college classes or afterwards? These are potential questions for a follow-up study to further explore the factors contributing to willingness to engage in increased professional development.

3. Child care providers who do not believe that a college education is relevant to their own goals or the goals of the parents they serve are least likely to begin or continue participation in the Credential program. When faced with the state’s articulation of the ideal child care provider as one who holds a college degree, career child care providers who previously believed themselves to be “ideal” in practice became disenfranchised, or “unconcerned,” with the system.
Career child care providers have been reinforced by peers, administrators, and parents for many years. They have developed an identity attached to those reinforcements that does not include a college education. The attainment value (Eccles & Wigfried, 2002) was negative because it did not match with their previously held beliefs.

In interviews, child care providers discussed their role of child care provider as one of a substitute mother or an extended family member. The relationship with the children’s families often continued outside the operating hours of the child care program. While several child care providers also discussed their role in terms of “teacher,” the teaching responsibilities were closely aligned with teaching responsibilities shared by families, such as teaching manners, how to get along with others, and how to share.

If a child care provider identifies themselves as a substitute mother, and a mother is not required to hold a college degree to have that important job, it is easy to see how child care providers and parents believe that a college degree is not what they need to do their jobs well. This is a compelling argument for identifying alternative ways to recognize highly qualified child care providers.

4. All child care providers, whether or not they are currently participating in the Credential program, are concerned about the time needed to complete requirements and the procedures that must be followed to receive and maintain the Maryland Child Care Credential. Child care providers reported long work hours, sometimes working second jobs, and family commitments that demand their time outside of work hours.
Child care providers described work and family schedules that left little time for personal pursuits such as professional development. There was a negative cost value (Eccles & Wigfried, 2002) of professional development in that the perceived costs of increased professional development were not worth the perceived rewards of the activity.

Concerns about the time commitments of increased professional development activities associated with the Credential program appear in Stage 2, Personal Concerns and Stage 3, Management Concerns. Child care providers struggled with justifying time away from family and other personal interests, such as involvement with church and community organizations, especially when the process of applying, asking questions, and following up on certificates and checks that took months to process was perceived as taking even more time away from those other priorities.

One Saturday, while collecting data for this study, I taught a six-hour workshop for an APPLES staff member that was unable to teach the class due to her own family commitments. I overheard a family child care provider talking about her 18-hour, Monday – Friday work schedule, saying that when she attends a Saturday workshop she is unable to go to church that week because she needed at least one day a week to “sleep in.” That statement is a more direct statement than those of the participants of this study, but it is representative of the costs to child care providers when engaging in increased professional development.

In public schools, when a teacher pursues a master’s degree, he or she can typically expect a pay increase to compensate for the time committed to that pursuit. In child care, primarily funded by parent fees, there are limits to what parents are willing and able to pay, leaving little possibility for increased compensation for the child care
provider. This reality contributes to child care providers’ beliefs that the costs associated with increased professional development cannot be balanced by potential rewards.

5. **Child care providers in child care centers who required Credential participation were more likely to have procedural supports in place to minimize the time needed to understand, complete, and maintain requirements of the professional development program.** Family child care providers reported challenges in gaining support in understanding and maneuvering the Maryland Child Care Credential system.

The Maryland Child Care Credential took on a utility value (Eccles & Wigfried, 2002) for those child care providers who were required to participate to maintain employment. Requiring increased professional development credentials may be one way of encouraging involvement in professional development activities. Perhaps the more important lesson learned from this group of child care providers is that when supports are available to child care providers to maximize the time actually involved in professional development activities and minimize the time spent navigating the system, the costs to participation will decrease. Over time, combining the increased utility value of required participation with decreased cost value may lead to child care providers’ perception of intrinsic or attainment value.

Child care providers in child care centers where directors had set up systems to minimize staff time spent on locating appropriate professional development activities were not as informed about the procedures of the Credential program. They were grateful that information about workshops or the workshops themselves were provided for them at their work site, but they may not have had input into the topics presented.
Involvement in Professional Activity Units, such as membership in an association or volunteering to work with high-schoolers or child care resource and referral agencies, were made available to the providers, but they may not have learned about other ways to be involved in professional activities. There may be a fine line between supports that promote long-term professional growth and supports that promote short-term completion of checklist activities.

One family child care provider who had successfully maintained her involvement in the Credential program provided insight into the types of supports that may relieve Stage 2: Personal and Stage 3: Management concerns (Hall & Hord, 2011) and lead to the perception of intrinsic or attainment task values (Eccles & Wigfield, 2002). This child care provider participated in a support group of peers and a child care resource and referral consultant in pursuit of national accreditation in another Maryland region before moving to Western Maryland. The group met regularly at different family child care homes to discuss child development, curriculum, and professionalism topics included in the accreditation process. As part of that learning community, the family child care provider learned the value of on-going, long-term, site-based, and job embedded professional development and the resources and professional satisfaction that involvement in the Credential could bring to her profession. Within that learning community, the Credential had utility value (Eccles & Wigfield, 2002), minimal cost value (Eccles & Wigfield, 2002), and took on attainment value (2002) through her recognition of the professional benefits of involvement. Her words describe the potential of professional development initiatives embedded in a supportive learning community: 

"...you have to stay on top of what's new and different because although..."
you may feel that you know it all there’s always something new that you need to know or you’ll be happy that you learn. (CF104, March 2, 2011).

**Use of the Concerns-Based Adoption Model**

The components of the Concerns-Based Adoption Model (Hall & Hord, 2011) that were used in this study include:

- Innovation Configuration Map
- Stages of Concern Questionnaire (modified slightly to address the specific context of child care programs)
- Open-Ended Statement

These three tools, along with follow-up interviews of each consenting participant, were useful constructs through which I could describe the concerns and beliefs of the individual child care providers. I was able to efficiently collect and analyze data that contributed to my understanding of these concerns and beliefs. The addition of the child care providers’ responses to interview questions provided a richer description than the use of the tools alone.

The Stages of Concern Questionnaire and Open-Ended Statement could be a useful diagnostic tool when a designer or supervisor of a professional development initiative needs an efficient method of collecting information about a teacher’s beliefs and concerns about the initiative. The Concerns-Based Adoption Model provides seven stages that can be assigned to an individual teacher in order to identify possible barriers to the teacher’s adoption of an innovation.
The Maryland Child Care Credential may not have been an ideal innovation for these data collection tools. The Concerns-Based Adoption Model is typically used for innovations such as implementation of a new curriculum, assessment or procedure. While it was possible to create variations in child care providers’ use of the Credential program as represented in the Innovation Configuration Map, the variations tended to be general as opposed to specific variations that may be more relevant to an innovation such as a curriculum.

For example, one variation of the first component of the Innovation Configuration Map was child care providers complete training and education based on professional development goals and individual competencies needed to meet needs of children and families. This broad conceptual variation is difficult to measure, and ultimately, it would need to be measured in some way, such as the Levels of Use (Hall & Hord, 2011). Variations of a curriculum may include using all materials of the curriculum, using the questioning strategies of the curriculum, and using assessment tools that accompany the curriculum, and gradations of those uses. These are concrete, discernable variations that could be measured with observations and teacher reports.

However, there was consistency in individual child care providers’ responses between the Innovation Configuration Map, the Stages of Concern Questionnaire, and the qualitative data generated by the Open-Ended Statement and interviews, suggesting that the Concerns-Based Adoption Model could be used with the child care population. The small sample size does not allow generalization to the larger child care population, but these initial findings do support engaging in a larger scale study to further explore the use of the modified Concern-Based Adoption Model with professional development innovations within the child care field.
Perhaps the most significant contribution of Hall and Hord’s Concerns-Based Adoption Model is the Innovation Configuration Map. The process of distilling the complex Maryland Child Care Credential system into components and the variations of implementation, along with hearing from child care providers about the match between their goals and the goals of the Credential program, illuminated fundamental differences between the intent and actual implementation of the program. This information is beneficial to the designers of the innovation and suggests possible modifications in the program to increase both participation and ideal implementation.

Including child care providers earlier in the process may allow for discussion of the goals of the innovation, contributing to the readiness of child care providers to participate in the initiative. Thompson (1997)’s Readiness Phase of the RPLIM Model includes activities that could be accomplished through the use of the Innovation Configuration Map, including:

- Develop a shared sense of purpose
- Develop a view of diversity as an asset
- Develop a climate of trust, safety, support, respect, and commitment to collaboration
- Develop an information base
- Develop a set of written goals for three to five years

This process may be challenging for an entire state, but could be useful when the innovation is less centralized and more site-based.
Implications for Practice

The child care providers in this study have made decisions about participation in professional development initiatives based, in part, on their beliefs and concerns about what professional development is needed to achieve their professional goals. The Concerns-Based Adoption Model (Hall & Hord, 2011) provided a framework to capture these beliefs and concerns, allowing designers of professional development initiatives to develop interventions at various levels of concern. The expectancy-value theoretical framework provided further explanation for how these beliefs and concerns positively or negatively impacted participation decisions.

The primary implication for practice is that the Concerns Based Adoption Model and accompanying data collection tools is useful in collecting information about child care providers’ concerns and beliefs. The model is a practice-based model in that the purpose of collecting this information is to suggest individualized, targeted interventions that address those concerns and beliefs. In this section, I will apply Hall and Hord’s (2011) stage-specific recommendations to the results of this study to illustrate how the model can be used in practice.

The data collected in this study suggests that the designers of the Maryland Child Care Credential could increase participation in the Credential program by addressing the lower stages of concerns. Possible stage-specific interventions outlined by Hall and Hord (2011) include:

Stage O: Unconcerned

a. Acknowledge that little concern about the innovation is legitimate and okay.
b. Share some general information about the innovation in hopes of arousing some interest in it.

c. Suggest and describe how the innovation might be related to an area that the person is concerned about.

d. Decree that use of the innovation is required.

e. Encourage the person(s) to talk with others who are interested in or using the innovation. (Hall & Hord, 2011, p. 299).

The child care providers in this study reported that parents, the child care providers’ primary customer, are not concerned about whether or not child care providers are participating in the Credential program. Increasing awareness among the broader community, including parents, about the benefits of a well-qualified child care workforce could increase the utility and relevancy of the Credential to the lives of the child care providers.

**Stage 1: Informational**

a. Share general descriptive information about the innovation through one-legged interviews, e-mail, brochures, short media presentations, and discussions during staff meetings.

b. Provide information contrasting what the individual is presently doing with potential advantages of use of the innovation.

c. Express enthusiasm for consideration of the innovation.

d. Hear from others who are excited about what they are doing with the innovation.
e. State realistic expectations about the benefits, costs, and effort needed to use the innovation. (Hall & Hord, 2011, p. 299–300)

The child care providers at this stage delayed participation because they were concerned that they would not have time to commit to the process. Many had heard from other child care providers that the process was complicated, time consuming, and prolonged. Clarifying the steps and timelines and delivering those messages in print, video, and word of mouth could increase the clarity of the information being communicated among the child care population.

**Stage 2: Personal**

a. Establish rapport and be empathetic about their feelings of uncertainty.

b. Be encouraging and offer assurance of their adequacy to engage with the innovation.

c. Encourage innovation use gingerly; do not push unnecessarily.

d. Clarify how the innovation relates to other priorities that potentially could conflict in terms of energy and time demands.

e. Emphasize understanding of personal feelings, and deemphasize talk about the innovation.

f. Be consistent in what is said about expectations and what is entailed in use of the innovation. (Hall & Hord, 2011, p. 300).
Child care providers with high Personal concerns would also benefit from a clearer understanding of the commitments required by participation in the Credential program, particularly as it relates to their daily work with children and families.

**Stage 3: Management**

- a. Provide answers in ways that address the person-specific “how-to” issues that are causing concern.
- b. Provide a Web site with answers to the frequently heard Management concern questions.
- c. Provide assigned time for a respected and expert innovation user of the innovation, or provide “hands-on” materials for practice.
- d. Send e-mails that provide planning tips, and pace what implementers should be doing “this week.”
- e. Establish a buddy system/consulting pair or support group. (Hall & Hord, 2011, p. 301).

Child care providers in the Management stage need more individualized supports than child care providers at the Unconcerned, Informational or Personal stages. Peer support groups within a child care center or across child care settings would allow for the individualized supports to occur.

Applying Hall and Hord’s (2011) recommendations for stage-specific interventions to the Maryland Child Care Credential illustrates the potential use of the Concerns-Based Adoption Model with early childhood professional development.
initiatives. Further study would be needed to investigate the impact of those interventions on child care providers’ participation decisions.

**Strengths of the Study**

*Family and Center-Based Child Care Providers’ Beliefs and Concerns about Professional Development Opportunities* contributes to the existing literature in several ways. First, the use of the Concerns-Based Adoption Model provides a specific professional development strategy to measure child care providers’ concerns about a professional development innovation. The US Department of Education 2010 study, *Toward Identification of Features of Professional Development for Early Childhood Educators*, found that there was a need to “identify the specific processes underlying possible effects in practice-focused professional development approaches” (p. xiii):

Taylor and Pearson note, “Further research is needed to learn more about how to help schools and teachers succeed at the complex task of translating research-based knowledge into practice.” Anders, Hoffman, and Duffy (2000) found, “Relatively few researchers have asked questions about the processes that teachers go through as they learn and continue to learn to teach” (p. 86).

Sigel (2006) suggests that a person’s beliefs or “root metaphor” contributes to a person’s ability to translate research-based knowledge into practice. Sigel defines the space between a person’s current belief system and his or her ability to adopt research-based practices as the “proximity index.” Individual early childhood educators have varying beginning points in the learning process. There is great variation in educational
preparation, practical experiences, and personal sociocultural contexts that influence each educator’s current world view or “root metaphor.” The CBAM provides a framework to identify an individual person’s root metaphor in relation to a specific professional development innovation, in this study the Maryland Child Care Credential, as well as recommendations for interventions to reduce the space between the person’s current belief system and adoption of the research-based practices.

This study also contributes to the literature about home-based programs, a second research gap identified by the US Department of Education (2010) report. By including both center-based and family child care providers, the design of the study provided insight into the unique characteristics of each population. The Center for the Child Care Workforce & Human Services Policy Center (2002) estimates that 28% of adults providing care and education for young children are family child care providers, with 24% in child care providers in child care centers, and the remaining in informal settings. Family child care providers play an important role in early childhood education.

The individual interviews were particularly rich in understanding how family child care providers operate their home-based programs, working long hours to meet the needs of the children and families, and the challenges that operation itself brings to participating in professional development initiatives. The family child care providers in this study would benefit from more opportunities to engage in long-term, site-based, and job-embedded professional development initiatives that focus on children’s development and learning ((Joyce & Showers, 2002; Lieberman & Pointer-Mace, 2008; National Staff Development Council, 2009). One family child care provider described her experiences participating in this type of initiative. She has continued her involvement in the Credential program even after relocating to another region.
A third strength of the study is that focusing on a specific professional development initiative allows for policy recommendations to the designers of the Credential program. The creator of the Maryland Child Care Credential, Liz Kelley, indicated significant interest in the study’s results during our interview:

“...so while we don't have the majority of people participating in the Credential program yet the ones that are they are committed so I would be very interested especially in those people that were credentialed and are no longer -- you know, why are they no longer participating.” (Liz Kelley, February 29, 2011)

The design of the study allows me to share “espoused platforms” (Nolan & Hoover, 2008) of individual child care providers with the designer of the Credential program. These data are not intended as an evaluation, but as an illustration of the types of beliefs and concerns that contribute to or impede voluntary participation in professional development initiatives. As the researcher, in the process of researching and compiling the Innovation Configuration Map, it was clear to me that Liz Kelley cared about the child care providers and continually sought information to improve the Credential system to support child care providers’ professional growth. In this case, at least, I expect that Ms. Kelley will benefit from hearing these espoused platforms as well as a model that suggests interventions for individual and groups of Maryland child care providers. This suggests that other designers of professional development initiatives at local, state and federal levels would benefit as well.

Finally, this study supports designers of professional development in incorporating “readiness” strategies into long-term, site-based, and job-embedded
professional development initiatives by offering tools and resources to collect information about child care providers’ concerns and beliefs.

Thompson (1997) points out that the readiness phase is “usually overlooked in planning development efforts” (p. 19) in a rush to choose professional development initiatives. In a rapidly changing environment, it is tempting to move past the readiness phase and directly into planning. However, in order to engage child care providers from diverse backgrounds, designers of professional development will benefit from uncovering pre-existing beliefs. Loucks-Horsley, et al. (2003) points out that along with a person’s knowledge, beliefs contribute to a person’s commitment to the vision and standards of a professional development initiative.

In this study, family care providers indicated that they became involved in the Credential because they thought it was going to be required, not necessarily because they believed in increased professional development. In Gregoire’s Cognitive-Affective Model of Conceptual Change (2003), these providers implicated themselves, but had a “benign positive appraisal,” in part because they believed the “state” was demanding more and more from them without understanding their work with children:

“It seems like since the school took it [Office of Child Care] over it seems like they got these things now where we need to do this and do that and it’s making us feel like we don’t know how to take care of children anymore. And it takes so much of our time up. We have to do paperwork and go to extra training and it seems like we can’t do what we got into child care to do to start with. You know we love the children and we want to work with them but sometimes we can’t do that because we got this to do and that because
Engaging in readiness activities that seek to understand child care providers’ beliefs and concerns, and then relating those concerns to targeted information, will allow more individual child care providers to embrace the goals and practices of a professional development initiative.

**Limitations of the Study**

There are several limitations to this study as well as strengths. First, by focusing on the individual experiences of child care providers, the study is limited in understanding the broader sociocultural context in which their individual experiences are situated. Learning is complex and influenced by a variety of social, historical and cultural factors. While the thirty minute interviews did provide a snapshot of those influences, a purely qualitative case study of one or a few child care providers’ professional development experiences would have provided a much thicker description. A qualitative case study could have also allowed for a broader and deeper theoretical discussion. The study’s focus on the Concerns Based Adoption Model, with one purpose
being to identify useful tools for collecting and analyzing child care providers’ concerns and beliefs, limited the scope of the study’s theoretical contributions.

The focus on the individual experiences of child care providers also limited understanding how the professional development system itself contributes to child care providers’ involvement in professional development activities. Questions about the monitoring of the professional development were not explored, although the monitoring of trainers and other adult educators was discussed in the interview with Liz Kelley, and are important contextual factors in professional development initiatives.

It is important to note one particular contextual factor that was not addressed in this study inherent to the child care field. Structural problems such as long work hours, low pay, no or few benefits, and lack of respect for the field, contribute to child care providers’ desire to leave the field for other careers in early childhood education. While programs such as the Maryland Child Care Credential seek to improve compensation and validation for the profession, the program does not have the financial resources to immediately bring levels to those of public school teachers. Child care providers pursuing a college degree intending to pursue employment in public schools did not disclose that compensation, benefits and few work hours were factors contributing to their desire to leave the child care field. Understanding the child care providers’ motivation would have contributed to the study’s results in this area.

Secondly, although the total number of participants may have been adequate to offer more generalization of the results to other professional development initiatives, the number of participants within each of the six subgroups was not adequate to generalize the results. A quantitative study with more participants in each subgroup would have allowed for more statistical analysis.
Finally, my previous relationship with the child care providers in the region may have influenced some of the participants’ responses. It also influences my personal biases and perceptions through with I view the results. While I made every effort to triangulate the data by including the Stages of Concern Questionnaire, Open-Ended Statement, Innovation Configuration Map, and follow-up interviews, it is impossible to clear all previous perceptions. Further research studies exploring the research questions and the use of the Concerns Based Adoption Model will increase the reliability of the results of this study.

**Recommendations for Further Research**

The Concerns-Based Adoption Model (Hall & Hord, 2011), including the Innovation Configuration Map, Stages of Concern Questionnaire and Open-Ended Statement, can be efficient tools to gather information about individuals’ concerns and beliefs, suggesting targeted interventions. This exploratory study suggests that the CBAM can be useful with the child care population. Given the small scale of this study, however, much more can be learned from additional research studies to identify the strengths and challenges of its use. Expanding the selection of participants to broader geographic areas will provide further information about its use with diverse populations. Increasing the number of participants in various subgroups will allow potential correlations and generalizations to be suggested.

While the tools were used in this study to explore child care providers’ beliefs and concerns about the Maryland Child Care Credential program, the CBAM could be used to measure stages of concern in other child care quality improvements such as:
• Adoption of general or content-specific curricula or assessment program;
• Engagement in a program accreditation process;
• Participation or non-participation in Quality Rating Improvement System (QRIS)

The vocabulary of the CBAM has not been revised since the development of the model in the 1970’s. Terms such as “concern,” “innovation,” and “stage” may need to be reviewed for relevancy in the twenty-first century. The term “concern” may limit study participants’ responses by introducing a negative connotation to the innovation in question. Human emotions are complex, and can vary, perhaps even be influenced, by the verbal and written context in which the discussion is situated. A possible research avenue would be to substitute “concern” with “interest” or “relevance” and compare and contrast participants’ responses to similar questions.

The term “stage” may be particularly problematic for designers of professional development who use CBAM results to target interventions that increase participants’ involvement in the innovation. This term denotes a linear process in which every participant begins at Stage 0, Unconcerned and progresses (with appropriate supports) to Stage 6, Refocusing. This developmental model may not best represent the complex, individualized process of learning. Substituting “stage” with “dimension” may better allow for the possibility that a participant may be focused on the management aspects of an innovation one week, the consequence aspects another week, and the very next week find themselves focused on the informational aspects. “Dimensions of interest” may even allow for participants and designers of professional development to recognize that multiple dimensions of interest are possible at once, especially as a person wrestles
internally and with their colleagues in the complex learning process. Further research along this avenue may expand on Hall and Hord’s (2011) important work and improve its relevance in multiple theoretical frameworks.

Questions beyond the beliefs and concerns of child care providers were also uncovered in this study that would benefit from further research. Questions of the role of the child care provider, the credentials necessary to fulfill that role, and the needs of children and families using child care services are a just a few of the broad questions that emerged. The questions vary in scope and the sequence of study is not clear, but there is much to learn in designing effective professional development initiatives for early childhood educators, including child care providers.

This year, President Obama announced a new Early Learning Challenge Grant initiative that will support selected states’ initiatives to improve the quality of early childhood settings, including child care programs. The field is poised to initiate numerous research studies that can contribute to our understanding of various types of effective professional development strategies. Determining child care providers’ readiness for quality improvement initiatives is an important step in achieving effective results.
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APPENDIX
APPENDIX A

Participant Recruitment
Dear [Name]:

My name is Annette Searfoss and I am conducting a study as part of my education at Penn State University. The study is being conducted for research purposes. The purpose of my study is to explore family and center-based child care providers’ concerns and beliefs about professional development opportunities available to them, especially the Maryland Child Care Credential.

Your name was chosen through a random process to participate in the study. If you choose to participate, you can expect to:

- You will be asked to answer 52 questions on a survey. It will take about 20 minutes to complete the survey.
- You will also be asked to participate in a 15 question interview by telephone. The interview will take about 30 minutes and will be audio recorded.

Your participation in this research is confidential. Your name will not appear on any documents. You will receive a code and that code will be used for all documents. A master copy of names and codes will be kept in a safe and will not be available to anyone else.

In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared.

Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer.

Please contact me at (717) 377-6215 or als589@psu.edu to begin your participation. I will also contact you in one week by phone to answer any questions or concerns you may have about the study. You may contact me at any time.

Thank you,

Annette Searfoss
PhD Candidate
The Pennsylvania State University
Telephone Script

Hello, my name is Annette Searfoss and I am conducting a study as part of my education at Penn State University. The study is being conducted for research purposes. The purpose of my study is to explore family and center-based child care providers’ concerns and beliefs about professional development opportunities available to them, especially the Maryland Child Care Credential.

I sent you a letter about a week ago inviting you to participate in the study. Your name was chosen through a random process to participate in the study. If you choose to participate, you can expect to:

- You will be asked to answer 52 questions on a survey. It will take about 20 minutes to complete the survey.
- You will also be asked to participate in a 15 question interview by telephone. The interview will take about 30 minutes and will be audio recorded.

Do you have questions about the study or what you would be expected to do as a participant?

[Answer questions as needed]

Thank you for agreeing to participate in the study. You will receive an email with a link to the survey and instructions for completing it. I would also like to schedule the interview with you now, if possible, or within the next week. Do you have your calendar? We will need about 30 minutes. We can talk by phone wherever is convenient for you. [Schedule the meeting or a next time to call to schedule the meeting]

Please contact me at (717) 377-6215 or als589@psu.edu if you have any questions or concerns. I look forward to talking to you again on ________ at ______________.

OR [if the person declines participation]

Thank you for taking the time to discuss the study with me. If you change your mind about participating, please contact me at (717) 377-6215 or als589@psu.edu.
Title of Project: Family and Center-Based Child Care Providers’ Concerns and Beliefs about Professional Development Opportunities

Principal Investigator: Annette Searfoss, Graduate Student

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1. Purpose of the Study: The purpose of this study is to explore family and center-based child care providers’ concerns and beliefs about professional development opportunities available to them.

2. Procedures to be followed: You will be asked to answer 52 questions on a survey. You will also be asked to participate in a 15 question interview by telephone. The interview will be audio recorded.

3. Duration: It will take about 20 minutes to complete the survey. The interview will take about 30 minutes.
4. **Statement of Confidentiality:** Your participation in this research is confidential and information will be kept confidential to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet by any third parties.

   Your name will not appear on any documents. You will receive a code and that code will be used for all documents. A master copy of names and codes will be kept in a safe at the researcher’s home and will not be available to anyone else. Audio recordings of interviews will be stored in a safe in the researcher’s home and will be accessed only by the researcher and her advisor. A graduate student will also have access to excerpt of the interviews. The recordings will be destroyed within five years.

   In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared.

5. **Right to Ask Questions:** Please contact Annette Searfoss at (717) 377-6215 with questions or concerns about the study.

6. **Voluntary Participation:** Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer.

   You must be 18 years of age or older to take part in this research study.

   Completion and return of the survey and participation in the interview implies that you have read the information in this form and consent to take part in the research. Please print off this form to keep for your records or future reference.
Dear Liz Kelley:

My name is Annette Searfoss and I am conducting a study as part of my education at Penn State University. The purpose of my study is to explore family and center-based child care providers’ concerns and beliefs about professional development opportunities available to them, especially the Maryland Child Care Credential. I will be surveying and interviewing child care providers who participate in the Credential program as well as providers who are not currently participating in the Credential program. My research questions are:

1. What are family and center-based child care providers’ concerns and beliefs about increases in professional development?

2. What factors contribute to the providers’ decision to participate or not participate in professional development initiatives?

As part of the study, I am collecting information about the Maryland Child Care Credential’s purpose. I would like to ask you a few questions in this process. You will have an opportunity to review the final language used to communicate the purpose of the Credential. As the leader of the program, I expect that you will be named in the final publication of the results of the study; you will not remain confidential.

I will be reviewing documents about the Credential on Maryland State Department of Education’s website and would also welcome any additional interviews with members of the Credential staff as you see appropriate.

If your participation is acceptable to you, please indicate days and times in the next 30 days that we could meet together for about one hour to discuss the Credential’s purpose. I will travel to your office or any other location that is convenient for you.

Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer.

Please contact me at (717) 377-6215 or als589@psu.edu with any questions or concerns you may have about the study. You may contact me at any time.

Thank you,
Annette Searfoss
PhD Candidate
The Pennsylvania State University
Title of Project: Family and Center-Based Child Care Providers’ Concerns and Beliefs about Professional Development Opportunities

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1. Purpose of the Study: The purpose of this study is to explore family and center-based child care providers’ concerns and beliefs about professional development opportunities available to them.

2. Procedures to be followed: You will be asked questions about the purpose of the Maryland Child Care Credential program. You will also be asked to review the final language used to communicate the purpose of the Credential. The interview will be audio recorded.

3. Duration: The interview will last about one hour. Your review of the final language will take about one hour.

4. Statement of Confidentiality: Your participation in this research will not be confidential. You will have an opportunity to review the final language used to communicate the purpose of the Credential and make changes as needed. Your name will be used in any publication or presentations.
Audio recordings will be stored in a safe in the researcher’s home. The researcher and the researcher’s advisor will have access to the recordings. A graduate student will also have access to excerpts of the recordings. Audio recordings and accompanying transcriptions will be destroyed within five years.

5. **Right to Ask Questions:** Please contact Annette Searfoss at (717) 377-6215 or also589@psu.edu with questions or concerns about this study.

7. **Voluntary Participation:** Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer.

You must be 18 years of age or older to take part in this research study. If you agree to take part in this research study and the information outlined above, please sign your name and indicate the date below.

You will be given a copy of this form for your records.

______________________________  ________________
Participant Signature  Date

______________________________  ________________
Person Obtaining Consent  Date
APPENDIX B

Innovation Configuration Map
This Innovation Configuration Map (Hall & Hord, 2011) is intended to represent what the Maryland Child Care Credential “actually looks like along a continuum from high-quality implementation to least desirable practices” (Hord, Stiegelbauer, Hall, & George, 2006, p. 2). Data for the creation of this IC Map was first obtained through documents available at Maryland State Department of Education’s website (MSDE, 2011) and through an interview with the creator and administrator of the Maryland Child Care Credential, Liz Kelley. Interviews with 40 child care providers provided additional data for the IC Map. This draft is presented to Liz Kelley for comment, correction and clarification.
### Component 1: Child care providers participate in Maryland State Department of Education/Office of Child Care – approved professional development

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care providers complete training and education based on professional development goals that lead to a college degree (Levels 5 and 6)</td>
<td>Child care providers complete training and education based on professional development goals and individual competencies needed to meet needs of children and families</td>
<td>Child care providers complete the minimum number of training hours required to maintain Credential based on training most readily available</td>
<td>Child care providers complete the minimum number of training hours required for licensing (Level 1) based on training most readily available</td>
</tr>
</tbody>
</table>

### Component 2: Child care providers commit to the profession of child care

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care providers plan to remain in the child care field as their chosen career</td>
<td>Child care providers plan to work with children but in a setting other than child care such as public school</td>
<td>Child care providers see child care as a short-term, transitional job</td>
</tr>
</tbody>
</table>

### Component 3: Child care providers participate in professional activities related to the child care field

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care providers increase their participation in professional activities by increasing their Credential levels</td>
<td>Child care providers’ professional activity units are chosen and managed based on individual interest</td>
<td>Child care providers’ professional activities are chosen and managed by supervisor or other person</td>
</tr>
</tbody>
</table>
APPENDIX C
Demographic Survey
Survey Questions

[Informed consent inserted here]

Demographic Information

Setting: Please tell me about your work setting.

1. You are a child care provider in a _____________________ child care program:
   - Family child care home
   - Child care center
   - Head Start program

2. You work with children in the following age groups (please check all that apply):
   - Birth – 2 years old
   - 3 years old
   - 4 years old
   - 5 years old
   - School-age

Experience and Education: Please tell me about your experience and education background.

3. You have worked in an early childhood program for ____________ years:
   - Less than 1 year
4. Your current level of completed education is:

- High School Degree or GED
- Child Development Associate
- Some college credits (without a college degree)
  - 1-3 college credits
  - 4-6 college credits
  - 7-15 college credits
  - 16-30 college credits
  - 31 or more college credits
- Some college credits in Early Childhood Education, Child Development or related field (without a college degree):
☐ 1-3 college credits

☐ 4-6 college credits

☐ 7-9 college credits

☐ 10-12 college credits

☐ 13-15 college credits

☐ 16 or more college credits

☐ Associate Degree in Early Childhood Education, Child Development or related field

☐ Associate Degree in non-related field

☐ Bachelor Degree in Early Childhood Education, Child Development or related field

☐ Bachelor Degree in non-related field

☐ Master Degree in Early Childhood Education, Child Development or related field

☐ Master Degree in non-related field

5. If you have a Maryland Child Care Credential, at what level are you currently?

☐ Level One

☐ Level Two
6. If you have a Maryland Child Care Credential, what year did you first apply?

☐ 2001
☐ 2002
☐ 2003
☐ 2004
☐ 2005
☐ 2006
☐ 2007
☐ 2008
☐ 2009
☐ 2010

7. If your program is accredited, through which organization are you accredited?
☐ Not accredited

☐ National Association for Family Child Care (NAFCC)

☐ National Association for the Education of Young Children (NAEYC)

☐ National Early Childhood Program Accreditation (NECPA)

☐ Maryland State Department of Education (MSDE)

☐ National After School Association (NAA)

8. How many workshop credit hours did you complete last year?
   
   ☐ 12 hours

   ☐ 13-24 hours

   ☐ 25-36 hours

   ☐ 37-48 hours

   ☐ 49-60 hours

   ☐ More than 61 hours

9. To what associations are you currently a member?

   ☐ Garrett County Early Childhood Professionals Association

   ☐ Allegany County Child Care Professional Association

   ☐ Professional Child Care Association of Washington County

   ☐ Washington County Child Care Association
Personal Information: Please tell me about yourself and your family.

10. You are __________ years old:

   □ 18-25 years old
   □ 26-35 years old
   □ 36-45 years old
   □ 46-55 years old
   □ 56-65 years old
   □ 66-75 years old

11. You are:

   □ Single
   □ Married
   □ Divorced

12. You have ______ children:
13. Your youngest child is:

- [ ] Birth – 2 years old
- [ ] 3-5 years old
- [ ] 6-12 years old
- [ ] 13-18 years old
- [ ] 19-22 years old
- [ ] 23-30 years old
- [ ] 31 years old or older

14. Your oldest child is:

- [ ] Birth – 2 years old
☐ 3-5 years old
☐ 6-12 years old
☐ 13-18 years old
☐ 19-22 years old
☐ 23-30 years old
☐ 31 years old or older

**Location: Please tell me about the location of your child care program.**

15. Your program is in _________ County:

☐ Allegany
☐ Garrett
☐ Washington

16. Your program has been in this county for _________ years:

☐ 0-5 years
☐ 6-10 years
☐ 11-15 years
☐ 16-20 years
☐ 21-30 years
17. Your program is in a ______________ area:

- City
- Suburb
- Rural

18. Would you be willing to participate in a phone interview about your role as child care provider?

   Yes
   No

19. If you are willing to participate in this interview, please provide your phone number and you will be contacted to schedule the interview at your convenience.

   Phone number: ____________________________________________
APPENDIX D

Stages of Concern Questionnaire
Stage of Concern Questionnaire (SoCQ)

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrelevant</td>
<td>Not true of me now</td>
<td>Somewhat true of me now</td>
<td>Very true of me now</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hall &amp; Hord’s Original Statements</th>
<th>Statements Revised to Reflect Current Use</th>
<th>Circle One</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am concerned about students’ attitudes toward the innovation.</td>
<td>I am concerned about what parents think about the Credential.</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>2. I now know of some other approaches that might work better.</td>
<td>I now know of some other programs that might work better than the Credential.</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>3. I am more concerned about another innovation.</td>
<td>I am more concerned about other aspects of my child care.</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>4. I am concerned about not having enough time to organize myself each day.</td>
<td>SAME</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>5. I would like to help other faculty in their use of the innovation.</td>
<td>I would like to help other child care providers in their use of the Credential</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>6. I have a very limited knowledge of the innovation.</td>
<td>I have very limited knowledge about the Credential.</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>7. I would like to know the effect of reorganization on my professional status.</td>
<td>I would like to know the effect of the Credential on my professional status.</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>8. I am concerned about conflict between my interests and my responsibilities.</td>
<td>SAME</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>9. I am concerned about revising my use of the innovation.</td>
<td>I am concerned about continuing my use of the Credential</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>10. I would like to develop working relationships with both our faculty and outside faculty using this innovation.</td>
<td>I would like to develop working relationships with other child care providers who are using the Credential.</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>11. I am concerned about how the innovation affects students.</td>
<td>I am concerned about how the Credential affects parents’ choices about child care.</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>12. I am not concerned about the innovation at this time.</td>
<td>I am not concerned about the Credential at this time.</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>13. I would like to know who will make the decisions in the new system.</td>
<td>I would like to know who will make the decisions about changes to the Credential program.</td>
<td>0</td>
</tr>
<tr>
<td>14. I would like to discuss the possibility of using the innovation.</td>
<td>I would like to discuss the possibility of participating in the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>15. I would like to know what resources are available if we decide to adopt the innovation.</td>
<td>I would like to know what resources are available if I decide to participate in the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>16. I am concerned about my inability to manage all that the innovation requires.</td>
<td>I am concerned about my inability to manage all that the Credential requires.</td>
<td>0</td>
</tr>
<tr>
<td>17. I would like to know how my teaching or administration is supposed to change.</td>
<td>I would like to know how my child care program is supposed to change.</td>
<td>0</td>
</tr>
<tr>
<td>18. I would like to familiarize other departments or persons with the progress of this new approach.</td>
<td>I would like to familiarize other people about the progress of the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>19. I am concerned about evaluating my impact on students.</td>
<td>I am concerned about evaluating my impact on children.</td>
<td>0</td>
</tr>
<tr>
<td>20. I would like to revise the innovation’s approach.</td>
<td>I would like to revise the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>21. I am preoccupied with things other than the innovation.</td>
<td>I am preoccupied with things other than the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>22. I would like to modify our use of the innovation based on the experiences of our students.</td>
<td>I would like to modify the Credential based on experiences with parents and children.</td>
<td>0</td>
</tr>
<tr>
<td>23. I spend little time thinking about the innovation.</td>
<td>I spend little time thinking about the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>24. I would like to excite my students about their part in this approach.</td>
<td>I would like to excite parents about their part in the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>25. I am concerned about time spent working with nonacademic problems related to the innovation.</td>
<td>I am concerned about time spent away from my child care children to participate in the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>26. I would like to know what the use of the innovation will require in the immediate future.</td>
<td>I would like to know what participating in the Credential will require in the immediate future.</td>
<td>0</td>
</tr>
<tr>
<td>27. I would like to coordinate my efforts with others to maximize the innovation’s effects.</td>
<td>I would like to coordinate my efforts with others to maximize the effects of the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>28. I would like to have more information on time and energy commitments required by the innovation.</td>
<td>I would like to have more information on time and energy commitments required to participate in the Credential.</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>29. I would like to know what other faculty are doing in this area.</td>
<td>I would like to know what other child care providers are doing with the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>30. Currently, other priorities prevent me from focusing my attention on the innovation.</td>
<td>Currently, other priorities prevent me from focusing my attention on the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>31. I would like to determine how to supplement, enhance, or replace the innovation.</td>
<td>I would like to determine how to supplement, enhance or replace the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>32. I would like to use feedback form student to change the program.</td>
<td>I would like to use feedback from parents to change the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>33. I would like to know how my role will change when I am using the innovation.</td>
<td>I would like to know how my role will change when I am participating in the Credential.</td>
<td>0</td>
</tr>
<tr>
<td>34. Coordination of tasks and people is taking too much of my time.</td>
<td>Coordination of tasks and paperwork is taking too much of my time.</td>
<td>0</td>
</tr>
<tr>
<td>35. I would like to know how the innovation is better than what we have now.</td>
<td>I would like to know how the Credential is better than licensing standards.</td>
<td>0</td>
</tr>
</tbody>
</table>
APPENDIX E

Open-Ended Statement
Open-Ended Statement

When you think about participating in the Maryland Child Care Credential program what concerns do you have? Please be frank, and answer in complete sentences.

1.

2.

3.
APPENDIX F

Interview Questions
Interview Questions

Motivation for being a child care provider

1. Tell me about why you are a child care provider.

2. What do you consider your primary role as a child care provider?

Understanding of Maryland Child Care Credential program

3. What do you think is the purpose of the Maryland Child Care Credential program?

4. Have your ideas about the purpose changed over time? (If yes, how?)

Motivation for participation in the Maryland Child Care Credential program

5. Why do you choose/not choose to participate in the Credential program?

6. What helped you decide to/not to participate in the Credential program?

Goal-Setting Strategies

7. What are your long-term professional goals?

8. Can you name three goals for yourself that you hope to accomplish in the next six months? How would you order these three goals in terms of priority?

9. What do you have to do in the next month to help you achieve these goals?

10. What do you have to do in the next week to help you achieve these goals?
Factors that contribute to participation in Credential program

11. [For Credential participants] What supports have you received in applying for and maintaining your involvement in the Credential program? [Possible follow-up question: Who provided that support?]

12. [For Credential non-participants] What would encourage you to apply for and maintain your involvement in the Credential program? [Possible follow-up questions: What supports would you need? If those supports were available, would you apply today?]

Stages of Concern Questionnaire follow-up

13. [Follow-up to item #3, #21 and #30 if applicable] In your survey responses, you indicated that you are more concerned about some things other than the Credential. What are some examples of those other concerns?

14. [Follow-up to item #8] What are some examples of how your interests conflict with your responsibilities?

15. [Follow-up to item #19] What are your concerns about evaluating your impact on children? How do you evaluate your impact on children now?
APPENDIX G

Stages of Concern Questionnaire Raw Scores
## Stages of Concern Questionnaire Raw Scores

| ID | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |
|----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1  | 5 | 1 | 4 | 7 | 1 | 4 | 2 | 4 | 4 | 4 | 3 | 4 | 2 | 2 | 4 | 4 | 2 | 2 | 5 | 2 | 3 | 3 | 2 | 4 | 3 | 3 | 3 | 5 | 2 | 1 | 4 | 1 | 4 |
| 2  | 5 | 2 | 4 | 4 | 4 | 2 | 2 | 4 | 2 | 3 | 6 | 2 | 6 | 0 | 0 | 3 | 6 | 4 | 6 | 4 | 5 | 6 | 4 | 5 | 2 | 4 | 4 | 3 | 6 | 3 | 4 | 3 | 2 | 2 |
| 3  | 4 | 1 | 6 | 6 | 2 | 4 | 6 | 3 | 4 | 1 | 4 | 6 | 2 | 0 | 0 | 1 | 1 | 6 | 6 | 4 | 1 | 4 | 7 | 5 | 1 | 6 | 6 | 1 | 6 | 1 | 0 | 3 | 1 | 5 |
| 4  | 2 | 1 | 6 | 5 | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 6 | 1 | 6 | 1 | 6 | 3 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 1 |
| 5  | 0 | 0 | 4 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | 0 | 0 | 4 | 5 | 2 | 0 | 0 | 0 | 0 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 7 | 3 | 3 | 3 |
| 6  | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 4 | 1 | 0 | 1 | 1 | 2 | 1 | 3 | 2 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 7  | 2 | 2 | 4 | 2 | 2 | 4 | 5 | 2 | 4 | 2 | 2 | 5 | 4 | 4 | 4 | 4 | 4 | 5 | 2 | 4 | 3 | 5 | 2 | 5 | 2 | 2 | 2 | 4 | 2 | 3 | 4 | 5 | 2 | 2 |
| 8  | 2 | 2 | 7 | 4 | 2 | 3 | 3 | 2 | 5 | 1 | 3 | 1 | 1 | 3 | 3 | 3 | 3 | 1 | 2 | 2 | 2 | 2 | 6 | 4 | 4 | 1 | 3 | 6 | 2 | 2 | 2 | 3 | 1 | 1 |
| 9  | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 6 | 1 | 1 | 3 | 1 | 6 | 2 | 2 | 1 | 5 | 2 | 5 | 2 | 0 | 5 | 0 | 3 | 2 | 1 | 6 | 3 | 3 | 2 |
| 10 | 2 | 2 | 7 | 7 | 2 | 2 | 2 | 2 | 4 | 2 | 2 | 7 | 2 | 2 | 4 | 2 | 3 | 2 | 3 | 7 | 2 | 7 | 2 | 2 | 2 | 2 | 2 | 7 | 2 | 2 | 2 | 5 | 2 |
| 11 | 0 | 2 | 5 | 5 | 4 | 4 | 4 | 2 | 0 | 4 | 0 | 0 | 7 | 4 | 4 | 7 | 7 | 4 | 2 | 7 | 7 | 7 | 7 | 5 | 7 | 5 | 5 | 5 | 5 | 7 | 5 | 7 | 7 |
| 12 | 2 | 0 | 6 | 6 | 2 | 4 | 2 | 4 | 2 | 6 | 6 | 6 | 2 | 2 | 2 | 6 | 4 | 6 | 4 | 6 | 4 | 2 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 4 | 4 |
| 13 | 1 | 1 | 7 | 7 | 1 | 1 | 6 | 4 | 0 | 0 | 1 | 7 | 7 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 3 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 3 | 0 | 0 | 0 |
| 14 | 3 | 0 | 6 | 5 | 0 | 2 | 3 | 2 | 3 | 4 | 3 | 2 | 2 | 3 | 6 | 5 | 1 | 1 | 4 | 7 | 3 | 5 | 1 | 2 | 7 | 6 | 4 | 5 | 7 | 4 | 3 | 3 | 6 |
| 15 | 2 | 6 | 7 | 6 | 0 | 4 | 2 | 2 | 1 | 4 | 6 | 6 | 3 | 3 | 3 | 5 | 3 | 1 | 4 | 3 | 7 | 5 | 7 | 2 | 5 | 4 | 3 | 3 | 4 | 7 | 6 | 3 | 3 |
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| 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | 0 | 0 | 0 | 0 | 1 | 6 | 1 | 0 | 4 | 1 | 1 | 4 | 6 | 6 | 1 | 6 | 0 | 4 | 0 | 4 | 0 | 4 | 0 | 4 | 0 | 1 | 6 | 6 | 6 | 4 | 1 | 0 | 0 |
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| 20 | 2 | 0 | 7 | 7 | 3 | 7 | 2 | 4 | 2 | 2 | 4 | 2 | 3 | 0 | 7 | 7 | 5 | 1 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 1 | 4 | 2 | 1 |
| 21 | 4 | 1 | 2 | 3 | 3 | 2 | 3 | 2 | 4 | 5 | 4 | 1 | 5 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 5 | 1 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 4 | 2 |
| 22 | 0 | 6 | 4 | 1 | 1 | 1 | 2 | 1 | 0 | 2 | 2 | 6 | 0 | 4 | 4 | 3 | 1 | 6 | 1 | 6 | 0 | 4 | 6 | 5 | 2 | 6 | 5 | 3 | 0 | 0 | 3 | 6 |
| 23 | 3 | 1 | 7 | 7 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 1 | 1 | 7 | 1 | 7 | 1 | 1 | 1 | 7 | 7 | 2 | 1 | 7 | 1 | 1 | 1 | 1 | 3 | 1 |
| 24 | 4 | 0 | 3 | 7 | 7 | 0 | 0 | 0 | 0 | 4 | 7 | 0 | 0 | 0 | 3 | 7 | 4 | 7 | 0 | 4 | 0 | 4 | 3 | 3 | 0 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 2 |
| 25 | 2 | 2 | 2 | 2 | 2 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 4 | 2 | 6 | 2 | 2 | 2 | 2 | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 26 | 2 | 2 | 6 | 2 | 2 | 2 | 2 | 2 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 6 | 2 | 2 | 2 | 2 | 6 | 2 | 2 | 2 | 6 | 2 | 0 | 2 | 0 | 2 | 0 | 2 | 2 |
|   | 27 | 2  | 0  | 2  | 6  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 7  | 2  | 7  | 1  | 2  | 2  | 0  | 2  | 2  | 2  | 2  | 2  | 7  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 28| 5  | 2  | 5  | 7  | 2  | 3  | 5  | 2  | 5  | 5  | 7  | 4  | 5  | 6  | 6  | 6  | 6  | 2  | 7  | 0  | 5  | 0  | 0  | 3  | 3  | 6  | 2  | 7  | 7  | 5  | 2  | 1  | 4  | 4  | 5  |     |
| 29| 3  | 2  | 4  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  |     |
| 30| 4  | 1  | 4  | 1  | 7  | 7  | 4  | 2  | 7  | 7  | 0  | 7  | 7  | 7  | 7  | 7  | 3  | 6  | 0  | 3  | 1  | 5  | 1  | 3  | 6  | 2  | 6  | 6  | 4  | 3  | 3  | 7  | 5  | 7  |     |
| 31| 2  | 1  | 3  | 3  | 1  | 1  | 2  | 0  | 0  | 1  | 3  | 3  | 1  | 1  | 3  | 3  | 3  | 1  | 1  | 1  | 1  | 1  | 1  | 3  | 1  | 3  | 3  | 6  | 3  | 1  | 3  | 0  | 3  |     |
| 32| 2  | 2  | 1  | 1  | 0  | 1  | 0  | 0  | 0  | 0  | 6  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 6  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 6  | 6  | 0  |
APPENDIX H

Stages of Concern Questionnaire Profiles
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Relative Intensity in Percentiles

CC101 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

CC102 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Relative Intensity in Percentiles

Stages of Concern

CC103 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

CC104 - Participant ID
0 - Level
SoCQ-075 Test data 2011
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

CC105 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Conotrms Based Adoption Model (CIAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Relative Intensity in Percentiles

Stages of Concern

CC106 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Action Model (CBAM)
CC Providers’ Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Relative Intensity in Percentiles

Stages of Concern

CC107 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

CC109 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

PCC201 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Context Bias Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

PCC201 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

PCC203 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Relative Intensity in Percentiles

Stages of Concern

PCC204 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Relative Intensity in Percentiles

Stages of Concern

PCC205 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Relative Intensity in Percentiles

Stages of Concern

PCC206 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adaption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

NCC301 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers’ Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

NCC303 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

![Graph showing stages of concern and relative intensity in percentiles]

NCC304 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Contents Based Adoption Model (CRAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

![Diagram showing concerns profile with stages and relative intensity in percentiles]

NCC307 - Participant ID
0 - Level
SoCQ-C75 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

NCC308 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers’ Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Relative Intensity in Percentiles

CF101 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers’ Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Relative Intensity in Percentiles

Stages of Concern

CF102 - Participant ID

ScCQ-075 Test data 2011
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

<table>
<thead>
<tr>
<th>Stages of Concern</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative Intensity in Percentiles</td>
<td>97</td>
<td>60</td>
<td>7</td>
<td>70</td>
<td>85</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

CF103 - Participant ID
0  - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers’ Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Stages of Concern

Relative Intensity in Percentiles

0 1 2 3 4 5 6

94 90 45 45 11 22 9

CF104 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Relative Intensity in Percentiles

Stages of Concern

CF105 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers’ Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

PCF201 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

PCF202  - Participant ID
0       - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

PCF203 - Participant ID
0 - Level
SoCQ-075 Test data 2011
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

NCF301 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers’ Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

NCF303 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Action Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

NCF304 - Participant ID
0 - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

[NCF305 - Participant ID
0 - Level
ScCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
CC Providers' Concerns and Beliefs
SoCQ Survey Regarding the Maryland Child Care Credential

Concerns Profile

Group Profile - Participant ID
All - Level
SoCQ-075 Test data 2011

Research on the Improvement Process / Concerns Based Adoption Model (CBAM)
APPENDIX I
Maryland Child Care Credential Materials
<table>
<thead>
<tr>
<th>Level</th>
<th>Education</th>
<th>Experience</th>
<th>PAU</th>
<th>Cont Tmp Clock Hrs per year</th>
<th>Bonus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Meet CCA Licensing or Registration Requirements</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2</td>
<td>• 45 clock hours Core of Knowledge training that includes:</td>
<td>NA</td>
<td>1</td>
<td>12</td>
<td>$200 (one time)</td>
</tr>
<tr>
<td></td>
<td>▶ A minimum of 20 clock hours in child development.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>• 60 clock hours Core of Knowledge training that includes:</td>
<td>2</td>
<td>18</td>
<td>$300 (one time)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▶ A minimum of 20 clock hours in child development and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▶ 20 clock hours in curriculum methods.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>• 135 clock hours Core of Knowledge training consisting of:</td>
<td>2 years</td>
<td>3</td>
<td>24</td>
<td>$500 (one time)</td>
</tr>
<tr>
<td></td>
<td>▶ 45 hrs child development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▶ 30 hrs curriculum</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>▶ 20 hrs health, safety &amp; nutrition</td>
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<tr>
<td></td>
<td>▶ 15 hrs special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▶ 15 hrs professionalism</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>▶ 10 hrs community</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• 1 yr experience,</td>
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</tr>
<tr>
<td></td>
<td>• 1 yr of college, or</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Exper/college = 1 year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4+</td>
<td>• 135 clock hours of core of knowledge training,</td>
<td>7 years</td>
<td>4</td>
<td>24</td>
<td>$600 (yearly)</td>
</tr>
<tr>
<td></td>
<td>• Program Accreditation (family child care only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>• Associate with 15 semester hours of approved coursework and</td>
<td>2+ years</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Course work in Child Development and Curriculum Methods</td>
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<tr>
<td>6</td>
<td>• Bachelor's, Masters, Doctorate in ECE, Elem Ed, Spec Ed, Child Psych,</td>
<td>2+ years</td>
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<tr>
<td></td>
<td>related field, and</td>
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<tr>
<td></td>
<td>• Courses in Child Development &amp; Curriculum Methods</td>
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<tr>
<td>5</td>
<td>• 30 semester hours of approved coursework that includes:</td>
<td>2+ years</td>
<td></td>
<td>$750 (yearly)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▶ Child Development</td>
<td>4</td>
<td>24</td>
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<tr>
<td></td>
<td>▶ Curriculum Planning</td>
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<td></td>
<td>▶ Health and Safety</td>
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<td></td>
<td>▶ Special Needs</td>
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<tr>
<td></td>
<td>▶ School Age</td>
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<tr>
<td></td>
<td>▶ Infant Toddler</td>
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<tr>
<td></td>
<td>▶ Language and Literacy</td>
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<tr>
<td></td>
<td>▶ Child Care Administration</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>• 15 semester hours of approved college coursework,</td>
<td>2 years</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Enrollment in an approved college course of study toward a degree,</td>
<td></td>
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<tr>
<td></td>
<td>• Accumulate 45 points by earning 5 points for each early childhood</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>course and/or each additional year of experience</td>
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</tr>
<tr>
<td>6</td>
<td>• Associate or higher degree with 15 semester hours of approved</td>
<td>2 years</td>
<td></td>
<td>$1,000 (yearly)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>coursework</td>
<td>5</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Enrollment in an approved college course of study toward a higher</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>degree, and</td>
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</tr>
<tr>
<td></td>
<td>• Accumulate 45 points by earning 5 points for each early childhood</td>
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<tr>
<td></td>
<td>course and/or each additional year of experience</td>
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</tbody>
</table>
# Professional Activity Units

**Professional Activity Units** – are earned for participating in activities related to the child care profession. The chart below lists examples of professional activities and the number of units they earn. Professional activity participation is required to meet credential levels two and higher and must have been earned in the previous twelve month period and maintained for continued participation in the program. Providers may choose from the listing below according to their interests and may submit information on activities not listed for consideration.

**Activity** – Each bulleted item earns the number of professional activity units indicated.

<table>
<thead>
<tr>
<th>Units Each</th>
<th>Activity</th>
</tr>
</thead>
</table>
| 1          | - Member of a local, state, or national child care professional organization (may count only 1 membership)  
- Active committee member of a local, state, regional or national child care professional organization  
- Child care conference committee member (may be considered for more than one unit based on documentation submitted)  
- Community child care event (festivals, community days, etc.)  
- Presenter of in-service training or workshop for staff or support group (1 clock hour or more – may not include staff meetings or social hours)  
- Informal mentor/advisor for high school students, child care center staff, or family child care provider  
- Achieve and maintain program accreditation. (Center staff must serve on an accreditation committee.)  
- Hold a current teaching certificate for Nursery, Kindergarten or Grades 1-5  
- Child care resource and referral volunteer (6 clock hours)  
- Attend and participate in a statewide child care conference  
- 10 years of experience working with children in a child care program |
| 2          | - Active officer or board member of a local, state, or national child care professional organization  
- Member of task force or advisory group  
- Author or contributor of professional level material to a child care newsletter  
- Child care resource and referral volunteer (12 hrs per year)  
- Successful completion of 3 college credits (limit – 2 units per year)  
- Judy Center participant/partner  
- Attend and participate in a national child care conference  
- Achieve and maintain national accreditation (family child care & child care center director)  
- 20 years of experience working with children in a child care program (may be counted only once for 2 units each subsequent year counts as 1 unit) |
| 3          | - Presenter at local, state, or national child care conference  
- Approved instructor of infant/toddler, early childhood, or school-age training  
- Author or contributor of material to an early childhood or school-age publication distributed nationally  
- Editor of local, state, or regional child care newsletter  
- Developer of infant/toddler, early childhood, or school-age curriculum for use by other trainers  
- Child Development Associate Advisor or Representative  
- State and/or National Accreditation observer, validator or verifier  
- CCA approved mentor to more than one family child care provider or child care center  
- Administered an Infant/Toddler, Early Childhood, School-Age, or Family Day Care Environment Rating Scale for a program other than own (must be approved by CCA)  
- Supervisor of student teachers officially placed be a college or university  
- 30 years of experience working with children in a child care program (may be counted only once for 3 units each subsequent year counts as 1 unit) |

Revised 7-29-04
Annette Louise Searfoss
Vita
asearfose@fmarion.edu

EDUCATION

PENN STATE UNIVERSITY State College, PA
Doctor of Philosophy, Curriculum and Instruction (Early Childhood Education)
December 2011

SHIPPENSBURG UNIVERSITY Shippensburg, PA
Master of Education in Early Childhood August, 2000

UNIVERSITY OF NORTH CAROLINA AT WILMINGTON
Wilmington, NC Bachelor of Arts in Elementary Education December 1996

TEACHING

FRANCIS MARION UNIVERSITY Assistant Professor
Introduction to Early Childhood Education, Fall 2011
Preschool Practicum, Fall 2011
Methods and Materials, Fall 2011
Pre-Student Teaching Practicum, Co-Professor, Fall 2011
Supervisor of Student Teachers, Fall 2011

PENN STATE UNIVERSITY Teaching Assistant
Instruction in ECE Derived from Development Theories, Fall 2009 – Spring 2011
Child’s Play as Educative Process, Summer 2009

SHIPPENSBURG UNIVERSITY Adjunct Instructor
Supervisor of Student Teachers, Spring 2010
Supervisor of Student Teachers, Fall 2009
Introduction to Early Childhood Education, Spring 2009
Child Development, Spring 2009
Supervisor of Student Teachers, Spring 2009
Introduction to Early Childhood Education, Fall 2008
Supervisor of Student Teachers, Fall 2008
Child Development, Fall 2007
Various courses and student teaching supervision from 2000-2010

PRESENTATIONS

National Association for the Education of Young Children
Professional Development Institute 2006
Supporting Student Teacher’s Understanding of Guiding Children’s Behavior
Panel presentation with Dr. Donna Couchenour, Dr. Kent Chrisman, and Jennifer Chestnut
The Association for the Study of Play/International Play Association Conference 2010
Teachers’ Values and Ideas about Play and Morality
Roundtable presentation
18th International Reconceptualizing Early Childhood Education (RECE)
Conference 2010
Teachers’ Values and Ideas about Play and Morality
Panel Presentation