

**ANALYSIS AND COMPARISON OF PROVIDER PERSPECTIVES
FOLLOWING TRAINING FOCUSED ON SUPPORTING THE INCLUSION
OF CHILDREN WITH DISABILITIES IN CHILDCARE PROGRAMS**

by

Danielle M. Riser

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TABLE OF CONTENTS

LIST OF TABLES	v
GLOSSARY	vi
ABSTRACT	viii
Chapter	
1 INTRODUCTION	1
2 THEORETICAL FRAMEWORK AND LITERATURE REVIEW	5
Bioecological Theory	5
Bioecological Theory Applied to the Current Research.....	6
Features of Childcare Providers (The Person).....	7
Features of a Provider’s Work (The Context)	9
Features of Training (The Process)	13
3 METHODS	18
4 RESULTS	23
5 DISCUSSION & CONCLUSION.....	35
REFERENCES	42
Appendix	
A ADDITIONAL TABLES	49
B DIEEC EVALUATION SURVEY (FULL).....	54

LIST OF TABLES

Table 1:	Number of Surveys for Each Class by Course Type	23
Table 2:	Number of Surveys for Each Course Type.....	24
Table 3:	Number of Providers in Each Auspice by Course Type.....	25
Table 4:	Number of Providers Serving Each Age Group by Course Type	25
Table 5:	Comparison of Survey Data & DIEEC Registry by Auspice.....	26
Table 6:	Comparison of Survey Data & DIEEC Registry by Age Group	27
Table 7:	Descriptive Statistics for Percentage of Slots Attended by Course Type	28
Table 8:	Descriptive Statistics for Likert Responses by Course Type	29
Table 9:	Chi-square Analysis of Reasons for Attending by Course Type.....	31
Table 10:	“I would benefit from further training on...”	32
Table 11:	Correlation of Likert Scale Response Items and Training Price	34
Table 12:	Correlation of Likert Scale Response Items and Training Price	34
Table 13:	Training Descriptions (based on DIEEC registry information)	49
Table 14:	Number of Missing or Invalid Responses for Each Question in the Analysis	50
Table 15:	Descriptive Statistics: 1. Where do you work?	50
Table 16:	Descriptive Statistics: 3. What age group do you work with in your current job?	50
Table 17:	Descriptive Statistics: Likert Scale Questions 5-6	51
Table 18:	Descriptive Statistics: 9. Why did you attend this workshop?	51
Table 19:	“I would benefit from further training on...”	52
Table 20:	Descriptive Statistics for Price and Hours by Class (in dollars)	53

GLOSSARY

Inclusion- the education of children with disabilities in the same setting as children without disabilities.

Childcare- a business which cares for children outside of the K-12 schooling system. This may include home-based childcare, early childhood center-based childcare, or school-age childcare. Individuals who work directly with children in these settings are referred to as childcare providers.

Individuals with Disabilities Education Act (IDEA)- legislation enacted to ensure that students with disabilities receive adequate and appropriate educational services. Part B stipulates that children between the ages of three and twenty-one should be educated in the least restrictive environment. Part C stipulates that children under the age of three should be educated in their natural environment.

Natural Environment- this could refer to any environment that a child would naturally spend their time in, such as their home, their childcare arrangement, or a relative's home.

Least Restrictive Environment- services for children with disabilities should take place in an inclusive classroom to the fullest extent possible and appropriate for the individual child.

Professional Development- the formal methods by which professionals improve their practice. This typically consists of education (formal degree programs), training (pre-service or in-service learning experiences delivered by professionals), and technical assistance (job-embedded individualized support).

Pre-service training- in the case of childcare providers, this is non-credit bearing community-based training (or, in some cases, credit-bearing higher education

coursework) that a provider receives before they begin working as a childcare provider.

In-service training- the in-service community-based training that childcare providers receive when they are already working in the field of education.

ABSTRACT

Individuals with Disabilities Education Act (IDEA) legislation in both Part C, infants and toddlers and Part B, children aged 3-21 mandate that children with disabilities be placed in the “natural environment” (Part C) or the “least restrictive setting” (Part B) (Individuals with Disabilities Education Act, 2004). While childcare centers are not required to comply with IDEA, they are required to offer reasonable accommodations for children and families with disabilities by the Americans with Disabilities Act (1990). The implication of these mandates is that many childcare providers in the U.S. work with children with disabilities in inclusive environments. Therefore, childcare providers need training and education that allows them to provide high quality services for children with disabilities. Currently, there is a lack of research on in-service community-based training opportunities that address inclusion for childcare providers. This paper aims to expand the current research base on this topic by analyzing administrative data describing childcare provider perspectives of training on the topic of inclusion in three different content areas: disability-specific training, training on challenging behaviors, and trainings that lead to a credential. The results suggest that the providers who complete training on the topic of inclusion are in some ways different from the larger population of providers when it comes to the auspice in which they work. Also, the content area of the training on inclusion may influence attendance and a provider’s reasons for attending. Finally, the results suggest

a positive relationship between price and attendance in two content areas. Results are discussed in the bioecological framework, and possible implications are suggested.

Chapter 1

INTRODUCTION

The Individuals with Disabilities Education Act (IDEA) states that children with disabilities over the age of three should be educated in the “least restrictive environment” (IDEA, 2004). For children with disabilities under the age of three, IDEA specifies they should receive early intervention services in their “natural environment”. This means services should be offered in the setting the child would be in if they did not have a disability (National Dissemination Center for Children with Disabilities, 2014). Over the past few decades, IDEA has caused a growing shift towards inclusive educational settings, because general education settings are often the least restrictive and the most natural environments, offering the widest access to activities and peer interactions. One of the reasons for the emphasis on least restrictive and natural environments is that when implemented successfully, inclusion promotes positive outcomes for children with and without disabilities (Odom, Buysse, & Soukakou, 2011).

Unfortunately, many families who qualify to receive special education services through their Local Educational Agencies (LEA’s) do not have their full childcare needs met by these agencies. While IDEA requires LEA’s to provide services for children ages three-to-five with disabilities, the settings they take place in often have restrictions. Options offered by LEA’s may be limited to half-day or part-time preschool programs, and placement may occur in segregated classrooms (U.S. Department of Health and Human Services & U.S. Department of Education, 2015).

Thus, LEA services may not meet the needs of families who need full-time childcare while they are at work; and, parents of children with disabilities have a difficult time finding high-quality childcare programs for their children (Booth-LaForce & Kelly, 2004).

A vast number of children in center-based and licensed family childcare settings could benefit from receiving care from a provider trained to work with children with disabilities. According to the CDC, approximately 1 in 6 children between the ages of three and seventeen has a developmental disability (Boyle et al., 2011). The percentage of children with a diagnosed disability is lower for children under five; however, statistics suggest that most children under two years of age who have developmental delays do not receive early intervention services (Rosenberg, Zhang, & Robinson, 2008). Many young children who have disabilities are not receiving services, and many more children are undiagnosed at this age. For those reasons, there is a clear need for all childcare providers to be trained to identify and work with children with disabilities.

However, it is difficult to ensure that the early care and education workforce has the requisite level of professional preparation necessary to identify and work with children with disabilities. Some of the challenge is explained by the diversity of job titles (or roles) and settings (or auspices) within early care and education. Childcare providers may work in any number of auspices, including, home-based care, community-based childcare centers, and federally-funded programs such as Head Start. Auspices differ in their licensing requirements both within and across states. For example, in Delaware, a level one home-based provider must have a minimum of a high school diploma and receive 12 hours of training annually (Delaware Office of

Childcare Licensing, 2017). In contrast, a center-based provider must have at least a high school diploma, complete 120-hour training course or 9 college credits, have one year of experience, and receive 18 hours of training annually (Delaware Office of Childcare Licensing, 2015). Licensing requirements also vary by state. For example, in Maryland, the training requirements for licensed family childcare providers and center-based providers differ from the requirements in Delaware. Center-based providers only need 99 hours of pre-service training or 7 college credits (plus 3 hours of Americans with Disabilities Act compliance training), and licensed family childcare providers must have at least 24 hours of approved pre-service training (Maryland State Department of Education Division of Early Childhood Development, 2015). Further, childcare providers may serve in a number of different roles, in addition to the various auspices in which they may work. These roles may include titles such as administrator, teacher, assistant, intern, curriculum coordinator, or owner. A childcare provider could also work with a variety of age-groups, such as infants (birth-1 year), toddlers (1-3 years), preschoolers (3-5 years), school-age children (5 years and older), or multi-age care (where providers serve different age groups in the same classroom). Training and licensing requirements may vary by each role, setting, and age group. This diversity makes training early childhood providers difficult, and it makes systematically studying them very challenging. Therefore, to limit the diversity, in the current study the settings of interest are center-based community childcare, and licensed family childcare.

Pre-service educational requirements for childcare providers are often low; however, most states require that providers receive a minimum yearly number of hours of in-service community-based training (National Association for the Education of

Young Children [NAEYC] & National Association of Childcare Resource and Referral Agencies [NACCRRA], 2015). Therefore, to successfully increase the level of knowledge that childcare providers have when it comes to working with children who have disabilities, high-quality in-service community-based training on this topic must be provided.

This paper aims to make a case for continued research to examine training designed for childcare providers on the topic of promoting inclusion of children with disabilities. It will review the literature relating to childcare providers, the trainings designed for them (specifically on the topic of supporting inclusion), and features of their work that may influence their perspectives on these trainings based on bioecological theory. The final sections include new research that analyzes childcare provider perspectives of trainings on the topic of inclusion.

Chapter 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Bioecological Theory

Urie Bronfenbrenner, and his associates, developed the Bioecological theory, a theory that explains the impact that person, process, context, and time (PPCT) have on an individual's development (Bronfenbrenner & Morris, 2006). Bioecological theory emphasizes the ongoing relationships that occur between an individual's genetics, their interactions with the environment, and the contexts in which these interactions occur over the course of their life and within periods of historical time (Bronfenbrenner & Morris, 2006). Proximal processes are the reciprocal relationships between an individual and their environment. These reciprocal relationships are the key feature of the bioecological model. This model emphasizes proximal processes as the force behind human development (Bronfenbrenner & Morris, 2006).

Two propositions detail Bioecological theory more thoroughly. Proposition one details the principle assertion made by the Bioecological model; that proximal processes are the main drivers of human development and that over the lifespan these proximal processes become increasingly more complex (Bronfenbrenner & Morris, 2006). Proposition two elaborates further on this assertion by specifying that the "form, power, content, and direction of the proximal processes" vary based on the context in which they take place, characteristics of the person, the developmental domain, and the time in which they take place (Bronfenbrenner & Morris, 2006). The relationships between proximal processes, the person, the context, and time, are reciprocal and bi-directional (Bronfenbrenner & Morris, 2006). Simply put, an individual both influences and is influenced by the environment in which development

is taking place, and their development is both a product of and a process influencing these proximal processes.

Bioecological Theory Applied to the Current Research

The current research focuses on childcare provider perceptions of training on the topic of inclusion. Bioecological theory provides a useful lens for examining this topic. Bronfenbrenner believed that the best way to apply his theory was to incorporate all aspects of his model into the research design, subsequently revealing the relationships between the person, process, context, and time (Rosa & Tuge, 2013). Therefore, this literature review presents relevant aspects of the person, context, and process.

This literature review examines certain features that may influence a provider's perspectives on, and attendance of training on the topic of inclusion. The literature review follows the bioecological framework. The following sections divide previous research into "person", "context", and "process" sections. The "person" section includes literature on provider education and training background. The "context" section focuses on features of a provider's work. This section includes literature on the impact a provider's auspice may have on their training, and the impact that the age group a provider serves may have on their training. In many ways, the educational aspects of the "person" dimension are features of the auspice they work in, as much of the regulation regarding training and education relates to auspice of work. Lastly, features of training are situated as the "process". This section includes a review of current research on early childhood training, literature examining training content, training structure and cost, theories on perceptions of value, and time and price impacts on attendance.

Features of Childcare Providers (The Person)

Bronfenbrenner and Morris describe three areas of personal characteristics that may influence development: disposition, resources (experience and knowledge), and demand (2006). This section will focus on the resource characteristic of provider knowledge and presents past research on the variables that contribute to childcare providers' knowledge. This section also includes a review of human capital theory and theories of consumer behavior to include other important individual-level characteristics that can help us understand behavior.

Provider knowledge. The National Association for the Education of Young Children (NAEYC) states that professional development consists of three components: education, training, and technical assistance (2011). Education takes place at Institutions of Higher Education, is credit-bearing, and can result in a degree. Training may take place in a variety of settings, is typically focused on a specific content area, and is delivered by a professional in a single session or a series of sessions (NAEYC & NACCRRRA, 2011). There are two types of training: preservice training (happens before one begins working in the field), and in-service training (happens while one is currently working in the field). Preservice training is the initial training a provider takes before attaining a position, whereas in-service training takes place after a provider has attained a position, to continue increasing their knowledge (NAEYC & NACCRRRA, 2011).

One of the biggest barriers to inclusion continues to be a lack of providers properly trained on the topic (Devore & Hanley-Maxwell, 2000; Eiserman, Shisler, & Healey, 1995; Mulvihill, Shearer, & Hoen, 2002; Buysse, Wesley, & Keyes, 1998). Training focused on supporting children with disabilities makes a big difference in the promotion of inclusion. It relates to more positive attitudes toward the ease of

providing inclusion, and increased confidence in the implementation of inclusion (Bennett et al. 1997). Also, providers with more disability-related training feel they have fewer barriers preventing them from providing inclusion (Mulvihill et al. 2002). Childcare providers need more training to implement inclusion successfully.

Qualitative research on this topic helps to reveal provider's perspectives of their own training needs, motivations, satisfaction with the content, and their opinion of the impact of the training on their beliefs and practices. A focus group comprised of licensed family childcare providers, administrators, and center-based teachers discussed the training needs of the childcare field. The results of this focus group found these providers feel childcare providers need training on the topics of health, safety, and nutrition, child development, developmentally appropriate practices, and providing high-quality learning environments (Gable & Hansen, 2001). However, these perspectives often varied in providers who served in different roles and auspices. For example, licensed family childcare providers suggested health, safety, and nutrition more often than center-based providers, and center-based directors mentioned developmentally appropriate practices the most often. (Gable & Hansen, 2001).

While Bioecological theory highlights the need to address "person" variables and specifically highlights the need to consider knowledge, theories of consumer behavior help to explain within-person characteristics as they relate to purchasing behavior. These theories can help explain how childcare providers evaluate the value of a training and make decisions on what trainings to attend. Theories of consumer behavior state that there is a complex relationship between price, quality, value, and an individual's decision to make a purchase (Zeithaml, 1988). In Zeithaml's model, the

individual's perception of the expensiveness of the product, along with an individual's intrinsic and extrinsic attributes, influence perceptions of quality. Perceptions of quality, the perceived sacrifice, and the emotional payoff factor into an individual's perceived value. Perceived value directly impacts an individual's decision to purchase (1988). In this context, Zeithaml's model suggests that whether a provider perceives a training as expensive, a sacrifice, and as valuable for them may influence their perceived value of the training and therefore their decision to attend.

Along these same lines, human capital theory suggests that training decisions represent an investment and that both the individual's employment circumstances and their characteristics are factors that play a role in an individual's motivation and decision to attend a training (Dowswell et al., 2000). These theories imply that providers are more likely to attend trainings that they feel are valuable. In other words, providers are more likely to attend trainings that they believe are worth the monetary and time sacrifices necessary to attend them. These evaluations of value are impacted by a provider's employment circumstances and the characteristics of that employment circumstance (Dowswell et al., 2000).

Features of a Provider's Work (The Context)

While proximal processes are the primary means through which development takes place, the power of these processes may vary drastically based on the environmental context in which they take place (Bronfenbrenner & Morris, 2006). In the present context, the provider's work serves as the context influencing training. This section will cover how a provider's auspice, and the age groups they serve, may influence their in-service community-based training needs and preferences. A

provider's auspice relates to their participation in training on the topic of inclusion and experience working with children who have disabilities.

Research suggests that there are differences in the amount of formalized education between providers working in different auspices (Fuligni et al. 2009; Knoche et al., 2006). Center-based providers attend more years of formal schooling than licensed family childcare providers (Fuligni et al., 2009), and more often have their bachelor's degree and teaching certificate than licensed family childcare providers (Knoche et al., 2006). These educational differences may relate to differential licensing standards. In the United States, the education required to become a childcare provider varies by state, role, and auspice, as stated previously. The National Center on Childcare Quality Improvement (NCCCQI) and the National Association for Regulatory Administration (NARA) found that when it comes to pre-service training 14 states in the US have no requirements for center-based providers, and 17 states have no requirements for licensed family childcare providers (2015). However, nearly all states require that childcare providers maintain a certain number of in-service community-based training clock hours (NCCCQI & NARA, 2015). This requirement for in-service community-based training provides the primary opportunity for the continued growth of the field. Based on this research, it follows that center-based providers attend training on the topic of inclusion more often than home-based provider do (Mulvihill et al. 2002).

Level of experience working with children who have disabilities varies by auspice as well. Center-based providers serve children with disabilities more often than licensed family childcare providers do (Mulvihill, Shearer, & Hoen, 2002). Therefore, while licensed family childcare providers may have more experience

working with children in general, center-based providers have more experience and training in working specifically with children with disabilities. This difference in experience and training between auspices has broad implications for those responsible for designing the trainings that providers attend on the topic of working with children with disabilities.

The impact of provider auspice on in-service community-based training.

Very little research exists that compares childcare providers' self-reported training needs and preferences based on the auspice in which they work. However, auspice based differences could have a serious influence on a provider's in-service community-based training needs and their perceptions of training on the topic of inclusion. Demographic differences between providers working in different auspices exists in areas such as age, gender, pay, staff turnover, types of care offered, and training (Bassok, Fitzpatrick, Loeb, & Paglayan, 2010; Center for Applied Research & Urban Policy, 2010; The Department for Education and Skills, 2004). Research demonstrates that there is a relationship between the auspice where a provider works and the provider's training and experience. Center-based providers attend in-service community-based training more often but have less overall experience than licensed family childcare providers (Knoche, Peterson, Edwards, & Jeon, 2006). While the variation in training could be a function of licensing regulations, it might also reflect variation in educational background with licensed family childcare providers having lower levels of formal education when compared to center-based providers (Fuligni et al. 2009). Additionally, center-based providers views on pre-service training requirements differ from those of licensed family childcare providers (Gable & Hansen, 2001). Licensed family childcare providers are less likely to endorse higher

education as necessary for childcare providers than center-based providers (Gable & Hansen, 2001). Licensed family childcare providers and center-based providers also appear to have different barriers to attending training. Family childcare providers and center-based providers receive ongoing support from different sources. Center-based providers more often rely on other providers for pedagogical support, whereas licensed family childcare providers, who often work alone, rely more on conferences and workshops for pedagogical support (Fuligni et al., 2009).

Economically speaking, center-based providers receive far less pay than public school teachers do, and licensed family childcare providers earn the least in the field (LaRue & LaRue, 2015). Licensed family childcare providers typically work longer hours than center-based providers do, often working ten or twelve-hour days, without breaks, five days-per-week, sometimes more. Therefore, there may be a difference in the ability of licensed family childcare providers to afford the time or money required to attend training on the topic of inclusion. Balancing resources is often more a concern for licensed family childcare providers than for center-based providers when it comes to implementing inclusion because center-based providers are part of a larger program and therefore rely on the program's resources rather than their personal resources (Devore & Hanley-Maxwell, 2000). As a result, it is difficult for licensed family childcare providers to implement what they learn in trainings on the topic of working with children with disabilities because they must rely more heavily on personal resources during implementation. Variations in the resources available to programs can attribute for some of the differences seen by auspice.

The impact of the age group a provider serves on in-service community-based training. The developmental needs of infants, toddlers, preschoolers, and

school-aged children differ; however, little research exists that compares the providers who serve these different age groups. Some research suggests that the correlation between serving children with disabilities and classroom quality ratings may vary based on the age-group of the children studied (Knoche, Peterson, Edwards, & Jeon, 2006). It is possible that these differences may relate to systematic differences between provider roles as defined by the age group the provider serves. One study comparing pre-service birth to five and primary teachers in Australia found no difference between the two groups in their perspectives of inclusion (Kraska & Boyle, 2014). However, more research is needed to compare the differences between providers who serve different age-groups in childcare settings.

Features of Training (The Process)

Bronfenbrenner and Morris theorize that proximal processes are the primary means through which development takes place (2006). The process analyzed in this context is training. To support inclusion in early childhood, childcare providers need adequate training on the topic. The common method used to provide this training to the workforce is ongoing in-service training. This section will begin by reviewing some of the current literature on early childhood training. Then it will examine more complex factors, including training content, structure, and cost, and the impact of those factors on a provider's perceptions and motivations.

Training structure and cost. Most research suggests that series-designed in-service courses (which take place through multiple sessions over time) are more effective at influencing knowledge and practice than single-session trainings (Dunst, Trivette, & Hamby, 2010; Goldenberg & Gallimore, 1991; Lanigan, 2011; Smith & Gillespie, 2007). However, research shows that time and cost are major barriers to

attending training (Feist, 2003; Rusby, 2002; Sandy & Osborne, 1994; Walker, 2002). So, while series-designed trainings may have a greater impact on practices, providers may not be able to attend them due to their increased time and cost commitments.

The impact of price and time on attendance. Recent research has found that many providers wish to complete their in-service community-based training requirements quickly (Linder et al., 2016). However, some childcare providers value in-service community-based trainings that occur over a span of time (Linder et al., 2016). Research has found that the root of the dichotomy in these perspectives lies in the provider's motivations and perceived value of the training. Providers who value quick completion of their hours often see series-designed training as a waste of time, whereas providers who place a higher value on learning better appreciate trainings that occur over a span of time (Linder et al., 2016).

Despite its importance, little research exists on the effects of community based on-going in-service training, particularly for childcare providers. The research that does exist (across both childcare and the K-12 system) shows that, depending on its design, training has the potential to improve classroom quality and instruction (Desimone, Porter, Garet, Yoon, & Birman, 2002; Linder, Rembert, Simpson, & Ramey, 2016; Zaslow, Tout, Halle, Whittaker, & Lavelle, 2010). However, the research that exists focuses primarily on training delivery.

Training content. The content of training for childcare providers on the topic of inclusion varies widely. For example, the 2016 National Early Childhood Inclusion Institute, a yearly conference for early childhood professionals, offered sessions on a variety of topics. It included sessions on general topics to support inclusion (such as assessment, policy, and working with parents), sessions to support children with

specific disabilities (such as Autism Spectrum Disorder), and sessions to support children with challenging behaviors. This diversity in training topics may occur due to a wide variety of reasons. However, no comparative quantitative research exists to determine if the content focus of a training influences a provider's perceptions and their ability to apply training content.

Research suggests providers who offer inclusive services feel that child or disability-specific trainings are more beneficial for supporting inclusion efforts, compared to trainings on more general topics (Devore & Hanley-Maxwell, 2000). Various studies support this claim by indicating that providers prefer in-service community-based training that is relevant to them, and relevant training has a greater impact on classroom practices (Castleberry, Wald, & Sobel, 1999; Desimone, Porter, Garet, Yoon, & Birman, 2002; Linder, Rembert, Simpson, & Ramey, 2016; Zaslow, Tout, Halle, Whittaker, & Lavelle, 2010). However, these studies do not quantitatively compare inclusion trainings that have different content focuses.

Although relevant training appears to be more beneficial, providers rarely have input on the choices for training offerings. In many places, licensing requirements drive the training topics offered. For example, in Delaware, childcare providers must attend annual training in at least three of eight specified “core areas” (Delaware Office of Childcare Licensing, 2015). Another driver of training offerings are Quality Rating Improvement Systems (QRIS’s). QRIS’s have been implemented nationwide at both the state and in some cases local levels, with the goal of improving the quality of childcare programs, primarily through the use of assessments, technical assistance, standards, and rating systems (NCCCQI, 2015). These standards typically go above and beyond licensing requirements and often have increased in-service community-

based training requirements (NCCCQI & NARA, 2015). QRIS standards may incentivize specific trainings as a way to improve a program's quality rating. For example, Delaware offers non-credit bearing state-based "credentials" that link to the state's professional development scale. Acquiring these state-based credentials allows providers to help their program gain a higher quality rating because programs that have staff that poses credentials accrue more points in the state QRIS, (Delaware Institute for Excellence in Early Childhood, 2016). To receive a credential, providers must attend a specified sequence of trainings and complete a portfolio (or send proof of applicable higher-education coursework) (DIEEC, 2016). Furthermore, there is research to suggest that the need to meet licensing requirements and QRIS standards drives individual decisions to attend training (Buell & Riser, 2016). From this, it can be posited that attendees of QRIS incentivized or licensing required trainings may be attending those trainings for a variety of reasons, including to improve their practice. However, there is no research comparing reasons for attending training between classes that are incentivized by QRIS or mandated by licensing standards, and other non-incentivised offerings. The design of training on the topic of inclusion is a complex issue that needs further research to discern the needs of the workforce.

Bioecological theory provides a useful lens for analyzing childcare provider attendance and perceptions of training. This theory suggests there is a need to examine features of the providers themselves (person), features of training (process), and features of a provider's work (context) to understand why providers attend trainings. More research is needed to ensure that stakeholders offer trainings on inclusion in a way that promotes attendance and uptake. Those who design and deliver training need information on how to select the most desirable and needed content, and what training

structure and cost will be the most enticing. Distinguishing between auspices and age group served may result in the most useful information when tailoring instruction. The current study seeks to fill some of these research gaps by comparing provider perception, auspice, age group and attendance at trainings on inclusion.

Chapter 3

METHODS

Research Questions

This study provides a descriptive analysis of the course evaluation data for trainings that support inclusive services offered by the Delaware Institute for Excellence in Early Childhood (DIEEC). The evaluations were analyzed according to select demographic information from the DIEEC registry. Based on a review of the literature the following research questions were formed:

- 1a. Do auspice and age group served differentiate participants who attend trainings that address the topic of inclusion in early childhood? If yes, how do auspice and age group served vary across the participants attending different types of inclusion training?
- 1b. Do the trainings on the topic of inclusion have participants that vary from those in the DIEEC registry by auspice and age group served?
2. Do the different types of trainings on the topic of inclusion vary in their course evaluation patterns and reasons for attendance?
3. Are the differences in the structure of trainings on the topic of inclusion (price and number of hours) related to provider attendance and course evaluations?

Study Context

In the United States, most states have a system for delivering training to childcare providers (Childcare Aware, n.d.). In Delaware, the DIEEC is the main source for ongoing early childhood training. The Delaware Department of Education contracts the DIEEC, to provide quality assured trainings for early childhood

providers in Delaware. All quality assured training goes through a quality assurance process to ensure each training aligns with standards and follows adult learning principles. The DIEEC works in partnership with public and private stakeholders to provide this quality assured training to early childhood providers throughout the state of Delaware. To attend a training with the DIEEC, participants must create a profile on the DIEEC website and register for the training. If a participant attends the training in its entirety (as verified by a sign-in sheet), their DIEEC profile is credited with the training hours. Recently, the DIEEC has also added several online training options (these are not included in this study).

The DIEEC has an online registry that contains information for every individual who has registered for a course with the institute or a sponsoring organization. It contains information on participants such as their date of birth, work address, race, ethnicity, level of education, age groups served, job title or role, and other demographic information. From this registry a variety of reports can be generated, such as “user” reports, which list information for all users registered (if provided), and “attendance” reports, which list the users who registered for a given training along with their demographic information. The focus of this study is on analyzing the survey data from several inclusion courses offered by the DIEEC. Both survey data and information from the registry were used (user reports and attendance reports). Between July 1, 2014, and June 30, 2015, the DIEEC offered 725 trainings to early childhood educators (University of Delaware College of Education and Human Development, 2015). The DIEEC registration records indicate that 1,934 unique individuals (in publicly offered training sessions) attended training during this time-period (University of Delaware College of Education and Human Development,

2015). According to a 2016 report, there are approximately 6,128 center-based childcare employees in the state of Delaware (Tôth, 2016). Currently, there are 625 licensed “family childcare” providers and 74 licensed “large family childcare” (licensed family childcare providers that may have multiple employees and may serve more children) in Delaware (The State of Delaware, 2017). From these numbers, it can be safely assumed that the DIEEC provided training to a considerable slice of the childcare workforce in the state between July 1, 2014, and June 30, 2015.

During the time-period from July 1, 2014, to June 30, 2015, providers who took a training offered by the DIEEC completed a course evaluation survey. The training’s instructor distributed the paper survey during the last 10 minutes of the training. The surveys were then collected, and the results were compiled into a database. The survey used in the current study (full survey can be found in Appendix B) contained 11 questions. Five of these questions were multiple-choice (regarding demographic characteristics, reasons for attendance, future training needs, and satisfaction with training). Four questions were a rating-scale (asking about satisfaction with and impact of the workshop and its instructor). Two of the questions were open-ended (asking for comments on the workshop).

To answer the research questions, trainings were identified as addressing the topic of “inclusion” by coding the training topics included in the DIEEC Master Curriculum Spreadsheet (Delaware Institute for Excellence in Early Childhood, 2016). This spreadsheet provides descriptions of all trainings offered by the DIEEC. The researcher read course descriptions for all courses offered by the DIEEC. If the focus of the course was on promoting the inclusion of children with disabilities (or a specific disability), or the course was required to attain the ‘inclusion credential,’ it was

included in the analysis. From these descriptions, six training courses were selected and two different types of trainings were identified. Two trainings were identified as focusing on a specific disability - ADHD Awareness, and Sensory Disorders. Four trainings were identified as focusing on more general inclusion topics, and when combined, articulate into an 'inclusion credential'. These four trainings were: Inclusion Best Practice, Cara's Kit, Success in the Classroom, and Special Quest. Because children with challenging behaviors are among those perceived to require the greatest amount of accommodation by practitioners (Stoiber, Gettinger, & Goetz, 1998, p. 121), three additional courses focusing on behavior management were included in this analysis - FLIP IT, Facing the Challenge, and Avoid Behavior Problems: Teach Self-Control. ADHD awareness was eliminated from the analysis due to insufficient data (data on too few participants). Table 13 (Appendix A) contains a description of each class included in the analysis, including the price, number of hours required, and a brief description of the topic(s) covered in class based on the DIEEC training registry. According to the DIEEC registry, approximately 405 slots were attended for these courses overall. Of those 405 slots, approximately 364 (90%) of individuals attended a single course (38 individuals attended two courses, and three individuals attended three courses during the specified period). The survey data includes 395 surveys from those 405 slots (98% return rate). It should be noted that because the data was entered with no identifying information, it was impossible to remove the duplicate individuals.

Additional data elements were added to the data frame based on information from the DIEEC website. They included: the number of hours for each course, and whether the section was public or private (all private courses were eliminated).

Additional information from the DIEEC registry was also used in the analysis. This information included the auspice and age group(s) served for all providers registered in the DIEEC registry. This information was then used to help answer research question 1b. Also, information regarding attendance figures and price statistics for each course was gathered from the DIEEC registry. This data was used to help answer research question 3.

Chapter 4

RESULTS

Table 1 presents the number of surveys for each class, by course type, in descending order, for the 395 surveys included in the analysis. It should be noted that *Avoid Behavior Problems* only ran once during the period included in the analysis. Table 13 (Appendix A) specifies the number of missing responses present for each survey item. Tables 14-18 (Appendix A) provide general descriptive information for each survey item analyzed.

Table 1

<i>Number of Surveys for Each Class by Course Type</i>		
Class	n	% of total
<i>Specific</i>		
Sensory Disorder	120	30.4
<i>Behaviors</i>		
Facing the Challenge	88	22.2
FLIP It	66	16.7
Avoid Behavior Problems	25	6.3
<i>Credential</i>		
Special Quest	33	8.3
Cara's Kit	30	7.6
Inclusion Best Practice	23	5.8
Success in the Classroom	10	2.5
<i>Total (n=395)</i>		

Table 2 presents the number of surveys for each course type, in descending order.

Table 2

Class	n	%
Behaviors	179	45.3
Specific	120	30.4
Credential	96	24.3
<i>Total (n=395)</i>		

1a. Do auspice and age group served differentiate participants who attend trainings that address the topic of inclusion in early childhood? If yes, how do are auspices and age groups served vary across the participants attending different types of inclusion training?

Courses were grouped by three content areas- those that lead to the inclusion credential, those addressing behavioral issues, and the one course addressing a specific disability (sensory disorders). First, the data was analyzed to describe the proportion of providers in each auspice and by age group served. These proportions were compared across and within each course type using the chi-square statistic to ascertain if the providers who attended different course types differ significantly by auspice or age group served.

Table 3 presents the data on course type by the number of providers in each auspice. Table 4 presents the course type by the number of providers serving each age group. Licensed family childcare providers were analyzed as their own category in both analyses. They were analyzed as a unique age group category because they typically serve multi-aged groups in a single setting. When compared across course types, chi-square analyses showed there was no significant relationship between the course type and the auspice of the providers who attended [$X^2 (4, N = 395) = 9.28,$

$p=.055$]. Also, a chi-square analysis showed there was no significant relationship between the course type and the age group served by the attendees [χ^2 (6, $N = 395$) =6.84, $p=.336$].

Table 3

Number of Providers in Each Auspice by Course Type

Auspice	Specific		Credential		Behavior	
	<u>N</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Family Childcare Providers	27	30	15	17	48	53
Early Childcare Center-Based	80	31	62	24	112	44
Other Auspice	11	22	19	39	19	39
<i>Total (n=395)</i>						

Table 4

Number of Providers Serving Each Age Group by Course Type

Age Group Served	Specific		Credential		Behavior	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Family Childcare Providers	27	30	15	17	48	53
Infants/Toddlers	36	32	30	26	48	42
Preschool	34	33	24	23	45	44
Other Age Group	21	25	27	32	37	44
<i>Total (n=395)</i>						

1b. Do the trainings on the topic of inclusion have participants that vary from those in the DIEEC registry by auspice and age group served?

The attendance patterns of the providers were compared to the population numbers from the DIEEC workforce registry. Using chi-square tests, I compared the expected frequency of age groups and auspices served by providers in the registry to the observed age groups and auspices served by the providers who attended the trainings on inclusion.

Table 5 shows the proportion of providers in attendance by their auspice in comparison to the proportion of providers on the DIEEC registry by their auspice. A chi-square analysis using expected frequencies based on the DIEEC workforce registry showed a significant difference between the observed auspices and the expected auspices when licensed family childcare providers, early childhood center-based providers, and ‘other’ providers were compared [X^2 (2, N = 393) = 117.77, $p < .001$]. Based on the percentages (see table 5), most of the variance appears to be related to licensed family childcare providers.

Table 5

Comparison of Survey Data & DIEEC Registry by Auspice

Provider Auspice	Proportion in DIEEC Registry	Proportion in Survey Data
Family Childcare Provider	8.6%	22.9%
Early Childhood Center Providers	66.6%	64.6%
Other	14.8%	12.5%

Table 6 shows the proportion of providers in attendance by the age group they serve in comparison to the proportion of providers in the DIEEC registry and the age groups they serve. It should be noted again that licensed family childcare providers were considered a unique age group category in this analysis, and they were also considered a unique auspice in the previous analysis. Descriptive statistics showed that many providers in the DIEEC registry fell under the “other” category (53%). This may be due to differences in the wording of questions between the DIEEC registry, which asks “age groups worked with” and the course evaluation instrument, which asks “which age groups do you currently serve”. Because of this, all respondents who fell into the “other” category on the DIEEC registry were eliminated for this analysis and

only providers who fell under the categories “home-based”, “infant/toddler”, and “preschool” were included in the analysis. A chi-square analysis using expected frequencies calculated based on the DIEEC workforce registry showed a significant difference between the observed age groups served, and the expected age groups served [$\chi^2 (2, N = 306) = 12.23, p = .002$].

Table 6

Comparison of Survey Data & DIEEC Registry by Age Group

Age Group Served	Proportion in DIEEC Registry	Proportion in Survey Data
Family Childcare Provider	21.6%	29.1%
Infant/Toddler	37.3%	37.3%
Preschool	41.1%	33.7%

2. Do the different types of trainings on the topic of inclusion vary in their course evaluation patterns and reasons for attendance?

Analysis of Variance (ANOVA) with post-hoc analyses (Tukey’s) were conducted on the data from the DIEEC registry to compare mean percentage of slots attended across course types.

Table 7 shows the mean, standard deviation, minimum, and maximum percentage of slots attended by course type. The percentage of slots attended represents the number of training seats filled out of the possible number of seats available for a course. It should be noted that some classes had more attendees than seats available (see table 7). An ANOVA showed a statistically significant difference between the mean percentage of slots attended among the different course types [$F(2, 21) = 9.04, p = .001$]. A post-hoc analysis (Tukey’s) showed that these differences were significant between credential courses and inclusion specific courses, and between

credential courses and courses on challenging behaviors at the 0.05 level, with credential courses having a lower attendance percentage than the other course types.

Table 7

Descriptive Statistics for Percentage of Slots Attended by Course Type

Class	Mean	SD	Minimum	Maximum
Behaviors	81.83	12.51	60.00	104.00
Credential	43.83	22.98	6.67	90.00
Specific	76.67	24.24	28.00	92.00

The course types were also compared based on the participant responses to questions five, six, nine, and eleven. Questions five and six (rate items “regarding your satisfaction” and “impact on your practice”) were analyzed using an ANOVA with Tukey’s post-hoc. Questions nine and eleven (reason for attending and future training needs) were analyzed using the chi-square test. In both analyses, the course type was the independent variable and the questions analyzed were the dependent variables.

Table 8 shows the mean, standard deviation, and significance for the course evaluation questions 5 and 6 (Likert response questions). An ANOVA showed a statistically significant finding for one item (6.5 “workshop challenged me on at least one of my views”) when means were compared across course types [$F(2, 386) = 5.33, p = .005$]. The post-hoc analysis showed that for this item there was a significant difference between inclusion specific and credential courses, and the inclusion specific and challenging behavior courses at the 0.05 level. Inclusion specific courses scored lower than the other course types.

Table 8

Descriptive Statistics for Likert Responses by Course Type

Item	Course Type	Mean	SD	<i>p</i>
5.4 I gained new knowledge & skills	Behaviors	4.6	0.63	0.472
	Credential	4.7	0.56	
	Specific	4.6	0.63	
6.3 Content is related to my everyday practice	Behaviors	4.6	0.66	0.070 [†]
	Credential	4.4	0.72	
	Specific	4.4	0.75	
6.5 Workshop challenged me on at least one of my views	Behaviors	4.5	0.65	0.005*
	Credential	4.5	0.70	
	Specific	4.2*	0.80	
6.6 I will be able to apply the skills & knowledge	Behaviors	4.6	0.59	0.876
	Credential	4.6	0.65	
	Specific	4.5	0.65	

**p*<.05†*p*<.10

Table 9 shows the chi-square values and significance levels for the reported reasons for attending training (question 9) by course types (in descending order of

significance). This analysis showed a significant relationship between the course type a provider attended and one of the reasons for attendance, “I need it for STARS” [χ^2 (2, N = 386) = 9.02, $p = .011$].

Table 9

Chi-square Analysis of Reasons for Attending by Course Type

Reason	Specific %	Credential %	Behavior %	X^2	df	p
I need it for STARS	29	32	17	9.02	2	.011*
I was interested	70	54	61	5.61	2	.061 [†]
I need it for licensing	51	52	62	4.48	2	.106
To gain valuable resources	20	30	23	2.72	2	.257
Other	3	6	3	2.62	2	.270
My director registered me	4	8	5	2.54	2	.281
It was recommended by a colleague	7	5	3	1.90	2	.386
It was held at a convenient location	19	24	25	1.45	2	.485
To increase my knowledge	38	45	39	1.26	2	.534
It was recommended by my TA	5	4	3	0.57	2	.751
It was held at a convenient time	20	20	23	0.43	2	.808

* $p < .05$ [†] $p < .10$

A chi-square analysis showed no significant relationship between the course type a provider attended and any of the future training needs (shown in table 10 in descending order of significance).

Table 10

“I would benefit from further training on...”

Topic	χ^2	df	<i>p</i>
Curriculum	4.11	2	.128
My Family, My World	4.06	2	.132
Physical Activity	3.86	2	.145
Infants	3.74	2	.154
Observations & Assessments	3.61	2	.164
Child/Sexual Abuse	3.30	2	.192
Toddlers	2.54	2	.281
Approaches to Learning	2.44	2	.296
Nutrition, Health, & Safety	2.39	2	.303
School Age	1.95	2	.377
Special Needs	1.89	2	.388
Art	1.72	2	.422
Social & Emotional	1.43	2	.489
Classroom Management	1.20	2	.549
Science	1.18	2	.556
Mathematics	1.16	2	.559
Administration	0.91	2	.635
Family Involvement	0.81	2	.667
Other	0.69	2	.689
Supervision	0.67	2	.716
Music	0.63	2	.730
Technology	0.52	2	.773
Literacy	0.27	2	.873
Behavior Management	0.09	2	.954

3. *Are the differences in the structure of trainings on the topic of inclusion (price and number of hours) related to provider attendance and course evaluations?*

This question is posed to analyze how price may play a factor in the attendance of inclusion training based on the availability of (or lack of) resources of childcare providers. To answer this question, attendance data for inclusion courses from the DIEEC registry was analyzed to determine the percentage of slots attended and the correlation to price-by-hour. A Pearson correlation was conducted to compare attendance based on price.

Table 20 (in the appendix) shows the price, number of hours, and price per hour for all classes included in the analysis. It should be noted that one class had a change in price during the period for the sample. A Pearson correlation analysis found no relationship between the price-per-hour and the percentage of slots attended overall at the .05 level ($r=-.18, p=.410$). When analyzed by course type, a Pearson correlation analysis found a significant positive relationship between the price-per-hour and percentage of slots attended for the inclusion specific course ($r=.98, p<.001$) and for the courses on challenging behaviors ($r=.72, p=.046$).

Further Pearson analyses were conducted with the independent variable being the number of hours and the dependent variables being sub-items of survey question five (rate items “regarding your satisfaction with the workshop”), and sub-items from question six (rate items “regarding the workshop’s impact on your practice”). A Pearson correlation analysis found no relationship between the price of a course and any of the course evaluation Likert scale questions (see table 11).

Table 11

Correlation of Likert Scale Response Items and Training Price

Item	<i>r</i>	<i>p</i>
<i>I gained new knowledge & skills</i>	.06	.225
<i>Content is related to my everyday practice</i>	-.01	.792
<i>Workshop challenged me on at least one of my views</i>	.01	.861
<i>I will be able to apply the skills & knowledge</i>	-.01	.857

A Pearson correlation analysis found no significant relationship between the hours required and the percentage of slots attended overall ($r=-.39, p=.062$).

A Pearson correlation analysis found no significant relationship between the number of hours required and any of the Likert scale questions (see table 12).

Table 12

Correlation of Likert Scale Response Items and Training Price

Item	<i>r</i>	<i>p</i>
<i>I gained new knowledge & skills</i>	.03	.564
<i>Content is related to my everyday practice</i>	-.57	.257
<i>Workshop challenged me on at least one of my views</i>	.01	.811
<i>I will be able to apply the skills & knowledge</i>	-.05	.317

Chapter 5

DISCUSSION & CONCLUSION

The results from these analyses extend the current literature on in-service community-based training for childcare providers on the topic of inclusion. While this study focused on trainings on the topic of inclusion designed for delivery to childcare providers, it can inform the broader topic of in-service community-based training in several ways. The information gained from this study can be used not only to build better trainings but also to design courses better-suited for the unique needs of the varying segments of the workforce. Examining each research question using the PPCT framework is helpful for making links between the results and the existing literature.

Research Question One Results

The first part of research question one analyzed how the auspices and age groups served by childcare providers (their context) may vary based on a training's process characteristics (the training's content type). Analyses found no relationship between the course type a provider attended and their auspice, or the age group they served.

The second part of research question one asked how the context characteristics of childcare providers (auspice and age group served) who attended trainings on the topic of inclusion differed from the population of providers in the DIEEC registry. The analysis found that there was a significant difference between the providers who took training on the topic of inclusion and the population of providers on the DIEEC registry. Specifically, licensed family childcare providers attended trainings on the topic of inclusion more often than expected. This over-representation of family childcare providers appears inconsistent with the current research, which states that center-based

providers attend training (in general and on the topic of inclusion) more often than licensed family childcare providers (Knoche et al., 2006; Mulvihill et al., 2002). The QRIS standards and incentives to earn credentials that were in place at the time of data collection may help explain why family childcare providers were over-represented in these trainings. Family childcare providers had a bigger payoff, both individually and at the program level for earning a credential, than did center-based childcare providers. The larger payoff may explain the higher proportion of family childcare providers enrolled in the courses.

The analyses also found that there was a significant difference between the DIEEC registry and the participants attending trainings on the topic of inclusion based on the age group they serve. These results agree with Bioecological theory's assertion that contextual factors (the provider's auspice and age group served) may influence the power of proximal processes (Bronfenbrenner & Morris, 2006). These findings may influence the way this topic is examined in future research. More research could be done on these individual factors that drive people to enroll in education and training.

Research Question Two Results

Research question two provides a deeper evaluation and comparison of the processes variables (trainings with varying content types) and analyzes the interaction between the process (training) and person characteristics (reasons for attending, future training needs, and Likert responses). Analyses found that trainings that lead to a credential have a lower percentage of slots attended than trainings on challenging behaviors or inclusion specific trainings. Analyses of Likert response items found that inclusion specific courses challenged a provider's views significantly more than trainings that lead to a credential or trainings on challenging behaviors.

These results build on prior research by suggesting that the content of a training on inclusion may influence some aspects of a provider's attitudes towards it (Bennett et al., 1997; Mulvihill et al., 2002). These findings also build on the work of Devore and Hanley-Maxwell by supporting the claim that disability-specific trainings are more beneficial to childcare providers in supporting their efforts to provide inclusion (2000). The analyses of attendance and Likert response items also confirm and extend current research that suggests that providers prefer training that is relevant to them and that training that is relevant has a greater impact on their practices (Castleberry, Wald, & Stobel, 1999; Desimone et al., 2002; Linder et al., 2016; Zaslow et al., 2010).

Organizations who are responsible for training the childcare workforce may want to ensure their resources are allocated to support the continued development and offering of trainings that are relevant to providers, specifically, inclusion trainings that are disability-specific, rather than trainings that leading to a credential.

Analyses of the reasons why a provider attended training found that more providers who attend credential courses indicate that STARS (Delaware's QRIS system) is one of their reasons for attending. This finding extends the current research which suggests that QRIS standards and licensing requirements may be driving forces behind attendance decisions (Buell & Riser, 2016). There was no relationship between the type of training that a provider attended and their future training needs.

Research Question Three Results

Research question three further analyzes process variables by examining how the structure of a training may influence its attendance and course evaluations. Analyses found no overall relationships between price-per-hour and the percentage of

slots that were attended, however, when analyzed by course type, there was a significant positive relationship between price-per-hour and percentage of slots attended for the inclusion specific course (which changed its price) and the courses on challenging behaviors. This finding is somewhat consistent with research suggesting that when the quality of an item is unknown, consumers tend to purchase more expensive items as they are perceived as higher quality (Cialdini, 2009; Croonley, Posavac, Meyer, Kardes, & Kellaris, 2005). Interestingly, the only type of training courses with no relationship between price and attendance were the credential courses. This may be because these trainings were incentivized by the QRIS system, which might have made attending these trainings worthwhile to providers, regardless of their price. Overall, this finding aligns with previous research, which suggests that if a training is priced too low, providers may not perceive it to be as valuable as a training with a slightly higher price (Cialdini, 2009). This finding also extends previous research on evaluation of quality and value (Zeithaml, 1988). Stakeholders should consider this when determining a price for their training offerings.

Analyses related to the time required to complete a training showed no significant relationship between the number of hours a training requires and the percentage of slots attended. This result disagrees with the current research that says time and cost are major barriers to attending training (Feist, 2003; Gabel & Halliburton, 2003; Rusby, 2002; Sandy & Osborne, 1994; Walker, 2002). However, organizations responsible for training childcare providers may still want to consider allocating their resources to ensure series-designed trainings are offered at affordable rates and offered at times most convenient to providers. QRIS's may prove to be an asset to making series-designed trainings affordable and convenient for providers.

Analyses of the Likert scale items found no relationship between the Likert ratings and the price of a course, or the number of hours required. This suggests that series-designed courses do not receive higher ratings than single-session trainings on the knowledge and skills gained, their relevance to a provider's practice, their ability to challenge views, or the provider's ability to apply the content. This finding disagrees with the current literature, which says that series-designed courses are more effective at influencing knowledge and practice (Dunst et al., 2010; Goldenberg & Gallimore, 1991; Lanigan, 2011; Smith & Gillespie, 2007). These results also disagree with the finding that providers who attend series-designed courses value the learning that occurs in them more highly (Linder et al., 2016). These results support a literature review prepared for the U.S. Department of Education suggesting that the duration of a training should be matched to the content and goals of the training (Zaslow et al., 2010).

Limitations

There are several key limitations in this study, the foremost relating to the data itself. This research was conducted with administrative data, collected in one state, over the course of one year, and on one training topic area. The results may not be generalizable to all trainings on the topic of inclusion, let alone other training content areas. Also, these classes were taught by a number of varying instructors. Variations in teaching-styles may have affected the results. Also, initiatives in the state that took place at the time, such as the Early Learning Challenge, may have affected the class offerings. Furthermore, trainings were only offered in a limited number of possible content areas within the topic of inclusion. Conducting a longitudinal study on early childhood in-service community-based training on the topic of inclusion with a larger

sample size, a controlled number of instructors, and a wider variety of content areas within the topic of inclusion may provide a deeper understanding of this issue. Future research should also compare trainings with different topics, such as trainings on areas such as early learning standards, QRIS requirements, administration, and other areas. One of the most challenging aspects of using administrative data was the differences in the wording of the questions in the evaluation data and the registry, and the inability to link the evaluation data to the registry data. State organizations should re-examine and align their instruments to ensure that questions are cohesive statewide and that data can be linked across systems to evaluate programs effectively.

Despite the limitations presented, this study shows some of the benefits that can be found by conducting research using administrative data. Utilizing administrative data in this fashion can help fill gaps in the current literature, as in the case with this study. Using several sources of data provided information on variables that contribute to training attendance and satisfaction that were not previously represented in the literature. This data allowed for a comparison of auspices, which showed that licensed family childcare providers attend trainings on the topic of inclusion in higher proportions than other types of providers. Future research may explore why licensed family childcare providers are over-represented in these trainings. This data also allowed for an analysis of price, which helped uncover an interesting relationship between training price, content, and attendance that should be analyzed further. These results also provided some illumination on the influence that QRIS standards may have on what training providers attend and why they attend it. It shows a need for further analysis of the influence that QRIS standards have on provider motivation to attend training and the associated outcomes. The information

on the perspectives of providers gained through this data greatly adds to the existing literature, however, careful and continued research and examination of this issue is greatly needed for future progress.

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Appendix A

ADDITIONAL TABLES

Table 13

Training Descriptions (based on DIEEC registry information)

Class	Price	Hours	Topics Covered
Sensory Disorder	5-10	3	Symptoms of sensory disorders and techniques for supporting children.
Cara's Kit	12	3	Adaptations to increase engagement in classroom routines and activities.
Inclusion Best Practice	5	3	Inclusion introduction: principles, strategies to work with families, and inclusion practices.
Special Quest	35	18	Collaboration and inclusion, and the IEP and IFSP processes.
Success in the Classroom	72	18	Strategies to include children with Autism, behavior challenges, sensory disorders, physical disabilities, and communication delays.
Avoid Behavior Problems	15	2	Teaching self-control.
Facing the Challenge	10	6	Define and examine challenging behaviors and their triggers.
FLIP It	10	6	The four-step method to "flip" behaviors and build relationships.

Table 14

Number of Missing or Invalid Responses for Each Question in the Analysis

Question	n	%
1. Where do you work?	2	0.5
3. What age group(s) do you work with in your current job?	4	1.0
5d. I gained new knowledge and skills	4	1.0
6c. The content of the workshop is related to my everyday practice...	5	1.3
6e. This workshop challenged at least one of my views on the topic	6	1.5
6f. I will be able to apply the skills and knowledge presented...	6	1.5
9. Why did you attend this workshop?	9	2.3
11. I would benefit from additional training on...	23	5.8

Table 15

Descriptive Statistics: 1. Where do you work?

Auspice	n
Home-based Childcare	90
Early Childcare Center-Based	254
Other	49
<i>Total (n=395)</i>	

Table 16

Descriptive Statistics: 3. What age group do you work with in your current job?

Age Group Served	n
Home-based Childcare	89
Infants/Toddlers	114
Preschool	103
Other	85
<i>Total (n=395)</i>	

Table 17

Descriptive Statistics: Likert Scale Questions 5-6

Question	Mean	SD
5d. I gained new knowledge and skills	1.3	0.6
6c. The content of the workshop is related to my everyday practice...	1.5	0.7
6e. This workshop challenged at least one of my views on the topic	1.6	0.7
6f. I will be able to apply the skills and knowledge presented...	1.5	0.6

Table 18

Descriptive Statistics: 9. Why did you attend this workshop?

Reason	n
I was interested	239
It was recommended by my TA	16
I need it for licensing	216
I need it for STARS	93
It was recommended by a colleague	19
It was held at a convenient location	89
It was held at a convenient time	82
To increase my knowledge	156
To gain valuable resources	91
My director registered me	21
Other	14

Table 19

“I would benefit from further training on...”

Topic	n
Behavior Management	145
Classroom Management	109
Special Needs	103
Toddlers	92
Supervision	77
Art	77
Social & Emotional	75
Curriculum	66
Family Involvement	64
Science	58
Infants	58
Physical Activity	56
Approaches to Learning	54
Music	53
School Age	51
Observations & Assessments	49
Mathematics	44
Nutrition, Health, & Safety	43
My Family, My World	43
Literacy	38
Child/Sexual Abuse	35
Administration	34
Technology	30
Other	7

Table 20

Descriptive Statistics for Price and Hours by Class (in dollars)

Class	Price	Hours	Price Per Hour	Mean Attendance Percentage
Sensory Disorder	5-10	3	1.67-3.33	76.67
Cara's Kit	12	3	4.00	45.67
Inclusion Best Practice	10	3	3.33	44.33
Special Quest	35	18	1.94	40.67
Success in the Classroom	72	18	4.00	50.00
Avoid Behavior Problems	15	2	7.50	104.00
Facing the Challenge	10	6	1.67	75.00
FLIP It	10	6	1.61	83.56

Appendix B

DIEEC EVALUATION SURVEY (FULL)

Training Session Title: _____	Course #: _____				
<p>DELAWARE INSTITUTE FOR</p> <h1 style="margin: 0;">Excellence <i>in</i> Early Childhood</h1>					
<p>Please share your thoughts about this professional development experience. We use this information to plan future professional development opportunities. This survey will take about 5 minutes to complete. Thank you!</p>					
<p>1. Where do you work?</p>					
<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Early Child Care Center / Preschool	<input type="checkbox"/> School-age center			
<input type="checkbox"/> Other: _____					
<p>2. Which of the following is your <u>main role</u>? If your title isn't listed, please check the one that is closest to what your role is.</p>					
<input type="checkbox"/> Administrator	<input type="checkbox"/> Teacher/ Assistant teacher/Intern	<input type="checkbox"/> Specialist			
<input type="checkbox"/> Owner- Family Child Care	<input type="checkbox"/> Curriculum Coordinator	<input type="checkbox"/> Other: _____			
<p>3. What age group(s) do you work with in your current job? (Please check all that apply.)</p>					
<input type="checkbox"/> Infant (0-1 years)	<input type="checkbox"/> Toddler (1-3 years)	<input type="checkbox"/> Preschool (3-5 years)			
<input type="checkbox"/> School-age (6-12 years)	<input type="checkbox"/> School-age (13-18 years)				
<p>4. For the following items regarding your satisfaction <u>with the instructor</u>, please rate each from Strongly Agree to Strongly Disagree</p>					
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The instructor was knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor was well-prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material was presented in a way that was understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor related well with participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would take another workshop with this instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. For the following items regarding your satisfaction with the workshop, please rate each from Strongly Agree to Strongly Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The content was well organized and easy to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop was interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation was encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gained new knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities and assignments were relevant to the workshop's objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The materials and handouts were relevant and useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate time was provided for questions and discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. For the following items, regarding the workshop's impact on your practice, please rate each from Strongly Agree to Strongly Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I plan on making a specific change in my center/class as a result of this workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned practical strategies to implement in my everyday practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content of the workshop is related to my everyday practice as an early childhood professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned something new from this workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This workshop challenged at least one of my views on the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will be able to apply the skills and knowledge presented at the workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following questions, please write a detailed response:

7. What aspect(s) of this training did you enjoy most?

8. What aspect(s) of this training could be improved?

9. Why did you attend this workshop? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I was interested in the topic | <input type="checkbox"/> It was held at a convenient time |
| <input type="checkbox"/> It was recommended by my TA | <input type="checkbox"/> To increase my knowledge |
| <input type="checkbox"/> I needed it for licensing | <input type="checkbox"/> To gain valuable resources |
| <input type="checkbox"/> I needed it for Delaware Stars | <input type="checkbox"/> My director registered me |
| <input type="checkbox"/> It was recommended by a colleague | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> It was held at a convenient location | <input type="checkbox"/> Other _____ |

10. How do you rate the workshop overall?

- Excellent Good Average Poor Very Poor

11. I would benefit from additional training on (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Classroom Management | <input type="checkbox"/> Art |
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Special Needs | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Nutrition, Health and Safety | <input type="checkbox"/> Observations and Assessments |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Music |
| <input type="checkbox"/> Family Involvement | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Science | <input type="checkbox"/> Child/Sexual Abuse |
| <input type="checkbox"/> Infants | <input type="checkbox"/> Social and Emotional |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> My Family, my world |
| <input type="checkbox"/> School age | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Approaches to Learning | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Supervision | |

✓ Please put this completed form in the envelope, then

✓ Please initial the envelope beside your name.

Thank you very much for your time!