LICENSED AND LEARNING: LATINA FAMILY-BASED CHILD CARE PROVIDERS’ LITERACY LEARNING GOALS AND OPPORTUNITIES WITHIN THE CAMINOS PROGRAM

By

CARA LYNNE PREUSS

A dissertation submitted in partial fulfillment of The requirements for the degree of

DOCTOR OF PHILOSOPHY

WASHINGTON STATE UNIVERSITY
College of Education

AUGUST 2010

© Copyright by CARA LYNNE PREUSS, 2010
All Rights Reserved
To the Faculty of Washington State University:

The members of the Committee appointed to examine the dissertation of CARA LYNNE PREUSS find it satisfactory and recommend that it be accepted.

____________________________________
Joy L. Egbert, Ph.D., Chair

____________________________________
Dawn M. Shinew, Ph.D.

____________________________________
Tom L. Salsbury, Ph.D.
ACKNOWLEDGEMENTS

I have a long list of people I would like to thank who all contributed in one way or another to my efforts in planning, conducting, and concluding this research. I would first like to thank OPRE for funding Child Care Research Scholars and the reviewers for selecting this project. Without their generous support, this research would have looked much different. Thank you, Bev, for working with me on the budget and helping to keep keep the finances on-track. I also want to thank the women in the program. They amaze and inspire me. I’m grateful to them for the work they do and the courage they show every day. Even though I was in the role of tutor, it was I who always learned something from them. Thank you to Danielle for introducing me to the Caminos Program and the administration for supporting the women and the research.

Bob and Marsha so generously opened their lives, home, and hearts to me. Marsha made the best muffins ever and Bob is still trying to convince me that winter’s back is broken. Ian and Jan provided my research and writing refuge on the river. My village friends helped me to hear my own laughter once again. Mom and Dad hung in there with me. Amy was the go-to girl and filled last minute requests, edited my bibliography, conducted supplemental internet research, and provided formatting suggestions. My favorite Glow friend, self-appointed secretary, and encourager kept me on track, made me take breaks, laughed, and opened a new world to me. Yvonnes walked and talked and discussed methodology among other things with me. Keri heard it all.

Cary knows a PhD student can only be as functional as her computer. He fixed it more than once and made me laugh even when everything was decidedly not funny. Alisha took away
the aches and pains of stressful hours hunched at the computer. Esmeralda, Jose, Sigurd, Megan, and Lisa served as Spanish language and cultural sounding boards.

Jane showed me how to use a bibliographic citation program. Dawn taught me about epistemology and ontology and the world has not looked the same since. Tom encouraged, smiled, and gave hugs. Joy told me she was here to help, fought for me, read and commented on multiple drafts, said it like it was, believed in me, and supported me through it all. Thank you all.
The Caminos Program works with licensed Spanish speaking child care providers in Washington State. They have one main goal: to improve school readiness for children. To achieve this goal, Caminos and their partners aim to 1) improve the literacy levels of child care providers, and 2) improve the quality of care given by the providers to the children they serve. The project currently includes 35 active Latina child care providers; of the families with children in their care, many receive subsidized child care through the Department of Social and Health Services. Using a multiple literacies framework, this study explored the literacy goals of stakeholders for the child care providers as well as how these goals are being addressed through the current educational model provided by Caminos and collaborating agencies. The researcher reviewed archival data collected by the agencies, including state compliance violations, home visit forms, and surveys. Additional data collected and analyzed included demographics,
participant observation, and interviews. Qualitative analysis methods were used to analyze the
data and provide a rich description. The results indicate that although the program can have success with some providers, each participant’s opportunities are unique as she must meet the continued literacy demands to believe, protect, teach, and manage.

El programa Caminos trabaja con proveedores de guardería licenciados que hablan español en el Estado de Washington. Tienen ellos un objetivo principal: mejorar la preparación de los niños para ir a la escuela. Para lograr este objetivo, Caminos y sus organizaciones colaborativas intentan a 1) mejorar los niveles de capacidad de leer y escribir de proveedores de guardería, y 2) mejorar la calidad del cuidado dado por los proveedores a los niños que sirven. El proyecto incluye 35 proveedores Latinas; muchas de las familias con niños en su cuidado reciben subvenciones por el Departamento de Salud y Servicios Sociales. Utilizando un sistema de referencia de alfabetizaciones múltiples, este estudio exploró los objetivos alfabetismos de los participantes para los proveedores y también cómo estos objetivos son dirigidos por el corriente modelo educativo proporcionado por Caminos y las agencias colaborativas. La investigadora revisó los datos de archivo completos colectados por las agencias, incluyendo infracciones de conformidad del estado, formas de visita a casa, y encuestas. Los datos adicionales coleccionados y analizados incluyeron demográficos, observación de participantes, y entrevistas. Los métodos cualitativos del análisis fueron utilizados para analizar los datos y proporcionar una descripción rica. Los resultados indican que aunque el programa pueda tener éxito con algunos proveedores, las oportunidades de cada participante son personalizadas como deben encontrar las demandas continuadas de alfabetización de creer, proteger, enseñar, y administrar.
TABLE OF CONTENTS

ACKNOWLEDGEMENTS........................................................................................................... iii

ABSTRACT.................................................................................................................................... v

LIST OF TABLES.......................................................................................................................... x

LIST OF FIGURES ....................................................................................................................... xi

DEDICATION .............................................................................................................................. xii

INTRODUCTION .......................................................................................................................... 1

LITERATURE REVIEW.................................................................................................................. 3

  The Need for Qualified Child Care Providers................................................................. 3

  Education Levels Among Latinos .................................................................................. 4

  Culturally Responsive Care............................................................................................. 8

  Parent Perspectives .......................................................................................................... 9

  Washington State Department of Early Learning (DEL) Perspectives ...................... 12

  Multiple Literacies and Sociocultural Perspectives ....................................................... 14

  Responsive Curriculum .................................................................................................... 16

  Chapter Summary ............................................................................................................ 21

METHODS AND ANALYSIS....................................................................................................... 23

  Problem Statement ........................................................................................................... 23
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Study</td>
<td>24</td>
</tr>
<tr>
<td>Conducting Cross-Cultural Research</td>
<td>27</td>
</tr>
<tr>
<td>Research Context</td>
<td>33</td>
</tr>
<tr>
<td>Data Sources</td>
<td>41</td>
</tr>
<tr>
<td>Coding and Analysis Procedures</td>
<td>70</td>
</tr>
<tr>
<td>Chapter Summary</td>
<td>80</td>
</tr>
<tr>
<td>RESULTS</td>
<td>81</td>
</tr>
<tr>
<td>Introduction</td>
<td>81</td>
</tr>
<tr>
<td>Believe</td>
<td>91</td>
</tr>
<tr>
<td>Protect</td>
<td>144</td>
</tr>
<tr>
<td>Teach</td>
<td>192</td>
</tr>
<tr>
<td>Manage</td>
<td>214</td>
</tr>
<tr>
<td>Chapter Summary</td>
<td>251</td>
</tr>
<tr>
<td>INTERPRETATIONS AND IMPLICATIONS</td>
<td>252</td>
</tr>
<tr>
<td>Limitations</td>
<td>252</td>
</tr>
<tr>
<td>Interpretations for Research Question #1</td>
<td>253</td>
</tr>
<tr>
<td>Interpretations for Research Question #2</td>
<td>258</td>
</tr>
<tr>
<td>Interpretations for Research Question #3</td>
<td>261</td>
</tr>
<tr>
<td>Implications and Suggestions for Future Research</td>
<td>268</td>
</tr>
</tbody>
</table>
ADDENDUM ............................................................................................................................. 274

REFERENCES ........................................................................................................................... 276

APPENDIX ................................................................................................................................. 286

A. MEVYT REQUIRED AND OPTIONAL MODULES IN PRIMARIA AND SECUNDARIA ................................................................. 287

B. CAMINOS HOME VISIT FORM ........................................................................................ 294

C. CAMINOS DEMOGRAPHIC FORM .................................................................................. 295

D. INTERVIEW PROTOCOL SPANISH ................................................................................. 297

E. INTERVIEW PROTOCOL ENGLISH ................................................................................. 302

F. SEMI-STRUCTURED INTERVIEW SUPPORT MATERIALS ............................................. 307
LIST OF TABLES

Table 1 Participants in the case study ........................................................................................... 33
Table 2 Source and type of data in the case study ........................................................................ 41
Table 3 WAC categories by topic, Chapter 170-296 ..................................................................... 57
Table 4 Codes in round one and two coding process.................................................................... 73
Table 5 Codes and categories after round two coding .................................................................. 75
Table 6 Protecting participants ..................................................................................................... 89
LIST OF FIGURES

Figure 1 Coding and analysis procedures ..................................................................................... 70
Figure 2 The theme of belief divided into categories and codes .................................................. 78
Figure 3 Violations by category .................................................................................................. 150
Figure 4 FCCERS categories by minute ..................................................................................... 195
DEDICATION

Dedicated to those who have the strength

And the courage

To believe in a better tomorrow

And work

To make it happen
CHAPTER ONE

INTRODUCTION

This project began as a collaborative affair between the administration of the Caminos Program and myself. The Caminos Program works with licensed Spanish speaking child care providers in Washington State. They have one main goal: to improve school readiness for children. To achieve this goal, Caminos and their partners aim to 1) improve the literacy levels of child care providers, and 2) improve the quality of care given by the providers to the children they serve. Caminos administration had already made arrangements to research the efficacy of the program by measuring the quality of care, but they had yet to make a plan to gather or analyze any data to support their second goal of improving the literacy levels of the providers. Since they were looking to replicate the program in other parts around the state, it was important to have research-based evidence surrounding the literacy piece.

As a doctoral student with a background in language and literacy, I felt that I was in a good position to support their efforts and offered my services as a research consultant. They accepted with enthusiasm. Therefore, in consultation with the Caminos administration, the Department of Early Learning, my dissertation committee, and the request for proposals put out by the Department of Health and Human Services, the research questions and methodology were designed. In other words, I would explore the literacy goals and opportunities of the providers from multiple perspectives and evaluate if the curricular supports in place were a good match. This dissertation is a result of the field work conducted on behalf of the Caminos program and with funding support from the Department of Health and Human Services.
The project currently includes 35 active Latina child care providers who regularly participate in literacy and professional development opportunities. Many of the families with children in the care of these providers receive subsidized child care through the Department of Social and Health Services. Using a multiple literacies framework, I explored the literacy goals of the stakeholders for the child care providers as well as how these goals are being addressed through the current educational model provided by Caminos and collaborating agencies. I reviewed archival data collected by the agencies, including state compliance violations, home visit forms, and surveys. I also collected additional data collected through participant observation, interviews, and a demographic survey. I applied qualitative analysis methods to analyze the data and provide a rich description. The results indicate that although the program can have success with some providers, each participant’s opportunities are unique as she must meet the continued literacy demands to believe, protect, teach, and manage.
CHAPTER TWO

LITERATURE REVIEW

This section provides a review of the literature relevant to this study. First, the research on the importance of the quality of care by providers is presented. Next, following the premise that the education level of providers are linked to the quality of care they provide, current statistics are provided that reveal a lack of education among Latina women. With increasing numbers of Latino children, children who traditionally achieve lower levels in schools, Latina women are in a strategic position to make a difference. Next, qualifications for professional child care providers and what they need to know are discussed from the viewpoints of parents and the Department of Early Learning (DEL). Finally, a review of multiple literacies within cultural contexts is presented and responsive curriculum is addressed. Overall, this review suggests gaps in the literature to be filled and gives rise to the questions that are the focus of this study.

The Need for Qualified Child Care Providers

The first years of a child’s life are the most important, as they are the building blocks on which the rest of life rests. These years are critical in terms of nutrition and health, cognitive and emotional development, physical development, and the learning that occurs every day. Recommended practices in child care encourage optimal development of children, and children who thrive in the early years have increased school readiness skills (American Academy of Pediatrics, 2005; McCartney, Dearing, Taylor, & Bub, 2007; National Association for the Education of Young Children, 2009; NICHD Early Child Care Research Network, 2000a; NICHD Early Childcare Research Network, 2000b, 2002). Providing quality care for children is
critical. As it is common for infants in today’s society to spend an average of 28 hours with professional child care providers each week (Phillips & Adams, 2001), and toddlers and preschool children to spend more than 30 (Walter R. McDonald & Associates, 2008), families and those who provide payment for such child care are naturally concerned that they are accessing the best care possible. Investing in quality early childhood care yields good returns (Grunewald & Rolnick, 2006), so educating providers is crucial for improving the quality of care.

How is the best care defined? Some researchers hold that certain regulable features of child care make a positive difference in the quality of care for children (e.g. Burchinal, Howes, & Kontos, 2002; Clarke-Stewart, Vandell, Burchinal, O'Brien, & McCartney, 2002). Some of these features include providers’ education and training levels, child-centered beliefs, and compliance with child/provider ratios. However, not all researchers are in agreement that regulable features are indicators of quality care on all children’s development. In homes that provide excellent maternal or paternal care, non-parental care, in this case, may be less beneficial for a child’s development (e.g. Scarr, 1998). However, most of the literature rests on this premise: certain characteristics in child care providers do make a difference in the quality of care, namely, that the quality of care increases with the education level and training of the provider (Clarke-Stewart et al., 2002; DeBord & Sawyers, 1996; Fukkink & Lont, 2007; McCartney et al., 2007; Norris, 2001; Obegi & Ritblatt, 2005; Whitebook, 2003). In other words, professional child care providers need traditional literacy skills. This is not always the case.

**Education Levels Among Latinos**

The following example illustrates a scenario about a Latina child care provider. Margarita has a third grade education, having had to drop out of school to work in the fields.
She speaks Spanish and knows a lot about the agriculture industry, plants, and harvest. She has three children of her own.

Margarita knows she is limited by her 3rd grade education and probably most days in society encounters literacy events that she might not know what to do with, although she has invented strategies that work for her in many situations. She enjoys working with children and was able to obtain an initial state license for child care because they do not have any immediate educational requirements (State Training and Registry System, n.d.). She does face difficulties when it comes to her job caring for children. For example, she does not always understand or know how to fill out the forms and meet the state requirements. She does not want to lose her license and relies on a neighbor much of the time to assist her.

When Margarita first started providing child care, the woman who stopped by to check on her insisted that the parents fill out a sign-in/sign-out sheet every day (program director, personal communication, February 6, 2009). Perhaps Margarita did not want to humiliate the parents—she knew they had difficulties writing. It did not seem like that big of a deal. It was two families with two children each. They arrived at the same time and left at the same time each day. She knew when they were there and she watched them while their parents worked.

One day, one of the children began to have a seizure. She knew that something was wrong and the child needed medical attention. She had also heard that ambulances were slow to arrive. So she made the decision and put the child in her car and drove him to the emergency room herself (program director, personal communication, February 6, 2009). Perhaps it never
occurred to her that the ambulance offered more than just transportation; it contained trained professionals that could provide immediate medical attention to the child.

The previous scenario illustrates that what providers know or do not know largely depends on their educational background and experience. It also depends on knowledge of cultural norms. The following demographics highlight the need for more educational opportunities for Latina women for three reasons. First, statistics reveal a lack of education for Latina women. Second, the number of Latino children is expected to rise and they are overrepresented as low achievers in school. Third, knowledgeable Latina providers are in a position to provide essential care to prepare children for school.

Latina women have lower levels of formal education as revealed by The National Task Force on Early Childhood Education for Hispanics (2004). The statistics illustrate low-income households with Latina mothers having obtained lower levels formal education in comparison with other groups. Based on Census 2000 figures, out of all minority groups, the level of educational attainment achieved by Hispanic women is the lowest. For Mexican-American mothers specifically, 6.2% have received a college diploma, 42.4% have obtained a high school diploma or taken some college classes, 51.4% have some high school, 25.7% have 5-8 years of schooling while 7.5% have 0-4 years of schooling. This lack of education is especially problematic when couched in terms of the number of Latino/Hispanic children that need literacy support from their child care providers to help prepare them with early childhood experiences that support school readiness. According to current statistics, few Latina women attain higher levels of education yet the best predictor for quality of care by child care providers according to research is the level of formal education attained.
While the formal education level of Latina women is low, the number of Latino children is rising. According to the National Task Force on Early Childhood Education for Hispanics (2004), ethnic minority children 0-8 years old comprised 40% of all children in the nation based on U.S. census data. Hispanics as a subgroup totaled 20%, with those of Mexican descent comprising 65% of that group. This population is expected to see a large increase, with Hispanic children comprising 26% of all children in the U.S. by the year 2030 (Hernandez, 2006). Additionally, 64% (4.4 million) of Hispanics 0–8 years old are either first or second generation immigrants; for the Mexican subgroup, two-thirds of children are first or second generation immigrants. Although many Hispanic children are from immigrant families, close to 90% of Hispanic children are official U.S. citizens (National Task Force on Early Childhood Education for Hispanics, 2004). According to Hernandez (2006), “the educational success of young Hispanic children will have deep and lasting consequences for the productivity of the U.S.…” (p. 4). The linguistic profile of Latino children presents opportunities and challenges for bilingualism and learning in the early years and subsequent implications for instruction and intervention (Garcia & Jensen, 2009).

As statistical data reveal the sheer numbers of Latino children, they also reveal poor performance in school, especially among Latino children from low-income families. Children who come from impoverished families with lower levels of education tend to be low academic achievers and are overrepresented in the statistics (Suárez-Orozco, Suárez-Orozco, & Todorova, 2008) while children from more highly educated, White families are also overrepresented (National Task Force on Early Childhood Education for Hispanics, 2004). Of children who are 0-8 years old, about 26% of Hispanics live below the poverty line, while low-income families
(with low income defined as below twice the official poverty line) numbered about 58%. The levels of poverty increase among immigrant families. Even though about 93% of young Hispanic children have a parent who worked at least part-time, 69% of Mexican-American children come from low-income families. In other words, parents of Mexican-American children tend to work low wage jobs as well as have low education levels, as only 44% of Hispanic mothers have earned a high school diploma. There is a great need for information that will lead to improved conditions among Latinos in general, but especially among Mexican-Americans, and perhaps part of this solution will be increasing the literacy levels of professional child care providers in efforts to improve school readiness among this growing population.

**Culturally Responsive Care**

In light of these statistics, Garcia and Jensen (2009) argue a need to train competent teaching staff to meet the needs of linguistically and culturally diverse Spanish speaking populations. Maximizing the quality of care provided in the early years for Hispanic children is no less important, and professional Latina child care providers are in a position to provide culturally sensitive care as well as support first language acquisition. Building a strong foundation in their first language could challenge the deficit view of “limited [English proficient]” if learners are given support to construct and then transfer that knowledge to another language. Cummins (2007) applies research by Bransford and colleagues (2000, 2005) to second language learners. Learning takes place when learners are:

- “engaging prior understandings;
- integrating factional knowledge with conceptual frameworks;
• taking active control over the learning process through meta-cognitive strategies” (p. 231).

Learners can use these strategies to access knowledge (both general and linguistic) gained in their first language which they could then apply to their new learning challenges, including English language development. Developing literacy among professional Latina child care providers could maximize the quality of care by Latina providers to children in the early years.

In sum, the statistics reveal that many women in the Latino community have low levels of education; accessing more education would serve to increase the quality of care. Both providers and children could benefit from this formal education as they could both transfer prior learning, experiences, and understandings to new learning. Literacy is discussed in more depth later in the chapter while the following section reviews various perspectives on what a provider “should know” about children, health, safety, and environments, to name a few domains.

Parent Perspectives

While the statistics reveal a need to increase levels of literacy among Latina women, there is certain knowledge that parents consider important when looking for child care providers. Taylor, Dunster, and Pollard (1999) conducted a study that investigated child care provider needs according to multiple constituencies. Twenty-four parents who participated in focus groups were from families with children in both regulated and unregulated family-based care. The backgrounds of these parents were not reported. The results indicated what the parents looked for when selecting a provider: knowledge of child development, knowledge of community resources, experience raising children, and first aid skills.
Another example of parental preferences in selecting child care is a telephone survey of parent needs in Washington State (SRI International, 2008a). The survey addressed parent perceptions about child care in general, as opposed to what they are specifically looking for when selecting a provider. For a variety of reasons such as sampling procedures, results for Spanish-speaking populations are of limited validity and are not included here.

In an attempt to focus specifically on minority groups, SRI also conducted focus interviews among special populations (SRI International, 2008b). Of the 85 participants, there was one group of 11 parents who were migrant and seasonal agricultural workers (traditionally Spanish-speakers). Five main areas are highlighted in relation to choosing child care by the focus groups: recommendations received from others, structural characteristics of the program, provider interactions with children, provider interactions with parents, and curriculum and activities (SRI International, 2008b, p. 16). Parents follow the recommendations of people they know and also take advantage of lists of providers put out by the state, although some are unsatisfied with the information given about each provider. Parents desire longer and more flexible hours of care (mornings, evenings, weekends, and holidays), but this is often not available and decisions cannot be made on this preference. Parents looked at structural items like security, cleanliness, and provision of nutritional meals and/or snacks. Some highly valued transportation and others were frustrated by the lack of part-time slots—their child had to go full-time or not at all. Ensuring that their children were comfortable was also important. One parent said, “To me, quality care is when a child is so happy there that when you pick him up, he doesn’t want to go home” (p. 17). Parents also needed to feel comfortable with the provider, and people in three of the groups mentioned liking and/or trusting the provider. Some also
appreciated being informed of progress and being provided with ideas of activities they could do at home. Finally, parents valued what their children were learning: alphabets and numbers to prepare for school; socialization, leadership or life skills; and for those who did not speak English as a first language, second language development. Although it was not part of the things they looked for when searching out child care, parents also appreciated receiving important information from their providers like insurance and state forms. In the end, despite parent preferences, “The biggest thing that helped me choose my child’s’ [sic] child care provider was that there was a slot available” (SRI International, 2008b, p. 17).

The parent perspectives discussed previously were general trends in relation to all 85 participants in the focus groups; the information that follows pertains specifically to the group of agricultural workers. This group works long hours, predominately in the summer. They report that they encounter a shortage of available providers in the summer, the hours are too short overall, and at times, this causes them to take the children to work. The situation is further complicated by finding providers or programs that accept subsidies. Since centers reported charging over $3.00 per child per day for non-subsidized children above the subsidy rate in Washington State (Walter R. McDonald & Associates, 2008) this might be part of the problem. Additionally, some parents who are able to teach their children Spanish at home value the opportunity for their child to learn English while receiving non-parental care. In sum, parents may have a lot of preferences like good nutrition, available hours, and someone they and their children are comfortable with, but in the end, they may have limited to no choices depending on their particular situation.
While parents have one perspective, DEL has another. Quality of care, from the perspective of DEL, is much more specific and regulated than what parents say they look for. According to DEL, there are 11 core competency areas in which providers must possess knowledge in order to provide “competent” care to children and parents: child growth, development, and learning; cultural and individual diversity; family systems; communication; observation and assessment, curriculum development; environmental design; child guidance; health, safety and nutrition; professionalism; and administration (Washington State Department of Early Learning, n.d.-c). Additionally, DEL has a family home licensing checklist (Washington State Department of Early Learning, 2008a) and a family home monitoring checklist (Washington State Department of Early Learning, 2008b) which, although not grouped according to competency area, specify in more detail discrete items that a child care provider would have to do, provide, or know.

To become a provider, applicants must complete a 13 page licensing checklist (Washington State Department of Early Learning, 2008a). This list contains over 360 discrete items that must be evaluated and answered by either the applicant or DEL as compliance, discussed, noncompliance, not applicable, or presumed compliance (no evidence to the contrary). Examples of items on this list include things such as: “at least 35 square feet of usable floor space per child for developmentally appropriate play” (p. 2) “fall zone minimum six feet in any direction from climbing equipment” (p. 3) “speaks to children at their eye level; listens to children with attention and respect” (p. 4) “portable wading pool emptied and sanitized daily and as needed when in use” (p. 7) and provider reports “the serious illness or incapacity of you and
any other member of your household” (p. 12). Providers earn their initial licenses by fulfilling these initial requirements.

Whereas a provider earns his or her license through meeting the requirements of the licensing checklist, the monitoring checklist (Washington State Department of Early Learning, 2008b) on the other hand, is used to monitor the environment while they are working. The two page checklist covers discrete items regarding the following topics: posting of important information; record keeping; medication and first aid; general safety and sanitation; staffing; and programming, activities, and routines. It instructs the monitor to randomly inspect the files of five children and staff. The files must contain enrollment application, health care provider and dentist information, health history, immunizations, medical consent, medication dispense, and a list of people authorized to pick up the child. The employee records must contain a criminal history check, age, tuberculosis test and the rest as applicable: employment application, HIV/AIDS training, CPR card, program orientation, and evidence of state-mandated training.

The above discussion has highlighted various perspectives of what child care providers might need to know in order to provide quality care according to DEL. It also shows how some of the things a provider needs to know are based in cultural practices, as many examples are socially constructed. For example, many countries measure using the metric and not the English system of feet and inches and what constitutes “developmentally appropriate” play might vary depending on the cultural context. Not all cultures would expect a parent to speak to children at eye level. Cleaning a wading pool daily using a particular cultural method of sanitation routines may also be a point of difference as well as the definition of what would constitute a “serious” illness that would require reporting. Additionally, the list of over 360 items requires not only
literacy skills in a traditional sense to read and understand, but cultural knowledge as well to apply them every day with success. The majority of items on the list need cultural knowledge; one of particular concern would be the knowledge necessary to assist parents in obtaining the necessary information which must be kept in the child’s file. Considering that many of these children come from migrant families, many of them impoverished immigrants, it is easy to see why locating available and affordable services could be problematic for these families. DEL has many expectations for providers to maintain healthy and safe environments for children, much of which require literacy beyond simply reading and writing, addressed next.

Multiple Literacies and Sociocultural Perspectives

While the previous section discussed what providers need to know from two different perspectives, definitions of the term literacy can be broad and vast, oftentimes characterized in terms of illiteracy and undereducated people. Sometimes literacy is referred to in a traditional sense, like having the basic skills for reading or writing. Sometimes it refers to something else entirely, like having “ecological literacy” (Balgopal & Wallace, 2009), attaining “civic literacy” (Zarnowski, 2009) or knowing the “new literacies” such as digital technologies and multimodal representations (Tierney, Bond, & Bresler, 2006). Historically, according to Kalman (2008), literacy—a literate person—could have been considered so on varying levels: signing a name, reading/writing a simple sentence, reading/writing about oneself, passing a 4th grade test, or functioning in the literate world. These understandings are all based on text as the unit of literacy. Literacy, according to Ahmed (1992), “must be understood in the context of the basic learning needs of children and adults and the specific circumstances for social and economic
development involved” (p. 33). The context is critical; however, literacy need not be contained to basic needs, nor limited to social or economic development, per se.

This view of literacy being performed within a context and for specific purposes (whether for social, economic, or other reasons) has led to the conclusion that literacy is not a stagnant, unchanging skill. Instead, literacy, varying in practice and context, is viewed as multiple. Some scholars work in New Literacy Studies (NLS) while others have written about multiple literacies. These can be referred to as local or situated literacies, but what they all have in common is a focus on the social and cultural context in which the literacy practices occur (Anstey & Bull, 2007; Barton & Hamilton, 1998; Barton, Hamilton, & Ivanié, 2000; Bloome & Enciso, 2006; Lankshear & Knobel, 2006; Li, 2009; Maybin, 1994; Pérez, 2004b; Sampson, Linder, Falk-Ross, Foote, & Szabo, 2007; Street, 1993, 1995; Tierney et al., 2006; Tyner, 2008; Warriner, 2004).

Pérez (2004a) writes about the importance and implications of sociocultural literacy. As literacy in this sense is more than just reading and writing, literacy is culturally bound and the context “organizes what is literacy and what counts for literacy” (p. 4). This means that literacy is wrought with political and social consequences about its use. There is power in determining whose literacy and whose language gets to be used and for what purpose. Whose language/dialect counts as “educated”? Kells, Balester, and Villanueva (2004) have put together a collection of essays that explore the literacies that surround social positioning, citizenship, origin, and belonging. The point is that an ability to “read” the world around and its importance can vary depending on the context. In the case of professional child care providers, certain literacies are essential to navigate government bureaucracy but also to ensure quality of care for children. In the current study, multiple literacies refer to how a person “reads” the world around
them. This can include use of visuals, oral language and communication skills, numbers, and technology as well as traditional print media. Multiple literacy practices enable people to construct, share, and reshape knowledge and information within cultural contexts.

Bloome and Enciso (2006) paint a good picture of what multiple literacies look like in context. They walk the readers through a description of their town, Columbus Ohio, and discuss literacy practices and contexts: at Jack & Benny’s breakfast joint, coffee at Starbucks, chess club and drumming club at a local school. Through their descriptions they show how even rather ordinary events are contextualized literacy practices that “structure our social, cultural, and economic relationships” (p. 302). For example, Starbucks are located in more affluent parts of the city. One does not just order a cheap (working class) cup of black coffee but instead reads off a few foreign sounding words and pays over three dollars. It is not just ordering coffee, it is knowing the social context, not just how to read or know the words in order participate in this cultural practice.

**Responsive Curriculum**

The process of multiple literacy learning consists of more than just learning to read traditional texts from traditional curricular materials. Literacy includes knowledge of technology, visuals, cultures, and many other aspects of social practice. It is through these literacy practices, occurring in cultural contexts, that people are able to gain and share knowledge (Lankshear & Knobel, 2006) and curriculum needs to be responsive to student literacy contexts and needs. According to Bloom and Enciso (2006), a multiple literacy curriculum would revolve around the following ideas:
1. In people’s everyday lives, they make use of a diversity of literacy practices

2. The ways literacy practices are structured and how they provide meaning, choice, and constraint [sic] construct social relationships and social identities.

3. Literacy practices connect social institutions with each other across local, national, and global contexts.

4. People must adapt and improvise literacy practices; they must go beyond mere acquisition to (re)shaping literacy practices to create and add something new” (p. 302-303).

Numbers one, three, and four are germane to this study and are discussed in the following paragraphs.

The idea of a multiple literacy curriculum can be applied to sociocultural contexts of family-based child care providers; child care providers make use of literacy practices in their everyday lives within their homes as they care for children as they are able and/or are required by the law. They have sign-in and sign-out sheets to record attendance. They organize and know which diapers, bottles, snacks, and extra clothes belong to which child and use them as needed. They make a schedule and follow it: arrival times, departure times, nap time, play time, snack time, lunch time. In an effort to provide nutritious meals, they read nutrition information on packaging, serve appropriate portion sizes for the size of the child, and maybe follow a recipe, measuring particular ingredients while cooking. In warming up food, they must either use numbers on the microwave; low, medium, or high on the stove; or warm the oven (and the food) up to a certain temperature that renders the food safe to eat. They must “read” a child’s behavior
and respond appropriately. If they notice a child is not acting as usual, they might get a thermometer, read and record a temperature of 101 degrees Fahrenheit in the child’s file. While in the file, they might also look up and dial a parent telephone number to inform them that their child is ill. With parent permission, they might locate an appropriate medicine for the symptoms they observed, read the dosage guidelines, measure, and administer medicine to the child. They keep track of the illness and injuries that occur to children, perhaps referring to a first-aid manual for more information about what to do. They read rules for games and play them with children. They help children count blocks, sort and categorize items by attribute, and learn the alphabet. These are all examples of literacy practices in a sociocultural context of family-based child care according to the background of the author of the current study. Literacy practices in the home of a Latina child care provider might look the same in some respects and might look different in others.

Bloom and Enciso (2006) offer a second characteristic of a multiple literacy-based curriculum that help students learn literacy practices that connect them to social institutions at different levels, locally and increasingly, worldwide. One example of a culturally based literacy practice pertinent to child care providers is government bureaucracy (see Jones, 2000). When providers begin the licensing process, they enter into government control and regulation and all the paperwork that goes along with it. The subsidy payment system is but one set of rules and regulations they must navigate. For child care providers to receive payment, they must participate in a web of interacting social systems at different levels--systems and networks that rely on English as a form of communication. Washington State pays subsidies to providers through a few different organizations, which are funded from various federal, state, and private
monies. Providers, as part of this web, must fill out all the right forms, in the right way, and submit them to the right place, at the right time, in order to be paid by the government. They also must collect co-payments from the parents (Washington State Department of Early Learning, 2007a). Parents are also part of this web. They must obtain the right forms, fill them out in the right way, and submit them to the right agency in order to be considered to receive access to this benefit. It truly is a very complicated system that requires high levels of context-specific literacy. If providers have a general understanding of the interconnectedness of these systems, it might help them navigate it better.

The third applicable point made by Bloome and Enciso (2006) is that as people learn to interact through interconnected social institutions, they also learn to adapt their literacy practices and (re)shape them. As the providers improve their literacy practices navigating these systems, they may increasingly be called upon to reshape literacy practices by helping parents learn to navigate these interconnected systems, for example. Another example of reshaping literacy practices are suggestions that the providers gave to DEL in the Child Care Survey. They asked DEL to create an on-line forum for the public to rate their child care services and to create professional newsletters (Walter R. McDonald & Associates, 2008). A public forum on DEL’s Web site could create a new way for providers to promote their businesses that is different than the current methods used. It creates those interconnected social webs as parents, not just DEL, could be responsible sharing information and indicating the quality of care and other services provided in a public forum. The other idea, a professional newsletter, could be created in different formats like print copy or electronic. Either way, it also would be a new literacy
practice that might provide a sense of connection and support for providers. As people practice literacy, they (re)shape these practices in ways that might serve them better than current models.

The questions arise—what do sociocultural literacy practices among professional Latino family-based child care providers look like? What literacy programs have been documented that focus on Latino family-based child care providers? The literature does not provide much guidance. Although there is a growing literature that shows family-based literacy practices among Hispanic/Latino families (e.g. Coady, 2009; Reese, 2009), there appears to be a gap in the literature regarding literacy practices of professional Latino/a child care providers. Additionally, much has been written on the efficacy of professional development curriculum and/or training for child care providers, (for a review see Fukkink & Lont, 2007) but the majority of these studies focus on day care facilities and not family-based centers. These studies also do not focus specifically on Latino literacy perspectives, although there are studies that address family literacy projects for Latinos (Cassidy et al., 2004) as well as literacy programs for Spanish speakers in other professional areas like carpentry (Case, Ainsworth, & Emerson, 2004). In sum, there is a gap in the literature regarding literacy practices of professional Latino family-based child care providers.

In the current study, it is the expressed purpose of the educational program to increase the quality of care that professional family-based Latino child care providers offer to children as well as to increase their literacy levels. The implied definition of literacy used is that of knowing to read and write traditional texts. In a globalized world, traditional definitions of literacy--simply reading and writing--leave much to be desired. In other words, in light of sociocultural perspectives of literacy, a generic, traditional literacy-based curriculum is not adequate to build
the multiple literacies required for providers to do their jobs well. While Latino child care providers have their own culturally based literacy practices, they are not immune to the increasing literacy demands of their profession. They are required to provide safe, nurturing environments for children, interact with complex bureaucratic systems to receive payment, and invent and (re)shape literacy practices to promote their businesses. As such, this literature review leads to the following questions used to guide the study:

1) What are the literacy learning needs of Latina child care providers participating in the Caminos program as perceived by the program stakeholders—child care providers, parents of children receiving care, instructors, and administrators?

2) How do each of the program components (MEVyT, I-BEST, flexible curricula) contribute to participant literacy learning?

3) Are there gaps between what the curricula teach and what the providers need or want to learn? If so, what are they?

Chapter Summary

In sum, the quality of care provided for children in the early years makes a critical difference in their lives. Current statistics revealed that few Latina women attain higher levels of education yet the best predictor for quality of care in child care providers according to the research is the level of formal education. In addition to general educational level, what providers need to know from the perspectives of parents and DEL were discussed. Literacy based in sociocultural contexts needs to be accompanied by a responsive curriculum that addresses
multiple literacy development. Overall, this review suggests gaps in the literature to be filled and
gives rise to the questions that are the focus of this study as discussed in the next chapter.
CHAPTER THREE

METHODS AND ANALYSIS

This study explored the literacy goals of Latina child care providers and the opportunities provided by a funded program. This chapter presents the problem statement, information about case study methodology and reducing bias and raising validity in cross-cultural research, including my positionality. Then the study context is described, including the region, the program, the providers, families and children served by the providers, and the project partners. Finally, data collection and analysis are described. Data sources include: curriculum documents, participant observation, interviews, and archival data.

Problem Statement

As shown in the literature review, according to current statistics, few Latina women attain higher levels of education yet the best predictor for quality of care in child care providers is the level of formal education attained. The results from the Washington State 2008 Child Care Survey (Walter R. McDonald & Associates, 2008) show the highest level of education attained by a sample of family home providers specifically in Washington State, the context for this study. According to the Child Care Survey sample, 12% hold a bachelor or graduate degree (4% of which are in Early Childhood Development); 45% have “some college,” 6% participated in vocational training, 21% are high school graduates, and 16% have less than a 12th grade education. The majority Mexican-American providers in the sample of this study, however, revealed educational attainment at much lower levels as some are just now developing beginning literacy skills. The literature review also revealed that child care providers need to be literate in
multiple ways in order to provide higher quality care for the children they serve and to complete their daily tasks.

In order to provide a holistic picture of professional Latino family-based child care provider literacy, the purpose of this study was twofold: 1) to conduct preliminary research investigating the perceived literacy needs of professional, majority Mexican-American family-based child care providers and 2) to examine the multiple literacy needs as addressed in program curriculum to discover if the literacy needs of the providers are being met. Therefore, this research addressed the questions presented in the previous chapter. Identifying gaps in the curricula is important because if there are expectations for providers to use or apply certain literacies, they need opportunities to learn and gain competency in these ways.

These questions will be addressed using qualitative case study methods, described next.

**Case Study**

To answer these questions, a qualitative approach was required in order to construct a rich description of the program. Case study is an appropriate method to use in this circumstance because one particular program and the child care providers remain as the focus. The program, herein referred to as Caminos (a pseudonym used in this report to protect participants), was bounded to the participants in the study as defined by administrators, instructors, providers, and parents. The goal was not to create a description of individuals in the program. Individuals were not the unit of measurement. Caminos participants in general, but with more intentional focus on the providers, were the unit of study, and guided subsequent methodological choices. This was necessary in order to develop a rich understanding of the Caminos program and how curricular
choices assist providers in meeting their literacy goals. According to Stake (2005), five items are required for a bounded case study (issue choice, triangulation, experiential knowledge, context, and activities). These five items are described in this section:

**Issue choice**

According to Stake (2005) the issue must be defined. The issue was arrived at cooperatively by the researcher, Caminos administration, and the Department of Early Learning (DEL) administration. As stated previously, Caminos has two main goals: to improve the quality of care and to improve literacy levels of the providers so that the children in their care will be ready for school. They already had research support for improving the quality of care, but needed support working with the literacy piece. The study, therefore, is organized around this main issue, literacy practices, and the research questions articulated earlier.

**Triangulation**

In an effort to triangulate, multiple sources and perceptions were explored and checked. Various sources of data were utilized to investigate the perspectives of the program participants, parents, teachers, mentors, licensors, and administrators from Caminos and collaborating organizations. These sources of data included archival data as well as data collected continuously throughout the study. Data was gathered through participant observation, interviews, and a demographic survey and will be discussed in more detail later. When looking at literacies that occur in certain contexts, qualitative methods such as interviewing and observation are recommended (Street, 1993, 2004). Triangulation increased validity in this study as it included multiple perceptions that “clarif[ied] meaning, verifying the repeatability of an observation or interpretation” (p. 454).
Experiential knowledge

Stake (2005) suggests that, “Qualitative research is characterized by researchers spending extended time on site, personally in contact with activities and operations of the case…” (p. 450) so I relocated to the site and was involved in Caminos and the community throughout the course of the study. This participation allowed for the construction of meaning from the issues and the context surrounding the case. Experiences, however, are subjective and mixed with opinions and feeling; this is human. By using disciplined data collection practices, analysis (described later), and triangulation, efforts were made to identify and distinguish between that which would be considered opinion or preference and that which would be considered experiential knowledge. These steps made the case “embraceable” (Stake, 2005, p. 455), meaning that through experience and disciplined reflective practice, the researcher can come to know and understand the case. Additionally, care was taken when translating this experiential knowledge into a product for others to consider and learn from.

Context

Broad and narrow contexts influenced the case, which is why it is important to consider them. Caminos does not occur in a bubble. It is affected by the surrounding contexts (e.g. social, political), which were observed, studied, and considered. Some contexts have already been described in the literature review. For example, societal concerns about child care, language, school-readiness, and the demographics of Latino children and their parents were described. Some political concerns have also been depicted, such as licensing and monitoring practices and expectations. Additionally, economic concerns were important, as many Caminos
families are impoverished. The specific characteristics of the place, the program, and participants will be described in the “Context” section.

**Attention to activities**

Of particular concern in this study were literacy practices, mentioned previously. Other activities that were important to consider included class enrollment and attendance; study time outside of class; interfacing with computers; additional business practices; program administrative practices; interactions with parents, children, other providers, as well as DEL and Caminos staff. Attention to these activities and what people had to say about them helped to reveal literacy practices.

Qualitative case study is a valuable methodology for answering the research questions presented. Its use will enable me to provide a rich description from multiple viewpoints of what the providers need and want to learn in order to meet the literacy demands placed upon them every day. The next section will address cross-cultural research considerations of this case study as they helped to maintain high validity in the study.

**Conducting Cross-Cultural Research**

As questions posed for this study required a certain methodology, as a non-Latina, it was essential for me to also address cross-cultural concerns in conducting this research. In a general sense, Eggers-Piérola (2002) lays out a framework for early childhood educators working with Latino families. The framework includes values, principles, and practices common among Latino populations. These values are family (the basis of forming alliances), belonging and creating a sense of family, education and learning together, and commitment to reaching beyond
boundaries. Although it is important to be aware of within-group differences, these values were important to keep in mind when working with Latino families. Here I present steps I took to address my own positionality in respect to language and culture in order reduce bias and raise validity.

Although it is possible to reduce bias and raise validity, no research is value-free. This study aims to improve the lives of impoverished groups; it is not neutral. As such, it is important to acknowledge who I am, what biases are, and how these influence my work. They can be summed up in four words: position, culture, power and language. My background is one of privilege in every way. I have never lacked water, food, shelter, major medical to excellent health care, or security; I have always been more than comfortable. Additionally, my position in society does not render me helpless. I feel like I have a voice and if I want to use it, I am fairly confident I can access and push an agenda to which people will listen. As a U.S. citizen, I can move with relative ease in the world and have lived as a guest in other cultures. These considerations make a difference as they influence power and position and the ways in which I relate to people. It is important that I acknowledge my experience because it impacts my understanding and interpretation of the participants and the data. Additionally, I value communication and have worked in multiple capacities as a language instructor.

Language and culture were two factors that were addressed to reduce bias and increase validity (Lange, 2002; Lopez, Figueroa, Connor, & Maliski, 2008; Marín & Marín, 1991; Peña, 2007). I took suggestions from the literature into account when designing interview protocols and collecting and interpreting data. I address these suggestions more specifically in the
discussion of each data source as applicable. Overall, I addressed language and culture for communicating, translating, and reporting as described below.

As a second language speaker of Spanish, I am conscious that my language skills are not equal to that of a native speaker. Although I have learned and practiced my language in Mexico, the country of origin of the majority of participants, the implications are many. I may have had an unusual accent to those listening. I needed to adjust to regionalisms, vocabulary, and local ways of communicating. One example is the local use of “muncho” as opposed to “mucho,” which is a minor difference that did not impede meaning—both meaning “a lot.” There were times when language did impede the meaning and I needed to ask for clarification. One example is when one participant talked about cleaning with bleach and mentioned cleaning “con sangre” (with blood). Confused, I asked her to explain again and she did. She has to use a stronger concentration of bleach when cleaning blood or vomit. I asked clarifying questions and “listened back” what I heard, so that the participants knew I understood what they were saying, and they said what they meant. It was my goal to represent participants as fairly and accurately as possible throughout this study.

I took care in preparing interview protocols to increase validity. I utilized language cultural informants to ensure linguistic equivalence, functional equivalence, and cultural equivalence (Lange, 2002; Lopez et al., 2008; Peña, 2007) of documents I produced. Linguistic equivalence concerns the direct translation and equivalence of the words whereas functional equivalence deals with consistency in meaning between languages. Cultural equivalence is concerned with the salience of translations and whether or not people interpret the same
meaning—even when something might be linguistically and functionally appropriate. Taking these into account helped to increase validity.

I also want to include a note about translation and gender. When the original words of participants were available in Spanish, it is included, with my translation. In my translations I did not aim for a word to word translation, but instead attempted to communicate the sense of what was said, keeping in mind metric, linguistic, and cultural equivalence. At times participants began a sentence, changed direction, repeated themselves, or did not complete a word. This naturalistic communication is recorded as such and may appear a bit confusing at times, although it has been represented as clearly and accurately as possible. Additionally, participants do not always speak with standard grammatical accuracy, so some of the English translations appear to be mistaken. For example, one participant, instead of saying “the ninth time” said the equivalent of “the nine time.” This is not a typo. There are also tense changes mid- sentence, and these are translated accordingly, although they might sound a bit strange in English. Most of the archival documents did not contain the original Spanish they were recorded in and therefore, those English translations presented are not mine and are included as-is, without any alterations. Therefore, I indicate the origin of the translation in situations where I was not able to verify translations to my satisfaction. English grammar also posed challenges as we do not have a gender-neutral single form at our disposal. When reporting on the parent survey in particular, it is unknown whether the information represented “he said,” “she said,” or “they said.” In all cases, “they” or “their” was used to avoid the cumbersome use of “he or she.” In other contexts, an occasional s/he was utilized to represent “he or she.”
A brief discussion about names is in order, because they have been the source for much confusion and frustration for all involved due to cultural differences. According to Mexican custom, a child is given a first and perhaps a second or middle name. The child is also given two last names—the first one is the paternal last name, and the second one is the maternal last name. This name constitutes the legal identity and does not change if a woman gets married. This is in contrast to customs in the United States where if a woman marries, she may choose to change her surname to that of her partner. When a provider enters the program, she must register in not one, but two separate Mexican databases, and she must use her legal Mexican name, not her married name. For example, a woman might have a legal Mexican name of Maria Sagrado Socorro but go by her middle and married names, Alejandra de Leon. Without demographic information on both of them, like a birth date, they appear to be two different women. The need to use the Mexican legal name was not understood for some time by an administrator and this misunderstanding caused problems in the following ways: 1) participants may have multiple identities as their name changes between the first and second Mexican databases, the participant files, what they are called in person (for example, Maria was a very popular name and some women chose to go by their middle name and married name as in the previous example), and finally, what is written on the binder at DEL may or may not be how they are registered with the state; 2) to date, only one provider has received a primaria certificate from the Mexican government, although many have earned them. This is because many participants were not registered in the system using their legal Mexican name at the outset and the name cannot be changed independently; therefore, this conflict is addressed on a case-by-case, as needed basis by an administrator with the Mexican government. The instructor at the Center is motivated to
solve this problem but is not in the position to do so. Cultural naming practices have impacted data collection and programming.

A final note about precautions taken in conducting cross-cultural research for this study is one of advocacy. As a researcher working collaboratively with child care providers to discover and meet their literacy needs, the research is more specifically defined as advocacy research in literacy education as outlined by Cherland and Harper (2007). As pointed out in the introduction, Grant and Fine have discussed an inherent pitfall of advocacy research—that one tends to side with a particular group of people. While it is the child care providers and the children whose lives that the research intends to impact in positive ways, it is an acknowledged reality that the Department of Early Learning (DEL), Caminos, the U.S. government as the research sponsor, and a private funding agency all have a stake and considerable power and influence in this endeavor. As a researcher, I needed to consider the political implications of working with multiple organizations, and for whom this research was being conducted. This research was conducted in collaboration with DEL and Caminos with the aim of informing DEL and the Caminos program. However, the interests of the child care providers and the children were kept in the foreground at all times. As such, care was taken to ensure high ethical practice, respect of participant rights, and creating and following procedures that protected participants’ confidentiality. In order to raise the validity of the study, cross-cultural considerations were addressed including conducting research with Latinos, researcher sensitivity, and language and cultural factors. As such, it is important to describe the research context, discussed next.
Research Context

In a bounded case study (Stake, 2005) it is important to describe the context in a way that the reader can come to understand some of the particularities that influence the case. This next section describes the setting, background about the program, demographics of the participants, parents of the children, and partnerships that all influence the case. The participants in the case are illustrated in Table 1 below. The first column indicates the (partnership) organization, the second column indicates the participant’s role or job title, the third column shows the participant’s grouping used in this study to indicate perspective that influence the case.

Table 1 Participants in the case study

<table>
<thead>
<tr>
<th>Organization</th>
<th>Role</th>
<th>Participant Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caminos the Center</td>
<td>Director</td>
<td>Administrator</td>
</tr>
<tr>
<td></td>
<td>Program Manager</td>
<td>Administrator</td>
</tr>
<tr>
<td></td>
<td>Program Assistant (part-time)</td>
<td>Administrator</td>
</tr>
<tr>
<td></td>
<td>Mentor, Class Instructor, and</td>
<td>Instructor</td>
</tr>
<tr>
<td></td>
<td>Previous Home Visitor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mentor, STARS Trainer, and</td>
<td>Instructor</td>
</tr>
<tr>
<td></td>
<td>Home Visitor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phase 1 Providers</td>
<td>Provider</td>
</tr>
<tr>
<td>Caminos the College</td>
<td>ECE Director</td>
<td>Administrator</td>
</tr>
</tbody>
</table>
### Setting: Agricultural Washington

The Caminos program is located in an agricultural area of the Pacific Northwest that the participants call home. The population of the area has reached 52,000 and the regional population exceeds 220,000. Much of the farm labor in the area is provided by seasonal agricultural workers. The majority of these seasonal workers are Spanish speakers who have low levels of education, receive poor working wages, and are the poorest group in the nation (Thompson & Wiggins, 2002). Oftentimes, children from these immigrant families face inequities and discrimination in daily life (Gitlin, Buendia, Crosland, & Doumbia, 2003; Krikorian, 2008) and also encounter difficulties in school, perform poorly, and oftentimes drop

<table>
<thead>
<tr>
<th>Role</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Professor</td>
<td>Instructor</td>
</tr>
<tr>
<td>ESL Professor</td>
<td>Instructor</td>
</tr>
<tr>
<td>Phase 2 Providers</td>
<td>Provider</td>
</tr>
<tr>
<td>Department of Early Learning</td>
<td>Local Director</td>
</tr>
<tr>
<td></td>
<td>Administrator</td>
</tr>
<tr>
<td></td>
<td>Licensor (x4)</td>
</tr>
<tr>
<td></td>
<td>Licensor/Instructor</td>
</tr>
<tr>
<td>City Stepping Group</td>
<td>Director</td>
</tr>
<tr>
<td></td>
<td>Administrator</td>
</tr>
<tr>
<td></td>
<td>Service Provider</td>
</tr>
<tr>
<td></td>
<td>Instructor</td>
</tr>
<tr>
<td>Favorite Services</td>
<td>Service Provider</td>
</tr>
<tr>
<td></td>
<td>Instructor</td>
</tr>
<tr>
<td>Parents</td>
<td>Parents of Children</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
</tr>
</tbody>
</table>
out early (Reyes Cruz, 2008; Suárez-Orozco et al., 2008; Trueba & Bartolomé, 2000). Many of the families that work with Caminos’ providers and families have farmworking backgrounds and face additional challenges in addition to the ones that were previously mentioned.

These providers are among approximately 225 Latino licensed family child care providers in this area that DEL considers preliterate and/or undereducated; these providers care for about 1,800 children (Washington State Department of Early Learning, 2007b). These statistics concur with national trends (National Task Force on Early Childhood Education for Hispanics, 2004), as some of the women in the Caminos program do not read or write in any language, and many just have basic skills in Spanish. DEL reports that providers photocopy official documents from each other as well as have children filling out their required paperwork such as business plans, parent handbooks, and medical policies (Spanish Literacy Project, 2007). Washington State has no educational or literacy requirements for obtaining initial child care licensure so this current arrangement does not break any law for participants not being able to read and write (although providers must complete 20 hours of basic training within the first six months of licensure). As noted in the literature review, higher literacy levels could provide safer, more stimulating, and more sensitive care for children as well as enable providers to become more self-reliant in life and work.

Caminos Program

To address the literacy needs among Latino child care providers, local organizations collaborated and began a pilot project in March 2007 (for a summary see Washington State Department of Early Learning, 2007b, p. 14) and began the Caminos program, (Caminos is a pseudonym used in this report to protect participants). With initial success of the pilot project
Caminos administration and partner organizations applied for and were awarded more substantial funding from a private foundation, beginning in December of 2007 and intended to last for three years. The administrators plan to “crank the budget” and continue the project until June of 2011. They are actively looking for additional sources of funding.

Caminos currently takes place at two separate sites—Phase 1 occurs at the office (Center) and Phase 2 occurs at the local community college (College). Phase 1 uses the Educational Model for Life and Work (MEVyT) curriculum to meet basic literacy needs while Phase 2 uses the Integrated Basic Education Skills Training (I-BEST) model to develop knowledge of child development and English (curricula are explained more toward the end of this chapter). Staff at the Center includes a teacher in charge of academics, a teacher in charge of home visits and teaching Friday night classes twice a month, a paid tutor during class, a program assistant, a program manager, and three quality environment raters. The Center Director and two Center assistants work with Caminos staff, but are also involved in additional programs at the Center. Staff at the College includes the English as a Second Language (ESL) teacher, the child care curriculum teacher, an office assistant, and the Early Childhood Education Director. Turnover has not been uncommon in some of these positions; for example, there have been five different ESL teachers so far at the College. Consequently, some providers may be less willing to build more stable relationships with instructors and a lack of trust has been an expressed concern by administrators that appears to affect both staff and staff/provider relationships. Despite personnel and staffing challenges, the Caminos program manager, who has on more than one occasion expressed her dislike for research, has remained constant throughout the project, as has the Director at the College. There is limited interaction between the College and the Center.
The instructors working closest with participants at the Center are both native Spanish speakers from Chile and Columbia. One studied psychology and theater and is a published poet while the other has a Master’s in business administration. Of the current staff I have met, one administrator at the Center I would consider Spanish/English bilingual and one instructor at the College is both bilingual and bicultural, having married into a Mexican family.

**Providers**

At the time of the study, there were 35 active participants in Caminos (collection, analysis, and limitations of the demographic data presented are discussed in detail later). Three were studying at the Center for their primaria (primary degree), fifteen were studying at the Center for their secundaria (secondary degree), and seventeen were studying at the College for their Child Development Associate (CDA) at the College. All of the participants were female, and the majority were Mexican-American, although there were four participants from other Spanish-speaking countries. The mean age was 39.4 years old, with the oldest participant being 63 and the youngest being 22 years old. The majority of the women were married, with 8 reporting other arrangements (widowed, open relationship, divorced, single). The average number of years studied in school was 6.7, although 12.5 was the maximum and no school was the minimum. (Twelve years of schooling in Mexico would be equivalent to three years of the bachillerato, tertiary school.) One-third of the women reported having completed less than a 6th grade education. The mean number of years since they had been in school was 22.8. As far as time spent in the United States, one woman reported that she had been here for 38 years, although the average was 18.7 years and the median was 18 years. A typical participant has been a licensed care provider for an average of 6.9 years, a median of 6, and two have had their
licenses for 16 and 17 years. Additionally, due to low enrollment, administration began to allow child care assistants into the program of whom there were three, as well as one provider who indicated that she did not have a license.

Participants were originally recruited through the Spanish language literacy pilot project in 2007. Ongoing recruitment occurs through DEL recommendations, word of mouth, child care conferences, and child care associations. Some participants received an announcement in the mail from DEL about the program. There has been attrition since the inception of the project. Women who lose their license are “no longer in the program” as well as those who drop for other reasons. Additionally, 18 participants have graduated from the course offered at the College and 17 have their CDA, with the 18th one in process. These participants are not included in the count of 35 active participants.

Upon entering the program, each provider’s literacy level is evaluated. For Stage 1 they are given a series of diagnostics that are part of the Mexican government curriculum (MEVyT). Depending on the number of diagnostics they pass, they can enter 1) primaria, 2) secundaria, or 3) the College, at which point they are given the Comprehensive Adult Student Assessment Systems exam (CASAS) which is used to provide a measurement of English proficiency. The MEVyT exams are in Spanish and depending on the results, they are placed into the program by how many diagnostics they pass. The number of modules required to earn their primaria or secundaria can be reduced based on the diagnostics that they pass.
Parents

The parents in the program are mostly Latinos and speak Spanish although not exclusively. I did not personally interact with any parents, instead, their perspective is included via archival data of a parent survey and results from a parent night, described in more detail later in this chapter. Although program administrators report that over 90% of their families participate in agricultural labor, no data was found to confirm this statistic.

Children

The children, more or less, were an invisible part of this study although it is largely for their benefit that the research is being conducted. The providers are given permission by the state to watch six through twelve children, depending on their particular circumstance: physical space available, experience, enrollment ages of children, and the availability of an assistant can affect their capacity numbers which directly influences the number of children’s lives that providers can impact. According to provider self-report at the time of the demographic survey, 148 children were receiving subsidized child care from the state. That figure includes eight providers who reported that “todos” (all) of the children they were watching at that time received subsidy support (demographic data collection is discussed later). According to the same administrators mentioned previously, providers report that the majority of children in their care have four out of the six risk factors for low-achievement in school (poverty, no parent employed full time or full year, mother does not have a high school diploma, no parent is fluent in English) (Spanish Literacy Project, 2007).
Partnerships

Local partners, most of which are pseudonyms, are included here because they are part of the case and included in data collection and/or contributed to curricular support:

- Favorite Services was awarded the contract for Resource and Referral by the state in Spring of 2009. In support of child care providers, including those in Caminos, they offer a toy lending library, assistance to parents looking for care, and technical support for providers in the home. Since hiring support staff specifically for Spanish speakers in August 2009, the demand has greatly increased and they are considering hiring additional support. When licensors at DEL encounter serious deficiencies, they make referrals to Favorite Services so that providers can receive individual support.

- City Stepping Group is one of 13 nutrition contractors for the state that participates in the federal Child and Adult Care Food Program (CACFP). They provide training and support services to child care providers who enroll with them, including some of those in Caminos, and process their nutrition and food reimbursement paperwork.

- The Department of Early Learning works with providers to meet state safety and health regulations. They participated in the planning process and kept binders on Caminos participants.

- Read Now provided free children’s books and training to providers regarding the importance and methods of reading to and with children.

- The County Health Department provided funding, office space, and copy services. Due to general budget cuts, many of these contributions were cut, including janitorial service. In January 2010 the Center began to close on Fridays.
The Mexican government provided free access to the curriculum as well as provided scholarship money for providers to purchase materials. They issue certificates of completion for Primaria and Secundaria.

The previous section provided a general idea of the context for this case study including the researcher, the area, the providers, administration, parents, children, and partners. The next section will address data collection and analysis methods.

Data Sources

This section will address data collection and analysis for this study. Creswell (2003) served as a guide for methodological design. Data was collected through participant observation, interview, and documents (e.g. archival data). Table 2 presents a schematic of type and source of data included in the study. Data sources included formal and flexible curricula, compliance reports from the DEL, demographic data, a parent survey, a provider like/dislike survey, a provider six month survey, and home visit forms.

Table 2 Source and type of data in the case study

<table>
<thead>
<tr>
<th>Organization</th>
<th>Curriculum and Secondary Data Sources</th>
<th>Participant</th>
<th>Type of Primary Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caminos the MEVyT</td>
<td>Admin #1</td>
<td>Focused and spontaneous interviews, observation at</td>
<td></td>
</tr>
<tr>
<td>Center</td>
<td>STARS</td>
<td>Administrator #2</td>
<td>Focused and spontaneous interviews, observation at meetings</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------</td>
<td>------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>Lesson Plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Visit</td>
<td></td>
<td>Instructor #1</td>
<td>Spontaneous interviews, observation</td>
</tr>
<tr>
<td>Forms</td>
<td></td>
<td>Instructor #2</td>
<td>Spontaneous interviews, observation</td>
</tr>
<tr>
<td>Encuesta Survey</td>
<td></td>
<td>Phase 1 Providers</td>
<td>Class and home observation, semi-structured and spontaneous interviews</td>
</tr>
<tr>
<td>6 Month Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caminos the College</th>
<th>Child Care</th>
<th>Administrator #3</th>
<th>Focused interview, observation at meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESL</td>
<td>Component</td>
<td>Instructor #3</td>
<td>Focused interview</td>
</tr>
<tr>
<td>Component Class Evaluations</td>
<td></td>
<td>Instructor #4</td>
<td>Focused interview</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase 2 Providers</td>
<td>Observation at STARS training and homes, semi-structured and spontaneous interviews</td>
</tr>
<tr>
<td>DEL</td>
<td>Compliance Violations</td>
<td>Administrator #4</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SERS</td>
<td>Instructor #5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Narratives</td>
<td>Spontaneous interview, observation in center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WACs</td>
<td>Instructor #6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Caminos</td>
<td>Spontaneous interview, observation in center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promotional Materials</td>
<td>Instructor #7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spontaneous interview</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Instructor #8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focused interview</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City Stepping Group</th>
<th>Nutrition</th>
<th>Administrator #5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Binder State Documents</td>
<td>Focused interview, observation at meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Instructor #9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spontaneous interview</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Favorite Services</th>
<th>Promotional material</th>
<th>Instructor #10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Focused interview</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents</th>
<th>Parent Survey</th>
<th>Parents</th>
</tr>
</thead>
</table>

I want to include a note about some challenges I encountered with the data collection. First of all, I collected as much data as possible. Much of it was archival in nature and therefore I did not have any control about the collection methods or organization of this data. Access to participants became more limited as the study progressed, with evening classes as the exception,
for many reasons. These reasons included cancelled meetings, trust issues between staff members, death of a family member (one instructor cancelled classes for one month), conferences, sickness like the H1N1 epidemic, staff vacations, one closed meeting, and budget cuts combined with general time limitations for Caminos staff and partners alike. Additionally, Caminos administration repeatedly expressed a desire to “protect” participants from the “invasiveness” of research since some providers had complained to them about the frequency of visits to their homes. These included visits for Camino’s own evaluative research and promotional purposes, in addition to required visits by DEL, their nutrition programs, and Resource and Referral services (sent by DEL licensors). Combined, these issues impacted data collection in many ways, some known and some unknown. One known effect was that I was required to adapt my sampling procedures, discussed in this chapter.

Curricula

Curricular documents were examined for content and how they could support literacy development and are described first since they provide a context for many of the other data sources. Different curricula are used at each of the three stages (primaria, secundaria, and community college), which I am categorizing as either formal or flexible curricula. The formal curricula include: 1) Spanish language Mexican government curriculum (MEVyT), which is meant to address the basic literacy skills of reading, writing, math and some content during Phase 1. In theory, participants are able to earn a Mexican primaria (primary) and/or secundaria (secondary) diploma(s) through this curriculum and; 2) a child care curriculum which is taught using an Integrated Basic Education Skills Training Program (I-BEST) model taught at the College for Phase 2. The flexible pieces of curriculum include: 1) the English language
development component of the I-BEST program taught at the College; 2) continued STARS training which has included thematic presentations, guest speakers on special topics, and activities; and 3) flexible curricular components that individualize content delivered via mentorship, tutoring support, and in-home instruction. Additionally, participants receive nutrition training through a partner organization which is also discussed.

**Child care curriculum.**

The official name of the child care curriculum is *Fundamentos Para Asociados en Desarrollo Infantil que Trabajan con Niños Pequeños* (Spanish language version of the Council for Professional Recognition’s Essentials for Child Development Associate, 2nd edition) (Day, 2006). It is the first formal curricula I reviewed and it is used in Phase 2 at the College. I did not attend any classes at the college, so my knowledge of this curriculum piece was informed by the textbook, an evaluator’s competency guide, and my conversations with an instructor and an administrator. I read the textbook, took notes, and asked questions in order to shed light on what the curriculum covered and if there were any gaps with what the providers needed or wanted to learn. The results are integrated in the next chapter.

**Educational Model for Life and Work (MEVyT).**

The official name of the Mexican government curriculum is *Modelo Educacional para Vida y Trabajo* (MEVyT) (Educational Model for Life and Work). It is used by providers in Phase 1, and is divided into two parts: primaria and secundaria. Upon entering the program, providers are given a series of diagnostics from which they can test out of certain modules or out of primaria or secundaria if they score well enough. Each level contains modules that focus on the development of reading and writing, mathematics, and additional subjects. (I use modules to
describe the curriculum, unless specifically referring to the printed copies providers have been given). From the outset, the curriculum appears to contain a good variety of content, development of basic skills, as well as flexibility since providers must take certain content yet are allowed some choice and best fit for them (see Appendix A MEVyT Required and Optional Modules in Primaria and Secundaria which illustrates the modules in the curriculum and which I reviewed). There are four required math modules in primaria and three required math modules in secundaria. Providers can choose to complete an alternative applied contextualized math module in place of the traditional series based math modules. For example, the alternative option Números y Cuentas Para el Comercio (Numbers and Accounts for Business) can be substituted in place of Los Números (Numbers), Cuentas Útiles (Useful Accounts), and Figuras y Medidas (Figures and Measurements). The curricular materials offer content, workbooks and interactive games. Many modules focus on group discussion which gives providers opportunities to check their understandings with others, practice oral expression, and to think more critically. The curriculum is free for providers to use and is available on-line providing maximum flexibility for providers’ working schedules. It is in Spanish, the first language of all the participants, which immediately supports providers’ learning as it builds on a lifetime of spoken language experience. Spanish is a transparent language so there is correspondence between sounds and written letters which also help beginners, unlike English (for example, say “telefon,” write telephone).

In addition to the curriculum providing important background for providers in reading, writing, and mathematics, MEVyT also contains modules that are thematically based around content called “diversificados,” which are like electives according to the program structure
because students have choices which they would like to study. Providers are required to pass two in primaria and four in secundaria. One elective module that Caminos requires all participants to pass is La Educación de Nuestros Hijos e Hijas (The Education of our Boys and Girls). Vivamos Mejor (Let’s Live Better) is a collection of basic information about maintaining health and how different body systems function. It also presents practical information like pregnancy planning and how to prevent sexually transmitted diseases. Nuestro Planeta, La Tierra (Our Planet Earth) presents information such as weather, climates, and protecting the Earth. México Nuestro Hogar (Mexico Our Home) provides a history of Mexico. It highlights the cultural richness, history, and biodiversity of the country as well as discussing the current trend of globalization. It illustrates in very simple terms the benefits of purchasing products produced locally to help provide jobs and support local economies. There are questions devoted to encouraging active and involved citizenry that could work to help provide solutions to problems. Other topics of the extracurricular modules include, but are not limited to: being parents, sexuality, working, addictions, farm life, business, domestic violence, and democracy.

I approached curricular review and sampling as follows. In the spring of 2009 I became familiar with the general organization of the government curriculum offerings and requirements and did an in-depth review of one of the modules. For the nearly six months of participant observation, I worked with the providers as they studied the curriculum during the evening classes. I made notes throughout the fall that included their questions, confusions, and opinions about their work, their studies, and their lives. In this way, my observations developed from a naturalistic viewpoint, meaning I interacted with the books in real-time with the providers. As a trained teacher, I did not want to bias my interactions in the classroom with extensive knowledge.
of the curriculum or become a stronger, opinionated presence about class structure or the
delivery of the materials. I waited until my observation drew to a close and then more
purposefully reviewed a selection of books in January and February to see what they offered.

I had criteria for the modules I reviewed, and twelve of the forty-two were selected for
review. See Appendix A for a table that illustrates all the modules; whether it is intended for
primaria (1) or secundaria (2); whether it counts as a more advanced book that prepares
providers for college; whether it is required, optional, or an alternative module; and which
version of the module (if any) I reviewed. The first criterion for selecting the modules was that I
had experience working with it in class with the providers. Second, I reviewed modules that
were available for me to take home. The teacher at the Center did not allow me to take home
books that had too few copies available in case she might want to give it to a provider. Third,
some books were not available at the Center at all during the time frame when I was reviewing
books. Although all the materials are available on-line, it was important that I reviewed the
same books that the providers used as much as possible because: 1) the literacies required to
learn from text-based and computer-based formats are different; 2) there are discrepancies in the
presentation of the materials between the on-line and printed (older) formats; 3) some of the
difficulties providers encountered were based on how the materials were printed. As with the
College curriculum, I read the books, took notes, and asked questions in order to shed light on
what the curriculum covered and if there were any gaps with what the providers needed or
wanted to learn. The results are integrated in the next chapter.
English language component.

The English development component of the curriculum at the College is not formal; it is very flexible. According to the Integrated Basic Stills Training (I-BEST) model of teaching used in the community colleges, providers study content, in this case child care, and develop English language simultaneously. The philosophy of the instructor I spoke with, who acknowledged the diverse English abilities in the classroom, was to teach the providers to search for appropriate materials on the computer to meet their needs. The College class meets twice a week; the majority of one of these classes is spent in the computer lab. The Web site that she mentioned using with providers, but they are not required to use, is www.livemocha.com. This site is an online interactive language community and providers can choose to study free English courses (beginning or intermediate), study for the Test of English as a Foreign Language (TOEFL), or take an English crash course for travel. Outside of this Web site and an example of a hands-on activity in which the co-teachers asked the providers to practice their English, the instructors did not provide me with a curriculum to review because they develop it week-by-week. They were not able to provide me with themes, objectives, or vocabulary that are taught for this English component. Providers are given the Comprehensive Adult Provider Assessment System (CASAS) exam at the beginning and end of each semester to measure their growth in English. As there have been five instructors for the English language component of the class, the teaching philosophies, methods, or materials that the other instructors used were not available.

STARS training and home visits.

Two parts of the flexible curriculum are the 10 hours of continuing education that providers must take each year by law for the State Training and Registry System (STARS) and
the home visits. Since providers are required to take the original 20 hour STARS training outside of Caminos it was not reviewed; however, classes provided by Caminos were. Unless otherwise noted, all STARS lessons mentioned in this report refer to the additional 10 hours of professional development training provided by Caminos. Here I want to emphasize the selection of the content for these trainings. Caminos staff collects data to show provider improvement using the Family Child Care Environment Rating Scale Revised Edition (FCCERS-R). The 38-item instrument evaluates the organization of space, interaction, activities, schedule, and provisions for parents and providers and is divided into seven subscales. It is important to mention because discourse and flexible curricular choices in the program oftentimes are framed around the FCCERS. For example, seminar topics are selected based on FCCERS deficiencies, and the categories on the Home Visit Form are also organized in direct correlation to FCCERS categories. Analysis methods of Home Visit Forms are discussed in the “Archival Data” section. (FCCERS survey results are not included as data sources in this report for two reasons: 1) at time of writing, final results have yet to be published; 2) I had concerns about reliability of the data collection methods.) Based on the FCCERS framework, the topics of STARS seminars have included, but are not limited to: Sand and Water Play, Display for Children, Listening and Speaking, Music and Movement, and Science and Nature. Additionally, Read Now, a partner organization, provided a lesson about reading with children.

**Nutrition.**

Although the nutrition curriculum is not part of the Caminos program, I do want to mention it here because many providers use the federal Child and Adult Food Program (CACFP) and are required to receive this training. Additionally, providers discussed it during the interviews so it is
important to address it briefly. I learned more specifics about the nutrition curriculum through an interview with the administrator of the City Stepping Group, a partner organization. She gave me a copy of a binder used at initial trainings. I understood her to say that she has the ability to choose what to teach the providers about nutrition in her sessions; I also found a document online that states the following components must be included in provider trainings:

- Civil Rights
- CACFP Meal Patterns*
- Claim Submission*
- Meal Counts*
- Record Keeping*
- Reimbursement Process*

I found evidence for all these topics except for civil rights in the interview or in the initial training notebook. In addition to the six topics required by the U.S. Department of Agriculture, the Office of the Superintendent of Public Instruction requires training on five additional topics and to document the training in the provider file:

- Transfer Policy
- Corrective Action Policy
- Serious Deficiency Process
• Appeal Process

• Record Retention Policy (Dorn, April 21, 2009)

I reviewed the binder of materials the administrator furnishes to providers at their initial training. As with the other pieces of curriculum, I read the binder, took notes, and asked questions in order to shed light on what the curriculum covered and if there were any gaps with what the providers needed or wanted to learn.

The curricular pieces for Caminos participants can include a variety of materials depending on their level in the program and the level of involvement. The formal pieces include MEVyT and the Child Care Curriculum. The flexible curricula include STARS trainings and home visits by instructors. Most providers also participate in a food reimbursement program and therefore receive training about those procedures and nutrition.

**Participant observation**

The first source of primary data I collected was through observation of participants which occurred between September 2009 and mid-February 2010. Providers were expected to attend classes twice a week at either the College or the Center, and this became an avenue to meet and get to know providers as they worked and conversed with each other in this “naturally occurring” environment. I was permitted to attend evening class sessions at the Center where I worked with the providers as a tutor answering questions. I was reassured by an administrator that the instructor’s permission had been secured and that I was welcomed in class, as she was not available to personally introduce us. Nevertheless, on my first evening I arrived early and unintentionally surprised the instructor. She had no idea who I was, why I came, or that I would
be conducting research and helping out in the class. I introduced myself to her, and after the providers arrived, she briefly introduced me to the group as a woman who was going to write a report.

During class providers were free to come and go as they needed; they generally did not have direct instruction time and were free to talk as they wished. I was sensitive to the casual nature of the class sessions, and outside of the first visit (which briefly began as observation only) did not actively take notes during class time with the exception of occasionally scribbling a few words on a scrap of paper or a post-it note. After leaving the evening sessions, I most often chose to immediately digitally record voice notes, which were then transcribed using voice recognition software. Occasionally I directly typed my notes without a voice recording and I also often wrote a reflection, which gave me an opportunity to intentionally process the events of the class in relation to my research questions. I attended 30 of 32 classes that were held during the study period. During my time in the classes, I paid attention to how providers worked with the curricular materials, the difficulties they had, and the conversations between each other and with the instructor. I wanted to learn about what they did as providers during the day, how they talked about their jobs and their lives, and the role literacy classes played in their lives. In addition I endeavored to collect evidence of literacy practices used both inside and outside the classroom and how attendance was making a difference in their lives. In short, I was looking for answers to my research questions that would reveal literacy needs according to the providers’ and instructors’ perspectives, what the curriculum offered, and potential gaps in the curriculum.

Providers were also observed during Friday evening seminars that were scheduled twice monthly. These seminars, called STARS seminars since providers could earn credit through the
State Training and Registry System to fulfill their mandatory 10 hours per year, were voluntary. I previously described some of the context about these seminars in the section “STARS Training and Home Visits” section. Attending these classes enabled me to meet some providers from Phase 2 and become familiar with more of the providers in the program. The room held a maximum of 25 or so providers and attendance varied. Outside of Caminos, STARS classes usually cost money, but these are free to providers in the program and their assistants and, as I discovered at the end of my data collection, closed to providers not enrolled in Caminos. I attended four out of the seven seminars that were held through January 2010. I took notes during the instructor’s PowerPoint presentations regarding the selected content and assisted the instructor by distributing supplies, making copies of the presentation outline, taking photographs of the providers working together during class for her records, and assisting the providers during the “make and take” portion of class where they produced an activity they could do with children, for example, a birdfeeder out of a juice carton. Additional notes and reflections were voice recorded immediately after class and transcribed using voice recognition software. In the same way that I paid attention to the content of the materials and interaction by providers during regular class sessions, I continued to focus on the materials selected by the instructor, observed how providers engaged with the materials, and listened to their discussions about their lives as child care providers in order to identify literacy needs, curriculum, and potential gaps.

In order to understand the context and the background of the Caminos program, I attempted to attend three types of administrative meetings held by Caminos staff and their partners. These regularly scheduled meetings (schedule depended on the type of meeting) consisted of staff meetings, partnership meetings, and meetings between the Center and the
College. The staff meetings were held at the Center every Thursday at 1:30 PM. I took notes during all meetings, and did not voice record the meetings as requested by the administration. I attended four staff meetings during September and the beginning of October. I did not attend another one until the final meeting of the year, which was held on December 2.

The second scheduled meeting was the Partnership meeting, held the third Wednesday of each month at 3PM. I attended the first, second, and third meetings; the second meeting had no partners at it, and the fourth and the fifth meetings were cancelled. In November I learned about the third regularly scheduled meeting between the College and the Center which had resumed on the first and third Thursdays of the month. I attended one meeting in November and had planned to attend another, but it was cancelled. I attended a FCCERS training to familiarize myself with the measure being used to assess quality of care. I was also invited to attend an Early Learning Partnership Meeting at the College that was cancelled due to icy roads. Additionally, I attended a state-wide town hall meeting in December that addressed the Negotiated Rule Making Process and recommendations that were in preparation for the legislature that if passed, would directly affect Caminos providers. Among other things, I wanted to understand the history of the program, priorities of the staff for the providers, concerns about the providers or curriculum, and plans for replication. These insights would help explain the literacy needs according to administrator and instructor perspectives as well as identify components of the flexible curriculum or other archival data that could help shed light on my research questions.

I collected notes and reflections on the correspondence and informal communication that occurred throughout the project among administrators, instructors, and me. The notes and reflections provide documentation for things such as participant protection procedures,
availability/location of certain materials like complete provider rosters or raw demographic data, and collecting more information about the documents I was reviewing. I also documented my efforts to confirm my assumptions and interpretations about the data with the appropriate people. Coding and analysis of these notes and reflective documents are described in the “coding” section.

**Archival Data**

Another data source to be tapped was archival data previously collected by Caminos and DEL. These sources of archival data included, but were not limited to, DEL compliance violations and narratives, home visit forms, demographic data, and participant folders. The purpose of each is described below.

**DEL Binders.**

During September and October 2009 I made four visits to DEL for the purpose of reviewing participant binders. These binders were full of information compiled by current and past licensors. There were 63 provider notebooks that had not been updated for at least ½ year at the time I started reviewing them. On my first visit to DEL I met an administrator who updated the binders from memory with post-it notes and sticky flags to indicate provider status in the program. Not all of the providers were currently enrolled in the program, but they had been at one time or another, and so I decided to include them all in my sample. From these binders, I focused on compliance violations and SERS reports.
Compliance violations.

The WAC stands for Washington State Administrative Code, the rules by which the laws in the Revised Code of Washington 43.215 (Department of Early Learning) are administered and, for providers to keep their licenses and livelihood, they must maintain compliance with the WACs. Chapter 170-296 is titled Child Care Business Regulations for Family Home Child Care, and according to the chapter, DEL is “committed to ensuring that children who receive family home child care experience health, safety, and well-being” (p. 5). The intent of the WAC is to enforce those standards in family based child care facilities. There are a total of 131 WACs currently on the books which are divided into 18 categories. Table 3 illustrates the 18 WAC categories by topic.

Table 3 WAC categories by topic, Chapter 170-296

<table>
<thead>
<tr>
<th>Category</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Purpose and Definitions</td>
</tr>
<tr>
<td>2</td>
<td>General Qualifications</td>
</tr>
<tr>
<td>3</td>
<td>Fines, Regulatory Violations and Corrective Action</td>
</tr>
<tr>
<td>4</td>
<td>Business Practices</td>
</tr>
<tr>
<td>5</td>
<td>Fire Safety</td>
</tr>
<tr>
<td>6</td>
<td>Health, Environment and Medication Management</td>
</tr>
<tr>
<td>7</td>
<td>Food/Nutrition/Diet</td>
</tr>
<tr>
<td>8</td>
<td>Space Requirements and Equipment</td>
</tr>
<tr>
<td>9</td>
<td>Diaper Changing and Bathing Facilities</td>
</tr>
<tr>
<td>10</td>
<td>Utilities and Waste Disposal</td>
</tr>
</tbody>
</table>
When providers are caught breaking the law, licensors fill out a compliance violation and the provider must rectify the situation. I used these compliance violations to look for patterns among providers to inform literacy needs from the instructor perspective.

The sample of compliance violations was assembled as follows. In consultation with one licensor, I decided to differentiate between monitoring visits and renewal visits because renewal visits are scheduled in advance while monitoring visits are not. Therefore, reports that were labeled with an “M” (“monitoring”) and “R” (“renewal”) violations were tallied. I made a list of all the violations according to the Washington State Administrative Code (WACs) by its corresponding number in my composition book and I made two columns to track whether the violation occurred during a monitoring visit or a renewal visit. As I went through the binder I recorded the date and type of each compliance violation report filed. Due to legislative changes, violations had been recorded using two sets of numbers; I only recorded the most current listed as WAC 170. Upon completion of all 63 notebooks, the data were then counted and transferred.
to an electronic spreadsheet. I then returned to the handwritten notes, recounted the results, and compared the two lists. There were no discrepancies. I counted and grouped the violations by monitoring, renewal, and total. I also grouped them according to the individual WACs. I then scheduled an interview with an instructor to member check my methodology and preliminary results. This clarified a few things and resulted in the following change: I went back to the binders and checked the difference between Renovación and Renewals since one instructor had written Renovación to mean “renewal” or “updating” as opposed to “change” or “renovation.”

With the minor modifications, the counts were recalculated and analyzed according to Individual WAC violation totals, WAC violations by categories, and WAC violations separated by type (monitoring or renewal). I used this to discover patterns in provider literacy needs, according to licensors. Further coding and analysis of this data is explained in the “coding” section. The results are presented in the results section.

SERS reports.

In addition to compliance violation reports, the binders at DEL also contained “SERS” narratives, which described instructor visits to the homes. (The licensors I asked were not able to remember what SERS stood for.) I used these narratives to look for examples and a more in-depth explanation of the types of violations that providers were committing and a sense of what a visit might entail. More specifically, I wanted to confirm that this group of instructors spent some of their time during the visit teaching participants what and how to improve, which could again indicate areas for further literacy development. At the request of an administrator, I also looked for anecdotal evidence of past improvement by providers based on participation in Caminos.
In order to better understand the DEL perspective and expectations of providers from a legal and bureaucratic standpoint, I also attended an all day Spanish child care provider DEL orientation seminar. I took notes, collected forms, and asked a few questions. Additionally, I got up-to-speed on specialized Spanish vocabulary used by the child care industry, the department, and providers.

**Home visit forms.**

In order to support child care providers, Caminos mentors and teachers make home visits in order to support individualized needs. The first wave of visits appears to have occurred during May and June of 2008 and a second wave during September and October 2008. There was one form from January 2009. Due to staffing issues, providers did not receive home visits again until a new mentor was hired in the fall of 2009. This mentor conducted 4 home visits and then was asked by Caminos administration to wait until further notice to resume them as one of the providers had spread negative feedback about this visit. I compiled 51 home visit forms, the earliest of which was dated May 02, 2008.

These visits were recorded on Caminos-produced Home Visit Forms (see Appendix B for an example) and stored electronically. The Spanish form provides general information: name of the provider, name of the visitor, the date of the visit, the time spent in the house, and the number of adults and children present. From there it is divided into two separate sections. The first one is labeled “% of time for” and is subdivided into: observation, provide information, demonstrate an interaction with children, do an activity with children, give emotional support to the provider, resolve a problem, crisis intervention, and goal planning. The second one is labeled the “% of time talking about” and is subdivided into: space and furnishings, personal care routine,
listening and talking, activities-interaction, program structure, parents and provider, and other (as mentioned previously, these are the same as the FCCERS categories). I compiled the amount of time spent on each item as recorded by Caminos staff in minutes into a spreadsheet. I verified with one of the instructors that had conducted visits as to what those categories meant to her and how she had recorded the time spent in the house. I also recorded the goals or comments written under the “metas” (goals) section on the form. Both sections were then further coded and analyzed using the method described under “coding” in order to identify literacy needs according to the instructors’ perspective. A few of the goals indicated that they were goals of the providers, and were also analyzed for literacy needs or goals from this perspective. The rest of the form was less germane to the research questions and less consistently used by the home visitors, and therefore, not included in the data analysis. For example, one prompt was added midway through the data collection and rarely filled in by the home visitor.

The home visit forms were mainly used to identify literacy needs from the instructor point of view based on how much time they spent teaching providers certain things. I analyzed these forms to see what the instructors prioritized as the most pressing needs of providers, as a whole. I wanted to know if these literacies were addressed in the formal curriculum or just on a provider-to-provider basis.

Provider survey.

Data from a provider survey had been compiled by Caminos staff in an archival document that was modified May 5, 2008. The document is titled "Encuesta/Survey" and contains compiled comments from participants under two headings: "Lo que me gusta del programa" (What I like about the program) and "No me gusta del programa" (What I don’t like
about the program). There is limited information available about the sample or data collection methods. According to the program manager, providers present at a Phase 1 class at the Center wrote down on paper what they liked and what they did not like about the program. In addition to the 27 responses included in table format, there were 13 comments at the end labeled as "sugerencias para mejoro" (suggestions for improvement). I examined the provider survey by making a list and tallying similar comments in order to identify literacy needs according to providers. After that, I used the preliminary categories and then coded them following the procedures described in the “coding” section of this chapter.

Provider six month survey.

Data from a provider survey taken six months into the pilot project was compiled by Caminos staff in an archival document that is dated Monday, September 10, 2007. The document lists answers from participants about “what the program benefits to you are.” Responses are grouped according to the prompts: 1) “The 3 most important things I have learned from attending classes are…”; 2) “Things I do now that I could not do before attending classes are…”; 3) “Things that are better for the children in my care are…”; 4) “My educational goals are…”; 5) “My goals for the children in my care are…”; 6) My goals for my child care business are…”; 7) “Something I want to learn about in the future is…”; 8) “I have used my home computer to work on the MEVyT website outside of classtime.”; and 9) “Other comments I would like to make…” There is no information available about the sample or data collection methods. Judging by the number of responses for computer use in the home (question #8), 23 providers participated in the survey. I examined the provider six month survey by coding it according to the procedures described in the “coding” section of this chapter.
Parent survey.

I found an electronic letter to parents dated September 5, 2008, written to parents. This letter helped explain the data collection method for a parent survey that I included in the data analysis. This letter informed literate parents that Caminos was “presenting the opportunity for parents to express their questions or comments about the child care system.” They said that providers and experts would provide answers during a parent meeting. The letter asked them to fill out the form (which would be completely confidential), put it in the envelope provided, seal/stamp it (sellarlo), and give it to their provider to deliver to the Center. Another electronic archival document contained the translated version of the responses from this survey; the original responses in Spanish were not available. There were 67 responses recorded. The results of this parent survey are the only data found to answer the research question about literacy needs of providers from the perspective of parents. I coded this data in the same way as the rest of the documents, described in the “coding” section.

Demographic survey.

The process for compiling provider demographics is explained here. An administrator informed me that demographics were collected on each provider as they entered the project. This demographic information was not consistently available in the participant files stored at the Center; neither was it compiled into a spreadsheet. Due to the quantity of missing forms, I decided to complete the collection of demographics from as many participants as possible using the Caminos created document. (A copy of the form is provided in Appendix C. The top half of the form shows general questions, some of which are required for the Mexican database, while the bottom portion contains information that the administrator told me was “not necessary.”)
I compiled a complete list of provider names using multiple sources. I started with the best list available, the FCCERS research participant identification number list, and through cross referencing, identified participants past and present. Some of the additional data sources in this process included participant binders at DEL, attendance rosters, and provider files. The instructor for Phase 2 collected demographics from her providers; I requested the information from Phase 1 providers who filled it out independently or dictated their answers to me. I member checked discrepancies and doubts of my compiled list by telephone with instructors at both the College and at the Center. Nevertheless, there are possible discrepancies that remain.

The sample for computing the demographic data was arrived at in the following way: those that were available and active in the program were included. This excluded eighteen graduates as demographic information was not available due to empty files. It excluded thirty providers who were categorized as dropped, six participants whose status was unknown or who were on a break, and four participants who had passed their secundaria but were not attending classes at either the College or the Center. Of the 35 participants that were categorized as active, demographic information was available and/or collected from 34 of them. The information most germane to the current study included nationality, age, and number of years of previous schooling. I entered the data into a spreadsheet.

The demographic data is self-reported and I report limitations germane to the current study here. The data has a variance of two years. Due to the seasonal nature of caring for the children of agricultural workers, there can be significant variance in the number of children/income reported depending on the time of year when providers completed the form. Sometimes a provider completed the demographics more than once, in which case, the one with
more complete data was retained. Some of the questions did not lend themselves to clear answers. For example, one question asked how many children providers cared for. The results are at times unclear whether they indicated the maximum capacity allowed or the current number of children currently in their care. For the demographics collected more recently, providers were asked to specify both. Another question asked how many children receive subsidy support from the Department of Health and Human Services, and eight providers simply wrote “todos” (all). In some circumstances, the actual number could be deduced using the responses of other questions and in some cases it could not.

*Remaining archival data.*

I used data from other sources of archival data sources on a limited basis. I reviewed participant files housed at the Center for evidence of literacy needs. Review of the files revealed an inconsistent sample as some files were empty, some files on newer providers had yet to be created, while others inconsistently contained a limited assortment of the following documents: copies of Mexican government documentation (birth, marriage, and school certificates), print-outs of exam grades, a telephone interview form, a demographic form half sheet, a demographic form whole sheet, Institutional Review Board permissions, CASAS Scantron-style answer sheets, a goal sheet, a promotional interview sheet, and perhaps a writing sample. Due to the limitations of the provider file sample, the files were only used to support demographic data collection and to provide supplemental information on providers that participated in semi-structured interviews. Additional sources of archival data reviewed and used to inform the study included Caminos promotional material, School Age Child Care Conference evaluations, reports
to funder, meeting notes, Phase 1 provider academic data, and Phase 2 provider class evaluations.

**Focused and informal interviews**

Focused and informal interviews were conducted with a sample of staff and administrators. The purpose of these interviews was to gain an idea of the interviewee’s role in the program, an understanding of areas of literacy the interviewee thought the curriculum addressed, and also areas in which providers might need additional training or support. Interviewees were asked to comment on areas that pertained to their areas of knowledge and expertise in order to increase validity of their responses. I scheduled focused interviews meaning that although I did have some specific questions prepared in advance to clarify or follow up on prior data collection, these interviews were not completely structured. Informal interviews were based on convenience and opportunity and were more spontaneous. Interviews were conducted with the following people: Caminos Director, Caminos Program Manager, Caminos Mentor, Caminos Instructor, Early Childhood Education (ECE) Director at the College, ESL Instructor at the College, ECE Instructor at the College, four DEL licensors, Spanish language Service Provider at Favorite Services, Service Provider at City Stepping Group, and City Stepping Group Administrator. All initial interviews were conducted in person with additional interviews occurring in person and/or via telephone. Verbal consent was obtained and the interviews lasted anywhere between 15-60 minutes, depending on the interviewee’s availability and propensity to share. One interview was conducted in a coffee shop, one at a restaurant, one in the College cafeteria on a Friday afternoon, and the rest in the office or workplace of the interviewee. Depending on the circumstance, one or more of three recording methods were used: 1) notes
were written immediately after the interview; 2) notes were taken directly during the interview and fleshed-out after the interview; 3) with permission, the interview was recorded, brief notes taken, and the interview loosely transcribed afterward, with the exception of a few quotes which were written word for word. Analytical reflections were also written in relation to the research questions at hand. These documents were then coded as described in the “coding” section.

Semi-structured Interviews

In order to gain the perspectives of the providers regarding their literacy practices, semi-structured interviews were conducted. I developed the interview protocol in English and translated it into Spanish, which I then back-translated into English (see Appendix D and E). I scheduled an interview with a cultural and language informant who assisted me in making sure the Spanish interview protocol was appropriate. This cultural informant stressed the importance of using small talk to help the participant feel comfortable, which concurred with the advice provided by a cultural informant I had spoken with previously. It was also strongly suggested that I bring a small gift of food like cookies or bread. The cultural informant also checked my telephone script, as all the interviews were scheduled via the telephone.

I chose to use a convenience (or opportunity) sample for the interviews (Creswell, 2003). A representative sample could not be assembled due to incomplete demographic data and the Center administration’s desire to protect certain participants from being interviewed. This sampling procedure limits the generalizability of the data. Using archival data, namely the provider movement chart and the FCCERS provider identification chart, 17 providers were identified as new in Fall of 2009. At Caminos administration’s request, I showed them the list of providers, which they approved. At that time I learned that providers categorized on archival
data as new in the Fall of 2009 were in actuality new any time that year. Due to the high percentage of participants on the list that were discovered to not have given informed consent to participate in research, I also utilized a snowball sample (Bogdan & Biklen, 2003), in which the first participant interviewed recommended fellow providers in the program. Caminos administration allowed this sampling method. This decision was made to ensure that I had a large enough sample and could reach the desired 10-20% of the total providers without compromising the identity of the participants. Using a combination of these two sampling methods, I interviewed eight providers, three from Phase 1 and five from Phase 2.

I scheduled, confirmed, and conducted the interviews. Each provider chose to have me conduct the interview in her home. After arrival, we small-talked for a bit, and I gave each family some bananas that either they could eat or share with the children in their care. If they had children in their care, I met them. I thanked the providers for letting me into their homes. Then I began the interview by reading the formal informed consent piece that explained the research interview and I assured them that if they chose to participate in the interview, that it would be confidential. All participants agreed to be interviewed and recorded. One participant had questions and wanted to understand better about my research. After consent was received and questions had been answered I turned on the recorder and began the interviews according to the protocol (see Appendix D) which included opening statements, the questions, additional probes, transition messages, and space for both comments and reflective notes (Creswell, 2003). I also had a print-out of brand-name logos, two examples of maps, and a page of music notation that provided visual support for the warm-up questions (see Appendix F). Standard interviewing methods were implemented (Fontana & Frey, 2005; Hatch, 2002).
Immediately after the interview, I digitally recorded my thoughts into the recorder which I then transcribed. Interviews were transcribed by me in their entirety. I have studied Spanish for 20 years, taught Spanish, and worked as a bilingual translator. My grammar may not always be perfect, but my comprehension is high and the interviewees did not use technical language. To ensure accuracy of meaning, I methodically progressed through the transcripts, listened to more difficult sections multiple times, and reviewed transcripts upon completion. I did not belabor adding accent marks for things such as question words in Spanish and distinguishing between si/sí because the context makes it clear. I also had the Spanish spell checker turned on so it may have inadvertently “corrected” some of the peculiarities of some of the speech of my participants. One example that did not get corrected was muncho, which is how one of my participants spoke and I made sure it was retained as such (as opposed to the standard mucho) as well as participants that used the shortened form “pa’” instead of “por” or “para” which both mean “for.” There were some sections of the transcript that were indiscernible due to noise, for example, a child crying, and on occasion, I used a language and cultural informant to discern a few words. For example, I kept hearing a participant say “lotrina” which I knew was wrong, but given the context, we discovered it to be “doctrina,” as in church doctrine. The interview transcripts were not member-checked by participants due to the Center administration’s concerns about over-invasiveness of the program into participants’ lives, although I did send each participant a hand-written thank you note as well as information that would be of interest to them. For example, one provider had said she wanted to learn how to cook shrimp so I sent her a few Spanish recipes that explained how to cook shrimp. These interviews were coded according to the procedure described in the “coding” section.
Coding and Analysis Procedures

Documents for this study included primary and secondary data sources as described previously; these were analyzed by categories, codes, and themes. The analysis was based on general procedures provided by Bogdan and Biklen (2003) and adapted to meet the requirements of the study as described now. Figure 1 shows the general progression of the data analysis.

Figure 1 Coding and analysis procedures
According to the research questions, I paid attention to literacy needs as defined by multiple perspectives (Question #1). By using on-going reflective analysis throughout the study, the data revealed many commonalities before the coding process began. For example, every provider I interviewed talked about meal times and feeding children. I had noticed that health and safety were common topics mentioned by many participants. Although most participants wanted to ensure the health and safety of children, some practices caused barriers in protecting both providers and children alike. Perhaps some of these barriers were attributed to culture, which surfaced as Caminos and partner organizations had expectations of providers that, had they grown up in the U.S., perhaps would not be issues to the same degree. Incomplete records and the difficulty of providers to fill them out correctly were one expectation that participants in partner organizations and administration repeatedly mentioned. Instead of focusing on paperwork, providers oftentimes (although not exclusively) expressed an interest in wanting to
know about activities they could do with children while administrators and instructors had many additional expectations of what providers needed to do with children. Additionally, administrators and instructors often expressed an expectation for providers to be “professionals” and not “babysitters.” Although nobody defined professionalism, it seemed to include a lot of characteristics and expectations for provider behavior. From these observations about the data, I created six initial codes that I implemented as the initial coding guide. I defined them as follows:

- Nutrition (food preparation, meals, cooking—not nutrition reimbursement reporting).
- Health and Safety (cleaning, WACs safety regulations, sickness, etc.).
- Culture
- Business/Administration (organization, paperwork, reporting)
- Teaching (knowing about children and development, relating to children, activities, setting up an environment that complements teaching, creating a schedule of activities)
- Professionalism (communicating with parents or departments, learning more information—including basic literacy to do their job, computer)

I read all documents and coded according to this a priori coding scheme as I looked for evidence of literacy needs in the data according to multiple perspectives. Sometimes I highlighted a story to illustrate a code; sometimes I highlighted a few words. I looked for meaningful segments of data to illustrate the code and the evidence of literacy either displayed or lacking, thinking that if one provider demonstrated a particular literacy, another provider would most likely need it. As I coded documents, I discovered that my a priori categories were not sufficient because the data revealed more ideas across the data. Therefore, I added six more codes which I then used during
the second iteration of coding. These were family, spiritual, transport, free time, and traditional, and method. Table 4 below illustrates the codes from the first and second round of coding.

Table 4 Codes in round one and two coding process

<table>
<thead>
<tr>
<th>A Priori Codes</th>
<th>Additional Codes for Round Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching</td>
<td>Family</td>
</tr>
<tr>
<td>Business Administration</td>
<td>Spiritual</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Transport</td>
</tr>
<tr>
<td>Culture</td>
<td>Free Time</td>
</tr>
<tr>
<td>Health Safety</td>
<td>Traditional Subjects</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Method</td>
</tr>
</tbody>
</table>

I added family because there were things that providers were saying they needed or wanted to know for family reasons. Some women said what they still want to be a better mother and to learn how to have difficult conversations with their children. Some of the women choose to be providers (and to stay home with their children) because of their value of family.

I added the spiritual code because, although at first I just saw it as the providers connecting with other women, I decided it was much deeper than that. Participants expressed a deep need for hope and encouragement; it appeared as a source of strength that renewed their faith to continue. The code represented holy laughter, food for the soul, and unity. These are all words and rituals that occur in a church, a place where perhaps one is renewed and recreated to return to the world.
The providers talked about transportation as a literacy need—knowing when and how to get around. Mostly this involved getting their children to school on time or picking them up, but at times, it also involved appointments. Many of the interview participants talked about how they learned to drive, because at this point, they all have licenses and can drive, although upon arrival in the U.S., most of them did not. The availability of transport was also a concern raised by parents in the parent survey.

Free time was added because during my interviews I heard from providers what they did when they were not working with children.

I added traditional subjects as a separate code. Originally basic literacy was wrapped into professionalism, but because of an abundance of specific comments about basic content (especially in the provider survey), I wanted to honor these specific literacy needs. Therefore this code included school subjects like math, science, reading, and writing.

Although my research questions focused on “what” rather than “how,” I discovered that providers often expressed opinions about how they were learning. The participant survey especially highlighted more specific comments about how they were learning as opposed to what they were learning so I decided to include it.

I proceeded with round two of coding, using the additional codes. I simultaneously created a spreadsheet. I recorded the particular idea; the coding category(ies) assigned to it; who said it; if it was specifically voiced as a need or a want; where, how, or from whom providers learned that particular thing (if applicable), and any relevant quotes. After extreme data
saturation, I recorded a more selective sample of examples and comments. I then sorted and grouped the data in the spreadsheet by code.

Themes began to emerge during round two coding as did a need to develop more specific codes and categories. The data suggested four themes: Believe, Protect, Teach, and Manage. During round two coding I compared and contrasted the coded data, looking for similarities and differences of the data within each code, taking note of commonalities and exceptions within each code, and formulating changes to refine the analysis of the data, categories, and themes (these codes and categories are shown in Table 5).

Table 5 Codes and categories after round two coding

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching</td>
<td>Knowing about children and development</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
</tr>
<tr>
<td></td>
<td>Interaction</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
</tr>
<tr>
<td></td>
<td>Schedule</td>
</tr>
<tr>
<td>Business Administration</td>
<td>Paperwork</td>
</tr>
<tr>
<td></td>
<td>Insurance</td>
</tr>
<tr>
<td></td>
<td>Organization</td>
</tr>
<tr>
<td></td>
<td>Purchasing/materials</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Cooking and/or serving</td>
</tr>
<tr>
<td></td>
<td>Planning and/or schedule</td>
</tr>
<tr>
<td>Culture</td>
<td></td>
</tr>
<tr>
<td>Health Safety</td>
<td>Cleaning</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>Safety</td>
</tr>
<tr>
<td>WACs</td>
<td></td>
</tr>
<tr>
<td>Health and/or hygiene</td>
<td></td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td>Communication</td>
</tr>
<tr>
<td></td>
<td>(Desire) to learn information</td>
</tr>
<tr>
<td></td>
<td>Certificates/degrees</td>
</tr>
<tr>
<td></td>
<td>Computer</td>
</tr>
<tr>
<td></td>
<td>Goal Planning</td>
</tr>
<tr>
<td></td>
<td>English</td>
</tr>
<tr>
<td></td>
<td>Advocacy</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Spiritual</strong></td>
<td>To overcome</td>
</tr>
<tr>
<td></td>
<td>Self-esteem, competency</td>
</tr>
<tr>
<td></td>
<td>“therapy” or stress release</td>
</tr>
<tr>
<td></td>
<td>Connection/mutual support</td>
</tr>
<tr>
<td></td>
<td>Motivation</td>
</tr>
<tr>
<td><strong>Transport</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Free Time</strong></td>
<td>“in” TV, music, relax</td>
</tr>
<tr>
<td></td>
<td>“salir” eat, shop, family, church</td>
</tr>
<tr>
<td></td>
<td>Work at home</td>
</tr>
<tr>
<td><strong>Traditional Subjects</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Method</strong></td>
<td></td>
</tr>
</tbody>
</table>
I shifted the previous codes to categories because they were too general to be helpful in a pattern analysis or to really explain the patterns I was noticing in the data. I now used the original definitions I had written as specific codes and added more category specific codes that would help in reducing the data further into more precise descriptors. For example, for the now-category of Spiritual, I had noticed and made note of: to overcome, self-esteem/competency, "therapy" or stress release, connection/mutual support, and motivation.

With these post-round two ideas for codes, categories, and themes, I went through the data a third time conducting a pattern analysis (Miles & Huberman, 1994). Although I had a spreadsheet of literacy needs, I wanted to be able to see the data from different angles and therefore utilized various analysis procedures as described by Boeije (2010) to integrate the data. I looked for patterns--which literacy needs were concerns for which groups of people (perspectives) according to each data source: administrators, instructors, providers, and parents. To do this, I designed a matrix with the rows representing codes and categories and the columns representing the source of the data and the perspective represented. I went through the data again, filling out the matrix to illustrate the patterns. While I created the matrix, I also created additional spreadsheets into which I organized key quotes and stories according to the codes and categories to use during analysis and the writing process. I recoded and regrouped data as needed and I continued to refine my interpretation of the data, the codes, and categories. Throughout the process, I simultaneously tested the themes.

While completing the pattern analysis, I mentally shifted the now code-specific stories and quotes between themes looking for a best fit and a story that best explained the data according to the research questions. For example, I discovered that there were aspects of
professionalism, like a desire to learn and goal planning, that told a story of Belief; at the same
time, communication and computer skills, told a story of Management. Figure 2 presents a
sample of the theme of Belief with its new categories and codes.

Figure 2 The theme of belief divided into categories and codes

Upon completion of the pattern analysis, I described each theme using the categories and codes.
I grouped salient codes together, giving them category names as appropriate—either from the
previous coding or by creating new ones. I also integrated some categories and codes like
Culture as examples throughout the themes as appropriate. From these codes, categories, and
themes, I created and modified my outline as I tested the progression and linearity of my logical thinking to represent the data.

I continued my inquiry and analysis through writing (Richardson & St. Pierre, 2005) as I began to construct my rich description. I told the stories of the last six months of time spent with the participants, what I had learned about literacy and the lives of the providers, and answering the research questions. I intended to tell the story and construct something interesting, engaging, and readable; I did not believe I (or anyone in my place) could offer “scientific objectivity” but I still had something to say as a situated speaker telling about the world as I had come to know it (p. 961). I told the story and I simultaneously constructed my arguments on various levels (Boeije, 2010). First, I needed to fairly represent participants, both as individuals and as part of the corresponding group perspective within the case. As I wrote, I connected pieces of evidence within each code, which I had compiled in my spreadsheets (views of the individual). I compared these views with the pattern analysis, which illustrated the codes that arose in the data by the group perspective. Second, I needed to construct a cohesive argument throughout the paper. As I wrote, I used smaller arguments within the codes. I then analyzed the arguments within each category. After that, I created arguments for each theme. I continued to test my themes, categories, and codes and I made changes in my outline as needed. For example, I noticed that it no longer made sense to maintain culture as a separate category but to integrate cultural examples into my argument to make necessary points. Insurance, I decided, logically fit in the theme of Protect and contributed to that story instead of keeping it in Manage.

I got feedback on my writing. I was shown alternative interpretations and redirected to make it less of a narrative and more like a research report; I used this feedback to follow a more
predictable dissertation-like writing schema. I dropped weak arguments and made good arguments even stronger. I revisited the data and arguments one more time. I did not want to inadvertently dismiss data that countered my arguments or make, according to Boeije (2010), some of the common mistakes in qualitative research which may include under-analysis, lack of thick description, forcing a framework, or over-generalizing. I decided that continuing to refine my codes and categories helped to make sure I was not forcing a framework on the data. At that point, I felt confident the analysis solidly belonged in the descriptive category, but I needed to push ahead to an explanatory, interpretive explanation (p. 152). Synthesizing these smaller arguments provided strength to formulate my interpretations.

**Chapter Summary**

This chapter described the methods used to collect and analyze the data. I described the context of the case and my own positionality to the participants and the research. I delineated the data sources used in the data analysis and described the methodologies employed for each, as well as general coding and analysis procedures.
CHAPTER FOUR

RESULTS

The results section begins by introducing a participant in the Caminos program, Bravo, because she represents the ideal for all providers to achieve. This description provides an example of a safe and stimulating environment that fosters growth and development for children. After that I state my goals in writing the results chapter, the foremost being to present the results from the data analysis in a rich description and exploring how they connect to my research questions. I also explain whose perspectives are included, based on their role in the program.

The data, as noted in Chapter 3 including curriculum, interviews, etc., has been organized into the following four themes: believe, protect, teach, and manage. The results are explained in this order because it follows my understanding of a loose progression that providers seem to be expected to follow as they enter the program as they increase their literacy skills and competency in their homes. I include the categories and codes from the data analysis when appropriate in italics. Finally, according to the data analysis, participant perspectives and observations about gaps between what the current curriculum offers and what the participants need or want to learn are addressed throughout the chapter.

Introduction

Every program or class has a poster child. This is the person, or rather the image of a person, who epitomizes the ideals of a program. This idealistic image of a person becomes the representative of and for the program and has their quote or picture on each piece of promotional material that goes out. Caminos has a poster woman and I'll call her Bravo. I use her story
because she demonstrates the ideals of a child care provider that administrators wish each
provider could live up to; her literacy improves and she shows evidence of enhancing the care
she provides for children as a result.

Bravo did not have a traditional childhood as a school girl. I first met Bravo through a
quote that is printed in the program’s promotional materials: “As a young girl I never had the
privilege of going to school because I always had to work. It is sad to grow up and not have an
education, but it is never too late to learn.” She echoed this statement in other documents: “I am
from [name of city]. I come from a very humble family, very poor and I never had the
opportunity to go to school because my father sent me to work when I was 8 and because of this
I never had a childhood….I think at the age I am, 50, and I think that it is never too late to
continue learning and for me it is an opportunity that is well…perfect for me.” Whereas Bravo
represents the Caminos program in the promotional materials, she is similar to and different from
the other women in the program, and her success in the program is anything but ordinary.

Bravo is an extraordinary participant with unique literacy skills. Bravo never attended
school, a life experience she shares with some of the women in the program, but she also taught
herself to read, which is unusual. She says that she is “very intelligent” and that she would “put
letters together… I learned what letters were and then by putting them together I would read the
words in newspapers and in stories I would practice writing and I learned by myself without
anyone teaching me.” She started the Caminos program in the easiest books and diligently
passed the exams one-by-one. She currently studies the secundaria materials. To my
knowledge, none of the other women in the program taught herself to read. Some are currently
learning to read, but they seem to find the process more difficult and do not advance as quickly as Bravo has.

While Bravo’s intelligence and dedication help her progress in many of her academic studies, she also impresses the licensors at DEL as she makes improvements that administrators and instructors would like to see occur with all providers. Her binder at DEL literally has a little blue sticky note attached with the word “AWESOME!” written in all caps and a big happy face drawn beneath. Inside I found glowing narratives that illustrate the change licensors are looking for as providers increase their literacies in certain areas:

August 15, 2007 The children appeared to be very comfortable in Bravo’s home, and it's clear that they know the routine. At breakfast time the children lined up to wash their hands, and then lined up again to wait for Bravo to take them outside. The home was in good condition today, and learning and play materials were well organized. This licensor saw a great improvement in the way that Bravo has organized her learning and play materials, is displaying artwork/decorating her child care area, and in the kind and quality of activities she is doing with the child care children.

Just this excerpt illustrates many of the literacies needed by providers. The children’s behavior provides evidence of the structure and routine that Bravo creates in her home. They line up to wash their hands and go outside to play—they are safe and are learning routines to keep them healthy. She has a clean and well organized home, which also keeps children safe and healthy. She provides them with learning toys and activities to stimulate their development and uses the
children’s creations to create wall displays. Bravo’s DEL file attributes the changes to her participation in the Caminos program.

(August 15, 2007 continued) Bravo is participating in the literacy classes being offered at the Center. She reported that she really likes the classes and is so committed to them that she hasn't missed one night yet. She has found many ways to incorporate her new knowledge into her program. For example, she reads books to the children. In fact, she has made some of her own books, laminated them, and has provided them for the children to read and use. She has created several games dedicated to learning things like colors, shapes, letters, numbers, how to tell time, matching items, etc. She does this by laminating pages or small pieces, and then using things like Velcro to make different game pieces work on a board game that she created. Many of her games hang from pegs on a wall so that children can easily choose them during activity times. She also reported that she likes the older children to have ‘study time’ at least 20 minutes a day where he/she chooses a book and practices writing words from it. A young girl began doing this during the visits without any prompting (to this licensor's knowledge) from the provider. Bravo showed this licensor her current homework project from class, a book that she herself had to write, decorate, and bind. She showed this project to this licensor with a sense of pride that this licensor did not notice on previous visits. Bravo confirmed that the literacy classes are now being taught by a new teacher. Although she reported that it is a shame that the providers no longer have to read out loud. Although she admitted that it is difficult to do, she knows that reading aloud made the providers improve their reading skills...In all this licensor was very impressed with the way that Bravo has used
her new skills and her increased confidence to improve the learning activities available to the children in her care.

The quote continues to illustrate more literacies needed by providers. Bravo reads with the children and displays creativity and resourcefulness in preparing activities for the children to do, activities that are easily accessible by the children. The children learn through play and the activities help prepare them for school, even the older one who practices writing for 20 minutes. Bravo’s self-confidence is growing, evidenced by the fact that she expresses an opinion about the teaching and learning methods that are being used in classes now. The following year, Bravo continued to make progress and impress the licensor:

March 11, 2008  …Bravo reported that she has close to 40 hours [of professional development] for 2007 because she has really been enjoying learning new topics. She showed to this licensor several new craft and early learning activities and [sic] she has been doing lately. She has gotten ideas from the literacy classes, from STARS training, and from craft books. In fact, she reported that other providers have begun to come to her to get new ideas. She seems to have a sense of pride about this that she is still thoroughly enjoying the literacy classes and reports that she tends to show up by 5 p.m. even [though] the classes don't begin until 6:30.

Bravo demonstrates a desire to learn as she takes more than the required number of professional development hours in addition to arriving early to class on a regular basis. In addition,

(February 10, 2009 continued) Bravo…was pleased to announce that she is close to finishing her “primaria” certificate….There are no deficiencies present today. Bravo
expressed happiness about not receiving a compliance agreement because this has been her goal since she got licensed. This licensor congratulated her on her dedication to the children and to her compliance with the WACs.

In the end, Bravo’s success as a provider in the literacy program is defined by having (almost) achieved a credential, while her success as a child care provider is measured by the absence of any compliance violations. These are both goals she had set for herself and has now achieved. Bravo is a success.

These narratives are without a doubt a testament to the difference Caminos has made in one provider’s life and, in turn, the improved quality of care offered to the children. The improved care is evidenced through a safe, organized, and stimulating learning environment; the type of activities offered, like art, with children’s work displayed on the walls; children knowing and following a schedule; management of the children and practicing of good hygiene as evidenced by them forming a line to wash their hands; and inclusion of learning materials and literacy events like reading books and writing. DEL licensors are clearly satisfied with the care Bravo is offering to the children in her home, and her success serves as a model of the improvement they would like to see all providers achieve.

The praise from DEL and the use of Bravo in promotional material at Caminos is not the end of Bravo’s success, however. Bravo is a regular attendee at the evening classes and has also earned the respect and admiration of her classmates. She has created a reputation for herself as the “crafty” lady that invents creative materials and activities for children. At holidays she reinforces this reputation, and she is well rewarded by the praise of her fellow participants when
she distributes original, hand-made greetings assembled with craft supplies from her daycare: construction paper, paper plates, glitter, foam shapes and markers. She once made gift bags out of business envelopes. Bravo’s success is the basis for publicity and pride among the Caminos staff, and rightly so.

This is just one provider’s story, used here to characterize the literacy development that administrators and instructors want to see in all providers; however, providers in the Caminos program have a much more varied experience and success in the program than can be represented by one successful poster child. The rest of the results section will illustrate in more depth the needs of the diverse providers and if the program addresses these needs.

**Goals and outcomes**

The purpose of this study was to explore the literacy goals and opportunities provided by Caminos to Spanish speaking child care providers from multiple perspectives and to provide a rich description of how the curriculum meets those needs and goals. I am presenting the chapter in first person, because I have been an active participant in the classroom lives of the participants for the last six months and the following description is reflective of my understandings. The understandings are based on the methods and data analysis described in the previous chapter.

My goal in this research is not to promote or oppose the Caminos program. My goal is to answer the research questions posed previously and to describe the literacy goals and opportunities provided by Caminos and desired by the child care providers. It is also to describe these literacy needs as perceived by other participants in the case study, including administrators, licensors, instructors, and parents and to show how the curriculum supports-or does not support-
this literacy development. Therefore, although Bravo, the poster woman, as a single case provides a good marketing tool, this chapter will weave a story that incorporates a more holistic view of those involved in the case.

**Interwoven perspectives**

My description will weave together many perspectives of those involved in this case study. In an effort to protect the identities of individuals, I must lose some clarity of perspective offered by particular people that hold certain positions and contribute a specific expertise, and instead, place them into groups of representative people in respect to their relation to participants. For example, the Director of Early Childhood Education at the College, who is especially knowledgeable and informed about child growth and development, is referred to only as “administrator.” (I will explain which labels are used and who these labels might represent below.) It is necessary to conceal identities in this way as various people in the program expressed concern to me about protection. Due to the limited number of staff involved in various capacities (many of those positions easily identifiable), I assured participants I would do my best to protect all involved. To that end, licensors were included in the general category of instructor since they often interact with providers in teaching capacities. This makes sense from a provider point of view, as providers do not often distinguish between different types of instructors as they make home visits—many think of all instructors as licensors. There is an important distinction, however, as state licensors ensure legal adherence to state laws and can penalize providers in various ways while the other instructors provide support without the possibility of direct repercussions. As a compromise, licensors are referred to as instructors except in instances where power or legal issues come into play, then they are directly referred to.
as licensors. The perspectives found in this study and who they represent are illustrated in Table 5 below:

Table 6 Protecting participants

<table>
<thead>
<tr>
<th>Label</th>
<th>Represents</th>
</tr>
</thead>
</table>
| Administrator | • the Early Childhood Education Director at the College  
• the Caminos Manager  
• the Caminos Director  
• the Director of a local nutrition program  
• the Director at the local office for DEL  
• the Caminos Program Assistant |
| Instructor: those who work directly with participants in a teaching or mentoring role | • DEL licensors that conduct home visits  
• Caminos Mentor, home visitor, and STARs instructor  
• Caminos Mentor and academic instructor  
• Caminos paid tutor  
• ESL Instructor at the College  
• ECE Instructor at the College  
• a nutrition service provider  
• a service provider that works with Resource and Referral through Favorite Services |
| Provider: includes those who have been in the | All efforts have been made to remove identifying |

89
Further steps are taken to protect participants and maintain fidelity to their ideas. In order
to describe providers as individual people, instead of calling them “number one,” “two,” “three,”
etc, the eight provider interview participants have been renamed as flowers in Spanish. In this
way, I do not reassign them a pseudonym that actually belongs to someone else in the program.
These eight participants are the only ones given pseudonyms, and only quotes from the
interviews are assigned as such so that these eight participants are not inadvertently identifiable
by my interaction with them during classes or as revealed by their level in the program.

In sum, this introductory section began by introducing one of the participants in the
Caminos program, Bravo the poster child, who represents the change and literacy gains that
administrators and instructors would like to see in all participants. After that I presented a brief
discussion of my goals for the results section, which are based on the data collection and analysis
described in the previous chapter and will shed light on the research questions at hand. I then
stated whose perspectives are included in the results section, based on their role in the program.
The intended administrative outcomes of the Caminos program, as illustrated through Bravo’s
success story, is to improve the quality of care and the literacy levels of participants in the
program. What does that mean? What does that look like on a day to day basis? What are the goals of the participants? What do the parents expect? Are these goals compatible with each other, with the curriculum, and are they being met? Now I present the results, beginning with the theme of believe.

Believe

The first theme that emerged from the data is that of belief. Although it may seem a bit strange to include this in a discussion of literacy, without belief as described in this section, providers do not gather the courage to enter the program, and once they do, to stay. In many ways, this section describes a knowing of self, but it is a knowing of self that enables participants to grow and to change. Data is grouped into the following three categories: possibility, goal planning, and motivation. Each category is discussed in more depth at the beginning of each section and shows which of the coding categories from the data analysis are included and why.

Possibility

Providers open the possibility for literacy development when they have a desire to learn, are able to overcome their fears and the challenges in their lives, and believe in themselves. An administrator reported:

I think the single biggest impact for the classes for the providers has been that they, I believe they have learned that they can learn. So I think they originally came to class not really being sure if they were going to be able to reach their goals and I think from the beginning of class till now, we’ve really seen that they have the assurance that they can get to where they would like to go. And a lot of them really expressed, at the very
beginning we did interviews of providers that they wanted to be educated, they wanted to
learn, they wanted to help the children that they were caring for and so we’ve really seen
that really start to develop. And they are getting to the place where they are achieving
their goals, knowing that it’s within their reach and continue down that track.

This quote defines one administrator’s view of the program's possibility and the providers’
increased competencies as a result of their participation in it. It illustrates the administrator’s
perceptions of participant desires and motivations to learn, to grow, and to change. The
following series of perspectives highlight possibility according to the data analysis which
includes the following codes: the desire to learn, some of the obstacles that providers overcome,
and indicators that explain a growing self-esteem based on increased competency. These three
codes together have been grouped as the category of possibility because the data analysis has
shown they are the basis on which providers learn and make progress.

**Desire to learn.**

Possibility is characterized by a desire to learn. An instructor said the providers she
teaches "love to learn.” As an instructor who sees her providers twice a week, she repeats this
comment during our conversation more than once. She loves her job and finds it very rewarding
to work with such motivated providers. Providers work long, hard hours. During the harvest
season, some rise at three or four in the morning to welcome sleepy children into their homes.
Sometimes providers work past dinnertime until parents can pick their children up. During the
off season, many providers still put in long days watching children, finding time to study or
meeting the more demanding requirements of their college course. Like Bravo, after a full day
of work, providers go to school, and many are excited to have the opportunity to learn.
In keeping with the instructor’s perspective, some providers express a desire to learn. Lirio said, "Siempre me interesa saber algo más siempre. Curiosidad. Tengo curiosidad saber algo nuevo. Sí, me gusta." (I’m always interested in knowing something new, always. Curiosity. I have a curiosity to learn new things. Yes, I like it.) Bouganvilla dropped out of school as a young girl and is happy to be studying math again, although it does not really matter much to her what she studies. She says, “…todo voy a recibir con gusto.” (I’m going to receive and enjoy it all). Narciso coupled her enjoyment of learning with her desire to teach. She comments, "Se siente bien porque son cosas que uno aprende, se las puede transmitir a los demás. Tiene mas cosas para enseñar" (You feel good because the things that you learn, you can transmit to others. You have more things to teach.) All eight of the women I interviewed expressed their desire to learn which, according to the data, appears to be a first step that opens the possibility of increased literacy.

While some providers express a desire to learn, not everyone in the program maintains faithfulness to those ideals. One night after class I recorded the following, “One participant has been gone for about two weeks. Tonight she continued copying somebody else’s work. Later I learned that she throws her books in the trash after passing the exam. Some of the women looked shocked” (fieldnotes). Copying could be an indicator of a lack of desire; it could equally be considered an indicator of a lack of motivation or not understanding the material. An instructor once told me that some people, referring to providers, care more about their cars than they do about their education. Instructors also report resistance by some providers to their offers of support, visits to their homes, and suggestions for change or improvement. This apparent lack
of desire and/or motivation coupled with active resistance by some is not opening possibilities for some providers to further their literacy development.

Whereas one participant’s apparent lack of desire hurts her possibility to grow and change, another participant has a desire to learn from both the curriculum and her colleagues. She comes early to class to study in the peace and quiet because she knows that class time can be filled with conversation. She said sometimes the women have interesting conversations – the kind where she can learn something. It is worth it to her to have “interesting” conversations where she can learn. At the same time, she does not understand why some of the women come “just to talk,” as many of them seem to do, and to talk about things that she says are not important, (I will argue later that some of this talk serves an important purpose that she may not recognize). This participant values her study time and has a desire to learn out of the curricular books as well as from some of her colleagues, which opens the possibility for her to make progress in her studies.

Based on my observation, participants’ desire to learn is also revealed in how they choose their curricular books. After finishing an exam, participants in Phase 1 get a new book and often a new theme from the eight shelves of MEVyT books beneath the windows. After one participant finished her exam, I asked which book she wanted next and she said, "Well, let’s see what the teacher gives me." She did not even bother to look at the books or ask what was available or express an opinion at all, but by the smile on her face, was happy to be given the next book, whatever it was. After another participant finished her exam she also needed a new book. I watched as the instructor walked over and selected a book for her. The participant has the series of three math books plus another required book as well as an elective remaining to
complete her secundaria. This participant likes math and expressed a desire to start a math book. The instructor, as the expert, had a different idea, however, and easily convinced her that it would be better to finish the non-math books first and then dedicate herself exclusively to math at the end of her studies. This provider maintains a desire to study despite the instructor not honoring her request and she walked away with an elective (the only one required by the Caminos program specifically) about watching children and helping them to grow. Although she wanted to study math, she received one of the color copies, opened it up, and cooed at a picture of an infant while she caressed its paper face with her finger, bringing it closer to her face. Participants’ desire to learn can be seen in how they approach their studies and how they approach life.

The desire to learn is a positive sign for curriculum implementation; without a desire to learn, the curriculum is irrelevant because providers will not be motivated to learn or to change. Instructors and administrators need to be aware of providers’ desire to learn, as well as what they want to learn, as providers will make more progress when the curriculum choices align with their needs and desires.

**Overcoming.**

The second attribute of possibility that arose from the data is overcoming. This is important because many of the women have overcome hardships in their lives, and they continue to overcome hardships on a daily basis. The alternative to overcoming is giving up, and when providers give up, as nearly one third of those that enroll in Caminos have done for various reasons, they no longer have access to supports intended to help them increase their literacy. Some providers have developed tools to deal with these challenges in their lives, while others are
less competent at framing and coping with these struggles. The knowledge and ability to overcome is in a way its own literacy and essential for continued literacy development in other areas. Here I describe situations where providers must confront challenges, failure, and fears in order to overcome.

Confronting challenges and failure.

Pensamiento is one example of a provider who has overcome and continues to overcome challenges every day. She expresses herself with obvious difficulty as evidenced by the starts, stops, repeats, and changes in direction of her thoughts as she tries to articulate about starting over in a new place, in a new culture, and in a new language:

"Yo, hice mi esfuerzo pues estudiar allá. Yo tenía mi vida yo, yo vine aquí que estar desde abajo otra vez. No sabía realmente de nada. Porque yo ya he estudiado allá y quiero estar allá. ¡Aquí vengo al estado otra vez no sé nada le digo! Como yo me sentía como que de que, tanto esfuerzo y que aquí se acabó. Dije no, no ¿cómo diré? como que se acabó y fue como, puse en el bote de basura dije. Yo sentía, me sentía, como que dije, ¡ay!"

I, well, I studied hard there. I had my life. I, I came here and had to start from the bottom again. I didn’t know anything I tell you! Because I had studied there and I want to be there. Here I came to [this] state and I said, again, I know nothing! How I felt, that, that, so much effort and here it was destroyed. I said no, no, how can I explain? Like everything ended and, it was like, I put myself in a trash can I said. I felt, I felt, like I said, Ay!
In this quote, Pensamiento mixes the present tense and the past tense because she is still in the process of overcoming. By beginning a new profession and becoming a child care provider, Pensamiento has begun to rebuild her life in her new home. Participating in Caminos also gives her a sense of purpose towards achieving her goals. Although she has begun to rebuild her life and pull herself out of the “trash can,” she has not completely arrived at a place she wants to be, at least equal to where she was before. Pensamiento knows her work to adjust is difficult, and for now, at least, she works to overcome these barriers, one step at a time, by finishing her current classes.

Pensamiento’s response to her new situation was to say, “Dije quiero aprender pues” (I said, well, I want to learn.) Despite the difficulty of her situation and having to start over, traveling a road that will inevitably be full of failures both small and large, she is willing to begin. She knows that learning is rewarding to her and that it will motivate her to move forward. She also mentioned the support that she receives from her partner and from her sister-in-law, as they are especially close and share much in common. They support each other in their studies and in their work and these supports, she knows, will enable her to continue and overcome when things get difficult.

Another participant must confront academic challenges. She has been studying math since we met and is confronting failure. Week after week she did not work out of the MEVyT curriculum, but instead practiced solving equation after equation in a spiral notebook. One night I went into the testing room that has four computers providers use for taking the computer-based exams. This provider was there taking her math exam with the help of the instructor. When she finished she had a five out of ten; six is passing. It was her third time failing the same exam. Her
shoulders slouched and tears brimmed in her eyes. The instructor blamed it on the computer and said the same thing had happened to other providers. The provider was completely discouraged and expressed doubt about coming back on Monday. I reminded her that another provider planned to bring tamales to the next class, and she came back, whether for the tamales or because she had time to reflect and regain her focus. Although this provider had managed to overcome failure and keep studying twice previously, each provider has her own limits in regards to overcoming. This points out a gap in the curriculum that perhaps some providers could benefit from assistance in increasing their own self-awareness and they could make a plan as to how they will overcome these challenges and what supports are available to them when they become discouraged. This particular provider may have been motivated by tamales, her connection with women in the classroom, a supportive spouse, or her own personal motivation. With increased awareness about themselves, providers may be in a better position to overcome their academic failures.

Where some providers struggle to pass certain exams, the data also revealed that learning to drive is a literacy that providers need and a challenge they struggle to overcome. Although administrators and instructors did not talk about transportation with the exception of providers that may have trouble getting to class, providers and parents did. The data revealed a desire expressed by multiple parents in the parent survey to have providers offer transportation. Outside of offering parents an extra service, transportation and learning to drive is an important aspect of provider literacy that enables them to purchase food and supplies, go to appointments, and get children to and from school on-time among other things. I talked with six of my
participants about transportation, specifically about how they learned to drive because all their stories involved overcoming challenges in learning to drive and obtaining their licenses.

As a provider who did not know how to read, Azafrán needed to learn the rules of the road using a different strategy than many of the providers did. She said her daughter read the book to her multiple times: “…me leía y me leía y me leía y hasta que me pegaron” (…read to me and read to me and read to me until they stuck). Dahlia, on the other hand, laughed as she remembered simply keeping the book near her so that her partner thought she had studied for the exam. When she failed the written exam the first time, she secretly studied one morning—from 6 AM to 10 AM and passed the exam the second time. She then failed the behind-the-wheel portion of the exam as “la señora que me tocó me hablaba puro ingles” (I got the woman who spoke only English). On her second attempt, however, she used the knowledge gained from her first failure to her advantage. “…me tocó la misma [mujer], pero ya sabía por dónde me había llevado…me puso 92 puntos” (…I got the same [woman], but I already knew where she had taken me…she gave me 92 points). In both situations, she learned from her first experiences, both failures, and turned them into successes.

Obtaining a license was not that simple for all the providers, however. Bouganvilla already had practical driving skills, but had to study for a long time before getting her license. “Yo [estudiaba] solo. Pero estudié mucho tiempo. Casi por un año estaba estudiando un libro para sacar mi licencia.” (I [studied] alone. But I studied for a long time. I spent almost a year studying a book to get my license). Although Bouganvilla’s father had taught her to drive in her home country, she also struggled to learn how to drive in the U.S. She says,
“¡Es que en [nombre de país] como es un rancho chiquito allá no hay stop ni nada! Es puro piedra y chocas a veces en las piedras y es bien diferente, ¿verdad? … Es bien diferente. ¡Es bien difícil para uno que no sabe nada!”

It’s because in [name of country] it’s like a small ranch there there’s no stop or anything! It’s all rock and at times you crash into the rocks and it’s really different, you know? It’s different. It’s really difficult for somebody that doesn’t know anything!

Although Bouganvilla already knew how to drive and had some background knowledge with which to make the job easier, she still mentioned that she did not know anything and started from scratch. She had to study for a year and take her exam multiple times before she could pass it and receive her license. Perhaps if she had been able to frame the new information in relation to the old information, the job would not have been so difficult. Although this literacy example is not one that Caminos works with participants on, the point is the same; providers could be well served if instructors were able to help them activate, value, and apply prior knowledge to new literacies and situations.

Pensamiento also expressed cultural differences that she had to learn about while transferring her literacy about driving to her new context. She said, "Pues para mí los signos diferentes fueron de manejo. Mm-huh, porque esos, uh, este, sí hay en [nombre de país], pero, pero no los respetan. ¡Ja ja!" (Well, for me the traffic signs were different. Mm-huh, because those, uh, uh, yes there are signs in [name of country], but, but, they don’t respect them. Ha ha!). She had to learn the difference between reading road signs that were merely suggestions, and following road signs that were enforced laws.
Although all the providers had to learn and overcome a variety of challenges while learning to drive in the U.S., the challenges were so great for Plumeria that she almost gave up.

She told me her story about learning how to drive about three and one-half years previously. Ever since she and her partner had gotten married over 15 years ago, she had relied on him for transportation. She says, “Yo dependía mucho de mi esposo, dependía mucho de él. Entonces el llegó un día en que dijo ‘te voy a enseñar a manejar.’ Insistía y insistía que yo tenía que saber que manejar” (I depended a lot on my partner, I depended a lot on him. So there came a day and he told me ‘I’m going to teach you to drive.’ He insisted and insisted that I had to learn how to drive.) So he taught her the mechanics of how to drive and she read the book for about an hour. Then she went to take the test, again and again. And again. “Me fui, tomé mi examen y fui como ocho veces a la computadora. Y no, no lo pasaba, y no lo pasaba hasta que ya como las nueve vez, lo pasé.” (I went, I took the exam and went to the computer about eight times. And I did not, I didn’t pass and I did not pass until about the nine time [sic], I passed it.” Her partner drove her to the Department of Licensing on Saturday mornings “semana tras semana” (week after week). She said, “Había momentos que ya lo decía ya no quiero ir, no quiero. ¡Ándele! ¡Vamos!” (There were moments when I said enough already, I don’t want to go, I don’t want to. Come on! Let’s go!) I do not know why Plumeria resisted learning how to drive. If it were up to Plumeria alone, she might not have made the attempt and would not have gone to take the exam nine times before getting her driver’s license.

Plumeria’s story especially points out three needs that providers like her display. The first one is seeing the possibilities that acquiring a literacy (like driving) could provide in her life. The second one is accepting the need (or desire) to acquire a literacy and to identify and
overcome whatever barrier(s) are getting in the way of starting. The third barrier is overcoming challenges that get in the way (like failure) once a provider has begun. Although all the providers’ stories told here showed how they each gained a needed literacy—driving in the U.S.—the data also revealed how each woman had to overcome different challenges they faced acquiring that literacy until they reached their goals.

**Confronting fears.**

While the providers mentioned previously all had developed skills that enabled them to overcome challenges and meet their goals, one administrator is convinced that one of the biggest barriers providers face and must overcome in order to progress is their fears. There are many things one might be afraid of, but in her experience, the providers are most afraid of failure. This administrator was not the only person who talked about fear of failure, as multiple instructors have also noticed participant fear. One instructor talked about her experiences with personal growth and says, “We as human beings are always looking for challenges.” However, when it comes to some of the participants in the program, she makes this motion denoting fear by putting her hands beside her face and shaking them while making a face, and she talks about the need for providers to overcome their fears that cause barriers to their development. She says they must take “ant steps,” meaning they must realize that progress occurs one tiny step at a time, and tiny steps might be less intimidating than having to overcome everything at once.

Other instructors noticed fear, especially in relation to the computer. Those that are new to the computer and do not know how to use it are really afraid that somehow they might damage the computer. This would be utter (and expensive) failure. Another instructor and I had a conversation about providers that may or may not be living in a “constant state of fear” due to
their tenuous immigration status. She said that because of this fear, some providers may not feel free to live their lives like she does—going to the store or to the mall on a Sunday afternoon. Instead, they pass every day, not knowing if their life is going to unravel.

There are many factors that could cause participants to become fearful and to fail, according to administrators and instructors, if they are not able to overcome their fears. I did not specifically ask any of the instructors what they do to support providers in overcoming their fears; none of them volunteered steps they take in this respect other than working with participants at the computer. If these fears are real and causing participants to fail, perhaps there is something more that could be done to intentionally support providers in this area to name their fears and plan “ant steps,” if necessary, to overcome them.

At first I thought fear was rarely a topic of conversation among providers, but my fieldnotes are sprinkled with more subtle comments offered by providers than I had realized at first. While some fears were more subtle than others, I did not often observe fear in the providers either. I think this might be partially due to the fact that I was interacting with providers that stay in the program; a population that perhaps possess more skills in general to deal with and overcome their fears. I will present three topics that caused providers to directly mention their fears.

The first topic that brought about fear in providers was driving. When describing how she learned to drive, Narciso said she was afraid to drive on the freeway. She said she gradually increased her confidence by driving close to home on surface streets, and little by little, driving farther away from her house until she one day, “ya no me daba susto…no me daba miedo” (it didn’t frighten me anymore…I wasn’t afraid). She increased her competency and overcame her
fear to the point that she was able to go on the freeway all the way to a certain big box store. While Narciso talked easily of this fear from a previous time in her life, Dahlia outright laughed when she recalled how she learned to drive. She breezily mentioned that she was afraid of driving without a license back then. She was a few months pregnant and said she drove straight down the street a few blocks, through one stop light, to the medical clinic, and then drove herself straight back to the house. Even though she was driving, she had to explain to a neighbor that asked her for a ride somewhere, that no, she could not drive her anywhere--the clinic was the only place she drove until she got her license.

The second topic that caused obvious fear in one provider was taking care of an infant. This provider was very welcoming and open with me from our initial meeting as she happily described the children in her care and how much she enjoys her work. Then her demeanor changed and said mentioned she currently had a very small infant in her child care facility and it scared her. The baby was less than one month old. She said that under normal circumstances, she would not have accepted the baby. However, this infant happens to belong to a family for whom she worked over the years. Although she was afraid to have so much responsibility, it was her sense of obligation to the family that made her overcome her fears to watch this one month old. This provider was able to overcome her fear to the degree that she was able to accept the child, although it was clear that she remained uncomfortable about the arrangement. Other providers may not have been able to accept the child in the same way or watch it day after day.

A third topic that surfaced in the data for overcoming involved providers and their fears about licensor visits, and the potential punitive consequences that could accompany a visit. Although some providers have described their instructor as “buena gente” (good people), not all
providers respond positively to licensors or these visits. For some providers, these unscheduled licensor visits cause fear and anxiety. Bouganvilla said, “…porque cuando llegaba estabaa
temblando así” (…because when she arrived I was trembling like this) as she put her hand out
and shook it. Another provider described the licensors that had recently visited her house as “los
lobos” (the wolves), as if they came to her home looking to devour her. A third provider came to
class one night and began to describe her most recent visit from her licensor. She described all
the deficiencies that the licensor found and had written on her compliance agreement. This
provider had to make the changes and wait for the licensor to come back. At a subsequent class,
she talked about the revisit—her license had been renewed for three more years. She said that
now she did not have to be afraid anymore.

Since some of the files at DEL contain compliance issues that indicate less than safe and
nurturing environments for children, perhaps some provider fears about renewal are not
unfounded. However, the root of the fear in either of these cases is not clear. Could their fear
stem from not knowing, understanding, or implementing the WACs? Alternatively, could their
fear stem from knowing they are doing something of which the licensor would not approve?
One thing is clear—licensors have the task of enforcing licensing regulations and hold incredible
power over the providers in that they could put them on probation, revoke their license, and end
their career and livelihood.

A fourth participant also came to class one night discouraged. She had just failed her
third attempt to change her initial certificate into a full certificate. Providers have two years to
make this change; she had only one more chance and she appeared uneasy as she wondered
aloud how she could pass, although she did not directly say she was afraid of losing her license.
Providers may or may not directly name their fears, but they exist and on occasion, surface in conversation regarding their work caring for children, about licensor visits, and situations that happened in the past like learning how to drive. Providers who do exhibit fear about licensor visits could benefit from a trusting relationship with knowledgeable personnel, and some instructors are working to do just that. However, in order to help participants overcome their fears, staff needs to learn specifically what these fears are, especially since the fears may vary from individual to individual. Identifying individual fears and working to address those issues appears to be a gap in the curriculum. Helping participants to confront and overcome their fears could yield positive results in many areas, including striving to help providers prepare and feel confident about licensor visits. Additionally, DEL has been in a three year long process of “negotiated rule making” with providers in the state to collaboratively revise the WACs. Perhaps if providers knew that they at least have provider representation and voice in the process (there was at least one Spanish speaking provider involved in this process at a leadership level, although she was from the other side of the state), perhaps it could help reduce some of their fears, depending on the solutions that pass through the legislature. Addressing provider fear appears to be a gap in the curriculum that could yield positive results for providers.

The data revealed that some providers are better equipped than others with self-knowledge and skills to overcome. These skills open up more possibility providers to learn new literacies, if they can do things like name their fears, make a plan to overcome (using ant steps if necessary), and realize that background knowledge and skill transfer count. For example, being able to learn for Lirio is important to her. When asked what it means to her she said, "Significa bastante porque estoy superando" (It means so much because I am overcoming). Another
provider keeps her focus on her goals, and despite the sacrifices that she must make in order to overcome, the struggle is worth it to her: "...maybe it is a lot of sacrifice, your kids sacrifice, your family sacrifices, you sacrifice your time, but in the end it is worth it because you feel like you have reached your goal and to continue forward and try to achieve it."

**Sense of self-worth and competency.**

In addition to a desire to learn and an ability to overcome, a third attribute of possibility revealed by the data is a sense of self-worth and competency. According to an administrator, providers "...just don’t have a good self worth because they don’t see hope for themselves because they didn’t have education." This same administrator explains further, "when they began they would come into the room heads down and quite [sic] and never questioned anything and didn’t ask a lot of questions or protest or anything just did what they were told and now they come in and they are feisty and chatty and they want to tell us about things and have opinions and they get dressed up and it just is such a drastic difference to how they see themselves and how they see their role in the community even..." This sentiment of a lack of self-esteem is repeated among administrators and instructors alike—both as a deficit and as an area where many participants have shown considerable growth and the observable change that has occurred in some. Instructors and administrators are very aware of these apparently fragile self-concepts to the extent that some programmatic decisions are made based on the premise of protecting providers from a situation which could potentially damage their self-esteem. An example of this is sharing the FCCERS scores with participants. One instructor said, "You have to wait until they are more mature to explain [it to] them" with the reasoning that some can say, “thank you for telling me” and are mature about it, while others get “mad like kids.” To date, providers
continue to get evaluated and are not told the results--either as a group or individually--because administrators and instructors do not want to hurt their self-esteem.

Based on my observations, in some classes, there is a constant tension between academics and encouraging self-esteem. For example, one instructor sees herself as a mentor, not so much as a teacher, and at times, encouraging self-esteem seemed to take precedence over academics. An example of this was permitting the participants to organize more social activities during class time than one administrator appreciated. The administrator objects to too much social activity because participants do not study as much on these days; some of the women come to study and do not appreciate (too many) distractions. The instructor believes that even little things like organizing a class celebration that is successful helps participants to build self-esteem and, although her focus on self-esteem is only a small part of the flexible curriculum, it is important and prioritized. She explained the importance of promoting self-esteem development to some of the providers sitting in class one evening. In addition to this instructor encouraging self-esteem informally, another instructor organized a STARs presentation about self-esteem that received positive feedback from the providers.

Home visit forms offer further support of instructors encouraging the development of self-esteem. “Providing emotional support” (described by the instructor to include encouraging self-esteem) was the third most common activity reported during visits. (Talking about child growth and development, activities, or other indicators of quality care all ranked lower.) This fact clearly indicates the importance instructors placed on self-esteem and other emotional supports during home visits, although there is no evidence describing how or what about self-
esteem was conveyed to providers. Other than two paragraphs about self-esteem in one of the primaria books, no other formal curricular support was found that addressed self-esteem.

Whereas in general instructors and administrators are concerned about participants’ lack of self-esteem, two instructors observed that providers attending Caminos were more open and more likely to view DEL visits, in one’s opinion, as a "learning opportunity" (as opposed to a threatening visit by “the wolves”). The other instructor described it this way: “…I’ve noticed, you can tell right away a provider who has gone to Caminos. They are even more assertive and more self-confident. They’ll literally sit with me and tell me what they’ve learned and how they understand it’s so important. It’s really cute!” Although some administrators and instructors are focused on the providers who do not show evidence of improving self-esteem, others notice the growth that has occurred among some.

The data showed that while instructors and administrators talk about (a lack of) self-esteem among providers, providers themselves are more likely to talk around the idea without using those particular words. They provide indicators of improved self-esteem as opposed to talking about low self-esteem or a need or desire to improve in this area. One provider wrote, "I have been told by one of the teacher [sic] of the children I care for that she congratulates us because she noticed a change, a radical change, in the child that he had learned a lot, so I think at the beginning you don’t see the fruits of your work but little by little in the end comes the time when you say “wow” yes it wasn’t time lost, the children are learning" (as translated by Caminos). Orquidea is also encouraged by the quality of work she is doing and said she feels, “Muy bien. Me siento como, como estoy haciendo bien mi trabajo" (Very good. I feel like, like I’m doing my job very well). Dahlia sits a little taller as she reports that she now pays more bills
than her partner because her child care business has grown. Previously she worked in a fruit processing plant and made just enough to cover child care expenses for her children. The data reveals that although providers do not discuss self-esteem per se, as it improves they tend to be more verbal describing their competencies and showing their new skills. The positive change in providers indicates a need for self-esteem to be an intentional part of the curriculum.

In sum, in order to open possibility for new learning and literacy skills in their lives, providers tend to express a desire to learn. Many of the providers must manage and overcome fears as they work towards overcoming the challenges in their lives. Administrators and instructors have been cognizant of the self-concept of participants and observations. Comments indicate that some providers are gaining a sense of self-worth and competency, evidence of newly gained literacies that will support them in planning and meeting their goals.

**Goal planning**

A second category to arise from the data in the theme of Believe is that of goal planning. I previously described the general desire of providers to learn, and this section focuses more specifically on what they want to learn, what the Caminos program hopes they will achieve, and what the curriculum includes. Although many providers are excited to learn, many do not articulate more specifically what they want or need to learn. This may because they simply do not know what exactly it is that they need or want to learn. Some say they want to learn “cosas” (things). Others are more specific and want to do everything such as, "To continue studying in order to obtain the GED and to prepare myself as much to better to teach the children as for my ownself. And to be able to do bills and to learn or understand better the WACs. And how to be better organized" (as translated by Caminos). Very few participants communicate that they think
even bigger. One participant said, "Possibly it is outside of this program, but I would like to
learn to sing," while another participant has dreamed of learning the accordion since her
childhood. Orquídea confessed that "a mí me gustaría porque este fue [enseñar como maestra en
las escuelas], era de mis sueños cuando yo era más joven." (Me, I would love to [teach as a
teacher in the schools] because this was…was\(^1\) one of my dreams when I was young). The data
does provide specific evidence to answer research question number one: what some providers
want to achieve according to their own perspective. Three types of goals were evidenced and
discussed here: achieving credentials, obtaining traditional literacies, and improving their
business. Included in the following section is a discussion of how the MEVyT curriculum
specifically helps providers in Phase 1 meet their traditional literacy goals and points to gaps
between what providers need and want to learn with how the curriculum is used.

*Achieving credentials.*

One main goal of participants is achieving credentials. In the Caminos program, a lot of
emphasis is placed on passing exams, passing primaria, passing secundaria, and obtaining
credentials like the CDA or the GED. It is difficult to tease out whether participants come to
Caminos with these objectives--that they had heard about and value a GED for example--or that
what they say is simply a reflection of the emphasis provided by Caminos administrators and
instructors. Either way, achieving credentials is a common goal of many.

Lirio is one example of a provider who says she is interested in credentials: "siempre
quería como, sacar clases de CDA" (I always wanted, mmmm, to take classes for the CDA.) In

\(^1\) This participant switches tenses in Spanish mid-sentence which provides insight into how she views the world.
At first she used the immediate past tense form “fue” (was) and then switched to use the distant past form “era”
(was). In other words, she indicates that her dream to be a teacher is lost in the distant past, more like a memory.
addition to conversation and on evaluations, five of my interview participants talked about the achievement of certain credentials or degrees.

Bouganvilla was the exception to credential obtainment, and she appeared rather disenfranchised with the meaning of such outward measures of learning based on her experiences in her previous country. She values learning more than progressing through exams or grade levels. She asked me, “En los ranchitos ¿sabe qué pasa cuando [un estudiante] no sabe?” (In the little towns, do you know what happens when [a student] doesn’t know?) She then went on to explain how even if one does not learn the material, the teachers and the school will pass you to the higher grades.

“Yes, I have a brother that stayed in elementary [school] for five years. He didn’t even learn to write. He’s 30 years old and he doesn’t know how to write. He always has to sign with his fingerprint. And he spent five years in elementary and afterward the teachers began to see that he didn’t learn and they kept passing him. He made it as far as the sixth grade and he didn’t learn anything, not even to write.

Bouganvilla thinks about her previous country in this way and values learning more than traditional external signs that typically would represent improved competency. Her goal is to learn the material she is studying.
Although Bouganvilla values the learning, the program administrators are in a different position. They collect evidence that is quantifiable. Their goal is to prove that the program is effective and they want numbers to report to their funders and the media to prove that their program is a success. One of the ways they choose to do this is by reporting how many exams were passed, how many providers have completed primaria, secundaria, and how many achieved their CDA. Second indicators of the emphasis put on passing exams by administrators are the financial rewards for participants when they “achieve” in this way. They are given a $25 gas card for each exam that they pass. This practice began in the summer of 2008 when gas prices spiked and administrators wanted to encourage continued attendance. This practice has not changed and some participants are extrinsically motivated to pass exams. This credential-based definition of achievement comes at the expense of learning, as providers are more concerned about passing the test than learning the information or achieving competency in the material.

The goal of passing the exams has been inflated and the learning undermined in two ways. First, the exam scores are not reflections of what providers know or have learned. In order to help participants pass the exam, I have seen an instructor on a regular basis review the exam with the individual test-taker before submitting it for electronic scoring. Providers have been advised and counseled as to which problems might be wrong, which problems they might want to look over again, what certain words mean, or other support that helps them [finally] arrive at the correct answer. Further, a provider once admitted to me that she had cheated on an exam when the instructor left the testing room. She managed to locate a map to help her answer a question, she said as she laughed at her cleverness in overcoming the system. Needless to say, these test taking procedures raise doubts about what providers actually know.
The second way that exam scores do not reflect provider learning is similar to the first, and that is that the exams are not always well written, or the providers are unclear what they are being asked, and so, again, exam scores are may not be reflections of what providers know or have learned. One example is a question that asks providers to select the response that is written correctly from a grammatical point of view. The test question uses the words “concordancia” and “género,” which indicates that the nouns, verbs, and adjectives should all match in gender and number. When providers arrive at this question, however, they get distracted by the nonsense answer that is provided. I observed two providers skip over the correct answer, “Ellos siembran maíz blanco en la milpa” (They plant white corn in the grass) because both providers paid attention to the meaning and said the correct answer was [obviously] wrong because you do not plant white corn in the grass; you have to plant it in soil! These exams may not provide very accurate indicators of what providers have learned, although they seem to satisfy instructor, participant, administrator, and perhaps even funder desires for evidence of learning. This points out that while current practices may be helping providers to achieve their goal of obtaining credentials, it also undermines another goal they have—to develop traditional literacy.

Further evidence of the importance placed on certificates is the frustrated response from all when certificates are not delivered. One instructor is aware of the importance many of the providers place on achievement as defined by achieving Mexican government primaria and secundaria certificates. She expressed her disappointment at that time that although participants had been passing their exams, none had yet to receive even one certificate from the Mexican government. (One participant has since received one). She enunciated the syllables as she explained that for these women who “tienen na-da” (have noth-ing), a certificate shows that they
worked hard; for them, completing primaria or secundaria is a big deal, she said, emphasizing the big. One of the participants confirmed this view by expressing dismay that she had yet to receive her certificate. She said that she had been working hard for "nada" (nothing) and she was questioning why she bothered. All but one of the participants has nothing to show for all their work by the success-by-certificate definition.

As far as earning a CDA is concerned, one administrator wants to help providers understand that obtaining a CDA “is a beginning, not an end.” First of all, she describes the curriculum as just touching the tip of the iceberg of all the important information she would want providers to know. Additionally, a CDA is only valid for three years. Providers must obtain continuing education credit and renew their CDA in order to maintain it. While a Caminos administrator had reported that "a surprise has been the preponderance of our enrollees who want to use the curriculum to get them into the community college" to date, according to one instructor, none of the CDA graduates have returned to enroll in additional ECE classes.

In sum, providers are not the only ones who have the goal of obtaining credentials. An instructor reported that one of the providers noted how an administrator leaves work early twice a week in her efforts to continue her education by taking night classes for a master’s degree. She thought the administrator was a good role model because she continues to learn. For many providers in the program, but not all, achieving certificates is an end in itself. The data reveal that success for all, administrators and providers alike, is more about degree attainment and less about learning. This points out a gap between expressed goals and what is actually addressed and achieved in the program.
Although obtaining credentials is important to many, the data show that this is not the only goal providers and administrators have. The program began, in part, because licensors realized that providers were copying documents from each other and the providers did not know “their” own rules that were provided to parents and submitted to the state. These indicators in addition to other factors presented in the literature review indicated a need for higher levels of traditional literacy. Administrators and licensors believed that by increasing the levels of traditional literacy (reading/writing), providers could offer a safer environment for children. Outside of obtaining credentials, Caminos administrators have expressed that providers should learn: reading, writing, critical thinking, map skills, and Spanish (grammar, spelling, punctuation). One also expressed “the lack of exposure to many subjects that most people take for granted (like: directions north, east, south & west; solar system, basic sentence structure and math).” The administrators know that improving traditional literacy is important and instructors agree. One instructor explained her experiences working with providers who do not know how to read and write well:

They tend to be in the dark a lot, you know? And that makes it harder for me to help them because then that means I have to do more talking, more visiting one on one. I can’t just leave the, the literature and say here, read it and then I’ll call you up and then we’ll do a follow-up if you have any questions. That means I have to spend more time with that particular provider because they don’t know how to read or write and they don’t know the system very well.
Many providers are working hard to get “out of the dark,” but that does not mean that just because they lack this traditional literacy, that they are helpless. For example, during an interview with Azafrán, I found myself asking question after question as she did not just freely talk when given a prompt like other participants did. She grew up without a father and helped her mother with a dress making business. Azafrán made the collars and belts and ironed all the dresses to perfection. Today, she still irons, but she has no idea how to make a dress since her mother did not teach her the whole process. She may be “in the dark,” meaning that she helped her mother instead of going to school (learning to read and write) but she has also, in some respects, developed alternative literacies and strategies. First of all, she knows her numbers and said she used to own a business selling pants. She had a contact in California and would drive there to pick up her inventory, return, and sold it in her store. Later on instead of driving, she said she would phone-in her order for delivery. She did the math using a calculator and knew how to count money. I asked if she had a business license. She said yes and that she learned how to get one by talking to “…los de las mismas tiendas de allí” (the people that had stores there). In addition, as mentioned previously, her daughter helped her learn the rules of the road so that she could get a driver’s license. She described her method to find locations around town like this: “Pues, me voy a, me iba en la calle y, comparando las calles si dicen igual de la que llevo” (Well, I go to, I was in the street and, comparing if the streets match with the one I have with me). Somebody would write the name of the street on a piece of paper for her and she compared what was on her paper with what the signs said. I asked how she knew if people gave her correct information and she said,“Pues, hay, se riesga uno” (Well, there are, one has to take risks). Azafrán had not been to school or learned to read or write, but she had developed
strategies for networking and talking with people to get information. Although she developed literacy strategies that enabled her to complete her day-to-day business requirements, she still identified a need to learn to read and write. She enrolled in the Caminos program to learn how to read and write which will enable her to gain independence, and meet her personal goal of writing a letter to her sister.

Even though Azafrán had learned strategies to accomplish the necessities in her life, she and other providers in similar situations express a desire to learn to read and write. One provider says, “me hace mucho falta escribir. Pues, todo me hace falta” (I’m lacking a lot of writing [skills]. Well, I’m missing everything). One of my first memories of this provider is watching her struggle to copy a page of shapes in the book, aimed at increasing her observation and fine motor skills. She easily got discouraged and commented that her shaky lines did not very well match the original, which was smooth and perfect. She passed her first book, “La Palabra” (The Word) of letters and syllables in three months, finished a book of extra practice the instructor gave her, and is working in the next book “Para Empezar” (To Begin). She shows evidence that she is becoming more comfortable reading, writing, and working independently.

When asked in a survey what they had learned as participants in Caminos, 38 providers reported they learned traditional content like reading and writing and other subjects like science, without providing many specifics. One participant reported that she pays "…more attention in how words are written when I read. I pay attention to words that have accents and where they go, something that before I never paid any attention" (as translated by Caminos). Few participants provided an application or example of what they were able to do with the new information. One participant reported that she had learned "to do bills better, to read better, in order to learn better
the WACs” (as translated by Caminos), while another reported that she had "learned a little, to read better books and when I read I remember where to put punctuation and accents, therefore being more professional in the notes that I give the children for their parents" (as translated by Caminos).

**Reading and writing.**

From the outside, the MEVyT series appears to be a good fit for the providers in the program and the results presented previously indicate that providers are making progress, but there are a few voiced concerns about the content and discrepancies between what the curriculum teaches and what providers need to learn. One of these concerns among administrators and instructors is that the curriculum does not address grammar, and providers do not seem to follow standard spelling and writing conventions. Based on observation during classes and my review of the curriculum, I disagree that the curriculum does not address grammar although I agree that providers do not seem to follow standard spelling and writing conventions. From my observations, I notice that providers struggle to spell words according to standardized norms, confusing the b/v, the g/j, whether or not to write the silent h, and the y/ll among others. (Reading does not present many problems due to the transparent nature of Spanish and the background knowledge providers have). During my observations, I saw providers working on many curricular pages that addressed grammar, punctuation, and spelling. For example, one lesson had a provider practicing using periods and question and exclamation marks. There was a page that distinguished between *aquel/aquél* (without or with an accent, depending on whether it is used as the subject of the sentence) as well as *sí/sí* (one with an accent for the affirmative, and one without an accent for conditional for use during if/then construction sentences). Just because
the material is covered, however, is no guarantee that it is explained well, that providers understand what is presented, learn the information, or how to apply it from then on. One time a provider worked on a section with *nexus* and *antecedentes* for adjective clauses. Nowhere did the lesson clearly explain what an adjective clause actually was. It gave a lot of examples of sentences that used a *nexus*, but did not really explain the rules until the end, and even still it did not contain all the information needed to answer the questions that had been asked.

Commas are another piece of grammar that the curriculum covers. Once I worked with a provider who speedily read right through the commas; the objective of her lesson. The lesson wanted her to notice the emphasis and how subsequent meaning of the sentences would change based on the placement of those commas. It provided many examples. I explained to the provider how one must literally pause at a comma to hear the meaning and the emphasis. “What does emphasis mean?” she asked me. The point is that the curriculum does cover grammar, but working independently and for various other reasons, providers are not always able to focus on, learn, or retain the objectives of the lessons. This is true regardless of the content, whether the lessons relate to grammar, spelling, reading strategies, or math concepts, discussed next.

Program participants, instructors, and administrators say providers need to learn traditional literacy and grammar is covered, but the learning does not happen which indicates a gap between what providers want to know and what is learned and applied.

*Math.*

While some participants have focused on reading and writing modules, other providers worked on improving their knowledge of mathematics. Bouganvilla, focused on learning, reported that she had better learned how to “sacar una cuenta” (do calculations) although she had
failed her most recent math exam. An instructor reported that one of the participants “mentioned that she feels she is excelling in many areas and has been passing the test, but is struggling with the math portions.” Still another provider reported that she “sees a lot of improvement in her reading and writing skills, and still struggles the most with math.”

A paid tutor preferred to work with providers on their math during class, so I had much less contact with these providers. I did work with them on occasion, however. One time a provider worked out of the fractions book. The book repeatedly asked the same question. This provider knew it was asking for the same thing over and over, but she did not understand why. The text goal was for her to realize that even though the actual fractions were different, the proportion between all the fractions was the same—one to five—but she did not arrive at that conclusion on her own. Another time she worked on adding and subtracting positive and negative numbers. I showed her how to draw a number line to help her solve the problems. After practicing together, she realized that she knew how to add two positive numbers together and how to subtract two positive numbers (example \(-3 + -3 = ?\)). In frustration she said, “Why are they writing it like that? Just to confuse me?” It would be logical for the book to first present a problem that providers would already be familiar with (build on background knowledge), but it appears that 1) it did not or 2) it did and she missed it and moved on. Math, in particular, tends to be a subject that builds off previous knowledge. When providers do not invest the time building a strong foundation of understanding, than the more difficult concepts tend to present even greater challenges later on.

The math curriculum includes many foundational math concepts in an overall sequential manner between the books, yet for various reasons, providers continue to struggle with focusing
on what they are supposed to gain from the lessons. They also use the traditional series and not
the applied options that are available and so math literacy suffers. Other than providers
expressing a desire to be able to do their bills better, serving correct portions at mealtimes, and
an administrator mentioning that knowing ones, tens, and hundreds place value could help with
their paperwork, outside of fulfilling requirements for obtaining their credentials, specific math
literacy needs are not expressed. This points to a gap in identifying what providers want or need
to know regarding math.

Electives.

As described in the methods section, the MEVyT curriculum structure offers various
options for additional studies depending on provider interest. The modules provide basic
understandings of how natural, social, and political systems function, although as stated
previously, providers are not given a choice.

Curriculum materials.

It is important for instructors to know what the MEVyT curriculum does and does not
offer and how to support providers overcome these gaps in their learning processes. The
MEVyT curriculum offers providers an opportunity to engage in reading, writing, math, and
additional content and provider self-reported data presents evidence that many providers feel like
they are making progress in their traditional literacy as they read, write, and do calculations
better with time. Although many providers report that they are making progress, the materials
pose many problems that become barriers to learning.
One of these barriers is computer use. In the beginning, participants used to work on computers completing the on-line versions of the modules. Many of the providers were afraid of the computer and an administrator reported that the interface of the MEVyT site was not user-friendly for beginning or even more advanced computer users as providers had to click through multiple (and confusing) windows. When I reviewed the site, however, I discovered that it is possible to access the content fairly easily. Perhaps the Web site has been updated since the outset of the program or public access to the modules are not as involved as entering through the official Caminos plaza with a username and password (that providers had trouble remembering). Web site navigation aside, however, providers progressed slowly because most providers could only advance their studies two nights a week in the computer lab when they had access to the computers and dedicated study time.

Due to the challenges, Caminos administration decided to print hard copy books of the modules so that providers could work at home during the week at times when it was convenient for them. This decision helped many providers progress through the books faster, however, these copied books also caused additional barriers to learning: 1) providers do not all have sufficient computer literacy to meet the demands of their jobs and 2) working independently at home does not benefit some providers. Specific concerns about the printed editions of the books include: 1) the front matter and table of contents are omitted and providers are not able to get the main ideas of the book and focus their attention accordingly; 2) poor copy quality and/or resolution of graphics means that many charts, tables, and drawings are incomprehensible and frustrating for providers who are not able to access the information they require or answer the questions related to the content; 3) some books I reviewed were out of order, had duplicate
chapters, had missing pages, and one even had an attendance roster bound into the book. Without a table of contents, headers, or footers, navigating these books becomes especially problematic; the loss of color adds additional confusion because providers are unable to answer some questions and are unable to recognize patterns that are being conveyed through color. Mediocre materials appear to be causing unnecessary learning barriers.

A second problem with the book distribution is that providers are not consistently provided with all the pieces that they need to be successful. For example, once a provider worked in an elective book in which she was asked to make conversions. The table with all the information, however, was in one of the supplemental books which were not available and she did not know how to locate the conversion factors from other sources. Another example involves a beginning provider who worked in a book that asked her to read an anthology, a separate publication, and answer a question. She sat there for quite some time, confused, and asked me about it. We asked the instructor about the anthology and were told that we did not have any anthologies and from then on, I advised her to skip the questions that pertained to this anthology. She continued to ask about subsequent questions involving the anthology. There are more examples about missing materials causing learning barriers.

The next situation came up twice while I attended classes; once in the beginning of my data collection and once at the end. One of the books had the words “sinóptico” and “códice” in a text that also included a few indigenous words, none of which were explained. The context did not offer any clues either. The provider looked in her dictionary and the words in question were not defined. The evening drew to a close and we did not have enough time to boot up a computer. She skipped that part and we revisited it the following week, finding an explanation
on-line. At the end of my time there, another provider asked me about the same thing. This time, however, I had become more familiar with the materials. “Do you have your revista?” I asked. She confirmed that she had the supplementary “magazine” of readings that accompanied the book. I asked her to see if she could find a corresponding story in it, and she did. Her eyes grew wide and she understood that for the previous half of the book, she should have been reading the additional texts that offered her the information that she needed to understand and answer the questions. She smiled and immediately returned to work. She had been a part of the program since its inception but only now understood how the two books were meant to complement each other. These providers were not supplied with all the materials that they needed, and so did not understand how the system was meant to work; they were not fully able to take advantage of the learning opportunities before them. This implies that there is a gap between what the curriculum offers and what is being delivered to students and therefore students are not able to meet their literacy needs.

A third problem with the materials is that providers did not know how to use them. As mentioned previously, one participant meticulously moved forward one page at a time, getting stuck on questions that she did not have the answers—or even the materials—to answer. I noticed that other providers often jumped around in their books. When I asked, some providers said they were bored and jumped around looking for something interesting. Others said they skipped sections they did not understand. Still others would turn pages looking for blanks in which to write answers—they did not read, but instead were focused on filling in every blank line in the book. If their answer was too short for the space provided, they became concerned and would ask if they answered correctly. Some participants only partially completed their books and then
signed up to take the exam, as discussed previously, since many providers aim to pass exams. One time a provider struggled to pass the test and I saw her reviewing her answers with an instructor. At one point, she pulled out her book and started flipping through it. Every page I saw was completely blank; she had not written a single answer, underlined a single word, or made any notes. There was no indication that she was familiar with the material yet she managed to pass the exam with the instructor’s help. This is the most extreme example I saw. Other times, participants would begin studying a book, work about half-way through it, and think that was adequate to take the exam. Providers have developed many approaches to using curricular books to study and to pass exams. While some answer every single question and others do not answer any, the results were some passing and some retaking the exams.

The data reveals that while some barriers to learning might be attributed to the physical materials in use at Caminos, other barriers could be attributed to the MEVyT curriculum itself (i.e. regardless of whether students were to access it on-line or in print version). The books cover a lot of content; for most of the year I was just as confused navigating the books and probably even more frustrated than the providers who do not have much experience with curriculum. Once a provider and I noticed that her book went from talking about elevators to diarrhea to fires. We did not understand the progression as it seemed that her particular book did not follow an order and nothing went together. Another problem the providers encountered was that the directions could be confusing and unclear and much of the time; there were not example responses to help clarify what they were supposed to do.

More learning barriers occurred due to cultural and linguistic mismatches between the MEVyT curriculum and the students. While the modules are available to persons of Mexican
decent living abroad, they are written with Mexicans living at home in mind. For example, one section of a book focused on environmental print. It gave many examples of Mexican government agency logos for the providers to identify. Although many providers could identify one or two of these logos, most providers did not know the majority of them, partially because they do not live in Mexico or have a need to know or interact with those institutions. (Many providers also failed to identify the logo for the curriculum because they had not noticed it printed in any of their books.) One provider said her partner remembered them and helped her.

More relevant material would include local environmental print that providers encounter on a day-to-day basis in their lives. For example, during the interviews I asked providers to identify logos (see Appendix F). While some providers knew the names of businesses (e.g. Dominoes or CNN), other providers simply identified the type of product or service that business offered (e.g. pizza, television, and donuts). All providers knew WalMart and McDonalds, while only two providers recognized specific computer logos: Google, Microsoft (Windows), and My Space.

The point is that it would be more helpful for providers to learn environmental print they encounter in their lives. Another example of mismatches is concepts that do not have cultural equivalents. For example, once a provider studied a section in her book that was meant to help her learn how and where to locate information. One of the options provided for gathering information was at an “hemeroteca.” Not one person in the room, including the instructors or myself, was familiar with the word or the concept. I found out on-line that it is a special library that specifically and only houses newspapers. In addition to serving as an example for cultural disconnect, this example also serves to highlight linguistic mismatches. At times, the formality and difficulty of the vocabulary in the books caused difficulty for students. (Examples given
previously include synoptic and codices). While at times an illustration was provided, much of the time there was not enough support or scaffolding to help close the gap caused by vocabulary and word choice. At times, the cultural and linguistic mismatches in the MEVyT curriculum did not help students living in other contexts and need to be supplemented.

A final observation about the MEVyT curriculum is the structure and sequencing of the lessons. Often the lessons in the books started out wide and ended narrow. That is to say that they began with questions that required the providers to think critically and use their background knowledge to make observations about the examples provided and to then deduce their own understanding about things. This proved to be a difficult task for many of the providers. Sometimes the books summarized the important points providers should have arrived at somewhere near the end of a section, but not always adequately enough that providers could work backwards. Providers, on the other hand, expected the book to provide them with explicit information, to provide examples they could follow, to answer questions, and inform them of the right answers. (Many were uncomfortable making inferences because they seemed to think the book should provide the answers they needed to all the questions. They appeared to take it for granted that the book was always right, even though I noticed errors, confusing directions, and at times, inaccurate information.) Understanding the structure and approach the books used could help providers read and understand the texts better. Although comprehension is only one strategy that makes a provider successful, it appears that this is the main strategy that providers use (to their detriment). So there appears to be a gap between the providers’ background knowledge about how to study with the approach used by the curriculum and the demands placed on the providers to navigate the curriculum successfully.
In sum, the curricular materials posed challenges for many providers. Some of these challenges were due to cultural and linguistic mismatches as some of the exercises, examples, and register of the language were not appropriate for Spanish speakers living in the U.S. Additionally, the structure and sequencing of the materials confused participants and caused additional learning barriers.

*Curriculum delivery.*

While providers have each developed their own approach to using the books and passing exams, it seems that many struggle with independent learning, which is how the program has been reinvented. In the early days all providers studied the same book and were taught supplemental group lessons on topics such as compass directions, time zones around the world, or genres of literature such as fantasy, and were asked to read and copy some of the sentences. One instructor says that the important thing for her is that it is now an “individual program” and that each person advances however she is able to, according to her own levels of motivation and ability. Administrators and instructors consider the changes an improvement because providers pass more tests and more rapidly qualify for primaria and secundaria certificates. This revised delivery method still leaves many providers learning in a less than academically supportive environment, however. For example, when left to work alone, some providers sit in their chairs, stuck on problem, while others look up word after word in the dictionary, one person copies off somebody else that happens to have the same book, while another asks a neighbor from whom she may or may not get a helpful solution. Often, a provider begins to engage somebody in conversation, successfully avoiding the task at hand. One participant, one of the few who reads
everything, mentioned that she has trouble remembering what she is learning. Although
independent learning may allow some providers to work ahead, others need more structure.

After a semester of experience with the books, noticing the problems caused by the
quality of the book copies, the seemingly randomness of the curriculum and lack of cohesion
within the books, the lack of support materials, and provider confusion over directions and
purpose, I conducted a more thorough review of the curriculum. Upon review, I was surprised to
discover the benefits it offers that providers were missing based on current forms of delivery and
lack of support. For example, objectives are provided and they are not always content based, but
are focused on strategies that help providers become better readers, writers, and learners.
Additionally, opportunities are given for reflection and self-evaluation. The math book *Los
Números* provided a table at the back that included the question number, the objective the
question relates to, the answer, and the activities that addressed that objective. A few examples
of these math objectives were: 1) use more than and less than; 2) recognize certain fractions or
decimals, and 3) identify place value. The main point is that many of the books provide
objectives as well as useful metacognitive strategies that are easy to miss if providers are not
focused on them. For example, the objectives in the “Let’s Read” book were based on helpful
metacognitive strategies. The following sample objectives are from the final evaluation found at
the back of the “Let’s Read” book:

- I read in specific ways for different texts, depending on my purpose for reading
- I can efficiently locate information in texts, clarify my doubts about new or
  unknown words, and anticipate the content in different sections of the text
It appears that neither the instructors nor the providers are aware of the goals however; one time I discussed one book’s objectives and evaluations with the provider that reads everything. I asked her if she reads the objectives, and she said yes. I asked if she reads the evaluation after completing the whole book, and again, she said yes, although sometimes she said that she cannot check off all the objectives. Whether or not she has achieved all the objectives, she still takes the exams and gets a new book. This might indicate a need for providers and instructors alike to raise their awareness of and fidelity to the content objectives which include strategies that would enable providers to ensure that their learning is progressing according to the curricular goals.

Although the curriculum in not perfect, it does offer some worthwhile objectives that providers are missing, indicating a reverse gap of sorts. Since providers are focused on filling in the blanks page by page, or jumping around for interesting content and answering the subsequent comprehension questions and then passing the exams, they may be improving their reading ability and writing skills, but they may not be gaining the skills necessary to be efficient learners within their literacy contexts.

**Improving the business.**

In addition to wanting and needing to improve traditional literacies, according to the data, some providers are focused on improving their child care and their business. One provider was
very general and said she wanted to learn "things that help me to be better in my work as a provider." Another provider, like many, said she wanted to “aprender hacer actividades con los niños” (to learn to do activities with the children) while still another said she wanted to learn “como disciplinarlos” and “como reaccionar” (how to discipline them and how to respond). In reviewing the provider survey, five providers mentioned their goal to expand their business capacity and/or separate their family’s personal space from business space by either adding on rooms or converting a garage to increase the space. Of the eight women that I interviewed, two had converted their garages into daycare space while the newest one had her main daycare space in her family room.

Providers have a variety of goals to improve their businesses and they are addressed in different sections of the results. What is important to discuss here, however, is the potential discrepancy between instructor and administration goals for providers and the goals providers have for themselves. As revealed by comments in the home visit surveys, it appears that the preponderance of instructor-suggested goals for providers were fairly limited to improving the physical environment organization (including furnishings), adding displays to the walls, and hanging up a schedule (these “teaching” activities are addressed in the next section). At times, the instructors’ advice to improve the arrangement of furniture, for example, conflicted with a licensor from DEL. This points out that what is actually addressed by instructors during home visits does not appear to match providers’ goals for improving their businesses and on occasion, has negatively impacted their interactions with licensors.

Home visits are just one part of the curriculum that may address providers’ goals to improve their businesses. Other flexible and formal curricula are hit-and-miss when it comes to
addressing provider business goals. On one hand, instructors at times ask providers what their goals are while at other times, according to secondary data, they appear to inform providers what their goals are in relation to the FCCERS (although some providers do strive to align their business in ways that would concur with the FCCERS). In the respect that STARS trainings reflect FCCERS deficiencies, instructors adapt the STARS curriculum to meet these goals. Additionally, providers in Phase 2 get exposure to the child care curriculum, which also addresses many areas on the FCCERS. However, some goals are not addressed at all—like supporting providers in the process of planning or converting rooms to improve their businesses. Often, the support provided in a circumstance like this would be after the fact to help fix deficiencies and bring the new space into compliance with the WACs. This points out a gap for instructors to discover providers’ goals for their businesses and potential gaps in the curriculum when the goals are not addressed by the FCCERS or covered in the formal curriculum.

In sum, data revealed a second category in the theme of Believe was goal planning. The evidence of what providers want to learn and achieve can be divided into three categories: achieving credentials, traditional literacies, and improving their business. The data show that the MEVyT curriculum can help and in some ways hinder provider literacy learning.

**Motivation**

The third category in the theme of Believe, according to the data analysis, is that of motivation. If providers believe in the possibility of improving their literacy and make plans to do so, then to achieve their goals, they must maintain motivation. This section addresses codes the data analysis revealed are relevant to the category of motivation. These are children or money, family, colleagues and connection, administrators or instructors, and self (free-time).
Children or money.

I begin the section about providers being motivated by children by telling about one of the instructors. While teaching a room full of providers, she presumed that all of them loved children. She called the providers all “angels” because of the difficult, demanding, and rewarding work that they do. In fact, I have met providers that would fall into this category, motivated by their love and concern for children. For example, one of the providers once told me that she currently was not at full capacity. She said that she prefers to only watch four children because then she can provide them a higher quality of care. Admittedly, she also said it is not as stressful. She said, “lo hago por amor” (I do it for love.) All the same, she added that with “God’s blessing” she would be back at capacity soon. While the data revealed that some providers are motivated by the children they care for, it also shows that other providers are motivated by other factors like their own children and families.

Family.

The data revealed that while some providers are motivated to learn more for the sake of the children in their care and their sense of professionalism, others are motivated to learn by the members of their own families. Had it not been for her partner’s insistence and encouragement, Plumeria never would have learned to drive, and at times, he still takes her to class and picks her up. Another provider is often seen calling her partner to arrange pick-up times as he also drives her to class and comes by for her at the end. This particular partner has also attended STARS classes with his wife and often helps her in the home, and he is not the only one to do so. Another provider is also motivated and encouraged by her partner in a different way. She said that with so much learning she has a lot of things to talk about with her partner now. She said
that she is reflective and more thoughtful and therefore has more to talk about while she used to not say very much. Support from family can come in many different forms that help motivate the women to continue their literacy development.

Plumeria also originally opened her daycare at the encouragement of her partner. They had bought a house, needed the money, and opened a daycare in the home because it allowed her to be with her children. Even having made that choice she says with regret, “me siento tristeza por mis hijos” (I feel sad for my children) because she is not be fully available to them at all times. She said, "los papas de antes, como dedicaban tiempo con sus hijos; no trabajaban. Hoy en día, la mayor parte trabajan [y] dejan los niños en guarderías y los niños crecen con otras personas" (parents in previous times, how they dedicated time with their children; they didn’t work. Today most people work and leave their children in daycares and the children grow up with other people). Although she feels sad, her family provides a reason and motivation to work as a child care provider and consequently, Plumeria learns new things and increases her competencies.

Dahlia is another provider that is motivated by family reasons. She is not the only one with the sentiment to improve her literacies in order to help her own children:

“Pues, seguirmme superando. Seguir aprendiendo y así pode [sic] enseñar más a los niños y cuando traigan una tarea puedo ayudarles porque a veces que no sabe uno. Como la vez que mi niño me decía de las oraciones pues yo no…(entendí y le dije que) [ruído] Copiar a todo y me dijo que para cada palabra tenía que hacer una oración y pues, fue algo para mí porque yo no sabía. Y, pues, así se aprende más…[Quiero] ayudarles, uh-huh, sí a los
niños hacer sus tareas o cuando me hacen una pregunta del una cosa que me pregunta del una tarea saberles contestar.”

Well, to continue overcoming. To continue learning and that way I can teach more to the children and when they bring homework I can help them because sometimes you don’t know. Like the time when my boy was telling me about the sentences well I didn’t (understand and I told him to) [noise] copy all of it and he explained to me that for each word he had to make a sentence and well, that was something for me because I didn’t know. And, well, that is how you learn more…[I want to] help them, uh-huh, yes, the children do their homework or when they ask me a question about something they ask me about homework I want to know how to answer them.

It is important for Dahlia to learn more so that she will be able to help her children. Obtaining more knowledge might motivate a provider and give her more confidence to work with her children on things like schoolwork.

According to the data, Orquídea is another provider that is motivated by her family. When discussing her goals to become a teacher, on one hand she thinks the opportunity has passed her by, but on the other hand, she admits that maybe there is still a possibility for her:

“¡Es lo que dice mi esposo, dice todavía! Pero lo que pasa es que aquí sí nos dan todas las posibilidades y las oportunidades el problema es el idioma. Como uno que ya viene con el español bien difícil aprender el ingles. Bien difícil. Yo estoy tratando y tratando y voy a ir a, ahorita mi meta es salir bien con la clase de acá y cumplir. Sea no falta y si
no esta(r) iendo constantemente, después quiero ir a clases de ingles más tiempo. Si me gustaría. Mm-huh.

That’s what my partner says—I still have a chance! But what happens is that here yes they give you all the possibilities and opportunities the problem is the language. Like one that already comes speaking Spanish it’s really hard to learn English. Really difficult. I am trying and trying and I’m going to go to, now my goal is to do well and complete the classes here. If I don’t and if I don’t go frequently, after that I want to spend more time in English classes. I would love to.

Although Orquídea clearly has a plan, goals, and is focused on her current studies, it is apparent that she has a strong partner who will support her and encourage her to continue dreaming and reach even bigger goals. He is the one reminding her that it is not too late to learn. He reminds her that she still has a chance in the future as he supports her current and future literacy development.

I can locate only one example in my data that shows a lack of family support. While Dahlia may be motivated by her children, she is not motivated by her partner. He thought her plans for literacy development and time spent outside the house were only a passing phase that he would have to tolerate only briefly. She said he thought that after she earned her primaria certificate that would be the end of it. She is finding success, however, and despite his resistance, she continues attending class every week and recently announced to him that she would work on her secundaria certificate next. She does not have plans to stop any time soon. Dahlia appears to be a strong woman to continue studying in the face of resistance from her
partner. Families can provide motivation for the women to study, to stretch, and to achieve their goals.

**Colleagues and connection.**

Whereas some providers get their motivation from their families, the data shows that colleagues and other providers can also provide a lot of support for each other as another source of motivation. One of the administrators told me a story about two women she once knew who saw themselves through to graduation after 18 years of studying and encouraging each other. She thinks it is important to help providers in the Caminos program build a supportive community, one in which they can in a similar manner, support each other through the Caminos program and maybe beyond. She said that the women she had known really had next to no support, including no support from their partners, but that they really were able to support each other. She became teary-eyed remembering it. She mentioned that the current class has managed to "build a strong community." The connections made within the current community of providers may offer the basis for future support and motivation, although only time will tell.

I observed the support between providers at Phase 1. At times, according to administrators and instructors, providers can get competitive about exam scores, and if they were to be informed about their FCCERS scores, they might also get competitive about them as well. However, most of the time a spirit of cooperation prevails within a very supportive and caring environment. For example, almost every week somebody brings a snack: heart-shaped cookies that one provider’s young daughter calls “un amor” (a love), pan Mexicana (Mexican sweet bread), or once even a surprise pot of pozole (a Mexican soup) for dinner. Providers remember each other’s birthdays and often bring each other gifts to celebrate, and although the gifts
themselves are not important, like a cake, once a bamboo plant, or a shiny mylar balloon, the
expression of care and concern are. I have also noticed one instructor giving gifts to some
providers on their birthdays. The cause for support is not always joyful, however. One time a
provider got visibly upset during class about a personal problem and wiped tears from her eyes.
Providers listened, talked, and began to encourage her. The advice that the women were giving
her was that forgiveness is to help the person feel better…that forgiveness is not really for sake
of the other person that hurt you, it is to help yourself and how you can feel better and be
healthy. Another woman provided support by explaining how the blood of Christ will take
everything, wash it, and make it clean.

During class, women sit in the same seats every week and form relationships with the
women next to them. They also make jokes about their seating arrangements. “Be careful!
When so-and-so gets here she’s going to kick you out of her seat!” And they begin to laugh.
They comment about how the children they watch fight over seats and they say, “it doesn’t have
your name on it anywhere, does it?” Although the informal seating chart is in itself not
important, the sense of belonging that it represents is, as providers feel more motivated to fill
“their” seat week after week and they return to bond with the women around them.

While the providers have their seats, there is also a seat for one of the instructors that
encourages connections and relationship building. Although the instructor is friendly with all the
providers, she seems to have developed a closer bond with a few providers at one end of the
table. It is not uncommon for providers to ask for this instructor by name. I observed on
multiple occasions that one group of providers in particular have lengthier, semi-private, more
in-depth discussions with this instructor. In other words, they have managed to forge especially
close relationships. It appears that some providers appreciate getting to know their instructors on a personal level, but also to glean the knowledge they have to share. Another provider commented to me that she wanted her instructor to share more of her professional experiences with them—she valued her lived-experience as an early childhood educator as opposed to the impersonal book descriptions. The data reveals that relationships and connections with instructors are important, both on a personal and a professional level to keep providers motivated and engaged.

While classroom relationships matter in developing connections and maintaining motivation, these relationships also impact learning. One instructor said most of her providers like working in groups but a few definitely do not. She thinks it is important that the women work in groups and are able to work together—they increase their knowledge, their ability to communicate, and their relationships. Earlier I told the story of a provider who complained about the “uninteresting” (useless) talk in that one provider complained about. It appears that at least some of that apparent chatter is useful. It serves the purpose of forming relationships in which the providers support each other, and in turn, helps to maintain their motivation and maybe even increase their motivation to continue their literacy development. Whereas Bravo used to stay in the house all the time, she now comes to class, bonds with the women, and she learns as evidenced by the DEL and self-reports as mentioned previously. It is the women that fail to connect with others in class that concern instructors who have noticed higher drop-out rates among these women. Once I wrote about the end of the evening, “We pushed in chairs and turned off the computers. We shut the blinds and turned out the lights, as usual. But when we stepped outside, we encountered laughter and the after-party outside. A group of about eight
women were standing in a circle talking and laughing. I think some of the women would stay longer after class if we did.” Some have clearly have made strong connections which motivate them to continue to come, to study.

Administration and instructors.

The data shows that instructors realize the importance of these connections and encourage women to become part of the group. One instructor said she likes to forward the providers she teaches motivational PowerPoints and messages so she can “feed their soul,” at least those who can open and read their email. Administrators and instructors together discuss how to help participants stay motivated and earn recognition for their accomplishments. Aside from the $25 gas cards, certificates, and a rare newspaper article, there has been little community recognition for the providers and their hard work. The state began to pilot a quality rating system with potential incentives, but due to budget cuts have since halted the process. In addition, the CDA does not come with any local recognition or increased pay. One time the administrators organized an educational night for the parents where the providers were responsible for teaching the lessons to the parents. Based on parent evaluations from that night, some parents expressed a changed view of their providers as more knowledgeable and competent, increasing their respect for the providers. Administrators have expressed interest in helping the providers do something similar again because appreciation and respect can be rewarding for providers. However, enough providers expressed that, after this one evening teaching parents, they did not see enough change in the parents that they did not want to do something similar again. Data reveals that administrators and instructors identify a need for
providers to maintain motivation which they interpret as gaining more respect, payment, and appreciation for their hard work, but this appears to be an unmet gap.

**Self.**

Whereas some providers get motivation from their child care children, their own children, or each other, some providers have their own ways of relaxing and spending time after a hard day of work. Free time, according to the data, is something the providers talked about the least. A few of the interview participants seem to have over-generalized the lessons they learned about children watching too much television during work hours to themselves. It is with a bit of almost guilty pleasure they admit they like to watch television in the evenings. Plumeria laughs and says, "Yo dedico tiempo con mi televisión. Jajaja" (I dedicate time with my televisión. Ha ha ha!). She likes to watch novelas, or soap operas, in Spanish. Azafrán also laughs and says she likes to watch novelas, "Me miro tele. Jajaja" (I watch TV. Ha ha ha). Orquídea also watches televisión, but she mentions the Discovery Channel and says, “Discovery es un muy buen programa porque habla de muchas, de los animales. Aprende uno pues, como ve los animales” (Discovery is a very good program because it talks a lot about, a lot of animals. You can learn, well, what the animals look like). Not all the providers watch television, however. Bouganvilla says,

We don’t watch T.V.. For me I don’t much like the T.V. It’s O.K., but not for the whole day. When the children return from school they watch a little T.V. We listen to music more. They love to listen to music. I have a lot of [noise] the children [noise] music that the children like to listen to. The children also like cartoons, but just for a little bit. Not very long.

Outside of watching T.V. providers frame their free time as going out or staying in. If they go out, they do the shopping, go to parks, go to church, go out to eat—especially at a buffet--, or spend time with family. Azafrán says, "me voy a vender en la pulga" (I’m going to sell at the flea market). When providers stay in, they often catch up on housework, cleaning the areas of their homes that are not licensed, washing the laundry, and cleaning bathrooms. Pensamiento likes to sit on the sofa with her toddler for “platica platica” (chit chat). Orquídea and Narciso enjoy listening to music. Narciso listens to music on the internet and listens for the sound while Orquídea prefers to listen to “Christian” music. Bouganvilla says that, “Cuando no tengo niños me pongo a tejer. Me gusta mucho bordar, tejer, o me pongo estudiando libros ahorita que estoy estudiando. Me pongo lavar o planchar. Solo trabajo.” (When I don’t have children I pick up my weaving. I like to embroider, to weave, or I pick up my books now that I’m studying. I do the washing or ironing. Only work.) Her mom taught her to weave, and her daughter taught her to finger weave. Although some of the women enjoy doing these activities, Bouganvilla considers them all work, all the time. The data revealed that providers need motivation, however, the way the women spend time after working in their child care business may or may not provide motivation depending on the provider.
In sum, the third category revealed by the data in the theme of Believe was that of motivation. For providers who have enrolled in the program and set goals towards literacy development, maintaining motivation is critical to moving forward. Although some women are successful at identifying and utilizing their sources to maintain their motivation, whether it is relaxing activities, family, certificate attainment, or colleagues, not all women have this support available or know how to access it. For those women who do not identify and capitalize on sources of motivation, there appears to be a gap in the curriculum.

**Conclusion**

The first theme revealed in the data was that of Belief. This section described a knowing of self and an increased awareness about self that leads to further literacy development. It began with possibility. Possibility was characterized by a desire to learn, of being able to overcome and at times deal with failure, and improving a sense of self-worth and competency. The second category was that of goal planning. Goal planning was described as achieving certificates and credentials, improving traditional literacies, and growing a business. The final category was motivation. Motivation was described as what keeps participants energized and invested in their learning and business. Providers who have not developed these literacies may need additional support to enroll in a program and after they enroll, to remain in the program in efforts to develop other literacies.

**Protect**

The second theme that arose in the data is Protect. The theme of Protect becomes evidenced by reviewing data around the WACs that DEL enforces in efforts to protect children. The first category in this theme is varied perspectives about the WACs; data indicates that not
maintaining a healthy and safe environment garners the most compliance violations. The second category is environment, demonstrated by three codes: cleaning and safety, purchasing materials and insurance. The third category is maintaining physical health, and that deals with good food (cooking, serving, planning and scheduling) and practicing hygienic and healthy habits (health and hygiene). The final category is maintaining mental and emotional health, which includes positive interactions with children and stress relief. When combined, the data reveal a literacy need for providers to know how to Protect themselves and children.

**Perspectives on the WACs**

Providers are required to learn and apply the WACs on a daily basis in efforts to protect children and they have varied success in doing this. One reason this task is difficult for some is because the WACs are not published in Spanish. Although older versions of the WACs were available in Spanish and that is what one provider mentioned she used as her reference, the newest versions of the WACs are only available in English. Regardless of language, providers are still held accountable for learning and implementing the WACs. The WACs have not been translated (the newest version) because they are being revised. The revision process has now taken two years longer than anticipated and to-date is not completed. Favorite Services works to translate state documents that are only available in English, but they have yet to attempt the WACs. The point is that many Spanish speaking providers do not have the needed literacy to access English versions of the WACs and so they must learn these regulations in alternate ways.

With so many WACs and the fact that they are printed in English, memorizing and applying them all is a difficult task. If providers, like Bouganvilla and others, view their responsibility in this way, then the perception that the WACs are always changing makes a
difficult job even more challenging. Bouganvilla says, “¿Qué me falta? Pues, cada día son
diferentes reglas. Cada día están pidiendo más requisitos” (What am I missing? Well, every day
there are different rules. Each day they are asking more requirements). Bouganvilla, and
providers like her, do not know how to find out about changes or the current information, and if
they do not already know the WACs, it is difficult to comply with them. This problem is
compounded in Bouganvilla’s case because she does not seem to initiate contact with DEL and
has an expectation that they will visit and keep her informed of the changes. She continues
talking about the most recent laws that she does not know about: “Más reciente no sé porque ya
tiene mi licenciadora como un año y medio que ya no viene” (I don’t know the most recent
because it’s already been about a year and a half since my licensor came). She does not feel like
she has the support of the licensors as one time she received a visit but, because she had no
children in her care at that time, the licensor would not stay to check that the improvements she
had made to her facility were acceptable according to the WACs. Although most providers I
talked to understood that it was their job to understand the WACs, Bouganvilla views it as
DEL’s job to keep her informed of the changes through personal contact. She, and providers like
her, do not know how to keep current on the WACs, and in turn, most likely will have more
violations when their licensor does come.

While multiple providers expressed their frustration at the constant changes on the
WACs, other providers did not think it is difficult learn about the changes and to comply with
them. For example, Dahlia, Orquidea, and Pensamiento expressed their ease in accessing
changes to the WACs in various formats; it was a non-issue for them. They mentioned receiving
this news via the mail delivered to their homes, at trainings, and during professional meetings.
They each had identified a reliable source of information to keep current on important work-related issues. Locating information is a literacy that not all providers have developed and those that have yet to develop this literacy express more frustration in dealing with the impersonal nature of government bureaucracy.

Access to the WACs aside, providers vary in their responses to the WACs and its role in their jobs as providers. Two examples illustrate that on one hand, it is the most important thing, often overwhelming and next to impossible to achieve--while another view is that when providers have arrived at compliance and the job is done perhaps this frees them up to focus on other things. About the WACs, Lirio says, "¡Da miedo meterse! ¡Como uno que dice wow! ¡No voy a cumplir con todos los requisitos! ¡Wow!" (It’s scary to get involved! Like a person says wow! I can’t fulfill all those requirements! Wow!) Lirio communicates that the WACs are overwhelming, and it is important to note the fear factor that arises. For her the fear is enough that one must think twice before deciding to get involved. Some providers might get stuck at the fear of simple compliance, thinking they could never achieve it (and consequently view licensors as wolves), but it appears that Lirio is able to keep her fear of the daunting WACs in check. She expresses her love for the children she cares for and she sees her main responsibility as a child care provider: “entre tantas, amor con los niños, paciencia, responsabilidad, seguridad" (among so many things, to love the children, patience, responsibility, security). Although the requirements of the WACs are overwhelming and difficult for her, she is still able to frame her job as first loving children and then providing a safe environment for them.

Lirio is not the only provider to stress the magnitude of the WACs. Orquídea highlights that following the WACs are a priority for her—what “they” (interpreted as DEL) ask her to do
as a provider—as she says, “Seguir a los reglamentos….seguir los reglamentos. Leer, como leer la WAC es la más importante.” (Following the rules….to follow the rules. To read, how to read the WAC is the most important). Narciso agrees with this priority and says, "Pues primero que todos, todas las reglas. Hay muchas las reglas de WAC y todo eso." (Well, first and foremost, all the rules. There are a lot of WAC rules and all that.) She goes on to say that she has to provide nutritious food and then finishes by stating that “la seguridad” safety/security is what she must provide for the children. Whereas Lirio sees the challenges of meeting the WACs, Narcisio has conquered them: “¿Cumplir con el WAC? Es fácil. Es rutina tener la rutina.” (Fulfill the WACs? It’s easy. It’s routine to have the routine.) The WACs are first and foremost in the minds of many providers, and they see it as their main job to be in compliance. Not all providers have this focus, however, like Lirio, who interpreted her job as to first and foremost love children. Dahlia said her job was to, “Ah, pues, participar con los niños, enseñarles leer, contar números, a jugar” (Ah, well, to participate with the children, teach them to read, to count numbers, to play). In other words, she is involved with the children and their development; the WACs are secondary. The point is that some providers expend a lot of effort to protect children according to the WACs, and consequently, perhaps they have less energy to dedicate to teaching the children in their care which they are also expected to do.

One of the instructors mentioned that providers tend to understand and accept the WACs more when the laws are explained as protecting child safety. Orquídea shows evidence of understanding the importance of “why” as she says, “Para mí, está bien. Porque es para una mejor seguridad para ellos. Es bien porque es algo como, no tenemos que tener los cordones de las persianas. Eso es uno de las WACs y eso pienso que es bien porque es peligroso tener los
cordones allí” (For me, it’s fine. Because it’s better security for them. It’s good because it’s something like, we can’t have mini-blind cords. That’s one of the WACs and that I think is good because it’s dangerous to have those cords there.\(^2\)) Not following the WACs may have consequences for children as their safety could be at risk. Not following the WACs may also have real consequences for providers—they could be fined $75 per day, lose their licenses, and their livelihoods.

Providers interpret and frame their jobs in relation to the WACs in different ways. While some prioritize the WACs, others see their jobs as primarily loving or teaching children. Knowing and applying all the (current) requirements for the WACs can be challenging, and depending on how providers view and understand the purpose of the WACs, could affect their levels of compliance. Simply reading and writing is not sufficient for providers to be able to learn the WACs. They also must be able to do some of the following: 1) read and understand English; 2) understand how to read the format in which legal documents are written; 3) read the old Spanish version of the WAC; 4) be able to access the changes to the laws in some fashion since the Spanish version was updated; 5) depend on a person to reliably interpret this information; or 6) regardless of how providers receive the information, they must be able to understand the intent of the WACs and apply it on a day-to-day basis. Alternatively, providers also learn about the WACs through failure.

**The most violated categories**

Non-compliance with the WACs might reveal in part that providers do not know and understand them, indicating a potential need for more training, specifically, how to read,

---

\(^2\) Technically, the regulation regarding mini-blinds has not yet been written up as a WAC, it is still at the Revised Code of Washington (RCW) stage of legislation. In other words, it is a law that licensors enforce, but one that has not yet been written in more user-friendly WAC terms.
understand, and apply the WACs in efforts to protect children. The review of compliance violations revealed the most challenging part of being a provider was maintaining an environment that is safe, sanitary, free of hazards and in good repair. I reviewed WAC violations in order to highlight specific literacies and curricular support that providers might need. According to the data analysis, the total number of violations from all 63 provider binders was 678 and of those, 614 are represented below in Figure 3 as the top eight most common violations by category. I review the violations in more depth here except for Business Practices, which will be discussed later under “Manage,” since they are germane to that theme.

Figure 3 Violations by category

<table>
<thead>
<tr>
<th>Violations by category</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaper Changing and Bathing Facilities</td>
<td>21</td>
</tr>
<tr>
<td>Food/Nutrition/Diet</td>
<td>26</td>
</tr>
<tr>
<td>Laundry, Sinks, and Toilets</td>
<td>29</td>
</tr>
<tr>
<td>Indoor and Outdoor Play Areas and...</td>
<td>34</td>
</tr>
<tr>
<td>Space Requirements and Equipment</td>
<td>39</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>49</td>
</tr>
<tr>
<td>Business Practices</td>
<td>174</td>
</tr>
<tr>
<td>Health, Environment and Medication...</td>
<td>242</td>
</tr>
</tbody>
</table>

With 242 (or 36%) of the total violations, the most commonly violated category is Health, Environment and Medication. WAC 0720 had a total of 151 violations (or 22%) of total violations. The text of 0720 says,
WACs 170-296-0720 What are the physical structure and equipment safety requirements for a family home child care?

You must keep the equipment and the physical structures, inside and outside of your home, safe and clean for the children you serve. You must not use your licensed space, both indoor and outdoor areas of the home where the children are being cared for, for any other business purpose during your operating hours.

The WAC continues to define in greater detail what this means in practical terms with 18 definitions, the first of which is the exact language used on the monitoring form licensors use during a visit: they must check that the facility is “safe, sanitary, free of hazards and in good repair.” The remainder of the 17 definitions include, but are not limited to: regulations for stairways and gates; emergency lighting devices; safe and appropriate furnishings for children; flooring; electrical outlets; removal of toys and materials that can choke children; accessibility of plastic bags, Styrofoam, or latex gloves; or protective coverings. Many of these violations were repeated on compliance violations, for example, plastic bags that were accessible by children. Other example comments written on 0720 violations included: dirty spoon in reach of children, portable toilet has dried urine in it, two exposed nails, tomato plants accessible, vacuum cord accessible, gasoline accessible, and broken dirty toys. Further discussion of this particular WAC is included in the “Clean” section as to not repeat information.

Another often violated WAC in the category of Health, Environment and Medication is 0830. It requires having all the listed first-aid supplies and multiple comments revealed that the CPR mask specifically, was missing.
WAC 0810 is a third common offense in the category of Health, Environment and Medication. It pertains to the appropriate storage of medication, including vitamins and herbal remedies. Topical and internal medicines must be stored separately under lock and key, inaccessible to children, according to manufacturer/pharmacy requirements. Most providers know they need to store medicine away from children to be in compliance with the WACs.

The other compliance violation categories are much less often violated than Health, Environment, and Medication and Business Practices. Of these less violated categories, of note, however, is the most frequently violated WAC in the category of Fire Safety. This category includes 0560, which is about “occupancy restrictions,” and had more violations than did concerns about smoke detectors. Occupancy restriction does not mean there were too many people in the house, as one might think, however. According to the definition it means there were violations that might affect exits in the case of emergency, for example: type and number of doors; appropriate locks and latches; rules about basements, second floors, and stairways; and regulations about windows.

In light of the results of the compliance violations, I asked the three most knowledgeable licensors which they thought, off the top of their heads, were the most commonly violated WACs. The responses varied depending on the licensor but they concurred with the data analysis. For example, two licensors identified the top violation—0720, referred to by them as sanitation, although not as the first thing they mentioned. Only one of the three licensors identified paperwork and business practices as highly violated. One licensor identified medication storage as a problem area. One licensor thought the top violations involved infants, believed to be more difficult to care for than toddlers, and in fact, “infant feeding” was the
seventh most violated individual WAC. Other WACs mentioned by these licensors included background checks, reporting changes in the house, overcapacity, toxic products, and posting requirements. Since these licensors are familiar with the WACs and violations, it is important to know their views on the most commonly violated as areas for potential improvement and curricular support.

These most frequently violated WAC categories indicate potential need for more training, specifically, how to read and apply the WACs in efforts to protect children. The review of compliance violations revealed the most challenging part of being a provider was maintaining an environment that is safe, sanitary, free of hazards and in good repair. Next I provide more specific examples of challenges providers have faced in this area.

**Environment**

As noted above, the data analysis on the WACs revealed that the most commonly violated area is in maintaining a safe and sanitary environment for children. Salient codes that emerged from the data include *cleaning* and *safety*.

**Clean.**

According to the pattern analysis that was performed across data sources, one thing is clear: cleaning is important to participants. That is to say, they expend great effort doing it and talking about it. All eight provider interviewees talked about cleaning, some in more detail than others. The extent to which providers view cleaning as a chore varies, as does their ability or desire to maintain a clean and in turn safe environment for children. This is evidenced by the high number of compliance violations in this area, mentioned previously. Knowing how to
maintain a clean home is something that providers must learn and do faithfully, and they must perform in accordance with certain standards.

The data reveal that participants vary in their view of their cleaning habits and procedures. Some say that their cleaning has changed while working as a provider, while others think it is essentially the same as before. Orquídea explains, “…yo sigo limpiando como [antes] y dicen que está bien. Porque uno tiene que usar el clor y yo estoy usando hasta ahorita también.” (…I continue cleaning like [before] and they say it’s fine. Because you have to use bleach and I am still using it.) Narciso, however, tells a different story. “Es muy diferente” (it’s very different), she says, and explains further, “Es diferente en el sentido de que cuando no utiliza el, lo que digamos en la cocina o si esta en los baños tiene que limpiar con cloros y agua con las medidas que son.” (It’s different in the sense that that when when you don’t use it, let’s say for the kitchen or if you are in the bathrooms you have to clean with bleach and water and the measurements they have.)

Narciso has learned to use the right amount of bleach the hard way:

"Me gustaba mucho échale cloros a todo. Si yo trapeo, echo cloros a los baños. Yo cuando, cuando yo organizo mi cocina ¿? a las mesas siempre les echaba. Claro que no con medidas porque yo de eso no sabía nada…. Si la cantidad es diferente acuerdo a, si es para hacer el baño, si es para limpiar las mesas, si es para limpiar con sangre....le sale sangre de la nariz ya, es una, una mezcla más fuerte si es vómito. Todo tiene sus sus medidas…. Es más, pero si echaba como demasiado me daba me daba tos y me me arrodillas por acá. Pero ahorita, sea pues, cuando yo lavaba los baños y todo eso de como
que le echo mucha cantidad de clor al agua entonces me daba como tos y medio llorar....Si no, que el cloros de acá es muy fuerte y de [nombre de país] esta fuerte. Es más suave entonces ya en [nombre de país] haciendo lo mismo y cuando lavo los baños o o otra [cosa] así como echaba cloro si como echaba demasiado y me me llorando los ojos y si me daba tos y me….me quedas como ardiendo la garganta. Pero porque no sabía muy bien las medidas pero ahorita ya me…ya me echo mas poco y, más o menos de las medidas y dicen allí.”

I very much liked to pour bleach on everything. If I mop I pour bleach in the bathroom. When I, when I organize my kitchen ?? the tables I always poured it. Of course not with measuring spoons because I didn’t know anything about that. If the quantity is different according to, if it’s for cleaning the bathroom, if it’s for cleaning the tables, if it’s for cleaning with blood….if there’s a bloody nose, it’s a, it’s a stronger mixture if it’s vomit. Everything has its its measurements. It’s more, but if I poured too much then it gave me, it gave me a cough and I fell over. But now, well it’s, when I cleaned the bathrooms and all that I poured a lot of of bleach and water so that it made me cough and I almost cried….It’s because the bleach from here is very strong and from [name of country] it’s strong. So it’s weaker in [name of country] doing the same thing and when I washed the bathroom or [something else] like that pouring too much bleach and it made my, it made my eyes water and it gave me a cough and I, my throat kept burning. But because I didn’t know the measurements well and now I, now I pour less and, more or less use the measurements like they say.
In this illustration, we can see that Narciso had to make some adjustments to her cleaning procedures in order to 1) keep herself safe and healthy 2) make her home clean and safe for the children. In order to do this, she had to learn how to measure and use the quantity of bleach that the instructors taught her to use, as the bleach is stronger here than in her previous country. Once a person knows how to measure, the concept can be transferrable, and some providers adapt to using non-metric measurement. She also learned that cleaning certain types of things, like blood or vomit, requires a stronger concentration of bleach than cleaning something like a table. One thing that we did not talk about, however, which may also have contributed to heavy fumes, could be not ventilating the area when she cleans it or perhaps mixing the fumes of bleach with another like ammonia, which creates a dangerous situation. She did not know these things or read the bleach bottle, but instead needed somebody to explain it to her. The point is that she needs to be literate about bleach since she is required to clean with it. Narciso also needs to be literate in reading environmental cues. The fact that she was coughing and crying, her throat was burning, and she was falling over from using so much bleach should have made her question if she was doing something wrong; household cleaning even according to home business regulations should not be so hazardous to one’s health.

Another example of a problem a provider had regarding cleaning was washing a mop in the kitchen sink. A provider once received a compliance violation (0720) for this for this even though it is not specifically listed in the WAC. To some, it might be obvious that you would not want to prepare food and put a dirty mop in the same space, however, for people who are not accustomed to using separate sinks—like a utility sink and a kitchen sink—this might not be a consideration. Sinks, like many surfaces in a house, can be thoroughly cleaned with bleach after
all. It seems like providers discover unwritten rules like these as they break them, and they are rules within the culture of DEL. (I recently saw a scene of a reality show on TV and noticed that the woman washed her mop in the sink). Since the WACs do not explicitly list every possible application or interpretation of a law, this points out a need for providers to understand the intent of the WACs, to be able to think critically, and apply them to other situations in order to maintain a clean environment that protects children.

Outside of cleaning the house, another job providers must do regularly is pick up and organize the house and yard. Bouganvilla says that, “Recojo la casa y todo para irme a la escuela” (I pick up the house and everything in order to go to school.)” Even though she has worked all day, cleaning and organizing constantly, before she leaves for school, she cleans up one more time. Dahlia also spoke about her increased work load picking up after children. Her cleaning routine changed when she got more toys in her child care facility:

“Antes, pues no mas eran los niños pero no tenía, pues, les enseñaba leer y eso y no tenía tantos juguetes. Eran pocos juguetes que terminaron muy rápido de recoger….como más trabajo con los más chiquitos porque hacen más cosas ya agarraron una cosa como ahorita mire.”

Before, well, there were only the boys and there wasn’t, well, I taught them to read and stuff like that and there weren’t so many toys. There were just a few toys and we picked them all up quickly….it’s more work with the littlest ones because they do more things and look, they already grabbed something else [to play with].”

Although she picks up after them, the little ones constantly find more and different toys to play with, (re)creating a mess as they go.
One strategy some providers use to help with the constant cleaning requirements with varying degrees of success is to enlist the help of the children. Orquídea sings with the children as they clean and that helps get the job done: "...porque yo canto la de 'clean, clean.' Jajaja, todo de limpiar!" (because I sing the “clean, clean” song. Ha ha ha. All about cleaning!). Dahlia has one child that will help pick up toys and one child that will not. In frustration, the child who cleans says to the one who does not in her developing Spanish, "¡me! ¡Yúmeme!" The standard word in Spanish would be “Ayúdame,” (me! [H]elp me!). Like the providers, she does not want to clean up by herself all the time.

In sum, some providers have difficulty maintain a clean environment while others do not. One provider needed to increase her math literacy (measurement and proportions). She also needed to improve her ability to read and respond to hazards in her environment. While some providers follow the WACs, one example illustrated that not all cleaning expectations providers must follow are written down. In other words, providers must be able to apply the sense of the WACs to unwritten DEL standards. Maintaining a clean environment is one way in which providers keep the children safe, but there are more ways in which safety can be an issue, discussed next.

Safe.

Whereas the data reveals that providers talk about cleaning more than other participants in the case study, the safety of the children and families does arise in conversations with providers and administrators alike. The first story that an administrator told me was of a provider who watched a child that went into seizure. This provider did not call the ambulance, but instead, drove the child herself to the hospital. When talking with one of the instructors, she
said that to obtain their licenses, all the providers are required to take CPR/First aid training so they should be familiar with the concept of dialing 911 and what services are available. Perhaps this is an area where participants might feel some fear, due to immigration status and the fact that the police might arrive, or simply unfamiliarity. While sitting in DEL orientation training for those that want to obtain their license, the topic of fire safety was addressed by an instructor. Many of the would-be providers had good suggestions about what to do, although not one person mentioned calling 911. I previously noted that as a WAC violation category, Fire Safety garnered the third highest number of compliance violations. This was not the only instance when fire was the topic of conversation. Another provider related to me stories of fires in her home, of which she had had two, and neither time did she call 911. Once she was cooking beans in a pot on the stove and forgot about it. The pot did not have any flames, but it was smoking. She said her children clung to her and were hugging her legs. She said she had to explain to them after the incident that they needed to have left the house; that she could not do anything while they were holding her. She told them it would not help them if they all died hugging each other. The second fire was when a tortilla burned on her electric stove and she doused it with water. She did not consider calling 911 that time, either. Providers are required to remain current on CPR certification and basic first aid training (examples did not surface for either in the data) as well as post escape routes on the wall and conduct regular fire drills with the children in their care. Still, fire safety and emergency response appears to be an area where some providers might benefit from more specific training as there appears to be a gap in the curricular materials that I reviewed.
Another area of safety is that of allergies, which Lirio discussed with me. She is very aware of her responsibility to know what children are allergic to and to accommodate special diet needs. She knows that not doing so could result in tragic consequences. According to an administrator, providers receive form letters during training for parents to fill out and sign when a child has an allergy so that it is documented. These letters highlight the danger of certain foods and provides for reimbursement allowances and menu substitutions for providers that use the federal nutrition programs. According to an administrator, providers need to be aware of allergies and to keep children safe by offering alternative food items.

In addition to instructor and provider concerns about safety, according to the parent survey, parents also had some concerns in relation to safety. They did not understand, for example, why children needed to have vaccinations and why they needed to inform the provider about various kinds of information. One parent asked the question, “Why do the medications need to have a recent doctor's visit date?” Someone also asked "Why is it so important to put down other people as contacts or references as emergency contacts?" It appears that many of the rules and regulations imposed on providers by the state do not make much sense to parents. Of course, many of the rules and regulations are geared towards protecting child safety while it is possible that others are more about liability and protecting providers. What is clear is that parents want to understand why they are asked or required to do certain things. If providers had a clear understanding of this information, then they might better be in a position to help parents understand. Based on the high number of violations for Business Practices (i.e. documents) that will be discussed in the Manage theme, it is possible that providers do not understand the
importance themselves, although some of them attempt to meet the WACs requirements by asking parents for the necessary information.

The following example illustrates a need for providers to protect children and ensure their safety by being able to problem-solve independently in order to reduce the risk of injury. While reviewing provider binders at DEL, a swimming pool violation caught my eye. Originally, the provider did not seem to understand the risks a pool could cause to children. In her opinion she took enough precaution by telling children that they were not allowed to play in it when she was not present. According to the report, the licensor explained scenarios of danger, how the children could get out of the house while she was in the bathroom or changing a diaper, for example. She explained the risks of drowning to the provider. This provider needs to know more about children and behavior to realize the possibility for a child to escape and get into trouble and figure out ways to prevent it.

Not all providers display a lack of critical thinking; Pensamiento knows the importance of safety and actively observes the children and problem-solves to increase the safety for children in her care. One example shows how she improved the safety by teaching the children to line up when they go outside and when they wash their hands:

“…porque a veces los grandes pueden empujar los otros a correr y caen y causen un accidente. Yo lo hago en esta manera de que, de que en el principio dije ‘¡afuera!’ Y todos (esta riéndose). ¡Como era! Entonces dije, no. Todavía dije voy a hacer algo. Oh, no. Los chiquitos van. Entonces no seas…el más chiquito al más grande a veces digo el más grande primero a más chiquito. Porque también pa’ comer. ¡Vénganse a lavar las manos! Todos quieren ir al mismo tiempo. Entonces pongo una línea y les digo, ‘OK el
...because sometimes the big kids can push the others to run and they fall and cause an accident. I do it this way that, that at first I said ‘outside!’ And everybody (she’s laughing). Those days! So I said, no. Still I said I’m going to do something about that. Oh, no. The little ones go. So why not…the littlest to the biggest sometimes I say the biggest first to the littlest. Because also going to eat. Come and wash hands! They all want to do it at the same time. So then I make them line up and I say to them, ‘OK you first and after that another and after that another. We take turns I say to them so that they don’t cause accidents.

Pensamiento displays an ability to observe, to think critically, and to problem solve which leads to a measure of safety and care for the children in her care. Azafrán also mentioned one strategy she uses to keep children safe. She said that while the children are sleeping she sits on the couch to “vigilarlos” (vigilantly watch them). Other providers did not talk much about carefully observing children or thinking critically to problem solve. However, the data revealed other situations in which providers did creatively solve problems. For example, Bravo creatively solved her problem about lack of materials by making her own books. Once during a class dinner in which most providers resigned themselves to eating pozole soup off disposable plates, one provider removed the coffee sweeteners from the sugar bowl, washed it, and to the amusement of all, used it as her soup bowl. A last example of creative problem solving, are the providers who, in efforts to increase their monthly income, have gotten involved in additional home-based sales businesses selling things like make-up, dishes, cleaning products, and
supplements. Evidence provided by instructors and providers indicates a need for providers to think critically and problem-solve to help keep children safe.

Some curricular supports are in place to help providers learn to think critically in efforts to help keep children safe. One instructor remarked that the college book “asks good questions” meaning that the providers get opportunities to practice thinking critically and, more specifically, to apply their thinking skills specifically to child care situations. For providers in Phase 1, however, there appears to be a gap in developing literacies like problem solving.

*Materials and purchasing.*

Another way providers can help keep children safe is by ensuring that the equipment and materials in their facility are appropriate and in good condition. One instructor said, “Broken things can’t be fixed. They must be replaced.” According to provider binders at DEL, providers received compliance violations for fixing or repairing materials like a swing. In instances like this, providers demonstrated problem-solving skills by creatively repairing items, but it was not permitted by the licensors as providers are required to purchase new materials. This expectation may cause difficulty for some providers and one reason providers might hesitate to throw things out is because some providers have limited equipment and materials to begin with.

The data reveals that providers are interested in obtaining more materials for their facilities. They want to purchase appropriate furniture for children as well as outdoor play equipment, some of which quickly rots in the sun and must be replaced. They also want to purchase consumables like paint and glue to do artwork with children, posters and alphabets to hang on their walls, and other games and toys for children. When providers attend STARS trainings about play activities for children many providers want to implement the new ideas. One example
was a lesson on “sand and water play,” after which many providers wanted to install sandboxes in their yards and purchase materials so children could play in water. Some were able to do this right away, while others could not due to tighter finances. With the higher demands and expectations of what they are requested to do with the children in their care, providers need more materials. In addition to what they want, providers are also expected to have specific types of materials. They have been offered a STARs lesson on diversity, for example, and in order to increase their scores on the FCCERS evaluations, they must obtain diverse materials like posters, books, and music that reflect differences in ethnicities, ages, languages, and mobility. Some of these materials are more difficult to find locally than others, and providers must take the initiative and do this on their own. According to instructors, providers need to have certain materials that are in good condition and for some providers, there appears to be a gap in identifying when, where, and what type of materials to purchase.

With the need for more materials, administrators and instructors are responding in support of participants in acquisition of some of these materials. Administrators won grant money from the Mexican government in 2009 so that the providers could each purchase $200 in equipment. Depending on their stage in the program, some providers were able to select their own materials. Some chose a few big-ticket items, while others purchased smaller toys and consumables with their allotment. Administrators applied for this same grant for the coming year. The availability of funds prompted instructors to include purchasing as part of the flexible curriculum in the past, but without funds, purchasing may not be included in future lesson plans although evidence reveals that there is a need to do so.
Purchasing is not the only way providers can get more materials, and many instructors are intentionally helping providers to seek out free resources in the community. As part of her job, one instructor delivers toys out of her organization’s lending library on a weekly basis to providers who request this free service. She is quickly becoming very popular and when the children see her coming, they excitedly announce, "Here comes the toy lady!" She is intentionally purchasing toys that she says support “learning and literacy development,” although I do not know if she communicates this to the providers she visits. Another instructor raises awareness about other free materials that are available to providers: a die cutter, informational pamphlets for parents at one organization, and activity boxes that are available for check-out the local libraries. Another instructor conducted a STARs session that involved a field trip to the local library in order to help providers become comfortable in the space, learn what materials were available, and learn how to access them. One provider had already discovered the library, however. During my interview with Lirio I noticed she had a “library bag” with which she transported books to and from the library each week. Providers can also access free materials through another community organization. City Stepping Group has a lending library which is full of toys and books for children, in part because providers are not taking advantage of it. The administrator expressed a desire to change this and she planned to put a reminder in her next newsletter, however, not all providers receive this newsletter.

In sum, according to the data, providers must know how to locate and purchase new materials for their facilities. DEL wants providers not to fix equipment, but to purchase it new in order to protect children and keep them safe. Providers are not permitted to make repairs to what may be otherwise useful items. In efforts to support FCCERS ratings and early learning,
Caminos also wants providers to expose children to ideas of diversity through additional materials and toys that promote exposure to a variety of peoples and that promote learning. Although instructors have supported participants accessing free materials around town, a gap remains, especially in regards to providers identifying when, where, and what type of materials to purchase to support diversity.

Insurance.

Whereas providers protect the children through purchasing materials, they also make purchases to protect their business. As small business owners, in order to protect themselves, providers are required by the state to purchase and post proof of liability insurance. Compliance violation data reflected a lack of insurance (as per a newer law listed in the RCWs that has yet to be written into a WAC) by a few providers, with five violations. Additionally, one provider did not have proof of insurance posted as required. In the parent survey, one parent had questioned if his or her provider carried this insurance. Lack of insurance was identified as a need and Caminos included a training session about liability insurance at the local School-Age Children’s Conference (SACC). They reported a spike in business for the presenter, an insurance salesman, because many providers had come to a new understanding of insurance and its importance for protecting their business.

Whereas providers need to protect their business by purchasing liability insurance, there is also a need to protect themselves and their ability to work. One provider spoke with me multiple times about personal medical insurance. She had been informed by mail (I do not know by whom) that she would lose her medical insurance if her child care enrollment did not increase. She said she was worried; she needed to protect herself. During the off-season (when it
is not harvest time) parents are available to care for their children and many of the providers experience a decline in enrollees, which consequently, jeopardizes their health insurance standing. The provider I spoke with said she was trying to recruit new children by calling Resource and Referral every day, saying that once she had enough children, she would be reenrolled automatically. Outside of these calls she did nothing to fill the empty slots. She knew she had the option of enrolling in COBRA (gap insurance), but she said it was too expensive for her. Although she expressed great interest in finding and was willing to pay for personal coverage in the interim, she did not follow through on locating insurance and last time I spoke with her she still did not have an adequate number of children to receive the coverage; neither had she purchased her own. This provider was the only one who mentioned health insurance concerns.

According to the data, one way providers protect themselves is through insurance. Although there is some evidence that providers, participants, instructors and administrators are aware of this need, it does not appear to be a wide-spread discourse among many—just those who are lacking it.

In sum, in order to protect children and themselves, providers must be vigilant about their home environment: it must be clean and safe. This means they must comply with the intent of DEL expectations in addition to maintaining compliance with the WACs. One problematic area is that providers are expected to purchase new equipment as they are not allowed to repair broken equipment. With increased expectations for their businesses by Caminos, providers need to purchase additional materials than they may otherwise to support their learning and play activities. Administrators and instructors intentionally endeavor to provide support for providers
to purchase or utilize free services in the community. Additionally, providers must protect themselves and their businesses through insurance.

**Maintaining physical health**

Whereas providers need to be actively involved in creating an environment that is clean and safe, another category in the theme of Protect is that if maintaining physical health. It is through healthy habits and eating well that providers can enable children to supply nutrients to their growing bodies and fight off infection. The data codes included in this section are: *cooking, serving, planning, schedule,* and *healthy habits/hygiene* and they are divided into two sections. The first is good food and healthy bodies and the second is hygienic and healthy habits.

*Good food for healthy bodies.*

Perhaps it is because many small children eat “un poquito cada ratito como un pajarito” (a little bit every little bit like a little bitty bird) that the data revealed that a big part in the day of a provider is preparing meals and snacks and feeding the children in their care. All eight of my interview participants talked about food preparation. Most providers participate in the Child and Adult Food Care Program, although not one provider that I asked could tell me the name of the contracted nutrition organization she uses so that I could triangulate the data more specifically. This section will focus on food, learning to cook, meal patterns, nutrition, and what providers need to know to provide CAFCP-approved meals (reimbursement procedures will be addressed in the theme of Manage).

As stated previously, all my interview participants talked about food and food preparation, some more extensively than others. Perhaps this is because they spend so much of
their day thinking about, preparing, eating, and serving food. Food is also a favorite topic during evening classes. Providers discuss the recipes for dishes they have brought to serve as well as traditional food preparation that their mothers or grandmothers may have cooked in their previous countries. One example of a food conversation was the night providers discussed the bean or seed pods that the older generations had dried in the sun, ground, and used like coffee beans to make a beverage. A few of the providers had similar recollections, although nobody could remember the name of the particular bean or seed pod. In this way, providers reveal a need to reconnect with their past, specifically their food cultures.

During the daytime, however, providers are required to serve children nutritious meals and snacks to protect their bodies, keeping them strong and healthy. Although it is argued that healthy food can be prepared without cooking (e.g. “raw food” diets), food knowledge and cooking is a literacy that most providers both use and need on a daily basis. At least three women described how they learned to cook that did not include their mothers teaching them. Dahlia especially has earned the reputation as an excellent cook and she loves talking about cooking and food. First of all, she sees it as her cultural duty to be a good cook, “Mmm. Pues desde hace mucho tiempo de que soy de [nombre del país] y es el costumbre uno tiene que saber cocinar y se enseña uno” (Mmm. Well, since a long time ago I’m from [name of country] and it is our custom that one has to know how to cook and they teach you). Although her overarching cultural understanding is that they (traditionally the mother) have to teach you to cook, her personal story does not follow that idea and neither does it fit for other people as she matter-of-factly says “mucha gente no lo saben [a cocinar]” (a lot of people don’t know [how to cook]).
She tells the story of basically teaching herself how to cook (yet another example of a provider who has overcome) and she is proud of this fact.

Dahlia learned to cook when she was young. She says, “Pues bien joven porque me casé bien joven, de quince años. Desde 15 años a los 16 años tuve mi primer hijo, espérame un poquito. Y pues, tenía que aprender. Ya con un hijo y cuando estaba jovencita, tenía que aprender. (Well, very young because I got married really young, when I was 15 years old. I had my first child between my 15th and 16th year, excuse me a moment. And well, I had to learn. Already with a child and when I was really young, I had to learn). Perhaps a bit unusual, she and her partner never lived with family; they “siempre, siempre estuvimos aparte” (always, always lived separately). So she did not have a choice and says, "tenía que aprender. Tenía que aprender [a cocinar]" (I had to learn. I had to learn [to cook]). Her mother did not help her, either:

“como yo me fui con él mi mama estaba molesta y no me hablaba hasta los cinco, seis meses porque estaba enojada porque yo me salí de la casa y me fui con él. Jajaja. Y este, no, pues, no nadie me decía. Yo preguntaba a veces a una señora porque ella sabía de los pollos y le quito la pechuga y hacen albóndigas de la carne de la pechuga pero yo no tenía ni idea de ¿cómo se iba a hacer? Pues, yo no más vi cuando mi mama las hacía y, y comíamos y a ella no me fijaba con lo que estaba haciendo. Entonces la vecina de una amiga yo le pregunté que como hacía las albóndigas. Y ya me dijo y ya me quédéle un ‘oh!’ Si me ve, no, hubiera puesto yo sola no sabía cómo los hubiera hecho porque no tenía, no sabía que tenía que picar la, la pechuga, y ponerle poquita masa, jijomate, y
As a young girl with a partner and a child, Dahlia learned to cook out of necessity. At times she asked people how they did things, but she spent a lot of time inventing recipes, practicing, adjusting and learning by trial and error as she laughs at the memory of “munchos [sic]” (many) dishes that failed. If she happened on a successful dish that her partner liked, she cooked the same thing over and over and over again, “hasta que estaba enfadada con lo mismo. Así fui aprendiendo.” (until he was fed up with the same thing. That’s how I was learning). If she gets a new recipe from the television or makes bread, she will use measuring spoons and cups, but most of her recipes she knows by memory. Dahlia has developed her cooking ability and delicious recipes now to the point that,
“a veces hasta mi mama me habla para preguntarme, ‘¿Cómo hiciste?’ Como en la sopa de arroz a veces la hago blanca normal lo pongo el consomé del pollo, del Maggi, y le pongo brócoli y chile marrón picado y queda blanca y con el brócoli y en chile marrón y dice mi papa, ‘tiene tu mama [la receta] hacer la sopa porque está bien buena.’ Ya la diga a mama (esta riéndose) ya no sé.

sometimes even my mother talks to me and asks, ‘How did you make that?’ Like the rice sometimes I make it white like normal I add chicken broth, Maggi (a seasoning), and I add broccoli and chopped red chili and it stays white and with the broccoli and red chili and my dad says, ‘does your mom have [the recipe] to make this rice because it’s really good.’ I already told her (she’s laughing), I don’t know anymore.

For a provider who cooks three meals a day and also provides snacks to children, knowing how to cook is indispensible.

Dahlia is not the only provider who learned to cook on her own. Lirio says that she did not learn to cook at home because, “la mujer tenía que estar en casa; nunca nos pusieron a nosotros a cocinar” (the woman always had to be in the house; they never had us cook). Instead, she began learning to cook when she was 22 years old out of necessity, "cocinaba o moriría" (I cooked or I would die) and she is still learning to cook. She mentioned that she often serves the children food that is easy to prepare like frozen waffles, eggs, and cheese and when she cares for bigger children will occasionally prepare them a meal like chicken and rice.

Some providers learned basic skills when they were young girls by mostly watching their mothers and helping on rare occasions. One example is Narciso helping her mother make tamales for the holidays: “Ella dice que participáramos…en tiempos de cuando hacemos muchos
tamales o esto, pues, lava las hojas…” (She said we will participate…when we made a lot of
tamales or something, well, wash the corn husks…). Instead of just watching, Narciso’s mother
began to have her help with small steps. Plumeria, on the other hand, learned from her sister:
“…cuando me fui a vivir con ella porque me iba a casar, yo me, yo me fijaba como ella cocinaba
y allí aprendí.” (when I went to live with her because I was going to get married, I, I paid
attention to how she cooked and I learned there). Although some of the providers learned to
cook by watching and participating with their mothers in the kitchen, one learned from her sister,
and a few taught themselves to cook out of necessity, some providers continue learning how to
cook. Warming up corn dogs in the oven is much simpler than making meatballs from scratch
(after having plucked a chicken) like Dahlia learned to do. The point is cooking is a literacy that
providers have learned to varying degrees and their ability influences the types of meals they are
able to serve children.

The providers continue to learn and add new dishes and recipes to their repertoire, and
not all women experiment and invent their own recipes like Dahlia. Some get recipes from
magazines at the clinic office, one mentioned getting new recipes from marketing brochures,
some take notes while watching cooking shows on television and many talk to their colleagues
during class. Pensamiento’s partner likes to eat shrimp and he is teaching her how to make them.
He also does not like to eat greasy or really spicy food so she is learning to adjust her cooking to
accommodate his preferences. When asked what she still wanted to learn, Lirio said how to cook
national dishes from her home country, for example, how to cook shrimp. She also wants to
learn to cook pasta and other international dishes. All my interview participants have learned to
cook, although I did meet one provider, however, who claims she does not know how to cook. I
had tried to relate the fractions she was studying to real life and suggested she could practice while she is cooking with the measuring cups and spoons. To my surprise, she said she does not cook, that her partner does it all! Most of the women continue to cook and continue to learn more about cooking by accessing various sources of information for additional recipes and techniques.

While many participants continue to learn how to cook independently, various training is offered to providers about nutrition in efforts to ensure they provide nourishing meals to children. To participate in CAFCP, providers must go to their required trainings and learn about nutrition and the rules of preparing and serving meals for children. The federal government requires that the providers receive training on: civil rights, CAFCP meal patterns, claim submission, meal counts, record keeping, and reimbursement process. Additionally, the Office of Superintendent of Public Instruction (OSPI) requires that providers receive training on: transfer policy, corrective action policy, serious deficiency process, appeal process, and record retention policy (Dorn, 2009). They receive this training from their chosen nutrition provider. I address many aspects of this training here, while items pertaining to the business aspect of CAFCP nutrition programs will be addressed in the theme of Manage. To my knowledge, nutrition programs service providers do not provide cooking lessons and Caminos staff has made note of this need. One instructor had wanted to focus a STARS lesson on cooking, but it was cancelled.

Providers report that the trainings from their service providers are informative. Lirio says she is “aprendiendo bastante” (learning so much) about food and nutrition and she has a food pyramid displayed on her wall. Most of the providers that talked about nutrition said they had
not known about nutrition prior to taking the classes and now talk knowledgably about serving
children a variety of healthy foods from different food groups. Nutrition programs print up
approved menus that providers can choose from to ensure that the meals are healthy and that they
can get reimbursed. The local administrator said that five years ago they looked at what the
providers were serving consistently and revamped the “master menu” of meals to include items
like ceviche (a Mexican shrimp salsa salad) and pizza so that it would be culturally relevant to
local populations. They provide copies of the Guía de Alimentos Acreditados para Crédito para
Hogares de Cuidado Diurno, Centros de Cuidado Infantil, y Centros de Cuidado diurno Para
Adultos Participando en el Programa de Alimentos para Centros de Cuidado Diurno de Niños y
Adultos (known as the Credible Food Guide distributed by CAFCP). This guide contains food
items divided into Grains/Bread, Fruits and Vegetables, Meat and Meat Substitutes, Milk, and
Feeding Infants. In addition to listing food items, saying whether items are credible (for
reimbursement), and providing nutritional information, the guide also includes information on
specific portion sizes for children who are one to five years old and six and older. For providers
to give this correct portion size, they must be able to read and to use measuring cups, or
otherwise know how to serve the required amount. Additionally, there might be some conflict
about portion size because sometimes children want and eat more than the recommended portion
size according to Narciso. She complained that: "Algunas veces alcance y a veces no porque
como hay niños que comen mucho" (sometimes it’s enough and sometimes no because, you
know, there are kids who eat a lot). In cases where children eat more than the recommended
portion size the reimbursement is meant to cover, providers eat it, in a manner of speaking,
meaning they must pay for the extra food out-of-pocket.
It is in providers’ best interests to purchase inexpensive food so that they do not spend more than the reimbursement allotment. An instructor told me that she gives the suggestion to providers to look at the sale ads on Wednesday and plan the next week’s meals accordingly. I worked with a provider one evening on the section of her studies that included nutrition. We talked about the different food groups in the picture. She flipped back to the previous page and started telling me the answers that she completed already. One of the prompts was how to decide which different foods to eat. She replied that she looked for what was on special; the point of the lesson was to choose food based on its nutritional value and create balanced and healthy meals. I asked her, “If there is a good sale on cereal do you eat cereal all week then?” She laughed and said no. She said she tried to find some meat that is on sale and other food groups on sale.

Orquídea also plans her menus in advance and thinks about "...qué voy a ocupar entre la semana. Ya seguía planeando este día lo que voy a dar mañana" (...what I’m going to need in the coming week. I was already planning today what I’m going to feed them tomorrow). Some providers appear to have taken the instructor’s advice or are already very literate in sale shopping; either way it appears that some providers make their choices about what to feed children based on cost. The point is that providers are not only concerned about the nutritional value of food when they plan menus and purchase food for children. Although two providers appeared to balance the dual goals of purchasing nutritious and inexpensive food, it is unknown if other providers sacrifice nutrition to save money or conversely, to prioritize nutrition over their bottom line.

Where providers have flexibility in how they plan their meals, all providers participating in the CAFCP program are required to follow identical serving procedures. First, they must
serve a full meal at certain times during the day. Second, providers are also required to “encourage” or motivate the child one time to eat, as opposed to requiring them to eat everything they have been served or allowing them to not eat anything at all. One instructor gave me an example of how providers might motivate children to eat, “Put a little bit of salt, it’s green. You can let them know, broccoli, it’s good for you.” This instructor also related the following story to illustrate the effectiveness of the regulations: There was a provider who knew a child did not like bread, so she would not serve it on his plate like she did with the other children. The instructor informed her that for it to be considered a credible meal, she had to serve all components of the meal at the same time, even if the child did not like it, and provide one statement of encouragement. She did, and on this particular day, the child, to the provider’s surprise, ate the bread. In addition to serving the meal at the required time and providing children encouragement to eat, some providers chose to make food appear more attractive to children. Dahlia has learned to grind up tomatoes and onions so that children cannot detect them or reject them due to texture. She also has learned not to ask children if they want to eat something or not. She says she just gives it to them so that they can try it. In order for providers to meet CAFCP regulations, they must follow serving procedures. These topics are taught during CAFCP trainings and reinforced during home visits by instructors.

Another topic that has been covered in training by a local nutrition program according to an administrator is feeding infants because it is such special area of concern. Many providers fail to report infant meals (i.e. milk), which causes them to potentially lose up to $111.76 per month in reimbursement. In addition to reporting infant meals, the training also gave more in-depth information about what an administrator calls “baby crack,” because commercial baby
food is often produced with so much sugar, especially bananas, that it is not healthy for children. Providers are not allowed to serve the “baby crack” when sugar is labeled as the first ingredient. Additionally, they cannot serve jars of "mixed" food like chicken and rice because the proportions of food are not listed; neither can they serve any baby food with water as the first ingredient. At first glance, it appears that perhaps providers do not really need to know so much about nutrition. It seems that their main responsibility is to follow the rules and procedures, preparing and serving pre-approved meals according to the guidelines. This is not true.

Despite the training that providers receive regarding nutrition and the rules for participating in the CAFCP program, the comments from parents indicate a need for additional nutrition training for some. According to the parent surveys, one parent wanted to know about meal times and when their child was fed (despite the rule that providers must inform parents of their serving schedule). Other parents wanted to know about specific food items. One parent wanted to know why the child could not be fed tortillas. Tortillas are allowed according to the local master menu I reviewed, although service providers in the state have different menus. Perhaps this provider used a different menu that did not allow tortillas, did not know tortillas were allowed, or preferred to give the child other food options. Another food item question asked by a parent was, "why quick meals and not nutritious meals? For example; they give htem [sic] corndogs and lots of other things" (as translated by Caminos). Corn dogs are allowed, although no more than once a week, and according to the Credible Food Guide, only if corn is the main ingredient by weight. Other foods are also allowed on a limited basis such as fried chicken and granola. Donuts are allowed, but only for breakfast and snack. The Credible Food Guide mentions that donuts should be limited due to their high content of fat and sugar, but the
rules do not require that providers do so. There are plenty of allowable [processed] food items that some parents might prefer their children not to have, and others of less nutritious value that could be described as quick meals or snacks, that providers with limited cooking skills might be inclined to use. Additionally, although providers are required to give servings of fruit and vegetables and grains, canned fruit cocktail, which is often packed in sugary syrup, counts equally to fresh fruit as do white bread to whole wheat bread. The point is that the parent expressed an opinion for their child to not eat fast, processed and packaged foods, but instead, more nutritious food that perhaps used more natural ingredients and needed to be prepared at home, from scratch. Although the Credible Food Guide provides choices that are nutritious, some are more nutritious than others. It is unknown if providers distinguish between the food choices that are allowed, selecting the more healthy choices for children in efforts to ensure that children receive the necessary nutrients for optimal development.

In analyzing the parent food concerns presented here, I consulted three documents: the Minute Menu (local), the Master Menu (local) and the Credible Food Guide (federal). For providers to be able to follow the rules and know how to serve credible meals, they either must remember pages of information, serve the same thing all the time, have a reliable informant, or they must be able to read and locate information in a chart format like I did. To serve the correct portion size, they also must be able to cross-reference information. In addition, to know extra information about a particular food item, providers must be able to notice the symbol and read the footnote below where it provides this extra information. For example, donuts have special symbols on them, indicating in the footnote that they are only allowed to be served for breakfast or snack. They are labeled as bread/grain type D and E. One must then turn to the charts at the
beginning of the chapter, distinguish between the types of donuts, and learn the appropriate
serving size: children six and older can eat one donut while children one to five years can be
given ½ donut. As I have shown, even if providers follow the food guide, they still need to know
and understand about good nutrition so that they can apply that information and make better
choices for children.

Food is an important component in the lives of providers that help protect children, help
them grow, and defends them from sickness. Understanding how to plan, cook, and serve
nutritious meals is a critical need for providers—not only to support the children, but also to
meet CACFP requirements.

*Hygenic and healthy habits.*

In addition to providers knowing how to protect children by giving them foods to help
their developing bodies, they also need to teach children to use healthy habits. The data reveals
various attitudes about health by parents and providers regarding sickness. There is some
evidence that some providers do understand how to help children be healthy. For example, Bravo
and Pensamiento have the children use hand washing procedures on a regular basis. While these
actions may indicate some understanding about germ transmission and healthy practices, another
provider acts in such a way that one questions her knowledge and ability to protect children from
sickness. One instructor that visited this provider’s home and reported the following
observations: 1) a sick child having access to the children and the toys—not isolating the child
from others; 2) using a blanket instead of disposable tissues to wipe a child's nose; 3) throwing a
dirty tissue into the playpen, contaminating other surfaces; 4) not washing hands or diaper bag.
Instead of discouraging the spread of germs, this provider appears to be inviting sickness. While
providers display various behaviors in preventing child sickness, parents also show varying levels of understanding of how to protect children from illness. According to the parent survey, some parents expressed that they did not understand why they could not bring sick children to child care. The same survey revealed that other parents did understand germ transmission as they asked why providers do not protect children from other children when they are sick. Whether or not parents and providers understand how germs spread, their actions have an ability to protect children from sickness if they make choices that decrease germ transmission. As stated previously, instructors have found increased compliance when providers understand why they are being asked to do something. In this case, perhaps some providers could use additional training in healthy habits to help them understand how their actions could decrease germ transmission and protect children (and themselves) from sickness.

One way providers could decrease germ transmission is to follow the procedures in their parent plans. While all providers are required to have an approved business plan by the state, some providers may have official procedures in place that they do not seem to enforce. Narciso explained to me her way of deciding whether or not she allows sick children to attend her child care facility: “No. Permito no. Pero si [un niño] está un poco enferm…pues sea todo tiene todos están a punto apenas comenzando pues sí” (No. Not permitted. But if [a child] is a little sick…well if all of them are just starting, yes.) Although sick children are officially not permitted, Narciso seems to have a scale of severity of illness and it appears that she does allow sick children in her home at times. She seems to be making choices that do not help protect children and keep them healthy (although one questions what would happen to the children if
they did not stay with the child care provider, as it is not unheard of for children of agricultural workers to accompany parents in the fields).

While providers must protect children from the spread of germs, another part of a provider’s job is to help ensure that children stay current on their vaccines in order to help protect their health. Some parents do not understand the importance of vaccines and in the parent survey they asked why providers needed to have this information. If providers only know they are required by law to keep a record and do not understand about vaccines, for example how they help protect children’s health or why they need to keep track, then they have a hard time being a resource for parents as well as making an effort to get the information.

Providers are also in charge of teaching other healthy habits as revealed by Caminos expectations (it is part of the FCCERS evaluation) and the parent survey. At least one parent indicated that they wanted providers to teach healthy habits and routines for getting ready for school. For children who arrive at their providers’ house in the early mornings asleep, that especially makes sense as the children are most likely still in their pajamas. For example, Narciso mentioned receiving children in the early hours and bathing them in the morning before sending them to school. For the children who arrive later in the morning, it appears that it makes less sense. Orquídea expressed her frustration that some parents expect her to do everything:

“A veces te tocan papas y no te entienden, o quieren que todo que hagas por sus hijos, ¿verdad? Más que la cuenta que lo que estás haciendo. Y, y, como tú sabes para uno es difícil, verdad, porque tienes que… tienes que dales de comer, tienes que asearlos, tienes que lavarse los dientes y luego tienes que limpiar tu hogar. Entonces, yo creo que es un poco difícil, ¿verdad?”
Sometimes you get parents that, they don’t understand you, or they want you to do everything for their children, right? More than is required than you are already doing. And, and, you know that it’s difficult, right, because you have to...you have to feed them, you have to make them look pretty, you have to brush their teeth and later you have to clean your house. So, I believe that it’s a bit difficult, right?

It seems like perhaps there might be a difference in understanding between what is the responsibility of providers to do and teach versus what is the responsibility of the parent. This indicates a need for increased communication between parents and providers regarding roles and responsibilities regarding health literacy.

There are some curricular supports available, both formal and flexible, that providers can access at different points in their program to help them increase their health literacy and protect children and themselves. In teaching healthy habits, the College brings in a registered nurse to answer participant questions. According to the instructor, the participants really take advantage of the opportunity and apparently ask any and all medical questions they have ever wondered about. This is in contrast to the opinions expressed during class one night at Phase 1 when the conversation revolved around doctor fraud and distrust of the U.S. health care system. Providers agreed that doctors wanted to make money and not provide them with good care as patients are required to first see (and pay for) a primary doctor who does not help them, but instead refers them to another doctor—a doctor/specialist that the patient wanted to see in the first place. So while some providers show some avoidance of health knowledge and intervention available from medical personnel, bringing a nurse into the classroom appeared to have been an effective strategy to help increase provider health knowledge.
The college curriculum itself does not address germ transmission in a scientific way—how germs spread—but instead it provides lists of what providers can do to maintain a clean home and hygienic procedures for children like washing hands and brushing teeth. Another opportunity for providers to learn about healthy habits occurred at the 2009 School-Age Child Care Conference. For providers who chose to attend, they had the option of attending sessions on both oral health as well as gain a better understanding of the benefits of vaccination and which diseases vaccination could prevent. Providers that study in primaria had opportunities to increase their health literacy as they are required to study *Vivamos Mejor* (Let’s Live Better). This module addresses healthy habits such as hand washing and how the body works. The last piece of curriculum to mention was a STARs training on diapering, which provided specific procedures to limit the spread of germs. In other words, providers have many opportunities to increase their health literacy.

In sum, providers receive some curricular support for protecting children through maintaining their physical health as it pertains to nutrition and hygiene. While there are many curricular supports in place that address health literacy, some of these lessons are better than others, especially at helping providers to understand “why” certain behaviors might promote health more than others. Providers also have opportunities to protect children by serving them healthy and nutritious meals and most providers receive nutrition training and the providers I spoke with reported they had learned a lot. Cooking is not a literacy that has been directly supported, although providers informally teach each other through their conversations around food and recipies.
Maintaining mental and emotional health

The fourth section to fall under the theme of Protect according to the data is that of maintaining mental and emotional health as indicated by the codes of interaction and stress relief. During one of my interviews, Dahlia watched two toddlers. One was her daughter and the other was a little boy. Although during some of the visit they played happily and the boy slept for awhile toward the end, during much of the visit the children were playing noisily and literally screaming at times. Many sections of the interview transcription are washed out due to the noise. She gave them instructions; they did not follow directions. Dahlia told me that she has high blood pressure and it seems the stress of watching the children contributes to her current condition. Based on her comments and my limited observation, it seems she has yet to learn skills to manage the children’s behavior. It is taking a toll on her health. In order for providers to protect their own mental and emotional health and that of the children, it is important that they have positive interactions with children and know how to reduce stress. These topics are the focus of this section.

Providers develop their own interaction patterns with children. One provider described her job (and consequent interaction with children) on two levels, “Hacerla de maestra; hacerla de mamá” (to be a teacher; to be a mother). On one hand, she knows that she is a professional that advances literacy. At the same time, she sees her job as nurturing and caring for the children as a mother might. While this provider aims for positive interactions with children on two levels, some instructors have noticed less than positive interactions between providers and children. It is because of these interactions that one instructor found it necessary to include interaction styles during a training to help providers understand what kind of communication might be appropriate.
with children. She gave examples of provider-to-child interaction that she disapproved of—what appear to be insults, scare tactics, lies, and name calling. Examples provided were: “voy a poner una inyección”; “te voy a dar al cucui”; “el negro”; “el gordo” and “el panzón” (I’m going to give [you] an injection, I’m going to give you to the border police, black one, fat one, chubby). This instructor said it was common for some providers to interact with children in these negative ways in order to make the children behave as they wished. Instead, she explained to tell them positive things about how intelligent and “supermaravilloso” (super marvelous) they are. Learning to speak appropriately to children can help to protect their emotional health.

Two providers attempted to use external motivation techniques to encourage positive interactions and behavior from children. At the beginning of our interview, Plumeria said to a child, “quieres un candy?” (do you want a candy?) to encourage a certain behavior. Orquídea tried to keep one child on task by offering him a sticker for tending to his practice sheet of alphabet letters. When she brought up this sticker again later in the interview I asked the child what a sticker meant. “Nada” (nothing) he said. She asked if it meant he was doing a good or bad job. He does not appear to be motivated by stickers, despite her attempts to use them to encourage certain behaviors.

A third example of interactions between children and providers was how one provider learned to ease a difficult bed time. This provider used to have a really hard time putting one of the children in her care to sleep. She once commented to an instructor that now she now read to the child to “help him get sleepy.” As a newer reader that had just begun to improve her competencies in this area, the provider also experienced success in her new interaction strategy with this particular child. Whereas the intent of that particular training had aimed at the
importance of reading out loud to children as a means to improve their literacy, this provider had found success in adapting the behavior of the child. She turned this difficult time into a healthy, positive interaction with the child, an interaction that now serves to protect them both.

The previous example suggests that one way providers can reduce their stress is to learn behavior management of children. A chapter of the curriculum at the College dedicates itself to positive manners to strengthen the social and emotional growth of children. In this chapter, providers consider the following questions:

1) What type of people do we wish the children to become?
2) How do you direct development to encourage the inner strength of children?
3) How do you manage development difficulties?

It is through these sections of the chapter that providers learn how to protect children and encourage their social and emotional health in ways such as: recognizing cultural differences, developing self-esteem and self-control, setting limits, appropriate consequences, social skills, teaching cooperation, behavior contracts, problem solving, common behaviors, and undesirable behaviors (temper tantrums, biting, hitting, and inappropriate language). Evidence reveals that at least one provider found the training on this topic valuable. She commented on her class evaluation that she had, "…noticed a positive change in the atmosphere in my home. It’s much less stress full [sic] for me because I’ve learned more about children’s behavior and at the same time how to manage the different behaviors" (as translated by the College).

The importance of managing children’s behavior cannot be understated and those at the College get exposure to this training while those in Phase 1 do not. Phase 1 students, however,
can study the MEVyT primaria module, *The Education of our Boys and Girls* and attend STARS trainings. It does not review behavior management. Additionally, I did not find evidence that any STARS training directly addressed behavior management, although there was training about language development. This training might contribute to more positive interactions between children and providers, although indirectly. As children become more competent at expressing themselves, it is possible that more improved communication might contribute to less stressful interactions between providers and children. It is clear that providers like Dahlia might benefit from training about behavior management and improving their interactions with children to protect their health and the health of the children.

While some providers have received training that addresses behavior management, some providers find other ways to relieve their stress and maintain their mental and emotional health. Health professionals often recommend eating healthy foods and exercising as a way to maintain health and relieve stress. The data reveals that one instructor told participants about an aerobics class that she attended. Outside of that, providers or administrators did not talk about the importance of exercise. I did not see any evidence that exercise is an intentional part of their lives.

Although exercise may not contribute to reduced stress for many providers, attending classes seemed to fill that need. One provider repeatedly mentioned how being in class with other women was “therapy” for her. On one occasion this provider said she liked coming to Caminos because no matter what was going on at home, when she got to class she could just forget about it. She said whether you fight with your spouse, or everything is a filthy dirty mess and there is laundry to do and there are chores to do, you can leave it behind—and she does. She
comes to class and forgets about it for a bit. “But then it hits me when I get back home,” she said. On another occasion she observed how fast class had gone by and that she had not gotten much work done. “Everybody has a story to tell,” she said. She laughed and again said “therapy” in English. Attending classes with colleagues reduces the stress of some providers and acts as a protective factor for mental and emotional health.

One night a provider brought a doll to class that made everybody laugh away their stress and forget their worries. This provider furtively showed her doll to the other women one or two at a time, as to not let the male tutor see it. Upon seeing this doll, each provider burst out laughing and the women who had already seen it laughed anew, tears coming to their eyes. The innocent looking hand-made doll had been crafted of cloth, had furry orange hair, and was clad in a doll-sized sports coat that went down to the ankles. Upon unbuttoning the coat, however, a surprise waited: no shirt or pants and instead, a pointy cone and two spheres, resting amidst bright orange fur. The anatomically-endowed doll had been found at a “yarda” (yard sale) recently and the provider brought it for an impromptu show-and-tell session to the amusement of the other women. This is but one example of the interaction among the providers during class, which is often full of laughter. One provider reported, "...school helps me take away my stress, right? I go and my friends are there, I learn and I see other faces outside of my house cause I am a person that didn’t leave the home..." Outside of this quote, I did not hear providers talk about reducing their stress with those words, but week after week I saw the women come together, share their stories, and laugh away their stress. The point is that providers need to protect their mental and emotional health through stress reduction and Caminos appears to be meeting that need for many providers who attend on a regular basis.
The data revealed that another way some providers appear to protect their mental and emotional health is through religious practices and church activity. Conversations with some providers are sprinkled with “gracias a Dios” (thank God) and “si Dios quiere” (God willing). As mentioned previously, one provider prefers to listen to Christian music because of “como que da paz” (how it gives peace) while another provider encouraged her colleague to accept and receive forgiveness to feel better. Dahlia talked to me about the religious training of her children; she valued their efforts to memorize and recite the prayers. She said, “lo llevamos para confesar” (we take him to confess). Many of the providers regularly attend services and only five providers came to class on Ash Wednesday (and some of those left early to attend services at their churches. The instructor said had she realized it, she would have cancelled class.) Providers participate in Catholic, Seventh Day Adventist, Mormon, and Jehovah’s Witness practices and maybe more. Some providers are so committed to their religious activities that they have been unable to adhere to Phase 2 attendance policies. In the face of what appear to be permanent scheduling conflicts, a few providers have prioritized religious activities over their literacy training and no longer attend Caminos. Administrators are aware of this conflict, have discussed it, but have done nothing to accommodate these providers. One mentioned that the program is an experience that providers should take advantage of since it might not always be around. This conflict illustrates a gap in the curriculum that affects more than just those that practice religion, however, as other providers fall into a gap between Phase 1 and Phase 2 for a different reason. Providers finish Phase 1 at any time during the year but are only able to enter Phase 2 in the fall. In other words, there is no formal curriculum for providers that fall in the gap between Phase 1 and Phase 2 whether or not they find themselves in the gap for protecting their
mental and emotional health by their commitments to religious practices or less than ideal timing.

While some providers show both a need and capacity to maintain their own mental and emotional health, data reveals that administrators did not speak about the mental or emotional health of providers in the ways described. The state, however, recognizes its importance. The Draft Vision, Principles, Outcomes and Strategies for Statewide Early Learning Plan reflects a desire to provide services that are, “accessible, appropriate and coordinated” for supporting the mental health of children, parents, providers, and school staff. When providers do not know how to manage children among other things, the stress of life can take a toll, and in turn, potentially affect the interactions between provider and children in less than positive ways.

Conclusion

The second theme revealed in the data was that of Protect. This section described providers’ attempts, successes, and failures to protect themselves, their businesses, and the children in their care through various means. Many of the providers do not display an ability to learn and understand the WACs (written in English) through traditional literacies and must rely on alternative methods to achieve compliance and protect children. Some providers display multiple literacies in accessing the information they need on a day-to-day basis, while others are not able to successfully identify reliable sources of information. Another repeated issue is that of providers learning and applying discrete pieces of information with varying levels of success versus developing their observation, critical thinking, and problem solving skills. Providers can attempt to follow individual WACs, for example, or deduce the intent of the law and apply it to multiple situations to proactively protect children on an ongoing basis. This idea carries over
into other areas like health literacy as providers learn to understand germ transmission or the value of certain foods, vitamins, and minerals to protect and fuel child growth and development. Providers participate in various practices to protect their mental and emotional health and that of the children. Some laugh in class (therapy), some participate in religious activities, and some learn to manage the behavior of children. In sum, there is a need for providers to understand “why” they are required or requested to take certain actions as well as to arrive at a “how” in order to intentionally take specifically determined actions that proactively protect children, themselves, and their businesses.

Teach

The third theme to be revealed by the data is that of Teach. Although many items that providers model and teach to children have already been discussed (like teaching healthy habits and nutrition), this category further expands on the theme of teaching children. First, the FCCERS rating scale is discussed as it provides the framework within which Caminos staff operates. Then four specific codes are discussed, including creating the learning environment, constructing and displaying a schedule, activities on that schedule, and knowing about children and development.

Family Child and Environment Rating Scale, revised (FCCERS-R)

The theme of Teach must be prefaced by talking about the FCCERS due to its heavy influence on the way that Caminos staff think about, discuss, and make programming decisions about providers’ needs. The FCCERS was selected by the major funder as the main tool for evaluation. The intent is to show the increase in the quality of care that providers are offering children, evidence that the providers are achieving one of the main goals of the Caminos
program. When the term “quality of care” is discussed by Caminos staff, they do not mean care as described by the WACs. In fact, the common view is that while the WACs work to make sure the home is safe, the FCCERS is the basis for showing the quality of care. The FCCERS categories are: space and furnishings, personal care routines, listening and talking, activities, interaction, program structure, and parents and providers. When Caminos instructors do home visits, they are asked by administrators to frame their conversations, improvements, and reports around the FCCERS categories; therefore, these categories are identical to one section of the home visit form. Most of the FCCERS categories matched one instructor’s description of these categories on the form with the exception of “listening and talking.” This instructor explained to me that she had recorded time spent listening and talking with the provider as “listening and talking” whereas the FCCERS focuses on helping children understand and use language, including the use of books. Many of the FCCERS category and sub-categories ended up as study codes and have been discussed previously, such as interaction and personal care routines (meals/snacks, health practices, safety practices). An important component on the FCCERS involves creating the learning environment, discussed now.

Creating the teaching and learning environment

One provider created an environment to facilitate teaching in her home, stimulating the learning and development of the children in her care as revealed in the photographs she shared with me. She said she had had the same group of children for two years already and the appearance of her house was clean, bright, and organized. It had a big window with natural light illuminating the room. The walls had age-appropriate displays of letters, numbers, and pictures on them (at the eye level of the children). The provider organized the toys and games inside
stacked cubes, accessible to children. Quite a few of her photographs showed children playing with foam alphabet blocks; they had spelled their names and were standing on the blocks, as if they were playing an alphabet game. In another photograph the children laid comfortably on the rug, reading books individually. Two girls were lying on a big stuffed dog in opposite directions reading books. There were also pictures of the children playing in a large sandbox that had various toys children could use to dig, carry, shape, and otherwise arrange the sand. Another photograph showed the children blowing bubbles as big as their heads. The provider mentioned the children noticed the rainbow colors on the bubble. This provider appeared to create an environment that supported her teaching and the children’s development and learning.

Although the previous home environment description that promoted teaching and learning was generated through observations of photographs, instructors made visits to the homes of program providers to monitor their teaching and learning environments. The home visit forms generated by Caminos staff have been discussed previously in the context of time spent to provide emotional support for providers and in instructor/provider created goals. Although it has already been established that the FCCERS categories did not draw the bulk of the instructors’ attention according to the home visit data, Figure 4 reports which areas of the FCCERS received the most curricular support by instructors.
A combination of the analysis of time spent discussing different areas of the FCCERS in combination with the specified goals reveal providers’ learning environment and teaching needs according to instructors. The total time recorded for on this section of the home visit form was 1335 minutes. Of that time, “Listening and talking” received the most minutes (380), although as described previously, the validity of this measure is questioned due to interpretation of the category. “Space and furnishings” and “program structure” ranked second and third with 290 and 280 minutes respectively. In other words, that data reveal that instructors emphasized the learning environment and program structure over learning activities during their home visits. Further evidence of the emphasis placed on the learning environment and program structure is revealed by an analysis of the “goal” section of the form. The follow comments were repeated over and over again:

- "Bring down children’s activities like letters, calendar, colors, and numbers to children’s eye level."
• Display children’s’ work
• Make/Hang/Follow schedule
• Organize areas

It appears that instructors were pressing providers to make concrete steps toward improving their quality of care in very tangible ways.

Often, these instructor-initiated goals to improve teaching through the learning environment seemed to include advancing traditional literacies by hanging up alphabets, numbers, and colors on the walls as I saw in some of the homes that I visited. Other times, the changes involve moving furniture and reorganizing the space. Some providers readily make these changes while other providers show resistance or lack of follow through to make any modifications to their homes. One instructor mentioned that a provider excitedly received her suggestions, but then made no changes. She did not know if this provider was simply being polite, really wanted to make the changes and then did not for some reason. She suspected that her partner had changed her mind or did not permit her to make the suggested changes. Later we discovered that this provider did not make any changes to improve the teaching and learning environment in her facility as suggested because the licensor had approved the space and the provider did not want to risk getting compliance violations for new changes. Working with other providers, this same instructor later commented that some, "want you to chew and then swallow for them, too." In other words, providing suggestions was not enough support; she felt like to get some providers to make changes she would have to do even more for them. Although there are many possibilities why different providers may not follow the suggestions instructors offer, in many cases it is unknown why some resist or are unable to make changes. Knowing these
reasons is important in order to modify the expectations, the curriculum, and/or delivery of these suggestions.

While providers vary on their implementation of instructor suggestions, some can only lament their inability to transform their little family day care into something bigger and better in efforts to improve their teaching and learning environments. With much pride Narciso invited me into her child care “teaching” room as she emphasized its small size as well as her desire to teach. She had child-sized tables in the middle, bookshelves and toys around the circumference, and children’s work and posters covering the walls. I saw next to no empty space. She wished her daycare could be as “perfect” as the classrooms at the local elementary school, but she feels limited by the size of the space. Another provider did not see room for improvement although she was open to suggestions as she told me she was scheduled to have a visit the next day by an instructor. She understood the visit would be about her space and furnishings and she could not imagine how they could help her. She said her space was very small and there was no room as she and the children had to clean up after every activity to make space. She also said she did not have very many toys that the instructor could help her arrange. According to the FCCERS, providers generally need to offer children space for privacy, display for children, provision for relaxation and comfort, and appropriate furniture for routine care, play, and learning. Whereas some providers choose to not implement suggested changes, other providers feel limited by the realities of their (inadequate) spaces for improved teaching and learning environments.

While the data revealed that much attention has been expended in helping providers create an improved teaching and learning environment where possible, the effectiveness of these changes is unknown. Creating visual displays and hanging posters on the wall, after all, does not
guarantee that children notice them or engage with the ideas communicated through the images. Providers must also adapt their ways of working with children. In other words, in addition to hanging up visual displays at eye level, providers must also be committed to using them as teaching tools with children. It is unknown the degree to which instructors provided coaching about using wall displays in addition to teaching and encouraging providers to create the displays. One of these items hanging on the wall is a schedule, discussed next.

*Constructing and displaying a schedule.*

An item that contributes to the teaching and learning environment that is given much attention is that of constructing and displaying a schedule. According to the state providers are required to give parents a schedule of their daily routines in the parent handbook as well as post it on the wall. It is also part of the FCCERS evaluation. All of the providers I visited had schedules on the wall; all of them diverged from it during my visit. In two instances, the big laminated charts no longer reflected the schedule because the number or ages of the children had changed. In one instance, I noticed that the children were ready to transition to a new activity, and, looking at the schedule, I suggested that perhaps we could continue the interview outside since it was time for that activity according to the established routine. The provider said no, that it was not nice weather to play outside. Although according to the law providers must create and hang this schedule, they also seem to feel free to deviate from it.

Regardless of their fidelity to a schedule or routines, providers consistently talked about the following items as part of their day: meal planning and preparation (already discussed), cleaning (already discussed), transportation (coming and going of children), and activities. Bouganvilla summed up her job as a provider as follows: “Cuando cuido niños no puede uno
hacer otras cosas, nada más hacer comida, jugar con ellos” (When I care for children you can’t do other things, just make food, play with them). Although Caminos is pushing providers towards being early learning educators, a provider sees her own job in a simplified schedule: to play with children and to feed them, a routine that alternates from the morning until when the children leave. On one hand, this view of her job limits the scope of her work; on the other hand, it shows a sense of professionalism that she abstains from doing other things like watching television or talking on the telephone as she is completely engaged with the children. Simply playing with children is not enough. “Play with a purpose,” is how administrators and instructors express it. As providers construct and implement their schedules, Caminos staff and partners identify a need for providers to align their activities towards developmental goals, described next.

Activities and literacy.

All for different reasons, administrators, instructors, providers, parents, and children alike think activities for children are important. In the early days of the Caminos program one of the first changes to be made were with the televisions: "We have a lot of providers that have taken TVs out who now have schedules and who understand that they’re more than just babysitters that they are child care providers and for a lot of the children, their first teachers, so they work really hard to provide educational activities." This idea is repeated often as instructors try to encourage participants to be teachers and not babysitters. I heard it in class, at DEL orientation, at STARs classes, and from instructors and administrators. It seems if they wanted the providers to learn one thing, it would be that providers are not babysitters. “Babysitters are 13 year olds that watch children for two or three hours,” an instructor says to a group of women, trying to show them the
difference between an early learning educator and a babysitter, as she makes a distinction between a job for a teenager and a profession. Although many providers talk about children and play, the desire to have structured play, learning time, and literacy events for children prevails, and evidence, need, and desire for this training is not hard to find.

The flexible STARs curriculum often focuses on activities. The classes are currently organized in such a way that the last 15-20 minutes are dedicated to “make and take” activities, which is to say that providers often do the activity and are able to take home the finished product. The instructor organizes four or five activities and subsequent materials in advance. Sometimes these activities are for providers to complete individually and each participant can take her example home while other times the providers work in groups and make one example to share and display in the classroom. Examples of these activities include making: birdfeeders out of juice cartons; “counting boards”; ring-toss games; wind chimes out of cardboard tubes, shells, or buttons; paper airplanes; and paper puppets. As mentioned previously, providers also had a lesson on “sand and water play.” Some of the activities focus on music, art (or perhaps are more aptly called craft), science (all of which are areas of the FCCERS), and math. Some providers are showing evidence of incorporating music, art/craft, and science into their practice.

Many providers include music in their days as part of their teaching. Three providers specifically mentioned singing with children during their interviews, and Lirio often sang with the children during our interview. She said one little boy in her care loves to sing “Twinkle, Twinkle” in general, but especially when it is time for his nap to avoid sleeping. Lirio sings songs with the children that she learned as a child like “Los Pollitos” while some of them are songs she has learned since then, some of them from her daughters. Where Lirio sings simple
songs, Narciso uses technology. She buys children’s music discs at a local discount store and
one of their favorite songs is currently about a wolf in the forest that practices getting dressed.
For herself, Narciso enjoys listening to music on the internet, but has yet to adapt that strategy to
her child care. As mentioned previously, Orquídea sings in order to teach children. She gave
two specific examples—one song about cleaning and one about greetings. All three of these
providers were aware of some benefits that singing with children can provide, although at
various levels: language development, teaching (personal care) routines, and to some degree,
behavior management. Whereas music was not a point of conversation during visits with
Plumeria and Dahlia, I observed evidence of music in their facilities as children independently
selected various toy instruments and began to play music. The data revealed that many
providers include music as an available activity in their child care facilities.

The curriculum does not support music knowledge or development. That is to say that
none of the MEVyT primaria or secundaria curricular materials that I reviewed support providers
learning about the world of music. The providers I interviewed said they did not know how to
read or write music [notation], although one said she could read music, meaning the chorus and
verses of songs that are written in words. Of the providers I asked, none had learned to play an
instrument. One provider said her partner played the guitar. The MEVyT electives do not focus
on music, although there are song lyrics sprinkled here and there throughout. The College
curriculum, however, does touch on the importance and ways in which children can interact with
music: music with actions and movement, the importance of songs from other languages and
cultures, and singing. One STARS session focused on music and movement and once an
instructor made copies of a few songs for providers. Movement was integrated into the
presentation and the instructor highlighted how music and playing instruments develops coordination and balance through “el bailar, aplaudir, marchar, saltar y tambalear” (dance, clapping, marching, jumping, and swaying). So while providers have opportunities to learn about music and children, they do not have opportunities to learn develop their music literacy.

As far as teaching art is concerned, many providers express interest in learning new activities for children. However, much of what they are taught could be considered art substitutions as children do not really have creative license. Instead, children must follow directions and produce a predetermined product. One example of this distinction can be seen with many providers who give children coloring books, perhaps thinking that coloring in the lines is “art.” Another example is a provider who made paper plate turkeys with the children. She had everything prepared in advance including pre-cutting all the feathers. With her assistance, the children assembled the pieces and painted the turkey brown. Some instructors expressed disapproval of this form of “art” and instead encouraged providers to give children raw materials with which to freely create.

There seems to be some confusion surrounding creativity and art. Some administrators mention a “lack of creativity” that they think is difficult to “achieve” with providers. They do not specify if this lack of creativity is doing art specifically, thinking outside the box, or planning activities, although the surrounding evidence leads me to think the former. I have seen evidence that reveals the creativity of providers as some have demonstrated an ability to be creative in various ways. The provider mentioned previously invented the turkey project on her own as opposed to finding it in a book. Bravo made her own books and gifts. One night when an instructor taught a song, one provider smiled happily and sang along. She said that she likes to
make up her own songs to familiar tunes. Dahlia’s creativity is expressed in her cooking as she invents and adapts new recipes. The point is that for some providers there does not appear to be a lack of creativity, an attribute that is traditionally associated with art. While administrators point out a need for providers to be more creative, what is actually addressed by the STARS curriculum is not art that fosters creativity so much as craft projects. Many providers express a desire to learn and do more (prescribed) activities with children, and perhaps this is a reflection of the emphasis instructors have placed on this type of activity. I did not see evidence of instructors teaching art or how to help children create art. Not all instructors or administrators agree that this is their goal for providers because they want children engaged in art, not substitutions for art.

As far as science is concerned, I saw much less evidence as to how providers may intentionally incorporate it into their schedules. These types of activities did not come up during interviews. There is one provider, however, who talked with me during class about doing science and nature activities with the children in her care. Once she showed me photographs of her and the children working in the garden as they planted corn and beans. She had various photos of the garden and the children taken at different moments during the summer, as they watched their seedlings grow over time. The provider had learned how to garden from her father as a child. One night this same provider brought a preying mantis to class that she and the children had found in the yard. She did not know the name of the insect in Spanish or any specifics about it. I modeled an Internet search for her, finding its name in Spanish as well as some basic information about the mantis. We printed the information so she could take it home with her to read and share with the children. The next week she returned with a brown,
decapitated mantis and a heavy heart. Although she had learned that the female bites the head off its mate, she had returned the mantis to the same place in the garden. Nature had taken its course, and she somehow thought she should have prevented this death. Previously I had mentioned a provider that blew and observed bubbles with the children. Outside of the examples given here, I did not encounter other evidence for the integration of science experiences for children by other providers.

Science is not a big part of the curriculum. Some of the MEVyT modules give providers an opportunity to explore science (e.g. earth sciences, biology, and social sciences), but the College curriculum gave one example that I noticed of a science activity children can do—notice how food changes as it is cooked. Caminos recognized a need for providers to focus on science activities as evidenced by an instructor who provided a STARS training focused on science and nature. This PowerPoint presentation made science accessible by stating that the first thing providers can do is take the children onto the patio. As seen previously, one provider (and there are more) have an aversion to taking children outside in less than ideal weather. Regardless, the next slide highlighted more simple experiences providers can have with children while exposing them to nature and science in various types of weather;

“El oler una flor, tocar la hojas, ver caer la lluvia y formar charcos o lagunas por la acumulación del agua, ver volar un pájaro, mariposas, o una simple abeja, ver caminar una ardilla, un gusano, una simple hormiga, ver caer la nieve, jugar con ella, cotarla [sic], sembrar una semilla y ver crecer la planta, alimentar una mascota son actividades sencillas pero a la vez sumamente enriquecedoras para ellos, ya que todas estas son experiencias nuevas”
To smell a flower, to touch the leaves, to watch the rain fall and form puddles or lakes from the accumulation of water, to watch a bird, butterfly, or a single bee fly, to watch a squirrel walk, a worm, or a simple ant, to watch the snow fall, to play with it, cut it, to plant a seed and to see the plant grow, to feed a pet are all simple activities but at the same time extremely enriching for them, since all these are new experiences.

Providers express interest in learning new activities to do with children and there is evidence that some do include music and art into their days, although less evidence was seen regarding science and nature activities.

Math is not a focus of training, although some of the flexible STARS curriculum has supported providers in teaching math. Providers have made “counting boards” by writing the number and gluing on the corresponding amount of beans, pictures, pasta, etc. to represent the number. (I noticed during one training the final product had an error.) Providers also made a ring toss game to encourage score keeping (addition). Math projects have been limited primarily to counting and addition. Similar to science, the College curriculum provided limited activity ideas related to math: counting money, measuring quantity, and dividing food.

The materials in some provider homes appear to support more teaching and learning activities more than others. In one provider home I visited, toys accessible to children were limited to plastic toys like action figures and cars. In others, providers had blocks, kitchens with play food, and dolls. One provider mentioned playing outside with balls, swings, and sidewalk chalk. In two homes, providers had bookshelves on the walls that included games like Life, Candyland, and memory games. One provider had two battery-operated toy computers available for children to play. These computers developed literacy skills in Spanish, for example rhyming
skills and sound/letter recognition. All providers had bookshelves with children’s literature, although the quantity and quality of the books varied. In two homes the children brought out a “Lion King” book to read. In one home, the provider (incorrectly) named the unfamiliar African animals for the child in Spanish using more commonly known animal species (like elephant and horse), as the book was written in English. In the other book I noticed the illustrations, which depicted angry scenes of fighting and betrayal, corresponded poorly to the accompanying text, again in English.

While the materials in some provider homes appear to support teaching and learning activities more than others, the criteria for material selection and manners in which providers acquire their materials also varies. It appears that some providers (although not all) have selected materials for their child care facilities according to availability and price as opposed to using criteria that intentionally advance specific teaching and learning objectives. Many providers often mentioned the purchases made at a popular discount big box store, two providers acquired idea books of activities to do with children via internet shopping, while some providers gathered materials at local yard sales. The selection of materials can vary depending on the location, and quality and selection of materials acquired may be impacted as a result. In other words, providers may need to be taught to make their material selection based on criteria that advance teaching and learning objectives.

While many providers aim to engage children in more activities, parents, too, have their ideas about the importance of learning while in the care of a provider. According to the parent survey, some parents requested that providers teach their children certain things. For example, one parent wanted their provider to teach more traditional literacy skills such as numbers and the
alphabet in preparation for school. Another parent wanted their provider to teach their child manners, and another parent wanted their child to learn right and wrong. Other parent requests have been mentioned previously in other sections, like teaching personal care routines. Many parents are aware of the amount of time providers spend with children and want that time to be purposeful. Not all parents are in agreement, however, that activities and literacy development are the most important thing. One administrator, speaking as a parent, said she does not believe the focus has to be on literacy all the time. She believes that a loving, consistent environment needs to prevail. She said her child care provider “practically raised my youngest daughter.”

Even when her children could have been left at home during the summer months (and she could have used the child care budget to pay for theme-park vacations instead) she chose the stable, nurturing environment offered by the provider. Suffice it to say that parents differ in the goals and objectives they have for their children while in the care of a provider, and evidence reveals that open communication between parents and providers is critical (discussed further in Manage).

Regardless of the level of communication and agreement between providers and parents, while the evidence strongly shows how providers are interested to learn more activities to do with children, the question of what kind of activities they should focus on arises. For example, some of the administrators appear to be moving in the direction of wanting instructors to teach more discreet “literacy” skills to the providers. At the same time, another administrator sees early childhood education as more holistic with goals of developing social and emotional skills and cognition through a broad range of experiences. At one meeting, this administrator talked about how children need to have experiences so that as they acquire words they can connect
these new words to their experiences. She expressed a strong opinion that expecting providers to teach children to read numbers and letters might not be good practice because she has seen some do it incorrectly, and they have no specific training in teaching children to read. She gave an hypothetical based on years of experience of how some teach the letter “B” and its corresponding sound. Someone who has not received training might teach “B” as “Baaaa” (the “b” sound with extra sounds added on). She explained that by misteaching, when children begin to sound out words they do not sound like words anymore because of the extra sounds and syllables.

There is evidence that providers do seem to be intentionally working on traditional literacy activities. When visiting providers, a few of them literally had children sitting at tables doing seatwork, as if they were in school. Orquídea mentioned the importance of reading for 20 minutes a day and having children do their homework. She learned about the importance of this from the local public school teacher, and her home daycare does look like a little classroom. During my visit Orquídea had two children sitting at the table doing worksheets—pages of alphabets. On another occasion, the providers requested copies of alphabet practice pages stapled into books that another provider brought to class. They seemed excited that they could provide an opportunity so that the children in their care could practice writing letters in this way.

There is evidence that some providers seem to be learning that this type of classroom learning and seatwork are the preferred literacy activities that children need to be engaged in to prepare them for school. The College curriculum has a chapter that addresses helping children to increase their physical and intellectual capacity that includes providing materials and space for writing, although not worksheets per se. It is an important question, which kind of activities providers should focus on in their homes. Caminos administrators have not reached consensus
and the degree to which early childhood education in the homes reflects traditional schooling (or something else) will impact the needed curricular supports.

In sum, one of the challenges for providers is creating an environment that supports teaching and learning. Providers are required by state law to post a schedule, and data revealed providers often include common activities such as meal times and play times, although they maintain flexibility in following the schedule. While some providers have gained competency in doing more activities with children, others are at the beginning stages. As shown through interviews, music seems to be the most commonly integrated area followed by art/craft activities; rarely do providers discuss science and nature or math. STARS training offer providers ideas and examples of activities they can do with children while the college curriculum has a chapter dedicated to creating the learning environment. Section three focuses specifically on encouraging play and learning and includes the following content: schedule, curriculum, activities, space, furniture, decorations, materials, and identifying sexism in books. Suffice it to say that in general, providers at all levels are able to receive adequate training opportunities about the learning environment if they are open and chose to take advantage of the resources available. This is especially true at the time of writing since Caminos is fully staffed and able to continue with home visits. There is a developing conversation among administrators about the importance of teaching traditional literacy skills versus gearing provider training toward the importance of experiences and play. Creating appropriate activities can depend on knowing about the stages of growth and development, addressed next.
Knowing about children and development

Some providers have ideas about what children do or do not do at certain ages, and this information is important as it will guide their interactions with and expectations of children. One example was presented in the previous section that addressed literacy and learning expectations as small children were seated at a table writing alphabets. The question arises, at what age is it appropriate for children to do seat work, for example, or to sit and read for certain lengths of time? One evening a provider showed her frustration with a recent instructor visit that was going against what she knows and believes about children’s development. She understands that she is supposed to be an educator and not a babysitter and her job is to prepare the children for school. However, she really did not understand how or why she should treat a one-year-old like a schoolchild, which she thought she was being asked to do by an instructor. She showed evidence of knowing children and said that children like to play wherever they are—in a corner or under the table—wherever. She said that she was asked to sit children down in a reading corner and only let them read in the reading corner. This went against her better judgment. She said that she has been asked to get rid of all of her coloring books and to let children only draw from their imaginations. To some degree she understands that, but she still does not see the harm in letting children use a coloring book. From her experience in working with children, she knows that children move from one activity to the next quickly. She does not understand how she is supposed to hold their attention and do activities with them in efforts to teach and prepare them for school for what seem to her, extended amounts of time for that age. She just kept saying “I don't understand.” Perceptions differ between some providers and some instructors about what it
means to offer appropriate play and learning activities for children based on their stages of
growth and development.

Other providers display knowledge of growth and development. Narciso explained to me
that at a certain stage, some children preferred to play in groups. Orquídea told me that she reads
to younger children, but as they get older, they need to practice reading independently. Once I
heard a conversation among a couple of providers regarding “babies.” A parent called her child
“baby” in the presence of the provider. This toddler, the provider told the other women, was no
baby! A baby is a little one that you hold in your arms and do everything for. This provider
communicated to the women that by continuing to talk to him and treat him like a baby, this
parent was stifling his growth. The provider had been trying to teach the toddler self-care skills
so that he could become more independent. The mother continued to “baby” him and insist on
doing everything for him. The providers all agreed the child needed to learn how to be more
independent at his age.

Another provider has also taught children independence according to children’s
developmental level. This provider told a story about one family’s children in her day care. She
taught them to put their clothes on and explained about the little tag, (it goes in the back). They
had yet to master this skill, however, because sometimes they put it on and, whoops! “This is the
tag, remember, it goes in the back,” she tells them. The children fix it. They have transferred
these skills for use outside her home. The children wake up in the morning and they get
themselves dressed and they take care of themselves and they tell their mom or their dad, “OK!
We’re ready to go to [name of provider’s] house!” They do that every day, even on Saturday,
even on Sunday--days when they do not go to her house; they always get up and are ready to go.
This provider works with children on skills that are at their appropriate level and continues doing so until they arrive at “mastery” and can perform tasks independently.

The College curriculum devotes a chapter to knowing about children and development at different ages. It gives strategies for providers to help children through difficult developmental times. Additionally, it provides a section that briefly discusses atypical behavior and development. This topic, knowing about and caring for children with developmental disabilities, was almost never addressed by administrators, instructors, providers, or parents. The scores on the FCCERS regarding special needs, to my understanding, were so inconsistently marked that the question was dropped in the analysis. In other words, providers show little awareness about developmental delays and disabilities as did those charged with conducting the evaluations. I did find one piece of evidence, however, in which a provider cared for a child with an identified need. An instructor worked with the provider on specific strategies that she could use with this child. The instructor also remarked that the provider was doing an excellent job with the child, who showed evidence of growth and learning. The provider, however, had a difficult job communicating with the child’s mother, who was reluctant to access additional services for the benefit of the child. Identifying and working with children who exhibit atypical development is not a need expressed by administrators, instructors, providers, or parents that is applicable to all providers, but appears to be included as part of the flexible curriculum by instructors on a provider-by-provider basis.

A final example perhaps highlights a discrepancy between developmental ability of children and the WACs. One provider had received a compliance violation for leaving children unattended in the [front] yard. If these children were two years old, it is easy to see why this
would be a problem. The children were older than ten years old, however, and at an age when children, in the care of their parents, may have begun to start looking after themselves. In this case, perhaps the provider demonstrates developmental knowledge about children by giving older children more responsibility, but according to the law, must keep these children under direct supervision all the time. Even when something might make sense on a developmental level, providers must know that the WACs supersede their judgments. Providers may have an understanding about growth and development, but this example points out a need for providers to apply the WACs in circumstances that might be counter-intuitive to them.

In sum, providers need to know about child growth and development in order to meet the needs of the children in their care. Some providers use this knowledge to help children gain independence while others use it to provide appropriate activities for children to do. Other providers encounter a sense of disconnect as what they are asked to do does not match what they know and believe about children.

**Conclusion**

The third theme revealed in the data was that of Teach. This section described how providers are expected to support the development of children by creating a stimulating learning environment and offering a consistent schedule that includes developmentally-appropriate activities. Although most providers demonstrate a willingness to learn and create more child-friendly spaces and activities in their homes, some providers display resistance and infidelity to their schedules. Perhaps this because they do not understand what they are being asked to do, why they are being asked to do it, or it goes against what they already know about growth and development. As providers have ideas about what children do or do not do at certain ages, this
information guides their interaction and expectations of children (which at times conflicts with the WACs). As some providers show evidence of gearing their early childhood instruction towards developing traditional literacies, administrators are not in agreement if this is the most beneficial approach for children. Additionally, there appears to be a disconnect between a need identified by administrators for providers to be “creative” (i.e. do art), and lessons in the flexible curriculum that teach craft. Administrators, instructors, providers, and parents alike want the best for children as they develop, there seems to be a difference about what that is.

Manage

The final theme revealed by the data to be discussed is that of Manage. This section describes many aspects of professionalism that providers need to do their jobs. As one instructor said to me, "It's not your house, it's your business." She would like to see providers improve their literacies for running their businesses in a more professional manner. Therefore, the theme of Manage addresses many aspects of professionalism, beginning with communication. Then, I address critical paperwork and organization--the what and the how--as providers must interact with multiple organizations in various manners to run their home-based businesses smoothly.

Communicate

The data revealed that providers must know how to communicate in various ways in order to manage relationships with a variety of people and organizations according to parents, providers, instructors and administrators. Some of the ways providers must communicate addressed here include: how they present themselves as professionals and communication with parents, instructors, colleagues, and a wider world. (I previously discussed communication with
children in the theme of Protect, in the interaction section.) At the end of this section, I will examine curricular support for communication.

**Self as professional.**

Although I have written at length about what the data revealed about provider self-esteem and belief in oneself, I have yet to discuss how providers manage their external image; how providers speak, behave, and dress communicate about themselves as professionals. One example in the data illustrates Lirio’s sense of professionalism. During my interview with her, she commented about her clothes and told me, “trabajo así todos los días. Sí, es mi uniforme” (I work like this every day. Yes, it’s my uniform). She had on a simple smock that looked like something similar to what a nurse would wear. This smock appeared appropriate for the jobs that she needed to do; the practical cotton, light and comfortable, did not have any buttons on the front that could scratch an infants’ face, for example, and the two pockets could hold a pacifier or small toys for children. She was the only provider that wore a “uniform” or mentioned her clothes to me.  

As the “uniform” communicated a sense of professionalism, the manner in which providers speak also communicates about themselves as professionals. One topic that arose in the data once was that of manners. Prompted by an observation by a provider about the “brutalidad” (harshness) in the way another provider spoke, one instructor talked with a woman who made the observation about how much of a difference education makes in the way that people talk and behave. Although it is not a formal or flexible part of the curriculum, the instructor hoped that through participation in the Caminos program, providers would improve in this area. She expressed an opinion that those who lacked a formal education also lacked
“refinement,” a word she used repeatedly, and therefore were harsher than others in the ways that they communicated. That same provider expressed her opinion that “modalities” (manners) should be included in every training, “at least one sentence,” she said, to help providers focus on improving in this area. The specific incident that prompted this conversation was the fact that some providers were not addressing their concerns in helpful ways by speaking directly to the appropriate people in efforts to resolve their problems. Instead they were speaking harshly to other providers about the people with whom they disagreed, even if they were not involved in the incident. The instructor encouraged these participants to write a letter, to call, or to visit this person with whom they had a problem instead of talking about her behind her back. According to instructors and providers, some providers need to learn how to communicate in appropriate ways: what they say, how they say it, and to whom they express themselves.

While some providers do not show the best manners as judged by some peers and instructors, others providers do. Caminos is a multicultural workplace with people from various ethnic, educational, generational, and economic backgrounds, which all influences how each person may define good manners. One difference that can be seen is how women engage strangers and their degree of openness. Upon my arrival to class the first time, some of the providers came up and introduced themselves while engaging me in friendly conversation while others did not. During class parties, these welcoming women were the same providers that invited and encouraged others to the table of food to serve themselves before they themselves got in line. I learned this welcoming did not only occur in class; upon visiting one of the providers for an interview, even before I had gotten to the front door she had noticed my arrival and swung the door wide open to welcome me in as I came up the walk.
Not all providers were so welcoming, however. One provider volunteered that opinion of
some of her colleagues. Instead of welcoming me to class, some providers watched me guardedly
and did not interact with me for weeks. I later learned that one of these “unwelcoming”
providers was rather outspoken and one administrator referred to her as “our bad leader.” This
provider displayed an attitude that other providers followed at times. For example, she ignored
people she did not know. She voiced negative comments about the experiences of other
providers. She often refused instructor requests to visit her child care facility and instructors
reported that she was closed to suggestions for improvement. When she disagreed with
something or someone, she loudly stated her opinion. While some participants followed her
lead, other participants did not agree with her, or her style of communication. What is
interesting is that the providers who disagreed with her have not spoken directly to this woman,
to my knowledge, and do not appear to follow their own “refined” rules of communication.
Some providers and instructors identify a need for some providers to receive additional training
in order to be more “refined,” display better “manners,” and become more “welcoming.”
Additionally, administrators do not appreciate the “bad leader” which indirectly indicates a
provider need from their perspective for positive leadership training.

A final example about self as professional involves a provider who fulfills an often
conflicting dual role in her business, that of a professional and that of a grandmother. This
provider thinks of the children as her own and does not supervise the children adequately,
according to licensors. She receives state subsidy money to watch them, however, so she must
comply with regulations as a professional and not care for the children as a grandmother might
prefer to. For example, her DEL binder indicates instances of feeding a three-year-old chocolate
milk from a bottle, letting children access rooms in the house that are unlicensed, and letting the little ones sleep in her personal bed. I have evidence of one provider that either intentionally violates the WACs, or alternatively, might need extra support to learn the WACs better in order to manage her dual roles as professional and as grandmother. She is not the only provider-grandmother in the program, so this need might apply to other grandmother-providers.

Parents.

While what a provider communicates about herself perhaps could be considered the basis of a professional demeanor, professional communication is also important for managing relationships with parents. Providers are required by DEL to provide parents with a written “manual de información para los padres” (an information manual for parents) that includes things such as fees, hours, schedule of activities, nutrition services, discipline, and procedures. Providers who do this well communicate a sense of professionalism. However, some instructors have expressed that they want providers to complete this parent plan more thoroughly. An additional expectation is that that licensors want providers to type it out instead of handwriting it like many do now. While the parent information manual (parent plan) offers parents a general idea about the child care facility, many parents and providers alike want and need to communicate about the children on a more frequent basis as they work together to care for and teach the children. The importance of good communication is highlighted in a situation from the DEL binders in which a child was unaccounted for the majority of one day. The family car broke and was in the shop. The provider understood that the child would not be coming to the day care that day; the parents thought the provider was picking the child up from school. Good
communication can help maintain child safety and promote learning, and providers have varying levels of success communicating with parents about day-to-day events and expectations.

Dahlia talked extensively about her relationship with the mother of one of the children in her care. When either of us mentioned parents at different points in the interview, she had strong reactions, for example, “¡Ay! ¡Los papas de los niños, ah!” (Ugh! The parents of the children, yikes!). She finds communication with the parents difficult for multiple reasons. First of all, parents do not give her enough of their time to talk about the children. She notes,

“Ya como me pone la atención pero a veces como que, quieren irse rápido. Y a veces, no, no, como que no…. Pero siempre trato a decirles lo que hicimos con ellos o si jugamos y si él compartía o lo que sea, decirles.”

They pay attention to me, but sometimes they just want to leave quickly. And at times, no, no, it’s like they don’t….But I always try to tell them what we did with them or if we played or if, he shared or whatever, tell them.

Dahlia believes it is important for parents and providers to work as a team, but she finds her efforts frustrated by parents who do not have the time or do not cooperate with her for the benefit of their children. Instead of being a team, she feels like she is fighting with the parents: "porque a veces batalla uno más con los papas [que con los niños]…” (because at times, you battle more with the parents [than with the children]). For Dahlia, working with the parents can be more difficult than working with the children (remember that Dahlia has high blood pressure).

The following situations illustrate how Dahlia is trying to work with a parent to teach a child not to throw toys everywhere, to pick up after himself, not to wrestle in the house, and to eat:
“..cuando llega como sábados y domingos y lunes cuando llega ya viene atraviesa como bien activo como a pelearse y haciéndolo así ya va medio semana ya se empiezan otra vez a calmar. Porque le digo, no es que yo cuido otro niño y su mama le gusta que juegan así, no deben de jugar así porque se golpean y ya empieza otra vez a calmarse. Pero luego ya se viene el fin de semana y otra vez le aguanta hacerlo lo mismo. Si, y a veces los papas, ¿Cómo que no? Pues llegan a su casa, pues llega uno cansada y ya no les ponen uno atención que les deben de poner, y por eso ellos no, no aprenden y le digo cuando te agarra los juguetes, aunque él no los va a recoger solo todo, tienes que decirle ‘ayúdame a recoger’ y él va a aprender. Y ya no va a gustar hacer tanto tirado porque no les gusta recoger….Y su mama miró OK yo estaba de recoger y ya se sentó un poquito y empezó el niño a tirar y tirar y tirar y a tirar y ya…‘¡Oh! ¡[nombre del niño], no! ¡No tienes que hacer!’ Le digo ¿ver? Le dije que a veces tú no tienes que también enseñ. Si yo lo enseño aquí, tú también tienes que enseñarle en su casa también. Y dijo ‘lo voy a poner. Lo voy a poner,’ pero, no le toma atención ya mientras el comida y, no les dan su tiempo también. No aprenden. Y si aprenda cuando viene otra vez aquí pues empieza otra vez igual.

When he arrives, like Saturdays and Sundays and Mondays when he arrives he is already mischievous, really active, fighting and being like that and by the middle of the week, he once again begins to calm down. Because I say to her, I watch another child and it’s not like his mom likes for them to play like that and they shouldn’t play like that because they hit each other and again he begins to calm down. But then the weekend comes and again I put up with the same thing. Yes, and at times the parents why not? Well, they get
home, well, you arrive tired and no longer give the kids the attention that you should, and because of that the kids don’t, they don’t learn and I say to them when you grab the toys, even though he’s not going to pick them all up alone, you have to tell him ‘help me pick up’ and he’s going to learn. And he won’t like to leave everything messed up because they don’t like to pick up….And she saw OK I was picking up and she sat down a bit and the child began to toss [the toys] and toss and toss and to toss and…’Oh! [Name of child], no! You have to not do that!’ I say to her, ‘you see?’ I told her that sometimes you don’t have to teach...If I teach him here, you, also, you have to teach him in your house, too. She said ‘I’ll do it. I’ll make him,’ but, she doesn’t pay attention and meanwhile he?? and she doesn’t give them her attention also. They don’t learn. And if he learns while he’s here when he comes back it’s the same thing all over again.

During the week Dahlia makes progress teaching the children not to fight, not to throw toys all over the place, and to pick up after themselves, but after the children (two brothers) spend some time with their mother, they return to her and she has to start over again on the same skills because they are not reinforced at home. Dahlia talks to the mother, and is also able to show her an example of exactly what she is talking about. The mother agrees to work on picking up toys at home with her child, but she does not follow through on their agreement. Dahlia has tried to work with the mother, un成功fully, and does not have any other ideas about what to do with this child, how to resolve the situation, or how to continue to work with this mother.

The example about the toys is not the only one Dahlia gives about her unsuccessful attempts to work with this mother. She is also trying to teach this little boy to eat his food. Dahlia tells another story and instead of the mother just being uncooperative, Dahlia seems to think the
mother is intentionally thwarting her efforts to provide nourishing meals. Even though they have come to an agreement to not give the child a bottle of sweetened milk in the morning, after a few days keeping their agreement the mother breaks it, and the child resumes not eating his breakfast. Dalia concludes, “…falta aprender como trabajar mejor con los parientes y las papas” (… I still need to learn to work better with the families and the parents).

Dahlia is a professional who has gone through nutrition training and has developed the knowledge about what and how to feed children to foster their growth and development. She had good reasons for this little boy not to have sweetened milk in the morning, and she tries to communicate them with his mother. What she does not say, however, is why the mother is giving the milk to the child in the first place. The communication appears to be unidirectional. Dahlia might be projecting the reasons why the mother gives her child milk in the mornings, as she might be projecting about parents being tired in the evenings and not making the children clean up. It does not appear that Dahlia asks the mother any questions or that they have two-way conversations about the children. In other words, the goals for child growth and development are not arrived at together; it is not a collaborative affair, and Dahlia feels like she is working alone.

Dahlia’s goals for the children involve keeping the other children safe (no wrestling allowed), making sure they have good nutrition, and wanting her house to be tidy. She said the mother likes her boys to wrestle like that, but she did not say why. Dahlia has some communicative skills to be able to address these concerns with the parents, but despite her efforts to communicate, she is unable to get satisfactory results. She wraps up her answer to my question and by concluding that she still needs to learn how to work with parents better because her attempts so far are not achieving the results she wants since week after week she has to re-
She knows that to see results, she needs to work with the mother to reinforce these rules at home. She also sees that the mother both sees the need to teach her sons the skill like putting away the toys, but simply does not follow through. In the end, Dahlia has the idea and suggests that “we” should host a parent meeting so that the parents can learn. She does not say who “we” is or what it is she would want to teach parents. Dahlia knows that what she is doing does not get her the results she wants to see, and she wants help working with difficult parents like this.

In contrast to Dahlia’s experience working with a difficult parent (she did not mention her experiences with any others), are providers who maintain positive and successful communication with parents. When I asked providers what “they” expect of them as providers, all of them but one took this to mean DEL and/or Caminos. Lirio, however, answered by saying, "tenemos muchos requisitos del papas, para cumplir" (we have a lot of requirements from the parents, to fulfill). This is an indicator of her communication with parents; she knows what they want and expect of her.

Lirio is not the only provider with a beneficial relationship with parents. Orquídea experiences a lot of support from the parents of children in her care. She explained to me how she communicates with parents about what they can expect from her: “Cuando registro un niño yo les digo al papa que estoy en programa de nutrición y que ofrezco desayuno, almuerzos, meriendas, cenas nutritivas. El tiene todas las vitaminas que el niño ocupa para su desarrollo y su crecimiento” (When I register a child I tell the parent that I’m in a nutrition program and that I offer nutritious breakfast, lunches, snacks, dinners. It has all the vitamins that the child requires for his development and growth). In this way, she begins to present herself as a knowledgeable
and competent child care provider that parents can trust. Perhaps this trust develops and the parents work cooperatively with her and teach their children to respect her:

Tengo una muy bonita comunicación con mis papas de ellos. Son muy muy buenas personas. Entienden pues, cuando yo les digo algo ellos se entiende y siempre les dicen a los niños que tienen que respetar a Orquídea. Porque Orquídea les da de comer. Orquídea les cuida. Orquídea les peine. Orquídea esto, tiene que respetar lo que dice. Ellos son muy buenas personas.

I have a very beautiful communication with the children’s parents. They are very, very good people. They understand, well, when I tell them something they understand and always tell their children to respect Orquídea. Because Orquídea feeds you, Orquídea takes care of you. Orquídea does your hair. Orquídea this and that, you have to respect what she says. They are very good people.

Orquídea is grateful that the parents are this wonderful and supportive. She has good communication with them and respects them as they work together to raise the children.

I had already heard about the difficulty other providers had communicating with parents and I wondered how Orquídea got so lucky. She said she got the families through Resource and Referral. One instructor explained to me how Resource and Referral, a free service to parents, assists parents in learning how to identify what good care looks like, but also helps them to locate a provider to meet their needs. It appears that the parents that Orquídea works with intentionally chose her to take care of their children. Perhaps they are more informed, as they appear to understand how to access and use the system of support that helped them find in her the qualities of care they wanted. Subsequently, they appreciate and respect her more than they
may have otherwise. According to the same instructor, many parents do not know how to select a provider that offers good care, and many of these do not use Resource and Referral either, in part because they might not know about it. Instead, these parents rely on word of mouth to locate a provider with an empty slot or one who is close to home and end up choosing someone who may offer less than ideal care.

Whereas both Dahlia and Orquídea communicate with the parents of the children they care for with varying success, some providers struggle to communicate in general. Plumeria explains working with parents like this: “Es, es algo es, mmm, un poco difícil pero, es más que nada, tenido comunicación con ellos” (It’s, it’s something it’s, mmm, a little difficult but, more than anything, it’s having communication with them). She tells me about all the things she must do with or for the children, describing it as going above and beyond what she thinks she should be required to do. She wishes: “que [los papas] fueran más responsables y trajeron los niños listos en la mañana, ¿verdad?” (that [the parents] were more responsible and brought the children ready in the morning, right?) However, when I asked if she had talked to parents about this she said,

“Pues, yo creo que ellos deben de saber, ¿no? Pues uno de padre, uh, como yo si yo llevo a mi hija a un cuidado de daycare. Cuido yo tengo que llevarla ya lista, ¿no? Preparada, peinada, lavando su…ya lavado sus dientes, ¿no? Lista para todo.

Well, I believe that they should know, right? Well someone who is a parent, like if I took my daughter to a daycare. I see to it that I have to take her ready to go, no? Prepared, hair done, washed, teeth already brushed, no? Ready for everything.
Plumeria makes the assumption that the parents know they are supposed to bring the child ready based on expectations of herself as a parent—it is something she would do. Plumeria is frustrated with these parents, but she has chosen to not discuss expectations with them. Providers communicate with varying levels of comfort and success with parents, and five of my interview participants mentioned wanting or needing to improve communication and working relationships with parents.

Administrators and instructors want to support provider parent relationships. As mentioned previously, Caminos organized a parent night for parents. Providers responded to parent questions and concerns in professional format. When asked by an instructor this year if they wanted to host another similar night, providers were not enthusiastic about it. Following the lead of the one known as the “bad leader,” providers sent the message back to administrators that said, “Oh, the parents didn’t value it”; “they did not learn anything” and “they did not use the ideas.” One comment mentioned the most often was that parents, “only came for the food.” Providers were not enthusiastic about improving communication with parents in this way because of one “failed” attempt that did not produce the lasting change the providers had hoped for.

One administrator thinks that the expectation that being an educator for parents needs to be recognized (by providers) as part of the job. She sees it as their role to provide encouragement and support and refer parents to other useful programs or organizations in the community. She would like to see the family-based child care providers, “step up to a professional role” in this degree, and she said that the CDA prepares them to provide the needed information to their parents. Whether or not they do it is another question. She wrote a
The home visit data indicated that instructors only spent 20 minutes working with providers about parent/provider issues as they prioritized other activities. STARS trainings have not addressed parent/provider communication. Even though some parents might resist information or suggestions to help their children learn to be more responsible, according to the parent survey, some parents specifically requested information and activities. The survey revealed that parents have questions that providers could explain and support they could offer, if they had the knowledge and the means to communicate it.

In sum, according to administrators, instructors, providers, and parents alike, there is a need and a desire to improve communication between parents and providers. Licensors want providers to produce better parent manuals. Providers want the cooperation of parents in providing consistency at home and teaching children. Some administrators and parents want providers to serve as knowledgeable professionals and providers receive training during Phase 2, but not during Phase 1 to assist them in this way.

_Instructors._

While providers need to manage communication competently with parents, they need to manage communication with instructors as well. Some of the communication that occurs between instructors and providers serves to build relationship. They exchange congratulations and happiness at award parties; providers excitedly share about a new grandbaby; sometimes providers share about a sadness, disappointment, or challenge in their life with the instructor. The instructor shares her thoughts or feelings in return. The essential functions of instructors

--

227
depend on their roles in the program and the effectiveness of the communication between instructors and providers has the ability to hinder or help the outcomes.

According to licensors, part of positive communication appears to be maintaining a sense of integrity and honesty in communication. According to one licensor, some providers do not make good choices, meaning they make choices that may not be safe for children. “It’s a matter of honesty,” one of the licensors told me, whether or not providers try to hide these poor choices from licensors. While reviewing one particular file there were multiple examples of this provider repeatedly returning compliance agreements for the same unresolved issues. Additionally, this provider did not promptly answer the door during an unscheduled visit and the licensor wrote that the provider gave, “false reasons” why. From the comments in the file I understood that the provider delayed opening the door to fix items she knew would be in violation before opening the door. Whether or not this provider was being honest, knew the WACs and what was expected or her or not, the point is that licensors express a need for providers to learn what professional behavior and positive communication with them entails.

While some providers may be gaining a reputation of less than upfront and honest communication with licensors, the data reveals that instructors and providers need to learn to communicate better for different reasons. As discussed previously, some providers have a hard time receiving criticism or suggestions for change from instructors. Instructors respond with varied levels of success to this challenge. When there was negative feedback from providers about one instructor’s visits, that instructor was requested by administrators to stop teaching providers in that way and to focus instead on “developing relationships.” Another instructor said she deals with this challenge by looking patterns and if she gets a "rash of cases" that relate to the
same thing, she tries to clarify and sometimes makes a training around it. She may invite guest speakers or experts to talk about certain issues. Instructors meet resistance by some providers and one expressed a desire for those providers to take advantage of their opportunity.

While some providers and instructors need to learn to communicate better, I also saw examples of providers who are able to communicate competently. One provider is especially committed to learning English and negotiated around a strict attendance policy for her CDA classes with her ESL instructor. She told me,

"ya le dije la profesora la que nos enseña. Le dije que yo estoy estudiando en [la universidad] el CDA. Le estoy explicando de yo le dije que ya me puede a permitir que yo fuera a estudiar los días que clases que son lunes, miércoles y jueves pero pasa el miércoles no hay clases [en la universidad] pero entonces voy el, toda la clase entera. Pero entonces el lo que es hoy yo llego porque ya me dijo sí que si voy a hacerlo porque también me contaba el tiempo que está en el [la universidad] con lo que voy con ella. Entonces a mí a que no me podía hacer entonces yo por ejemplo yo ahorita llego allá por decir a las 6:05- 6:10 y tomo la clase de inglés hasta las 7:10. Desde las 7:10 salgo de allí y voy para [la universidad] hasta el CDA."

I already talked to the professor that teaches us. I told her that I’m studying the CDA at the College. I am explaining to her that I I said to her that if she would allow me to that I was going to study on the class days Mondays, Wednesdays, and Thursdays but on Wednesdays there are no classes [at the College] so then I’m going, the whole class. But then like today I arrive because she already told me yes that yes I’m going to do it because she also counted the time that I’m at the College with the time I go with her.
Since for me I couldn’t do it so now I for example I arrive there let’s say at 6:05-6:10 and have English class until 7:10. At 7:10 I leave there and I go to the College for CDA. This provider’s ability to communicate with her ESL instructor allowed this provider to continue to be enrolled in both classes despite the fact that she would not otherwise be able to comply with the attendance policies. Another example of communicative competence occurred the evening that one provider waited the whole class period to take her exam on the computer. After all the providers left she approached the instructor and explained that she had been waiting to take the exam and asked in a nonthreatening way why the instructor had not called her to take the exam. The instructor had forgotten her in all the commotion of the evening and they rescheduled her to be the first one to take an exam at the next class.

The evidence reveals a need for providers and instructors to communicate effectively in order to develop working professional relationships as well as to facilitate the teaching and learning process.

*Colleagues.*

Providers communicating with providers can sometimes be a double-edged sword. Child Care Club is a professional organization that intends to be the link between City Stepping Group, DEL, and the providers. Sometimes the information that gets disseminated at the meetings is accurate and helpful. For example, providers are informed of potential new laws, changes in the WACs, or changes of the 2010 Migrant and Seasonal program. Organizations sometimes use the gathering of providers at Child Care Club as an audience for sharing this type of information. I was informed that the information shared—either officially or unofficially—is not always correct. One administrator does not mind, however, because the increase in phone calls to the
office with questions gives her an opportunity to provide accurate information and maintain contact with those providers who call. Not all providers have an interest in becoming part of this organization, however. Perhaps because the information is not always accurate, some women view this as the “gossip group,” and do not want to get involved. Caminos’ involvement with this group has been limited to recruitment and distribution of some elementary level Mexican government curriculum books that they were not using; an administrator said if they wanted the books later they could always get more for free.

In addition to communication between providers as discussed previously, another way that participants communicate with each other is through peer teaching and informal sharing. For example, one night a provider who belongs to the Child Care Club brought her copy of the new 2010 Migrant and Seasonal program handout for others to see. A small conversation ensued about who would be accepting these children this year and any changes from the previous year in the program. Providers share work information with each other and they also support each other on their studies. For example, one night a provider was writing in her book and had chosen to use the word “venenamiento” (poison). Not only did she have trouble writing it, she also had trouble pronouncing the five syllable word. Another one of the providers practiced saying the word with her and helped her to sound it out so that she could spell it correctly, one syllable at a time: ve-ne-na-mien-to. In this case, the exchange resulted in a successful outcome. Although providers have the ability to help each other, there were many instances that asking a peer or even the instructor did not result in satisfying answers, some examples mentioned previously. Other times, perhaps the help was just at the right level. For example, once a provider asked the woman sitting next to her how to write "tiquetes" (Spanglish for tickets). I asked a question
about “boletos,” the standard word in Spanish for tickets, to see if they received the feedback or rejected it in favor of their word. While they seemed to be familiar with the standard Spanish, they continued to write “tiquetes.” The provider-helper coached her to write a circle on the line and drop the “palito” (stick) below the line to make a good “q.” Although some women do not appreciate some of the side talk during class, not all of it is useless as providers are able to support each other in professional capacities as they share information regarding their business practices and as they support each other in their studies. The data implies that some providers need the professional support and information sharing that occurs between providers.

*Advocate.*

Another communicative role that providers can play is that of advocacy. It behooves children when professionals who work with them are aware of happenings around the community, state, and nation and advocate on their behalf. Providers in the Caminos program had an opportunity to advocate for children. Around Martin Luther King Day a few women began to mention a free trip to Seattle during class and all they had to do was telephone somebody to reserve a seat, so they immediately made the phone call to sign up. I did not understand; they could not explain to me who was organizing the trip or what it was for—they just knew that the trip occurred during a day off and that it was free. They invited me to come along, although I was unable to go. After their return, I compiled information about the trip from two different providers who told me the following:

- They had a long bus ride to the Olympia, the state capital (not Seattle as they had said originally). The providers met at 4am in the parking lot of a grocery store and did not take any children.
At some point during the bus ride, the organizer put them into groups of eight and briefed them on some political issues. One was fighting proposed budget cuts in health care for children.

There were a lot of people there.

It did not cost them anything.

There were Arabs, Spanish speakers, and black people there.

The speakers at the event spoke in English; one provider said she did not understand so she clapped when other people clapped and smiled when other people smiled.

They took photographs.

I asked one of the providers what she learned about the experience, since it was her first trip to the capital. She tried to answer my question in a voice that indicated that she did not think she had the right answer but she said she rode a bus, took pictures, talked with the women, and laughed. I do not know what she learned; but this is what the experience meant to her. I thought that would be the end of it, but a few classes later the providers who went to Olympia as well as an active member of the Child Care Club had a box of fliers they wanted their colleagues to sign. Produced by SEIU Local 925 “Washington’s Child Care Union,” the petitions first explained the situation and the bottom half offered a space for providers (or others) to state how children would lose if the state decided to reduce “Investments in Early Learning” and cut child care subsidies. They did not ask me to fill one out. One provider understood that if they cut subsidies, she might lose business because most of the children she cares for are on subsidies although not all of the providers seemed to understand that. The active member of the Child Care Club called a woman on her cell phone who stopped by to pick up the forms that had been
collected by the Child Care Club members and some of those who had gone to the rally day at the state capital. One provider hurriedly scribed a last minute comment on her blank form and added it to the pile. The data implies that to better serve children providers need to be aware of local, state, and national contexts and advocate on behalf of children as necessary.

When providers advocate for children as in the example presented above they also advocate for themselves, so in some respects providers know how to advocate for themselves. At other times, they do not advocate for themselves. For example, Orquídea volunteered that once she disagreed with the suggestions/requirements a licensor on modifications for her child care environment, but she did not question the licensor’s authority. Instead, she said that she still needed to learn how to: “adaptarme a las reglas que, que, cuando vienen las licenciadoras y te hacen cambios. Después de tantos años les estorba un calentón. Esas son reglas de ellas” (adapt myself to the rules that, that when the licensors visit and they make you make changes. After so many years, a heater bothers them. These are their rules). Although she disagreed with their suggestion/requirement, she did not question or challenge it even though she has a right to question licensors. On all compliance violations providers have the right to request a supervisory review, although in all the files I reviewed, I only recall reading one challenge. Most providers simply sign the forms and then make the changes…or not. The other interesting thing is that this provider viewed the change required by the instructors as nothing that the state or the law required, just as a licensor’s preference, which would have made all the more sense to challenge it. In order to manage their business, providers need to learn how to communicate, learn their rights, and advocate for themselves as opposed to always blindly accepting authority from above as shown in the following two examples.
In order to manage their business, providers need to know their rights and advocate for themselves as licensors do not always have right on their side. I have two examples that pertain to licensors not following procedure as they are required to. The first example occurred in town while the second example occurred in a nearby town. A Caminos provider came to class one night telling about a recent visit from a licensor. Among other things, this licensor had looked through the parent files, recorded names and numbers, and had called parents to question them about certain things; the provider either did not know what about or did not say. The provider expressed anger as the parents became concerned about problems that may or may not have been happening in the home. This provider made a complaint about this visit, although I do not know exactly how or to whom, and a few weeks later this provider reported that her licensor had called her to apologize. She seemed satisfied with the results she had achieved.

The second example of provider advocacy is a class-action lawsuit that was filed on behalf of 7,000 providers state-wide. Licensors suspected the state was paying subsidies for “ghost children” and looked to prove wrongdoing by providers in a town about 45 minutes away. Providers in this town united together to file a lawsuit and were joined by other providers in the state (I do not know if Caminos providers filed claims in the lawsuit or not). The ruling was in favor of the providers against the state employees who had entered their homes and confiscated paperwork, according to the lawsuit, illegally (http://www.columbialegal.org/files/MattawaSettlementApprovalPressRelease.pdf). In many situations, providers would have accepted this violation into their business, their homes, and their records. However, as illustrated in this lawsuit, the providers accessed free legal assistance and the judge ruled in their favor, mandating that the state agency change their procedures. This data
implies a need for providers to know about their rights and feel free to use them. Providers advocating for themselves in order to manage their business applies to working with DEL, CACFC, and other situations in which providers might find themselves.

As a whole, provider advocacy and rights do not appear to be at the forefront of the curriculum so that providers can learn to manage their businesses better. There was one instructor who briefly mentioned wanting to make sure that providers knew what their rights are in a general sense. Additionally, part of the nutrition curriculum according to federal law, was to ensure that providers receive training on civil rights. As mentioned previously, state law requires training on: transfer policy, corrective action policy, serious deficiency process, appeal process, and record retention policy. When providers have and understand this information, then they might be more inclined to insist on their rights and to use, for example, an appeal process. During my interview with an administrator I asked whether there was a required nutrition curriculum by the state. The answer was a simple no and, outside of the forms themselves that providers would want to keep copies of, there was no evidence of the previous items in the “initial” training materials I was provided. Perhaps the administrator did not consider these topics “nutrition” training and providers receive the information at a later time in subsequent trainings.

In sum, the data reveals that competent interpersonal communication is a literacy needed by providers to manage their businesses as they interact with children, parents, instructors, administrators, and a wider world. Phase 2 offers some training in professionalism and communication through multiple formats (examples of conversation, bulletins, calendars, etc.). The curriculum also requires that providers seek an “advisor” who can help the providers
become more professional, improve communication, and manage their businesses. Phase 1 curriculum also addresses communication. It focuses on written means, but it does not appear to provide practice for authentic written communication and the opportunities presented for oral communication are not utilized in the current classroom format. Outside of those two means, the flexible curriculum does not address communication other than occasional informal conversations between an instructor and limited numbers of providers, namely, the ones who feel comfortable discussing their concerns openly with the instructor to begin with. The College curriculum briefly addresses advocacy on behalf of children but not necessarily for the providers themselves. The data revealed a need for providers to manage their businesses through competent communication, one form of which is paperwork, discussed next.

**Paperwork**

In order for providers to manage their businesses, they must be able to complete paperwork. The following example illustrates the importance of maintaining paperwork. One time the police showed up unexpectedly at a provider’s house. They were investigating what had happened to a child and there was a possibility that this provider could be held responsible. This provider went to her well-kept records, however, and proved that the child had not been in her care when the incident occurred. The paperwork saved her from liability and a potential lawsuit. Paperwork that is correctly filled out and maintained equates to reimbursement for food purchases, subsidy payments from the state, protection from compliance violations, subsequent fines, and potential lawsuits. Paperwork that is filled out well also helps keep children safe as it contains critical information about food allergies, parent emergency phone numbers and such. Filling out, maintaining, updating, and organizing paperwork is an essential part of managing a
business and providers must know how to do it well. According to the data, providers need to know how to manage their businesses and this section will discuss the extent to which providers must keep records for different agencies, their experiences with record keeping and submissions, and what type of assistance and training they receive. It will help shed light on literacies providers need to manage their business as well as how the curriculum addresses these needs.

**Nutrition.**

One necessary type of paperwork providers must complete to manage their business is for CAFCP. Azafrán has worked as a provider for less than one year. Although she has worked as a businesswoman in other capacities, she has encountered some failure in her new business venture. She originally got into the business through a friend who is also a provider. With limited reading and writing skills, she depended on her friend to help her through the initial paperwork and subsequent first few months. Azafrán improved her competency, and she decided to submit her own nutrition records one month. She encountered some difficulty, and as a result, hurt her pocketbook, as well as her increasing confidence:

“Ah, todavía no me siento bien segura… Porque esta vez que llena (la) reporta de la comida no, no me los mandaron [the reimbursements] porque dijeron que me llenaba mal…Ah, pues, yo lo llenaba diario pero que, en alguno no llené bien, como, como la leche o algo…Cada mes, cada mes uno tiene que hacerlo. Diario tiene uno que notarlo y cada mes tiene que mandarlo a los… Pues ya lo puso de mi bolsa. No más por ese mes.”

Ah, well I still don’t feel very confident…Because this time when I fill out the meal report no, they didn’t send them to me [the reimbursements] because they said I filled it
out bad…Ah, well, I filled it out every day but that, it was something that I didn’t fill out
good, like the milk or something…Each month, each month you have to do it. Every day
you have to record it and each month you have to send it to them…Well I already paid it
out of my pocket. Just for that month.

Not only did Azafrán did not fill out her paperwork correctly, she does not know exactly what
she did wrong, how to correct it, and it cost her a month of food reimbursement for each child in
her day care.

Filling out paperwork correctly and accurately to get reimbursed for nutrition takes time,
skill, and organization. Providers note that they must keep track of their daily menus (either by
individual item from the “minute menu” or the pre-set meal from the “master menu”) as well as
which children ate which meals—there are three meals in a day and two snacks—although
providers can only be reimbursed for three meal services. These materials can be confusing,
although there are some features intended to make them more user-friendly. For example,
documents are translated into Spanish. Another helpful feature on the “minute menu” is color
coded food categories that correspond to the color codes on the Scantron-style form. The
“minute menu” also has food icons for each food group. Azafrán correctly stated that she has to
fill out her meals on a daily basis. She then uses the daily report to prepare the monthly report.
Azafrán, like the majority of providers, uses the Scantron-style form to submit her monthly
report. To use the scan-ton correctly, providers must be able to identify and fill in bubbles that
correspond to the ones, tens, and hundreds columns, basic math that is addressed in the MEVyT
curriculum, although not necessarily applied. Providers could also choose to fill out and submit
their reports by computer or the handwritten method. If providers knew how to comfortably
submit by computer, it could save them time and energy because the daily menus can be used to automatically generate the monthly report. An additional benefit of using the computer is that providers could also print a copy of the file or keep electronic records of everything. One provider mentioned she printed various forms from the internet to fill out by hand while two providers mentioned they preferred to deliver their reports in-person. It appears that Azafrán slipped through the cracks and instructors did not ensure that she had achieved competency of the materials. Despite her lack of reading and writing skills, Azafrán still needed to know how the system worked and how to correctly fill out the paperwork. Although Azafrán admitted it took multiple readings for the information “to stick” when she was learning how to drive, she is capable of learning. The data implies that attendance at trainings is not adequate for some providers to learn everything necessary to submit accurate paperwork in order to receive payment.

I spoke with a local administrator about nutrition training. She said that she continues to support providers that are enrolled with her after their initial training; not all the local providers are enrolled with her as they have the choice of enrolling with any of the 13 contractors around the state. She also explained more about her nutrition training which she has been modifying lately (although she does not share training ideas with other contractors—her competition—she explains). She is tired of teaching the same paperwork processes to providers who have been in the business for years. She said that she and her staff work one-on-one with new providers; at the annual trainings they give a quick review and focus on a topic instead of reviewing paperwork procedures for the majority of the time. The administrator said she has been focusing on helping the providers get the best reimbursement possible. For example, if a child is in the
house from 8am to 7pm then the “best reimbursement” is lunch, dinner, and a snack, rather than breakfast, lunch, and a snack because lunch and dinner pay more. She also supports the paperwork process for the providers in her program. She has made a meals record sheet that serves as a sign-in, sign-out sheet for parents. DEL will accept this form so including the information on the same sheet saves providers time and paper. This administrator said they also do not currently have very many providers enrolled in her program, so she makes an effort to review the paperwork of the providers before submitting it. She tells the story that once a provider had filled out the Scantron-style form incorrectly, but her staff members were able to catch it. The provider had kept her daily menus complete and organized so they were able to help her fill the monthly report out correctly. The administrator wants to help providers “avoid getting that dreaded phone call” where state auditors inform the provider that s/he has to pay back $2,000, which she says has happened to some people. Although providers are trained how to fill out the forms, providers must include a lot of detailed information and it is not uncommon for providers to make mistakes, sometimes very big ones that cause them to not get money for which they are entitled. Providers may or may not understand the general principles of how the reimbursement system works, but in the case of Azafrán who did not get paid and those others who received the “dreaded phone call,” it appears that more could be done. The data reveals that some providers need more support in managing their business, namely, in filling out and submitting their nutrition paperwork which can be done in writing, using Scantron-style forms, or via computer.
**DEL business practices.**

In addition to filling out paperwork for their nutrition services, providers must also stay current and keep DEL paperwork organized. As revealed by compliance violation data, the second most violated category was Business Practices. This category included two frequently violated WACs: 0510 and 0520. WAC 0510 had a total of 97 violations that involved collecting required forms and information for admission into a daycare. Required information includes things such as enrollment forms; names, addresses, and telephone numbers of parents and emergency contact; name and numbers for health care provider and dentist; health history including allergies or diet requirements; signed emergency authorization; and completed immunizations. WAC 0520, on the other hand, had a total of 46 violations pertaining to maintenance of records: sign-in, sign-out signatures; attendance records with the time and date (kept for five years); withdrawal date; notification of injury; and parental permission for field trips. Obtaining all this information might be difficult since many of the children’s parents are agricultural workers, many of whom move often (no family doctor for example) and have lower levels of formal education.

Lirio explained her experience getting and maintaining information from parents like this:

Pero es tan difícil que se la venga uno tener toda porque muchas veces cambian de casa y no le dicen. Me cambian de casa o que tengan un número de teléfono. Mucho caso ha pasado así. Que no le dicen, los pasos, ‘Yo no tengo teléfono, me lo cortaron,’ o ‘tengo otro teléfono,’ y no le dan el numero ese. Tiene que decirles, ‘te llamé y no había servicio.’ ‘Oh, lo cambié.’ Así lo dicen. Es muy importante eso.
But it’s really hard to come to have it all because a lot of times they change houses and they don’t tell you. They change houses on me or they have a new telephone number. It has happened like that a lot. That they don’t tell you, the steps, ‘I don’t have a phone, they cut me off,’ or ‘I have a new phone,’ and they don’t give you the number to that one. You have to tell them, ‘I called you and there was no service.’ ‘Oh, I changed it.’ That’s what they say. That’s very important.

So while providers may or may not be successful getting the information originally, they might struggle to stay current on it. Some providers may not inform parents they need this information, parents might know but not understand why providers need it (as mentioned previously), or parents might deliberately choose to not provide this information for whatever reason. Perhaps some agricultural workers do not have documentation and feel fearful to provide the required information.

Regardless of the reason, by law, the providers must have certain information on file for each child. While providers explain how difficult it is to get the information and to maintain current information, one licensor, however, has no sympathy. She said providers have “no excuse” to not have complete files. She said that (I understand according to the law), providers are not supposed to accept the children until they have all the required information. In this case, providers are stuck between a rock and a hard place. Families need child care and providers want to offer services to these families and fill their child care slots. Perhaps they are willing to take the increased risk of not having complete paperwork for the additional income this child(ren) could provide.
While the violations provide evidence of a need for more training in filling out paperwork, there is also evidence that suggests that there might be more to the story. It is possible that contributing to the high number of business practices violations is that the papers are not organized in a manner that makes them accessible for licensors to verify. For example, Bouganvilla explained her original filing system to me. She said she kept all her papers in one corner of the house, “revueltos” (scrambled). When a licensor visited and asked to see her files, she could not produce a child file with all the required paperwork because everything was disorganized. The usefulness of simply having information when providers or licensors are not able to locate the information they need is questionable; providers need this information organized and accessible for more reasons than licensor verification.

Although DEL provides initial training about paperwork among other things, they do not appear to provide much continued support outside of licensing visits with their punitive compliance violations (learn by failure). From my visits to DEL, licensors work late hours in a high stress environment as they furiously type and file reports, make house visits, resolve issues with providers from licensing visits, and prepare to testify in court cases. Returning phone calls does not appear to be a high priority, although they make an effort. When participants have doubts or questions—about paperwork or otherwise--it may be difficult to get answers. Once a provider called the office inquiring about whether a certain product was required to be locked up. The assistant fielded the call and did not have the authority to provide advice in this area, waffling between a yes and a no, finally telling her “when in doubt, lock it up.” Perhaps this provider was getting ready for a scheduled licensor visit and no one was available to help her understand how to protect children. Other examples of the lack of support provided by DEL
include the multiple instances I requested information like some providers or parents might (e.g. Web-based forms, email links on the DEL Web site, and phone calls to various offices around the state) to which I never received any replies. While DEL licensors provide initial training and make licensing visits, it appears that providers do not have access to continued support that can help them proactively manage their businesses without accessing other sources that may or may not provide the same information and expertise as licensors would.

Although DEL does not appear to provide much support after training, they do make referrals to community organizations that offer additional support for providers. Bouganvilla mentioned the assistance she had received from one of these organizations. She explained,

Venía gentes explicarme como le llenaba porque primero tenía muchas errores porque no explican hacerlo bien como va cada. De primero tenía muchas errores y me daba cuenta hasta cuando venía cada licenciadora me decía me falta esto, le falta esto. Me tachaba lo que me faltaba…

People came to explain to me how they fill them out because at first I had a lot of errors because they don’t explain how to fill out each one very well. At first I had a lot of errors and I found out when each licensor came and told me that I was missing this, that I was missing that. I marked what I was missing…

It appears that Bouganvilla had received training in filling out multiple types of forms, but the training was not adequate for her to do this paperwork independently and correctly; she needed and received additional help. First the licensor told her what she was missing, then a service provider from a community organization came to help her correct it. A similar story was related to me by Orquidea. She also had received on-on-one assistance to improve her paperwork
organization. She showed me information that was organized in folders and stored in large three-ring binders. I did not talk with many providers about their paperwork and filing systems, but the ones with whom I did commented that keeping and organizing paperwork for the first time was challenging.

One skill that is often used in organization is alphabetization. During one class the directions in the MEVyT book said to put a list of names into alphabetical order. The book did not explain what that was, how to do it, or how it might be useful. In other words, they assumed prior knowledge in this area. Once the provider I was working with understood what alphabetization was and how to do it, she was not able to see how it might be used in the real world. I gave her the example of patient files in doctors’ offices. That made sense to her and so we ordered the names of the children in her day care in alphabetical order because she wanted to organize her files later.

The data indicates that some providers need exposure and training in basic organizational strategies in order to manage their businesses: purchasing a binder, using divider tabs, and organizing documents and files by alphabetical order or by chronology. It is not that providers have to organize paperwork in the same way, but they need to begin with a system that they can adapt later to their personal preferences. Some reasons for the high number of compliance violations in business practices included: not having all the required forms, not having all the information on the required forms, and possibly not having the forms organized and accessible for verification. Although DEL provides initial training for these providers, something is not working, and other organizations attempt to fill the gap by providing on-on-one training once the need is identified. Phase 2 providers all get some support in this regard. They are required to
purchase (or Caminos will provide) a plastic hanging file box that they can organize their materials in. During home visits, evidence reveals that instructors have worked with providers on organization (e.g. organizing the toys and the learning areas), but not their business files. One instructor said she wants to help providers organize and keep the children's "tesoros" (treasures), meaning their artwork. In sum, data shows that general organization and more specifically record keeping is an area that providers need support with to effectively manage a business. Basic training that DEL offers is not enough for many providers and many require additional support which is both part of the flexible and formal curriculum.

**Other management.**

As described so far, DEL (child files) and the provider’s nutrition sponsor are two main entities with whom the providers work on a regular basis, there is other paperwork providers must manage. Three examples are paperwork for subsidies, taxes, and immigration. The first is subsidy paperwork; not once did subsidy specific paperwork come up by providers or administrators. A licensor mentioned that they had recently offered a training on subsidies because providers were in need of it. The state provides a manual in Spanish on this topic, but it appears some providers need extra support, although the instructor did not specify what type of assistance was required or by how many. As many providers care for subsidized children, knowing how the system works for subsidy paperwork and payment is critical.

Parents are not silent on the issue of subsidies. They do not have questions so much about subsidy paperwork as they do regulations, payment, and co-payments. According to the parent survey, the following questions were asked: "Why is the co-pay established?" "Why do we as parent [sic] need to pay the co-pay every month and what is this used for?" "Why is my
co-pay so high?" "Also they don’t want to give their pin number so we can report the co-pays we
pay" (as translated by Caminos). I have read the subsidy manual, but I do not understand why a
parent might need a pin number. These comments by parents might indicate a lack of knowledge
on the part of providers, a lack of knowledge on the part of parents, or a lack of communication
between providers and parents. Either way, it is important that providers understand the subsidy
system so that they can navigate it and are able to communicate effectively with parents about it.

In addition to subsidy paperwork, as home based business professionals, providers must
manage their businesses by preparing and submitting taxes and managing money. One night I
talked with a provider about taxes. She said that in 2007 she went to the Senior Center where
they were offering free tax help. They did her taxes and said she owed $3,000. She said she
can’t pay that much! She said that year she earned about $17,000. She kept getting letters and
letters from the IRS and she exclaimed in English, “Once they got your tail they won’t let it go!”
Finally after Christmas she discovered a woman in a town about an hour away. She hired her to
do her taxes for $125. The provider said that if she did not get her taxes done by January she
would “be killed,” as she ran her finger across her neck. She had to pay $325 to the IRS and sent
it off. She said some people “don’t do the taxes good!” I asked her, “how do you know who is
good?” That is when she gave me the example of having to pay too much. Good is when you do
not have to pay. She asked about my tax situation and I said that my employer usually takes the
money out automatically. I told her that since I am single and do not make much money, I
usually get a refund.

This provider found a tax lady that she is happy with and she is also researching ways to
manage her money. She said she is now looking into 401Ks, something she has heard about.
She wrote down, “40 one kay.” She says you can save money and not have to give it to the government. That is her understanding of it and on the table she had a stack of printed information about it that she wants to read. She wants to go to the bank to get an account. I told her she could look into a ROTH and she spelled it like that on her paper, in all caps. This provider said that she keeps her receipts in an envelope all year long and when tax season comes, she simply drops off her paperwork to her tax lady. While the provider openly discussed her taxes with me, the conversation came up because I specifically asked her about doing taxes. I discovered that she is aware of her taxes, but also looking into savings and retirement plans. I do not know where this provider got her information or how many other providers are actively looking to save and invest money in this way. Money did not often come up in conversation with providers, and many hesitated to reveal their income on the demographics form while others simply chose not to.

A final type of paperwork that providers must do is for personal reasons. Three times I heard different providers mention immigration papers. One specifically asked me if I would help if she brought them in, another just mentioned that she was working on them, while a third was looking for an immigration lawyer. One night the providers at one end of the table got involved helping that particular provider in trying to locate the telephone number of a specific lawyer. The first thing they did was to check their personal cell phone registries. When nobody had the telephone number of that lawyer in their cell phone already, one of the providers asked for a phone book. This provider adequately located the section of the yellow pages with lawyers in it but did not know how to search efficiently. She read the entries in the phone book line-by-line, disregarding font size and other supports that enable a person to read quickly for the required
information. In the end, they were not able to locate this particular lawyer in the phone book or otherwise that night. While I am not aware of any immigration statuses of any of the providers or their family members, they all must be registered with the state to have their licenses. Regardless of their personal statuses, it appears that knowing how to access immigration paperwork and lawyers is a need that some of the providers have.

In sum, the data indicates that providers need administrative skills to run their businesses. It does not matter if the organization is DEL or their nutrition service provider or whether the paperwork is for subsidy pay, nutrition pay, or child records that could serve as a protection of health and safety for the children. Providers need to manage these expectations and administrative demands in order to effectively run their businesses in accordance with the rules and regulations placed on them.

**Conclusion**

A sense of professionalism and management skills among providers is critical for them to be successful business women, because that is what they are. Yes, they watch children grow and help them develop, but they must have the literacy skills necessary to run a business. Namely, they must know how to communicate with multiple constituencies, gather information, maintain and organize paperwork. In the business world, computer literacy is expected. Providers must know how to navigate bureaucratic systems with institutional cultures and ways of operating as well as know where to go to get good help. Sometimes free help is available, and at other times, paid help is better. Although many providers fail at first, they do improve. One instructor commented that,
The other improvement we’ve really seen from licensing is that the providers have been able to write their own documents, whereas before they were not able to write. For example, a compliance agreement and really working with licensing on how we can correct certain situations.

Although learning by failure is one way to learn, it seems with all the support available, these women should not be falling through the cracks. One administrator recognized how weak the curriculum is in terms of providing support for helping the providers to become good businesswomen and manage their documents and forms. It is an important part of the job, and one that they do not focus on. She said that in the business world it is very difficult to find somebody that can really do early childhood education and also has the business background. Perhaps this can begin to change, since there is no reason that child care providers cannot also be competent business women.

Chapter Summary

This chapter presented the results from the data analysis. The rich description showed how Latina child care providers use literacy in their everyday lives as they believe, protect, teach, and manage. No providers use literacy in the same ways or have developed to the same levels of competency. While the Caminos program aims to improve literacy and the level of care offered to children by these providers, the data revealed that various participants in the case study do not prioritize provider literacy needs in the same ways. While the curricula are beneficial in some ways and lacking in others, the implementation of curriculum might be causing additional gaps for providers. The following chapter presents interpretations of the data.
CHAPTER SIX

INTERPRETATIONS AND IMPLICATIONS

The purpose of this chapter is to present my interpretations of the data results which I described in the previous chapter. Before I present the interpretations, however, I will discuss the limitations of these interpretations. While the results chapter answered the research questions at length, I did not address overall patterns in the data which I will do now. I will then describe my interpretations of the results according to each research question: what providers need from various perspectives, what the curriculum provides, and identification of the gaps. Since this research was conducted in consultation with the Caminos program, I will include implications for the program. Finally, I will present directions for future research.

Limitations

As with all research, it is important to consider the limitations of the results and interpretations. Although many steps were taken to increase validity, limitations remain. This case study focused on one group of Latina child care providers, in a particular context in Washington State, which occurred in consultation with the Caminos program and was cross-cultural in nature. The perspectives represented only included those that were active in the program during the time the research was conducted as well as past participants through archival data; no data was specifically collected from the nearly one-third of program enrollees who dropped the program. Additionally, it was not possible to use a representative sample so results cannot be generalized.
Working within the context and in consultation with the Caminos program as a researcher, the study was further limited by the realities of the program and factors that could not be controlled. As mentioned previously, trust levels and communication within the program and among staff members could be problematic at times. I was more successful with some participants than with others in building rapport, gaining their trust, and maintaining open communication that enabled the best results. There is additional data I would like to have collected to further contribute to my understanding of the case but was not able to. For example, attending a Child Care Club meeting, attending a nutrition training, speaking directly with providers about their subsidy paperwork, gaining access to past participants, and observing providers interact with children outside of our interview times. Finally, I would like to have member-checked more of my results and interpretations, but due to increasingly limited access and time constraints by all parties, a comprehensive member-checking was not possible. Therefore, I do not claim conclusions, but rather interpretations and implications of the data collected as they are my own, in accordance with my methodology and positionality as described in Chapter Two.

**Interpretations for Research Question #1**

*What are the literacy learning needs of Latina child care providers participating in the Caminos program as perceived by the program stakeholders—child care providers, parents of children receiving care, instructors, and administrators?*

In this section I will discuss how most stakeholders consider literacy needs in a traditional sense of learning to read and write, use assessment measures to evaluate literacy growth and determine literacy needs, and expect providers to follow directions. Some patterns
do not hold true across the groups, however. Some of these literacy needs include provider self-knowledge (motivation/desire to learn, fear, or self-esteem) and literacy practices that were adapted.

Throughout the data the majority of project stakeholders consider literacy primarily as traditional reading and writing and generally sufficient to achieve in the program and in their lives. This is especially true for those providers in Phase 1. Providers learn to decode text, focus on comprehending the message, and learn to handwrite their responses to questions. This approach to literacy does a disservice to providers, however, because it does not equip them with the skills necessary to complete the diversity of literacy tasks they face daily in the modern society in which they live as demonstrated across the themes. As shown in the results section, providers are required to use literacy for much more complicated tasks than simply reading traditional texts and writing for the same purpose day after day. Providers, instead, are confronted on a regular basis with new literacy challenges in varied contexts, many of which occur in different cultural contexts, in which they must be prepared to give and receive information through various means. They must communicate with multiple constituencies in a variety of manners: navigating impersonal bureaucracies and filling out paperwork they can submit via internet, understanding and applying the WAC, managing finances and taxes, and working with parents to negotiate roles and responsibilities as they serve as knowledgeable, competent, and connected resources. Those are just a few examples.

The majority of project stakeholders also consider that test-as-literacy is important. As shown in the results section, providers are evaluated and assessed in many ways and become more “literate” with each exam they pass. When many case study participants talk about literacy
needs, they mention that providers need to pass the various evaluations used throughout the program. The literacy needs at the College are derived from the optional CDA evaluation providers can choose to do after completing the class and English competency is measured through the CASAS exam. Measurements coordinated by the Center and subsequent literacy needs are derived from the FCCERS evaluations and computer-based MEVyT exams. Licensors derive literacy needs through compliance with the WACs, while nutrition staff measure literacy needs through regulations, visits, and paperwork procedures. While administrators, instructors, and providers gain a sense of accomplishment and providers especially a sense of legitimacy by passing exams, the “learning” measured by the exams is called into question. While it is good pedagogical practice to work backwards from learning objectives (what providers need to know) to create a responsive curriculum to meet these objectives, that is not what happens. These “literacy needs” are instead adopted from what outside organizations may think is important, regardless of the local context. Pérez (2004a) writes that literacy is culturally bound and the context “organizes what is literacy and what counts for literacy” (p. 4). While some of these literacy “needs” that are imposed might happen to be useful to some providers in their given situation, they do not necessarily reflect their literacy needs in the current sociocultural context. As shown in the results, the providers in the current case study have genuine multiple literacy needs that are not necessarily reflected in the evaluations.

Hand-in-hand with test-as-literacy, the majority of stakeholders seem to think that following directions is a needed literacy. Although not expressed in those words in the results section, the evidence is everywhere. Most providers are not taught to think and solve problems. Instead, to the frustration of one instructor, many providers wait until they are told how to rectify
situations the “right” way. This is especially true in the case of licensors. Many providers learn by failure as the licensors inform them of deficiencies during their visits and then inform them how to correct the situation (or if it is too time consuming of an issue, refer them to another organization). In a similar fashion, to improve their scores on the FCCERS evaluations, instructors provide goals and specific suggestions that motivated providers follow: hang a schedule on the wall here, hang the alphabet at eye level here, organize the child care space in this way, and purchase/access these types of materials. Providers may also choose to implement specific activities as demonstrated by staff (e.g. read to children and do projects) and to communicate with children in specific ways taught during training to try to garner higher scores (although the FCCERS scores are not shared with the providers). When providers follow instructions greater compliance and higher scores on evaluations may occur. From the outside, it looks like improvement; it may even look like literacy development. However, upon closer inspection, it is a shell of what true literacy development could be. Addressing “literacy” in this way does not teach providers to think; it does not address provider multiple literacy needs at the core. A result of multiple literacy practices is that people are able to gain and share knowledge (Lankshear & Knobel, 2006), not just follow directions in the moment.

While there are patterns that seem to indicate that the majority of study participants behave according to a traditional reading-and-writing, test-as-literacy, follow-my-instruction interpretation of literacy, there are also other needs that were observed. These needed literacies were not consistent among all case study participants. One concern mentioned consistently among staff was a lack of confidence among providers and a need for them to increase their self-esteem. Neither providers nor parents mentioned this and it is not formally evaluated. Staff also
mentioned pervasive fears among providers that become barriers to learning. While providers also mentioned fear, it did not tend to stop them from moving forward (unless providers who dropped the program are factored in as an unconfirmed possibility). As discussed in the results, in order for literacy development to occur, providers need to believe in the possibility of development, have the desire and motivation to learn, and be able to overcome their personal barriers to learning. In this way, they can participate in literacy practices and learn new ways of gaining and sharing knowledge. As providers learn new literacies, they can reshape them and create something new (Bloome & Enciso, 2006; Lankshear & Knobel, 2006).

Providers have their own views of literacy that were not often shared by other stakeholders. When talking about their lives as providers, they tended to highlight cleaning, transportation (the coming and going of children and a need to learn how to drive and navigate around town, also a concern of parents), a sense of belonging and connection with other providers, and communicating about cooking and recipes. An administrator and a few instructors mentioned the importance of the providers forming a support group for each other and working collaboratively together. Although none of these literacies is traditional reading and writing, they are the practices that the women engage in as family-based child care providers. Many of these literacy practices had to be re-learned or adopted in accordance with their current sociocultural contexts (e.g. Narciso learning to measure with highly concentrated bleach and Pensamiento learning that not following some information conveyed through environmental print--road signs—could result in negative consequences). Literacy practices should not be taught in isolation, but consideration should be given to the sociocultural contexts and the purposes in which the literacy practices will be used.
In sum, although there are many variations by stakeholders about providers’ literacy needs, the data revealed some patterns. Most stakeholders consider literacy needs in a traditional sense of learning to read and write, use assessment measures to evaluate literacy growth and determine literacy needs, and expect providers to follow directions. Some stakeholders view provider self-knowledge (motivation/desire to learn, fear, or self-esteem) as foundational literacies that enable other literacy learning. Providers, on the other hand, described literacy practices that are not simply reading or writing, but literacy practices they had previously acquired and then adapted for different sociocultural contexts. In other words, there are many important needs that are not at the forefront.

**Interpretations for Research Question #2**

*How do each of the program components (MEVyT, I-BEST, flexible curricula) contribute to participant literacy learning?*

While the curricular components were also addressed in the results section, there are some patterns to be addressed here as well in light of the analysis of question number one. As discussed previously, there is a focus across curricula on traditional literacy skills like reading and writing. Although providers gain practice in reading and writing and express more confidence in their skills by participating in the program, it is questionable how well the current curricula support that learning.

The focus on reading and writing is especially poignant during Phase 1 as some providers move through the MEVyT curriculum book by book, filling in every blank. The curriculum is in Spanish, which immediately offers providers a level of recognition and success. As they learn to
read and write, however, providers show evidence that they are not learning to read and write very well. For example, they do not seem to apply standard writing conventions. They do not write for various (authentic) purposes. As far as reading is concerned, they develop an ability to decode text. Many learn to comprehend sentences and passages, building some content knowledge, but most do not read and identify different types of texts or change their reading approach based on the material in front of them. The provider reading the phone book line-by-line comes to mind. Instead of learning how to read and write for various purposes, providers are left to muddle through the texts on their own using what appears to be the same reading and writing strategy for everything. This strategy may help them read and write well enough to pass their tests (with the instructor’s assistance), but it may not help them learn to read and write to meet the multiple literacy demands they face.

To take it one step further, I would venture to say that providers in Phase 1 are generally treated like empty vessels where literacy learning is concerned as the curricula they have exposure to appear to not demand much otherwise. These providers especially are the ones who learn by failure. They can only be as successful as their ability to follow direct instructions, motivate, and teach themselves. Not only are providers in Phase 1 not given opportunities to learn multiple literacies until Phase 2, they are essentially considered illiterate and uneducated until they complete primaria and secundaria. Some providers have been studying in Phase 1 since the program’s inception and are still learning (teaching themselves) to read and write in Spanish.

In Phase 2, however, the expectations change. Based on the CDA evaluation chosen by administrators, providers are required to use multiple literacies for the specific context of child
care providers. In order to earn a CDA, providers who chose to pursue it must be able to prove to an outside evaluator their competency in 13 functional areas through five sources of documentation. Some of the literacies required to succeed include: self-evaluation, oral communication (interview), written communication (five paragraph essays), locating and organizing information, computer literacy (locate and collect information via the internet, word process, and print), as well as demonstrating child care skills during the instructor’s home visit. With the assistance of their instructors, all providers in Phase 2 spend the year in preparation for the CDA evaluation. Although I did not observe this class in action, it seems as though providers must learn these multiple literacy skills in order to be successful—it is not something their instructor can do for them. The curriculum, chosen because it is published by the same organization that awards CDAs, provides a “little bit of everything” and is closely aligned with the learning targets.

Whereas the formal curricula in Phase 1 and Phase 2 offer providers very different literacy learning experiences, the flexible curricula also offer learning opportunities for providers. Through STARS classes, providers in Phase 1 gain access to some content directly applicable to their child care context before completing primaria and secundaria. Although providers seemed to enjoy the “make and take” activities, I never heard or saw evidence that any of them used the ideas later on with children in their facilities.

In addition to the flexible STARS curriculum, providers in Phase 1 created their own flexible curriculum. The unstructured time, wholeheartedly supported by their instructor, allowed providers the opportunity to develop multiple literacies in other ways. They shared work information and personal information. They sold and bought from each other. Providers
celebrated, laughed, and cried together. They discussed health, sickness, and home remedies (once the room was silent as a provider explained how to give oneself an “organic cleansing”). They discussed recipes and food. And sometimes, they also managed to advance their ability to read and write. Overall, the curricular experience for providers varies depending on their phase in the program. Those in Phase 1 get exposure to more varied content through traditional reading and writing while those in Phase 2 learn multiple literacies applicable to child care contexts.

**Interpretations for Research Question #3**

*Are there gaps between what the curricula teach and what the providers need or want to learn? If so, what are they?*

Although there are many pieces of curriculum that address a lot of content and literacy practices, significant gaps became apparent. These gaps mainly revolve around the relevancy, responsiveness, and delivery of the curricula. Identification of these gaps is important because it will help to inform program stakeholders how they can better achieve their overall goals to improve children’s readiness for school, improve the quality of care, and promote multiple literacies for the providers according to their targeted sociocultural contexts.

**Relevancy Gaps**

The first important pattern in the data is a gap that revolves around the relevancy of the curriculum. Relevancy of curriculum involves the connectedness and applicability of the materials that providers study to their lives (Gay, 2000; Meltzer & Hamann, 2004; Pérez,
As mentioned, providers need to learn multiple literacies for certain sociocultural contexts and the relevancy of the curricular pieces vary.

For example, the Child Care Curriculum in Phase 2 appears to be a good match for child care providers in many ways because it addresses: (a) professionalism, (b) child growth and development, (c) ways to create a safe and healthy learning environment, (d) positive ways to strengthen child social and emotional development, (e) steps to increase physical and intellectual capacity of children, (f) keys to forming productive relationships with families, (g) application of the ideas, and (h) how to prepare for the CDA evaluation. Much of this information are things providers want and need to know. This text is not written specifically for family-based providers and discusses issues that child care center workers might face that might not concern family-based providers. Alternatively, some providers might want to work in a day care center one day, so this information could be relevant for some. It also focuses on the development of younger children (through five years), so there might be a bit of a mismatch in this regard for some providers who (also) work with older children. The point is that more focus on authentic provider learning needs would be more efficient and probably more effective.

The fact that the curriculum is a translated edition brings about other relevancy issues. For example, the end of each unit contains additional sources of information, the majority of which are in English. There are a few resources that have versions available in Spanish, but options are limited. In other words, when providers need more information on a certain topic, the curriculum does not help close this gap. The English materials suggested are not relevant as the level of English required is too advanced for most (if not all) of the providers in the program.
So while the curriculum supports child care contexts and multiple literacies overall, relevancy gaps remain.

The fact that additional materials suggested are generally not available in Spanish points out the second relevancy problem: curriculum needs to match culturally and linguistically. One positive of almost all the curricula that the providers receive is that they are in Spanish which immediately supports providers (the WACs are the major exception). However, the fact that a curriculum is in Spanish does not inherently make it a flawless fit. Additional resources were the first example. The second problem is one of register and vocabulary. In both the Child Care Curriculum and the MEVyT curriculum the Spanish used caused difficulty for providers because the register was a mismatch. In the former, the Spain-Spanish was formal and included many words with which providers were not familiar and was compounded by the fact that they are not in many dictionaries (e.g. sánducha). The positive was at least this vocabulary was relevant to their context. The MEVyT curriculum, on the other hand, used Mexico-Spanish which providers understood better, although it was generally too high (e.g. emphasis). The choice of content and subsequent vocabulary was also questionable, for example, providers needing to know about codices and synoptic books. These linguistic mismatches are a gap that is important because it reduced the relevancy of the curricular materials for the providers.

While linguistic mismatches need to be addressed, so do the sociocultural mismatches. The relevancy of the MEVyT content varied, as there are many modules that cover a lot of content. I had high hopes for the module about running a business, since providers run their own businesses. Considering all the context-specific business literacies providers need to know to do their jobs, I found the relevancy to be lacking and a waste of their time. Providers need to know
about paperwork, materials, organization, taxes, local laws and regulations, communication with various constituencies, goal setting, etc., none of which was covered in a helpful way in this book. On the other hand, I found the concepts in the modules Reading and Writing, Let’s Read, and When they Speak, the People Understand to be especially relevant. These modules address multiple literacies: how and what to read, as well as how and what to write. One drawback is the mismatch with some of the environmental print reproduced in the book: Mexican government agency logos and Mexican products, for example. (For some providers, this might be relevant; it was not relevant to the providers I worked with). A second drawback is the cultural concepts that do not transfer like the newspaper library example. Regardless, providers need much of the content that is provided in the curriculum; however, it needs to be culturally relevant (Gay, 2000; Pérez, 2004b). In other words, they may need to know how to read and understand environmental print in general (including graphics and logos), but it is more relevant for providers to learn to read local print that they encounter more frequently.

The nutrition trainings and DEL (referred) trainings appear very relevant for most providers. Providers are taught to use the exact forms they are required to use, for example, and in remedial situations instructors often work with providers one-on-one. While instructors may provide directions to follow (i.e. providers do not have to problem solve) they also might address specific literacies that providers have yet to learn in order to do their jobs. As there was no English curriculum to evaluate, the relevancy is unknown, although one would hope that providers could (get help to) locate something of relevance to them. In sum, gaps in relevancy occur across the curriculum.
Responsiveness Gaps

The second gap revolves around the responsiveness of the curriculum. Responsive curriculum is the ability of the provider to be in control and the adaptability of the given curriculum to meet different provider needs such as being able to adjust level of difficulty or use various learning styles, increasing engagement (Meltzer & Hamann, 2004). The level of responsiveness varies by curriculum.

Clearly, the most responsive curriculum is the English component as providers are in complete control, and in theory, create their own curriculum in accordance to their own needs and desires (level of difficulty, content, grammar, etc.). The STARS curriculum is responsive to student needs in that the instructor observes providers and uses available data to select content; however, to my knowledge providers were not asked what they needed or wanted to learn. The MEVyT curriculum offers providers some choice, as it is designed for providers to select and complete a certain number of electives. In theory, providers can work on-line and those who do have more resources available. For example, although vocabulary is not hot-linked, there is a link to an on-line dictionary. Providers can choose to listen to certain parts of the text, opt in or out of introductory animations, and choose to work in different parts of the module. They can join an on-line community of students working on the same book. Providers in Caminos working from paper copies can choose to skip content or to jump around. They also have the option of interacting with other providers over content, but sometimes there is only one provider working on a given book. Regardless of whether providers work on-line or off, they are not able to adjust the curriculum to make it easier or more difficult depending on their needs; a good instructor could help in this regard. The Child Care Curriculum appears to be the least
responsive as all providers are required to cover the same set content and to do so as a group. Providers working on the Child Care Curriculum, however, are at least doing authentic tasks, unlike those working on the MEVyT curriculum. A good instructor could help make the curricula more responsive for providers in their given contexts (Gay, 2000; Meltzer & Hamann, 2005). In general, the various curricular pieces offer providers differing levels of control and responsiveness, but what may matter even more is curricular delivery, discussed next.

**Delivery Gaps**

The third gap revolves around the delivery of the curriculum. The results reveal a pattern: sometimes it does not matter how relevant or responsive a curriculum might be if it is poorly implemented. As noted throughout the results, improved delivery of the various curricula could make a big difference in improved literacy learning for providers. Two main issues are providing good materials and appropriate teaching and learning strategies.

As highlighted in the results, some of the curricular components appear to be hindering provider literacy learning by introducing otherwise avoidable learning barriers. Providers need complete access to materials and to understand the big picture of how the various pieces fit together. The pattern of learning the big picture is applicable in many senses: how the service organizations work together, the structure of DEL, the organization of the Caminos program, a general idea of what there is to learn in the world, or a visual of what providers might want to learn. More specifically, providers especially need to understand how the MEVyT curriculum is organized: primaria books, secundaria books, elective books, revistas and fichas that all work together somehow. While providers need all the pieces, they also need for the books to have all the necessary parts so that providers can access tables of contents, objectives, etc. in order to
make the best use of the materials. Although hard copies of the books enable providers to work at home, it also limits their literacy development, especially considering all the problems with the books as noted previously. Additionally, although there is a classroom full of computers at the Center, there are technology issues as the virus protection is not up-to-date and providers do not have word processing or typing software available. Faster computers could also enable providers to make and correct mistakes, thereby increasing their literacy learning. Missing pieces of the curricula create gaps in delivery and these gaps affect providers’ understanding of the big picture, the information they receive, as well as limit their literacy learning experiences.

The second pattern of curriculum delivery gaps involves teaching and learning strategies. While independent study may work to some degree for really motivated providers, it certainly does not work for all. Providers tend to find themselves at one of two extremes: they are left to independent practice (and consequently, failure for many) or they are given specific instructions to follow (requiring no literacy development on their part). It seems to me that it would be advisable to put appropriate learning supports (i.e. appropriate scaffolding) around providers to provide intermediary support until mastery is achieved while they learn and apply new literacies (Fitzgerald & Graves, 2003). Although providers can work towards independent learning, there is no replacement for a good instructor and materials to teach them how to learn. In other words, instructors need to be aware of the various curricular pieces—what they do or do not offer and how they do or do not support student literacy learning. Teaching and learning gaps are important to identify so that instructors can make adjustments as necessary.

Although there are many pieces of curriculum that address a lot of content and literacy practices, significant gaps became apparent. These gaps mainly revolved around the relevancy,
responsiveness, and delivery of the curricula. Identification of these gaps is important because it will help to inform program stakeholders how they can better achieve their overall goals to improve children’s readiness for school, improve the quality of care, and promote multiple literacies for the providers to their targeted sociocultural contexts.

Implications and Suggestions for Future Research

While I know the Caminos program cannot possibly teach providers all the content or literacies they need to know, they can teach literacy practices that support lifelong learning. More important than teaching providers to learn and memorize the WACs, for example, is teaching providers to observe, to think critically, to seek and find information, and to problem solve in accordance with given sociocultural contexts. These literacies could then be applied to nutrition, to the WACs, to fighting for their rights, to doing their taxes, to communicating with parents and so much more.

Practice

While providers need relevant and responsive content delivered in a manner that enables them to learn regardless of the context, there is some content missing and delivery suggestions that would be useful for provider literacy development:

1) The data suggests that providers better need to learn to observe, think critically, and problem solve. Instead of instructors telling them what and how to fix things, providers need to practice doing these things on their own. This includes reading the environment and reading children’s behavior to maintain a safe and healthy environment. Providers in Phase 2 do get some applied critical thinking practice, but I think it deserves more emphasis throughout the program, especially considering that the WACs are not available in Spanish.
2) The data indicates that providers need to understand “why” they are being asked/told to do something. Although there is a licensor who realizes this, it is not necessarily a shared sentiment among instructors and administrators (and it sounds like the licensor might do it more to gain compliance than for education). Knowing “why” might enable providers to think more critically, and also to better understand the sociocultural context. Learning more about the sociocultural contexts might enable providers to apply their literacies in the moment and in similar situations in the future (e.g. no mop in the sink).

3) The literature (e.g. Cummins, 2007; Fitzgerald & Graves, 2003; Gay, 2000; Meltzer & Hamann, 2004; Meltzer & Hamann, 2005) suggests that providers might find more relevance in the materials, become more engaged, and build transferrable literacies if these suggestions are followed:

- (Providers) choose the elective modules most relevant to them
- Intentionally work together on the same material in small groups so providers can support each other’s learning and thinking (e.g. large portion of the MEVyT curriculum is based around oral communication with others).
- Learn how to use the various parts of training materials and books to their advantage: table of contents, introduction, headings, etc.
- Teach providers to read and focus on the objectives as well as preview the materials through skimming for the general idea. Use the self-assessments that correspond to the learning objectives at the end of each section. If there are no specific learning objectives (e.g. English curriculum, computer use), make some and check progress towards these goals.
• Help providers learn to scaffold their reading, use metacognitive strategies before/during/after reading (like note taking strategies, for example), and apply their learning through (authentic) post-reading activities.

• Use vocabulary development strategies.

• Activate, value, and apply prior knowledge. Many providers are not learning things for the very first time and simply need to apply literacies to new sociocultural contexts and uses.

• Use of authentic assessment.

4) The data suggests that providers need to learn how to access information. While this is included in Phase 2, more emphasis needs to be put on it throughout the program. For providers to be lifelong learners and continue literacy development during and after their participation in the Caminos program, they need to have access to information. Gaining access to information means they must have the literacy required in locating information using various (and reliable) sources.

5) For the concern about provider self-knowledge revealed in the data, perhaps this should be a more intentional part of the curriculum. In order for providers to develop new literacies, they need to develop a self-awareness to identify sources of fear and motivation, set self-defined goals and deadlines for progress. Although one instructor is especially focused and interested in this, there is no consistency to implement these ideas on a consistent basis with all providers.

6) The calendar dilemma needs to be fixed. When providers finish Phase 2 in the middle of the year, they have no curriculum to study until they enter the College in the fall. One study
participant thought the best use of the time would be to have providers achieve their GED and continue to learn ESL. The intent of studying GED would be to gain confidence, access courses at the College, get comfortable on campus, and overcome fears. I think it would be useful to practice reading and writing for authentic and motivating purposes according to provider interests (Meltzer & Hamann, 2004). Possibilities might include reading novels by Latino authors, books about children or child care, devotional/inspirational/motivational materials, or information about organization. This plan could be co-created by the instructor and the provider.

In sum, curricular opportunities offered to providers in the Caminos program for literacy development address providers’ literacy needs to believe, protect, teach, and manage to varying degrees. Although there are some patterns in what stakeholders think providers’ literacy needs are, there are also some perceptions of needs that vary among participants. Some gaps in the curricula include gaps in relevancy, responsiveness, delivery, content, and calendar issues.

**Research**

Implications for future research are many. While literacies ascribed to Believe are the least evaluated and are not part of the formal curriculum, future research could work with providers to identify, interact, and overcome their fears as well as to measure how this affects their literacy development. In this light, other research would be to find out more about the women who did not remain in the program but dropped for various reasons. Was it an inability to overcome whatever challenges they faced? If so, what were their challenges?

On another note, as often occurs in early childhood education, there is a web of organizations that work together to provide services to children; in a similar fashion, many organizations came together to offer these providers access to early literacy and beginning early
childhood education training. The importance of collaboration, partnerships, and interagency collaboration in early childhood service delivery cannot be understated. Research by Selden, Sowa, and Sandfort (2006) points to the positive benefits of collaboration on management, program, and client outcomes, depending on the strength of the relationship. The degree of collaboration can vary on a continuum: cooperation, coordination, collaboration, and service integration and the stronger the relationship, the more positive the outcomes for children. As the Caminos program develops, I would recommend increased communication between the constituencies. Whereas in the beginning of the program I understand that the various stakeholders were integral, from my observations, due to budgetary cuts and monetary decisions, constraints on time, and increased responsibilities by some, the collaboration among the groups has waned. In a sense, it feels as if the program has been put on auto pilot. In order for providers to best be served, stakeholders must renew their commitment to communication about the needs and goals of providers, adapting the curricula as necessary, and continue to strive to assess their efforts in meaningful ways.

I close with this thought. As providers finish or the program closes, (providers will not stay in the Caminos program indefinitely) thought must be given to “what next.” The CDA only lasts for three years. While the Caminos program came together from the commitment of many people in many organizations, it is a starting point in what must become a lattice of collaboration for continued professional development for child care providers (see New Mexico Children, n.d. for an example of articulation that is a lattice as opposed to a ladder). When providers finish, they have the option of enrolling in other ECE classes at the College, in the courses where English is less necessary for comprehension (like music and art I was told) as they also advance
their English proficiency. While that is a next step, it may not be sufficient for those that aspire to be teachers in the public schools, especially if English is a learning barrier like it is for Orquídea. It takes years to master a language, and as far as higher education in the U.S. is concerned, students are essentially considered illiterate and not meant for higher education unless they have gained mastery in the dominant language. While a large emphasis here has been given to relevant and responsive curriculum for providers, it makes sense to consider modeling the same kind of instruction currently expected in public schools in our institutions of higher learning for these providers and people like them.
ADDENDUM

I went back to class in early May to visit the providers, the first time since I left about three months previously. Everything looked the same, except for the two new frames of photo collages—providers with one of the instructors showing off their projects. Along with joyful greetings, I noticed the absence of a few providers who used to come regularly and met two new providers. Since my departure, one instructor has quit (she was a strong asset to the program). She would have considered staying for a raise. She is now working for the Department of Early Learning, a position with job security and a salary more suited to her education level, experience, and expertise.

The other instructor left on a three week vacation the day after I visited. This will impact providers as Phase 1 will only have class on Wednesday evenings when administrative staff is willing and able to take turns filling in. More than likely, there will not be more STARS training until another instructor is hired—if another instructor is hired—and providers will not have the option of receiving one-on-one mentoring support in their homes.

Caminos administration continues to be well-paid to oversee a program that appears to be coming to an end, despite their investments of time and effort to locate additional funding to extend the life of the program and replicate it in other areas.

Committed providers continue to attend, full of laughter and friendly conversation. Providers still focus on exams; there were three providers taking exams in the testing room. Another provider told me she does not study any more without my help. A fifth provider tried to
study but was discouraged that she could not answer the questions in either of her two books without the accompanying “revistas.” She said she has asked for it multiple times, but it still has not been printed. When I suggested that maybe she choose another module that has the necessary pieces, she told me there were no more books. I suggested she call the administrative staff the next day. I showed her two of their doors. “It says here that she will be in at 9:30 AM tomorrow and she has written that she will be in at 11:00 AM.” I told her that either of them should be able to help her and explain why the books were not available yet.

For my final attempt to assist her, I asked if she has an internet connection at home and she said yes. I showed her how to access the free, on-line version of the books and had her practice and write down the necessary Web addresses and steps to take. Her eyes opened wide when she saw the full-color version, the revista, and the animations. “There’s a dictionary!” she exclaimed when she noticed the hotlink. “What is ‘Fichas?’” she asked about another link. We clicked on it and saw that it provided supplementary information and questions to help the students make text-to-self connections. Her voice was sad and she explained how all along her books kept saying to go to “fichas” but she could not. “Everything is right here,” she said in disbelief. She had not learned that yet.
REFERENCES


New Mexico Children, Y., and Families Department,. (n.d.). New Mexico's early care, education & family support professional development system [pamphlet]. Santa Fe, NM.


http://www.del.wa.gov/publications/licensing/docs/FHMonitoringChecklist.doc


APPENDIX
### A. MEVYT REQUIRED AND OPTIONAL MODULES IN PRIMARIA AND SECUNDARIA

<table>
<thead>
<tr>
<th>Title</th>
<th>College Bound</th>
<th>Required</th>
<th>Optional</th>
<th>Alternative</th>
<th>Version Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los números (Numbers)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cuentas útiles (Useful accounts)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matemáticas para empezar (Beginning math)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Figuras y medidas (Figures and measures)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>La palabra (The word)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>1997 Mexico</td>
</tr>
<tr>
<td>Para empezar (To begin)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>Center copy</td>
</tr>
<tr>
<td>Leer y escribir (Reading and writing)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>2008 Mexico</td>
</tr>
<tr>
<td>Saber leer (To)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>Center copy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------</td>
<td>------</td>
<td>------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td><strong>know to read</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>Center copy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Vamos a conocer</strong></td>
<td><strong>Let's meet</strong></td>
<td><strong>x</strong></td>
<td><strong>x</strong></td>
<td><strong>Center copy</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Center copy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Vivamos mejor</strong></td>
<td><strong>Let's live better</strong></td>
<td><strong>x</strong></td>
<td><strong>x</strong></td>
<td><strong>Center copy</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Center copy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Números y cuentas</strong></td>
<td><strong>para el campo</strong></td>
<td>(x)</td>
<td></td>
<td>(Sustituye los números, cuentas útiles y figuras y medidas)</td>
<td></td>
</tr>
<tr>
<td><strong>Numbers and accounts for the farm</strong></td>
<td>(x)</td>
<td></td>
<td></td>
<td>(Sustituye los números, cuentas útiles y figuras y medidas)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Sustituye los números, cuentas útiles y figuras y medidas)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Sustituye los números, cuentas útiles y figuras y medidas)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Sustituye los números, cuentas útiles y figuras y medidas)</td>
<td></td>
</tr>
<tr>
<td><strong>Nuestra vida en común (Our life together)</strong></td>
<td>x</td>
<td>(x)</td>
<td>(Sustituye Para empezar y Matemáticas para empezar)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maíz nuestra palabra (Corn our word)</strong></td>
<td>x</td>
<td>(x)</td>
<td>(Sustituye Para empezar y Matemáticas para empezar)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>La educación de nuestros hijos e hijas (The education of our boys and girls)</strong></td>
<td>x</td>
<td>(Center)</td>
<td>x</td>
<td>on-line version</td>
<td></td>
</tr>
<tr>
<td><strong>Ser joven (To be young)</strong></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Jóvenes y trabajo (Young people and work)</strong></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexualidad juvenil (Youth sexuality)</strong></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ser mejor en el trabajo (To be better at work)</strong></td>
<td>x</td>
<td>x</td>
<td>Center copy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>better at work)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ser padres, una experiencia compartida (Being parents, a shared experience)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¡Aguas con adicciones! (Be careful with addictions!)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Producir y conservar el campo (Produce and conserve the farm)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mi negocio (My business)</td>
<td>x</td>
<td></td>
<td></td>
<td>Center copy</td>
<td></td>
</tr>
<tr>
<td>Nuestro planeta, la tierra (Our planet Earth)</td>
<td>x</td>
<td></td>
<td></td>
<td>Center copy</td>
<td></td>
</tr>
<tr>
<td>Un hogar sin violencia (A home without violence)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fracciones y porcentajes (Fractions and percentages)</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operaciones avanzadas (Advanced operations)</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Información y gráficas (Information and graphics)</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vamos a escribir (Let's write)</td>
<td>x</td>
<td>x</td>
<td>Center copy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Para seguir aprendiendo (To continue learning)</td>
<td>x</td>
<td>x</td>
<td>Center copy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hablando se entiende la gente (Talking to understand people)</td>
<td>x</td>
<td>x</td>
<td>Center copy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuestro planeta, la</td>
<td>x</td>
<td>x</td>
<td>Center copy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>--------------------------------------</td>
<td></td>
</tr>
<tr>
<td>tierra</td>
<td></td>
<td></td>
<td></td>
<td>Center copy</td>
<td></td>
</tr>
<tr>
<td>México nuestro hogar (Mexico our home)</td>
<td>x</td>
<td>x</td>
<td></td>
<td>(Sustituye Información y gráficas, Fracciones y porcentajes y Operaciones avanzadas)</td>
<td></td>
</tr>
<tr>
<td>Números y cuentas para la vida (Numbers and accounts for life)</td>
<td>x</td>
<td>(x)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somos mexicanos (We're Mexicans)</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valores para la democracia (Values for democracy)</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protegernos tarea de todos (Protecting ourselves the work of everyone)</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuestros documentos (Our documents)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Español (Spanish)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciencias Sociales (Social sciences)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciencias Naturales (Natural sciences)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matemáticas (Math)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. CAMINOS HOME VISIT FORM

Nombre de estudiante:
Nombre de mentor:

Fecha de la visita:    Tiempo en casa:    
# de niños en casa   # de adultos:  

% de tiempo para:  

Observación-  
Dar información-  
Demostrar interacción con niños-  
Hacer una actividad con niños-  
Dar apoyo emocional a proveedora-  
Problem solving-  
Crisis intervention-  
Planear metas-  

% de tiempo hablando de:  

Space and furnishings-  
Personal care routines-  
Listening and talking-  
Activities-  
Interaction-  
Program structure-  
Parents and provider-  
Other-  
Caregiver engagement during visit- (1-5)  

Rating to extent to which environmental distractions (tv, phone, visitors, pets, children, noise, etc.) interfered with visit: (1-5)  

Cambios después de la ultima visita: 

Metas:
C. CAMINOS DEMOGRAPHIC FORM
Nombre
(como aparece en la acta de nacimiento)

Apellido paterno
(como aparece en la acta de nacimiento)

Apellido materno
(como aparece en la acta de nacimiento)

Estado civil: soltera casada divorciada viuda unión libre

Ultimo año de estudios terminado:

Idiomas:

Dirección:

Teléfono: _________________________alternativo________________________

Fecha de nacimiento: ___________________Nacionalidad ___________________

Años que dejo de estudiar _________________

Demographics

¿Por cuantos años ha tenido la licencia? _________________________

¿Donde nació? (estado y país) ________________________________

¿Cuánto ganan las personas de su casa en total? __________________

¿Cuántas personas viven en su casa? __________________________

¿Por cuantos años ha vivido usted en los Estados Unidos? __________

¿Cuántos años en los Tri-Cities? ________________________________

¿Cuántos niños cuida? ________________________________

¿Edades de los niños? ________________________________

¿Cuántos niños hablan español e inglés? ________________________

¿Cuántos niños hablan otra lengua además de inglés o español? ______

¿Cual lengua? _________________________________________

¿A cuales escuelas asisten los niños? __________________________

¿Cuántos niños que cuida están subvencionados por DSHS? ________
D. INTERVIEW PROTOCOL SPANISH

Licenciado y aprendiendo: Metas y oportunidades de la alfabetización en el programa

Protocolo de Entrevista

Como estudiante en el programa Caminos, se le invita a participar en una entrevista. El propósito de la entrevista es aprender cómo utiliza Ud. la alfabetización en su vida cotidiana y qué desea aprender. Los resultados serán utilizados para evaluar y modificar el plan de estudios del programa Caminos, para incorporar los elementos que sean importantes para los estudiantes. Si Ud. da su permiso, participará en una entrevista que durará menos de una hora. Una pregunta típica podría ser: “¿Qué tiene que hacer como proveedora de cuidado infantil?” Ud. puede declinar responder a cualquier pregunta o terminar la entrevista cuando quiera. En caso de tener cualquier duda o pregunta, favor de contactar a la administradora del programa Caminos (XXX XXXXXXXX, al XXX-XXX-XXXX), la coordinadora de protección de participantes de investigaciones (XXXXX XXXXXX, al XXX-XXX-XXXX) o a mí mismo (Cara Preuss, al XXX-XXX-XXXX).

Es mi deseo que Ud. se sienta cómodo/a. Le ruego compartir sólo lo que quiera y que tenga la confianza de compartir sin miedo. No hay respuestas correctas ni incorrectas. Sus respuestas reflejan los detalles de su vida y sus experiencias. Los investigadores considerarán sus respuestas para reestructurar el plan de estudios, pero le aseguro que sus respuestas son totalmente confidenciales.

<table>
<thead>
<tr>
<th>Permisos</th>
<th>Afirmativo</th>
<th>Negativo</th>
<th>Firma</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Da Ud. su consentimiento para participar en una entrevista?</td>
<td>_____Sí</td>
<td>_____No</td>
<td>_____Iniciales</td>
</tr>
<tr>
<td>¿Da Ud. su consentimiento para grabar la entrevista?</td>
<td>_____Sí</td>
<td>_____No</td>
<td>_____Iniciales</td>
</tr>
<tr>
<td>¿Tiene Ud. cualquier pregunta o duda en este momento?</td>
<td>_____Sí</td>
<td>_____No</td>
<td>_____Iniciales</td>
</tr>
</tbody>
</table>

Primera de tres partes: Preguntas para empezar y definición de la alfabetización

¿Le gusta escuchar música? _____ ¿Qué tipo de música prefiere? ________________________________

¿Sabe Ud. leer y escribir música? (ejemplo) ________________________________________________

¿Ha redactado alguna vez un mapa? (ejemplo) ________________________________________________

297
Hoy vamos a hablar sobre la alfabetización y qué significa la alfabetización para Ud. Sé que normalmente cuando se habla de la alfabetización, generalmente se refiere a la escritura y lectura de textos. Ésto es parte de la alfabetización. Hoy, hablarémos de situaciones en la vida cuando se lee y se escribe, pero también hablarémos de otras maneras en que la gente da y recibe información. Unos ejemplos de otros tipos de alfabetización son leer o escribir música o redactar mapas, los cuales no son textos tradicionales. Entonces, la alfabetización puede consistir en la lectura y redacción de dibujos, palabras, logotipos como el de Caminos, números, imágenes, o aún más cosas. Lo importante es que todos son métodos para dar y recibir información. ¿Qué opina Ud.?

Segunda de tres partes: Ejemplos de la alfabetización usando el reloj

Aquí tengo un reloj. Vamos a usar el reloj para reflejar sobre su día, cuándo y cómo usa la alfabetización para dar y recibir información. Empecemos hablando de la mañana, cuando se despierta.

¿Cuándo se despierta? _______ ¿Cómo sabe que es la hora para despertarse?_____________________

<table>
<thead>
<tr>
<th>Tiempo</th>
<th>Uso de la alfabetización</th>
<th>Comentario</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

298
Ahora voy a hacerle cinco preguntas sobre su trabajo, su aprendizaje, y el programa Caminos.

1) Por favor, ayúdame a entender sus razones para participar en el programa Caminos.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2) ¿Qué tiene que hacer como proveedora de cuidado infantil? ¿Qué les piden que hagan como proveedoras?</td>
<td></td>
</tr>
<tr>
<td>3) Cuando Ud. piensa en todas las cosas que les piden hacer como proveedoras, ¿qué le falta aprender?</td>
<td></td>
</tr>
<tr>
<td>4) ¿Qué significa para Ud. participar en prácticas de alfabetización?</td>
<td></td>
</tr>
</tbody>
</table>
5) Cuando piensa generalmente en su vida, ¿qué desea aprender todavía?

Bueno, hemos terminado la entrevista. Por favor, espérame un momentoito encuanto reviso mis notas para ver si hay algo para clarificar o que Ud. desea añadir. ¡Muchas gracias por hablar conmigo!
E. INTERVIEW PROTOCOL ENGLISH

Licensed and Learning: Literacy goals and opportunities in the Caminos program

Interview protocol

As a student in the Caminos program, you are invited to participate in an interview. The purpose of the interview is to learn about how you use literacy in your daily life and what you wish to learn. The results will be used to evaluate and modify the plan of studies in the Caminos program, to incorporate the elements that are important for the students. If you give your permission, you will participate in an interview that will last less than an hour. A typical question could be “What do you have to do as a child care provider?” You can decline to answer any question or end the interview at any time. In case you have any doubts or questions, please contact the Caminos program administrator (XXX XXXXXX, al XXX-XXX-XXXX), the coordinator for the protection of research participants (XXXX XXXXX, al XXX-XXX-XXXX) or myself (Cara Preuss, al XXX-XXX-XXXX).

It is my hope that you feel comfortable. I beg you to only share what you would like and feel confident to share without fear. There are no correct or incorrect answers. The answers reflect the details of your life and experiences. The researchers will consider your answers to restructure the plan of studies, but I assure you that your answers are completely confidential.

<table>
<thead>
<tr>
<th>Permissions</th>
<th>Affirmative</th>
<th>Negative</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you give your consent to participate in an interview?</td>
<td>Yes</td>
<td>No</td>
<td>Initials</td>
</tr>
<tr>
<td>Do you give your consent to record the interview?</td>
<td>Yes</td>
<td>No</td>
<td>Initials</td>
</tr>
<tr>
<td>Do you have any questions or doubts at this time?</td>
<td>Yes</td>
<td>No</td>
<td>Initials</td>
</tr>
</tbody>
</table>

First of three parts: Questions to begin and defining literacy

Do you like to listen to music? Yes What type of music do you prefer? _____________________________

Do you know how to read and write music? (example) _____________________________

Have you made a map before? (example) _____________________________
Today we are going to talk about literacy and what literacy means to you. I know that when people normally talk about literacy, they generally are talking about writing and reading texts. That is part of literacy. Today, we are going to talk about situations in like when you read and write, but we’ll also talk about other ways that people give and receive information. A few examples of other types of literacy are reading and writing music or drawing maps which are not traditional texts. So literacy can consist of reading and drawing pictures, logos like the one used for Caminos, numbers, images, or still more things. What’s important is that they are all methods for giving and receiving information. What is your opinion about that?

**Second of three parts: Examples of literacy using a clock**

Here I have a clock. We are going to use the clock to think about your day, when and how you use literacy to give and receive information. Let’s start by taking about the morning, when you wake up.

**When do you wake up?** __________ **How do you know it is time to wake up?** __________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Literacy use</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

303
Third of three parts: Questions

Now I am going to ask you five questions about your work, your learning, and the Caminos program.

1) Can you please help me understand your reasons for participating in the Caminos program?
2) What do you have to do as a child care provider? What do they ask you to do as a provider?

3) When you think of all the things that you have to do as a provider, what do you still need to learn?

4) What does it mean for you to participate in literacy practices?
| 5) When you think about your life in general, what would you still like to learn? |

Well, we have finished the interview. Please wait a bit while I review my notes to see if there is anything to clarify or if you have anything you would like to add. Thank you for talking with me!
F. SEMI-STRUCTURED INTERVIEW SUPPORT MATERIALS

http://www.handmaps.org/