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# Creating an accessible child development resource for family home child care providers focusing on child-initiated play

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# Creating an accessible child development resource for family home child care providers focusing on child-initiated play

## **Abstract**

The purpose of this project was to create a newsletter for family home child care providers that presented easy-to-read, research based information regarding child-initiated play and developmentally appropriate practices and their incorporation in a family child care setting. The newsletter also addressed the need for creating and maintaining a balance between offering child-initiated opportunities and providing structure in a family child care setting.

A review of the literature revealed that nearly half of family home child care providers have no specialized training in the field of child care, child development, or early childhood education. Caregiver education and training is a predictor of quality in family home child care, which creates a concern that those home providers with less education and/or training may be providing lower quality care to the children that they serve. In order to encourage children's development, home providers need information about developmentally appropriate practice, as defined by the National Association for the Education of Young Children, and appropriate child-initiated play opportunities prevalent in the constructivist theory of education.

CREATING AN ACCESSIBLE CHILD DEVELOPMENT RESOURCE FOR  
FAMILY HOME CHILD CARE PROVIDERS FOCUSING ON  
CHILD-INITIATED PLAY

A Graduate Project

Submitted to the

Division of Early Childhood Education

Department of Curriculum and Instruction

In Partial Fulfillment

Of the Requirements for the Degree

Master of Arts in Education

UNIVERSITY OF NORTHERN IOWA

by

Paula Buck

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This Project by: Paula Buck

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has been approved as meeting the research requirement for the Degree of Master of Arts in Education.

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## ABSTRACT

The purpose of this project was to create a newsletter for family home child care providers that presented easy-to-read, research based information regarding child-initiated play and developmentally appropriate practices and their incorporation in a family child care setting. The newsletter also addressed the need for creating and maintaining a balance between offering child-initiated opportunities and providing structure in a family child care setting. A review of the literature revealed that nearly half of family home child care providers have no specialized training in the field of child care, child development, or early childhood education. Caregiver education and training is a predictor of quality in family home child care, which creates a concern that those home providers with less education and/or training may be providing lower quality care to the children that they serve. In order to encourage children's development, home providers need information about developmentally appropriate practice, as defined by the National Association for the Education of Young Children, and appropriate child-initiated play opportunities prevalent in the constructivist theory of education.

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## Chapter I

### *Introduction*

Family home child care providers (home providers) are people who are paid to care for other people's children, often in addition to their own, in their homes (Kontos, Howes, Shinn, & Galinsky, 1995). Unlike child care centers where there is usually a manager or board of directors to handle the business and financial aspects, and a director to oversee staff, a home provider is the sole proprietor of this type of child care program. The home provider is the owner, bookkeeper, chef, custodial staff, and parent liaison for the business, as well as the caregiver, nurturer, and educator when the children are present. Parents who choose this type of child care setting for their children, rather than child care centers, often do so because family child care homes have smaller groups of children being cared for at one time, have mixed ages of children among the group, have a less formal, more family-like setting, and often have a lower cost (Bradley, Caldwell, & Corwyn, 2003).

Every day there are more than three million children in family home child care programs across the United States (Shriner, Schlee, Mullis, Cornille, & Mullis, 2008). With such a large number of children in these settings, there has been a more concentrated effort to find out about the home providers who work with children and the quality of care in these programs. In one large-scale study, Clarke-Stewart, Vandell, Burchinal, O'Brien, and McCartney (2002) found that the average home provider was a woman with at least one child of her own and that "...39% [of home providers] had attended college but not received a degree...49% had no specialized training...[and only] 4% had a college degree in child development, child care, or early childhood education"



(p. 67). Because caregiver education and training is a predictor of quality in family home child care (Burchinal, Howes, & Kontos, 2002; Kontos, Howes, Shinn, & Galinsky, 1995; Raikes, Raikes, & Wilcox, 2005; Taylor, Dunster, & Pollard, 1999), there is a concern that those home providers with less education and/or training may be providing lower quality care to the children that they serve.

There are a number of rating scales and other instruments with which to measure the quality in a family home child care program. The Family Day Care Rating Scale (FDCRS) (Harms & Clifford, 1989), Child Care HOME Inventory (CC-HOME) (Bradley et al., 2003; Caldwell & Bradley, 1984), and Arnett's Caregiver Interaction Scale (CIS) (1989) are all instruments that have been used in research to determine the quality of family child care homes. Using the FDCRS to measure the global quality in family child care homes, Doherty, Forer, Lero, Goelman, and LaGrange (2006) determined that "...physically and emotionally safe child care was the norm in [the] sample, but almost two-thirds of the homes failed to provide children with adequate opportunities to develop their language and cognitive skills" (p. 305). In order to provide opportunities for children's development that would help achieve higher scores on quality assessments such as the FDCRS, home providers must first have knowledge of developmentally appropriate practice, as defined by the National Association for the Education of Young Children (NAEYC) (Bredekamp & Copple, 1997), and appropriate child-initiated play opportunities prevalent in the constructivist theory of education. Developmentally appropriate practice, including child-initiated play and learning and appropriate expectations for children, is discussed at length in one- and two-year child development certification programs, two- and four-year college degree programs, and structured series

training sessions specifically for home providers (Galinsky, Howes, & Kontos, 1995; Kontos, Howes, & Galinsky, 1996). As mentioned earlier, however, many home providers lack formal education and/or training in child development or early childhood education and are, therefore, not necessarily aware of what kinds of interactions and activities are most appropriate to encourage the development of children in their care (Clarke-Stewart et al., 2002).

There are several ways that home providers receive information, technical assistance, and support. Training sessions and workshops are offered through local Child Care Resource and Referral agencies and classes in child development and early childhood education are offered through community colleges, universities, and, increasingly, online (Taylor et al., 1999). Many home providers belong to family home child care professional associations, some of which are based locally, while others are nationally affiliated with organizations such as the National Association for Family Child Care (NAFCC). It has been shown that home providers who belong to a nationally affiliated family child care association are more likely to provide a higher quality of care for children than those who do not (Kontos et al., 1995; DeBord & Sawyers, 1995). Many home providers also participate in networking groups on the Internet where they share experiences and information with other home providers. While these professional associations are crucial to giving home providers opportunities to discuss state and certification regulations, business practices, and provide a source of support for one another, they rarely provide research-based information about developmentally appropriate practice, new research, or child-centered theories of education.

Although the NAFCC distributes a quarterly newsletter to its members (who pay a yearly membership fee), there are no professional journals, and very few publications of any sort devoted to the unique business owner/caregiver responsibilities that home providers encounter daily. When searching Internet resources for information regarding home child care, one finds that most sites are devoted to craft activities, coloring and workbook sheets, or selling prepackaged theme boxes. These activities, printed sheets, and theme boxes are not necessarily bad for children in family home child care, depending on the teaching style of the adult, but neither are they promoting child-initiated play and learning or developmentally appropriate practices on which many quality measurements, such as the FDCRS, the CIS, and the CC-HOME are based. The question then becomes, where do home providers find the information that will help them improve the quality of their family home child care settings?

### *Purpose of the Project*

The purpose of this project was to create a document in the form of a newsletter that presents research-based information about the kinds of child-initiated play and learning and developmentally appropriate practices that occur in high quality family home child care programs, in a format that is familiar and accessible to home providers. To achieve this purpose, the following questions must be addressed:

1. How can education, training, and information improve the quality of care a home provider offers?
2. Should the concept of child-initiated play be included in training sessions and information presented to home providers?

### *Importance of the Project*

Although most home providers genuinely care about the children and families they serve, they often provide children with activities that are not considered developmentally appropriate, and do not interact appropriately with children in order to provide them with opportunities to develop their cognitive, physical, language, social, and emotional skills (Kontos et al., 1995). Many of these interactions stem from the fact that often home providers have not had education or training in child development or early childhood education and, therefore, lack this information (Clarke-Stewart et al., 2002). Many home providers do not realize that children learn best by constructing their own knowledge, nor do they have appropriate expectations for children's behaviors and skill levels. This needed information can be addressed in a concrete way through home visits and training opportunities, but also in the form of a resource that home providers can read and access easily and enjoy as well as, hopefully, learn from and use for reference. This project, in the form of a newsletter, will provide information regarding child-initiated play and learning and how it can be incorporated in a family child care setting. The newsletter will also address the need for creating and maintaining a balance between offering child-initiated opportunities and providing structure in a family child care setting. For examples of the newsletter, see the Appendix.

### *Terminology*

1. **Research-Based Information:** Information regarding children, child development, early childhood education, developmentally appropriate practices, health, and safety, that has been proven by researchers and accepted by national early childhood organizations including the National Association for the Education of Young Children (NAEYC), the

National Association for Family Child Care (NAFCC), and the American Academy of Pediatrics (AAP).

2. Family Home Child Care: The care of unrelated children, often in addition to the provider's own, in the home of the provider for pay (Kontos et al., 1995).

3. Developmentally Appropriate Practice: A caregiver's interaction with children, arrangement of the child care environment, and selection of activities and materials based on her knowledge of human development and learning, individual characteristics of each child, and social and cultural contexts (Bredekamp & Copple, 1997).

4. Child-Initiated Play: Children carry out self-initiated activities as they see fit, unconstrained by the adult's definition of the correct answer or the correct use of materials; child-initiated play is distinguished from random play because of its purposefulness and distinguished from adult-directed play because the child controls what happens (Schweinhart & Weikart, 1988).

## Chapter II

### *Methodology*

In this chapter, I describe the process and methods of developing the project. A review of the literature relevant to the quality of care provided in family home child care, its correlation to the education and/or training that the caregiver has received, and the factors that motivate caregivers to attend training sessions is also included. Other literature reviewed provides a brief description of child-initiated play and its importance to children's development and learning. This literature will serve as the basis for the project that will be developed.

#### *Procedures to Develop the Project*

The idea for this project came about as a result of a frustration in my job as an Early Childhood Teacher for the Provider and Child Education Services (PACES) program at Hawkeye Area Community Action Program, Inc. (HACAP). I work with home providers, offering them technical assistance, resources, and training sessions. I also visit their homes and model child-initiated, developmentally appropriate activities and bring materials for them that could be used for child-initiated play.

During the course of my work with PACES, I have visited and offered training to more than 70 home providers. Of these, I have observed 10, or 14%, that actually offer or allow child-initiated play and learning opportunities in their homes. This leads me to believe that, despite the visits and training sessions offered by the PACES program, the majority of the home providers that we serve do not understand how important and beneficial child-initiated play is to children's learning and development. For the

remainder of this section, I will focus on those home providers who are not offering or allowing child-initiated play and learning opportunities in their programs.

### *Home Providers' Misconceptions about Children's Learning*

It appears that the underlying belief of many of these home providers is that children are learning best when they are encouraged to participate in rote memorization. Often a home provider will tell me what smart children she has at her house and then ask the children to recite the answers to a quiz of sorts: "Tell Paula what color that is...tell Paula what letter that is...tell Paula how you spell 'Iowa'...tell Paula who the President is." These performances lead me to believe that our home providers don't understand that children learn best through child-initiated play, nor do they understand what expectations would be appropriate for young children (birth to five years old) that they serve.

In conversations and observations with home providers, they describe the planned activities they offer to children as taking place with the whole group of children at the same time with no other options available. Most of the activities are a pre-cut craft to assemble, a coloring sheet to color, or a book read to the whole group. None of these activities are inherently bad for the children in their care when done sporadically, but this seems to be the extent of the depth of experiences offered. Therefore, the children are not engaging in the kinds of child-initiated play and learning that is considered developmentally appropriate (Bredekamp & Copple, 1997). Nearly all of the activities offered are adult-directed with very few chances for children to initiate their own play or make their own choices in materials.

As a PACES staff member, I only visit each home provider once every three months. With this schedule, it is difficult to instill the importance and benefits of child-

initiated play simply by modeling the appropriate interactions. When I go into a provider's home, I try to model or present an activity in a manner that exemplifies child-initiated play. If the children choose not to use the materials that I bring with me I ask the home provider if there are other choices available for them. Unfortunately, many of the providers see me as a guest, and they try very hard to make the children *sit still and listen* regardless of my explanations that child-initiated play and allowing the child to make a different choice is really much more developmentally appropriate.

When visiting home providers, I encourage the children to use the materials that I bring according to their own choices, and it often becomes obvious that they are not used to that. They show a lot of uncertainty when there isn't a *right way* to play with the materials. For example, during one three-month rotation I took muck, a sensory concoction the children make with soap shavings, torn up toilet paper, and water. In many homes, the children looked at me expectantly and asked, "What do you do with it?" My initial response was a confused, "You just play with it... What do you *want* to do with it?" When the blank expressions continued, I had to be more specific: "Well...let's see...how does it feel? Does it stick together like playdough does? Do you think you could use it to make a tower? What if you poke a hole in it...does it stay or is it too slimy?" Once they got started trying to answer my questions, they began to ask some of their own and then to "just play" with it in an effort to answer those questions. They would pause frequently during their play, however, to ask the provider, "Is this right?" It became very clear with this and other visits with open-ended materials that the children really didn't have a lot of experience in making their own choices. For me, offering and modeling one opportunity for child-initiated play at a home every three months wasn't



giving home providers enough information about how important child-initiated play really was to the learning and development of the children in their care. I felt that I needed to offer them another resource for information about child-initiated play and how it enhances children's learning and development.

### *Information Available for Home Providers*

First, I wanted to find out what information was already available for home providers on issues such as child-initiated play and allowing children to make choices in a family home child care setting. I investigated the information that was presented in local and national family child care association newsletters as well as what kinds of information was available online because those resources were mentioned most frequently by our home providers. I wanted to know what they were learning from these resources.

One source of information that I examined was the newsletter for the Cedar Rapids Family Home Child Care Association (CRFHCCA). The association's newsletters contained meeting notes, association business, fund-raising efforts, and write-ups of the training session offered at their previous meeting (CRFHCCA, November 2007; February 2008; July 2008; August 2008). A training session and certificate is offered at each meeting and this hour of training may be used to satisfy the Iowa Department of Human Services ongoing training requirement of 12 hours (National Association of Child Care Resource and Referral Agencies [NACCRRA], Child Care Licensing Requirements, 2007). I was interested to see if the training sessions were related to child-initiated play or developmentally appropriate practices. In the July 2008 newsletter, I discovered that the previous meeting's training session consisted of watching an episode of the television

show *Super Nanny* (CRFHCCA, July 2008). I did not find this to be a valid or research-based source of information that would help home providers. From reading other newsletters, it appeared that some of the other training sessions offered at meetings were more appropriate and relevant to home providers and child care, but it was difficult to find consistency regarding information on child-initiated play or developmentally appropriate practice. Other training sessions included speakers on topics such as the Iowa Quality Rating System (CRFHCCA, November 2007), infant medical monitors (CRFHCCA, February 2008), and another video entitled *Yoga for Kids* (CRFHCCA, August 2008).

The NAFCC publishes a quarterly newsletter, focusing mainly on the business and professional aspects of family home child care. There are many articles about public policy, professionalism, leadership, and a section for parent activities. However, there is usually just one article per newsletter on actually providing care for children. In one issue there was an article describing the curriculum of family child care that referenced the National Association of the Education of Young Children (NAFCC, Fall 2008), and in another there was an article that described the importance of building relationships with infants and families that referenced the evidence-based Program for Infant/Toddler Care (PITC) (NAFCC, Winter 2008). While these articles did contain relevant, valid, and research-based information about child-initiated play and developmentally appropriate practices, the majority of the newsletter is focused on other topics.

I also searched for information regarding child-initiated play in family home child care on the Internet, as many providers have indicated that they use the Internet for a resource. After searching for *family home child care* (and a combination of other phrases

like *home daycare*, and *family child care*) on search engines such as Google.com and MSN.com, I found that a majority of websites focus on the business aspects of family home child care, and not on child-initiated play and learning or developmentally appropriate practices.

The NAFCC's website, [www.nafcc.org](http://www.nafcc.org), is a frequent result from the search engines, but it discusses the NAFCC Accreditation process, benefits to being a member of the NAFCC, and its partnership with a publisher of family child care business resources. There is no mention of early childhood education at all, let alone child-initiated play or developmentally appropriate practices. The NAFCC website is just one example, but much of the information on the Internet specific to family home child care refers to either how to start a home child care or how to manage the business aspects and responsibilities of being a home provider. These websites are useful when home providers have questions about the business aspect of family child care, but they need another resource for information on child-initiated play and developmentally appropriate practices.

When looking for information on the Internet, I also searched the term *activities for kids* (and a combination of other phrases such as *early childhood learning activities*, *activities for children*, and *math and science for young children*) and came up with many websites similar to [www.preschoolprintables.com](http://www.preschoolprintables.com) where a home provider can print off coloring sheets and craft patterns, and [www.perpetualpreschool.com](http://www.perpetualpreschool.com) where people can add their ideas about activities for children to the website's database of activities organized by theme. Many of the ideas submitted are adult-directed, and even those ideas that are meant to be child-initiated do not come with an explanation of the accompanying

philosophy of how to set up a child-initiated activity or environment. Without the necessary background information, a home provider may skip over a suggested child-initiated activity or opportunity because she doesn't understand how it works.

After looking at what information was available for providers, I sought information for myself. I wanted to know if offering home providers education, training, and information was beneficial or made a difference in the quality of care in the home child care setting. The literature indicated that providing education, training, and information does help improve the quality of care in family home child care settings and that home providers with more education and training increased their intentionality, which caused them to seek out more training and information (Burchinal et al., 2002; Clarke-Stewart et al., 2002; Doherty et al., 2006; Fukkink & Lont, 2007; Galinsky et al., 1995; Kontos et al., 1995; Raikes et al., 2005).

### *Creating the Project*

I decided that the home providers I serve needed a resource that would present information that addressed their unique responsibilities in family home child care while also addressing topics relevant to developmentally appropriate practice and interactions with children – specifically to child-initiated play and learning in a family child care home. I decided that the development of this product would require that I answer the following questions:

1. What format would be most accessible to home providers?
2. How would the information be presented in a way that is both practical and understandable?
3. How would the information presented be checked for validity?

4. How would this resource be distributed to home providers?

5. How would the product be evaluated for effectiveness?

My first question was to determine what format would be most accessible to home providers. According to the *Iowa Family Child Care Providers' Survey* (Iowa Early Care and Education Professional Development, 2003), a survey completed by over 700 home providers across Iowa, 84% of the participants indicated that they preferred to receive information in the form of a newsletter. These 84% said that they would be more likely to use the printed resource of a newsletter over workshops, conferences, or classes for college credit.

In addition to the information in the *Iowa Family Child Care Providers' Survey* (Iowa Early Care and Education Professional Development, 2003), several of the home providers in the PACES program indicated that they would like a printed resource. As a part of my job at PACES, I write brief, biweekly newsletters that are distributed to our home providers via email. The e-newsletters discuss a variety of early care and education topics such as children's health and safety, Department of Human Services (DHS) child care home registration guidelines, developmentally appropriate activities and expectations, and the constructivist theory of children's learning. Twenty-seven of our home providers (of the 58 currently served) have asked for a printed compilation of these e-newsletters so that they could have the information handy while saving money on computer paper and printer ink. Because of the interest in a printed resource from our home providers and the high percentage of participants that indicated they would be likely to use a newsletter in the *Iowa Family Child Care Providers' Survey*, I felt that a

printed resource, in the form of a newsletter, would be the most accessible format for the home providers that we serve.

Home providers indicated in the *Iowa Family Child Care Providers' Survey* (Iowa Early Care and Education Professional Development, 2003) and in research done by Taylor et al. (1999) that they wanted information that was relevant to their position as a home provider. For practicality and relevance in the newsletter articles, I chose to include examples from my observations in providers' homes to illustrate ways to create an environment more conducive to child-initiated play and learning. Also, many of the PACES home providers have informed me that they appreciate the informal tone of the biweekly e-newsletters that I write because it makes the information more understandable as well as easier and more fun to read. I decided that I would write the articles within the newsletter in that same informal tone in an effort to keep the information accessible and easy to understand.

In order to be sure the information in the newsletter was valid and research-based, I decided it would come from peer-reviewed journals, research-based early childhood curriculum, state standards and regulations, and NAEYC's publications on developmentally appropriate practice. Practical examples would come from my direct observations in family child care homes, and be compared with information presented in NAEYC's *Developmentally Appropriate Practice in Early Childhood Programs* (Bredekamp & Copple, 1997), the *Iowa Early Learning Standards* (Iowa Department of Education and Iowa DHS, 2006), the guidelines and requirements for the *Iowa Quality Rating System* (Iowa DHS, Quality Rating System), and, of course, the *Iowa DHS Child Development Home Registration Guidelines* (Iowa DHS, 2004). References would be

included for the information presented in the newsletter so home providers could find more information and resources, if they chose to do so.

The newsletter will be distributed to home providers in Linn and Jones Counties by the PACES staff in September of 2009. In an effort to evaluate the effectiveness of the newsletter, the PACES staff will continue to observe the home child care settings to see if more opportunities for child-initiated play and learning are offered. Also, the last page of the newsletter contains an evaluation that providers can return via mail or email. The evaluation consists of several open-ended statements that help home providers assess the usefulness of the newsletter to their particular home child care setting. The statements include the following:

1. "Something I hadn't thought about before reading this was..."
2. "Something new I tried after reading this was..."
3. "It worked well/It didn't work because..."
4. "Are you kidding?! We would NEVER do this  
\_\_\_\_\_ at my home because..."
5. "I would like more information about..."

It is the intent that, through the continued observations by the PACES staff as well as the home providers' evaluations, the information in future newsletters can be adapted as needed to continue to be relevant and useful to home providers while encouraging them to offer opportunities for child-initiated play and learning. For examples of the newsletter, see the Appendix.

To identify research-based content information, I conducted a review of the literature. I searched the Education Resources Information Center (ERIC) and Science

Direct databases, looking for peer-reviewed journal articles about quality in family home child care, home providers' training and education, and child-initiated play. There is considerably less literature on family home child care than center-based child care, and much of it is funded and written by the same combination of authors. I also reviewed the book, *Quality in Family Child Care and Relative Care*, by Kontos et al. (1995), one of the earliest studies on family home child care and one that I found to be referenced frequently by other articles.

### *Literature Review*

This literature review begins with an examination of the quality of care provided in family home child care settings. It is followed by information regarding the correlation between the quality of care provided and the education and/or training that the caregiver has received. Research regarding the factors that motivate caregivers to attend training opportunities is also included. Other literature reviewed provides a brief description of child-initiated play and its importance to children's development and learning.

### *Variety in Family Home Child Care*

Although family home child care is hugely prevalent in the United States, serving over 3 million children every day (Shriner et al., 2008), there is a wide variety of quality among family child care homes and home providers. Every family home child care setting is unique. Not only does each home provider have a different set of background knowledge and skills, each home is physically different as well. Additionally, each state sets its own regulations for family child care homes, which makes it very challenging to compare quality from one setting to the next. Some states require a family child care home to be licensed or registered if they have just one unrelated child in their care, while



other states wait until the 13<sup>th</sup> child is enrolled before requiring licensure or registration (NACCRRA, Threshold of Licensed Family Child Care, 2007). Some states do not require family home child cares to be licensed or registered at all. In the state of Iowa, child care centers are licensed, while family child care homes are registered. Registration is voluntary, which means that home providers may choose whether or not they become registered with the Department of Human Services. A non-registered home provider, however, may only care for up to five children, including her own (Iowa DHS, 2008), compared to the eight, twelve, or sixteen children that registered home providers may care for, depending on their registration category.

Making quality comparisons between family child care homes is further complicated by the fact that states also have wide variations on the amount of training that is required of home providers before they begin providing care, after the initial licensure or orientation, and yearly for renewal of licensure or registration. For example, the state of Florida requires a 30-hour family child care training course and a score of 70 on a competency exam, as well as five hours of approved training in early literacy and language development before issuing a license to a home provider (NACCRRA, Child Care Licensing Requirements, 2007). Forty-two other states, however, require no preservice training whatsoever. Similarly, New Mexico requires that home providers complete a 45-hour entry-level course within six months of becoming licensed, while 34 other states have no requirements during the initial licensure or orientation period (NACCRRA, Child Care Licensing Requirements, 2007). Ongoing yearly training, or continuing education, requirements for renewal of licensure or registration vary from 20 hours per year to five hours per year, with eight states not requiring any ongoing training

at all (NACCRRA, Child Care Licensing Requirements, 2007). In Iowa, no preservice or orientation training is required, but registered home providers must take 12 hours of training each year to keep their registration current and valid (NACCRRA, Child Care Licensing Requirements, 2007). Although there are minimum quality guidelines for unregistered home providers in Iowa, such as certifications in CPR and First Aid, they are very difficult to enforce (Iowa Department of Human Services, 2008). Even though the majority of home providers have some college or an associate's degree, it is often in a field other than early childhood education (Clarke-Stewart et al., 2002; Kontos et al., 1995). With no consistent education or training requirements in place, the knowledge base of home providers is widely varied.

#### *Home Providers' Education, Training, and Quality*

In one of the earliest and most comprehensive studies of the quality of family home child care settings, Kontos et al. (1995) found very few family child care homes where the quality of care provided was rated as *good*. Observers used the FDCRS (Harms & Clifford, 1989), one of the most commonly used measures of global quality in family home child care settings, to determine the quality in 226 family child care homes. Only 9%, approximately 20, of the 226 home providers were observed to be providing care that was of good quality (Kontos et al.). By contrast, 36% of the home providers were observed to be providing care that rated *inadequate* on the FDCRS, which invited concern as to the health and safety of the children in care. The other 56% of home providers were observed as providing "...adequate or custodial care" (Kontos et al., p. 206), which implied that while the children's basic needs were being met, home providers were doing little to encourage the learning and development of the children in

their care. In searching out what factors influenced the quality of family child care homes, Kontos et al. found that:

Providers offering good quality care were overwhelmingly regulated, trained, and involved in family child care networks.... Regulation itself appears to serve as a reliable indicator of care that is at least adequate in quality.... [Being regulated] does not itself improve quality, but it increases the access of providers to the resources they need to do a good job. (p. 206)

It would appear that even though the states' regulations for home providers may be very different, the act of becoming registered or licensed affords home providers more opportunity for training and networking which helps improve the quality of care.

Following the Kontos et al. (1995) study, there have been several studies attempting to identify exactly which factors can predict and lead to a high quality experience for children in family child care homes including those by Raikes et al. (2005), Burchinal et al. (2002), Clarke-Stewart et al. (2002), and Doherty et al. (2006). These four studies illustrate the debate about the influence of *regulable* factors (including child:adult ratios, ages of children in the setting, group size, and caregiver education and training related to child care) and *non-regulable* factors (including provider intentionality, beliefs about child-rearing, use of provider supports such as networks and child care resource programs, working conditions, and prior experience in child care) on the quality of care provided. Generally speaking, researchers have found that regulable factors often influence structural and global quality measures such as health, safety, and having a developmentally appropriate environment, while non-regulable factors are often

related to process quality measures such as caregiver sensitivity and interactions with children.

In a 2005 study, Raikes et al. surveyed and observed 120 randomly selected home providers in four states in an attempt to determine which factors predicted the global quality of care given and the caregivers' sensitivity. Researchers used the FDCRS (Harms & Clifford, 1989) to assess the global quality of the family home child care and the CIS (Arnett, 1989) to assess the caregiver's sensitivity. Raikes et al. determined that those home providers in their study that had more general education and received more training were more likely to be regulated and scored higher on the FDCRS and CIS assessment tools than those participants with less. From those findings, Raikes et al. deduced that those home providers with more education and training offered higher quality and more sensitive care. Raikes et al. found that two factors in particular, regulation and caregiver education and training, predicted global quality. They were surprised to find, however, that caregiver education and training also predicted caregiver sensitivity.

Burchinal et al. (2002) were also looking for a link between regulable factors, global quality, and caregiver sensitivity. They investigated the regulable factors of caregiver education and training, child:adult ratios, and group size to see if they predicted global quality or caregiver sensitivity. Observers visited 326 family child care homes and assessed each one, like Raikes et al. (2005), using the FDCRS (Harms and Clifford, 1989) and the CIS (Arnett, 1989). The home providers were also interviewed to determine their education history and child care experience. Through observations, interviews, and data analysis, Burchinal et al. determined that "...caregiver

characteristics such as training is a better predictor of quality in child care homes than are group size or child:adult ratios” (p. 99).

Clarke-Stewart et al. (2002) examined several regulable and non-regulable factors of family home child care and their influence on the quality of care provided. In their study, researchers observed 172 individual children in their family home child care setting at 15, 24, and 36 months of age. Observers assessed the child care setting using the CC-HOME (Bradley et al., 2003; Caldwell & Bradley, 1984), a global measure of the physical and social environment and Ainsworth’s ratings of maternal behavior, a measure of caregiver sensitivity and positive regard for the child.

The regulable factors Clarke-Stewart et al. (2002) examined in relationship to the quality of care provided were caregiver education and specialized training, number of children in the home, and government licensing/registration, or regulation. The non-regulable factors examined in relationship to quality were the caregiver’s professional attitude, experience in child care, age, beliefs about child rearing, mental health, and the presence of the caregiver’s own children. Clarke-Stewart et al. found that participants’ scores on the CC-HOME (Bradley et al., 2003; Caldwell & Bradley, 1984) assessment were higher when caregivers had more general education and more specialized training related to child care. Regarding the non-regulable factors that were investigated, only the caregiver’s beliefs about child rearing predicted child care quality. Those caregivers with more child-centered and/or non-authoritarian beliefs about child rearing had higher scores on both assessments. Clarke-Stewart et al. found it noteworthy that those caregivers with more education and specialized training were also the ones with more child-centered beliefs, leading researchers to further conclude that those home providers with more

education and specialized training offer higher quality child care. However, although home providers offered more positive caregiving when they had more specialized training, simply having more general education and training did not necessarily affect the emotional and sensitive quality of caregivers' behavior. They concluded that it was "...easier for caregivers to add stimulating materials, schedule interesting activities, and organize the environment than it is to change the nature of their behaviors" (Clarke-Stewart et al., 2002, p. 80).

Doherty et al. (2006) also investigated which factors predicted quality in family child care homes. They studied 231 regulated home providers and then proposed a theoretical model to determine the effects of the caregiver's level of education, intentionality, training and experience in family child care, use of support services, and work environment on the quality of care. Observers assessed the 231 home child care settings using the FDCRS (Harms & Clifford, 1989) and used a questionnaire and interview with the home provider to obtain necessary background information.

Doherty et al. (2006) had unexpected findings that were different from those of other research studies. They found that only a caregiver's intentionality and a college or university credential in Early Childhood Education (ECE) or a related field predicted higher quality child care. Unlike many other studies, they did not find that a caregiver's general education or training predicted quality. They consider one reason for the difference in their findings here:

Several of the previous studies exploring the effect of training defined training as having participated in one or more of a wide range of activities including, in some

studies, college or university ECE education. We defined family child care training solely as completion of a structured post-secondary family child care-specific training program...and treated this type of training as a separate variable from college/university training....The difference between our findings and those of others may reflect our separation of the two types and levels of training.

(pp. 308-9)

While there are many ways to look at the regulable and non-regulable factors that contribute to quality in family child care homes, researchers in these studies agreed that caregiver education and training related to child care helps improve the quality –be it global or process quality- of care given (Burchinal et al., 2002; Clarke-Stewart et al., 2002; Doherty et al., 2006; Kontos et al., 1995; Raikes et al., 2005). In many of the findings, home providers with more education and more recent training provided “...richer learning environments and...warmer and more sensitive caregiving” (Clarke-Stewart et al., 2002, p. 84). Caregivers with more training were also found to provide higher quality care, use more developmentally appropriate practices and interactions, and show more attachment with the children in their care (Burchinal et al., 2002).

### *Influence of Training on Providers*

In addition to the research mentioned that caregiver training and education helps improve the quality in family child care settings, Fukkink and Lont (2007), in their meta-analysis of caregiver training studies, also came to the conclusion that, “...training seems to matter” (p. 305). Through their analysis of several studies looking at the influence of training on family home child care providers, they found that specialized training related

to child care helped caregivers improve their professional attitudes, knowledge, and skills.

Galinsky et al. (1995) looked at the characteristics of home providers who attended a series of training sessions and the short- and long-term benefits that resulted from attending the training series. One of their major findings was that a majority of the home providers increased their commitment to their jobs and sought additional training after participation in the training series. Job commitment is one element of caregiver *intentionality*, which is a term used to collectively describe a number of characteristics including job commitment, seeking out opportunities to learn more, planning ahead, being more involved with other home providers, being or becoming regulated, and following standard business and health practices (Kontos et al., 1995). Home providers with more intentionality were found to be more likely to provide sensitive, responsive, and higher quality care (Galinsky et al., 1995; Kontos et al., 1995). Admittedly, if a caregiver is more intentional in her practices before attending a training experience, it is more likely that her quality of care will improve after the training experience. It is the hope, then, that home providers will become engaged in a cycle where they attend training sessions and become more intentional in their practices. Consequently, because they are more intentional, they are motivated to seek out more opportunities to learn. This kind of positive cycle helps home providers to improve practices, knowledge, and skills with each training experience.

After revisiting participants in their study at six months and again at one year after completing the training series, Galinsky et al. (1995) made several recommendations regarding training and home providers. They recommended that training sessions for



beginning home providers focus on more practical topics, such as health, safety, and business practices and that similar training sessions should be repeated at regular intervals because new home providers are always joining the profession and are often in need of basic information. Galinsky et al. also suggested that training sessions for all home providers include information about child development including child-initiated activities and materials and appropriate expectations for children because, "...child development knowledge has the greatest potential for improving sensitive and responsive interactions between providers and children" (p. 27).

#### *Provider Attitudes about Training.*

Taylor et al. (1999) interviewed nearly 300 home providers along with other stakeholders and agencies involved with family home child care to see what participants thought were the main training issues facing the profession of family home child care. They discovered that much of the family home child care community was divided into two schools of thought; those that wanted to see home providers behave in more professional ways, such as obtaining more education and training, being regulated, and providing a more appropriate educational environment for the children in care, and those who judge the family child care home by how closely it resembles a natural family environment.

In surveying home providers, Taylor et al. (1999) identified that there were many barriers to attending training opportunities offered by agencies and colleges. One of the main barriers was availability; many home providers lived in areas where there were no training sessions available, or they were unaware that training was available to them. Accessibility was a barrier for those home providers who were aware of training

opportunities. Accessibility issues included transportation to and from training sessions, not being able to afford the cost or fee for training sessions, and not feeling like there was enough time to attend training sessions because of other family responsibilities. As a solution to accessibility issues, many caregivers suggested that training be delivered in non-traditional means, including using the Internet, print resources, and other distance education technologies that were unavailable to them at the time of the study. Other concerns for home providers regarding training were that the training sessions offered might not be relevant to their position as home providers, and that there was little to no recognition for earning training hours or additional certifications from the families they serve, or society in general.

Taylor et al. (1999) reported that home providers were more motivated to attend training opportunities when they could be sure that the presenters were people who respected their positions as home providers and understood the meaning of quality child care in the same way that they did. Researchers also learned that home providers wanted instructors who were informed about family child care, used authentic family child care examples so the training would be relevant to them, and gave them opportunities to network with other home providers. The other reasons that home providers gave for attending training opportunities included being interested in improving the quality of the care they provide, raising their credibility, and solving a particular problem they were having in their child care home.

In Iowa Early Care and Education Professional Development's report, *Iowa Family Child Care Providers' Survey* (2003), 730 home providers across the state of Iowa responded to surveys regarding their family home child care businesses. Iowa's

home providers shared similar thoughts on training issues as those home providers in the Taylor et al. (1999) study. Iowa home providers felt that there were several barriers to attending training sessions; a lack of available training or being unaware that training was available, a lack of accessibility because of cost or distance to training opportunities - especially from rural areas, and concern about the quality of the trainer and relevance of the training to their position as home providers. Iowa home providers' primary reason for attending training opportunities was also mentioned by those home providers in the Taylor et al. study; the relevance of the topic being presented was important to them, especially if the topic was one they were currently having a problem within their own businesses (Iowa Early Care and Education Professional Development, 2003).

These studies stood out because both were on a large scale and encompassed many home providers. It is encouraging to find similar barriers and motivations to attending training sessions so that those agencies and stakeholders involved in creating and presenting training opportunities for home providers can take that information into consideration when planning future training opportunities.

### *Child-Initiated Play and Learning*

Child-initiated play and learning takes place within a structured program set up by an adult. The adult sets the structure with rules, planned materials, and activities. The children, however, play with the materials and carry out activities as they see fit. They are not bound by the adult's idea of the correct way to do things (Schweinhart & Weikart, 1988). An example would be block play. The adult provides the blocks, along with rules related to the specific area where children can use the blocks or safety precautions. However, the adult does not tell the children what to build, or how to build it. The

children make their own choices as to what they want to build, which blocks to use, and how to solve the problem if the blocks come crashing down. The children then have the opportunity to explain their creations, the process they used to design and build them, and what problems they had to solve to be successful. By setting the structure for this kind of child-initiated play, the adult has encouraged the children's cognitive development in deciding what to build and how to go about building it. The children will have opportunities to show their persistence if they encounter difficulties, and language to explain the process of their creations (Bredekamp & Copple, 1997; Schweinhart & Weikart, 1988).

This concept of child-initiated play is promoted in the NAEYC's "Guidelines for Making Decisions about Developmentally Appropriate Practice" (Bredekamp & Copple, 1997, pp. 16-22). Bredekamp and Copple indicated that child-initiated play supports cognitive development in children because they actively construct their own understandings and "...benefit from initiating and regulating their own learning activities and interacting with peers" (p. 17). The guidelines also stressed that children should be allowed to choose from a variety of meaningful activities. As the NAEYC guidelines are considered a gold standard in the early childhood education profession and are the basis for many quality measures and early learning standards and policies (Bredekamp & Copple, 1997), it seems logical that necessary education, training, and information for home providers should encourage them to provide opportunities for child-initiated play and learning.

In addition to child-initiated play being considered developmentally appropriate by NAEYC, the benefits are supported by longitudinal research such as the High/Scope

Foundation's Perry Preschool Study that began in 1967 and followed 68 preschoolers through age 40 (Schweinhart & Weikart, 1988; Schweinhart & Weikart, 1997). In this landmark study, the 68 participants were randomly assigned to a preschool classroom where one of three curriculum approaches was employed: the Direct Instruction curriculum, an adult-directed, programmed learning approach; the traditional Nursery School curriculum, a child-centered environment meant to encourage social, but not academic, skills; or the High/Scope curriculum, an open framework approach where adults appreciated children as active learners, arranged their classrooms in learning centers, and planned intellectual, social, and physical experiences to be carried out in a child-centered environment.

Through revisiting these preschoolers at regular intervals as they grew up, researchers found that children achieved benefits lasting into adulthood from attending a high quality early childhood program, which included teachers trained in early childhood development, administrative support, and a curriculum based in child-initiated play and learning. These benefits included more planning and social reasoning skills, which translated into adulthood as less misconduct, fewer arrests, and less suspension from work. Researchers concluded that the higher levels of planning and social reasoning skills, with their basis in child-centered early childhood experiences, improved the children's positive dispositions that led to successes and less misconduct later in life.

Schweinhart and Weikart (1988) spoke of the administrative support necessary to achieve a high quality program that included child-initiated play, but a home provider is her own administrator. This reality makes it vital that education, training, and information for home providers include how children's development and learning benefit from child-

initiated play as well as how home providers can offer opportunities for child-initiated play and learning in their home child care settings.

### *Conclusion*

In reviewing the literature, I found that home providers with more education and training relevant to child care provided higher quality of care for children than those home providers with less education and training (Burchinal et al., 2002; Clarke-Stewart et al., 2002; Doherty et al., 2006; Kontos et al., 1995; Raikes et al., 2005). I also discovered that home providers preferred information presented through training sessions to be relevant to them and in a format that they can easily access, such as a printed resource (Iowa Early Care and Education Professional Development, 2003; Taylor et al., 1999). Unfortunately, much of the information available specifically for home providers is not research-based and does not cover topics such as developmentally appropriate practice or child-initiated play. Based on information from the literature, I believe that creating a newsletter that contains information about child-initiated play and learning and other developmentally appropriate practices would meet home providers' criteria for information, as it would be relevant and easily accessible to help them improve the quality of care they offer to the children and families they serve.

## Chapter III

### *The Project*

The purpose of this project was to create a newsletter that presents research-based information about the opportunities for child-initiated play and learning and developmentally appropriate practices that occur in high quality family home child care programs. This newsletter will be in a format that is familiar and accessible to home providers.

#### *Description of the Project*

This newsletter is intended for family home child care providers in the PACES Program. Those home providers who are currently a part of the program in Linn and Jones Counties will receive the newsletter at their PACES home visit in September of 2009. Because the PACES Program serves home providers that care for children birth through five years old, the newsletter will address developmentally appropriate practice and child-initiated play and learning for children within that age range. In order to evaluate the effectiveness of the newsletter, the PACES staff will continue to observe the home providers in their settings at their regularly scheduled home visits to see if more opportunities for child-initiated play and learning are offered.

The newsletter consists of several separate articles related by the common theme of child-initiated play and learning in family home child care. Each article addresses a different aspect of early childhood education and includes practical ways that home providers can offer opportunities for child-initiated play and learning in their homes. Every written piece is treated as a separate article with references at the end of each one so home providers will be able to investigate other resources if they choose.

The content of the newsletter is information gleaned from peer-reviewed journals, research-based early childhood curriculum, state standards and regulations, and NAEYC's publications on developmentally appropriate practice. I wrote the content for the articles, which were compilations of information from sources mentioned as well as from my personal experience with home providers and their settings. The topics of the articles included art vs. craft, reading to children in a multi-age setting, sensory play, the importance of having a daily routine in a home child care setting, and setting up a developmentally appropriate environment. Each individual article topic was then related to developmentally appropriate practice and the importance of offering opportunities for child-initiated play and learning in a family home child care setting.

The final page of the newsletter offers an evaluation form that home providers can return via mail or email in an effort to assess what information from the newsletter was most – and least - beneficial to them. The evaluation consists of several open-ended statements that encourage them to assess the usefulness of the newsletter to their particular home child care setting. The statements include:

1. "Something I hadn't thought about before reading this was..."
2. "Something new I tried after reading this was..."
3. "It worked well/It didn't work because..."
4. "Are you kidding?! We would NEVER do this  
\_\_\_\_\_ at my home because..."
5. "I would like more information about..."

It is the intent that, through the continued observations by the PACES staff as well as the home providers' evaluations, the information in future newsletters can be adapted as



needed to continue to be relevant and useful to home providers while encouraging them to offer child-initiated play and learning opportunities. Those evaluations will help guide future newsletters in terms of format, distribution, and content included.

## Chapter IV

### *Conclusions and Recommendations*

#### *Conclusions*

Throughout the process of creating this project and reviewing the literature, it has become apparent that providing education, training, and information to home providers can improve the quality of care that they offer to the children that they serve (Burchinal et al., 2002; Clarke-Stewart et al., 2002; Doherty et al., 2006; Fukkink & Lont, 2007; Galinsky et al., 1995; Kontos, et al., 1995; Raikes et al., 2005). In order to improve the quality of care, however, home providers must be motivated to expand their knowledge through training or other resources, and they must also have access to sources of education, training, and information. Training for home providers needs to be in a format that they can access easily, relevant to their unique position as home providers as opposed to center caregivers, and taught or presented by an instructor using real family home child care examples (Taylor et al., 1999; Iowa Early Care and Education Professional Development, 2003).

Additionally, because home providers have widely varying educational backgrounds and serve children of widely varying needs and ages, information on child development and child-initiated play and learning should be included in educational opportunities, training sessions, and information presented to them by local training and support agencies (Galinsky et al., 1995). Child-initiated play and learning encourages children's cognitive development, helps children construct their own knowledge, and is considered developmentally appropriate by NAEYC (Bredekamp & Copple, 1997; Schweinhart & Weikart, 1988).

### *Insights Gained from the Project*

Through reviewing the literature and my work at PACES it became clear to me that by giving home providers more information, in the form of education, training, or even a brief two paragraph e-newsletter, they can improve the quality of care they provide to children. Although sometimes the changes are small, giving home providers more professional information about child development, developmentally appropriate practices, health, safety, and business practices, results in higher quality child care.

I believe that, based on the lack of consistent educational backgrounds (Clarke-Stewart et al., 2002), the majority of home providers are simply unaware of how children learn best, and are, therefore, not providing opportunities for child-initiated play and learning in their homes. The information provided through this project can give them a better understanding of what child-initiated play is and a better understanding of how they can offer opportunities for it in their environments and interactions with the children in their care.

Clarke-Stewart et al. (2002) mentioned in regards to quality in family home child care that it was easier for home providers to add materials to their environments in order to improve scores on global measures of quality such as the FDCRS rating scale, than it was to change their interactions with children. In my work at PACES, I have found that to be true as well. As a part of our program, PACES provides equipment grants that home providers can use to buy materials to improve their scores on the FDCRS assessment. The scores on the FDCRS assessment go up on certain items when providers have a wide variety of toys and materials available, so this process does improve their score on an environmental rating scale item, but it does not necessarily change their interactions with

children. Having a quality physical environment is certainly important for home providers, but I think it is at least equally important, if not more important, to have quality interactions with children. Kontos et al. (1995) also pointed out, however, that more education, training, and information can improve caregivers' intentionality, which has a positive effect on interactions with children that they serve. I am encouraged by those findings because PACES also offers training sessions to home providers. Hopefully, we are helping them improve the quality of both the environment they offer and the interactions they have with children.

### *Recommendations*

The conclusion has been made that "...training seems to matter" (Fukkink & Lont, 2007, p. 305). In light of that conclusion, I would make the following recommendations:

1. Training for home providers needs to be available, accessible, and relevant, besides providing an opportunity for networking.

Taylor et al. (1999) and the *Iowa Family Child Care Providers' Survey* (Iowa Early Care and Education Professional Development, 2003) found that these characteristics are what home providers want in training sessions. Training sessions also may need to be presented in non-traditional ways, such as over the Internet, via video, or through print resources such as a newsletter.

2. Home providers need to have access to training that covers health, safety, and business practices as well as presenting information on child development and child-initiated play.

Galinsky et al. (1995) suggested that training opportunities for beginning home providers focus on practical issues such as health, safety, and business practices, but that they also include information about child development and child-initiated play and learning as well as appropriate expectations for children. I agree with this recommendation because health and safety concerns are often changing and home providers need to be current in their knowledge. It also makes sense because there are vast amounts of information about child development and child-initiated play that home providers may not be aware of, given their varied educational backgrounds.

#### *Future Projects*

Taking into consideration the lack of resources available for home providers, I will continue offering a newsletter to home providers in Linn and Jones Counties – the PACES service areas. Future issues would continue to address content areas in early childhood education as well as providing information about and encouraging home providers to create child-initiated play and learning in their settings.

#### *Educational Policies*

The state of Iowa requires registered home providers to have 12 hours of training each year to keep their registrations current. Currently, Iowa's Department of Human Services is in the process of regulating the training taken by home providers. DHS must approve the training agency, although the training curriculum itself is still decided by the agency conducting the training. One educational policy that would benefit home providers and the families they serve would be to coordinate community colleges and local Child Care Resource and Referral agencies so that home providers can count the training sessions they attend through Child Care Resource & Referral agencies toward

some kind of college credit, credential, or degree. To do this, it would require collaboration between Child Care Resource & Referral agencies and community colleges regarding planning and offering training sessions and/or class curriculums, as well as DHS to approve the curriculum. This sort of collaboration would provide a more qualified child care workforce because home providers' training would be more professionally uniform. To do this would also encourage home providers to seek out more training as it would allow them to be working toward the goal such of a college credential or degree, instead of merely accumulating the minimum number of training hours to keep their registrations current.

#### *Teacher Practices of Self and Others*

Throughout this project it has been mentioned that home providers are more motivated to attend training sessions when trainers use real examples that are relevant to home providers (Iowa Early Care and Education Professional Development, 2003; Taylor et al., 1999). Those who work with home providers must try to abide by those requests when presenting training sessions and information. For example, Positive Behavior Supports, one of the training sessions that PACES presents, uses center-based language and examples in its materials. When we present that training to home providers it is imperative that we supplement the training materials with pictures, anecdotes, and examples that are specific to home providers so as to help them see the relevance of the curriculum content.

Throughout this project, I have looked for ways to help home providers obtain information and resources. After reading the literature, I found that providing caregivers with training, education, and information about early childhood education topics helps

improve the quality of care that they provide. Further review of surveys from home providers led to the discovery that one of the preferred ways to receive information is through a newsletter or other print materials. Through the newsletter project, I hope to give home providers an easily accessible way to obtain reliable information about child development, developmentally appropriate practice, and child-initiated play that they can use in a practical way in their home child care settings.

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## Appendix

*Selected Examples of Newsletters*

# Child Care Chit Chat

September 2009

Issue 1

## Who's in Charge Here?

Before we go any farther, let's get one thing straight: Kids need to play; that's how they learn. Children learn best and develop the most skills through play. They need to be interested and engaged in their play for them to learn new skills and practice the ones they already have. Are we clear on that? All right then...

There are lots of misconceptions about child-initiated play (it's also called "child-directed play," and "child-centered play"). Most people imagine that in a child-centered environment the adults stand idly by while the chil-

dren run around like crazy people. Setting up a child care environment to be child-centered *does not mean* that the children are in charge or that the children run around doing whatever they want. Actually, quite the opposite is true. In order to create an environment where children's play and learning are self-initiated, you (the grown up) completely control the environment. You set up the child care area with toys and materials that are available and accessible to children. You also set expectations about behavior and rules for the materials and teach those boundaries to the children.

You also help children interact with one another and with the toys and materials so that they become increasingly independent.

The kids are only "in charge" of choosing the toys and materials—of the ones you have provided—that they want to play with. They interact with the materials freely and in many different ways, exploring and constructing an understanding as they play. They are not limited to "your way" of playing with materials but are able to use their creativity and imaginations. They are, however,

*Continued on page 2*

## Books and Stuff

### Books and Stuff...

#### Read 'Em.

Ok, that's the gist of this, and if you follow those directions you don't have to read any farther... However, if you simply can't resist, here are some interesting ideas and factoids about reading to children of all ages.

Infants' visual acuity is the same as an adult's after a mere 4 months on the planet. Isn't that crazy? That means that by 4 months old, a baby can focus

on things as clearly as an adult. So when you're reading books to infants (notice I didn't say "IF" but "WHEN" you're reading to infants...), you can hold the book at a comfortable distance and the infant should be able to see it. By about 6 months of age, a baby can have a shared focus with an adult, which means that when you hold the book the baby might even take a look at it. (No promises. Babies' attention spans are pretty short...)

For the record, just because infants have teeny tiny attention spans doesn't mean you shouldn't read to them. You just

might not make it through a whole book. That's ok. As long as the baby is interested, read away. When the baby loses interest, put the book down and do something else.

A toddler's attention span isn't a whole lot longer than an infant's. Toddlers do much better when you share a book with them on your lap rather than trying to hold a book up for a larger group of kids. As with infants, as long as the toddler (or two or three toddlers, depending on how much lap and patience you have...) is interested, read away. When he/

*Continued on page 2*

*Who's in Charge Here, continued from page 1*

bound by your rules as to how and where to use the materials safely and in an appropriate way. (Clear as mud? Stay with me...)

Block play is a great example. "We use blocks on the carpet; we don't throw them" is an example of a boundary. However, you're not telling the kids what to build or how to build it. The kids make their own choices as to what they want to build, which blocks to use, and how to solve the problem if the blocks come crashing down. They then have the opportunity to explain their creations, the process they used to design and build them, and what problems they had to solve to be successful (depending on the age of the child, this explanation can be very simple or very elaborate). By setting the structure for this kind of child-initiated play, you encourage the kids' cognitive development in deciding what to build and how to go about it, persistence if they encounter difficulties, and language development as they explain the process of their creations.

When you set up your child care to allow and encourage child-initiated play and experiences, you give kids opportunities to explore and practice motor, cognitive, communication, and social/emotional skills. Children who have opportunities to make their own choices in play and materials are likely to be better problem solvers because they have plenty of opportunities to practice solving problems.

The things that children choose to play with are, obviously, things that interest them. You can increase children's learning by observing what they are interested in and add things to your child care environment that encourage those interests. For example, if your kids suddenly spark an interest in playing "restaurant" in the dramatic play area, you could add small notebooks and writing utensils so they can "take orders," pretend money so they can "pay," and take out menus from restaurants around town. When you add items based on the children's interests, you're helping to facilitate and extend children's play.

One group of children that I worked with was mildly obsessed with the movie "The Lion King" so we added "Lion King" books to our library, found nonfiction books about lions at the public library, made a "lion's den" in the book area, and made a "Number Lion" math game. The point is, we encouraged their interest, which led them to be more engaged in their play.

Another way to encourage children's play is by asking open-ended questions. Open-ended questions are those that don't have a right or wrong answer and encourage them to think. Closed questions are questions like, "What color is that playdough?" "What shape is that block?" and "How many blocks did you use?" They aren't bad questions and at times they're certainly necessary, but you need to make sure that they're not the ONLY kind of questions that you're asking if you want to help kids build thinking skills.

Some examples of open-ended questions and the ways

*Continued on page 3*

*Books, continued from p. 1* she loses interest, though, let it go. (Don't take it personally. Lots of things are interesting when you're a toddler...often lots of things are interesting all at the same time!)

After all of this great book reading experience, by the time kids get to be "preschool age" (3-5 or so) they are very likely to be able to sit through a whole story! All right, *technically*, given the right circumstances they can do that at a younger age, but keep in mind that it depends on their background experiences and the environment you set up for reading. If the kids you care for don't have the consistency of people reading books to them at home, it may take a little longer. Even though these children are the "big kids," if they are not interested in the book, let it go. You can try a different book, you can try the same book at a different time, or you could try reading to a smaller group of children. The key is to be sensitive and pay attention to the children's interests. It's much better to have a short, pleasant reading experience than to have a long storytime where everyone is fidgety and you're grumpy because they won't "sit still and be quiet." (Something else to think about: Children who are engaged in their

*Continued on page 4*

that they encourage children's cognitive development are included in the table below.

When you create opportunities for child-initiated play and materials for the kids in your care, you are meeting 12 of the Iowa Early Learning Standards for in-

fant, toddlers, and preschoolers including those in the categories of Approaches to Learning, Language Understanding and Use, Social/Emotional Development, and Communication.

Open-Ended Question	Cognitive Skill Encouraged
Why do you think...?	Putting thoughts into words
What do you see/feel/notice...?	Observation
What do you think will happen...?	Making predictions
How are these the same/different...?	Exploring similarities and differences
What could you do to keep the sand in the tote...?	Problem solving
What if you didn't have a car, how would you get to child care...?	Stretching thinking; thinking "outside the box"
What might happen if we left the toys out in the rain...?	Considering consequences
What made you choose this book...?	Evaluation and reflections
How did that make you feel...?	Evaluation and reflection of feelings
How would you feel if...?	Stretching thinking and assessing feelings

For more information on child-initiated play and learning experiences, try these resources:

*Developmentally Appropriate Practice in Early Childhood Programs* by Bredekamp and Copple

*Basics of Developmentally Appropriate Practice: An Introduction for Teachers of Children 3 to 6* by Copple and Bredekamp

*The Iowa Early Learning Standards* [www.dhs.state.ia.us/docs/IELS\\_2-20-006.pdf](http://www.dhs.state.ia.us/docs/IELS_2-20-006.pdf)

activities are rarely sitting still and being quiet – and that in-

"Education for Young Children Living in Poverty: Child-Initiated Learning or Teacher-Directed Instruction?" by Schweinhart and Weikart; from *The Elementary School Journal*, Volume 89, Number 2, 1988, pages 213-225

"The Tension Between Teacher Control and Children's Freedom in a Child-Centered Classroom: Resolving the Practical Dilemma Through a Closer Look at the Related Theories" by Tzuo; from *Early Childhood Education Journal*, Volume 35, Number 1, 2007, pages 33-39

## Safety Blurb...

Can you see the kids in your care? This seems like a pretty basic safety concern, but it might be something you need to think about – especially if you use more than one room for your child care business. Try standing in the middle of your child care space (go ahead, I'll wait...). Look around to all the nooks and crannies. Are there any blind spots? Is your recliner blocking your view of the corner? One provider was able to solve a supervision problem by adding a window in a wall between two basement rooms in her child care space. Although you may not need (or be able) to add a window, you might consider shifting some of your equipment or furniture so that

you have clear sight lines in all areas. Give your space another look to make sure you're not leaving yourself open to any liability issues – remember, DHS regulations require careful supervision of the children at all times.

For more information on DHS regulations and supervision suggestions, try these resources:

*Family Child Care Environment Rating Scale* by Harms, Cryer, and Clifford

*Iowa Department of Human Services Child Development Home Registration Guidelines*

[www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual\\_Documents/Master/comm143.pdf](http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Master/comm143.pdf)

## Straight Talk

3 year old: I'm going to be four!!

Adult: Oh? When?

3 year old: When I eat more food.

*Books and Stuff continued from page 2*

cludes reading books! Hopefully they're thinking about the story and asking questions or pointing out important details...make sure you're a good listener, too!)

You may get the exciting opportunity to read the same favorite book over and over again (ask me what *The Very Hungry Caterpillar* eats on Saturday...go ahead...). It can be tiring for grown-ups, but it is so good for kids to hear the same story more than once (857 times is more than once...). They get more deeply involved in the story, you start seeing them act it out in dramatic play, they start to make connections between the story and their real lives (which is an example of higher level thinking and reasoning skills!), and lots of other great early literacy skills. (Plus, they start to memorize the book and

then they can "read" it to you... which is a great confidence builder for them.)

*Oh, the "and Stuff" part...*

Read other things besides books! Labels on packages, magazines and newspapers (appropriate stories, of course!), billboards, menus, recipes, and anything you (or the kids) can get your hands on!

AND...when you read to children you are meeting 14 of the Iowa Early Learning Standards for infants, toddlers, and preschoolers including Language Understanding and Use, Early Literacy, Self-Regulation, and Relationships with Caregivers.

**So...Books and Stuff...**

**Read 'Em.**

For more information on reading to young children, try these resources:

"Selecting Books for Children Birth through Four: A Developmental Approach" by Dwyer and Neuman; from *Early Childhood Education Journal*, 2008, Volume 35, pages 489-494

*The Iowa Early Learning Standards*  
[www.dhs.state.ia.us/docs/IELS\\_2-20-006.pdf](http://www.dhs.state.ia.us/docs/IELS_2-20-006.pdf)

"Project Booktalk: Library Books and Lap Reading in Childcare Homes" by Lamme, Sabis-Burns, and Gould; from *Early Childhood Journal*, 2004, Volume 32, Number 1, pages 45-50

"Nurturing Literacy with Infants and Toddlers in Group Settings" by Soundy; from *Childhood Journal*, 1997, Volume 73, pages 149-153

*Family Child Care Environment Rating Scale* by Harms, Cryer, and Clifford

## The Back Page

You can help me serve you better by finishing the statements below. You can email your responses to [pbuck13@hotmail.com](mailto:pbuck13@hotmail.com) or mail this sheet to Paula Buck at PACES, PO Box 490, Hiawatha, IA 52233. (Please feel free to write on the back!) Thanks for taking time out of your crazybusy day!

Something I hadn't thought about before reading this was \_\_\_\_\_

Something new I tried after reading this was \_\_\_\_\_

It worked well/It didn't work because \_\_\_\_\_

Are you kidding?! We would NEVER do \_\_\_\_\_ at my house because \_\_\_\_\_

I would like more information about \_\_\_\_\_

Other comments or questions? Don't hesitate to let me know! Thanks again!

-Paula Buck



# Child Care Chit Chat

October 2009

Issue 2

## Art vs. Craft

(The Smackdown)

Many child care settings have a time for "arts and crafts," but we who work with young children are in danger of becoming a little too... "craft-y." Don't get me wrong, there are lots of good things about crafts (we'll get to that later), but we need to remember to include opportunities for kids to do genuine art activities (don't panic...we're not talking the Sistine Chapel here, folks...).

**"No problem,"** you say, **"I already do art!"**

I hope so, but let's make sure.

Do you:

Avoid coloring-books, coloring sheets from the Internet,

or workbooks?

Keep from doing the work yourself or offering too much help?

Have a space to do art-work where you and the children aren't overly stressed about "making a mess"?

Have materials and tools available for children to help clean up when they are finished working?

Accept children's creative products without judging them (without telling them that their work is good, bad, pretty, right, wrong, etc.)?

Remind children that you have confidence in their ability to make their work one-of-a-kind?

Do the children in your care:

Feel good about their art projects?

Ask to "play" with art materials? (Do you let them?)

Think of different ways to use art materials and feel comfortable trying them out?

Have a special place to display artwork?

Experiment with a wide variety of art mediums? (Like... paint, markers, crayons, clay, scissors, tape, glue sticks and runny glue, chalk, colored pencils, yarn and string, fingerpaint, fabrics, stamps and stamp pads, stickers, paper in a variety of textures and sizes, watercolors, bingo dabbers, tissue paper, etc.)

*Continued on page 2*

## Don't Fear the Mess!

(or... "Think About Sensory Materials...Please?")

Ah, sensory play...one of my favorite things to do with young children (here comes a flashback...beware!). Everyday I came home with something gunky on me; mud in my hair, dried play-dough on my sleeve, birdseed in my shoes, pumpkin guts on my jeans...ah...good times. Wait. These probably aren't the best examples to persuade you to pro-

vide sensory experiences to the kids in your care. (If it's any consolation, I'm just really uncoordinated and kind of a mess magnet. I'm sure things would be MUCH less messy at your house!)

Sensory play is one of those issues that can be tricky in home child care. On the one hand, sensory experiences are so good for kids; they encourage

social skills, they are widely known to have a calming effect on children, they encourage math, literacy, and science skills, and they're just plain fun. On the other hand...they can be pretty messy. Not many home providers want a big puddle from the water table on their living room floor. Likewise, very few providers are

*Continued on page 2*

*Art vs. Craft, continued from page 1*

Think about these things for a while...really think about what you provide for the kids in your care (go ahead...I'll wait...).

According to the Merriam-Webster Online Dictionary, definitions of the word *craft* include "skill in planning, making, or executing," and "occupation or trade requiring manual dexterity" (<http://www.merriam-webster.com/dictionary/craft>). Of course we want children to be skillful planners, makers, and executors, and to develop "manual dexterity," but that definition doesn't include anything from the realm of creativity. Nor does it talk about the enjoyment or aesthetics of the process that kids go through as they create. To help children develop those skills, we have to be willing

to provide *art* experiences.

**"But WHY??! Why can't they just color the worksheets and glue the pieces together and be happy? It's so much easier and not as messy!"**

(No whining, now, there are good reasons...)

In addition to all of the fabulous things that kids learn, it's actually easier for you to set up art experiences (I know...it sounds like a scam, doesn't it?). Think about it; no pieces to cut out, nothing to trace or copy, just put out some blank paper and materials and let kids create! You will have to teach them what the boundaries are, of course, like "We only paint in the kitchen," "Watercolors stay on the table," "No, we probably shouldn't eat the

chalk..." and so on.

I admit, it might be more comfortable to have young children sit quietly and work on a craft because you give directions and the kids make a project to take home. It's neat, it's tidy, and you know when they're done. When we provide children with pre-cut pieces and a project to complete we feel like we are in more control of the environment. Unfortunately, children are not able to learn important skills like creativity and self-control if we don't give them opportunities to practice them.

When children are working on an art project it can get noisy as they talk about their ideas and they might want to keep working when you think they

*Continued on page 3*

*Don't Fear the Mess, continued from page 1*

open to a big tub of birdseed on their shag carpet (ok, I haven't actually seen shag carpet in anyone's home for a while...but you get the idea). When kids are allowed the opportunity to play with sensory materials, they build many different skills and expand their learning in many different content areas.

**Oh yeah? What do they learn?**  
(Oh, I'm so glad you asked!!)

Kids build ***fine motor skills*** as they mold damp sand, scoop water, and use tools to pour, sift, and squeeze materials.

Kids build ***gross motor skills*** as they help prepare an outside water or sand area by carrying buck-

ets or raking the sandbox, or help prepare an inside sensory area by lifting containers of the materials.

Kids build ***cognitive skills*** as they discover water can be poured (and splashed, dripped, frozen, drizzled, and melted...), sand (and other dry materials!) can be sifted (and sorted, raked, shoveled, scooped, weighed, compared, and classified...), water influences other materials when they are mixed, concepts such as volume and cause and effect, and the conservation property—the fact that one cup of water in a tall, deep container is the same as one cup of water in a long, shallow container (even though they look very different!).

Kids build ***language skills*** as they learn vocabulary words (like "grainy," "squishy," "sprinkle," "sieve," and "No, really, you need to wash *both* hands..."), ask and answer questions, and solve problems as they negotiate materials and turn taking (also a ***FABULOUS social/emotional skill!***)

I know you wouldn't want to deny kids these fantastic learning opportunities...the question is—how will sensory play work in your home?

**Setting up for sensory play...**

When you set up an area for sensory play, you'll want to do it on a washable floor near a water source (that could be in the

*Continued on page 4*

should be done, but these are good things! One of the most significant benefits of art experiences is that they allow children to practice making their own decisions (ok, it's kind of a double-edged sword...but it's a skill that will serve them well when they run for President!).

**“What?! Young children making decisions on their OWN?! Well, clearly nothing good can come from THAT!”**

Hmmm...what about:

- Creativity
  - Self-confidence and self-control
  - Critical thinking
  - Problem solving
  - Discovering other points of view
  - Working with others
  - Expression of knowledge, thoughts, ideas, feelings, and emotions
  - Exploration of different kinds of media and writing utensils
- Experimentation with colors, lines, shapes, textures, forms, and designs

**“Ok, I’m intrigued... so what’s the difference between art and craft activities again?”**

Art activities are process-oriented; use open-ended instruction; engage imagination, feelings, cognitive skills, and problem solving; and use basic supplies. Craft activities are product-oriented; engage listening skills, cognitive skills, and problem solving; require materials specific to each

activity; and require instructions specific to each activity.

Let’s talk terminology:

### **Process-oriented**

Describing an activity as “process-oriented” means that the way children use materials is more important than what the end result looks like. For example, when Josh covers every inch of paper with brown paint his finished product probably isn’t very “pretty,” but he has been exploring and developing:

- Holding the paintbrush (fine motor skills)
  - Moving his body to make a mark on the paper (fine and gross motor skills)
  - The shape and the edges of the paper (spatial relations – math)
  - The texture and viscosity of the paper and paint (sensory observations – science)
  - The color, smell, feel, and taste of paint (sensory – science) (Ok, we hope not that tasting one...)
  - Enjoyment and pride in his task (social/emotional development)
  - The cause and effect of putting paint on paper (cognitive skills)
  - His own creativity (self-confidence)
- Choosing an activity and how to use the paint (self-confidence)

### **Product-oriented**

Describing an activity as “product-oriented” means that what the product looks like at the

end matters. Children make something specific according to your directions. When Sophie glues the pre-cut shapes together to look like a train she has been developing:

- Following directions (language and social skills)
  - Manipulating individual pieces and glue (fine motor skills)
  - The color, smell, feel, and taste of the glue (sensory – science) (Again, we hope not that tasting one...)
  - Decision making (cognitive skills)
  - Sharing materials and cooperation (social/emotional skills)
- The cause and effect of putting glue on the paper (cognitive skills)

### **Open-ended Instructions**

Instructions for a painting activity might include, “The paint stays on the table; Please put your brush in the cup of water when you’re done.” “Open-ended” *doesn’t* mean that you don’t give them *any* directions or supervision, it just means that you set up the activity to let the child take the lead on what he/she is creating, experiencing, exploring, wondering about, and playing with.

### **Specific (NOT open-ended) Instructions**

Instructions for a cutting and gluing activity might include, “Cut out the big red circle and the little black circles; Glue the little black circles onto the red circle to make a ladybug.” Pretty cut and dried (pun totally intended...).

*Art vs. Craft, continued from page 3*

Specific instructions are perfect for craft projects (and behavior management situations, by the way, as in, "Please put the blocks away in the tote;" "Please put on your coat so we can go outside;" "Please play with the sand in the sandbox not on the sidewalk;" and so on), but be aware that if you are giving a child specific instructions to make something, you are setting them up to do a craft project. If you set out the blank paper and markers, you are setting them up to do art. Both kinds of activities help children develop and grow, and they need to have both kinds of experiences.

When you provide art and craft activities to children you are meeting 28 of the Iowa Early Learning Standards for infants, toddlers, and preschoolers including many of those in the categories of Approaches to Learning; Social and Emotional Development; Communication, Language, and Literacy; Physical Well-Being and Motor Development; and Creative Arts.

For more information on the benefits of art and craft experiences, try these resources:

*Developmentally Appropriate Practice in Early Childhood Programs* by Bredekamp and Copple

*Basics of Developmentally Appropriate Practice: An Introduction for Teachers of Children 3 to 6*

by Copple and Bredekamp  
*The Creative Curriculum for Preschool* by Dodge, Colker, and Heroman

*The Creative Curriculum for Infants & Toddlers* by Dombro, Colker, and Dodge

*Family Child Care Environment Rating Scale* by Harms, Cryer, and Clifford

*Iowa Early Learning Standards*  
[www.dhs.state.ia.us/docs/IELS\\_2-20-006.pdf](http://www.dhs.state.ia.us/docs/IELS_2-20-006.pdf)

**\*\*PERSONAL OPINION ALERT!!**

Here are a couple of books I particularly like for art activities:

*Preschool Art: It's the Process, not the Product* by MaryAnn Kohl

*The Big Messy Art Book* by MaryAnn Kohl

*Don't Fear the Mess, continued from page 2*

basement, on the kitchen's linoleum floor, or, perhaps, outside in the yard or on the driveway...). You can use a commercial sensory table if you have one, but you can also use plastic dishpans or totes purchased inexpensively at a discount store. A sensory table or large tote will work for several children at a time, while dishpans or smaller totes can create sensory experiences for individual children (no promises that individual totes will cut down on the mess; that totally depends on the children...but it *might*...). Whether you choose individual or group tubs will depend on the age and abilities of your children, the money you want to invest into creating sensory experiences, and, of course, your tolerance for mess.

**Possible materials...**

Here are a few choices for materials to use (this list is absolutely not conclusive...please use the kids' imaginations; they'll have great ideas, I'm sure!). Keep in mind that you don't need to fill the container to the brim with the materials. I operated under the "Don't put in any more than you want to clean up" philosophy. The kids don't need to be in materials up to their elbows; enough to use is really all you need to put in (they'll find a way to get it up to their elbows anyway, fear not!).

- |         |       |           |
|---------|-------|-----------|
| Sand    | Water | Birdseed  |
| Dirt    | Rocks | Leaves    |
| Twigs   | Flour | Beans     |
| Rice    | Seeds | Snow      |
| Flowers | Herbs | Ice cubes |

- |   |  |
|---|--|
| Pea gravel                                | Fish tank rocks  |
| Cornstarch                                | Packing peanuts  |
| Squirrel corn                             | Coffee grounds   |
| Grass with root clumps                    | Pumpkin "guts" and seeds                               |
| "Goop" (equal parts cornstarch and water) | "Muck" (tom up toilet paper, soap shavings, and water) |

Water combined with dry materials is also a fabulous idea as it creates changes in the materials and encourages a whole different kind of exploration (it does tend to up the mess factor, though... you've been warned!).

*Continued on page 5 (last time...I promise!)*

## Tools

Here are some ideas for tools that kids can use with the sensory materials. This is another thing that they have great ideas about; don't be afraid to ask them what tools they might like to add (you have total veto power, of course...).

Buckets	Measuring cups
Measuring spoons	Cookie cutters
Molds	Funnels
Scoops	Squirt bottles
Whisks	Handheld egg beaters
Medicine droppers	Tongs
Tweezers	Cars and/or trucks
Milk jugs (etc.)	Shovels / spoons

## Mess containment

The most important way to contain the mess is to give kids clear and appropriate directions such as, "We play with the birdseed in the tote; we don't take it to another room/ put it in the dog's dish/ throw it at our friends." Just so you're not surprised, it won't all stay in the tote. There will be accidents (and "accidents"), of course, but if you have appropriate, consistent expectations and directions (and a space where it's OK to get a little messy) it will go a long way toward containing the mess.

There will undoubtedly

still be some amount of mess involved depending on the materials you choose to offer, so you need to prepare for that. For example, if you are a complete neat freak and know that you are not going to be able to handle tiny bits of birdseed in the nooks and crannies of your house, use a different material (with less "scatter factor") or set it up outside. Knowing your personal tolerance for mess will go a long way toward offering a positive sensory experience.

A vinyl tablecloth or bedsheet (or both) under the work area helps keep spills contained and floors dry. I've also seen providers use large sections of old or extra linoleum or carpet under the work area which seems to work well. Smocks or paintshirts can help keep children's clothes from getting wet and messy. If you don't have smocks, you can make them out of vinyl tablecloths by making a rectangle to cover kids' bodies and then cutting an oval to fit over their heads. A large tablecloth can make up to six smocks. (Be aware that smocks or paintshirts do not always keep kids in pristine condition, so it might be a good idea to have children keep a change of clothes at your house.)

Child-sized clean up tools such as brooms, dustpans, mops, rags, sponges, towels, etc., should be kept nearby so the kids can clean up as they finish playing (you will have to teach them how to use these tools, by the way...). I have found that handheld brush type brooms with dustpans work very well for little hands. Kids also seem to enjoy

using them (at least at first...).

Just some germ notes: If you use a water table or tub, it should be emptied and sanitized each day because water left overnight can grow bacteria. Also, children should wash their hands before and after playing with shared sensory materials (including playdough) to cut down on the spread of germs.

When you provide sensory experiences for children, you meet 26 of the Iowa Early Learning Standards for infants, toddlers, and preschoolers. Those range from Curiosity and Initiative and Comparison and Number, to Engagement and Persistence, Play and Senses, and Art. These experiences give children great opportunities for exploration and discovery and are definitely messy but good!

For more information on sensory play, try these resources:

*Developmentally Appropriate Practice in Early Childhood Programs*  
by Bredekamp and Copple

*The Creative Curriculum for Preschool*  
by Dodge, Colker, and Heroman

*The Creative Curriculum for Infants and Toddlers* by Dombro, Colker, and Dodge

*Family Child Care Environment Rating Scale* by Harms, Cryer, and Clifford

*Iowa Early Learning Standards*  
[www.dhs.state.ia.us/docs/IELS\\_2-20-006.pdf](http://www.dhs.state.ia.us/docs/IELS_2-20-006.pdf)

### \*\*\*PERSONAL OPINION ALERT!!

A book I really like for activities is: *Sand and Water Play: Simple, Creative Activities for Young Children* by West and Cox

# But...Isn't All This Going to be Messy?

Kids, especially young kids, learn through their senses. They need to be able to see, hear, touch, smell, and taste things (ok, so we're *very* careful with that tasting one...) to start to make sense of their world. It begins with babies, of course, who have to mouth everything – toys...blankies...plants and animals – and it's really the same for toddlers and preschool age kids. Even though they are more aware of what *not* to put in their mouths, they still need those sensory experiences to help make sense of their world.

\*Sensory experiences are not always tidy. Kids get excited...sand gets in their hair...but learning to help clean up is part of the process, too.

AND... kids, especially young ones, need to be able to move things around and manipulate them. They need to explore

and discover how objects fit together (like blocks and toys) or don't fit together (like peanut butter and jelly sandwiches in the VCR). Kids are not abstract thinkers yet (don't be fooled by their fabulous imaginations!). They can't learn about and understand things like dirt or bubbles just by hearing grown ups talk about them; kids need to explore things from their own concrete perspective. This is, again, the way they start to make sense of the world (and acquire many pre-academic skills).

\*Exploration is rarely tidy. Kids get interested...pieces end up in nooks and crannies you didn't know you had...but learning to help clean up is part of the process, too.

ONE MORE THING... kids' learning is a constructive process. That is, they build on what they already know to create

new ideas and think up new experiments, which results in new knowledge. For instance, if kids have never been allowed to use markers, they're going to have to investigate and experiment with them (on their bodies... their clothes...the cat...) before they have enough experience to really understand that they are tools for writing on paper.

\*Experimentation is rarely tidy. Kids get excited...things get spilled...but learning to help clean up is part of the process, too.

SO, I will continue to implore you (read: beg, plead, cajole, whine a little...) to offer opportunities for kids to explore sensory and science-y stuff, even though they might be the slightest bit messy. The kids will be able to explore, experiment and learn, so you'll be working to make them even more fascinating and brilliant than they already are!

## The Back Page

You can help me serve you better by finishing the statements below. You can email your responses to pbuck13@hotmail.com or you can mail this sheet (feel free to add paper if necessary!) to me in care of PACES PO Box 490, Hiawatha, IA 52233.

Something I hadn't thought about before reading this was \_\_\_\_\_

Something new I tried after reading this was \_\_\_\_\_

It worked well/It didn't work because \_\_\_\_\_

Are you kidding?! We would NEVER do \_\_\_\_\_ at my house because

I would like more information about \_\_\_\_\_

Other comments or questions? Don't hesitate to let me know! Thanks again!

-Paula Buck