

A STUDY OF EARLY CHILD CARE SERVICES IN
NEWFOUNDLAND AND LABRADOR: DEVELOPMENT,
CURRENT STATUS, AND QUALITY

CENTRE FOR NEWFOUNDLAND STUDIES

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A STUDY OF EARLY CHILD CARE SERVICES IN NEWFOUNDLAND
AND LABRADOR: DEVELOPMENT, CURRENT
STATUS, AND QUALITY

by



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Abstract

The importance of the early years of childhood has been established by research. Parents are recognizing the value of providing their children with appropriate early experiences which will stimulate growth in the social, emotional, physical, and intellectual areas of development. Major world nations have been addressing the issue and developing systems of child care in an attempt to meet the needs of their people. In Canada each province has assumed responsibility for the provision of child care services. The degree of progress that each has made has been dependent upon the emphasis which each government has afforded child care and in turn the amount of funding they have allotted.

In Newfoundland and Labrador the child care system has been slow in its development. The pattern of that development has not previously been recorded, nor is there any recent literature available which presents an overview of the current status of child care services in this province. Through data collected from interviews with persons representing agencies involved in the development and provision of child care services and from questionnaires completed by parents, as well as from observation sessions at a random selection of centers, the researcher has attempted to trace the pattern of development of child care services in the province, to provide information relating to its current status, and to indicate the degree to which parents are satisfied with these services.

Findings of the study indicate that the number of available child care spaces is well below what is needed. While parents appear satisfied with the current services, the need for a number of improvements became evident from other areas of the study. Funding for child care centers, improvement of outdoor play spaces and rest areas, training for center personnel, establishment of minimum qualifications for those working in child care centers, development of programs and the supply of materials and equipment for implementing them, and the enhancement of staff-parent communication and parent involvement are aspects of the current system which need attention.

In light of these findings recommendations are made to government which suggest the need to increase the number of spaces, to increase funding to parents and centers, to provide different models of care, to develop programs for centers and to hire more persons to help centers implement and carry out their programs, to provide training opportunities for those already in the field, and to encourage the development of non-profit centers which would allow for more parent participation. It is recommended that centers provide for more parent involvement and develop regular lines of communication between themselves and parents. The aim implicit in all of these recommendations is the provision of the highest possible standard of care for young children.

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CHAPTER 1

INTRODUCTION

Early child care services have developed over the years in response to the social, political, and economic conditions of the time. Some have been in response only to the need for custodial care, while others have concentrated on the social, emotional, physical and cognitive aspects of a child's development in addition to custodial care. Parents, educators, and society in general are becoming increasingly aware of the value that quality early child care services may hold for young children, especially those who are underprivileged or have special needs. At no time in the past have these services been in such demand as they are today.

The extended family is no longer the basis of today's society; the number of mothers participating in the labor market continues to increase; families with both parents working outside the home and single parent families have become an integral part of society. Together, these changes have given rise to an increasing demand for child care services.

It is inadequate merely to provide child care. The provision of quality programs must be a priority. Children are the future; their value should not be ignored. To date, provision of child care services in Canada has been a system of bandaid supply which meets neither the needs of parents nor

their children (Status of Women, 1986). To ensure that these services are benefitting those whom they serve, it is necessary to become aware of what they offer and, more importantly, the level of satisfaction experienced by those who use the services.

In the province of Newfoundland and Labrador the demand for child care services is no less evident than in the other Canadian provinces. The focus is on quality child care. Presently such services are unavailable to the majority of the province's young children. During the last decade, the pattern of development of these services, including any available to children with special needs, has not been recorded. Most studies were completed several years ago (Brown, 1970; Fisher, 1973; Sharp, 1977; Taylor, 1975). None of the studies reviewed have considered the opinions of the parents.

Purpose of the Study

This study attempted to examine early child care services currently available in the province of Newfoundland and Labrador by focusing on the following questions:

1. What has been the pattern of development of early child care services in Newfoundland and Labrador up to the present time?
2. What types of services are available?

3. To what extent are these services available, and where are they located?
4. To what extent are parents satisfied with the services which are available for their children?

Need for the Study

Several studies to date have dealt with various aspects of early child care services within Newfoundland and Labrador, but none of these have concentrated solely on the complete range of services available (Brown, 1970; Fisher, 1973; Sharp, 1977; Taylor, 1975). The development of such services in the last decade has not been previously recorded, nor has the opinion of parents been sought to determine how satisfactory these services have been in meeting the needs of those whom they serve. In addition, these studies were completed several years ago, so that little information is available on early child care services as they presently exist in this province. The Report of the Ministerial Advisory Committee on Early Childhood and Family Education (Hjartarson et al., 1983), presented to the Minister of Education, is the most recent study available. It made recommendations for the improvement of early child care services.

This study examines the development of early child care services within the province, presents the current situation regarding the range of services available, and attempts to

measure the satisfaction of parents of the children for whom these services exist.

Scope and Limitations

1. The completion of this study is dependent upon the cooperation of child care center owner/operators, child care center personnel, and parents.
2. The value of the results of the survey are only as reliable and valid as those persons responding choose to make them.
3. The parents surveyed were those who at the time of the study had a child or children registered at an early child care center. All parents at the randomly selected centers were contacted.
4. The value of the observation checklist is limited by the amount of time spent at each center.

CHAPTER 2

REVIEW OF THE LITERATURE

The review of the literature has been divided into six major sections as follows: (a) Early Childhood Education - A Brief History; (b) The Canadian Perspective; (c) Canada - Existing Services; (d) Some Aspects of Early Childhood Programs; (e) The Effects of Early Child Care Programs; and (f) Conclusion.

Early Childhood Education - A Brief History

There is no second chance at childhood. It comes and goes quickly. The growing child cannot wait until he is older for the things he needs now. Later will be too late. If he does not get sufficient food and protection from disease when he is young, he may not even live to receive everything we would want him to have later. If he does not have the chance early in life for the normal development of his mind, his body, and his relationship to others, we cannot make it up to him later. The years of life when he is most impressionable, when he is most eager and ready to learn, will have been lost beyond recall. (Boguslawski, 1975, p.2)

In Emile, Rousseau (1762) identified childhood as a period when a child is going through a unique period of his life, and suggested that "... the care and nurture given to the child during this period of unfolding is of greatest importance" (Austin, 1976, p. 2). Over the ages, concern for the early years of life has received increased emphasis. Bloom is quoted as having said that at "no other time is the child so vulnerable or susceptible to the impact on his/her

growth as in the early years" (1964, p. 65). Additional support for the importance that the early years have on the development of the child's maximum potential can be found in the works of Bruner (1960) and Hunt (1961). Concern for the learning and development of the young child has been expressed in literature all over the world. Out of this concern have grown theories of development supporting the early years as being crucial to future development (Erikson, 1963; Gesell, 1968; Piaget & Inhelder, 1969). Along with these developmental theories, there have evolved learning theories proposing how, and under what conditions, a child learns best (Bandura, 1977 and Bruner, 1960). The importance of an environment rich in experiences, one that stimulates the child's curiosity and exploratory nature, one that encourages all aspects of development -- the physical, social, emotional and cognitive -- is one of the major emphases in the literature.

As early as the third century B.C., Plato proposed that children be removed from their parents at an early age and placed into institutional care and training. Other leading thinkers of the 17th, 18th, and 19th centuries believed that serious social problems could be avoided if education were begun early. Such thinkers include Froebel, the founder of kindergarten; Pestalozzi, who used objects at an early age to develop children's powers of observation and reasoning; Owen, who believed character was determined by environment;

Comenius, who wrote the first text using pictures for teaching children; Locke, who theorized that understanding is derived from one's own experience of the external and social world; and Rousseau, who believed that education begins at birth (Hess & Croft, 1972). The works of these theorists had an impact on those who followed. The trend was set, and attention given to the early years steadily increased.

Education eventually became institutionalized and developed within a variety of school systems throughout the world. Common to most of these systems is the age at which a child may attend, ranging anywhere from age 4 to 7 years. Prior to school age, care of the young child has been solely the responsibility of the family. Changes in both the family and its social context have, in many cultures, shifted the responsibility for child care from the family to society. Hence, the care and development of the very young has often become the financial responsibility of the state. To quote Robinson, Robinson, Darling, and Holm (1979)

Throughout the industrialized world, the past two decades have witnessed an unprecedented upsurge of commitment to the care and upbringing of the very young. Each nation has tended to view its problems and priorities somewhat differently There has emerged an international consensus that the early years are crucial to the future well-being of the individual and society. (p. vi)

In Sweden, during the Industrial Revolution of the 1830s and 1840s, child care external to the family environment grew out of the need for the care of children whose mothers worked. By the 1960s the unprecedented growth of child care

needs in Sweden precipitated the initiation of the Child Welfare Act (1961). This Act provided the state with the legal basis for providing care for children (Bergstrom & Gold, 1974).

In 1816 Robert Owen began the first infant school in Scotland (Austin, 1976). In Britain during 1910, the McMillan sisters set up a nursery clinic to take care of underprivileged children. It was not until World War II that Europe experienced a major growth in child care services as a response to the need for the care of children whose mothers were involved in the war effort.

The idea of child care spread from Europe to North America and again came into being largely as a result of the Industrial Revolution. The first two child care centers were established in Montreal and New York in 1854 (Woodhill, 1986). As in Europe, World War II brought with it a rapid increase in child care facilities. The next great increase occurred in the 1960s in the United States, with a new wave of child care services in the form of Head Start. America had begun its War on Poverty and in so doing used Head Start as a compensatory program for young children. Historically, then, child care has been closely related to changes in the political, social and economic climates of society (Jorde, 1986). The way in which these factors affected theory and practice during the years from 1940 to 1980 is reflected in Table 1.

TABLE 1

Multiple Lines Affecting Pre-school Development

Time	Theoretical	Social Situation	Practice
1940	-Importance of early years as formative of adult personality	-Depression	-New Educational methods -Gradual growth of private and experimental pre-schools -Kindergarten expansion
		-War Years	-Public assistance for needy mothers
1950	-Child-mother Interactions and attachment	(Women in labour Force (Refugee children))	-Day care for working women -Group care for children
		-Cold War -Return of women to the home	-Closing of nursery centres and kindergarten
1960	-Importance of early years as formative of adult intelligence -Human capital Investments	-Baby boom -Economic growth	
		-General attention to expand educational facilities	
1970	-Social class differences	-Social equality -Migration -Minority rights -War against poverty	-Innovation movement in pre-school education: experimental and innovative compensatory programmes for children
	-Analysis of school failure	-Expansion of social services	-Kindergarten
1980	-Ethological approach -Ecology of human development -Peer group interaction among infants	-Re-entry of women in labour market -Feminism -Family concerns -Changing demography -Economic stagnation	-Extension of public schooling to early years -Volunteer movement -Experiences of social management, community democracy -Day care provision for children under 3 years

The demand for child care services in the 1980s is no less reflective of the changes occurring in society. The growing numbers of females in the work force, single-parent families and two-career families are all indicators of the need for an increase in child care services. As early as the World War II years parents had begun to be dissatisfied with services merely offering custodial care. Child care services that catered to the total development of the child became a concern. Parents wanted child care facilities that would attend to all aspects of their child's growth. The response to the increased demand for improved care-giving services resulted in the development of a variety of types of services. Today, parents in many countries can choose full-day care, half-day care, nursery schools, preschools, Montessori schools, Head Start and so forth. The curricula are as diverse as the choices, since in many instances it is left to the operator to decide. However, as the Early Childhood Development Association of Newfoundland and Labrador (ECDA, 1973) stated, "while some services stress their educational function more than their custodial, none is without both kinds of functions" (p. 2).

In summary, this brief review of early childhood education has indicated that care and nurture received during the early years is felt to be crucial to the development and learning of the child. The importance of these early years

has been recorded since the time of Plato. Many theories have evolved proposing how a child develops and under what conditions a child learns best. One certainty remains, there is but one childhood, and opportunity lost during childhood cannot be easily regained. It appears that if children are to be encouraged to develop and learn to the best of their ability, a stimulating environment must be provided which will enhance all aspects of development.

Responsibility for the provision of an environment in which a child would live and grow was, originally, that of the family. The institutionalization of education relieved this responsibility somewhat by making provision for children age 4 to 7 and over to attend regular school. Children from birth to school age remained a familial responsibility until changes in society, such as the Industrial Revolution and the World Wars, brought about a demand for society to share that responsibility. The entry of increased numbers of women into the labor force also brought about a need for child care services.

Sweden and Britain were forerunners in providing child care services. Throughout Europe and, later North America, response to the demands for non-familial child care grew. In the 1960s the United States began its War on Poverty with the initiation of its Head Start program. An attempt was being made to provide an enriched environment for those living in poverty. Essentially, the United States had begun to

capitalize on the importance of the early years in hope that such intervention would benefit those children in later years.

The systems of child care services that developed in Europe and North America are as diverse as the cultures themselves. They offer a variety of types of care, such as half-day or full-day programs, nursery school, preschool, Montessori, and others. The programs, also, are many and varied. While custodial care had formerly been a priority, programs that cater to all aspects of development have become an equal and perhaps more important issue.

The Canadian Perspective

The Canadian child care experience has not been unlike that of the United States, being greatly influenced by trends from Europe. Here too, the need for non-familial child care was linked to women's continued involvement in the labor force after the end of World War II.

In this section the development of child care services will be discussed, with particular emphasis given to the financing of these services, the increasing pressure upon the federal government to become directly involved, and the response to this pressure by the federal government in the form of the Task Force Report (Status of Women, 1986) and the Parliamentary Committee Report (Health & Welfare Canada, 1987). The content of the federal Seven Year Plan and criticisms of it will also be addressed.

The Canadian Council on Social Development (CCSD) in 1972 proposed that the development of child care services could be divided into three time periods: "the 1880s to World War II; World War II to 1960; and 1960 to the present" (p. 1). In early periods child care systems were mainly custodial services for children of working mothers. As in the United States, concern for more than custodial care was expressed in the World War II period. In 1926 the Institute of Child Study was set up with four main purposes in mind: "(a) to conduct research in child development, (b) to provide a demonstration of preschool education, (c) to offer parent education programs, (d) to train student teachers" (CCSD, 1972, p. 3). This institute was part of the same system which began in the United States around 1920 as an experimental setting for psychologists. Research, then, into the realm of early childhood education is not new to Canada.

After the beginning of World War II women were in great demand in the labour force, and therefore the need for child care escalated. In 1942 the Dominion-Provincial Agreement provided subsidies for the setting up of day care services. The Agreement terminated in 1946, with Ontario being the only province to protest. As a result the Ontario Day Nurseries Act was brought into being (CCSD, 1972). It is obvious that the government had assumed there was no longer a need for child care. In this they were to be proven wrong and in Ontario the need for child care services continued to grow.

In the early 1950s the Nursery Education Association of Ontario was formed. According to the CCSD (1972) "its members were preschool teachers, concerned parents and other interested persons whose aims were to foster high quality preschool education" (p. 7).

Each province being different from the other, it is not surprising that the development of early childhood education services was unique to each one. In the 1960s (CCSD, 1972) the increasing need for care services precipitated a "rash of studies of care needs as they existed in different parts of the country" (p. 8). The supply at that time was no closer to meeting the demand than it is today. Over the course of the last two decades each jurisdiction, with the exception of the Northwest Territories, has brought in its own regulations to govern and control early childhood education. The Departments generally responsible are Social Services, Health, Welfare or a combination of these. According to Tudiver (1986) the Departments of Social Services are responsible for regulating child care in all provinces except Quebec and British Columbia. In Quebec child care comes under an autonomous government bureau, the Office of Day Care Services, while in British Columbia child care comes under the Ministry of Health. **Regulated child care services** signifies that there are specific requirements in terms of facilities and administration, clear standards on programs, health care, food, and so forth.

Since the British North America Act (1867), each province has been responsible for the education of its own people, there being no federal Ministry of Education. Such had been the case in early childhood education. However, in 1966 the federal government became financially involved with the provinces under provisions made in the Canada Assistance Plan (CAP). Financial support was made available to help to fund the cost of a wide range of welfare services, to be shared equally by the provincial and federal governments. As it applies to early childhood education, the federal government shares in the cost of providing this service to families in need (CCSD, 1972). "The remaining costs for capital and operating funds are shared by provincial and municipal governments and are extremely limited" (Biemiller, Regan & Lero, 1985, p. 10). Except in the case of municipally funded centers, non-profit centers, and needy families receiving subsidies, operating costs and other expenses must be borne by the parents.

The federal government shares in the cost of early childhood education through two other programs, the Child Care Tax Deduction and the Canada Employment and Immigration Dependent Care Allowance. Each of these programs puts "dollars in the pockets of select day care consumers" (Martin, 1984, p. 11). The apparent generosity of the federal government remains unused by many of the provinces mainly because "this is a form of welfare which rules ineligible many

in need of day care" (Martin, 1984, p. 11). Middle-income families have to pay their own expenses, despite the fact that their take-home pay may be at the poverty level. In addition, higher income purchasers of child care, for various reasons, are the ones most likely to be in a position to avail of the Child Tax Credit.

"All provinces and territories provide financial assistance for day care services through the provision of subsidies, grants, allowances, flat rates and so forth" (Health and Welfare Canada, 1982, p. 2). The guidelines and mechanisms used to decide the allotment of funding vary from province to province. The Task Force Report (Status of Women, 1986) indicated that federal and provincial spending for 1984-85 amounted to \$542 million. This expenditure was equivalent to \$116 annually for each of the 2 million children under age 13 who needed child care because their parents were at work or school. Figures for the same year indicated that in seven jurisdictions federal monies from the Canada Assistance Plan provided more than 50% of the total monies spent on child care. Table 2 provides information on the provincial and federal funding for 1984-85. According to Tudiver (1986) provincial governments typically spend less than 5% of their budgets on child care. Some spend less than 1% of their budgets.

TABLE 2

Federal, Provincial and Territorial Child Care Expenditures,
1984-1985.

Province/ Territory	Total (\$ mill)	Per Capita (\$)	Federal (\$ mill)	Provincial (\$ mill)	Federal Share (%)
British Columbia	45.1	88	21.8	23.3	48
Alberta	65.4	134	17.5	47.9	27
Saskatchewan	18.1	86	9.7	8.4	54
Manitoba	25.4	124	10.8	14.6	43
Ontario	188.3	118	88.3	100.0	47
Quebec	168.2	142	49.4	118.8	29
New Brunswick	9.7	67	5.5	4.2	57
Nova Scotia	13.2	80	7.6	5.6	58
Prince Edward Island	1.6	60	1.0	.6	61
Newfoundland	6.1	45	3.7	2.4	60
Northwest Territories	.8	57	.6	.2	72
Yukon	.4	85	.2	.2	54
Totals	542.3	116	216.1	326.2	40

Although early childhood education remains a provincial responsibility, recent years have seen several national organizations calling upon the federal government to take a more prominent role in the funding of early childcare services. Among these national organizations were the Canadian Day Care Advocacy Association (CDCAA), the Canadian Labour Congress (CLC) and the Canadian Union of Public Employees (CUPE) (Morrison, 1986). Of these the CDCAA, which was founded in 1982 as a result of the resolutions adopted by the Second Canadian Conference on Daycare held in Winnipeg, has been active at the federal level in presenting a "united voice to pursue daycare issues ... and promote a broad consensus of support across Canada" (Morrison, 1986, p. 19). The CDCAA was largely responsible for the appointment by the federal government of a ministerial task force to complete a comprehensive review of childcare in Canada. After receiving reports from over 7,000 parents and 200 groups, the committee sent a strong message to the Minister which included the following statement:

One message has clearly emerged from all of these submissions: Canada desperately needs a system of accessible, affordable, good quality childcare, as well as employment policies to enable Canadians to combine work and parenting responsibilities. (Morrison, 1986, p. 19)

The Task Force Report (Status of Women, 1986) included 53 recommendations through which to achieve this objective, the major one being to recommend a new system of federal-provincial cost-sharing for child care. Despite the

thoroughness of the report, the newly elected federal government decided to study the issue further. In September, 1986 the Minister of Health and Welfare announced a Special Parliamentary Committee on Childcare. The mandate of this committee was to try and find a view of national consensus (Morrison, 1986).

In March, 1987 the report of the Parliamentary Committee was released. Amid much opposition, the report suggested that more money be put in the hands of parents through income tax breaks for child care ("First year daycare," 1987). The Chairperson stated that the report recognized that no one approach could deal effectively with the various needs and situations existing in Canada. Some of the recommendations were as follows: (a) an expenditure of \$700 million on child care in the first year, with \$414 million going to parents through refundable tax credits; (b) a sizable sum to licensed day care centers, both profit and non-profit, for operating and capital costs; and (c) the remainder to be spent on "changing maternity leave benefits, research into rural day-care and children with special needs, setting up a child care secretariat in the Health and Welfare Department and tax incentives to businesses to set up workplace child care" ("First year daycare," 1987).

Dissenting voices were of the opinion that funds should go directly into creating more child care spaces and relieving somewhat the financial burden of middle and low income

families. Another concern expressed was that new money should go to non-profit centers (Canadian Broadcasting Corporation, Here and Now, March 30, 1987). The feeling was that commercial centers might be more occupied with money-making than with quality care. Caldwell (1984) stated, however, that often the only difference between a non-profit and a commercial program was "whether the director of a program is guaranteed a salary by a board or whether the director gets one if there is anything left over" (p. 6).

In December, 1987, the federal government, having studied the Parliamentary Committee report, announced its decision to implement a seven-year plan to improve child care in Canada. The total financial commitment over the seven-year period beginning in 1988 would be \$5.4 billion. Of that total amount, \$2.3 billion would provide enhanced tax assistance to families with young children; \$3 billion would fund a new federal-provincial cost-sharing program; and \$100 million would be used to establish a Child Care Special Initiatives Fund for innovative research and development (Health and Welfare Canada, 1987). The objective was that 200,000 quality child care spaces would be created. At the end of the seven-year period the federal government's continuing contribution would be \$1 billion annually.

While this move is recognized as the first major commitment by the federal government towards child care, there

have been several criticisms of the plan. The CDCAA (1988) made these comments:

Although the plan...appears generous, in fact it is a scheme that will limit spending, restrict child care expansion after several years of modest development, and leave most parents to continue to find their own solutions with unlicensed, unregulated baby sitting arrangements. (p. 4)

In its criticism the CDCAA noted that the creation of 200,000 spaces in seven years is inadequate to meet the need. Also, should the rate of growth of the last ten years continue, then the expected increase without the new strategy would be 300,000 spaces. Thus, 200,000 spaces would represent a reduced growth rate. Other criticisms included the ceiling imposed on the amount of provincial funding that would be subsidized by the federal government; funding to profit centers; failure to set standards on quality; and tax measures that still do not give parents a choice of child care.

The Canadian Child Day Care Federation (1988) also indicated its dissatisfaction with the tax plan and the cost-sharing program. In addition, it was concerned with the low salaries offered caregivers. The Federation noted that one of the goals of the new National Strategy on Day Care is that of equity for women. It suggested that the problem of caregiver salaries be addressed, and noted that most caregivers are women.

One point of consensus among the various critics was evident in their support of the Child Care Special Initiatives Fund. The \$100 million assigned to the project was viewed as

inadequate (CDCAA, 1988). This amount of financial support was considered insufficient to fund new proposals that might begin to address the variety of needs across the country.

The degree to which each province in Canada will benefit from the new plan, if and when it is implemented, will depend on negotiations between each provincial government and the federal government. The initiatives were "designed to address the basic issue of availability, affordability, quality and fairness in the child care system" (Health and Welfare Canada, 1987). Just how well this will be achieved by the plan remains to be seen. The question persists as to whether all provinces will get fair treatment or whether the rich provinces will get more child care spaces and the poor provinces the few spaces that they can afford.

In reviewing the development of child care from the Canadian perspective several influences have become apparent. It appears that in Canada, as in other countries, the entry of women into the labor force proved to be a major contributing factor to the growing need for child care services. During wartime, when women had been needed to work outside the home, provision had been made for the care of their children. It was assumed that at the end of the war child care would no longer be a necessity. Ontario was foremost in recognizing this fallacy and at the end of World War II protested the removal of the wartime child care provisions. It was not until the 1960s that other provinces

manifested concern and began to study the problem. Today, all parts of Canada, except the Northwest Territories, have policies governing the provision of early childhood services.

Just as there is little uniformity among provincial policies that govern early childhood services, so there is little similarity in the amount of funding that is allotted. Subsidies provided by the federal government often represent half of a province's total expenditure on child care. Provincial spending, in many cases, is only 5% or less of their budget (Tudiver, 1986).

The low priority afforded child care by governments has created a growing dissatisfaction among the public. Lobby groups continue to pressure the federal government and the provincial governments to increase their efforts to provide a comprehensive system of quality child care. The Task Force Report (1986) and the Report of the Parliamentary Committee (1987) represent the federal government's attempt to find a solution to "Canada's child care crisis".

As a result of the Report of the Parliamentary Committee (1987), the federal government announced a Seven Year Plan designed to address the child care issue. Disappointment has been expressed over many of the provisions outlined by the Plan. The small number of new child care spaces to be created, the failure to set standards on quality, the imposition of ceilings on provincial spending eligible for federal subsidy, the funding for profit centers, and the tax

laws that will continue to limit the type of child care available, are some issues of contention. The provision of a Child Care Initiatives Fund has been acclaimed, although the amount of funding has been deemed inadequate. According to some, "the proposed new federal child care strategy will do more to limit growth in child care than to encourage it" (CDCAA, 1988, p. 4).

Each province has the responsibility of negotiating with the federal government a plan best suited to its needs. Caution must be exercised so that programs initiated will not have to be discontinued when federal funding from the Seven Year Plan comes to an end.

Canada - Existing Services

Despite the growth which Canada's child care system has experienced over the years, there continues to be an insufficient number of licensed child care spaces to meet the ever-increasing demand. In many cases, parents are forced to seek private arrangements for the care of their children. As a result, the majority of Canada's young children are being cared for in unlicensed settings by relatives, friends, neighbors, and unfortunately, in many instances, strangers to the family. This section will outline the two basic categories of child care into which all types of care can be classified. Tables, indicating the dispersion of spaces

throughout the country, the amount of money spent by the provinces, and the type of sponsorship under which spaces are provided, will be presented and discussed.

While there are many labels applied to existing forms of child care services, they can be placed into one of two categories described by Biemiller et al. (1985) as follows:

Center-based programs. **Day care centers** provide part-time or full-time care and education for children from birth to age 5, mostly while parents work. Programs are usually staffed with persons trained in early childhood education, as well as some untrained staff. **Nursery schools** provide part-time day care and education programs for children 2 to 5 years of age. Parents may or may not work. The staff is usually trained in early childhood education.

Home based programs. **In-home day care** is used in reference to the situation where the caregiver cares for the child in the child's home, while **private home day care** refers to care given in a home other than that of the child.

In 1986 the total number of child care spaces in Canada, both center-based and home-based, numbered 220,517 (Health and Welfare Canada, 1986). Table 3 presents a breakdown of the number of center spaces and family spaces that were licensed from 1973 to 1986. The number of center spaces far exceeds the number of family spaces, and from 1985 to 1986 the increase in center spaces exceeded that of family spaces by

TABLE 3

Distribution of Centre Spaces, Family Day Care Spaces
and Day Care Centres by Year

Number of Spaces	MARCH 1973		MARCH 1974		MARCH 1976		MARCH 1978		MARCH 1980		MARCH 1982		MARCH 1984		MARCH 1985		MARCH 1986		INCREASE OVER 1985 No.
	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	
Centre Spaces	26,811	50,996	78,153	74,516	98,238	109,535	149,965	169,751	197,802	28,051	16.52								
Family Day Care Spaces	1,562	4,185	5,367	7,763	10,903	14,427	21,689	22,623	22,715	92	.41								
Total Spaces	28,373	55,181	83,520	82,279	109,141	123,962	171,654	192,374	220,517	28,143	14.63								
Day Care Centres	971	1,538	1,955	2,050	2,719	3,143	—	4,685	5,030										

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27,959 spaces. Table 4 provides a provincial-territorial dispersion of both center and family spaces. All provinces and territories have center spaces and, with the exception of Newfoundland, all have family spaces, although these are limited in number.

The quality of these licensed services varies throughout the country. Quality is largely dependent upon provincial licensing requirements, training and capabilities of staff, program design, physical layout and the amount of financing available to the center. Tudiver (1986) presented a comprehensive overview of each province's position in these and other areas related to the child care services which they provide. The disparity among the provinces and territories and the lack of a national consensus are quite obvious from the information provided. For example, Table 5 indicates that for the year 1983-84 Nova Scotia spent \$4,302,600 or 2.8% of the Department of Social Services budget on early child care services, whereas New Brunswick spent only \$1,387,203 or .6% of its budget.

Licensed centers come under one of three sponsorships: (a) profit or commercial, (b) non-profit, or (c) public. Those existing under profit sponsorship may include individually owned or group-owned business operations. Non-profit sponsorships include those centers operated by community groups or parents, while public sponsorships refer to those operated by municipalities. Statistics for 1968 and

TABLE 4

Interprovincial Comparison of Day Care Spaces

Provinces	Center Spaces	Family Day Care Spaces
Newfoundland	922	-
Prince Edward Island	1,165	154
Nova Scotia	4,783	82
New Brunswick	3,410	72
Quebec	49,470*	3,060
Ontario	77,251	6,412
Manitoba	8,201	1,530
Saskatchewan	3,632	1,892
Alberta	32,635	5,349
British Columbia	15,714	4,086
North West Territories	305	30
Yukon	314	48
National Totals	197,802	22,715

*16,793 of Quebec spaces are operated under the auspices of the Department of Education.

TABLE 5

Ministries/Departments of Social Services (or other) Spending
on ECE/S for 1983-84

PROVINCES	AMOUNT SPENT (\$)	PER CENT OF TOTAL MINISTRY/DEPARTMENT SPENDING
Newfoundland	588,100	.45
Prince Edward Island	459,100	.02
Nova Scotia	4,302,600	2.8
New Brunswick	1,378,203	.6
Quebec	45,856,620	96.3*
Ontario (Community & Social Services Citizenship & Culture	102,491,655 Not available	4.0 -
Manitoba	13,977,400	4.7
Saskatchewan	Not available	Not available
Alberta	40,261,287	3.76
British Columbia	Not available	-

*The Office of Day Care Services is an autonomous government agency with its own funding.

1983 indicated a shift from profit to non-profit centers. In 1968, 75% of spaces were commercially operated, whereas in 1983 only 40.34% belonged to the commercial sector (Canadian Education Association, 1983). Table 6 shows a provincial and national breakdown of sponsorship for the year 1986 while Table 7 indicates the percentage by which each type of sponsorship increased from 1985 to 1986. Profit child care is most prevalent in British Columbia, Alberta, and Newfoundland, while public centers operate only in Alberta, Ontario, and Quebec. It should be noted that 16,793 of the spaces in Quebec are operated by the school system for before and after care of school age children. An increase in commercial spaces currently dominates the market, showing a 13.5% increase over non-profit spaces for the year 1985-86.

As noted previously, the availability of services is "very uneven and often Canadian parents have no real choice as to the kind of child care in which they will place their children" (Status of Women, 1986, p. 51). In addition to there being a lack of variety in the types of care available, often there is no licensed care available at all. Tables 8 and 9 provide a comparison between the number of children and the percentage of children served by child care services at different age levels. The age group of concern herein (2-4 years) is included in the Status of Day Care in Canada Report (1986) in broader age range categories. While the statistics will not be exact for the age 2 to 4 group, figures for the

TABLE 6

Interprovincial Comparison of Day Care Spaces by Auspices

PROVINCES	PUBLIC	NON-PROFIT	COMMERCIAL	TOTAL
Newfoundland	-	225	697	922
Prince Edward Island	-	553	612	1,165
Nova Scotia	-	2,638	2,145	4,783
New Brunswick	-	2,187	1,223	3,410
Quebec	16,793*	26,131	6,546	49,470
Ontario	9,248	29,256	38,747	77,251
Manitoba	-	6,772	1,429	8,201
Saskatchewan	-	3,518	114	3,632
Alberta	892	7,982	23,761	32,635
British Columbia	-	11,415	4,299	15,714
North West Territories	-	234	71	305
Yukon	-	204	110	314
National Totals	26,933	91,115	79,754	197,802

*16,793 of Quebec Public spaces are operated under the auspices of the Department of Education.

TABLE 7

Sponsorship of Centre Spaces 1985 and 1986

TYPE OF SPONSORSHIP	1985 SPACES	1986 SPACES	INCREASE NO.	%
Public	24,687	26,933	2,246	9.10
Non-Profit	81,433	91,115	9,682	11.89
Commercial	63,631	79,754	16,123	25.34
Total	169,751	197,802	28,051	16.53

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TABLE 8

Children between the Ages of 18 months and 36 months

CATEGORY OF PARENT	NUMBER OF CHILDREN	% OF CHILDREN SERVED
Mothers in Labour Force	300,108	9.20
Full-time Working Parents*	150,053	18.40
Full-time Working Parents plus Students*	156,979	17.59
Full-time Working Parents plus Students, plus Parents Working 20 to 29 hours a week*	198,008	13.94

As of March 1986, there were 27,605 full-time day care spaces for children between the ages of 18 months and 36 months.

- * This category includes the lone parent who is working full time, and includes the two-parent family where both parents are working full time.
- * This category includes the full-time working parents and also includes the lone parent who is a full-time student, two-parent families where one parent works full time and the other is a full-time student, and two-parent families where both parents are full-time students.
- * This category includes the full-time working parent plus student category as well as the lone parent who works 20 to 29 hours a week, the two-parent families where one parent works full time and the other works 20 to 29 hours a week, two-parent families where both parents work 20 to 29 hours a week, and two-parent families where one parent works 20 to 29 hours a week and the other parent is a full-time student.

TABLE 9

Children between the Ages of 3 and 6 years

CATEGORY OF PARENT	NUMBER OF CHILDREN	% OF CHILDREN SERVED
Mothers in Labour Force	601,135	22.43
Full-time Working Parents*	296,650	45.45
Full-time Working Parents plus Students*	313,333	43.03
Full-time Working Parents plus Students, plus Parents Working 20 to 29 hours a week*	397,311	33.93

As of March 1986, there were 134,826 day care spaces for children between the ages of 3 and 6 years.

- * This category includes the lone parent who is working full time, and includes the two-parent family where both parents are working full time.
- * This category includes the full-time working parents and also includes the lone parent who is a full-time student, two-parent families where one parent works full time and the other is a full-time student, and two-parent families where both parents are full-time students.
- * This category includes the full-time working parent plus student category as well as the lone parent who works 20 to 29 hours a week, the two-parent families where one parent works full time and the other works 20 to 29 hours a week, two-parent families where both parents work 20 to 29 hours a week, and two-parent families where one parent works 20 to 29 hours a week and the other parent is a full-time student.

18 month to 6 years group give some idea of the discrepancy between supply and demand for these services which exists within Canada. Barber (1987) reported that the federal health department estimates that children needing care presently outnumber the available licensed spaces almost ten to one.

Concerns about child care relate not only to the quality of what is available, but also to the welfare of those children not served by licensed care. Children not in licensed centers are recipients of more informal arrangements. A relative, a neighbor, or in many cases a stranger, becomes the care-giver, either in or outside of the child's home. The reality of this situation is that in Canada the majority of our young children are being cared for in unregulated conditions where there is no means of assessing the quality. Those who advocate more licensed child care are attempting to ensure that certain standards of care are established and maintained.

In Canada, the availability of quality child care services does not reflect a national awareness of the importance of the early years of life. While there is a supply of licensed child care spaces, an inordinate number of children continue to receive care of an unknown quality. There exists an established need to increase the availability of licensed child care (Health and Welfare Canada, 1986).

All levels of government might consider making child care a priority. Standards of quality need to be delineated and adhered to, accompanied by an appropriate system of funding. Whether centers are commercial, public, or non-profit, equally high standards of quality are to be expected. Presently, Canada's child care system cannot assure children the care that is rightfully theirs. In many cases there are no child care services available and in instances where parents are forced to make private arrangements for the care of their children one cannot begin to guess at the quality of the care they receive.

Some Aspects of Early Childhood Programs

Early childhood services have been accepted as a necessary element of society. While custodial care continues to be a concern, the experiences provided the young child have become of paramount importance. Research (Consortium for Longitudinal Studies, CLS, 1983) has shown that for children from disadvantaged environments, a quality early childhood program can be the catalyst for a successful future. Two of the key components of a quality program, the education of early child care personnel and parental involvement, will be addressed in this section. Quality programs must be provided for all young children, perhaps more especially those with special needs. The mainstreaming of special needs children

into an early childhood program is considered as another aspect of quality.

Education of Early Childhood Personnel

"The ability to guide children in positive directions is crucial to a quality program that provides for children's and families' needs" (National Association for the Education of Young Children, 1983, p. 23). It has long been maintained that persons working with young children should have training in the area of early childhood education both in theory and practical knowledge. The education of early childhood personnel was viewed by early American educators as a means of improving the quality of programs (Simmons, Whitfield, & Layton, 1980). Conventionally, any person working with young children has been referred to as a teacher (Hess & Croft, 1972). This lack of distinction between personnel needed to work in the range of programs available has caused a "lack of clarity regarding the kind of preparation appropriate for each form of practice" (Spodek & Saracho, 1982, p. 400). A more recent distinction, however, has been made between teacher and caregiver. Teachers have been denoted as serving primarily an educational function, with caregivers (day care personnel) serving primarily a caregiving/nurturing function. Even this distinction is not particularly clear, since the difference between education and nurture in the early years is not certain (Spodek & Saracho, 1982).

The issue, then, is one of how early childhood personnel should be trained. Often they are trained within the child development tradition rather than the education tradition and some may have no training at all. According to Spodek and Saracho (1982) "no studies exist on the nature of early childhood teacher education programs, although descriptions of individual programs can be found" (p. 404).

The level of qualifications and training necessary to work in early childhood programs is largely left to the departments of government responsible for their licensing. In effect, the qualifications necessary may vary from state to state or province to province. For example, the Federal Interagency Day Care Regulations (FIDCR) established by the Department of Health, Education and Welfare (1980) of the United States required no entry-level qualifications, but those without previous experience were required to have on-the-site training before assuming caregiving responsibilities (Spodek & Saracho, 1982). In addition, caregivers without nationally recognized child development credentials must participate in child care training. As well, the FIDCR suggested a model of qualifications to guide states in setting their requirements. The choices are a Bachelor's degree with at least 12 semester hours of child development, or a high school diploma plus three years of experience in the field, or certification from a recognized program. These are merely suggestions; the actual requirements are left for the state to decide.

In Canada, standards and training guidelines vary from province to province. The Task Force Report (Status of Women, 1986) indicated that all but three jurisdictions (Alberta, New Brunswick, and Yukon) require personnel to meet some educational requirements. Saskatchewan requires that all center staff have some child care training, while other provinces have varying requirements for supervisory and non-supervisory personnel. The requirements range from experience to education or a combination of both. For example, in Manitoba one-third of the staff must have completed an approved certificate course, while in Quebec personnel can qualify either through experience or education.

The Task Force Report (Status of Women, 1986) stated that "compared to the average Canadian worker, child care personnel in licensed centers are well educated" (p. 111). Almost half of the respondents to the study conducted by the Task Force had completed one or two years of early childhood education. Both Spodek and Saracho (1982) and The Task Force Report (Status of Women, 1986) emphasized the lack of incentive for early childhood personnel to upgrade their qualifications due to the low income these positions offer. Demands for increased qualifications will undoubtedly increase the pressure for higher salaries.

Whether the demand for higher qualifications increases the demands for higher salaries or not, the literature has established the fact that trained personnel are of great

importance in the realm of early childhood education. One of the strongest position papers on the education of early childhood teachers was presented by Seaver and Cartwright (1977). They suggested that programs for teacher training in early childhood education should be designed so that there is exposure to learning and developmental theories. Furthermore, training should include opportunities for the practical application of theoretical knowledge congruent with the realistic demands of the teaching field:

Unless centers have teachers and supervisors with the qualities, attitudes, and understandings which are required, as well as the training which is necessary to provide a sound educational environment for pre-school children, improvements to sites, buildings equipment and administration will be of little avail. (Department of Education for New Zealand, 1971, p. 28)

Parental Involvement in Early Childhood Programs

The role that parents should play in the development and education of their young children is not usually defined clearly. All too often parental involvement in the day care or preschool program simply amounts to dropping off and picking up a child. According to Wolfendale (1983) there is agreement in the literature as to "the desirability of developing and applying models of participation by parents in the development and education of their children ..." (p. 16). The idea is that parents should be partners, not merely clients, in the early educational programs serving their children.

The concern for parent involvement is not a new phenomenon, yet one that in some instances has made little progress. As early as 1908, the McMillan sisters in London stressed the importance of working with both parents and children; and in the United States, the Denver public school system in 1926 funded a parent education and preschool program (Herwig, 1982). The 1950s were years when the role of the parent diminished and the focus was on the educator. In the 1960s, according to Nedler and McAfee (1979), research findings presented overwhelming evidence that environment had tremendous influence on the child's early development. Attention once again turned to the role of the parent. The Head Start program in the United States mandated parental involvement and thus became the first large-scale effort to get parents involved. The influence of programs such as Head Start has led some educators to attempt effective parent involvement. Goodson and Hess (cited in Herwig, 1983, p. 8) indicated that "today parental-involvement activities have expanded to include involving parents in policy making, helping parents become effective teachers of their own children, allowing parents to provide resources for the school, and helping parents become better-informed persons". The effort to get parents involved is largely a result of educators' accepting the belief that parents do make a difference in the child's life. This belief is adequately

supported in the literature (CLS, 1983; Health & Welfare Canada, 1987; Wolfendale, 1983).

In Britain, the Plowden, the Court, and the Warnock Reports, although quite separate and distinct from one another, are yet unified by one theme, and that is "the insistence that optimization of children's developmental and learning potential is a realistic goal only if parents are involved in the formal processes of education and the delivery of child services" (Wolfendale, 1983, p. 7). The results of the Head Start programs in the United States, according to Bronfenbrenner (1974), showed that programs which included parents in early childhood education appeared to be more effective in terms of long-term gains than those which did not. As well, the Consortium for Longitudinal Studies (1983), while not specifying the most effective means of parent involvement, did confirm its significance. Other studies (Epstein & Welkart, 1979; Goodson & Hess, 1975; and Hess & Shipman, 1965 cited in Evans & Bass, 1982) have found that parent-child interactions are related to the child's achievement. The language and problem-solving style that the parent uses was found to be related to children's school achievement. The way parents feel about themselves and their child's education, and whether parents feel in control of their lives, affect the child's performance in school (Douglas, 1964, and Hess, 1980, cited in Evans & Bass, 1982). Schaefer (1972) concluded "that children's test scores were

much more related to degrees of parental interest than to variations in the quality of schools" (p. 234).

According to Honig (1982) it is insufficient to concentrate solely on the cognitive development of the child, since, as supported by literature, the best results become obvious when the parents are involved in the education and development of the child as partners with the educators. Research has created "an awareness of the functions of the family milieu, economic conditions and socialization patterns that could either support or fail to optimize the growth and educational environment provided for the young" (p. 427).

The recognition of the importance of parents is relatively easy to accept. Creating favorable conditions and a positive attitude towards developing a partnership with parents is perhaps much more difficult. Despite findings on the importance of parental involvement, and recognition by educators of their importance, Tizzard (cited in Pugh, 1985, p. 225) concluded that there is still "a discrepancy between approval in principle of parent involvement in early education and the extent to which it is realized in practice ...". While many preschool workers show increasing commitment to involving parents, the tendency is still towards a rather one-sided relationship whereby professionals invite parents to join them on their terms (Pugh, 1985). A partnership between educators and parents is not a true partnership if parents are not active participants. While there are various

means of involving parents, some are more effective than others.

The best schemes have found how important it is to value the experience that individuals bring to each situation, and have recognized the need to work with parents rather than do things to them. Effective relationships between professionals and parents are built on partnership and on mutual respect, with an emphasis on reciprocity that allows people to give as well as to take. (Pugh and De'Ath, cited in Pugh, 1985, p. 220)

All early childhood educators should become aware of the importance of a good parent-educator relationship. To facilitate this, information should be available on ways in which communication can be improved.

Children with Special Needs

Mainstreaming, the act of integrating handicapped children into classrooms with the non-handicapped, has become a recent phenomenon in the school systems. Even more recent is the concern for integrating the handicapped into the early childhood education programs. Initially, the approach felt to be most advantageous to those children with special needs was the provision of segregated services. Dunn (1968) was among the first to question the appropriateness of special segregated classes. Since 1972 the Head Start Program in the United States has been required to provide handicapped children with at least 10% of their spaces (Dunlop, 1977). In Canada, "most provinces and territories support, in principle, the integration of some or all disabled or impaired

children into mainstream group child care" (Status of Women, 1986, p. 60).

In 1978 the Canadian Association for the Mentally Retarded published Children with Special Needs in Day Care: A Guide to Integration. Presented therein was the underlying philosophy for integrating special needs children. It stated that it is "the right of children with special needs to grow up and fully participate in the mainstream of society" (p. 1). Since young children's attitudes are flexible, the logical time to begin mainstreaming is in the early years.

The extent to which mainstreaming is successful is dependent mainly upon the teacher (Dunlop, 1977; Guralnick, 1982; Widerstrom, 1982). The teacher's attitude towards the special needs child, the ability to structure the environment and to encourage integration, and the skill and ability to motivate learning are some essential characteristics. Haring, Stern and Cruickshank (1958) cited four factors essential to successful integration: (a) that the classroom provides for the physical, social, emotional and intellectual needs of the child; (b) that the classroom allows the child to become a contributing member, (c) that the teacher accepts and understands the child, and (d) that the physical facilities allow the child access to the necessary areas of the building. Successful integration will not likely be attained by making special needs children obviously different, but

rather by ensuring that they become part of the group in a way that is as much like the other children as possible.

Mainstreaming must be considered not only as it affects the handicapped child but also as it affects the non-handicapped. Studies (Bricker & Bricker, 1971; Christopherson, 1972; Guralnick, 1978; and Peck, Appolloni, Cooke, & Rover, 1978 cited in Widerstrom, 1982) have indicated no negative effects on non-handicapped preschoolers. It was found that preschoolers were more accepting of handicapped children than at any other age and that in fact the non-handicapped child often experienced the same positive effects as in peer tutoring situations.

Benefits to the handicapped child in a mainstreamed setting are of great interest, although to date there is a limited amount of research (Guralnick, 1982). Studies show that mildly delayed children exhibit marked developmental progress, well beyond their expected level (Cooke, Ruskus, Apollini, & Peck, 1981). In addition, Novak, Olley, and Kearney (1980) and Guralnick (1981) found that social behaviors of handicapped children in integrated settings resembled more closely those of the non-handicapped.

Similarly, for developmentally delayed children at least, the social and communicative environment in mainstreamed programs seems appropriately adaptive and supportive from the perspective of the handicapped child, and conditions do appear to exist that can foster observational learning. (Guralnick, 1982, p. 487)

Hence, it appears that both the handicapped and non-handicapped child can benefit from mainstreaming. Stephens and Braum (1980) reported that generally both parents and teachers alike expressed favorable attitudes towards mainstreaming. Davidson (cited in Widerstrom, 1982) noted that since there appears to be a strong rationale for integrating handicapped preschool children into regular programs, concentration should be on providing the necessary support services to make the experience a positive one.

The era of segregated services for special needs children has essentially ended. Mainstreaming is being adopted by most progressive institutions. The teacher's attitude and ability to lessen the differences between the special needs child and the other children are critical to the effectiveness of mainstreaming. The limited available research (Widerstrom, 1978) indicates that all young children benefit from mainstreaming. However, support services are essential to ensure success.

Means by which to increase the value of early child care programs for young children have been explored. Research (Bronfenbrenner, 1974) has found parental involvement to be significant. While the idea of parental involvement is not new, it is one that has made little progress. Parents must be actively involved rather than merely an informed third party.

The success of both mainstreaming and parental involvement is largely dependent upon the teacher. It is more likely that a teacher trained in child development and learning will comprehend the underlying theories and be more willing to support these practices. The qualifications of early child care personnel have not been clearly defined. Individual states and provinces have been left to delineate educational requirements for personnel. A combination of theory and practice is usually required. In some instances, one or the other is accepted. Training standards for personnel must be established if quality early child care programs are to prevail.

Mainstreaming, parental involvement, and the education of personnel are three key aspects of early child care programs. To provide the greatest benefit to all children these aspects must be taken into account in the planning of such programs.

The Effects of Early Child Care Programs

Merely to recognize the importance of the early years is insufficient. It is of greater consequence to ensure that the care children receive during this time provides every opportunity to augment their growth and development. This section will discuss research findings which provide substantial support for the benefits of early childhood

programs. Also, program characteristics that make for a successful program, as agreed upon by several authors, will be noted.

"For more than a decade, research on approaches to early childhood education has attempted to study the effectiveness of various kinds of programs in changing the behavior and enhancing the development of young children" (Hendrick, 1980, p. 4). Most research (CLS, 1983; Lazar & Darlington, 1982; Miller & Bizzel, 1983; Miller & Dyer, 1975) has been completed on different experimental programs and on Project Head Start in the United States, which were designed and initiated in an attempt to reduce the effects of poverty on black children's future educational opportunities. The studies dealt with the effects of early intervention, the long-term benefits on cognitive performance, whether one type of program was more effective than another, and what the effects were on the non-cognitive behaviors of children.

Some research has been relatively encouraging, while some has been fairly disheartening. Much of the debate has focused on the controversy regarding the degree to which intelligence is determined by heredity or environment. Hunt (1961) in his book, Intelligence and Experience, traced twentieth century research in the United States regarding intelligence. He concluded that the traditional view of intelligence as a fixed genetic capacity was not supported by research and that there was considerable evidence indicating that intelligence was

more responsive to environmental influences than had previously been assumed. In the 1960s the social, political and intellectual climate encouraged the establishment of preschool programs. The basic assumption shared by these programs was "that environmental factors played an important role in the cognitive and socioemotional development of a child and that early intervention in the life of the low-income child could have significant positive, long-term effects" (CLS, 1983, p. 12). Although the intention of research was to study both the cognitive and socioemotional domains, the effects on the cognitive domain have taken precedence, since measures of assessment of the socioemotional domain have been found to be largely unreliable.

The first Head Start projects began as summer sessions in the year 1965. Studies completed in the years immediately following the inception of Head Start found no durable benefits to children on aptitude and achievement tests (CLS, 1983). The most widely known study of Head Start evaluations in those early years was the Westinghouse Report (Westinghouse Learning Corporation, 1969). It was designed to provide the quickest possible statement of the average long-term effects of Head Start. The Westinghouse (1969) authors concluded that "although this study indicates that full-year Head Start appears to be a more effective compensatory education program than summer Head Start, its benefits cannot be described as satisfactory" (p. 11). Criticisms abounded as to the flaws

in this study, one being that enough time had not lapsed to truly allow for the evaluation of the long-term benefits of the program. The report did, however, serve to influence the government's attitude toward Head Start. For years after, financial support waned and was threatened completely. Other research supporting the Westinghouse Report included that of Jensen (1969) who stated that "compensatory education has been tried and it has apparently failed" (p. 2), and the Coleman Report on the Equality of Educational Opportunity (1966) which concluded that individual differences in academic achievement were more related to family variables such as social economic status and parent education than to measures of school quality.

It was clear that if government funding were to continue, research needed to be compiled to indicate the effectiveness of early intervention. In 1975 the CLS was formed by a voluntary association of independent researchers. While the consortium programs were not actually Head Start programs, they were similar in terms of the curricula and target populations. Aware of the many research pitfalls, the consortium attempted to balance the variables so that their outcomes would be as valid and generalizable as possible. Although the twelve consortium members collaborated on this longitudinal study, each was free to write a separate report. For this reason, much of the available literature can be attributed to members of the consortium.

The findings of the consortium can be summarized as follows:

1. Preschool programs increase individual scores on standard intelligence tests, and these increases remain statistically significant for a three- to four-year period after the preschool experience.
2. During most of the elementary school years, arithmetic and reading achievement scores of program graduates are higher than those of controls.
3. Preschool graduates are less likely to be placed in special education or remedial classes than are their controls; they are more likely to meet the ordinary requirements of the schools and to graduate from high school.
4. Preschool graduates have higher self-esteem and value achievement more than their controls. Their parents have higher occupational aspirations for them than do control parents or the children themselves. The program graduates have higher occupational aspirations and expectations than do their controls, and these are predictive of their actual attainments.
5. Indirectly, the preschool experience increased labor market participation in late adolescence and the early adult years (CLS, 1983, p. 461-2).

Regarding programs, the consortium concluded that "any well-designed, professionally supervised program to stimulate and socialize infants and young children from poor minority families will be efficacious" (CLS, 1983, p. 462). The consortium acknowledged that finer measures might well produce findings of different program effectiveness.

According to Stallings and Stipek (1986) the Perry Preschool Program stands out as having significant long-term

findings beyond those reported by the consortium. The curriculum in this program was cognitively oriented and based on the sequential developmental theory of Piaget. The children of both the experimental and control groups had IQ's in the low 80s. Over fifteen years of study some impressive differences could be noted:

1. Students with preschool experience are 21% less likely to report that they had been arrested by age 19 than their non-preschool counterparts.
2. Of the non-preschool students 55% had dropped out of school and only 29% were employed. Sixty-five percent of preschool students had graduated or were still in school and 48% were employed.
3. Children with preschool experience reported a greater commitment to schooling. At age 15 they showed a greater willingness to talk to parents about school, spent more time on homework and had a higher self-rating of school ability. (p. 731)

Barnett (1985) noted that the cost benefit of the Perry Preschool Program was a profitable social investment. The returns included reduced costs for incarceration, special education and probably increased life earnings for the participants. Also, Palmer and Wright both emphasized from their studies (cited in Biemiller et al. 1985, p. 26) "the potential of preschool to have some compensatory impact on children from poor socioeconomic backgrounds". Wright's study focused on an urban Canadian population which differed from comparable populations in the United States. This study

showed compensatory effects for up to three years after, even though it did not contain a parent component.

While most of the research on the benefits of early childhood education has been completed on children from disadvantaged environments, some does involve studies of children who are not disadvantaged. Larsen (1983) conducted a study of children who were considered to be educationally advantaged. As preschoolers they were tested on several measures. Findings, including those on social competency, favored children who had attended preschool rather than those who had not attended. When tested in kindergarten these children, whether they had attended preschool or not, showed gains in social competency. McKinnon, Flieger, and Patterson (1982) completed a Canadian study on the consequences of day care and nursery school experience for elementary children. It was found that for middle class children, preschool experiences did not create the differences that were evident in studies of disadvantaged children. The debate over the value of an early educational experience continues.

At the same time several authors have reached a consensus on critical factors to be considered in early childhood education. These authors, as cited in Collins (1984), include: Bush and White, undated; Collins, 1981 and 1983; Slaughter, 1982; Weikart, 1982; Zigler and Berman, 1983; Zigler and Lang, 1983. They agree that a good early childhood program should provide: (a) opportunity for extensive parent

involvement in all areas, (b) personnel trained in early childhood education or development, (c) carefully designed and implemented educational and developmental curriculum, and (d) high quality, cost-conscious program management and monitoring.

Consideration should be given not only to the number of day care or preschool spaces, but more importantly to the quality of care they provide. Research findings may prove beneficial in assisting regulating agencies to adjust their standards and requirements to provide the best care possible.

The review of studies pertaining to the effectiveness of early childhood programs has indicated that initial studies in the United States revealed that benefits from early childhood programs were negligible. As a result funding dwindled. Later, more reliable studies provided contradictory evidence. Not only did disadvantaged children themselves benefit from such programs, but in terms of cost efficiency the public also benefitted. Findings indicated that the long-term effects of early childhood programs for the disadvantaged were undeniably positive. Studies of middle-class children have not revealed the same positive effects, nor have they been shown to be harmful.

Not all programs are equally effective. Researchers have found that there are certain characteristics or qualities necessary to the success of a program. Parent involvement,

trained personnel, an appropriate curriculum, and careful management and monitoring have been cited as some important necessary features (Collins, 1984).

Conclusion

"Research clearly shows that the first four or five years of a child's life is the period of most rapid growth in physical and mental characteristics and of greatest susceptibility to environmental influences" (Frost, 1968, p. 5). It is agreed that deprivation in these early years may not be easily compensated for later. The literature emphasizes that the experiences provided the child during the early years may be crucial to further development of the physical, social, emotional and intellectual aspects of the personality. Experiences that enhance the child's growth and development should therefore be available to all levels of society. Much of the impetus has been on providing for the disadvantaged. While this is commendable, it must be recognized that lack of money is not the only interpretation of disadvantaged. A child may be provided with all of the physical needs but still be disadvantaged in respect to the social, emotional and intellectual needs. Particular attention should be given to the middle class, since often they are the ones who are not considered financially disadvantaged, and who need early childhood care services

desperately, but are not able to afford the cost. In addition, children with special needs must be considered, and appropriate steps taken to mainstream where possible, but not to the detriment of either the handicapped or the non-handicapped.

Provision of early child care services, as a goal, is in itself inadequate. The aim should be to provide the best possible child care. Although many countries have recently focused on increasing the availability of child care services, the demand still exceeds the supply. Furthermore, while countries such as Britain, the United States and Canada have a variety of services available, there is a need to synthesize the rules and regulations governing the services in order to ensure a nationally accepted standard of care in each country. The Task Force Report (Status of Women, 1986) concluded that the child care programs in Canada do not in any sense constitute a system. "They are, rather, a miscellaneous collection of measures that fail to adequately meet the needs of children and their parents, or to support the quality of family life" (p. 277). The Report recommended that all provincial and territorial governments work together "to develop complementary systems of child care ... as comprehensive, accessible and competent as our health care and education systems" (p. 279).

Until such time that national governments provide financing which allows for a standard system of child care

services for all levels of society, there will be too many children receiving care of an unknown quality. "The research and experience of the past two decades have given us the knowledge we need to make these programs work. All that we need is the political will to invest the necessary resources..." (Schwienhart & Weikart, 1986, p. 12). Although this statement was made in reference to care for children at risk, it is equally applicable to the whole child care issue. The amount of funding invested in the development of a nation's resources plays a vital role in determining that nation's future. The question remaining is whether the world nations are aware that their most valuable resource is their children.

CHAPTER 3

METHODOLOGY

The Design of the Research

The study took the form of an historical review and a field survey. The writer attempted to (1) present the pattern of development of early child care programs in Newfoundland and Labrador, (2) determine the types of programs available, (3) obtain information on the availability of these programs and where they are located, (4) determine how satisfied parents are with the child care services available to them. In order to do this the study was designed as follows:

- (1) There was a comprehensive examination of the literature pertaining to the development of early child care services in Newfoundland and Labrador.
- (2) There was an examination of the type and location of early child care centers in Newfoundland and Labrador as documented by the provincial government Department of Social Services. This included information such as (a) geographical distribution of centers, (b) types of centers with services available, (c) physical facilities, and (d) number of child care spaces available.

- (3) Scheduled interviews were conducted with
- (i) the Director of Day Care and Homemaker Services, Department of Social Services,
 - (ii) the Early Childhood Consultant, Department of Education,
 - (iii) the Coordinating Instructor, Early Childhood Education, Cabot Institute, St. John's,
 - (iv) the Early Childhood Coordinator, Community Services Council, and
 - (v) a representative, Day Care Advocates Association, St. John's.

Questions were designed to focus on the role that each agency plays in the provision of child care services. Owing to the nature of the questions (see Appendix A) permission was sought to tape-record the interviews.

- (4) Permission was sought to make visits to a randomly selected sample of existing child care centers in the province. Centers were arranged in alphabetical order and a number assigned. A number from 1 to 10 was randomly selected. Beginning with that number every fourth center was selected. In the event that a center was no longer operating, the center with the next even number was chosen.

- (5) Through observations made during visits, centers were evaluated using a checklist of criteria established as being conducive to the provision of quality child care (see Appendix B). The checklist was designed following a review of relevant literature including background papers for the Task Force Report on Child Care (1986), related provincial government documents, and a criteria checklist developed by the NAEYC (1983).
- (6) A questionnaire (see Appendix C), designed to ascertain parent satisfaction with child care services, was distributed to parents with preschoolers attending those centers visited. The questionnaire focused on: (a) the types of child care available to parents; (b) parent opinions about child care in general; (c) child care centers, their program and personnel; (d) the relationships among parent, child, and personnel; and (e) background information on respondents.

Procedure

Letters (see Appendix D) were sent to the operators of those centers randomly selected, to seek their participation. Included in the letter was a suggested time for the visit, an agreement form to be returned, a parent questionnaire for the

operators' perusal, and a stamped, self-addressed envelope. Telephone contact was made with those operators not responding. Those operators agreeing to participate were asked to distribute to parents letters explaining the nature of the project.

At the time of the visit, questionnaires were distributed to the parents by the researcher. If contact was not made with a parent by the researcher, the questionnaire was left for the operator to distribute. In such a case, telephone contact was made later with the operator to ensure that all questionnaires were out or, if not, returned. At the time of distribution parents were requested to fill in a name and address card coded to match the questionnaire. This was designed to facilitate further contact with those not responding. Attached to the questionnaire was a letter (see Appendix D), briefly explaining the study, and a stamped, self-addressed envelope.

The observation checklist was completed immediately upon leaving each center. Where possible each item was rated on a scale of 1 to 5, excellent to poor.

Interview appointments with designated persons were made by telephone and scheduled at a time convenient to both parties.

Definition of Terms

Early child care services, for the purpose of this study, referred to all licensed centers available for children age two or more but below the age of school entry. These include playschool groups, nursery schools, day care centers, and preschools, and operate in a variety of different settings. For example, child care centers may be located in a church basement or hall, a private dwelling, a school, an especially designed structure or attached to a workplace.

Special needs children was used in reference to those children with special needs, such as a physical and/or mental handicap.

Young children was used to refer to those who are of age to participate in early child care programs.

Child care personnel was used to refer to any person working within an early child care center.

CHAPTER 4

THE DEVELOPMENT OF EARLY CHILDHOOD EDUCATION
IN NEWFOUNDLAND AND LABRADOR

One of the initial objectives of the study was to trace the pattern of development of early childhood education in Newfoundland and Labrador from its beginning to the present time. A comprehensive review of the relevant literature will now be presented, along with factors that affected the course of that development.

In Newfoundland and Labrador, as in other parts of Canada, the demand for child care services has increased as the need arose. Also, as in other provinces, needs have become apparent as societal changes have occurred. These societal changes have greatly affected the family unit. The composition of the family has changed and the cost of living has escalated. Together, these alterations have brought about another shift in society, that of women entering the labor force in increasing numbers.

In addition to the impetus for improvement that has accompanied changes in society, political pressure from concerned groups has helped to focus more clearly on the issues and needs. This has served to hasten improvements that might otherwise have occurred at a more gradual pace. This section will discuss, briefly, changes in society which

accentuated the need for child care services and review the influence of support groups in causing these needs to be met. A brief historical overview of the development of child care services will be presented, followed by a review of recent improvements in the quality of training for personnel.

Societal Changes

Increases in the cost of living no longer allow the family the luxury of financial stability on only one income. Thus, many women have taken positions in the paid labor force. Anger, McGrath and Pottle (1986) reported that from 1935 to 1981 the female participation rate increased from 11.8% to 42.2%. The ten-year period from 1976 to 1986 alone witnessed a 10.8% increase (Department of Social Service, 1988, May). More importantly, the participation rate for married women increased from 1.7% in 1942 to 42.7% in 1981.

The structure of the family has experienced a shift from extended to nuclear, and in many instances, to single parent families. Currently there are approximately 15,825 single parent families in Newfoundland and Labrador. The number with female head of household is 12,640, while families with male head of household number 3190 (Department of Social Services, 1988, May). Both the change in the female participation rate in the labor force and the change in family structure have contributed to the demand for more child care services. Those without extended families to help share the responsibility of

child care are particularly in need of quality child care services.

Support Groups

Support for more and better child care services has been evident not only in the demands of parents. Support has come from various groups and organizations whose members recognize quality child care as an issue. These groups are composed largely of volunteers who, for whatever reason, have chosen to lend their support to the cause. Such groups include the Early Childhood Development Association (ECDA), The Community Services Council of Newfoundland and Labrador, The Provincial Advisory Council on the Status of Women, and The Day Care Advocates Committee.

The ECDA first organized in St. John's in 1971. Other member groups have organized in centers throughout the province. Whether they succeed in remaining operational depends mainly upon the interest of volunteers. The St. John's group is currently seeking new membership after a two-year period of inactivity. As its goals the ECDA undertook the responsibility:

- (a) to advocate for the rights of children,
- (b) to promote increased knowledge and understanding of early childhood development,
- (c) to assist parents in providing positive early childhood experiences for their children,
- (d) to promote the development of co-operative and non-profit early childhood playgroups, and

- (e) to work with other agencies to improve community services for young children. (ECDA, 1988)

During its period of operation the ECDA organized several provincial conferences and provided training sessions, using funds supplied by the Department of Social Services.

The Community Services Council of Newfoundland and Labrador was founded in 1976 at St. John's and received its provincial status in 1979. Its broad aim is to improve social development and services through planning, research, and liaison (The Community Services Council Directory (CSCD), 1985). In 1983 it initiated an early childhood training program providing practical and theoretical training to unemployed persons who wished to work in the field. The forty-week program is funded by the Canadian Employment and Immigration Commission.

The Provincial Advisory Council on the Status of Women was formed by the government of Newfoundland and Labrador in 1980 as a consultative body on issues concerning the Status of Women (CSCD, 1985). The members have been highly visible in raising the issue of the need for increased quality child care. Its goals are to conduct research and to bring to the public attention the concerns of women. The Council has presented reports and made available to the public brochures focusing on salient points of the child care issue.

The Day Care Advocates Committee formed in 1983 as a result of an effort by the Provincial Council on the Status

of Women to create public awareness on issues of special concern. The goals of the Association are:

- (a) to increase public awareness of the need for affordable, accessible, and quality child care,
- (b) to help make day care a priority in government planning,
- (c) to develop a network of day care advocates in the province,
- (d) to focus on the need for improved training and salary levels for day care workers, and
- (e) to encourage government to study different models of day care services. (Day Care Advocates Committee, date unknown)

The Committee capitalizes on the use of the media as a forum for raising key concerns. In addition, it has published a newsletter, The Day Care Network, which provides current information on child care issues both of a provincial and federal nature. Unfortunately, funding is not always available to allow continuous publication.

The common goal underlying the actions of these groups and organizations is one of more and better child care services. Much of the literature available on child care in Newfoundland and Labrador can be attributed to them. However, there are other sources. Table 10 presents a list of the literature since 1977. Notable for its detail and extensive list of recommendations to the provincial government is the Report of the Ministerial Advisory Committee on Early Childhood and Family Education (Hjartarsen et al., 1983). Points of emphasis which appear in much of the literature are

TABLE 10

Articles, Written Since 1977, on Child Care in Newfoundland and Labrador

Date	Title of Report	From	To
1980	_____	The Early Childhood Development Association	Members of Cabinet
1980	Early Childhood Educational Provision in Newfoundland and Labrador	The United Church prepared by Dr. R. McCann	Minister of Education
1982	Caring for our Children	The Provincial Advisory Council on Status of Women	Provincial Government
1982	Report of A Study Commissioned on the Problems of Working Women in Newfoundland and Labrador	Lee Ann Montgomery	Department of Labour and Manpower
1983	The Report of the Ministerial Advisory Committee on Early Childhood and Family Education	_____	Minister of Education
1984	Proceedings of a Provincial Conference on Day Care Advocacy	Day Care Advocates Committee	_____
1984	Brief on Provincial Day Care	Day Care Advocates Committee	Minister of Social Services
1984	Social Policy on Day Care in Canada	Dorothy Robbins, Provincial Representative of the Canadian Day Care Advocacy Association	Provincial Day Care Conference
1984	A Response to the Report of the Ministerial Advisory Committee on Early Childhood and Family Education	Newfoundland Teachers' Association	The Ministerial Advisory Committee on Early Childhood and Family Education
1986	Submission to the Parliamentary Task Force on Child Care	Newfoundland Teachers' Association	Parliamentary Task Force
1986	Presentation to the Special Committee on Child Care	Provincial Advisory Council on the Status of Women prepared by Dorothy Robbins	The Special Committee on Child Care
1986	Day Care: The Need for Change	Day Care Advocates Association	Parliamentary Task Force
1986	Factors Affecting Women's Labour Force Participation	L. Kealey	The Royal Commission on Employment and Unemployment
1986	Women and Work in Newfoundland	D. Anger, C. Moirath and S. Pottle	The Royal Commission on Employment and Unemployment

as follows: (a) availability of quality child care services, (b) training of child care personnel, (c) government funding, and (d) accessibility of services.

Despite pressure from parents and various groups and organizations, the development of a comprehensive system of child care services is yet to become a reality. Only in recent years has there been a significant increase in the number of services available. As early as 1954 the first nursery school, Meadowhouse, opened in a private home in St. John's. It was followed by a second nursery school, Jack and Jill, being opened in 1963 (Sharp, 1977; Brown, 1970). Between 1963 and 1970 the number of centers opened at any one time was five (Brown, 1970). Table 11 presents statistics on the opening of child care centers since the Department of Social Services assumed responsibility for licensing in 1975 (Department of Social Services, 1988, May). Up until that time centers were licensed either through the Department of Education if the program was intended to be primarily educational, or by the Department of Recreation and Rehabilitation under the Welfare Act of 1967 (Sharp, 1977). Presently, while the Department of Social Services is responsible for licensing, a Board of Directors with representation from the Departments of Education and Health makes decisions on licensing. As suggested by the Ministerial Advisory Committee on Early Childhood and Family Education (1983) the Departments of Social Services, Education, and Health share responsibilities for the control of child care

TABLE 11

Statistics on Number of Licensed Day Care Centers

Year	No. of Licensed Centers	No. of Licensed Spaces Full-Time	No. of Licensed Spaces Part-Time	Total No. of Licensed Spaces
1975-76	-	-	-	-
1976-77	31	-	-	-
1977-78	30	-	-	710
1978-79	35	-	-	937
1979-80	36	491	325	816
1980-81	31	493	319	812
1981-82	36	533	341	874
1982-83	47	635	325	960
1983-84	48	769	481	1187
1984-85	53	804	549	1353
1985-86	60	922	522	1444
1986-87	72	1053	551	1804
1987-88*	85	1579	571	2150

* To January

Department of Social Services (1988)

services. The Department of Social Services has the direct responsibility for licensing and providing social support; the Department of Education has the responsibility for the program; and the Department of Health has responsibility for health education and environment.

According to statistics presented in Table 11 the increase in the number of child care spaces during the past twelve years has been only marginal. The child care population from birth to six years reached 62,060 in 1988 compared to the total of 2311 spaces available. The regional dispersion of these spaces can be seen in Figure 1, while a more specific distribution is presented in Table 12. It is recognized that not all children require child care services. However, since the number of working mothers is 39,883, one can assume that the number of available spaces is less than adequate (Department of Social Services, 1988, May). The fact that children under two years of age cannot attend licensed centers means that all children under two and the majority of those between two and school age are receiving care of which there is no way to assess the quality.

Providing for Quality

While the lack of sufficient child care spaces is a major concern, the quality of those already available must not be neglected. "It has long been recognized that the skills, attitudes and overall quality of the caregivers themselves are

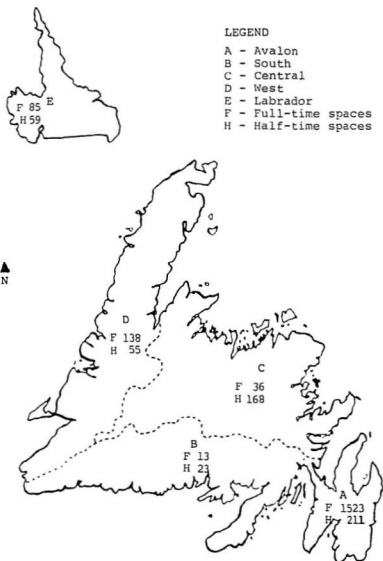


Figure 1. Geographical distribution of child care spaces in Newfoundland and Labrador.

TABLE 12

Distribution of Child Care Spaces, in Newfoundland and Labrador, by Geographical Region

Location	Number Full-time	Number Half-time	Location	Number Full-time	Number Half-time
<u>Avalon</u>			<u>South</u>		
Arnold's Cove		8	Grand Bank	23	
Bay Bulls	24		Marystown		13
Bay Roberts	16	13			
Carbonear	25		<u>Central</u>		
Chamberlains	16	25	Boie Verte		15
Durville	14		Bishop's Falls		25
Foxtrap	24		Clareville		24
Goulds	50		Gander	36	32
Harbour Grace	11		Grand Falls	38	
Kelligrews	13	8	Lewisporte		17
Kilbride	40		Peterview		9
Manuels	18		Windsor		8
Mount Pearl	99	16			
Paradise	15		<u>West</u>		
St. John's	1125	149	Corner Brook	92	
Torbay	25		Cox's Cove	8	
			Deer Lake	14	
<u>Labrador</u>			Rocky Harbour	20	
Churchill Falls	15		Stephenville	32	12
Happy Valley	70		St. George's	15	
Labrador City	44				
Nain	15				

Department of Social Services, 1988.

essential to providing quality care for children" (Lero & Kyle, 1985, p. 99). Neither experience nor total years of formal education is as significant as education and training in the field of child development and early childhood education (Lero & Kyle, 1985).

Until 1986, when the Cabot Institute, St. John's, began offering a two-year program in early childhood education, there was very little available for those wishing to train in this field. The program offers both theoretical and practical training. Prior to 1986, the only training available was a forty-week course offered at the Early Childhood Training Centre (ECTC), St. John's. This program is still available and is funded by the Canadian Employment and Immigration Commission. Between 1972 and 1980 Memorial University of Newfoundland Extension Services offered a certificate program in early childhood education both at the St. John's and Corner Brook campuses. Administration and funding problems played a role in the phasing out of the program (Balsom, 1980). The only other source of training has been through workshops offered by ECDA or the Department of Social Services. In Corner Brook courses are currently being offered at the Fisher Technical College.

Child care workers outside St. John's or Corner Brook have no way to raise their level of qualification without taking leave from their jobs and in many instances their families. "Daycare work is notoriously underpaid and current

salary levels reflect the job ghetto nature of this type of employment" (Kealey, 1986, p. 20). The Atlantic average hourly rate of \$5.05 is only 69% of the Canadian average of \$7.29 (Anger et al., 1986). This being the case there is no monetary incentive for child care workers to seek further education.

Funding For Centers

Although the salaries of child care personnel must increase if trained people are to be attracted to these positions, the cost of child care must also remain within reach of those who need it most. In 1985, the Department of Social Services increased its start-up grant to centers from \$500 to \$1000. It also provided an annual Equipment and Supplies Grant of \$0.20 per child care space per day (V. Randell, personal communication, July 6, 1988).

Funding to parents is based on a needs assessment. Effective September, 1985, a single parent with one child and a net income of \$747 monthly became entitled to full subsidy. Partial subsidies continue to a net income of \$1257 monthly. Parents receiving subsidies must place their children in licensed care (Day Care Advocates Association, 1986). Under the Canada Assistance Plan (CAP) the federal government will subsidize the provincial government only for expenditures which place children in non-profit centers. Since most centers are commercial rather than non-profit, the provincial

government is limited in its use of the CAP. Between the period of April 1987 and November 1988 there were 1,254 children in subsidized care. The subsidies for 360 or 29% were for reasons of child care, while 894 or 71% were for child development reasons (Department of Social Services, 1988, May). Table 13 presents a breakdown of provincial expenditure on child care services from 1976 to 1987. During that period the annual expenditure increased in 1987 to eleven times that of 1976.

"Compared to the rest of Canada, Newfoundland has one of the lowest daycare availability rates, the lowest salary for child care workers and the least government spending on daycare" (Anger et al., 1986, p. 103). The new funding program announced by the federal government in 1987 has created new hope. However, the details of how much the province will benefit remain to be seen. Each province has the task of negotiating with the federal government an agreement suitable to both parties. The concern of the government of Newfoundland and Labrador is that the province must still locate a considerable amount of funding in order to take full advantage of the cost-sharing offered by the federal government.

Given the current status of child care services in this province, there will have to be an enormous increase in funding to bring the province on a level with much of the rest

TABLE 13
Provincial Financial Expenditures on Day Care Services in Newfoundland, 1976-77 to 1986-87

Year	Grants	Training	Subsidies Paid Under Income Test	Subsidies Paid Under Social Assist.	Administration	\$ Inc.	Total	Federal Revenues (C.A.P.) ^a	\$ Revenue/Expenditures
1976-77	-	-	135,000	-	4,000	-	139,000	70,000	50%
1977-78	-	-	150,000	-	11,000	16%	161,100	80,000	50%
1978-79	-	-	163,500	-	15,000	10%	178,500	89,500	50%
1979-80	-	-	219,800	-	50,600	51%	270,400	135,000	50%
1980-81	5,000	10,000	136,300	-	67,000	(19%)	218,300	106,000	49%
1981-82	5,000	10,700	172,600	152,433.00	73,000	89%	413,700	206,200	50%
1982-83	7,500	22,714	195,000	200,000.00	76,700	21%	501,900	269,400	47%
1983-84	7,500	22,100	215,201	250,000.00	80,500	15%	575,300	291,000	50%
1984-85	23,000	23,700	292,700.00	276,019.00	84,600	22%	700,000	327,700	47%
1985-86	44,600	46,000	418,837.00	494,470.00	104,400	58%	1,108,300	414,300	37%
1986-87	75,400	38,300	433,300.00	866,300.00	116,900	38%	1,530,200	595,150	39%

^aC.A.P. Revenues were overestimated in the period 80/81 to 84/85. Adjustments are now in process to reduce the revenues.

Source: Department of Social Services (November, 1987).

of Canada. Children are the key people in this issue and they do have the right to quality child care. To date the provision of child care services has not been given a high priority by the government of Newfoundland and Labrador. A commitment to improving such services would necessarily include a budget allocation which would reflect the importance to society of having appropriate and readily accessible child care. The provincial child care system has come a long way but it still has a much greater distance to go.

CHAPTER 5

ANALYSIS AND DISCUSSION OF FINDINGS FROM FIELD STUDY

The field survey gathered information from three sources: (a) a parent satisfaction questionnaire, (b) an observation and information checklist, and (c) interviews with persons involved in the provision of child care services. Findings from these sources are presented and discussed in the order indicated above. Relationships among sources will be noted where appropriate.

Analysis and Discussion of the Parent Questionnaire

The parent questionnaire was distributed to 485 parents whose children attended the 17 centers visited. The purpose of the questionnaire was (a) to determine the types of child care available to parents; (b) to obtain parents' opinions about child care in general; (c) to provide information about the center, its program, and personnel; (d) to provide information about the relationships among the parent, the child, and the child care center and (e) to provide information on respondents which would supply a background for the interpretation of data. Taken together, the information can serve as an indication of the extent to which parents were satisfied with their child care arrangements.

There were 344 (71%) completed questionnaires returned. Related items are discussed together and, where relevant, findings are presented in table form.

Section I

This portion of the questionnaire was designed to obtain information related to the types of child care available to parents. Responses to all items will be presented separately in table form. Items one to three will be discussed together, as will items four and five.

Item 1:

My child presently attends

- | | |
|---------------------------|-----|
| 1. nursery school | [] |
| 2. day care | [] |
| 3. preschool | [] |
| 4. playschool | [] |
| 5. other (please specify) | [] |

Table 14

Type of Child Care Center Attended

Type of care	Number of respondents	Percentage of respondents
Nursery school	38	11
Day care	146	42
Preschool	149	43
Playschool	11	3

Item 2:

The center is located in

- | | |
|---|-----|
| 1. a school | [] |
| 2. the basement of a home | [] |
| 3. an apartment building | [] |
| 4. a commercial building | [] |
| 5. the building where I work | [] |
| 6. a building built especially for this purpose | [] |
| 7. a church hall | [] |
| 8. other (please specify) | [] |

Table 15

Location of Centers

Center location	Number of respondents	Percentage of respondents
School	57	17
Basement of a home	93	27
Apartment building	32	9
Commercial Building	73	21
Where I work	1	0.3
Especially built	4	1
Church hall	13	4
Other	71	21

Item 3:

My child attends

1	2	3	4	5	6	7	full days weekly	[]
1	2	3	4	5	6	7	half days weekly	[]

Table 16

Attendance Patterns

		Number of full or half days						
		1	2	3	4	5	6	7
Children full-day								
Number		2	12	10	7	104	0	1
Percentage		0.6	4	3	2	30	0	0.3
Children half-day								
Number		25	42	88	4	50	0	1
Percentage		7	12	26	1	15	0	0.3

There are many models of child care services. However, those available in Newfoundland and Labrador are limited both in number and variety. They are located in basements, commercial buildings, schools, church halls, and other sites that are available and meet minimum standards. No center is in operation for more than five full days weekly and many are available on a part-time basis only.

It should be noted that parents were not given any information that would aid them in determining the type of care center that their child was attending. The results are based entirely on parent perception or the labelling of the center itself. Visits to centers being used by parents in the survey indicated that day care services offered full-day service, whereas preschool services offered only part-time service. Responses received from parents were closely distributed over day care (146) and preschool (149) spaces. This should be kept in mind when examining the responses to other items on the questionnaire.

While child care centers may be found in a variety of locations, it is interesting to note that most of the spaces included in the survey occupied basement locations in homes, ninety-three (27%). As well, two centers located in other buildings also held basement positions. Only four (1%) spaces were in a building built especially for that purpose. One has to question the suitability of a basement as a location for a child care center, especially if there is no outdoor play facility, as was the case in several of the centers visited.

Most children whose parents responded were in part-time attendance, two hundred ten (61%), compared to those who were in full-time attendance, one hundred thirty-six (39%). Those attending full days usually attended five full days weekly, one hundred four (30%), while those attending half days usually attended three half days weekly, eighty-eight (26%).

It appeared that in most cases center care was being used as a supplement to other forms of child care or that children attended primarily for reasons other than care while parents worked.

In summary, day care and preschool models of child care are the types most frequently used by parents responding to the questionnaire. While they are located in several different locations, most are found in the basement of a home or some other building. For any number of reasons, parents surveyed were enrolling their children in child care programs mostly on a part-time basis.

Item 4:

I have used other types of child care

(check as many as apply)

- | | |
|--|-----|
| 1. child at home with mother or father | [] |
| 2. child at home with babysitter | [] |
| 3. child at home with relative | [] |
| 4. child at home of babysitter | [] |
| 5. child at home of relative | [] |

Table 17

Type of Care Other than Early Child Care Center

Type of care	Use by parents	
	No.	%
child at home with parent	201	58
child at home with babysitter	169	49
child at home with relative	112	33
child at home of babysitter	126	37
child at home of relative	102	30

Item 5:

Rank order the type of care arrangement in order of preference. (Use number one for first choice, two for second and so on.)

- | | |
|--|-----|
| 1. child at home with mother or father | [] |
| 2. child at home with babysitter | [] |
| 3. child at home with relative | [] |
| 4. child at home of babysitter | [] |
| 5. child at home of relative | [] |
| 6. child at child care center | [] |

Table 18

Preferred Types of Child Care

Child care preference	Mean Score	Ranking
at home with parent	1.180	1
at home with relative	2.388	2
at child care center	2.921	3
at home with babysitter	3.558	4
at home of relative	3.369	5
at home of babysitter	4.498	6

The type of child care which parents choose to use is largely determined by what is available and what they can afford. Often parents are using a type of care that they do not prefer. Because it is all that is accessible to them, they have no choice.

As one might expect, the most frequently used type of care by parents responding to the questionnaire was parent at home with their child, two hundred one (58%). Any other type of care is, to some extent, of an unknown quality. Usually the type of care with the greatest unknown factor is care given by a babysitter who is a non-relative. Care at home with a babysitter, one hundred sixty-nine (49%), and care at

the home of a babysitter, one hundred twenty-six (37%) were the two types of care that most parents had used other than care by a parent. Combined, a total of 86% of parents had used a babysitter to care for their children.

While it is natural that parents prefer to take care of their children themselves, it is also often impossible. Next to taking care of their children themselves, parents felt that a child at home with a relative would be best. With only a marginal difference parents' third choice was care at a child care center. Care of children by a babysitter was not one of the most preferred types of care, yet according to Table 17 it was the type of care that most parents had used. It is obvious that the type of care parents prefer to use and the type of care that they actually use are not always one and the same.

Summary

The majority of children whose parents responded to the questionnaire either attended a preschool or day care. While many of the spaces were in basement locations (27%), it is interesting that a fair number were in schools (17%). This is a recent phenomenon that has been precipitated by the drop in the enrollment in regular day school, thus allowing space for preschool. The amount of time that children were spending in care varied. Most children (61%) were attending on a part-time basis usually for either two, three, or five half days.

It is impossible to determine from this study whether children attending half days were also receiving some other form of care during the time they were not at the center.

The findings have indicated a definite discrepancy between the types of care parents had used and the types of care they prefer. Aside from parental care, the most frequently used types of care were a babysitter at the child's home, one hundred sixty-nine (49%), or the child at the home of a babysitter, one hundred twenty-six (37%). In contrast, parents responded that having a child at the home of a babysitter was the type of care they least preferred. Out of a ranking of six, having a babysitter at home with their child was their fourth preference. It is evident that the type of care parents prefer is not always what they use, generally because it is unavailable or unaffordable. It is unfortunate that "many children continue to be at risk when placed in the private, unregulated settings in which parents must rely" (Social Planning Council of Metropolitan Toronto, 1985, p. 1).

Section II

This portion of the questionnaire was designed to obtain parent opinions about child care in general. Responses to all items will be presented separately in table form. Items 6 and 7 will be discussed together, as will items 9 and 10. Item 8 will be discussed separately.

Item 6:

Government funds going to child care should

1. be used to build more and better centers
2. go to already existing centers to help with operating costs
3. go directly to all parents in the form of tax credits or allowances
4. be based on a needs assessment and go only to parents in need

Table 19

Government Funding

Government funds	Respondents	
	No.	%
to build more centers	140	38
to existing centers	85	23
to parents, tax credits	76	20
to parents in need	70	19

Item 7:

Provision of child care should be the responsibility of

1. the federal government
2. the provincial government
3. municipal governments
4. all levels of government
5. parents
6. private business
7. the employer

Table 20

Child Care Responsibility

Responsibility for child care provision	Respondents	
	No.	%
the federal government	32	8
the provincial government	22	6
municipal governments	3	0.7
all levels of government	196	49
parents	113	28
private business	9	2
the employer	22	6

It should be noted that the number of responses for items 6 and 7 exceeds the number of total respondents (344). Although respondents were requested to check only one item, some chose to check more. All responses were recorded, thus explaining the greater number.

Funding is critical to the provision of child care services. In Newfoundland and Labrador almost all child care facilities are sponsored by private business. One of the key issues, both provincially and federally, is the role of the government in providing child care services. Parents were asked how government funds should be spent and who should be responsible for providing these services.

The majority of parents, one hundred forty (38%), felt that government funds should be used to build more and better centers. This is in contrast to the federal government's plan to increase tax benefits to parents, to revise the cost-sharing program, and to create a special initiatives fund (CDCAA, 1987). Only seventy-six (20%) parents felt that funding should be provided through tax benefits. Few parents, seventy (19%), supported the idea of funding going to those in need. Since many of the respondents were receiving incomes under \$40,000 (58%), it is possible that by their own definition they felt in need of subsidized care. Approximately 80% did not qualify for subsidies by today's standards, and therefore might not feel obligated to recommend that funding go to the needy.

One hundred ninety-six (49%) parents felt that all levels of government should be responsible for the provision of child care services. Many parents, one hundred thirteen (28%), felt that they themselves should be responsible. While parent co-operative child care is uncommon in this province, it appears

that, given the right direction, many parents would be interested. Despite the fact that most child care services in this province are private businesses, those parents responding did not feel that this should be the case. Only nine (2%) parents felt that private business should be responsible.

A general statement that can be made, given these findings, is that parents view all levels of government as being responsible and that any funding should be spent on building more and better centers. Also, given the number of parents (28%) who felt responsibility for the provision of child care, it seems that parent co-operative child care may meet with some success.

Item 8:

When choosing a child care arrangement, I am concerned about several things. (Rank order the following concerns using the number one to indicate the greatest concern, number two the next, and so on.)

1. a preplanned program which encourages learning by doing through activities such as drama, field trips, and storybook reading. []
2. a preplanned program which allows for the teaching of basic skills, such as, the alphabet, printing, numerals, etc. []
3. an environment that encourages the development of social skills, such as sharing, group cooperation, etc. []
4. opportunities to develop life skills, such as dressing oneself, using the bathroom, and independently washing one's face and hands, etc. []

- | | | |
|----|--|-----|
| 5. | a program that has sufficient materials and equipment, such as toys, art supplies, books, swings, slides, etc. | [] |
| 6. | dependability of service | [] |

Table 21

Concerns When Choosing Child Care

Concerns	Mean Score	Ranking
development of social skills	2.036	1
dependability of service	3.149	2
teaching of basic skills	3.371	3
learning by doing	3.398	4
development of life skills	3.918	5
sufficient materials/equipment	4.185	6

Parents' perceptions of what a child care center should be doing for their child are influential in determining the concerns they have when choosing a child care arrangement. How satisfied they are with the service is largely a measure of whether the center is doing what they perceive that it should be doing. Concern for the development of social skills was most often a priority for parents. Given the results of research findings on the importance and long-lasting effects

of preschool experiences on social development, parents are wise to place their emphasis here (Borrueto-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984).

Among the concerns, the teaching of basic skills ranked third. Dependability of service, learning by doing, and the development of life skills all ranked closely with the teaching of basic skills. Parents did not place undue emphasis on basic skills, thus signifying that they perceived basic skills to be no more or no less important than most other concerns. Although the current philosophy of many programs is centered around learning by doing, respondents assigned it a low rating. This might suggest that parents are uninformed about learning approaches in use at centers or that centers are not using this particular approach. Of equal interest is that parents ranked sufficient materials and equipment as being of least concern. The variety of experiences provided the child by a program is largely dependent upon the materials and equipment available. While materials and equipment alone do not necessarily mean quality, in the hands of a skilled teacher carefully chosen materials form a sound basis for children's learning.

Item 9:

Children with special needs (e.g., hearing impaired, physical disabled, etc.) should be cared for

- | | |
|--|-----|
| 1. at home | [] |
| 2. at centers designed especially for them | [] |
| 3. in a regular center | [] |
| 4. Other (please specify) | [] |

Table 22

Care for Special Needs Children

Care for special needs children	Number of respondents	Percentage of respondents
at home	2	1
at special centers	113	33
at regular centers	179	52
other	48	14

Item 10:

Having handicapped and non-handicapped children together
in the same center would benefit

- | | |
|------------------------|-----|
| 1. the handicapped | [] |
| 2. the non-handicapped | [] |
| 3. all children | [] |
| 4. none | [] |

Table 23

Benefitting from Mainstreaming

Who benefits?	Number of respondents	Percentage of respondents
the handicapped	16	5
the non-handicapped	3	1
all children	309	90
none	10	3

Until recently, care of the special needs child was separate from that of care for other children. It was accepted that the specialized care these children needed and the specially designed facilities that would allow for the best possible care could better be provided separately. More recently the trend has been to integrate special needs children with their counterparts.

Most parents, one hundred seventy-nine (52%), felt that special needs children should be cared for in regular centers. Those parents, forty-eight (14%), who indicated 'other' as their response specified that while they agreed with special needs children being cared for in regular centers, they would do so only if extra staff and proper equipment were provided. A significant number of parents, one hundred thirteen (31%), indicated that special needs children should be cared for at special centers.

The majority of parents, three hundred nine (90%), felt that having the special needs child together with other children in the same center would benefit both sets of children. This suggests that parents who felt special needs children should be cared for at special centers did not equate special with separate. Their view might be that special needs children should have special centers in terms of people who are capable of giving them the care they require and the physical plant which caters to their special needs. In their

view, this does not mean that children who need specialized care should be separate from other children.

Summary

Most parents (38%) felt that government funding should be used to build more and better centers. One criticism of the recently announced federal day care strategy is that it is not providing enough funding for new spaces (CDAAC, 1988). Only 19% of parents felt that funds should go to parents in need. The federal government, the provincial government, and other groups concerned with the provision of child care strongly support subsidized care for parents in need.

Responses also indicate that the majority of parents (49%) view all levels of government as being responsible for the provision of child care services. A considerable number (28%) perceive parents as being responsible. While most centers in this province are private businesses, only 2% of parents felt that private business should be responsible.

Despite the fact that parent responses were approximately evenly distributed between those with children in day care (146) and those with children in preschool (149), the rank ordering of parent concerns regarding programs did not reflect any great differences. The development of social skills clearly ranked as a first concern among all parents. Parents are naturally concerned that their children learn to cooperate with others and that they acquire acceptable social skills.

Since "a healthy social setting also facilitates the development of a positive self-concept... and a readiness for formal learning" (Spodek, Saracho, and Davis, 1987, p. 89) this aspect of child care services plays an important part in the child's development.

Dependability of service, teaching of basic skills, learning by doing, and the development of life skills appeared to be considered of equal importance to a child care program. However, the concern for sufficient material and equipment clearly ranked last. This is somewhat unusual, since not even the development of social skills can be entirely effective without proper materials and equipment. The amount and variety of materials and equipment is one of the criteria by which the quality of a child care center is assessed (National Association for the Education of Young Children, 1983).

Parent responses (90%) regarding care of the handicapped are supportive of the current belief that both handicapped and non-handicapped children should be together as much as possible (Guralnick, 1982). Most parents (66%) felt that handicapped children should be cared for in regular centers. Of these, 14% stressed the necessity of having sufficient staff and proper physical facilities to meet the needs of the varied handicaps.

Section III

This portion of the questionnaire provides information about the center, its program, and its personnel. The summary of findings for items 11 through 19 will be presented together in table form and discussed separately.

Item 11:

The center's program helps my child to understand and get along with others.

A total of 94% of parents felt that, to some degree, the center's program was having a positive effect upon the development of their child's socializing skills. Since parents were mostly concerned about the development of social skills when choosing a child care center, the response to this item indicates that they must be pleased with the centers' performance.

Item 12:

The child care program is teaching my child such things as printing, recognizing numerals and letters.

Parents ranked the teaching of basic skills as third in their list of concerns when choosing a child care center. Two hundred forty (70%) parents indicated that to some degree the child care program in which their child was enrolled taught such things as printing, and numeral and letter recognition. When interpreting these data it must be remembered that a considerable number of respondents (43%), had children

attending preschool. It is highly probable that preschools do teach basic skills since they are often perceived as a place where children are prepared for regular school. It should also be noted that a considerable number, sixty (17%), of parents were undecided as to whether basic skills were taught. Others, forty-three (12%), indicated that basic skills were not being taught.

Item 13:

Taking everything into consideration, I feel the center is doing what it should be doing.

Taking everything into consideration, a great majority of parents (89%) felt that centers were doing what they should be doing. Very few parents (7%) expressed dissatisfaction.

Item 14:

The center premises are well-maintained.

Most parents, three hundred twenty-four (95%), felt that center premises were well maintained. However, seven (2%) parents were not satisfied with the maintenance of the centers which their children attended. Observations of the researcher support the fact that at least two centers needed maintenance. As long as there is even one child attending a poorly maintained center, there is cause for concern.

Table 24

Summary of Findings Items 11 to 19: The Center, Its Program and Personnel

	Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree	
	No.	%	No.	%	No.	%	No.	%	No.	%
Q.11	183	53	142	41	11	3	4	1	4	1
Q.12	93	27	147	43	60	17	32	9	11	3
Q.13	36	40	167	49	18	5	16	5	5	2
Q.14	64	48	160	47	13	4	4	1	3	1
Q.15	52	44	152	44	31	9	7	2	1	0.3
Q.16	175	51	131	38	12	4	19	6	7	2
Q.17	217	63	87	25	25	7	10	3	4	1
Q.18	175	51	141	41	18	5	6	2	3	1
Q.19	200	58	119	34	20	6	1	0.3	2	1

Item 15:

I am pleased with the health and safety practices at the centers.

Again, parents indicated their support for centers. Three hundred and four (88%) were to some degree satisfied with the health and safety practices at centers. Only a small number, eight (2%), were less than satisfied. Unless they spend time at a center or have cause to become aware of the health and safety practices at a center, parents may be making the assumption that good health and safety practices are in place. Those who are not satisfied with the health and safety practices may, in fact, be representative of those who have experienced problems.

Item 16:

I am satisfied with the hours which the center offers.

The hours offered by the center were agreeable to 306 (89%) of those responding to the questionnaire. However, those parents, 26 (8%) who were unsatisfied with the hours offered are perhaps representative of shift workers who may find the hours suitable only part of the time. Presently, licensed child care is available only to those who work regular days. There is obviously some need for different models of child care.

Item 17:

Personnel at any child care center should have training in early childhood education or child care.

Currently the Day Care and Homemaker Services Regulations (1982) do not specify any minimum qualifications for persons operating or working in day care centers other than that they must have suitable training and experience. Parent responses, 304 (88%) indicated they felt that persons working in day care centers should have training in early childhood education or child care. Presently such training is available only at St. John's and Corner Brook.

Item 18:

I have a good relationship with personnel at the center.

Responses indicated that a great number of parents have a good relationship with personnel at the centers. Some, 175 (51%), agreed more strongly than others, 141 (41%). That there be positive relationships between the parent and the caregiver is a highly significant objective in terms of the child's developmental gains. Research indicates that these gains are strengthened when home and center communicate (Bronfenbrenner, 1974).

Item 19:

It is easy to make an appointment to see the personnel.

Parents were consistent in their responses to items designed to find out about their relationships with personnel at the centers. The total number of parents (316) who agreed that they had a good relationship with center personnel closely matches the number (319) who agreed that it was easy to make an appointment to see the personnel. It would appear that very few parents have difficulty in arranging to see center personnel.

Summary

The findings from this portion of the questionnaire were intended to provide information about the centers, their programs and their personnel. Perhaps the most significant finding is the overall impression that parents are pleased with the child care services which their children receive.

Parents (94%) agreed that the program helps their children develop social skills. They also agreed (70%) that the program teaches basic skills. Considering all things, 89% of parents felt that centers were doing what they should be doing. In recent years, the regular day school system has expressed concern about the approach taken to teaching basic skills in kindergarten. In this province a cognitive-discovery model is recommended (Kindergarten Curriculum Guide, 1985). The adult becomes a facilitator of learning rather

than a dispenser of information. If parents are satisfied that basic skills are being taught at early child care centers, then it is important that there be some monitoring of how they are taught. It is perhaps significant that 17% of parents remained undecided as to whether centers teach basic skills and 12% of parents said they were not being taught. An effective program would provide for child-centered learning.

Parents were generally pleased with the maintenance of center premises, the health and safety practices, and the hours in which the center operated. Even though the number of dissenting voices were few, they cannot be ignored. A small percentage of parents were dissatisfied with the maintenance of the premises, the health and safety practices, and the hours of operation.

It is of interest that the majority of parents felt training to be necessary for personnel working at child care centers. The Day Care and Homemaker Services Regulations, 1982 under section 41(1) states that "the Board (of Directors) may prescribe classifications of persons who may be employed in a day care center" (p. 26). While the regulations do not state specific qualifications for child care personnel, it has become expected that persons who wish to open centers must have some combination of training and/or experience (V. Randell, personal communication, July 6, 1988).

Most parents felt that their relationship with personnel at the centers was satisfactory, and that it was not difficult to arrange an appointment.

Section IV

This portion of the questionnaire was designed to provide information about the relationship between the child, the parent, and the child care program. The summary of findings for questions 20 to 27 will be presented together in table form and discussed separately.

Item 20:

My child is eager to go to the center each day.

The response to this item continues to support the impression that parents are generally pleased with their child care services. Assuming that parents are good judges of how their children feel it appears that the children too are satisfied with the care they are receiving. In the parents' opinion, children are eager to attend the center each day. Some parents, 194 (56%) were more certain of this than others, 116 (34%). Certainly children would not be eager to go somewhere that made them unhappy. Therefore, it can be assumed that they enjoy being at the centers. Only a small percentage, 18 (5%) were not eager to go each day.

Table 25

Summary of Findings Items 20 to 27: Relationships Among the Child, the Parent, and the Center

	Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree	
	No.	%	No.	%	No.	%	No.	%	No.	%
Q.20	194	56	116	34	14	3	17	5	1	0.3
Q.21	121	35	160	47	24	7	5	2	2	1
Q.22	147	43	164	48	18	5	10	3	3	1
Q.23	123	36	128	37	31	9	50	15	9	3
Q.24	104	30	152	44	36	11	41	12	5	2
Q.25	171	50	141	41	14	4	13	4	3	1
Q.26	67	20	136	40	87	25	45	13	4	1
Q.27	69	20	159	46	82	24	27	8	4	1

Item 21:

My child enjoys the snacks provided.

According to parents their children enjoy the snacks provided at centers. One hundred twenty-one (35%) parents strongly agreed and one hundred sixty (47%) parents agreed that their children enjoyed the snacks provided. At most of those centers visited snacks consisted of cheese and crackers or peanut butter and crackers. Some did serve fruit.

Item 22:

Since attending the center my child is more likely to get along with other children.

This item was designed to correspond to item 11 as a means of investigating the consistency of parent responses. Both item 11 and item 22 made statements regarding children's socializing skills. In responding to item 11 three hundred twenty-five (94%) parents agreed that their children's socializing skills had improved. This compares favorably with the three hundred eleven (91%) parents who responded likewise to item 22. The difference in responses is minimal, therefore suggesting that parents were consistent in expressing the satisfaction they felt towards the centers' promotion of social skills.

Item 23:

It is important to my child that I be there on time to pick him or her up.

Children's desire to be picked up on time may be influenced by several factors such as how long they have been at the center, how much they enjoy being there, and the accuracy of their biological clocks. For example, they often sense when it is time for their parents to come. Many parents, 123 (36%) strongly agreed and others, 128 (37%) agreed that their child liked them to be on time. Parents should find out why this is important to their child. Those parents, 59 (18%) who indicated this was not important to their child probably feel assured that life at the center is satisfying.

Item 24:

It is important to the center that I be there on time to pick my child up.

Responses to item 23 indicated that children preferred to be picked up from the center on time. Parents, two hundred fifty-six (74%), agreed that centers liked them to be on time to pick up their child. There is a possibility that the two are related. Children may sense the displeasure of staff when parents are late. Center hours should be flexible enough to deal with unexpected delays. Meanwhile, some parents, forty-six (14%) felt that promptness was not an issue.

Item 25:

Parents are informed about activities taking place at the child care center.

The response to this item further supports the response from previous items which suggested that parents were satisfied with their relationship with center personnel. One hundred seventy-one (50%) parents strongly agreed and one hundred forty-one (41%) parents agreed that they were informed about activities taking place at the center. Sixteen (5%) parents chose to disagree, thus suggesting that not everyone is pleased with the communication between home and center.

Item 26:

Parents are encouraged to participate in center activities.

Parents were less decisive about whether they had been encouraged to participate in center activities. Only sixty-seven (20%) parents strongly agreed and one hundred thirty-six (40%) agreed that they were encouraged to participate. A large number, eighty-seven (25%), remained undecided and forty-nine (14%) indicated that they were not encouraged to participate. It appears that center personnel could improve their efforts to involve parents.

Item 27:

If given the opportunity I would become more involved in the center's activities.

While direct research on the effects of parent involvement on the quality of care provided in centers is lacking at this time (Lero & Kyle, 1985), research on compensatory programs clearly indicate the value of parent involvement. The gains children make in their development are strengthened and maintained when parents are involved (Bronfenbrenner, 1974). Responses from parents indicated that sixty-nine (20%) parents strongly agreed and one hundred fifty-nine (46%) parents agreed that they would become more involved if given the opportunity. Eighty-two (24%) remained undecided and thirty-one (9%) indicated that they would not become more involved. These results suggest that parent education on the importance of involvement may be necessary.

Summary

The findings from this portion of the questionnaire are intended to provide information regarding relationships among the child, the parent, and the center program.

Findings indicate that most parents felt that their children were eager to attend the center each day. Although children may be eager to attend the center, they also like their parents to be on time to pick them up. A significant number of parents indicated that their children did not mind

if they were late being picked up. This could mean that these children are really content at the center or that the home situation is less pleasing than that of the center.

The number of parents who indicated that the center liked them to pick up their children on time (256) is approximately equal to the number who indicated that their child liked to be picked up on time (251). Perhaps these children did not feel comfortable at the center when they were late being picked up. Fourteen percent of the parents felt that the centers were not rigid about the time that they picked up their children.

Most parents specified that they were informed about activities taking place at the center. However, there was some disagreement about the extent to which they were encouraged to participate in center activities. Since it is known that early childhood programs benefit where there is parent involvement (Honig, 1982), a lack of encouragement could be problematic. Two-thirds of the parents suggested that they would become more involved if given the opportunity. It may be interesting to explore the opportunities that parents have to become involved.

Section V

This portion of the questionnaire provided information about the respondents and their children and will aid in the further interpretation of data collected.

Item 28:

Number of children in your family.

boys
girls

[]
[]

Table 26

Number and Sex of Children in Family

Number Families	Number Boys	Number Families	Number Girls
84	0	108	0
153	1	160	1
90	2	63	2
13	3	9	3
1	4	2	4
1	7	0	0

Of those families included in the survey fewer families had girls. However, the average family was comprised of two children, one boy and one girl. It can be concluded that most children at those centers surveyed were from small size families.

Item 29:

Number of children presently attending a child care center.

boys	[]
girls	[]

Table 27

Number of Children Attending Center

Families		Boys Attending	Families		Girls Attending
No.	%		No.	%	
147	43	0	187	54	0
185	54	1	150	44	1
9	3	2	4	1	2

An interesting finding is that while most families in the survey have two children only one child is attending a child care center. This would suggest that families in the survey either have one child attending regular day school or one child under two. Therefore only one child needs or can be cared for at a child care center.

Item 30:

Number of children who have ever attended a child care center, including those presently attending.

Table 28

Number of Children Ever Attended

Families No. %		Boys ever Attending	Families No. %		Girls ever Attending
115	33	0	154	45	0
183	53	1	156	45	1
40	12	2	29	8	2
2	1	3	1	0.3	3

Further study of Table 26 revealed that the 344 families surveyed represent a total of 704 children. The present table, 28, indicates that of these 704 children four hundred eighty-six (69%) have attended a child care center. According to Table 27 there were 361 children attending a center at the time of this survey. This means that some families have had previous experience with child care centers and their responses to some items on this questionnaire would no doubt be influenced by these earlier experiences.

Item 31:

Age of children presently attending (if not enough space please use back of page).

child 1 - years	[]
months	[]
child 2 - years	[]
months	[]
child 3 - years	[]
months	[]

Table 29

Age of Children Attending Center

	Age in years				
	(0-2)	(2-3)	(3-4)	(4-5)	(5-6)
Number of children	1 (0.3%)	27 (8%)	82 (23%)	174 (49%)	73 (20%)

Although children under age two are not to be cared for in a child care center, the data indicated that there was at least one who had circumvented that rule. The trend appeared to be that as children got older they were cared for at a child care center. The largest number attending, one hundred seventy-four (49%), were between the ages of 4 and 5 years. The group of children 5 to 6 years of age included only those whose birthdays were between January and September and therefore would not yet be in Kindergarten.

Item 32:

My child has attended this center for

child 1 - years	[]
months	[]
child 2 - years	[]
months	[]
child 3 - years	[]
months	[]

Table 30

Length of Attendance at Center

Children	Time attending in years				
	(0-1)	(1-2)	(2-3)	(3-4)	(4-5)
Child 1	222 (62%)	81 (23%)	33 (9%)	5 (1%)	
Child 2	14 (4%)	3 (1%)	1 (0.3%)		
Child 3	1 (0.3%)				

These findings indicate that two hundred and thirty-seven (66%) children were in their first year of attendance. Together with information from Table 29 which indicates that most children, 174 (49%) were between 4 and 5 years of age, the data suggests that most children attend a child care center for the one year immediately preceding the year in which they begin regular day school. This may be related to the emphasis which parents placed on the development of social skills as a major concern.

Items 33/34:

Employment status	mother	father
1. company employed	—	—
2. government employed	—	—
3. self-employed	—	—
4. seeking employment	—	—
5. homemaker	—	—
6. student	—	—

Table 31

Employment Status of Parents

Employment status	Mother		Father	
	No.	%	No.	%
1. company employed	74	22	124	44
2. government employed	117	34	94	34
3. self-employed	11	3	29	10
4. seeking employment	27	8	28	10
5. homemaker	103	30	1	0.4
6. student	8	2	3	1

A total of 340 mothers responded to the request for mother's employment status, compared to a total of 279 fathers who responded to the request for father's employment status. The most interesting feature is the number of mothers, one hundred three (30%) who reported that they were homemakers.

Another twenty-seven (8%) mothers reported that they were seeking employment. Presumably, approximately one hundred thirty (38%) mothers were in fact at home while their children were at child care centers. It is possible that children from many of these families were in part-time attendance under the government subsidy program. Other children may have been attending to provide the mother with free time or to provide the child with the opportunity to develop social skills. It appears that the main reason many children were in care was not that both parents worked.

Items 35/36:

Occupation status	mother	father
1. professional (doctor, lawyer, etc.)	---	---
2. managerial, executive	---	---
3. administrative, clerical	---	---
4. engineering, technical	---	---
5. marketing, sales	---	---
6. skilled craft or trade	---	---
7. semiskilled occupation	---	---

Table 32

Occupation Status of Parents

Occupation status	Mother		Father	
	No.	%	No.	%
1. professional	72	21	58	21
2. managerial	17	5	44	16
3. administrative	88	26	21	8
4. engineering	3	1	28	10
5. marketing	10	3	22	8
6. skilled craft	35	10	46	17
7. semiskilled occupation	86	25	57	21

Three hundred and eleven mothers and 276 fathers indicated their occupation status. A small percentage of mothers, 86 (25%) and fathers, 57 (21%) classified themselves as being semiskilled. The majority of parents possessed training or skills which presumably would permit them to acquire jobs within a salary range that made licensed child care affordable.

Item 37:

Annual income from all and any sources

- | | |
|----------------------------------|-----|
| 1. under \$10,000 | [] |
| 2. between \$10,000 and \$20,000 | [] |
| 3. between \$20,000 and \$30,000 | [] |
| 4. between \$30,000 and \$40,000 | [] |
| 5. more than \$40,000 | [] |

Table 33

Family Annual Income

Total Income	Families	
	No.	%
1. under \$10,000	63	18
2. between \$10,000 and \$20,000	33	10
3. between \$20,000 and \$30,000	41	12
4. between \$30,000 and \$40,000	63	18
5. over \$40,000	135	40

A total of 335 parents responded to the request for family income. Sixty-three (18%) families received incomes of less than \$10,000 annually. In most cases their children would qualify for a government subsidy which would pay in full or help to defray the cost of child care services. The total number of families, one hundred thirty-seven (40%), receiving incomes between \$10,000 and \$40,000 is nearly equivalent to

the number, one hundred thirty-five (40%), receiving incomes of over \$40,000. Given the low incomes received by much of the population of Newfoundland and Labrador (Anger et al., 1986) one would expect to find a larger number of families who use licensed child care and have incomes between \$10,000 and \$40,000 annually. The fact that so few families with incomes in this salary range use licensed child care raises the issue of affordability for the middle class.

Items 38/39:

Education (check one in each column).

	Mother	Father
1. some high school only	—	—
2. finished high school	—	—
3. vocational trades school	—	—
4. some university	—	—
5. finished university	—	—
6. other training (military training, police training, etc.)	—	—
7. advanced education, post graduate degree (e.g., Master's Ph.D., M.D., LL.B., C.A., etc.)	—	—

Table 34

Parent Education

Education	Mother		Father	
	No.	%	No.	%
1. some high school only	54	16	44	16
2. finished high school	52	15	30	11
3. vocational trades school	122	36	78	28
4. some university	31	9	31	11
5. finished university	41	12	48	17
6. other training	27	8	21	7
7. advanced education	11	3	32	11

A total of 338 mothers and 284 fathers complied with the request to specify their level of education. Findings indicate that most mothers, two hundred thirty-two (68%), and most fathers, two hundred ten (71%), had received training beyond the high school level. The majority of mothers, one hundred twenty-two (36%), were educated at the vocational trades school level. The father's educational levels were more dispersed. However, a number, seventy-eight (28%), were also educated at the vocational trades school level. Of the small percentage of parents who had attained advanced education, there were three times as many fathers as mothers.

The educational level of the respondents would be influential in the way they responded to the items on the questionnaires.

Item 40:

This questionnaire was completed by

1. mother
2. father
3. both

The opinions contained within are mostly those of the mother, two hundred thirty (67%). Twenty-four (7%) of the questionnaires were completed by the father and eighty-seven (25%) were completed by both parents.

Summary

This portion of the questionnaire was intended to provide background information on the families responding. Each family represented in the study had an average of two children, one boy and one girl. In most families only one of these children presently attends a child care center. The majority of children that were attending the centers surveyed were between 4 and 5 years of age. It would appear that most children are not attending a child care center until the year prior to beginning kindergarten. This is further supported by the fact that two-thirds of the children had attended less than one year.

A total of 59% of the mothers who had children attending a center were working, 8% were seeking employment, and 2% were

students. Only 30% were at home full time. Over half of the mothers who had children attending a center were working. The rate of female participation in the labor force as indicated in this study (59%) is considerably higher than that quoted for married women (43%) in this province in 1981 (Anger, et al., 1986). In fifty-eight (17%) cases all information on the father was missing from the questionnaire. This could mean that 17% of respondents were single parent families with mother head of household.

An interesting finding of this portion of the questionnaire is that 40% of families availing of the child care services had incomes of over \$40,000. Another 18% had incomes of less than \$10,000 and were probably receiving government subsidies. The remaining 40% of the families were included in three income levels ranging from more than \$10,000 to less than \$40,000. The dispersion of child care spaces is clearly not evenly spread over all levels of income. This may be attributed to the fact that middle income families find it difficult to afford licensed child care services. For them there is no subsidy available.

The wide variation in educational level and occupational status indicates that the respondents represented a cross-section of society. The only noticeable clusters were the number of mothers and fathers with training at the vocational trades school level. For this reason the responses may be more representative of this group than others. In addition,

mothers were only slightly less educated than fathers. Most mothers worked in administrative, professional or skilled craft positions, while most fathers worked in professional, skilled craft, or managerial positions.

Observation and Information Checklist

During the course of the study visits were made to 17 child care centers in the province. Eight were in the eastern region, five were in the central region, and four were in the western region of the province. Observations were made during these visits and conversations were held with child care operators and personnel. A checklist containing items that suggest quality characteristics (see Appendix B) of a child care center was used to evaluate each center. The duration of each visit ranged from two to three hours in length. The researcher wishes to acknowledge that the data were limited by the short duration of the visit to each center, and the fact that only one visit to each was possible because of the geographical distribution.

The purpose of the checklist was to provide a view of the quality of care and services provided by those centers visited. The checklist was divided into seven sections as follows: (a) physical environment, (b) health and safety, (c) nutrition and food service, (d) staff-parent relationships, (e) staff-child relationships, (f), child-child relationships, and (g) program.

The completion of the observation checklist for individual centers included assigning a rating to each item within the seven sections. The ratings were as follows: 1 - excellent, 2 - very good, 3 - good, 4 - fair, and 5 - poor. An overall rating for each section on the checklist was derived by calculating the percentage of centers that rated as excellent, very good, good, fair, or poor.

Each section will be discussed separately. Overall ratings will be presented where appropriate. This will be followed by an overview which will bring into focus the strengths and weaknesses of the centers as they emerged in the course of the study.

Physical Environment

Characteristics of the physical environment such as the amount of space and the provision of rest areas are somewhat determined by regulations which govern the licensing process. Other attributes, equally important, such as the amount and variety of materials and supplies, the accessibility of these materials and supplies to the children, and the cleanliness and attractiveness of the physical environment are largely determined by the individual operators. This being the case, one can find a broad range of physical environments within the province's child care system.

The Day Care and Homemaker Services Regulations, 1982 (Department of Social Services) specify in sections 16(a) and

18, respectively, that there must be 3.3 square meters of indoor space per child and that there must be a suitable amount of outdoor space available. Ten of the 17 centers where observations occurred were considered to have more than sufficient indoor space, four were felt to be satisfactory, and three were deemed to be less than satisfactory. One center appeared to have a serious shortage of space. In all cases, the actual measurements were probably sufficient to meet the requirements. However, the arrangement of floor space also determines how much space children have in which to move around. Although 10 centers had more than sufficient indoor space, the writer feels that only three would be adequate for gross motor activities. At four other centers gross motor activities could probably be attempted with caution, while at 10 centers it would not be safe.

Nine centers had outdoor spaces that ranged from satisfactory (4) to more than satisfactory (5) in terms of space for gross motor activities. Four centers had small outdoor spaces that did not encourage these kinds of activities. Out of all 17 centers only one had neither sufficient indoor nor adequate outdoor space. Four centers, however, did not have access to any outdoor space. Two of the centers with outdoor spaces had no equipment in them. Five were well equipped and six were poorly equipped. Outdoor space, however, can be enjoyed and used for gross motor activities without a lot of equipment. The effective use of

outdoor space would depend upon the program rather than the equipment.

Visits to centers were scheduled during the spring. Since this was felt not to have been the best time to observe cleanliness of outdoor premises, the writer has decided to withhold comments regarding this issue. The indoor premises at 13 of the centers were noted to be safe, clean, and attractive. Some (9) were better than others (4). However, none of the 13 were unsatisfactory. The four remaining centers needed improvement in this area. Fifteen of the centers were decorated to varying degrees of attractiveness. Two had nothing on the walls or ceilings. Centers could have displayed more of the children's work. Most of the decor was commercially purchased or made by adults. Many centers had several items of children's work displayed at random, some had none at all, and only two attempted to display them attractively, at eye level.

At 15 of the centers the floor space was arranged to accommodate different sizes of grouping and individual activities. Two centers had no visible floor arrangement and everything appeared cluttered. Most arrangements (14) presented no problems for traffic flow, while, at others (3) one would have to circle to avoid obstacles.

Regulation 16(g) of the Day Care and Homemaker Services Regulations (1982), states that where children 2 to 6 years of age are in full-time attendance, there must be resting pads

provided with at least 2.3 square meters between them. Six of the centers, because of their part-time status, did not need to comply with this regulation. Two centers had commercially purchased cots, one center had individual resting mats, and the remaining eight centers had a range of sleeping accommodations from sofas to bed mattresses on the floor. In many cases accommodations had to be shared, thus making it impossible to maintain the sleeping space set down in the regulations. In at least two centers the sleeping area was part of the main room floor arrangement.

All centers provided space for children to hang their clothing. All except one provided spaces suitable to the children's height. Most centers (10) provided ample room between spaces. At other centers (7) spaces were somewhat crowded or in the way of main traffic flow. All furnishings were child-sized, except the washroom facilities in some centers.

The findings of the parent survey indicated that when choosing a child care center parents were least concerned about whether there were sufficient materials and equipment. In contrast, early childhood educators emphasize the importance of a well equipped program (Spodek, et al., 1987). Twelve of the centers observed had what might be considered a sufficient supply and variety of materials and equipment, two were very well supplied, while the remaining ten might be considered adequate. Five centers, however, did not have a

great supply or variety. There were some toys, but few manipulatives such as blocks, puzzles, beads for stringing, etc. Books, especially at the children's level, were in short supply.

Consumable materials were not always readily available at the centers. Only six of the 17 centers appeared to have any consumables available and of these, three had them organized so that children could use them freely. At the other three centers it appeared that they would be available only at certain times or maybe upon the request of the children.

All centers, except one, had at least one piece of audio visual equipment available to them as follows: (a) 9 had record players, (b) 11 had tape recorders, (c) 12 had television, (d) 3 had slide/filmstrip projectors, (e) 7 had xerox machines. At one center the researcher observed a record player being used for movement exercises and to accompany children's singing. At another center too many children were crowded into a small room watching a children's movie on video cassette. One other center had the children spend the whole afternoon watching video cartoons. It is therefore obvious that having a good supply of audio visual equipment does not necessarily ensure quality. How the equipment is used is much more important.

The physical environment of a child care center is representative of the quality of the educational and developmental experiences that can be provided. A poorly equipped setting will present few opportunities for educational experiences, while a well-equipped center with developmentally appropriate materials can provide a very stimulating learning experience (Spodek et al., 1987). However, regardless of the physical environment, the experiences provided will only be as stimulating as adults choose to make them. A good quality physical environment alone cannot be equated with quality.

The physical environment viewed in its entirety for all 17 centers and rated on a five-point scale, resulted in overall ratings as follows: two (12%) rated excellent, four (23%) rated very good, four (23%) rated good, four (23%) rated fair, two (12%) rated poor, and one (6%) rated between good and fair. There were positive features at each center, more at some than at others. As would be expected there was room for improvement at all centers.

Health and Safety

The standard of health and safety standards maintained by a child care center is also a measure of quality. The safe arrival and departure of children, supervision, cleanliness, and the presence of a safe and healthy physical environment are some issues to be considered.

The family situation largely determines the means by which children travel to and from the center. Usually, parents or other designated persons have that responsibility. However, some children travel to and from the center by taxi or private bus service. Usually these are the children who are attending under the government subsidy program. While in transit they are in the care of the taxi or bus driver. One center owned a bus which was used to transport children.

Ten visits were made during morning sessions. As children arrived they were, in all cases, met by center personnel. Seven visits were made during afternoon sessions. On all occasions adults came into the center to pick up the children. Two instances occurred which could be considered unsafe. In each instance children were left unattended in a parked vehicle operated by a paid driver. In one of these instances the motor was also left running.

A variety of methods were employed to account for the whereabouts of children during the session, especially if some were outdoors. One method involved using a chart listing the children in attendance. If some were going outdoors then their names would be face down until they returned. In addition, personnel were very careful in taking attendance as the children arrived.

Children were usually supervised closely by the personnel. However, at two centers children were left unsupervised for short periods of time. In one case children

were in a room with the door closed, while in another case children were left playing in an unsupervised downstairs area. Section 26 of the Day Care and Homemaker Services Regulations (1982) states that children must be supervised at all times.

The procedure for the supervision and administration of medication varied from center to center. Seven centers did not administer medication, either because of their part-time status or because they did not want to be responsible. Two centers required parents to provide written directions signed by them. At six other centers medication that was clearly labelled was accepted with verbal instructions. At two centers medication that was not labelled was accepted with only verbal instructions. Other precautions taken by some centers included designating one person to administer and record all medications given, including the time and the dosage. Section 22, item 2 of the Day Care and Homemaker Services Regulations (1982) states that any child with ill health should not associate with other children at a center. Several children were observed to be ill but remained a part of the larger group. At some centers children were feeling so uncomfortable that for much of the session they were crying.

Fourteen visits allowed for the observation of snack time, while only three visits allowed for the observation of the noon lunch period. At four centers children were required to wash their hands before eating. At two of the three

centers where lunch period was observed, children brushed their teeth after eating.

There are other aspects concerning health and safety that must be considered. For example, proper lighting is necessary for healthy eyesight. All centers except one were well lit. Adequate ventilation is also a concern. Basement locations in particular could make improvements in this regard. Harmful substances, dangerous to children's health, were stored in a safe place at all centers. Exits were free from obstructions. At three centers the main entrances, although not obstructed, were somewhat crowded. As well, fire extinguishers were present at all locations.

Ensuring a physically safe and healthy environment for children ... maximizes positive effects on children and facilitates the supervision of children individually or in groups (Bates, 1984). Alone, the provision of quality health and safety standards do not create a quality child care center. However, as one element of quality it cannot be neglected.

The responses from the parent survey indicated that 88% of parents felt that the health and safety standards maintained at the 17 centers were satisfactory. Conclusions formed as a result of the observation sessions rated the centers on health and safety standards as follows: ten (58%) rated excellent, three (18%) rated very good, three (18%) rated good, and one (6%) rated fair.

The Day Care and Homemaker Services Regulations (1982) delineates specific rules on health and safety standards. Infractions of these rules can be more easily monitored than some other elements of quality. Since the aim should always be to attain excellence, the standards of health and safety at many centers need to be given further emphasis.

Nutrition and Food Service

Ensuring that children have a balanced and nutritional diet is very important to their normal growth and development. Guidelines establishing the types of foods to be included in the snack and lunch time meals are usually set down by the regulating agency. Parents should be concerned about their children's diet, how meals are prepared and served, and whether learning acceptable social skills is part of the meal time experience.

Center staff appeared to have an awareness of the guidelines for nutritious meals as set down in Canada's Food Guide and recommended by the regulating agency. The foods they chose were acceptable under these guidelines but not necessarily the best choices. Menus were viewed at 10 centers. The most frequently served foods appeared to be weiners, fish sticks, and french fries. At the three centers, visited during the noon meal time, the children were served either fish sticks and french fries or weiners or hot dogs and french fries. There may be some cause to question the variety

of foods which children are receiving. Adherence to Canada's Food Guide may not always mean good nutrition.

Preparation and serving of meals went smoothly at all centers visited and the children were closely supervised as they ate. While unsuitable table manners were not tolerated, proper table manners were not always encouraged. Only at two centers did the staff constantly encourage the children to practice proper table manners.

On the day that the researcher was present there was little evidence of personnel taking advantage of lunch or snack time to develop certain aspects which could be considered aesthetic appreciation. In most cases meals and snacks were served on bare tables. At two centers the staff were successful in making snack time appealing. In one instance a table cloth was spread on the floor and the children had a picnic. At another center each child was given an attractive place mat, there was a vase of flowers on the table, and each child had a serviette.

Nutrition and food service are important elements of quality, especially at centers that offer full day care. Observations made at centers found that on items of nutrition and food service centers rated as follows: four (24%) rated excellent, six (38%) rated very good, five (27%) rated good, and two (11%) rated fair. It should be noted that the noon meal was observed at only three centers. All other observations were made during snack time.

Staff-Parent Relationship

The day care experience will be much more beneficial to the child if from the beginning the staff and parents establish a positive relationship. Parents need to know what kinds of experiences their children will be exposed to during the time they spend at a center. The center staff need to learn from the parents things about the child that will better equip them to ensure that the child enjoys his stay at the center.

When parents have a choice of centers they are able to choose one whose philosophy, objectives, and program is aligned with what they believe best for their child. To assist parents in making that decision some center operators have completed handouts describing their philosophy, objectives, and program. Two centers visited had very comprehensive statements outlining their philosophy and describing the program. Nine other centers had also prepared handouts. However, most of them referred only to the rules applying to anyone deciding to enroll their child. Six centers had not prepared anything and relied solely on the telephone to relay information.

Personnel from all centers agreed that parents were welcome to visit with their child prior to the first day on which the child would attend. On the day the child began attending parents were welcome to stay for a while. Only two

centers indicated that their orientation was more formal, in which case parents were expected to come to the center before their child actually began.

"Research on compensatory programs has clearly verified that children's developmental gains are strengthened and maintained when programs involve parents, and when there is consistency across home and center environments" (Bronfenbrenner, 1979, cited in Lero & Kyle, 1985, p. 101). While several center operators reiterated that parents were welcome to visit, they went on to say that usually parents were too busy to do so. At some centers parents were invited in at Christmas time or in the spring, at which time the children presented a concert. Parental involvement consisted mainly of collecting items and sending them along for use in the arts and crafts part of the program.

Unless parents had the daily opportunity to converse with center staff, there appeared to be little communication taking place. Of special concern were the children in subsidized spaces whose parents had never been to the center and probably never spoken to any of the staff. These children were brought and picked up by paid drivers, so that parents did not have the same opportunity to talk to center personnel that other parents had. At larger centers there was very little time for parents and staff to converse. The children usually arrived in groups and parents were either rushing to or from work so that only immediate problems were dealt with. Two centers

stated that they held two parent interviews annually. Some of the other centers indicated that they had attempted to initiate the interview system and had failed. Other centers were apparently in the planning stages in terms of setting up a system of staff-parent communication.

Just as the telephone was used to relay information about the services offered by the center, so too the telephone was cited as the means by which most communication with parents took place. Five centers made reference to newsletters. However, only two of these had continued to use them. Two centers used bulletin boards placed appropriately for parents to see. Any information of interest to parents was posted. While most centers did not have formal lines of communication with parents, response from the parent questionnaire indicated that parents were very pleased with the relationship which existed between themselves and the centers.

During the limited time that the researcher spent visiting, and discussing with center staff their system of parent contact, there appeared little evidence that much was being done by certain centers to maintain continuous contact with parents. That is not to say that these centers are at fault, since some of them had tried unsuccessfully to form a means of parent contact. No center had included parent involvement as part of their plan to reach parents. The parent survey found that many parents with children attending child care centers were not working. One would think that at

least these parents would have the time to become involved if encouraged. Parents and day care personnel must become more committed to the idea of parental involvement. Because parents were pleased with the communication between home and center it does not mean that it was good. Overall the centers visited rated as follows on staff-parent relationships: two (10%) rated very good, nine (51%) rated good, four (25%) rated fair, and two (13%) rated poor. It may be that parents and staff are not fully aware of the benefits that a parent involvement component might have for a program.

Staff-Child Relationships

The relationship that develops between the staff and each child at a center is very significant in determining how well the child adjusts to life at the center and whether the experience becomes a positive and rewarding one. "It has long been recognized that the skills, attitudes, and overall quality of caregivers themselves are essential to providing quality care for children" (Lero & Kyle, 1985, p. 99). Caregivers must interact frequently with children, be firm but yet warm and loving, encourage independence, and guide the child's play so that it becomes a learning experience.

At most centers visited caregivers were frequently involved with the children and were prompt in responding to their questions and concerns. In some instances, although interactions were frequent, one saw little evidence of the

gestures between child and adult which would suggest a warm affectionate relationship. Often interactions were those necessary to respond to situations as the need arose.

Showing warmth and affection to a child in an interaction with him or her does not preclude being firm with rules and discipline when it is necessary to apply them. Personnel controlled individual and group behavior mostly by talking to the children. When asked if they used a 'quiet chair', most personnel admitted that they did in extreme cases. Section 33 of the Day Care and Homemaker Services Regulations (1982) states that "isolation of a child in an area by himself for purposes of punishment is prohibited" (p. 24). This regulation may need to define isolation. It is unclear as to whether the use of a 'quiet chair' within the main floor space would be considered a form of isolation. In one instance a center operator indicated that children were removed from the main room as a form of punishment.

The term 'crisis' denotes a situation of greater enormity than the usual behavior problem. Instances where a child persists in exhibiting improper social behavior or throws a temper tantrum may perhaps be considered a crisis. On two occasions while the researcher was present, such problems presented themselves. However, in neither case was the child isolated, and the behavior was dealt with in another manner.

Most of the children attending the centers behaved quite nicely and were encouraged to act independently. There was

very little in the way of a formal schedule in the center programs, and children could choose what they wanted to do. There were few instances observed when staff interacted with children during their play, in such a way as to enhance the learning experience. At one center a staff member excelled in her ability to guide children's learning through play. The dramatization of a doctor's office was brought to life as doctors, nurses, and patients assumed their chosen roles. The caregiver was available but intervened only to augment the learnings to be derived from the play situation. Generally effort was made to see that all children were included in play. Only at one center did a child wander around seeking attention which he did not get.

The overall rating for centers on their staff-child relationships is as follows: one (6%) rated excellent, seven (41%) rated very good, seven (41%) rated good, and two (12%) rated fair. Caregivers at most of the centers maintained a fairly good relationship with the children. Those in the extremes, either excellent or fair to poor, were a rarity. Careful screening and hiring of center personnel is a necessity if the aim is to establish quality child care services. "Effective communication skills and a commitment and concern for children and families, as well as personal qualities such as friendliness, energy, and enjoyment of children, etc.", (Lero & Kyle, 1985, p. 99) are essential characteristics of good caregivers.

Child-Child Relationship

Just as children need to have a good relationship with the staff at a center, so they need to get along well with each other. They need to feel free to play together and must be provided with the opportunity to develop their self confidence and independence.

Children at the centers visited were given ample opportunity to relate to one another. There was little interference by the staff. In some cases, there may have been too little guidance. Children learn through play. When children's play is guided and extended by an adult the learning experience can be strengthened. Children benefit from play without adult guidance; but guided play is essential if children's knowledge is to be broadened to its fullest potential.

While children were provided with opportunities to develop their independence, especially in the life skills area. situations which could contribute to that independence were not always capitalized upon. For example, after using the washroom children were not always reminded to wash their hands. Therefore, the opportunity to guide children in this practice was sometimes missed.

Although at most centers children appeared content and happy, there were a couple of centers where children appeared restless and discontented. At those centers children did a lot of whining and complained about each other. It is

interesting to note that the centers at which children appeared most restless were also those with little evidence to the observer of any planned activities. Children played with one another and there was very little staff-child interaction contact except when caretaking was required.

The relationships among children and the development of their self-confidence and independence can be enhanced by the caregiver who uses skill to guide and encourage them. Children need to learn to be independent, but they also need the security that comes with planning. Quality centers provide planned activities within which there is room for personal growth. Overall, centers rated good in their support of child-child relationships.

Programs

Day care centers supposedly provide more than custodial care. The philosophy of the Department of Social Services emphasizes that activities should be planned which nurture all aspects of the child's development. In addition, the regulations which govern the licensing of child care centers state that there should be a balance of activities such that indoor/outdoor, quiet/active, and individual/small group/large group activities are provided for.

Through observation and by conversing with center operators and staff, insight was gained into the kinds of experiences for children that were being provided by the

centers. At eleven (65%) centers there was evidence that preplanning had taken place with the developmental level of the children in mind. Larger centers had grouped the children by age and each group was involved in a suitable age level activity. At smaller centers the children remained in one group and everyone participated in the same activity. Generally the center policy was that each child would perform to the best of his ability. Scheduling was very flexible.

Section 25 of the Day Care and Homemaker Services Regulations (1982) states that a daily program must be submitted to the Director for approval. Most centers had schedules available. However, the observer saw little evidence of their being implemented, although it is fair to point out that, as indicated earlier, the observer's visits were of short duration. A certain background of knowledge and skill is required to plan a schedule that provides for a balance of activities encompassing indoor/outdoor, gross muscle/fine muscle, individual/small group/large group activities. Even more skill is necessary to implement such a plan. This is the area where a lack of training would be most evident. It appeared to be the area with which center personnel seemed to be least comfortable.

Flexibility in scheduling and the lack of structure were the two key components of planning that were evident in terms of planning for the special needs children in the system. In one instance an adult had been hired by the Department of

Social Services to help with the care of a child. In the other instance, a child who was confined to a wheelchair, attended as part of the regular program without any extra assistance for the operator. In both cases there was no evidence of special planning in place.

Although there may not have always been a wide variety, centers did provide concrete experiential activities that encouraged the growth of language skills and fostered the development of social skills. In addition, there were some activities that promoted such things as creativity. For example, at one center the staff had provided a pineapple for the children to examine and discuss. One simple activity had encouraged the development of language skills, independent thinking, and had fostered the development of the children's observation skills. In the end the children shared the pineapple for their snack.

Learning experiences such as the one previously described were provided all too infrequently. Such experiences would require little preparation time and expense, but would necessitate preplanning. Center staff should take advantage of everyday situations which can often be used to stimulate growth, socially, emotionally, and intellectually.

The setting up of activity centers has been a focus of planning at both early child care centers and regular day school. Centers allow children to be selective about the activities in which they would like to become involved. They

provide for small group activity. All child care centers visited had at least three interest centers. Staff indicated that participation in these centers took place according to a preplanned schedule. However, during observation of sessions it was noted that actually there was very little scheduling. Children attending preschools were more likely to be following a schedule than were younger children.

The number of centers with each type of activity center available was as follows: (a) dress-up--14, (b) library--15, (c) music--6, (d) block--15, (e) arts and crafts--11, (f) puppet theatre--4, (g) housekeeping--16, (h) water and/or sand--16, and (i) science--10. The amount and quality of supplies varied from center to center. The library center, for example, at some centers contained 100 books and at other centers only 10. The level of books in the centers was not always suitable for the age range of the children. The music and puppet centers, two centers which encourage free expression and creativity, were those which were found less frequently. The science center was more frequently in evidence than the music or puppet centers and included such items as plants, animals, or aquaria. Also, most centers included only sand play. Water play was provided at only two centers. A wide range of materials filled the sand trays. They included corn meal, colored rice, macaroni, hens' feed, and play sand.

Television and video cassette machines are becoming a part of child care center equipment. Used properly, they can be an asset; but used improperly they can be a threat to the child's development both socially, emotionally, and intellectually and physically. Ten (59%) of the centers visited had access to a television. Through observation and conversation with center staff it was learned that in most cases television was used selectively. Persons involved in the monitoring of child care centers today may have to be more aware of the use of video machines than television. These machines can be rented for a nominal fee, so that a center does not have to own one in order to use it. At two centers children spent time watching video movies. At one center they did so for an entire afternoon.

Preplanned activities and activity centers are unquestionable sources of stimulation that enhance a child's development. However, young children also learn a great deal from the routine task of everyday living. Opportunities to focus on counting, colors, matching, responsibility, dependability and so on are countless. This is an aspect of programming that needs attention. All adults do not have the natural ability to capitalize on routine tasks and to use them to further children's learning. If center staff are untrained then they should have access to inservice which would help in cultivating such skills.

An overall assessment of centers in the area of programming indicated that nine (54%) rated very good, four (24%) rated good, three (18%) rated fair, and one (4%) rated poor. However, looking at centers in general, content and scheduling of programs would seem to be an area of some concern. Measures should be taken by those who license the centers to monitor the programs and, where necessary, provide opportunities for inservice. The wide range of programs throughout the 17 centers indicated that operators were receiving little or no direction. A statement found in Section 25(2) of the Day Care and Homemaker Services Regulations (1982) is perhaps, in many cases, the only direction that a center is given. It reads as follows:

The daily program shall provide experiences designed to stimulate and facilitate intellectual development, materials to stimulate perceptual development, activities which will encourage language development, and periods of free play to allow for creative expression and freedom of choice.
(p. 24)

Left to the individual operators' interpretation this could translate into many things, especially if these people lack training. The program ranged from one where there were whole sessions of free play to a mixture of adult-child directed activities, to a program that was fairly structured and provided commercially purchased pre-readiness activity books for 4 and 5 year olds. The aspect of child care, aside from custodial care, that is most crucial to the child's development is the area in which some child care personnel seem to be least prepared.

Inspection of the physical plant is necessary. If windows are snowed in they are ordered to be shovelled out. That is a visible problem. The quality of the programs offered at centers is not nearly as visible, nor are problems as easily remedied. Before centers in Newfoundland and Labrador become quality centers in terms of programming, operators and staff must be given more support. While the Department of Education employs an Early Childhood Consultant who is responsible for programming in child care centers, the consultant also has responsibility for the primary school programs in the province's schools. Perhaps what is needed is additional personnel who would be responsible solely for guidance and support of early child care personnel. Persons responsible for programming have the monumental task of ensuring that early child care centers do not become day school extended downwards as well as ensuring that they not be permitted to become wastelands.

Summary

The criteria for quality contained in the observation checklist are not meant to be viewed as inclusive of all possible quality characteristics. However, the checklist does attempt to provide a means by which to examine some of the major categories of quality in order to assess centers and the care they provide. Centers were rated on a five-point scale for each item on the checklist. The rating was the result of

a subjective decision by the researcher. Further calculations were carried out to find the overall rating of centers in each category. Through the use of the observation checklist certain strengths and weaknesses of the child care system could be identified.

One of the positive features of almost all centers was the provision of a physical environment which included adequate indoor space arranged to accommodate individual or group activities and to allow unobstructed movement throughout. In most cases, they were equipped with child-sized furnishings and individual spaces for children to hang their clothing. Overall, the physical plants were safe, clean, and attractive, and daily activities were carried out in a responsible and safe manner. Exits were free of obstructions, fire extinguishers and smoke detectors were visible, and there was no evidence of harmful substances within the reach of children.

At centers where menus were not posted, they were available upon request. Meal and snack times were well organized and well supervised. There appeared to be a good relationship among the children and the adults. Children were usually responded to promptly. Nevertheless, they were encouraged to be independent. They were given considerable freedom in choosing activities. In some instances there were preplanned activities in which all children were encouraged to participate to the best of their ability. Scheduling

appeared to be flexible and children were not hurried. They were given ample opportunity to interact with each other and efforts were made to see that no child was excluded. Throughout, adults were firm in enforcing group rules, and discipline problems were handled fairly.

The ratings given to centers on many of the items indicated that, in the opinion of the researcher, there was need for improvement. This does not imply that all or even some centers rated poorly on these items. It merely suggests that centers do need to make improvements. In some instances the improvements are more critical than in others.

While indoor space was adequate for the number of children, it was usually inadequate for gross motor activities. In addition, many centers did not have access to outdoor facilities. Some of the centers having outdoor space did not have any equipment; others were very well equipped. The chief concern is for those centers that possessed neither the indoor nor outdoor space to provide gross motor activities. Equipment may be dispensable, but certainly the space itself is a necessity. There was also a very noticeable variation in the quantity and quality of materials and equipment found in the indoor space at centers. Again, there were centers that were extremely well supplied and centers that were very poorly supplied. Those that were considered to be poorly supplied lacked age-appropriate materials such as puzzles, blocks, beads for stringing and other

manipulatives. Their supplies consisted mainly of a collection of toys having no apparent attributes that would make them particularly suitable for young children. In some cases the materials were defective. Many centers did not have consumables that were accessible to the children. The availability of paper, glue, crayons, and such was usually controlled by adults at the centers.

The daily schedule did not appear to attempt to provide a balance of indoor/outdoor, quiet/active, gross/fine motor, individual/group, or child/adult centered activities. Those activities observed were usually balanced between quiet/active and child/adult centered. However, given the short duration of the one visit to each center, no conclusive statement can be made regarding the scheduling of activities.

The types of activities carried out were not usually experiential in nature. Since children learn best by doing, center personnel should perhaps concentrate on providing more activities that allow for hands on experiences. While most centers, at the time of the visit, did not use a television or video cassette, there were a couple of instances where this type of equipment was used inappropriately. Children's imaginations can be encouraged by providing opportunities for self-expression through the use of such things as a puppet theatre, dress-up center, or a music/art center. Puppets and musical instruments were noticeably absent at most centers. Science centers also need to be extended. It appeared that

most science involved plants and animals. There are print resources available with an abundance of science ideas for young children. The richness of the learning environment at any center will determine the scope of the learning experiences that can be provided by competent adults.

Young children, some of whom spend up to 12 hours at a center, must, according to licensing regulations, be provided with resting accommodations that meet specified standards. Separate resting mats with space between are required. While provisions were made in most centers for children to rest, they did not usually meet specified standards. A major concern in having children share rest accommodations is health related. Operators should be encouraged to provide better rest facilities as a priority of their service. As well, children who spend full days at a center may need to be given medication in the event of illness. Most operators were very careful that medication was properly labelled and administered. Unlabelled medication was observed at one center. This could be serious if the wrong medication were to be given to a child with an allergic reaction.

Ensuring that children acquire good health habits at an early age helps to prevent the spread of disease and encourages healthy living. Children should brush their teeth after meals and wash their hands after using the washroom all of the time, not just some of the time. Good nutrition is also important to one's health. Centers must concentrate on

providing not just healthy foods, but foods that provide a balanced diet. It was observed that many of the same foods were served at most centers. This is likely to occur. However, over the course of 17 visits one perhaps would expect to find a greater variety of foods from center to center.

Centers must also attempt to make meal time a true learning experience. The table should be prepared as one would see it prepared in most homes. Meals that are served on bare tables somehow do not seem conducive to the use of good table manners. For some children, a properly prepared table may not be common to the home environment. The center may be able to provide the only learning experience of this nature that these children will have in their early childhood.

One fundamental weakness of the child care system is the lack of parent involvement. Because most of the centers are commercial centers, it may be difficult to implement a plan to include parents in the planning of the program and in the center activities. While center operators can be the initiators of such a plan, they need the support of a parent population which is aware of the value of parent involvement. Centers may possibly begin by trying to set up consistent lines of contact with the parents. Centers need to compile information brochures outlining their philosophy, goals, and objectives, and include information on program content. Parent interest may increase as they become a more informed population.

Overall, centers can be improved at very little expense to the operator. Many of the areas where improvements have been suggested involve planning rather than purchasing. Perhaps the most costly ventures are those which require the purchase of materials and equipment. Several centers need to purchase age-appropriate materials, proper resting mats, and provide outdoor facilities to accommodate gross motor activities. Most important of all, centers need help and direction from resource persons to assist them with the purchase of materials and suggest ways of adjusting and enriching their programs so that they are continually undergoing improvement.

Summary and Discussion of Interviews

A part of the study included interviews with five people who are in some way involved in the provision of child care services. A summary of the main points of each interview will be presented separately, and following this there will be a general discussion of the responses to the interview. Because of the different roles of persons being interviewed and the different agencies which they represented, it was necessary to design questions for the interviews that were specific to each. However, certain questions were common to all interviewees, and these will be discussed together, while responses unique to each agency will be reported separately.

Interview Summary**Director, Day Care and Homemaker Services
Provincial Department of Social Services**

The role of the Department of Social Services in the provision of child care is to ensure that minimum standards are enforced, to provide advisory, consultative, and financial resources, and to remove financial barriers which might limit the use of these services for some parents. Philosophically, the Department believes that child care services should be supportive of already existing familial and cultural patterns. While the Department can promote an awareness of the type of services available, it must support parental decisions.

It encourages parental involvement at all levels of child care, from administration of the service to participation in center activities. This type of parental involvement can best be provided by non-profit centers. The Department believes that, in order to provide the quality of care that children deserve, it must work together with both parents and center staff.

Furthermore, the Department supports the idea that all services should be available to all children. The program offered by these services should be child-centered and focus on the development of the whole child. The responsibility for the programs lies with the Department of Education who, according to the Director of Day Care and Homemaker Services,

is presently developing a curriculum guide, Standards for a Curriculum in Early Childhood. The aim is to provide experiences which will make the transition between center and school easier.

The Department recognizes the inadequacies of the current system of child care services and, given the necessary funding, has certain goals in mind. The director indicated that a first priority would be the provision of care for children under two. Following this, improvements to the financial assistance program for parents would have to be considered. Other goals would be to address the issue of training for those already in the field, and to try and find the means by which to support existing arrangements which parents in rural communities may wish to continue using.

Regulations governing child care services were first legislated in 1976 and revised in 1982. The only revisions currently being made concern matters of tightening up what is already there. It was suggested that future revisions would address group size, group home space, and the issue of outdoor play space.

The Ministerial Advisory Committee on Early Childhood and Family Education (1983) recommended that the Departments of Health, Education, and Social Services cooperate in carrying out the monitoring of centers to see that regulations were being followed and that each agency was taking responsibility for its particular area. The Department of Social Services

has now become the sole licensing agency. However, while communication among the three Departments has improved, it has not done so in the formal manner which was suggested by the Committee.

The Department of Social Services is required to ensure that centers are inspected twice annually. It has developed a comprehensive checklist to help social workers carry out their duties. Department of Health personnel are also required to make visits semi-annually, while electrical and fire inspectors visit annually. The Director of Day Care and Homemaker Services feels that the Department of Social Services is improving its image as a monitor of child care standards.

The Department is more organized and consistent than in the past in its documentation of problems as they occur within individual centers. A parent questionnaire has become part of the monitoring process. It is usually sent to a random selection of parents at each center, except in cases where special circumstances warrant that it be sent to all parents. While there have been concerns about several centers, only one has closed as a result of action taken by the Department. In this instance closure was brought about under the authority of the Fire Commissioner. Other centers have agreed to rectify their problems or have decided not to make changes and have closed voluntarily.

Funding of child care for families who could otherwise not afford to have their children attend is another responsibility of the Department of Social Services. Its philosophy is that all children should have access to all services. A means test is used to determine eligibility. Families which have a special needs child may have incomes above the minimum required for subsidy and still receive funds to help defray the costs of child care. In the past, but less frequently today, the Department has also paid for one-on-one instruction for a special needs child who required it. Today, the Community Development Program is often utilized to find individuals to go into a center and help with a special needs child. These people are not usually trained and are often inexperienced in working with children. Qualifications of center staff who work with special needs individuals are no different from those required of regular staff. A medical report, references, and the recommendation of a social worker are all that is necessary. Until recently the Department provided funds to the Early Childhood Development Association (ECDA) to conduct workshops and consultations. The director indicated that limited financial resources have been the reason for their diminishing role in this area.

In addition to helping parents with the cost of child care, the Department also provides funding to centers. A \$1000 start up grant is provided to all licensed centers. Full-day child care services receive an annual equipment grant

of 20 cents per space per day. The Canada Assistance Plan (CAP) provides cost-sharing of provincial expenditures only for non-profit centers. Because most of the child care services are commercially operated, the province does not receive cost-sharing benefits for much of the money it spends. The provincial government itself limits the number of families which are eligible for subsidized care by lowering the income eligibility level. The CAP will subsidize families with incomes up to \$30,000, while the provincial ceiling is much lower. For this reason the province does not have as many families receiving subsidized child care as could be eligible for federal cost-sharing.

The Director of Day Care and Homemaker Services appeared relatively pleased with the way her Department is performing in comparison with counterparts in some other provinces of Canada. She indicated that the licensing and regulating policies here are not very different from what is accepted elsewhere, group size probably being the only exception. She felt that the monitoring of centers, in this province, is better than in some of the other provinces, where centers are not inspected unless a complaint is presented. If quality can be defined as a maximum standard, the Director felt that this province would rate as good as some and better than others. She concluded that very few provinces would meet maximum standards.

Interview Summary**Early Childhood Consultant
Provincial Department of Education**

While the Department of Education has no official philosophy in respect to early child care programs, its view is that such programs are an extension of the family and should provide for the care and education of the young child. The Department's chief concern relates to programming. The early childhood consultant's responsibility is to assess and report upon the quality of programs being offered and to make appropriate recommendations to the Day Care Licensing Board, as well as to work on the development of curriculum materials.

As was mentioned previously, recommendations by the Ministerial Advisory Committee on Early Childhood and Family Education (1983) proposed that the Departments of Education, Health, and Social Services share responsibility for monitoring child care services. Each Department currently appears to be dealing effectively with its designated responsibilities. Training of personnel has been moved to the Department of Career Development and Advanced Studies but the Early Childhood Consultant believes that the Department of Education should continue to provide inservice sessions.

The consultant's experience with the development of early childhood programs has convinced her that they should not become part of the regular school system. She believes this

would result in unnecessary structure being imposed on what should be a time of self-initiation, relaxation, and flexibility for children. The program, she feels, should be open to all children regardless of whether they have special needs or not. Support for the integration of special needs children comes largely by way of financial aid from the Department of Social Services.

Her advice to parents wishing to find a suitable center for their child is that they look for one that welcomes parents at any time, is clean and promotes good health standards, is well equipped, has a relaxed atmosphere, is child-oriented, and is characterized by positive adult-child interactions.

A program guide book is presently being developed and will present information on program philosophy, children, parents, community, and the learning environment. Center operators have nothing formal to present to parents. However, sometimes there are parent meetings offered by centers to inform parents of their programs.

Regarding staff qualifications, the provincial consultant feels that the director of a center, at least, should have some prior training or experience in the field of early childhood education. Also, the personality of the individual should be one that exhibits a genuine affection and respect for children. Although the Department of Education has no

official mandate to provide training, the consultant is sometimes involved in presenting workshops.

Overall, the consultant believes that our child care centers are satisfactory compared with those she has seen in other provinces. Ours may even be better than some in that many are small and allow for more intimate interactions. There is also presently little worry of the occurrence of child abuse. She believes that we could improve the playground facilities and establish family day care to enhance the programs that we already have.

Interview Summary

Coordinating Instructor, Early Childhood Education
Cabot Institute, St. John's, Newfoundland

The role of the coordinating instructor is to liaise with all persons who teach the early childhood program at the Cabot Institute. The objective of this program is to provide a quality two-year diploma course with emphasis on both theory and practice. The Institute was approached as early as 1972 on the possibility of setting up a program, but a committee was not formed until 1978. It was not until 1986 that the program finally became available.

The program design includes four main components. They are the child and child development, the family, the program,

and creative activities. In addition, ongoing practice is provided at the demonstration center on campus, and a field placement practicum. There is no one course dealing with special needs children. However, some related study is included in two other courses.

Representatives from Community Services Council, Memorial University, Department of Education, and Social Services were involved in the planning of the program. The only agency not contributing was the School of Social Work at Memorial University which, in the opinion of the interviewee, neglects to teach its students about day care, even though as social workers they might be directly involved. Instructors teaching the early childhood program at the Cabot Institute must have a degree in a related discipline and either an education degree or a vocational education diploma.

The coordinating instructor indicated that parents are viewed as playing an important role in early childhood programs. At the Institute there is a parent group. As well, students visit parents at their homes. In general, she feels that early childhood personnel must be able to empathize with parents.

There are 30 students currently enrolled in the program, with 200 on a waiting list. There are no plans to extend the program at the Cabot Institute. However, the program is being extended to Corner Brook, and it seems that other institutions are developing their own programs. Students graduating from

Cabot are having no difficulty finding employment, and in fact, some are being hired in a supervisory capacity. While she admits that salaries are low, she feels that eventually early childhood personnel will unionize and make changes. She apparently did not see low salaries as a deterrent to students wanting to enroll in the program in the future.

Interview Summary

Program Coordinator

Community Services Council

The Community Services Council, established in the mid 1970s, is unique to St. John's. Its founding was precipitated by a perceived need for community services and research into what was actually needed. One finding was the need for training of day care personnel. This led to the opening of the Early Childhood Training Center (ECTC), the goal of which is to provide students with training in early childhood education. The course, which is 45 weeks long, combines theory and supervised field work on a 50-50 basis. The program coordinator feels that the program is sufficiently concentrated to provide what is needed to understand and work well with children.

While one cannot dismiss the contribution that profit centers have made in providing child care services, the

coordinator feels that non-profit centers would be of better quality. In addition, she feels that quality would be improved if all personnel were trained and if there were more professional help and advice available. She indicated that, ideally, staff who had received training at the ECTC, the Cabot Institute, or the university would be the best possible combination of personnel to work at any one center. A director of a center should have lots of experience as well as training.

Students in the program are taught that parents should be involved as much as they possibly can in their children's day-to-day activities. The on-site demonstration center has an open door policy which welcomes parents at any time. Also, parents are encouraged to supply materials and talk with the staff if they feel there is a problem. In addition, the program supports the integration of special needs children into regular child care centers. The program coordinator indicated that one child would serve as a model for the other. Also, having handicapped and non-handicapped would serve to develop the idea that individual differences makes one no less of a person.

Overall, the program coordinator believes that the child care services in this province are unsatisfactory. All centers are not good, and until they are our system will remain unsatisfactory. Furthermore, our system lacks care provisions for those children under two years of age. There

is a need for licensed family homes, salary changes to help stabilize center staff, assistance with training, and more supervision of the quality of the actual center, the program, and the care that is given.

Interview Summary

Representative

Day Care Advocates Association

Day Care Advocates Association (DCAA) is not a title common to all such groups in the province. It is a title that was chosen by the St. John's group which was formed in 1983. The group was formed as a result of a study by the Provincial Advisory Council on the Status of Women which indicated child care to be a concern related to women and unemployment, and women and education. The Association's goal is to advocate for high quality child care that is both affordable and accessible.

The DCAA representative indicated that the Association would like to see a diversified child care system which would include different models of care. More spaces, trained staff, and a greater control on quality are viewed as being essential. It was felt this could best be achieved through political activity.

While the Association does not have a list of qualities that are viewed as suitable for a center, the representative

stated that well paid trained staff, a child-oriented program, an open door policy for parents, and a non-profit base would certainly be among them. Although the Association has no set statements regarding training of personnel, it was felt that training which includes an academic and practical requirement should be a necessity.

Integration of special needs children and parent involvement are concerns which were felt to be very important. The general consensus is that all children would benefit from having special needs children attend regular centers. However, it was noted that parent involvement is not always possible when centers are privately owned. The representative felt that parents should not only be free to visit centers, but should also have input into the types of experiences provided.

While she empathized with parents looking for a suitable center for their child, the only advice she could give was for them to obtain a list of centers from the Department of Social Services and to visit several. Parents would have to judge suitability themselves. To help them know what to look for she recommended that parents read pertinent literature beforehand.

The representative pointed out that while the Day Care and Homemaker Services Act ensures health and safety standards, it should go beyond that and legislate training requirements for center personnel and tighten up the area of

curriculum. She views the inaccessibility of training for those already in the field, low salaries, and insufficient monitoring of centers as problems needing to be addressed. Overall, she felt that the province's child care system is unsatisfactory because there are not enough spaces, no infant care facilities, and not enough supervision. Since each geographical region has different needs, she felt that having a set of standard criteria by which to rate centers, would be too rigid.

Summary

A review of the interviews indicates that, while responsibility for staff training programs, the licensing and regulating standards, the quality of center programs, child care advocacy, and so on have been assumed by different agencies, many of the same people have been involved. This is a positive feature, since it has encouraged input from a variety of perspectives and allowed for continuity in terms of the development of the province's child care system. People involved over the long term and in many aspects of this development have had the distinct advantage of knowing the child care system as it was in the past and as it is in the present. Therefore, they are likely to be able to provide insight as to the direction future development should take.

Although the philosophy of agencies in respect to the provision of child care has been defined more specifically by

some than by others, the overall goal is that quality child care should be made available to all children. That child care should be a familial support, special needs children integrated, parents involved, and the approach taken to programming be a child-centered one, are all viewed as being philosophically sound principles.

The goals and objectives of each agency vary, as do the roles that they play in the provision of child care services. Those who are involved in the training of child care personnel perceive their goal as that of providing training that includes both a theoretical basis and a practical approach. Agencies that are directly concerned with the provision of child care services see their chief goal as endeavoring to ensure aspects of quality.

The representatives of the Department of Social Services and the Daycare Advocates Association respectively, presented goals and objectives that were more inclusive than those of the other agencies. Both agencies envisioned a more widely developed system of child care which would provide different models of care to meet the varied needs of the parents, particularly as they relate to care of children under two. Greater access to training for persons already in the field was also cited as a common goal.

In addition, the two agencies had separate agendas. The DCAA representative felt that a goal of her agency was to ensure that center inspections by the Department of Social

Services take place regularly. The Director of Day Care and Homemaker Services, representing the Department of Social Services, indicated that she was satisfied with the regularity of inspections. She presented her agency as aspiring to increase funding to parents and centers, and to provide an information service to parents which would enable them to make informed decisions.

There was some consensus among the interviewees on issues related to parental involvement, integration of special needs children, and the training of personnel to work in centers. They all felt that centers should have an open door policy which would allow parents the freedom to visit whenever they wished to do so. Representatives of the Departments of Social Services and the DCAA suggested that parents should be involved in the administration, program planning, and day-to-day activities of a center. Both agreed that this could best be accommodated in a non-profit setting.

That special needs children be integrated into regular centers was also a point of consensus. Interviewees felt that both sets of children would benefit by such an arrangement. Parent responses on the parent satisfaction questionnaire indicated that they also agree with integration of special needs children. The Director of Day Care and Homemaker Services indicated that there is a need for funding which would allow the Department of Social Services to provide

support for those centers where special needs children are in attendance.

Although there was basic agreement among interviewees that center personnel should be trained, there was also concern expressed for the personal qualities of personnel. The Early Childhood Consultant and the Director of Day Care and Homemaker Services felt that having respect for children and possessing certain emotional qualities were also important. Experience in caring for children was considered by both to be a qualification. It would appear that neither of these persons equated training alone with the quality of care a person could provide.

Throughout the course of the interviews certain characteristics were mentioned as being appropriate for a child care center. The one most frequently noted was that centers have an open door policy for parents. The Director of Day Care and Homemaker Services pointed out that quality depends to some degree on what parents want for their children. She felt that parents could influence the child care system by seeing that the level of quality met with their satisfaction. Other elements of quality that were felt to be significant by one or more of the interviewees included the following: (a) positive adult-child interactions, (b) cleanliness and health standards, (c) sufficient materials and equipment, (d) access to materials by children, (e) a relaxed,

child-centered program, (f) adequately paid personnel, (g) centers which are non-profit, and (h) qualified personnel.

While there is considerable difference in the amount of responsibility for the monitoring of child care centers assumed by the Departments of Education and Social Services, both are involved. The Early Childhood Consultant is responsible for programming, while the Director of Day Care and Homemaker Services, is responsible for licensing, center inspections, and associated matters of funding. The inspections carried out by Social Services cover the whole of the center and its operations.

Because of her association with the Department of Education The Early Childhood Consultant was asked about the possibility of preschools becoming part of the regular school system, since many are in fact already located in schools. She indicated that while she could not speak for the Department of Education, she, personally, would be very concerned about this happening. Her concern was that preschools might then have a curriculum imposed on them, whereas she feels that preschools should have a relaxed and flexible curriculum. In addition, she felt it was a financial impossibility just now.

The Director of Day Care and Homemakers Services, being knowledgeable about matters of funding, was questioned regarding financial assistance to parents and centers. She indicated that parents below a specified income level are

eligible for child care subsidies which are paid directly to a center of the parents' choice. Different rules apply to parents of special needs children. Funding is also available to centers in the form of a \$1000 start up grant and an annual equipment grant of 20 cents per space per day. She noted that because most centers are commercially sponsored, the cost-sharing provided by the Canada Assistance Plan of the federal government does not always apply.

The Director of Day Care and Homemaker Services and the DCAA representative were asked whether any changes were needed to the regulations currently governing child care. The latter felt that a training requirement should be legislated to govern the qualifications of center personnel and that legislation should also be made to govern the curriculum. The Director of Day Care and Homemaker Services felt that revisions to the regulations should deal with group size, group home space, and outdoor play space.

While the training of personnel, especially for those already in the field, was a concern expressed by all interviewees, there appear to be no immediate plans to greatly expand the training program offered by The Cabot Institute. This two-year program is the most concentrated training program available in the province. Contributions to its design were made by most of the individuals who were involved in the provision of child care services at that time. The Coordinating Instructor of the Early Childhood Program at the

Cabot Institute indicated that the only expansion of that program is targeted for Corner Brook. Training will continue to be unavailable in much of the province unless effort is made for further expansion.

Together, the interviewees expressed a certain amount of dissatisfaction with the province's child care system. Generally, negative comments were not directed at the quality of care which children are currently receiving, but rather at the lack of a sufficient number of spaces. The unavailability of care for children under two and the non-existence of different models of care were criticisms of the system. More directly related to the current system was the concern for outdoor play space and equipment, as well as group size. Both the Early Childhood Consultant and the Director of Day Care and Homemaker Services stated that, compared with other provinces and countries, Newfoundland and Labrador's child care system is very satisfactory in some respects. The Early Childhood Consultant felt that because centers are small, there is less likelihood of child abuse and there are more intimate adult-child interactions. The Director of Day Care and Homemaker Services felt that the licensing and regulations are up to standard and that, compared with other parts of Canada, the routine inspections are often superior.

Several recommendations were offered as to the changes necessary to improve the child care system. Training appeared to be a major concern. It was felt that not only should

training be accessible to future child care personnel, but that it should be available to those already working in the field. It was also noted that salaries, worker status and working conditions of center personnel should be improved. The Program Coordinator, Community Services Council, noted that a high rate of staff turnover is unhealthy for both the child and the program. Low salaries may well be related to the frequency of staff turnover. Increased supervision by the Department of Social Services, increased funding, and non-profit based centers were considered necessary by some as means of improving the child care system.

Meanwhile, the advice given by the DCAA representative to parents seeking a child care space for their child is that they first obtain a list of centers from the Department of Social Services. She suggests that they should then visit any center in which they are interested, since they are the best judges of what is suitable for them. In addition, she recommends that parents read literature pertaining to what qualities to look for in a center. An informed decision is likely to be a right decision.

CHAPTER VI

SUMMARY AND RECOMMENDATIONS

During recent years a great deal of emphasis has been placed upon the child care services available for young children. An examination of the literature pertaining to early childhood services revealed that young children, especially those from deprived backgrounds, can reap long-term benefits from attending an early child care program which provides stimulating learning experiences. All aspects of a child's development, the social, the emotional, the physical, and the cognitive domains, can be enhanced.

Because of the global nature of the concern and the lack of complete information on the child care services in Newfoundland and Labrador, it was felt appropriate (a) to study the pattern of development of child care services in this province, (b) to explore its current status, and (c) to attempt to ascertain the degree of satisfaction being experienced by parents who are users of the current system.

To fulfill these purposes, the study included a review of the literature pertaining to the development of early child care services in Newfoundland and Labrador, and also a field survey with the following components:

- (1) Observation sessions conducted in 17 child care centers.

- (2) Distribution of a parent satisfaction questionnaire to parents whose children attended the centers visited.
- (3) Scheduled interviews with the Early Childhood Consultant of the Department of Education, the Director of Day Care and Homemakers Services of the Department of Social Services, the Coordinating Instructor of Early Childhood Education of the Cabot Institute, the Early Childhood Coordinator of the Community Services Council, and a representative of the St. John's Day Care Advocates Association.

Observations were of 2 to 3 hours duration, carried out in 17 child care centers randomly selected from those licensed to operate within the province. An observation checklist was used to assist the researcher in assessing characteristics deemed to be indicators of quality child care. These characteristics were derived from a review of relevant literature, including background papers for the Task Force Report on Child Care (1986), related provincial government documents, and a criteria checklist developed by the NAEYC (1983).

The parent satisfaction questionnaire was designed to provide information regarding (a) the types of child care available to parents; (b) parent opinions about child care in general; (c) child care centers, their program and personnel; (d) the relationships among parent, child, and personnel; and

(e) background information on respondents. Questionnaires developed by the researcher were distributed to parents during the researcher's visits to the centers. The number of questionnaires distributed was 485 of which 344, or 71%, were returned. In order to encourage maximum return, follow-up contacts were made by letter and by telephone when necessary.

Interviews were conducted with persons involved in child care services in the province. Information was sought on the roles played by the various agencies represented, and the opinion of interviewees was solicited on matters related to child care, such as the role of the parents, the mainstreaming of special needs children, the training of personnel, and the characteristics of quality child care. Some questions were common to all interviews, while others were unique to each because of the specific role of the particular agency.

In recent years, the need for child care services in Newfoundland and Labrador has been steadily increasing. Changes in the family structure, and the entrance of more mothers into the paid labor force, are factors which have contributed to the need for more child care spaces. In comparison with a province such as Ontario, which began to develop a system of child care services as early as 1946, this province is still in the embryo stage of developing a system of child care services. The literature indicates that the first child care center in St. John's came into existence in 1954. Nearly a decade passed before a second center was

opened. Despite encouragement and pressure from several support groups who have continued to advocate the need for more child care facilities, there are still a large number of children who cannot find accommodations in child care centers, simply because the spaces are not available. This province remains the only one in Canada that has no licensed family group home spaces. Children under two years of age must be cared for through private arrangements made by parents. The quality of care that many of these children receive is unknown.

While most child care spaces are presently provided by private businesses, parents responding to the questionnaire felt that this should be a responsibility of government and that funding from all levels of government should be available to build more and better centers. Few centers have been built and designed for the express purpose of child care. Most of the child care centers visited were in basement locations, and many did not have outdoor play space nor adequate indoor space for gross motor activities. The lack of outdoor play space and equipment was also cited as a concern by the interviewees responsible for licensing.

Although parents generally expressed satisfaction with conditions as they exist in centers, the researcher identified, during visits to centers, a number of areas needing improvement. While child care centers are private businesses and perhaps have only a minimal profit margin, they

can, with careful selection, provide appropriate materials that can result in a suitably equipped learning environment. In the view of the researcher, more emphasis could be placed by some centers on providing a greater variety of educational materials and equipment, and more space for displaying children's projects. To improve the health standards, funds would be well spent in equipping rest areas with appropriate separate facilities for individual children.

That suitable health and safety standards are indicators of quality was evident both in the literature pertaining to child care and in the responses of the persons interviewed. Overall, centers provided a safe environment, and personnel followed good safety procedures. However, to assist children in acquiring appropriate health practices, center personnel must be consistent in their procedures and expectations. Within their already busy schedule they must find the time to follow routines which encourage good health practices such as hand washing and the brushing of teeth. Although parents were satisfied with the health standards at centers, the researcher felt that caregivers should be more conscious of the importance of encouraging children to learn and practice good health habits.

The program offered by centers was felt by some interviewees to be best when conducted within a relaxed atmosphere in which activities taking place were largely child-centered. The integration of special needs children was

considered by all as being beneficial to both the handicapped and the non-handicapped. Within such an environment interactions between the adult and child should be positive if children are to benefit fully from the experiences provided. Observations by the researcher indicated that, while those interactions which took place were positive, some center personnel lacked the spontaneity of communication that one would expect to exist between adults and young children.

The provision of sufficient materials and equipment to which children have access is also viewed as necessary to implement and carry out an early childhood program which provides suitable learning experiences. However, parents indicated that whether a center had a sufficient supply of materials and equipment would be of least concern to them when choosing a center. They gave greater priority to whether a center provided an environment which would encourage the development of social skills and whether the service was dependable.

The quality of the program offered by a center is often reflective of the training and experience of the personnel. The qualifications of persons hired to work in child care centers remain unregulated. However, the Director of Day Care and Homemaker Services suggested that there is an unwritten policy that the operator at least have some training in early childhood education. Interviewees felt, as did parents, that training for center personnel is necessary. The Early

Childhood Consultant and the Director of Day Care and Homemaker Services also pointed out that personal characteristics, such as the natural ability of a person to get along with children, should not be overlooked. The best possible training was felt to be one with both a theoretical and practical component. The accessibility of such training for those already in the field was a concern.

Just as the training and experience of personnel are reflected in the learning experiences provided for the child, so too might these be evident in the degree to which parents are encouraged to participate in the program. Parent involvement means more than being informed. It means that parents and center personnel work as partners in providing the best possible experiences for children. Most parents were pleased with conditions at the centers and with the services offered. Likewise they were satisfied with the degree to which they were kept informed regarding center activities. Fewer parents felt that they are encouraged to participate in such activities. Two thirds of the parents indicated that they would become more involved if given the opportunity.

Discussion with center personnel indicated that there was often no formal plan for communication with parents. Usually contact was by telephone, or occurred at times when children were being picked up or brought to the center. While many centers had developed brochures, these brochures often lacked information on programs and focused mainly on operational

regulations. Parent involvement in centers is recognized as being an effective means of increasing for children the value of the child care experience. The Director of Day Care and Homemaker Services suggested that direct parent involvement might also have a monitoring influence on the effectiveness of the child care centers. Other interviewees agreed that the number of opportunities provided for parent involvement would indeed be an indicator of quality. It is unfortunate, therefore, that such overtures were not evidenced in the study.

While the ideal situation would be to have parents involved in the planning and administration of centers, as well as the day-to-day activities, interviewees recognized that within the current profit system this would not likely be possible. A non-profit system would be more conducive to total parent involvement. An open door policy for parents was viewed as essential by all persons interviewed.

Generally there was little criticism of the services currently being provided by centers; rather, criticisms were directed more towards the system as a whole. Insufficient government funding, the absence of family group home spaces, too few center spaces, the lack of accessible training facilities for personnel, the low salaries paid center personnel, the need for more frequent monitoring of child care centers, and the inadequacy of resources to assist operators with implementing programs were some of the concerns expressed

by one or more of the interviewees. Attempts to improve the province's child care system might begin by addressing some of the shortcomings which those directly involved view as major concerns.

Recommendations

1. The Department of Education should consider the hiring of additional personnel with training in early childhood education to aid in program development and to assist caregivers in the implementation of these programs.
2. The Government of Newfoundland and Labrador should concentrate on providing different models of child care to accommodate parents of children under two, and parents with different working schedules.
3. The Department of Social Services should study the need for subsidization of spaces for children whose parents' incomes are low but who do not presently qualify for assistance.
4. Because a non-profit system is more conducive to parent involvement, and also eligible for federal subsidy, interested individuals should be given encouragement and direction to establish non-profit child care centers in Newfoundland and Labrador.

5. The Day Care Licensing Board should not approve applications for licensing unless centers have already met the requirements specified in the licensing regulations. These requirements would include provisions for outdoor play space and resting areas. Once licensed, monitoring of the centers should be frequent enough to ensure that standards are maintained.
6. There should be a move towards designing of programs appropriate to the developmental needs of young children.
7. The Department of Education should become more involved in program development, provision of printed resource materials for caregivers, and the establishment of guidelines which suggest appropriate materials and equipment to accompany the program.
8. The Department of Social Services and Department of Education should work cooperatively towards regulating minimum training standards for center personnel, thus ensuring that at least the center operators have training and experience in early childhood education.
9. Training opportunities and inservice for those already in the field should be made available throughout the province so that personnel can upgrade and remain current in their knowledge of early childhood theory and practice.

10. Center operators should endeavor to maintain open lines of communication with parents by designing more informative brochures and by making contact with parents on a more regular basis.
11. Center personnel should attempt to provide more opportunities for parents to become directly involved in center activities, so that, together, they can become partners in providing high quality child care experiences.
12. All parties concerned with the provision and implementation of child care centers should strive co-operatively to meet the challenges presented in attaining the highest possible standard of care for young children.

Implications for Further Research

1. Further studies of child care services should concentrate on spending longer, more intense periods of observation time in centers. The aim would be to identify centers which rate highly on the observation checklist, so that these could be suggested as models for the future.
2. The whole question of parent-staff communication and parent involvement should be explored, with the goal of investigating means of facilitating this important aspect of early childhood education.

3. A fruitful avenue of research would be the preparation of program and accompanying resource materials, along with subsequent trial testing and evaluation of these materials in the child care centers of Newfoundland and Labrador.

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APPENDIX A
INTERVIEW QUESTIONS FOR SELECTED AGENCIES

Director of Day Care and Homemaker Services, Department of Social Services.

1. What is the philosophy of the Department of Social Services regarding care of preschool children?
2. What are the goals of the Department with respect to the provision of child care?
3. In terms of long range planning, what goals does the Department have regarding child care?
4. In 1983, the Ministerial Advisory Committee on Early Childhood and Family Education recommended that the Departments of Education, Social Services and Health cooperate in the provision and monitoring of early child care programs. To what degree is this taking place?
5.
 - (a) When were the day care regulations originally legislated?
 - (b) Have they since been revised?
 - (c) Is further revision anticipated?
 - (d) If so, of what nature is the anticipated revision?
6.
 - (a) Is there any monitoring of child care centers?
 - (b) If so, by whom is it carried out and how frequently?
 - (c) By what criteria are they monitored?
7. Has the Department ever been forced to close centers? If yes, how prevalent is this and for what reasons have the centers been closed?
8.
 - (a) What is the Department's involvement in programs for children age 2 to school age?
 - (b) How long has the Department been involved?
9.
 - (a) Are there any provisions for children with special needs?
 - (b) If so, please explain.
 - (c) What qualifications are expected of those staff members whose job is to work in this area?
10.
 - (a) Does the Department participate in the training of child care center personnel?
 - (b) If so, please explain.
11.
 - (a) Does the Department consult parents regarding their satisfaction with centers?
 - (b) If so, how?

12. (a) Is there any financial assistance available to help parents defray the cost of child care?
(b) If parents receive financial assistance for child care are there any restrictions on the type of care they purchase?
13. Does the Department provide any financial assistance for the start-up and operation of centers?
14. To what extent is the Canada Assistance Plan utilized by your Department?
15. In terms of providing quality child care would you rate this province as more than satisfactory, satisfactory, or unsatisfactory.

Early Childhood Education Consultant, Department of Education

1. What is the philosophy of the Department of Education in respect to child care programs for preschool children?
2. What is the Department's role in the provision of child care programs?
3. What are the goals and objectives of the Department in this area?
4. What are the responsibilities of the Early Childhood Consultant in relation to early child care?
5. In 1983, the Ministerial Advisory Committee on Early Childhood and Family Education recommended that the Departments of Education, Social Services and Health cooperate in the provision and monitoring of early child care programs. To what degree is this taking place?
6. What is the Department's opinion on preschools becoming part of the school system?
7. (a) Are there any provisions for preschool children with special needs?
(b) If so, describe the provisions that have been made.
8. What qualities does the Department suggest parents look for in a child care center when choosing one for their child?
9. Has the Department devised a program which it can offer to child care centers?
10. (a) Does the Department provide any program for parents of preschool children?
(b) If so, please explain.
11. What qualifications does the Department see as necessary for persons working in child care centers?
12. (a) Is the Department involved at all in the training of preschool personnel?
(b) If so, please explain.
13. (a) Are there any changes which the Department feels necessary to improve the quality of child care programs?
(b) If so, what are they?
14. In terms of providing quality child care would you rate this province as more than satisfactory, satisfactory, or unsatisfactory.

Coordinating Instructor, Early Childhood Education, Cabot Institute.

1. What are the responsibilities of the coordinator of early childhood education?
2. What are the goals and objectives of the Institute as related to early childhood education?
3. How long has the Institute been involved in early childhood education?
4. Please elaborate on the design of the Institute's training program for early childhood personnel.
5. Was there any collaboration on program structure and course design between the Institute and other agencies that offer courses for the training of early childhood personnel?
6. What qualifications are required of instructors who teach in this program?
7. Do students receive any training to prepare them for working with special needs children?
8. (a) Does the program instruct students in how to relate to parents?
(b) If so, what role does it suggest parents play?
9. What is the level of demand for enrollment in this program?
10. (a) Are there plans to extend this program to campuses other than St. John's and Corner Brook?
(b) Is yes, please explain.
(c) If no, why not?
11. Are the salaries offered early childhood personnel a concern of the Institute in terms of continued demand for enrollment in the program?

Early Childhood Coordinator, Community Services Council

1. Please explain when and how the Community Services Council was formed in Newfoundland and Labrador.
2. How many units are there in the province and where are they located?
3. What are the goals and objectives of the Council?
4. What is the role of the Council in respect to the provision of early child care?
5. Does the Council have a set of desirable qualities that it would like to see in a child care center?
6. In the Council's opinion, what level of training should be required of persons working in child care centers?
7. What role does the Council perceive parents as playing in early child care programs?
8. (a) Does the council support the idea of children with special needs attending a regular child care center?
(b) Why or why not?
9. Does the Council see sponsorship, that is profit or non-profit, as a major issue in regards to the quality of care provided?
10. Are there any changes that the Council views as necessary to improve child care programs in this province? Is so, what are they?
11. In terms of providing quality child care would you rate this province as more than satisfactory, satisfactory, unsatisfactory?

A representative, Daycare Advocates Association

1. Please explain when and how the Daycare Advocacy Association began in Newfoundland and Labrador.
2. What is the philosophy of the Association?
3. What are its goals and objectives?
4. By what means does the Association attempt to achieve these goals and objectives?
5. What qualities does the Association see as befitting a child care center?
6. What qualifications does the Association deem necessary for child care personnel?
7. What is the Association's position regarding the mainstreaming of special needs children into a regular child care program?
8. What role should parents play in a child care program that enrolls their child?
9. What assistance would be available to me, as a parent, in helping me to find a suitable center for my child?
10. From the Association's point of view, what are some of the problems facing child care programs in this province?
11. What changes would the Association like to see in our current Day Care and Homemaker Services Act?
12. In terms of providing quality child care programs, would you rate this province as more than satisfactory, satisfactory, unsatisfactory?
13. (a) Are there standard criteria by which child care programs can be rated?
(b) If so, please explain.

APPENDIX B
OBSERVATION AND INFORMATION CHECKLIST

Physical Environment

- Key: 1 - excellent
 2 - very good
 3 - good
 4 - fair
 5 - poor

- | | |
|--|--|
| | Rating: 1 2 3 4 5 |
| 1. There is an indoor space that is sufficient for the number of children. | ___ Yes ___ No ___ N/A
Comment _____
_____ |
| | Rating: 1 2 3 4 5 |
| 2. Indoor space is sufficient for gross motor activities. | ___ Yes ___ No ___ N/A
Comment _____
_____ |
| | Rating: 1 2 3 4 5 |
| 3. Outdoor space is sufficient for the number of children. | ___ Yes ___ No ___ N/A
Comment _____
_____ |
| | Rating: 1 2 3 4 5 |
| 4. The premises are safe, clean, and attractive. | ___ Yes ___ No ___ N/A
Comment _____
_____ |
| | Rating: 1 2 3 4 5 |
| 5. The outdoor space is equipped with items that encourage gross motor development, e.g., swing, slide, etc. | ___ Yes ___ No ___ N/A
Comment _____
_____ |
| | Rating: 1 2 3 4 5 |
| 6. Children's work and wall hangings are attractively displayed at the child's eye level. | ___ Yes ___ No ___ N/A
Comment _____
_____ |

Rating: 1 2 3 4 5

7. The center floor space is arranged such that large group, small group, and individual activities are encouraged.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

8. The floor space arrangement facilitates traffic flow.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

9. A rest area is provided.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

10. Children are provided with their own space to hang their clothing.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

11. The furnishings are child-size, e.g., chairs, tables, toilets, etc.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

12. There is an adequate supply of age-appropriate materials and equipment, e.g., blocks, books, toys, etc.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

13. There is a sufficient variety of materials and equipment.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

14. Available audio visual equipment includes:

- (a) record player
(b) tape recorder
(c) television
(d) slide-filmstrip projector
(e) video cassette recorder

Rating: 1 2 3 4 5

15. Consumable materials are accessible to children, e.g., paper, pencils, glue, etc.

___ Yes ___ No ___ N/A
Comment

Rating: 1 2 3 4 5

16. Consumable materials are organized for easy pick-up and return.

___ Yes ___ No ___ N/A
Comment

Health and Safety

Rating: 1 2 3 4 5

1. Provisions are made for the safe arrival and departure of all children.

___ Yes ___ No ___ N/A
Comment

Rating: 1 2 3 4 5

2. Children are under adult supervision at all times.

___ Yes ___ No ___ N/A
Comment

Rating: 1 2 3 4 5

3. There is a daily register kept of each child in attendance.

___ Yes ___ No ___ N/A
Comment

- Rating: 1 2 3 4 5
___ Yes ___ No ___ N/A
Comment _____

4. Any medication to be administered is clearly labeled and directions posted.
- Rating: 1 2 3 4 5
___ Yes ___ No ___ N/A
Comment _____

5. Children are required to wash their hands before meals/snacks and after using the washroom.
- Rating: 1 2 3 4 5
___ Yes ___ No ___ N/A
Comment _____

6. Children are required to brush their teeth after eating.
- Rating: 1 2 3 4 5
___ Yes ___ No ___ N/A
Comment _____

7. The center is well lit and ventilated.
- Rating: 1 2 3 4 5
___ Yes ___ No ___ N/A
Comment _____

8. Exits are free of obstructions. Smoke detectors and fire extinguishers are in evidence.
- Rating: 1 2 3 4 5
___ Yes ___ No ___ N/A
Comment _____

9. Potentially harmful Substances are stored in a safe place.
- Rating: 1 2 3 4 5
___ Yes ___ No ___ N/A
Comment _____

Nutrition and Food Service

Rating: 1 2 3 4 5

1. The current menu is posted.

☐ Yes ☐ No ☐ N/A

Comment _____

Rating: 1 2 3 4 5

2. The lunches and snacks provided are nutritious in accordance with Canada's Food Guide.

☐ Yes ☐ No ☐ N/A

Comment _____

Rating: 1 2 3 4 5

3. Meals and snacks are attractively served.

☐ Yes ☐ No ☐ N/A

Comment _____

Rating: 1 2 3 4 5

4. Meal and snack time is well organized.

☐ Yes ☐ No ☐ N/A

Comment _____

Rating: 1 2 3 4 5

5. Meal and snack time is a social and learning experience. Good eating habits and table manners are encouraged.

☐ Yes ☐ No ☐ N/A

Comment _____

Rating: 1 2 3 4 5

6. Meal and snack time is closely supervised by an adult.

☐ Yes ☐ No ☐ N/A

Comment _____

Staff-Parent Relationship

- Rating: 1 2 3 4 5
1. Information that adequately describes the center's operation procedure and and program is available.
- ☐ Yes ☐ No ☐ N/A
- Comment _____

- Rating: 1 2 3 4 5
2. Parents and children are provided with an orientation to the center.
- ☐ Yes ☐ No ☐ N/A
- Comment _____

- Rating: 1 2 3 4 5
3. Parents are encouraged to visit the center and become involved in center activities.
- ☐ Yes ☐ No ☐ N/A
- Comment _____

- Rating: 1 2 3 4 5
4. Staff meet regularly with parents to discuss the child's progress and any concerns of either the staff or parent.
- ☐ Yes ☐ No ☐ N/A
- Comment _____

- Rating: 1 2 3 4 5
5. Parents have daily opportunity to discuss any immediate concerns with the staff.
- ☐ Yes ☐ No ☐ N/A
- Comment _____

- Rating: 1 2 3 4 5
6. Parents are kept informed about the center's program through newsletters, telephone calls, etc.
- ☐ Yes ☐ No ☐ N/A
- Comment _____

Staff-Child Relationship

- Rating: 1 2 3 4 5
 ___ Yes ___ No ___ N/A
 Comment _____
1. Staff members frequently interact with the children.
- Rating: 1 2 3 4 5
 ___ Yes ___ No ___ N/A
 Comment _____
2. Children are shown warmth, love, and affection by the staff.
- Rating: 1 2 3 4 5
 ___ Yes ___ No ___ N/A
 Comment _____
3. Staff members are gentle but firm in their enforcement of group rules, e.g., sharing, taking turns, responsibility for materials, etc.
- Rating: 1 2 3 4 5
 ___ Yes ___ No ___ N/A
 Comment _____
4. Discipline problems are handled appropriately.
- Rating: 1 2 3 4 5
 ___ Yes ___ No ___ N/A
 Comment _____
5. Crises are dealt with openly, fairly, and with due concern.
- Rating: 1 2 3 4 5
 ___ Yes ___ No ___ N/A
 Comment _____
6. Children are encouraged to be independent and are not catered to excessively.
- Rating: 1 2 3 4 5
 ___ Yes ___ No ___ N/A
 Comment _____
7. Children are permitted considerable freedom of choice in selecting materials and equipment.
- Rating: 1 2 3 4 5
 ___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

8. An effort is made, whenever possible, to see that no child is excluded from group play.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

9. Staff members listen to children and respond promptly to their questions and concerns.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

10. Staff members encourage learning through play.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

11. Learning through play is enhanced by adult guidance.

___ Yes ___ No ___ N/A
 Comment _____

Child-Child Relationship

Rating: 1 2 3 4 5

1. Children are given ample opportunity to interact freely in groups.

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

2. There is some evidence that children have been encouraged to work, independently of adult guidance.

___ Yes ___ No ___ N/A
 Comment _____

- Rating: 1 2 3 4 5
3. Children are content and happy with each other. ☐ Yes ☐ No ☐ N/A
- Comment _____

- Rating: 1 2 3 4 5
4. Children appear relaxed and confident. They are not hurried to finish. ☐ Yes ☐ No ☐ N/A
- Comment _____

Program

- Rating: 1 2 3 4 5
1. Activities reflect planning with attention given to the developmental level of the children involved. ☐ Yes ☐ No ☐ N/A
- Comment _____

- Rating: 1 2 3 4 5
2. There is evidence of preplanning. The daily schedule is carried out. ☐ Yes ☐ No ☐ N/A
- Comment _____

- Rating: 1 2 3 4 5
3. The daily schedule attempts to provide a balance of activities along the following dimensions: ☐ Yes ☐ No ☐ N/A
- Comment _____
- _____
- indoor/outdoor _____
- quiet/active _____
- gross muscle/fine muscle _____
- individual/group activities _____
- child/adult centered _____

- Rating: 1 2 3 4 5
4. There are planned activities that provide for children with special needs. ☐ Yes ☐ No ☐ N/A
- Comment _____

Rating: 1 2 3 4 5

5. The daily schedule is flexible to entertain the interest of the children and to cope with the unexpected.

___ Yes ___ No ___ N/A
 Comment _____

6. There are a wide variety of concrete experiential activities which

Rating: 1 2 3 4 5

- (a) encourage language development

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

- (b) foster development of social skills

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

- (c) encourage creativity

___ Yes ___ No ___ N/A
 Comment _____

Activity centers provided include:

Rating: 1 2 3 4 5

- (a) a dress-up center

___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5

- (b) a library corner

___ Yes ___ No ___ N/A
 Comment _____

(c) a music center

Rating: 1 2 3 4 5

☐ Yes ☐ No ☐ N/AComment _____

(d) a block center

Rating: 1 2 3 4 5

☐ Yes ☐ No ☐ N/AComment _____
_____(e) an arts and crafts
center

Rating: 1 2 3 4 5

☐ Yes ☐ No ☐ N/AComment _____

(f) a puppet stage

Rating: 1 2 3 4 5

☐ Yes ☐ No ☐ N/AComment _____

(g) a house keeping center

Rating: 1 2 3 4 5

☐ Yes ☐ No ☐ N/AComment _____

(h) a water/sand center

Rating: 1 2 3 4 5

☐ Yes ☐ No ☐ N/AComment _____

(i) a science center

Rating: 1 2 3 4 5

☐ Yes ☐ No ☐ N/AComment _____
_____growing things
sensory training
aquarium/terrarium

Rating: 1 2 3 4 5
 7. Participation in center activities takes place according to a preplanned schedule.
 ___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5
 8. Routine tasks are used to further children's learning, self-help and social skills.
 ___ Yes ___ No ___ N/A
 Comment _____

Rating: 1 2 3 4 5
 9. Television is used selectively.
 ___ Yes ___ No ___ N/A
 Comment _____

APPENDIX C
PARENT SURVEY QUESTIONNAIRE

PLEASE FOLLOW DIRECTIONS AND COMPLETE EACH ITEM. CHECK ONE
UNLESS OTHERWISE INDICATED.

ID NO [] [] []

SECTION I - This section is designed to indicate the
types of child care available to you.

1. My child presently attends

- 1. nursery school []
- 2. day care []
- 3. preschool []
- 4. playschool []
- 5. other (please specify) _____ []

2. The center is located in

- 1. a school []
- 2. the basement of a home []
- 3. an apartment building []
- 4. a commercial building []
- 5. the building where I work []
- 6. a building built especially for this purpose . []
- 7. a church hall []
- 8. other (please specify) _____ []

3. My child attends

- | | | | | | | | | |
|---|---|---|---|---|---|-------------|-------|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 full days | | [] |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 half days | | [] |

4. I have used other types of child care (check as many as
apply)

- 1. child at home with mother or father []
- 2. child at home with babysitter []
- 3. child at home with relative []
- 4. child at home of babysitter []
- 5. child at home of relative []

5. Rank order the type of care arrangement in order of preference. (Use number one for first choice, two for second and so on.)

1. child at home with mother or father []
2. child at home with babysitter []
3. child at home with relative []
4. child at home of babysitter []
5. child at home of relative []
6. child at child care center []

SECTION II - Is designed to obtain your opinion about child care in general.

6. Government funds going to child care should
 1. be used to build more and better centers []
 2. go to already existing centers to help with operating costs []
 3. go directly to all parents to help share the cost of child care []
 4. be based on a needs assessment and go only to parents in need []

7. Provision of child care should be the responsibility of
 1. the provincial government []
 2. the federal government []
 3. municipal governments []
 4. all levels of government []
 5. parents []

8. When choosing a child care arrangement I am concerned about several things. (Rank order the following concerns using the number one to indicate the greatest concern, number two the next and so on.)
 1. a preplanned program which encourages learning by doing through activities such as drama, field trips, and storybook reading.
 2. a preplanned program which allows for the teaching of basic skills, such as, the alphabet, printing, numerals, etc.
 3. an environment that encourages the development of social skills, such as sharing, group cooperation, etc.
 4. opportunities to develop life skills, such as dressing oneself, using the bathroom, and independently washing one's face and hands, etc.
 5. a program that has sufficient materials and equipment such as toys, art supplies, books swings, slide etc.
 6. dependability of service.

9. Children with special needs (ie. deaf, physically, disabled etc.) should be cared for
- 1. at home []
 - 2. at centers designed especially for them []
 - 3. in a regular center []
 - 4. other (please specify) _____ []
10. Having handicapped and non-handicapped children together in the same center would benefit
- 1. the handicapped []
 - 2. the non-handicapped []
 - 3. all children []
 - 4. none []

SECTION III - Is designed to provide information about the center your child attends, its program and its personnel.

PLEASE CIRCLE THE NUMBER WHICH MOST CLOSELY REFLECTS YOUR OPINION. USE THE FOLLOWING CODE.

1. strongly agree
2. agree
3. undecided
4. disagree
5. strongly disagree

- | | | | | | |
|--|---|---|---|---|---|
| 11. The center's program helps my child to understand and get along with others. | 1 | 2 | 3 | 4 | 5 |
| 12. The child care program is teaching my child such things as printing, recognizing numerals and letters. | 1 | 2 | 3 | 4 | 5 |
| 13. Taking everything into consideration, I feel the center is doing what it should be doing. | 1 | 2 | 3 | 4 | 5 |
| 14. The center premises are well maintained. | 1 | 2 | 3 | 4 | 5 |
| 15. I am pleased with the health and safety practices at the center. | 1 | 2 | 3 | 4 | 5 |
| 16. I am satisfied with the hours which the center offers. | 1 | 2 | 3 | 4 | 5 |
| 17. Personnel at any child care center should have training in early childhood education or child care. | 1 | 2 | 3 | 4 | 5 |
| 18. I have a good relationship with personnel at the center. | 1 | 2 | 3 | 4 | 5 |

19. It is easy to make an
appointment to see the
personnel.

1 2 3 4 5

SECTION IV - is designed to provide information about the relationship between the child, the parent, and the child care program.

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 20. | My child is eager to go to the center each day. | 1 | 2 | 3 | 4 | 5 |
| 21. | My child enjoys the snacks provided. | 1 | 2 | 3 | 4 | 5 |
| 22. | Since attending the center my child is more likely to get along with other children. | 1 | 2 | 3 | 4 | 5 |
| 23. | It is important to my child that I be there on time to pick him or her up. | 1 | 2 | 3 | 4 | 5 |
| 24. | It is important to the center that I be there on time to pick my child up. | 1 | 2 | 3 | 4 | 5 |
| 25. | Parents are informed about activities taking place at the child care center. | 1 | 2 | 3 | 4 | 5 |
| 26. | Parents are encouraged to participate in center activities. | 1 | 2 | 3 | 4 | 5 |
| 27. | If given the opportunity I would become more involved in the center's activities. | 1 | 2 | 3 | 4 | 5 |

SECTION V - is designed to provide background information which will help in the interpretation of the information you have provided. Every answer is strictly confidential.

28. Number of children in your family

boys []
girls []

29. Number of children presently attending a child care center

boys []
girls []

30. Number of children who have ever attended a child care center, including those presently attending

boys []
girls []

31. Age of children presently attending (if not enough space please use back of page)

child 1 - years []
 months []

child 2 - years []
 months []

child 3 - years []
 months []

32. My child has attended this center for

child 1 - years []
 months []

child 2 - years []
 months []

child 3 - years []
 months []

Please check in the items below for each head of household present. (Male head of household and/or female head of household.

33/34. Employment status:

	mother	father
1. company employed	_____	_____
2. government employed	_____	_____
3. self-employed	_____	_____
4. seeking employment	_____	_____
5. homemaker	_____	_____
6. student	_____	_____

35/36. Occupation status:

	mother	father
1. professional (doctor, lawyer etc.)	_____	_____
2. managerial, executive	_____	_____
3. administrative, clerical	_____	_____
4. engineering, technical	_____	_____
5. marketing, sales	_____	_____
6. skilled craft or trade	_____	_____
7. semiskilled occupation	_____	_____

37. Annual income from all and any sources:

1. under \$10,000	[]
2. between \$10,000 and \$20,000	[]
3. between \$20,000 and \$30,000	[]
4. between \$30,000 and \$40,000	[]
5. more than \$40,000	[]

38/39. Education (check one in each column)

	mother	father
1. some high school only	_____	_____
2. finished high school	_____	_____
3. vocational-trades school	_____	_____
4. some university	_____	_____
5. finished university	_____	_____
6. other training (military training, police, training etc.	_____	_____
7. advanced education, post graduate degree (eg. Master's, Ph.D., M.D., LL.B., C.A. etc.)	_____	_____

40. This questionnaire was completed by

1. mother []
2. father []
3. both []

APPENDIX D
CORRESPONDENCE



MEMORIAL UNIVERSITY OF NEWFOUNDLAND
St. John's, Newfoundland, Canada A1B 3X8

Department of Curriculum and Instruction

Telex 0164111
Tel. (709) 737-7000

30 Shallow Street
Grand Falls
Newfoundland
A2N 2N5

Dear _____:

I am a graduate student in the Faculty of Education at Memorial University where I am completing requirements for a Master's Degree with a specialty in Early Childhood. I am presently working on a thesis involving a study of Preschool Services in Newfoundland and Labrador.

Your cooperation in allowing me to visit your center and observe the children would be greatly appreciated. You will find attached a copy of a questionnaire which I would like to distribute to parents during my visit.

Providing that you approve, I would like to visit your center on _____ at _____ (a.m./p.m.). If this is unsuitable another time can be arranged. Please notify me of your decision by filling out the enclosed form and returning it in the stamped self-addressed envelope provided.

I would be grateful for a reply by _____ and look forward to making your acquaintance.

Yours truly,

Judy F. King

Visitation Consent Form

ID No [] [] []

Please indicate the one most suitable to you.

[] You are welcome to visit. The appointment time is suitable.

[] You are welcome to visit. The appointment time is unsuitable. Could you please suggest another?

I will need to call shortly before I visit to confirm the time. Please check whether your name and telephone number are correct.

In preparation for the completion of my study, I require the following information.

1. Number of children registered at your center who are not attending any regular day school

2. Length of day at your centre

Opening time

Closing time

30 Shallow Street
Grand Falls
Newfoundland
A2A 2N5

March 19, 1988

Dear _____:

Enclosed please find a letter to distribute to parents of preschoolers. The letter will introduce me to parents so that on the day of my visit they will already be familiar with my project.

I would like to thank you for your co-operation and I look forward to meeting you on _____
at _____.

Yours truly,

Judy F. King



MEMORIAL UNIVERSITY OF NEWFOUNDLAND
St. John's, Newfoundland, Canada A1B 3X8

Department of Curriculum and Instruction

Telex: 016-4101
Tel.: (709) 737-600

30 Shallow Street
Grand Falls
Newfoundland
A2N 2N5

Dear Parents:

I am a student in the Faculty of Education at Memorial University where I am fulfilling requirements for a Master's Degree with a specialty in Early Childhood Education. I am currently working on a thesis involving a study of Early Child Care Services in Newfoundland and Labrador.

In the near future, I hope to be visiting the child care center responsible for the care of your child. As part of my study, I hope to receive your help by having you complete a questionnaire.

I look forward to meeting you as I distribute the questionnaires. As you receive them I will need to know your name and address solely for the purpose of remaining in contact with you. No center or individual will be identified by the study. All replies will be strictly confidential.

I thank you in anticipation of your cooperation.

Yours truly,

Judy F. King



MEMORIAL UNIVERSITY OF NEWFOUNDLAND

St. John's, Newfoundland, Canada A1B 3X8

Department of Curriculum and Instruction

Telex: 016-4101

Tel: (709) 734-7000

30 Shallow Street
Grand Falls
Newfoundland
A2N 2N5

Dear Parents/Guardians:

I am a graduate student in the Faculty of Education at Memorial University where I am enrolled in a Master's Degree with a specialty in Early Childhood. I am presently working on a thesis involving a study of Early Child Care Services in Newfoundland and Labrador.

As part of my study, I am interested in your opinions about child care services. I ask for your cooperation in completing the attached questionnaire. It should take about 15 minutes to complete. Enclosed you will find a stamped self-addressed return envelope.

The questionnaires are coded, merely to help in recording those returned and to enable me to contact those late in responding. Any information will be kept strictly confidential and viewed by me alone. I would be grateful for a reply by _____.

I thank you for taking time to complete the questionnaire and will look forward to receiving it. If you have any questions please write, or call me at 489-5713.

Yours truly,

Judy F. King



