

BARRIERS WHEN IMPLEMENTING THE CONTINUITY-OF-CARE  
ORGANIZATIONAL STRUCTURE  
IN INFANT AND TODDLER CHILD CARE SETTINGS

A Thesis

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## DEDICATION

All of my work is dedicated to my son, Codie and my husband, Brent. They are my constant inspiration in my studies and work with young children.

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## ABSTRACT

The purpose of the study was to provide descriptive information about barriers that directors encounter when they attempt to implement the continuity-of-care organizational structure in child care centers. The study focused on four research issues: 1) child care directors' definitions of continuity of care, 2) directors' implementations of continuity of care, 3) if the directors' practices violate their definitions what is the directors' perceptions of the reason(s), and 4) if the directors' practices violate their definition what is the reasons for the violations as perceived by an outside observer. The sample consisted of 4 child care directors who direct high-quality, state-licensed child care centers. The participating centers care for children ranging from birth to 12-years-old.

The present study used a set of interview questions whose purpose was to guide the four participating directors through an interview about continuity of care. The interview questions consisted of two parts: 1) several open-ended questions, and 2) a movement chart for each child in the study ( $n=52$ ), on which the researcher recorded information about the specific movements of each child from one caregiver to another.

The study found that caregivers and the business of child care are not the dominant barriers to implementing continuity of care that the directors perceive them to be. The empirical data indicated that even though the directors have professed themselves dedicated to the continuity-of-care practices, they are still attached to many traditional child care practices.

## Chapter 1

### Introduction

#### Justification

According to the U.S. Department of Labor (2001) a growing number of mothers are entering the workforce. Statistics compiled by the Bureau of Labor show that the number of working mothers has increased since 1950. Between 1950 and 1987 statistics were compiled on mothers in the workforce with children 6-years-old and younger. In 2001 statistics were compiled on mothers in the work force with children 3-years-old and younger. In 1950 the percentage of working mothers with children 6-years-old or younger was 12%; in 1970 it was 30%, and in 1987, 57% (Bureau of Labor Statistics, 1988). The percentage has continued to climb dramatically since 1987. In 2001, 93% of all working mothers had children 3-years-old or younger (Bureau of Labor Statistics, 2001).

With a growing percentage of mothers of very young children entering the workforce, the issue of child care has become an immense concern for business leaders, policymakers, and parents. A major issue in today's society is the rising number of children that are being cared for in child care centers (Zigler & Finn-Stevenson, 1995). There are a number of child care centers that do not seem to be providing children with the care that is needed to help children develop cognitively, socially, and emotionally (Zigler & Finn-Stevenson, 1995).

“Continuity of care” is an organizational structure that can be used in a child care center to provide young children with a relationship that promotes cognitive, social, and emotional skills. The specifics of the organizational structure vary in the

descriptions of continuity of care in the literature, but there seems to be a consensus about the presence of two core practices: 1) the use of a primary caregiver, and 2) the child-caregiver dyad staying together throughout the 3 years of the infant-toddler period at a minimum, or the time during the infant/toddler period that the child is enrolled in the child care center (Cryer, Hurwitz, & Wolery, 2000; Lally, 1995; Raikes, 1996). The two core practices have been developed to implement the principles of attachment theory in the child care setting.

“The Baton Rouge Early Care and Education Study” is a research project currently being conducted in eight child care centers. The preliminary data indicates that even though four of the directors have asserted that they currently use continuity of care, many children are being moved to new caregivers before the age of 3, thus violating the core principles of continuity of care as reflected in the literature. The factors that influence the movement of children during the 3 years of the infant/toddler period in those centers have not been determined.

#### Purpose of the Study

The present study is descriptive and contributes to the body of knowledge related to continuity of care by exploring the real-world barriers to its implementation. Using qualitative approaches, the following four issues were investigated: (1) child care directors’ definitions of continuity of care, (2) directors’ implementations of continuity of care, 3) if the directors’ practices violate their definitions what is the directors’ perceptions of the reason(s), and 4) if the directors’ practices violate their definitions what is the reasons for the violations as perceived by an outside observer.

## Limitations

The following are limitations to the study:

1. The sample is limited to child care directors that volunteered to participate in "The Baton Rouge Early Care and Education Study."

## Assumptions

Assumptions are as follows:

1. The participating directors are trying to follow the continuity-of-care organizational structure.
2. The interview questions allow for answers that communicate the directors' perceptions about how they are using continuity of care.
3. The use of in-depth open-ended interview questions is appropriate because the purpose of the study is to determine why a director, in a center using continuity of care, is moving children before the end of the 3 years of the infant/toddler period.

Table 1

Constructs and Definitions

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Constructs	Definitions
Continuity of Care	Continuity of care is a child care organizational structure in which infants and toddlers stay with a primary caregiver throughout the 3 years of the infant/toddler period, or for the time during that period that the child is enrolled in the child care center.
Primary Caregiver	Primary caregiver is a practice that assigns the children to one caregiver who is responsible for them. The use of a primary caregiver is generally considered one of the two core practices of continuity of care.
Director	A director is the person who is in charge of the operation of a child care center, and who makes the decision about when and where to move the children.
Child Care Centers	Child care centers are group care settings outside a home environment.

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## Chapter 2

### Review of Literature

#### Introduction

The literature review provides the reader with a review of the current empirical literature about continuity of care, the theory that supports it, and why it is believed to provide children with an environment that promotes attachment relationships. The literature review is divided into the following sections: (1) attachment theory, (2) the time needed to develop the child-caregiver secure attachment relationship, (3) extended period of time (4) the caregiver-child attachment relationship, (5) the continuity-of-care organizational structure, and (6) a summary.

#### Attachment Theory

Bowlby (1982) and Ainsworth's (1978) work on attachment theory is the theoretical framework for the present study. Their research led to the identification of the special relationship that forms between a child and his caregiver, called an “attachment” relationship. Ainsworth (1978) developed a laboratory-based observation paradigm, the "strange situation," to empirically identify three types of attachment relationships. The strange situation research provided information on children's attachment styles by identifying and categorizing their factors to different situations that involved separations and reunions with their attachment figures (Ainsworth, Blehar, Waters, & Wall, 1978; Cassidy & Shaver, 1999). The “strange situation” consisted of laboratory observations involving eight brief episodes between the child, the child’s attachment figure, and an adult who is a stranger to the child. The child’s behaviors of greatest interest are those exhibited when the child’s

attachment figure leaves the room, and especially those exhibited when the child's attachment figure returns. The degree to which the child allows his attachment figure to comfort or soothe him is the primary determinant of the child's attachment category (Ainsworth, Blehar, Waters, & Wall, 1978; Cassidy & Shaver, 1999). Two broad attachment styles that were identified by Ainsworth (1978) are called "secure" and "anxious."

A child forms a secure attachment to a caregiver who responds to the child's signals appropriately (Cassidy & Shaver, 1999). Attachment theorists argue that a secure attachment relationship between a dyad provides a child with a sense that the caregiver will supply protection and safety (Cassidy & Shaver, 1999; Farran & Ramey, 1977; Raikes, 1996).

Ainsworth (1978) identified two types of anxious attachment relationships: anxious/avoidant and anxious/ambivalent. Children who have hostile, angry, or over-stimulating caregivers that rarely respond to the children affectionately, tend to form an anxious/avoidant attachment relationship. Children who have inconsistent, unresponsive, or under-stimulating caregivers, tend to form an anxious/ambivalent attachment relationship (Cassidy & Shaver, 1999). Attachment theorists argue that anxiously-attached children do not have a sense that their caregiver will provide them with protection and security when needed, because they have not done so in the past.

It is believed that the type of attachment relationship that a child has with a caregiver reflects the child's "internal working model" (Bretherton & Waters, 1985). The internal working model is a mental representation of the relationship between the dyad. The internal working model is constructed based on the communications and

interactions that occur between the child and the caregiver in terms of the child's signals and the caregiver's responses (Cassidy & Shaver, 1999).

#### Time Needed to Develop the Child-Caregiver Attachment Relationship

The attachment relationship requires time to develop; some children form secure attachments with caregivers quickly, while others need 1 year at a minimum to develop an attachment relationship (Raikes, 1996). Raikes (1993) argues that if the child care program allows the children to stay with a primary caregiver for an extended period of time, that program is providing the child with the opportunity to develop a secure attachment relationship that may promote developmental growth. Raikes (1993) conducted a study at the Gallup Organization Child Development Center to assess the length of time necessary for a measurable attachment relationship to develop between a child and a caregiver for the majority of the children. Raikes' (1993) compared the percentage of secure attachments among children who had been with the same caregiver for 3 different lengths of time: 5 to 8 months, 9 months, and 12 months. Only 50% of the 5-to-8 month-old infants had a secure attachment relationship, only 67 % of the 9 month-old infants had a secure attachment relationship, but 91% of the 1-year-old toddlers had a secure attachment relationship with their primary caregiver.

#### Extended Period of Time

The actual formation of a measurable attachment relationship is only the beginning of the importance of the relationship for the future development of the child. Even though 91% of the children who have a primary caregiver for 1 year form a measurable attachment relationship the continuity-of-care organizational

structure states that the child-caregiver dyad must stay together throughout the 3 years of the infant/toddler period for the child to use the attachment figure as a secure base. The child uses the attachment figure as a secure base in order to learn during exploration knowing that the attachment figure is there if needed (Cassidy & Shaver, 1999; Farran & Ramey, 1977; Raikes, 1996). Cassidy and Shaver (1999) argue that the time line is the first 3 years of the infant-toddler period because up to this age the children do not have an understanding of words that describe time periods. At the age of 3 children begin to have an elementary understanding of words that describe time periods so they can endure separation for a longer period of time.

#### Caregiver-Child Attachment Relationship

Continuity of care is used in child care centers to provide infants and toddlers with an environment that includes the time that is necessary to promote an attachment relationship with their caregivers and use that attachment relationship as a secure base. The type of attachment relationship that forms between a child and caregiver tends to be determined by the interactions between the dyad (Howes, Phillips, Whitebook, 1992; Howes & Smith, 1995a; Raikes, 1993). The child signals the adult and the adult responds. The way that the adult responds to the child's signals tends to determine the type of attachment relationship that forms between the dyad (Cassidy & Shaver, 1999). The type of attachment relationship that forms between the caregiver and the child influences how the child participates within the child care setting. A child that forms a secure attachment to his caregiver develops the emotional security to explore the classroom setting (Cassidy & Shaver, 1999; Farran & Ramey, 1977; Raikes, 1996), which helps him to develop cognitive, social (Howes, Hamilton, &

Philipsen, 1998; Howes et al., 1988), and emotional skills (Howes et al., 1992; Howes & Smith, 1995b; Raikes, 1996). The caregiver observes the children and provides them with encouragement to explore and interact with the environment and materials in the classroom, which in turn promote cognitive development (Raikes, 1996). The caregiver also provides the children with affection and comfort, which supports emotional stability (Raikes, 1996). The attachment relationship also provides the children with an internal working model of a relationship, which they use to develop social skills by forming relationships with other children (Cassidy & Shaver, 1999).

#### Continuity-of-Care Organizational Structure

Centers in the United States that are currently using continuity of care use three different strategies. One strategy is called “same-age grouping.” The same-age grouping strategy is used when the children and caregiver stay together for an extended period of time either in the same classroom, or they may move together through several classrooms. The second strategy is called “multiage grouping.” The multiage grouping strategy is used when children of various ages are grouped with the same primary caregiver. The third strategy is called “multiple caregivers.” The multiple caregivers’ strategy is used when multiple caregivers are in the same classroom and all children and caregivers move together or a specific group of children move with one of the caregivers (Cryer et al., 2000).

Cryer and associates (2000) polled directors to determine the directors' beliefs and attitudes about continuity of care and how many were currently using the organizational structure in their centers. When asked how they felt about continuity of care, 43% agreed with the organizational structure, 26% were neutral, and 27%

disagreed. Even though 43% of the directors agreed with continuity of care the authors argue that it is very unusual to find a center in the United States that is actually using continuity of care (Cryer et al., 2000). Cryer (2000) argues that the lack of a strong belief in the organizational structure could possibly be a barrier to continuity of care being implemented. For example, if the directors believe in the organizational structure but the caregivers do not, the directors will have a hard time implementing it without the caregivers' support. Therefore caregivers' beliefs can be a barrier to the implementation of continuity of care (Cryer et al., 2000). Cryer (2000) also stated that caregiver turnover might be considered a barrier, but data from the study did not identify turnovers as being a barrier.

Continuity of care has not been studied extensively. While conducting "The Baton Rouge Early Care and Education Study" (BRECES) the principle investigator noted that children were being moved to new caregivers before the age of 3. In the four continuity-of-care centers that are a part of the BRECES study, 2% of the children have had five caregivers, 21% have had four caregivers, 35% have had three caregivers, 21% have had two caregivers, and only 2% of the children have had only one caregiver (Pierce & Benedict, personal communication, May 1, 2002).

#### Summary

Research has shown that attachment relationships that are formed between children and primary caregivers influence the child's exploration of his learning environment. Continuity of care can be used in centers to provide children with the time necessary to develop an attachment relationship with their caregiver (Cryer et al., 2000). A child who has a secure attachment relationship with his caregiver will

explore the environment and through exploration will develop cognitive, social, and emotional skills (Howes et al., 1988; Howes et al., 1998; Howes et al., 1992; Howes & Smith, 1995b; Raikes, 1996). The present study focused on child care centers that are currently using continuity of care. The study explored the director's beliefs about and implementation of continuity of care, as well as the barriers they were encountering when implementing continuity of care.

## Chapter 3

### Methods

The purpose of the study was to provide descriptive information about barriers that 4 child care directors have encountered when implementing the continuity-of-care organizational structure in their child care centers. The study focused on four research issues: 1) child care directors' definitions of continuity of care, 2) directors' implementations of continuity of care, 3) if the directors' practices violate their definitions what is the directors' perceptions of the reason(s), and 4) if the directors' practices violate their definitions what is the reasons for the violations as perceived by an outsider's observations.

The principal investigators of "The Baton Rouge Early Care and Education Study" (BRECES) obtained permission to conduct a longitudinal study from the School of Human Ecology and the Louisiana State University Institutional Review Board. For the present study, a letter was sent to the Louisiana State University Institutional Review Board requesting a modification of BRECES, adding a child care director interview component. The modification was approved.

The study prior to the actual data analysis consisted of three phases. Phase I included the securing of the participants, the construction of the interview questions, and the conducting of two pilot interviews. Phase II included conducting research interviews with 4 directors who are using continuity of care. Phase III included transforming the raw data into a form that could be analyzed.

## Phase I

Participants. Both the participating directors and the children about whom the directors were questioned are currently participating in a larger study, BRECES. BRECES is a longitudinal study being conducted in eight state-licensed child care centers; four of the centers use traditional child care practices and four of the centers use continuity-of-care practices. BRECES' goal is to evaluate the differences between children who attend "traditional" child care centers and children who attend "continuity-of-care" child care centers. According to the child care literature, the dominant reasons for moving children in traditional centers from one caregiver to another include changes in the adult-to-child ratio and the different payment rates for the care of children who are of different ages. The reasons for the movement of children in traditional centers tend to focus on the economics of child care (Lally, 1995). According to the continuity-of-care literature, the dominant reason for the child-caregiver dyad to stay together throughout the 3 years of the infant-toddler period is based on the attachment theory that stresses the continuity of a child-caregiver relationship (Raikes, 1996). One could argue that the reasons for moving the children in a traditional child care center tend to focus on the needs of the center, whereas the reason for the child-caregiver dyad to stay together in a continuity-of-care center tend to focus on the needs of the children.

Four of the 8 directors in BRECES have professed a dedication to the use of continuity of care in their respective centers. The 4 directors who are using continuity of care began the implementation in their centers after attending a National Association for the Education of Young Children (NAEYC) conference in 1998

during which they were introduced to the theory and core practices of continuity of care. They agreed on the need for research to examine whether using the organizational structure made a difference for the children, parents, and caregivers who are participating in their programs, and therefore they approached the principle investigators of BRECES with a request to conduct research in their centers. Three of the 4 directors reported using continuity of care in their centers since January 1999, and the remaining director reported using continuity of care since January 2000.

Description of the centers. The four non-profit centers participating in the present study are child care centers rather than home-based child care programs. Center #1 has been providing child care services for 16 years. The center provides care for 75 children ranging from 6 weeks to 5 years of age. The center has five classrooms. The only service that center #1 offers is full-time care. Center #2 has been providing child care services for 19 years. The center provides care for 55 children ranging from 8 weeks to 12 years of age. The center has six classrooms. The services that center #2 offers include before-school care, after-school care, part-time care, full-time care, preschool, and kindergarten. Center #3 has been providing child care services for six years. The center provides care for 95 children ranging from 6 weeks to 5 years of age. The center has eight classrooms. The services that center #3 offers include part-time and full-time care. Center #4 has been providing child care services for 34 years. The center provides care for 150 children ranging from 6 weeks to 12 years of age. The center has 12 classrooms. The services that center #4 offers include before-school care, after-school care, part-time care, and full-

time care. The general question for the research interviews are presented in Appendix A.

A total of 52 children, all of who are also participants in the larger BRECES study, participated in the present study. Twenty-two children were from center #1; 18 children were from center #2; 3 children were from center #3; and 9 children were from center #4.

Table 2

Number of Children from Each Participating Center

Director	Number of Children
Director #1	22
Director #2	18
Director #3	3
Director #4	9
Total	52

Question construction. The present study used a set of interview questions whose purpose was to guide the four participating directors through a relaxed interview. It was the researcher's intention that through the interview questions a descriptive picture of each director's definition, implementation, and the barriers to continuity of care would emerge.

The interview questions consisted of three parts: 1) several open-ended questions about continuity of care, 2) a script of questions that the researcher followed in obtaining information from the directors about the children's movements, and 3) a movement chart for each child in the study ( $n=52$ ). The interview questions,

the script questions, and the movement chart for the research interviews is presented in Appendix B, C, & D

The open-ended questions were predetermined by a group of early childhood professionals including the researcher's graduate committee members. The open-ended questions were constructed using the published literature on continuity of care and on attachment theory.

The script questions were developed using information about each participating child drawn from the BRECES' "tracking sheets." BRECES keeps a tracking sheet for each participating child in order to track his movement from one care-giving situation to another. The information on the tracking sheets was gathered over the telephone during the months of January and August between 1999 and 2002. When the 8 BRECES directors were telephoned for the tracking sheet information, they were asked for the name of each participating child's current caregiver. The data collected on the tracking sheets between January 1999 and January 2002 had shown that the children in the four continuity-of-care centers were being moved to new caregivers earlier than anticipated, given most of the definitions of continuity of care that are in the literature.

The script questions asked - when specific children were moved to a new caregiver - who was the new caregiver and why was the child moved? The information collected with the script questions during the interviews was entered onto the movement charts for later analysis. The name of every caregiver, the month/year of the move to every caregiver, and the reason the child was moved to each caregiver was filled out from information provided by the director during the interview. The

amount of time with each caregiver and the child's age when the child was moved to a new caregiver were calculated and filled in by the researcher after the interview. The purpose of the movement chart was to assess how long a child was with each caregiver, the reason the child was moved to a new caregiver, and how old the child was when he was moved to a new caregiver. The script questions and movement chart for the research interviews is presented in Appendix C & D.

Pilot interviews. The pilot interview sessions were held with 2 directors that use continuity of care in their centers, but are not part of BRECES. The purpose of the pilot interviews was twofold: 1) to evaluate the effectiveness of the interview questions and 2) to develop the researcher's interviewing skills. The two centers that were used for the pilot interviews are non-profit child care centers that provide full-time child care services. Center A has been providing services for 17 years. The center provides child care services to 113 children ranging from 6 weeks to 5 years of age. The center has 12 classrooms. Center B has been providing services for five years. The center provides child care services to 36 children ranging from newborn to 3 years of age. The center has six classrooms. The general questions for pilot interview #1 and pilot interview #2 is presented in Appendix E and F.

The 2 directors were telephoned and interviews were scheduled at a time that was convenient for them. The interviews were held at each director's center and were videotaped. The interviews were held approximately 1 week apart. The two pilot interviews were approximately 30 minutes long. The researcher interviewed the 2 directors. Each of the 2 directors signed a consent form before the interviews were conducted. The consent form is presented in Appendix G. A thank you letter was

sent to each director following the interviews. The general question, interview questions, script questions, and movement chart for pilot interview #1 is presented in Appendix E, H, I, and J. The general questions, brief explanation of study, interview questions, script questions, and movement chart for pilot interview #2 is presented in Appendix F, K, L, M, and N.

In addition to affording the researcher practice with the interviewing process, the pilot interviews also allowed the supervising professor an opportunity to observe the videotaped interviews and to provide the researcher with guidance. Upon reflection on the first pilot interview, the major professor suggested asking additional general questions at the beginning of the interview and stating a brief explanation of the purpose of the study. The major professor also made suggestions to help clarify the script section of the interview. The initial interview questions were revised and three questions were added to insure that the interview questions targeted the director's beliefs about the implementation of continuity of care. The suggestions made by the major professor to the researcher to improve her interview skills were to listen, to probe, and to pause between each question. The major professor also anticipated the need for follow-up interviews. She advised the researcher to ask the directors if they could be called for a follow-up interview if needed. Upon reflection on the second pilot interview, the major professor suggested asking additional general questions at the beginning of the interviews, adding that the present study was a component of the BRECES study, and informing the directors that the researcher was conducting the present study as a part of her thesis requirement. The major professor also made additional suggestions to help clarify the script section of the interviews.

The researcher adding an additional column to the movement charts, child's age when moved to new caregiver, to be used during the research interviews. Also the researcher constructed a pre-analysis comparison chart to compare the data between the tracking sheets from the BRECES' study and the director's information collected by the researcher. The pre-analysis comparison chart is presented in Appendix O.

## Phase II

Research interviews. Qualitative research methods were used to gather information on the directors' definitions of continuity of care, their implementation of continuity of care, and the barriers that prevented them from adhering to their definition and implementation. Qualitative data is collected in the form of words or pictures, and quantitative data is collected in the form of numbers (Neuman, 2000). In the present study, the directors were interviewed, and both videotapes and field notes were utilized to collect qualitative data in the form of words from the interviews. Immediately following each interview the researcher reflected on the interview, and the videotape was transcribed. The data, that is, the directors' words, were analyzed using qualitative procedures. The transcriptions of the interviews, that is, the written language, were analyzed for emerging themes. During the interviewing and transcribing the researcher was in constant contact with her major professor for guidance on interviewing and transcribing.

Each of the 4 continuity directors were telephoned and an interview was scheduled at a time that was convenient for the director. The researcher interviewed the 4 directors. Each interview was held at the director's center. Approximately one interview a week was conducted. When the researcher arrived at each center, prior to

conducting the interview, the director gave the researcher a tour of the center, introduced her to the staff, and talked about the center. The directors were asked to sign a consent form before the interviews were conducted. The consent form is presented in Appendix G. The researcher obtained permission from each director to videotape the interviews.

The interviews began with several general conversational questions about the director and the center. The researcher then stated a brief explanation for the purpose of the study. The first three open-ended interview questions asked about the director's beliefs and about the director's implementation of continuity of care. The remaining open-ended questions were about the center, the parents, and the caregivers. The last section of the interview included the script that asked closed-ended specific questions about the children participating in the larger study and the movement charts. The general questions, brief explanation of study, interview questions, script questions, and movement chart are presented in Appendix A, P, B, C, and D. The researcher closed each interview by thanking the director for participating in the study and obtained permission to conduct a follow-up interview if needed.

During the interview the researcher listened and noted inconsistencies or vague answers and probed for clarification. Immediately following the interview the researcher reviewed her notes. Upon completion of each interview the researcher labeled and filed the videotapes and notes for each interview in an individual folders. A thank you letter was sent to each director following the interviews.

The interviews' time frames ranged from 45 minutes to 3 hours 30 minutes. Director #1's interview was approximately 3 hours 30 minutes long and involved movement charts for 22 children. Upon reflection on director #1's interview, the researcher and her major professor decided to inform the remaining 3 directors *prior* to their interviews that they would be asked about the children in the study, and what kind of information would be needed for each child, in order to shorten the interview time. Director #2's interview was approximately 2 hours 30 minutes long and involved movement charts for 18 children. Director #3 and #4 interviews were each approximately 45 minutes long and involved movement charts for 3 and 9 children, respectively.

Upon completion of the research interviews the researcher conducted a pre-analysis of the data in the following manner. The researcher used the movement chart that had the information gathered from the interviews and the BRECES tracking sheets to pre-analyze the data. First, the researcher filled in the pre-analysis comparison charts with the information from the movement charts and the tracking sheets. Second, the researcher analyzed the pre-analysis comparison charts for any inconsistencies between the directors' answers to the script questions about when and why each child had been moved, and the data from the tracking sheets. Table 3 shows the layout of the pre-analysis comparison chart. The researcher and major professor decided that follow-up interviews needed to be scheduled with directors #1, #2, and #4 because of inconsistencies on the pre-analysis comparison charts. The pre-analysis comparison chart is presented in Table 3.

Table 3

Pre-analysis Comparison Chart

Caregiver <sup>a</sup> Name	Month/Year child moved to caregiver <sup>a</sup>	Caregiver <sup>b</sup> Name	Month/Year child moved to caregiver <sup>b</sup>
--------------------------------	--	--------------------------------	--

Note. Caregiver<sup>a</sup> = information provided by director. Caregiver<sup>b</sup> = information obtained from BRECES tracking sheets.

Follow-up interviews. The researcher called directors #1, #2, and #4 and scheduled a follow-up interview. As with the research interviews, the follow-up interviews were held at each director’s center and were videotaped. Director #1’s follow-up interview consisted of one open-ended question that the researcher forgot to ask at the first interview, and specific questions to clarify the inconsistencies between the director’s information and the tracking sheets. Director #2 and #4’s follow-up interviews consisted of specific questions to clarify inconsistencies between the director’s information and the tracking sheets. Each follow-up interview was approximately 15 to 20 minutes long.

Phase III

Data analysis. The researcher transcribed the data from the interviews in order to analyze the written words. Three charts were developed to reduce and organize the transcript data.

The 52 movement charts were developed using three steps. First, the researcher filled in the movement chart with the information gathered from the

research interviews and the follow-up interviews. See Appendix D. Second, the researcher calculated and filled in the following two columns on the movement chart: 1) amount of time with caregiver, and 2) child's age when moved to a new caregiver. See Tables 4, 5, 6, & 7.

The tabulation chart was developed to analyze the number and percentage of movements for each indicated reason from the movement charts. The tabulation chart is presented in Table 11. Data from the movement charts were summarized on the tabulation chart listing each reason and the number of times a child was moved for each reason. The tabulation chart of the researcher's perceptions of reasons for moves was used to identify the 4 directors, total movements that were not consistent with the directors' definitions and implementation.

The data from the open-ended questions of the research interviews were analyzed using three-steps. See Appendix B. Quotes from the open-ended interviews are presented in Table 9, 10, 11, and 12.

First, the researcher used three different highlight colors to indicate the direct quotes that described the first three research issues. Second, the researcher constructed a table for each director by pulling out the direct quotes that described the first three research issues. Third, the researcher condensed the quotes to construct the director's charts for the first three research issues in order to analyze the data for similarities and differences. The directors' charts are presented in Tables 13, 14, and 15. Data from the open-ended questions were compiled on the directors' charts listing each director's answers to the first three research issues. The directors' charts of beliefs, attitudes, and perceptions about their continuity-of-care issues were used to

identify similarities and differences between the 4 directors' definitions of continuity of care, their implementations of continuity of care, and their reasons for movements of the children that were not consistent with their definitions.

Table 4

Director #1 Sample Movement Charts from the Script Questions

Movement Chart				
Child's name:		Child's ID#: 1014		
Child's age: (9-18-99) 2 yr 10 mo		Date of Interview: 7-10-02		
Director ID#: #01		Center ID#: #01		
Caregiver ID#	Month/Year moved to caregiver	Amount of time with caregiver	Reason child was moved.	Child's age when moved to new caregiver
#6035			"Because it was time for him to move to the 3-year-old class." Interviewer - Why is it time for him to move to the 3-year-old class? "Because he was almost 3...he was close enough to 3 to where...it's...just time for him to go...space wise, we don't have enough space to leave half a class back so they go as a group...we just know that...we are going to have a younger group over there."	2 yr 9 mo
#6034	June 02	1 mo		
#5024	June 00	2 yr	"Put into their continuity group...[caregiver] started with a smaller group of children her continuity family. I added to her group out of the baby room, as the kids got older. It was time for them...So I started a continuity group in July of 2000 and [caregiver] had looped around she had gave up her group she had 3-year-olds...she gave up those kids to the 3-year-old class and looped back and took a group of babies." Interviewer – Why didn't the child stay with the previous caregiver's? "In my infant room [the caregivers] told me...that they did not want to take care of older children."	9 mo
#5060				
#5061	Feb 00	4 mo		5 mo

\* The researcher filled out the "amount of time with caregiver" and "child's age when moved to a new caregiver" after the interview.

(table con'd)

### Movement Chart

Child's name: Child's ID#: 1043  
 Child's age: (5-5-00) 2 yr 2 mo Date of Interview: 7-10-02  
 Director ID#: 01 Center ID#: 01

Caregiver ID#	Month/Year moved to caregiver	Amount of time with caregiver	Reason child was moved.	Child's age when moved to new caregiver
#6008			"It was time for [caregiver] to loop back and take another continuity class and so [child] was ...on the list." Interviewer – Why didn't the child stay with the previous caregiver's? "My infant caregivers did not want to take care of older children. It will be the same answer for everyone."	
#5025	June 01	1yr 1mo		1 yr 1 mo
#5061				
#5060	Aug 00	10 mo		3 mo

\* The researcher filled out the "amount of time with caregiver" and "child's age when moved to a new caregiver" after the interview.

Table 5

Director #2 Sample Movement Charts from the Script Questions

Movement Chart				
Child's name:		Child's ID#: 1037		
Child's age: (9-29-99) 2 yr 9 mo		Date of Interview: 7-18-02		
Director ID#: 02		Center ID#: 02		
Caregiver ID#	Month/Year moved to caregiver	Amount of time with caregiver	Reason child was moved.	Child's age when moved to new caregiver
#6053	Feb 02	5 mo	“And...from [caregiver] to [caregiver] because she was ready for an older peers socialization...they were so ready for more...cause the age span...they just needed...so they moved up with [caregiver] for their you know...pre-k...class...they needed some...older peers...little bit older peers...you know they needed to be around little bit older...older peers...her continuity class was at she could not provide...[caregiver] just felt they needed a little bit more interaction.”	2 yr 5 mo
#5001	Sept 01	5 mo	“Because [the caregiver] took a class of older children...[caregiver] took a pre-k class...a four year old class.”	2 yr
#6024	Nov 99	1 yr 10 mo		8 weeks

\* The researcher filled out the “amount of time with caregiver” and “child’s age when moved to a new caregiver” after the interview.

(table con'd)

## Movement Chart

Child's name: Child's ID#: 0105  
 Child's age: (11-10-98) 3 yr 9 mo Date of Interview: 7-18-02  
 Director ID#: 02 Center ID#: 02

Caregiver ID#	Month/Year moved to caregiver	Amount of time with caregiver	Reason child was moved.	Child's age when moved to new caregiver
#6054	Sept 01	8 mo	[Caregiver] "left in September and she started with [caregiver] for her 3-year-old pre-k...okay and she's their know...no [caregiver] left in May...she was going back to school and [caregiver] moved back down to...to...some of those and then she will move next year up to [caregiver]."	2 yr 10 mo
#6052	June 01	3 mo	"Because [caregiver] took a pre-k class...[caregiver] took a class of 4-year-olds."	2 yr 7 mo
#6024	Jan 01	5 mo	"Cause [caregiver] was leaving."	2 yr 2 mo
#5003	Jan 99	2 yr		8 weeks

\* The researcher filled out the "amount of time with caregiver" and "child's age when moved to a new caregiver" after the interview.

Table 6

Director #3 Sample Movement Charts from the Script Questions

Movement Chart				
Child's name:		Child's ID#: 1046		
Child's age: (12-8-99) 2yr 8 mo		Date of Interview: 7-25-02		
Director ID#: 03		Center ID#: 03		
Caregiver ID#	Month/Year moved to caregiver	Amount of time with caregiver	Reason child was moved.	Child's age when moved to new caregiver
Left the Center	May 01		"Her brother stated pre-school at parkview and the parents wanted them at the same place."	1 yr 5 mo
6036	Feb 01	3 mo	"Because I didn't...because she moved in the middle of the year." Interviewer – Can you tell me why she was moving in the middle of they year? "Because my assistant director...who is not as...who was not as...understanding about continuity as I was...took another baby in...and she needed to make room for the baby." Interviewer – So you had to move [child] out? "Right, right...which would be want typical child care centers do."	1 yr 2 mo
6037 6037	Nov 99	1 yr 3 mo		3 mo

\* The researcher filled out the "amount of time with caregiver" and "child's age when moved to a new caregiver" after the interview.

(table con'd)

## Movement Chart

Child's name: ID#: 1029  
 Child's age: (6-29-99) 3 yr 1 mo Date of Interview: 7-25-02  
 Director ID#: 03 Center ID#: 03

Caregiver ID#	Month/Year moved to caregiver	Amount of time with caregiver	Reason child was moved.	Child's age when moved to new caregiver
6036	July 00	2 yr	"Cause [caregiver] ended up...leaving...they were in the class together until she left."	1 yr 1 mo
6020	Sept 99	10 mo		3 mo

\* The researcher filled out the "amount of time with caregiver" and "child's age when moved to a new caregiver" after the interview.

Table 7

Director #4 Sample Movement Charts from the Script Questions

Movement Chart				
Child's name:		Child's ID#: 1028		
Child's age: (4-22-99) 3 yr 3 mo		Date of Interview: 8-5-02		
Director ID#: 04		Center ID#: 04		
Caregiver ID#	Month/Year moved to caregiver	Amount of time with caregiver	Reason child was moved.	Child's age when moved to new caregiver
#6010	Aug 02	1 yr	"He's with another teacher now we added a new caregiver...there's [caregiver]"	3 yr 3 mo
#5014 #6031	Aug 01	1 yr 2 mo	"He has moved out of the toddler room into the 2's."	2 yr 4 mo
#5017 #6055	June 00	1 yr 2 mo	"Cause [caregiver] and [caregiver] didn't couldn't and weren't able to move with the children...physically" Interviewer – Can you explain that a little further? "Their older...they would have a hard time with up and down and moving around...so they are with our infant program...they chose not to move with the children." Interviewer – So at this point they didn't have to move "No" Interviewer – They were not physically able so you just changed the children to a new caregiver "Right"	1 yr 2 mo
#5021 #5039	June 99	1 yr		8 weeks

\* The researcher filled out the "amount of time with caregiver" and "child's age when moved to a new caregiver" after the interview.

(table con'd)

## Movement Chart

Child's name:

Child's ID#: 0007

Child's age: (1-3-97) 5yr 7 mo

Date of Interview: 8-5-02

Director ID#: 04

Center ID#: 04

Caregiver ID#	Month/Year moved to caregiver	Amount of time with caregiver	Reason child was moved.	Child's age when moved to new caregiver
			"At this point she was four years old"	
#6031	Sept 00	1 yr		3 yr 8 mo
			"Because they didn't want to move...they were not physically able to"	
#6010	Sept 98	2 yr		1 yr 8 mo
#6012 #6017	March 97	1 yr 6 mo		6 weeks

\* The researcher filled out the "amount of time with caregiver" and "child's age when moved to a new caregiver" after the interview.

Table 8

Tabulation Chart of the Researcher's Perception of Reasons for Specific Moves That were Inconsistent with the Directors' Definitions

Reason for Moves	Director #1	Director #2	Director #3	Director #4	Total	% of total moves
<b>Caregiver Factors</b>						
Caregiver ability	0	7	0	8	15	.24
Caregiver belief	21	5	0	0	26	.41
Caregiver turnover	0	1	2	0	3	.05
<b>Business of Child Care Factors</b>						
Space decision	10	0	0	0	10	.16
<b>Traditional Child Care Practices Factors</b>						
Age decision	0	0	0	1	1	.02
Developmental milestone	0	7	0	0	7	.11
Adult-to-child ratio	0	0	1	0	1	.02
<b>Total</b>	<b>31</b>	<b>20</b>	<b>3</b>	<b>9</b>	<b>63</b>	<b>1.00</b>
<b>Participating Children</b>	<b>22</b>	<b>18</b>	<b>3</b>	<b>4</b>	<b>52</b>	

Table 9

Director #1: Sample Quotes from the Open-ended Interviews.

---

Definition of Continuity of Care

“When we first started working with continuity we thought it was, birth through at least 3 with the same caregiver. Then as we worked with continuity and realized that every center is different, and every director is different, every staff is different. I have come to accept the definition of leaving the child with a caregiver...as long as possible...in their first 3 years.”

How Continuity of Care is Implemented

“I just went ahead and said okay...you are going to have...I said your are going to keep these kids and you just keep them...so they keep them they didn’t change...teachers just keep the kids until they move to the 3-year-old class.”

“Because of the preference of staff...I start children entering the center...they start in the infant room and stay in the infant room between 2 months...which is typical age to start...2 months and...move between 8 months and 14 months...we mainly implement the continuity part between the time they leave the infant room and the time they go to the 3-year-old room...we typically loop back caregivers in July...and that just looks like the pattern...then when they are 33 to 44 months we move them to the 3-year-old room.” “Usually in July or August...the children in the two oldest continuity care groups were moved...I decided that those children...they were not chronologically ready but they were developmentally ready to make the move to the

(table con’d)

3-year-old class. So we went ahead and dissolved the two continuity groups from their primaries and put them together as one group in the 3-year-old room. So when they moved over that gave me a classroom and then pulled the babies out to make another continuity group with those two teachers.” “I keep the groups that are moving to the 3-year-old room together.” “We change the environment as the children grow-up.” “The same caregiver keeping the same children. It’s not the environment as much as it is the caregiver.”

#### Reasons for Inconsistent Moves of Children

“Part of our issues was how to...to have the staff buy into the program...the concept of doing this...the infant ladies...told me from the beginning that they did not want to take older children they didn’t what to take care of older children” “I decided that those children...they were not chronologically ready but they were developmentally ready to make the move to the 3-year-old class. So we went ahead and dissolved the two continuity groups from their primaries and put them together as one group in the 3-year-old room.” “I try to keep the groups that are moving to the 3-year-old room together.” “They are almost 3...they’re close enough to 3 to where...it’s just time for them to go...space wise...we don’t have space to leave half a class back so they go as a group.” “They are almost 3...they’re close enough to 3 to where...it’s just time for them to go...space wise...we don’t have space to leave half a class back so they go as a group.”

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Table 10

Director #2: Sample Quotes from the Open-ended Interviews

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Definition of Continuity of Care

“Continuous care of children we get them at 8 weeks and we ...keep the same caregiver till they turn 2 and a half or 3 when they are ready...to go we try to keep them till 3 but...I know it could swing 6 or 8 months...either way sometimes it 3 and a half.”

How Continuity of Care is Implemented

“They always stay with that same caregiver...till they turn 3...2 years 9 months to 3 and a half.” They stay with that same teacher, now they might change classrooms but they never...change teachers.” “[The teacher] always move with them and they stay as a group. I never split them up and they always stay with that teacher.”

“Okay...usually if we move them...it’s because...the size of the classroom...or the need of...the classroom...we have a new continuity class coming in...you know we might move them to another...classroom because the young continuity class will need the...that little infant continuity and they’re a little bit older and...they need a little bit more room to run around and...a bigger yard that kind of thing...so it’s pretty much we’re moving as the needs of the child’s...and...incoming continuity...children.”

Reasons for Inconsistent Moves of Children

“What I have found...the young infants that start with us...at 8 weeks...usually...like 2 and a half or close to 3 they’re very secure and they’re ready to go on to...a

(table con’d)

different teacher.” “We had a teacher who started a continuity group...and...after a year she had a unexpected circumstances so she had to...you know back out of the continuity well she had to leave.” “It’s hard to find a teacher that is going to commit 3 years of her life and have an early childhood background.” “It isn’t...not the most efficient...way to...run a center or I guess to have income...but it’s doable and it’s worth it...does that make sense...it’s just not the most cost efficient...cause you’re keeping these children together.”

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## Table 11

### Director #3: Sample Quotes from the Open-ended Interview

#### Definition of Continuity of Care

“ When children receive some form of...continuity in their care, whether it be a provider [caregiver]...that moves with them...or if they stay in the same classroom...with the same provider [caregiver] for a certain amount of time.” “I think the first 2 years are the most important.” “I have really made an effort to keep them [child-caregiver dyad] together for 3 years but...my personal opinion is that the first 2 years is really the most important.” “I have never really done...primary care giving...because I feel like...in my experience when you assign a teacher as a primary caregiver to say two children in the infant room...that it got to be that where as another child was crying...sometimes they [the caregiver] wouldn't take care of them [the children] because...that wasn't their primary child or what have you...so I always felt that was a big problem...so the...teachers were always responsible for all of the children...now the children naturally...form more attachments with one caregiver over another...however since the teachers are all caring for those children they know those teachers...and so whoever moves at least it's somebody that they are familiar with.”

#### How Continuity of Care is Implemented

“The infants are moved when they are about 14 months old...when they have good...walking skills. Then basically we move children in last week of July early part of August after that...in the other classes.” “When the bulk of the children move

(table con'd)

from one room to another...I send one caregiver with them...to that room...to start as a teacher in that classroom. So those children always have...at least one person that they...were familiar with in the classroom with them.” “When the bulk of the children move from one room to another...I send one caregiver with them...to that room to...to start as a teacher in that classroom...so those children always have...at least one person that they ...were familiar with in the classroom with them.”

#### Reasons for Inconsistent Moves of Children

“The main issue was when a teacher would leave.” “I had one teacher that I tried to move from the infant room...and she just could not work anywhere else.”

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Table 12

Director #4: Sample Quotes from the Open-ended Interview

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Definition of Continuity of Care

“When a child-caregiver stays with each other over a period of time...on a day to day basis throughout the years.” “They will have one of the two people...they’ll have been with for 3 years.”

How Continuity of Care is Implemented

“We move them once a year to the next age group...usually it is with the school year the school year starts they move up...they move as a class and one of the caregivers of the two people who were together in the class will move with the children...so they move from one class to the next...with one of the same people.” “We move rooms.”

Reasons for Inconsistent Moves of Children

“The biggest issue is when staff leave...it’s very difficult to find...quality staff that...stay and want to work with a child for 3 years.” “Caregiver physically unable to move with children.” “I wasn’t really so much with the caregivers I mean they would be able to move...their just older and it’s difficult for them to get up and down and to lift...the heavier children”

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Table 13

Director Chart of Beliefs, Attitudes, and Perceptions about a Continuity-of-Care Issue: Definition of Continuity of Care

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<u>Director #1</u>	<u>Director #2</u>	<u>Director #3</u>	<u>Director #4</u>
<p>‘When we first started... continuity we thought it was, birth through at least 3 with the same caregiver... as we worked with continuity and realized that every staff is different... I have come to accept the definition of leaving the child with a caregiver... as long as possible... in their first 3 years.’</p>	<p>“Continuous care of children we get them at 8 weeks and we... keep the same caregiver till they turn 2 and a half or 3 when they are ready... to go we try to keep them till 3 but... I know it could swing 6 or 8 months... either way sometimes it’s 3 and a half.”</p>	<p>“When children receive some form of... continuity in their care... they [children] stay... with the same provider [caregiver] for a certain amount of time.” “I think the first 2 years are the most important.” “I really made an effort to keep them [child-caregiver dyad] together for 3 years.” “I have never really done... primary care-giving.”</p>	<p>“When a child-caregiver stays with each other over a period of time... on a day to day basis throughout the years.”</p> <p>“They will have one of the two people... they’ll have been with for 3 years.”</p>

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Table 14

Director Chart of Beliefs, Attitudes, and Perceptions about a Continuity-of-Care Issue: Implementation of Continuity of Care

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<u>Director #1</u>	<u>Director #2</u>	<u>Director #3</u>	<u>Director #4</u>
<p>“Teachers just keep the kids until they move to the 3-year-old class.”</p> <p>“Usually in July or August.” I keep the groups that are moving to the 3-year-old room together.”</p> <p>“We change the environment as the children grow-up.”</p> <p>“We mainly implement the continuity part between the time they leave the infant room and the time they go to the 3-year-old room.”</p>	<p>“They always stay with that same caregiver...till they turn 3...2 years 9 months to 3 and a half.”</p> <p>“They stay with that same teacher, now they might change classrooms but they never...change teachers.”</p> <p>“The teacher always moves with them and they stay as a group. I never split them up and they always stay with that teacher.”</p>	<p>“The infants are moved when they are about 14 months old. Then we move children in last week of July early part of August.” “When the bulk of the children move from one room to another...I send one caregiver with them...to that room...to start as a teacher in that classroom.”</p>	<p>“We move them once a year to the next age group...usually it is with the school year [July or August]...they move as a class and one of the caregivers of the two people who were together in the class will move with the children...so they move from one class to the next...with one of the same people.”</p> <p>“we move rooms.”</p>

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Table 15

Director Chart of Beliefs, Attitudes, and Perceptions about a Continuity-of-Care Issue: Perceptions of Reasons for Their Practices that Violate Their Definitions

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<u>Director #1</u>	<u>Director #2</u>	<u>Director #3</u>	<u>Director #4</u>
<p>“They were not chronologically ready but they were developmentally ready to make the move to the 3-year-old class.” “I try to keep...groups that are moving to the 3-year-old room together...space wise...we don’t have the space to leave half a class back so they go as a group.” “The infant ladies...told me from the beginning that they did not want to take older children.”</p>	<p>“Teacher left”</p> <p>“It’s hard to find a teacher that is going to commit 3 years of her life and have an early childhood background.”</p> <p>“It’s just not the most cost efficient.”</p>	<p>“The main issue was when a teacher would leave.”</p> <p>“I had one teacher that I tried to move from the infant room...and she just could not work anywhere else.”</p>	<p>“staff leave”</p> <p>“Caregiver physically unable to move with children.”</p>

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## Chapter 4

### Results

The following section describes the data that were gathered from the interview sessions. The primary purpose of the study was to identify the reasons why child care directors who have declared themselves dedicated to the continuity-of-care organizational structure (e.g., primary caregiver and staying with the primary caregiver throughout the 3 years of the infant/toddler period), do not seem to be following the core principles. To pursue the primary purpose, the directors' definitions of continuity of care and their perceptions of their implementation of it were first identified. Second, the researcher probed for movements that were not consistent with the directors' definition and their implementation, using both the insiders' perceptions (the directors) and an outsider's observations (the researcher).

To increase credibility and confirmability, the researcher used two practices: persistent observation and peer debriefing. Persistent observation was maintained by the researcher's first-hand involvement throughout the entire interview process. Peer debriefing involved the assistance of two early childhood educators/child developmentalists. The first assistant was a university-level early childhood educator with 20 years of experience in the profession. The second assistant was a PHD-level child developmentalist with 14 years of experience. First, the researcher read and reread the transcripts. Second, the researcher analyzed and summarized the transcripts independently. Third, the first assistant analyzed the entire transcript of the open-ended interview for one director and five randomly selected movement charts. Fourth, the second assistant analyzed the summarized

quotes from the transcripts and the summarized findings from the movement charts. There was a strong agreement (100%) between the researcher's and the assistants' analyses.

#### Directors' Definition of Continuity of Care

All 4 directors presented a fairly consistent definition of continuity of care. All the directors mentioned two core practices: 1) using a primary caregiver and 2) leaving the child-caregiver dyad together for an extended period of time.

Primary caregiver. The data provided multiple examples that the directors' definition of continuity of care included assigning each child to a specific caregiver. Three of the directors reported that the primary caregiver practice is a part of their continuity-of-care definition. One director reported feeling that assigning a primary caregiver is not beneficial to the children. The director stated "I have never really done...primary care-giving...because I feel like...in my experience when you assign a caregiver as a primary caregiver to say...two children in the infant room...another child was crying...sometimes they [caregivers] wouldn't take care of them [children] because...that wasn't their primary child." The director stated that she does not assign primary caregivers but her definition of continuity of care states that children should have the "same provider" [caregiver].

Extended period of time. The predominant beliefs of all 4 directors was that continuity of care consists of leaving the infant/toddler with the same caregiver for an extended period of time, but the length of time was different according to each director. One director explained that when she first started using continuity of care she felt that the children should stay with a primary caregiver throughout the 3 years

of the infant/toddler period. After implementing the program she realized that centers and staff are different, so she then adapted her definition of continuity of care to fit her particular situation. Another director felt that the children should stay with a primary caregiver “till they turn 2 and a half or 3...when they are ready,” whereas another director stated “I have really made an effort to keep them [child-caregiver dyad] together for 3 years but...my personal opinions is that the first 2 years are the most important.” Another director felt that the children should stay with a primary caregiver “for 3 years.”

#### Directors’ Perceptions of Their Implementation of Continuity of Care

Three issues emerged from the directors’ descriptions of their implementation of continuity of care: 1) classroom organizational strategies, 2) timing decisions, and 3) space. The differences among the directors in their movement of the children and the primary caregiver seem to be linked to the directors’ organization of their centers and the centers’ available space.

Classroom organizational strategies of the participating directors. Continuity-of-care classroom organizational strategies pertain to the organization of the children and caregivers in the specific classrooms and how they are moved to new classrooms (Cryer et al., 2000). Three of the directors used the same-age grouping strategy in which the children and primary caregiver stayed together for an extended period of time by moving the group of children and the primary caregiver to a new classroom during the year. The fourth director used the multiple caregiver strategy in which a group of infants and multiple caregivers worked together in the same classroom. The fourth director decided at what point a group of children needed to be moved out of

the multiple caregiver infant room and at that time she chose one of the caregivers to move with the children. She stated “when the bulk of the children move from one room to another...I send one caregiver with them...to that room...to start as a caregiver in that classroom...so those children always have...at least one person that they...were familiar with in the classroom with them.”

Timing decisions. Timing decisions pertain to when the directors planned to move the children and caregiver to a new classroom. Three of the directors move the group of children and the primary caregiver to a new classroom in July or August of each year. A fourth director moves the group of children and primary caregiver to a new classroom whenever she feels the children need “more room to run around.”

Space. Space issues pertain to the amount of available space in the center. There was a general consensus among the 4 directors that the children should be moved as a group when moved to a new classroom, even when they were moved out of the continuity-of-care classroom into the 3-year-old preschool classroom because there was a lack of space in the centers. The directors were unable to move some of the children and not all of the children because they needed all the classrooms to have a full enrollment at all times. As one director put it “we don’t have the space to leave half a class back so they go as a group.”

#### Directors’ Perceptions of Reasons for Practices That Violate Their Definitions of Continuity of Care

Caregiver and business of child care were two themes that emerged. The two themes emerged from the open-ended questions during the interviews revealing the directors’ perceived reasons for practices that violate their definitions. Sample transcripts are presented in Appendix Q.

The directors' perceptions of reasons for practices that violated their definition of continuity of care revealed a caregiver theme. The caregiver theme included three specific topics: 1) abilities, 2) beliefs, and 3) caregiver turnover.

Caregiver factor #1: abilities. Two directors indicated that a caregiver's ability to work with toddlers was a barrier. One director stated, "I had one caregiver that I tried to move from the infant room...and she could not work anywhere else." Another director stated "their just older and it's difficult for them to get up and down and to lift...the have heavier children."

Caregiver factor #2: beliefs. Two directors stated that caregiver beliefs about continuity of care were a barrier to implementing the organizational structure. She stated that her infant caregivers "did not want to take care of older children." She also stated that a big issue when she started using continuity of care was getting "the staff to buy into the program." Another director stated that finding caregivers that are committed to providing children with care for 3 years has been a barrier. She stated "it is very difficult to find...quality staff that...stay and want to work with a child for 3 years."

Caregiver factor #3: caregiver turnover. Three of the directors stated that caregiver turnover was a barrier to implementing continuity of care. One of the directors felt that the biggest barrier when implementing continuity of care was caregiver turnover. She stated, "the main issue was when a caregiver would leave."

The directors' perceptions of reasons for practices that violated their definition of continuity of care revealed a business of child care theme. The business of child care theme included two specific factors: 1) cost, and 2) space.

Business factor #1: cost. One director stated that continuity of care was not cost efficient. She stated that continuity of care “isn’t the most efficient...way to...run a center or I guess to have income...because you are keeping these children together.”

Business factor #2: space. One director indicated that space was a barrier to continuity of care. One of the directors stated “they are almost 3...they’re close enough to 3 to where...it’s just time for them to go...space wise...we don’t have space to leave half a class back so they go as a group.”

An additional factor, developmental issue, emerged from the directors perceptions of reasons for practices that violated their definition of continuity of care. Developmental issue was an additional factor that did not fit into either caregiver or business of child care theme. Developmental issue is a traditional child care practice.

Developmental issue. Two directors indicated that they moved children out of the continuity-of-care classroom when they felt that the children were “developmentally ready.” One director stated “I decided that those children...they were not chronologically ready but they were developmentally ready to make the move to the 3-year-old class.” Another director stated “what I have found...the young infants that start with us...at 8 weeks...usually...like 2 and a half or close to 3 they’re very secure and they’re ready to go on to...a different teacher.”

#### Outsider’s Observations of Reasons for Moves That Violate The Directors’ Definition

The researcher analyzed the entries on each movement chart to discover the reasons and the number of times the children ( $n=52$ ) were moved to new caregivers during the infant/toddler period. The 52 children were moved a total of 71 times

during the infant/toddler period. Sixty-three of the moves (89%) were not consistent with the directors' definition of continuity of care. The eight moves (11%) that were consistent with the directors' definition were the result of the children no longer attending the center; these eight moves will not be considered in the subsequent analysis. Tabulations of the percentage for each movement are presented in Table 8.

Caregiver and business of child care were two themes that emerged. The two themes emerged from the movement charts during the interviews revealing the reasons for moves that violate the directors' definitions from the outsider's perception. Samples of the movement charts are presented in Table 4, 5, 6, and 7.

The outsider's observation of reasons for moves that violated the directors' definitions of continuity of care revealed a caregiver theme. The caregiver barrier theme included three specific topics: 1) abilities, 2) beliefs, and 3) caregiver turnover.

Caregiver factor #1: abilities. Fifteen inconsistent moves (24%) were attributed to caregiver abilities. Two directors indicated that the caregivers' ability to work with older children was a barrier. One director stated that several caregivers could only work with infants because of their physical abilities. She stated "they're older...they would have a hard time with up and down and moving around...so they are with our infant program...they chose not to move with the children." Another director indicated that she had one caregiver that could not work with older children. She stated "[caregiver] would not be able to take them [the children] through preschool [the 3 years of infant/toddler period]."

Caregiver factor #2: beliefs. Twenty-six inconsistent moves (41%) were attributed to caregiver beliefs. Two of the directors stated that caregivers' belief

about continuity of care was a barrier to implementing the organizational structure. One of the directors stated “my infant caregivers did not want to take care of older children.” Another director indicated that one of her caregivers decided to quit working in a continuity-of-care class so she moved to a 4-year-old class. She stated “because [the caregiver] took a class of older children...[caregiver] took a pre-k class...a four year old class.”

Caregiver factor #3: caregiver turnover. Three inconsistent moves (4.8%) were attributed to caregiver turnover. Two directors indicated that caregiver turnover was a barrier to implementing continuity of care. One of the directors stated that she had two incidents of a caregiver leaving and having to move the children to a new primary caregiver. Another director stated, “[the] caregiver left.”

The outsider’s observations of reasons for moves that violated the directors’ definitions of continuity of care revealed a business of child care theme. The business of child care theme included one specific factor: 1) space.

Business Factor #1: space decision. Ten inconsistent moves (16%) were attributed to space decision. One of the directors reported that space was a barrier to continuity of care. The director stated “because they are almost 3 or they’re...they’re close enough to 3 to where, where it’s, it’s...just time for them to go...space wise...we don’t have enough space to leave half a class back so they go as a group...so we just know that we are going to have a younger group over there...because they move as a group...we don’t have the space to do it any other way...we can’t leave that teacher back with part of a class...she’s got to give up the whole class ”

Two Additional factors, developmental issues and the consideration of the adult-to-child ratio, emerged from the outsider's observations of reasons for practices that violated the directors' definitions of continuity of care. Developmental issues and adult-to-child ratio were additional factors that did not fit into either the caregiver or the business of child care theme.

Developmental issues. Age decision and developmental milestones were two developmental issues that emerged. Developmental issues are traditional child care practices. One inconsistent move (2%) was attributed to age decision. One of the directors reported that she moved a child to a new caregiver because it was "time" for the child to move to the 2-year-old room. She stated "he moved out of the toddler room into the 2's." Seven inconsistent moves (11%) were attributed to developmental milestones. One director reported that she moves the children out of the continuity-of-care class when she feels the children are ready for "social interactions with older peers." She stated, "they were just ready...they were ready for an older peer socialization."

Adult-to-child ratio. The consideration of the adult-to-child ratio is also a traditional child care practice. One inconsistent move (2%) was attributed to the adult-to-child ratio. One director reported that a child was moved early because of the adult-to-child ratio. She stated, "because my assistant director...who is not as...understanding about continuity as I was...took another baby in...and she needed to make room for the baby."

## Chapter 5

### Discussion and Conclusion

The present study offers empirical support for the assertion made by Cryer and associates (2000) that few centers in the United States actually use the continuity-of-care organizational structure, and that possible “barriers” to its implementation include two caregiver factors: caregiver turnover and caregiver beliefs. The suggested barriers by Cryer and associates (2000) were based on the assumption that the directors in their study were indeed committed to the practices. Although the prevalence of continuity of care in the United States has been studied, very little is known about the factors that may inhibit directors from following the tenets of the national definition. The findings of the present study provide empirical data for the reason(s) why directors who profess a dedication to the continuity-of-care practices are not actually using continuity of care practices in their respective centers.

#### Continuity of Care Rarely Practiced

The 4 directors in the present study professed a dedication to the use of continuity of care in their respective centers. However, the data collected during the present study indicates that even though the directors profess a dedication to continuity of care, they do not in actuality follow the core practices. A revealing statistic is that of the 52 children participating in the study, only 1 of the children has remained with a single primary caregiver throughout the entire 3 years of the infant/toddler period. Additionally, the directors’ perceptions of the reason(s) for the off-definition movements were inconsistent with the researcher’s observations (objective tabulations).

Two barrier themes that were reported by all four directors were “caregiver” and “business of child care.” Two additional factors that did not fit into either the caregiver or the business of child care theme were traditional child care practices: 1) developmental issues and 2) adult-to-child ratio.

#### The Caregiver Barrier Theme

Three factors that were included in the caregiver barrier theme were 1) caregiver abilities, 2) caregiver beliefs, and 3) caregiver turnover. Caregiver abilities, caregiver beliefs, and caregiver turnover were similar factors in the directors’ perceptions and in the researcher’s tabulations. However, the emphasis given to each caregiver factor varied between the directors’ perceptions and the researcher’s tabulations.

Caregiver beliefs were identified as one caregiver factor for the directors’ not following the core practices. The researcher’s tabulation indicated that 41% of the movements of the children that were inconsistent with the directors’ definitions were attributable to caregivers’ beliefs. One director stated “the infant caregivers...told me from the beginning that they did not want to take older children.” Another director indicated that one of her caregivers decided to quit working in a continuity-of-care class so she moved to a 4-year-old class. She stated that the “caregiver took a position working with the 4-year-old children.” However, only one director indicated that getting her staff to “buy into the program” and “believing in” the benefits of the organizational structure was a barrier to implementation. The above examples illustrate that the caregivers did not believe in the organizational structure because if they did believe in the benefits of continuity of care they would have been willing to

work with older children and they would not have left their group of children until the end of the 3 years of the infant/toddler period.

Caregiver turnover was also identified as another caregiver factor for the directors' not following the core practices. Three out of the four directors indicated that caregiver turnover was a perceived barrier to implementing continuity of care. For example, the directors indicated that they had a difficult time implementing the organizational structure because "staff left," which caused the directors to move the children to a new caregiver. Most of the directors seemed to perceive that their most significant barrier when implementing continuity of care was caregiver turnover. However the researcher's tabulation indicated that a low percentage, only 5% of the movements that were inconsistent with the directors' definitions, were actually caused by a caregiver's terminating her employment with the center. The research suggests that the caregivers' terminating employment is not the significant barrier to continuity of care that the directors perceive it to be.

An additional factor that was included in the caregiver barrier was caregiver abilities. One director stated, "they're older...they would have a hard time with up and down and moving around...so they are with our infant program...they chose not to move with the children." Another director stated "I had one caregiver that I tried to move from the infant room...and she could not work anywhere else."

All 4 of the directors indicated that the caregiver barrier themes were the dominant reason for the movements that were inconsistent with their definitions. The researcher's tabulations also indicated that 70% of the off-definition movements were indeed because of the caregivers' beliefs, abilities, or termination of employment.

However, the researcher argues that a “barrier” to continuity of care is most appropriately defined as “a situation that the director cannot control.” The only identified caregiver factor that a director cannot control is caregiver turnover. As one director stated “staff leave.” A director cannot prevent staff from terminating employment, but the argument can be made that the directors can control the additional factors that are included in the caregiver barrier theme. For example, one director stated that “I had one teacher that I tried to move from the infant room...and she just could not work anywhere else.” When asked how she prevented that particular caregiver’s ability from affecting the continuity-of-care organizational structure, the director stated “she’s an anchor infant teacher...I just let her stay in there...so the other infant teachers are the ones that move and she always stays.” It is informative to compare this director’s approach to a second director. The second director indicated that when she first started continuity of care she had a meeting to inform her staff of her plans to implement continuity of care. If the caregivers chose not to participate in the continuity-of-care practices, they had to terminate their employment with the child care center.

#### Business of Child Care Themes

The factors that were included in the business of child care barrier theme were 1) cost and 2) space. A comparison of the directors’ perceptions and the researcher’s tabulations revealed that space was a factor in both and cost was a factor that was included only in the directors’ perceptions. However, if we accept the definition of “barrier” as a situation over which the director does not have control, then the business of child care is arguably not a true barrier.

The directors stressed that unavailable space in the centers prevented them from keeping the child-caregiver dyads together throughout the 3 years of the infant/toddler period. One director stated “they are almost 3...they’re close enough to 3 to where...it’s just time for them to go...space wise...we don’t have space to leave half a class back so they go as a group.” The directors seemed to use the lack-of-space factor to allow them to move children as a group to the 3-year-old classroom and to a new caregiver even when some of the children were only 2 and a half years old. After sending the children to the 3-year-old classroom the directors then looped the primary caregiver back to take a new continuity class. Rather than trying to overcome the lack-of-space factor, the directors labeled “space” as a barrier and moved the children before they were 3-years-old.

One director perceived the cost of running a center as a barrier to continuity of care. The director stated that “it is not cost efficient because you are keeping these kids together” and child care centers have to follow the adult-to-child ratio. The director uses a three-to-one ratio until the children are 1-year-old, at which time she moves to a seven-to-one ratio until the children are 2-years-old, at which time she begins using the state regulated adult-to-child ratio. The director indicated that the low adult-to-child ratio is a cost barrier, but the low adult-to-child ratio is not a practice of continuity of care. The researcher is not sure how the director concluded that using continuity of care is not cost efficient, because the director can use the state licensing standards that pertain to the adult-to-child ratio when implementing continuity of care.

## Traditional Child Care Practice Factors

Three factors were included in the traditional child care practices 1) adult-to-child ratio, 2) age decision, and 3) developmental milestones. A comparison of the directors' perceptions and the researcher's tabulations revealed that developmental milestones were a similar factor in both and adult-to-child ratio and age decision were factors that were included in only the researcher's tabulations. Adult-to-child ratio, age decision, and developmental milestones are used in traditional child care centers to decide when to move children to a new caregiver and classroom (Cryer et. al., 2000).

The researcher's tabulation indicated that 2% of the movements of the children that were inconsistent with the directors' definitions were because of adult-to-child ratio. The one director who used this reason stated that "my assistant director...who is not as understanding about continuity as I was...took another baby in...and she needed to make room for the baby." That is, in order to make room for the incoming baby the assistant director moved one of the children out of his continuity classroom into another classroom and put the new infant into the continuity classroom to meet the required adult-to-child ratio. The researcher is not sure how the director can imply that meeting the adult-to-child ratio caused her to move a child out of the continuity-of-care classroom. The new child could have been placed in a room that had an opening, instead of moving a child out of the continuity class to put the new child into the continuity class.

One inconsistent move (2%) was attributed to age decision. One of the directors reported that she moved a child to a new caregiver, thus violating her

definition of continuity of care, because it was “time” for the child to move to the 2-year-old room. She stated “he moved out of the toddler room into the 2’s,” but moving children to a 2-year-old room and a new caregiver is not a practice of continuity of care.

Seven inconsistent moves (11%) were attributed to developmental milestones. One director reported that she moves the children out of the continuity-of-care class when she feels the children are ready for “social interactions with older peers.” She stated “they were just ready...they were ready for an older peer socialization.” Moving children according to developmental milestones also is not a practice of continuity of care.

Cryer and associates (2000) argued that even though directors agree with the practices, it is very unusual to find a center in the United States actually using continuity of care. The present study supports Cryer and associates’ (2000) argument that few centers in the United States actually use the continuity-of-care practices. One conclusion that can be drawn from the present study as to why only a few centers follow the practice is that the barrier to continuity of care is not the caregivers or the business of child care; rather the “barrier” is a director’s adherence to traditional child care practices. The empirical data indicates that even though the directors have professed themselves dedicated to the continuity-of-care practices, they are still attached to many traditional child care practices. The findings in the present study attest to the difficulty of changing practices, even when beliefs may have changed.

## Future Research

Future research needs to include interviews with caregivers' who work in centers implementing continuity of care and interviews with parents' who have children participating in centers implementing continuity of care. The interviews should focus on two issues: 1) are children being moved to new caregivers before the age of 3 and 2) if they are being moved what are the reasons for the movements. It would be interesting to see if child care directors' perceptions of reasons for moves that are not consistent with the national definition of continuity of care are similar to the caregivers' and parents' perceptions.

Also, research needs to be conducted in a child care center that is actually using continuity of care to identify if the practices are beneficial to the children. If research shows that continuity of care is beneficial to the children further research needs to be conducted to explore intervention programs that will assist directors and caregivers when implementing continuity of care in their respective centers. The intervention program could focus on the difficulties encountered when attempting to change directors' and caregivers' practices, even after their beliefs have changed.

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Appendix A  
General Questions  
(Research Interviews)

## General Questions

1. What is your name?
2. What is the name of your center?
3. Where are we currently located in the child care center?
4. Is the center profit or non-profit?
5. How many years has the center been providing child care services?
6. How many children are currently attending the center?
7. What is the age range of the children currently attending the center?
8. How many classrooms are currently providing services?
9. How many classrooms as of today are using the continuity-of-care organizational structure?
10. How many caregivers as of today are working in continuity-of-care classrooms?
11. How many children are in the classrooms that are using the continuity-of-care organizational structure?

Appendix B  
Interview Questions  
(Research Interviews)

## Interview Questions

1. What is your definition of continuity of care?
2. Explain to me how you are implementing continuity-of-care in your center? When you are deciding to move them and why you are moving them at a specific age?
3. Some researchers define continuity-of-care as leaving the children with a primary caregiver for 3 years. Based on this information how would you define the time line for continuity of care?
4. How do you determine classroom size in your center where continuity-of-care has been implemented?
5. How do you determine staff schedules in your center where continuity-of-care has been implemented?
6. What have you done to the environment to facilitate the infant learning process...and as they grow older?
7. What special training have your caregivers who are providing continuity of care received? Do you see a need for special training related to continuity of care?
8. Is there a difference in your definition of "quality in child care" since you have implemented this program? Describe.
9. What other issues have surfaced for you as director since you have decided to employ continuity of care? Describe.
10. Has continuity of care caused you or your staff stress that is different from other staff members who are not involved in continuity of care? Describe.
11. Have you felt or observed a resistance to continuity of care among your staff? Describe.
12. Have you educated your parents about continuity of care? Describe.

Appendix C  
Script Questions  
(Research Interviews)

## Script Questions

The following script is designed to obtain information on individual children that are participants in a larger study "The Baton Rouge Early Care and Education Study."

Well let me ask you about some specific children in the center.

1. Who is \_\_\_\_\_'s current primary caregiver? \_\_\_\_\_
2. What was the month and year that he (she) was moved to [name of current caregiver]? \_\_\_\_\_
3. Who was his (her) primary caregiver just before [name of current caregiver]? \_\_\_\_\_
4. What was the month and year that he (she) was moved to [caregiver #2]? \_\_\_\_\_
5. Who was his (her) primary caregiver just before [caregiver #2]? \_\_\_\_\_
6. What was the month and year that he (she) was moved to [caregiver #3]? \_\_\_\_\_
7. Who was his (her) primary caregiver just before [caregiver #3]? \_\_\_\_\_
8. What was the month and year that he (she) was moved to [caregiver #4]? \_\_\_\_\_
9. Who was his (her) primary caregiver just before [caregiver #4]? \_\_\_\_\_
10. What was the month and year that he (she) was moved to [caregiver #5]? \_\_\_\_\_
11. Who was his (her) primary caregiver just before [caregiver #5]? \_\_\_\_\_
12. What was the month and year that he (she) was moved to [caregiver #6]? \_\_\_\_\_

\*\* Ask following questions when you get to original caregiver.

1. What was the month and year that he (she) entered the program?  
\_\_\_\_\_

2. How old was \_\_\_\_\_ when he (she) entered the program?  
\_\_\_\_\_

\*\* Follow up questions if director is having a difficult time recalling the exact dates.

1. Do you keep a record of when the children are moved to new caregivers?
2. Can you get the records to help you answer the question?

\*\* Ask the following questions after all the caregivers and the date moved to each caregiver has been recorded.

1. Why was \_\_\_\_\_ moved from [caregiver#6] to [caregiver #5]?
2. Why was \_\_\_\_\_ moved from [caregiver #5] to [caregiver #4]?
3. Why was \_\_\_\_\_ moved from [caregiver #4] to [caregiver #3]?
4. Why was \_\_\_\_\_ moved from [caregiver #3] to [caregiver #2]?
5. Why was \_\_\_\_\_ moved from [caregiver #2] to [current caregiver]?

Appendix D  
Movement Chart  
(Research Interviews)

### Movement Chart

Child's name:

Child's ID#:

Child's age:

Date of Interview:

Director's ID#:

Center ID#:

Caregiver ID#	Month/ Year moved to caregiver	Amount of time with caregiver.	Reason child was moved.	Child's age when moved to new caregiver.

\* The researcher filled out the “amount of time with caregiver” and “child’s age when moved to a new caregiver” after the interview.

### Movement Chart (Example)

Child's name:

Child's ID#: 1043

Child's age: (5-5-00) 2 yr 2 mo

Date of Interview: 7-10-02

Director ID#: 01

Center ID#: 01

Caregiver ID#	Month/Year to caregiver	Amount of time with caregiver	Reason child was moved.	Child's age when moved to new caregiver
#6008 #5025	June 01	1yr 1mo	"It was time for [caregiver] to loop back and take another continuity class and so [child] was ...on the list." Interviewer – Why didn't the child stay with the previous caregiver's? "My infant caregivers did not want to take care of older children. It will be the same answer for everyone."	1 yr 1 mo
#5061 #5060	Aug 00	10 mo		3 mo

\* The researcher filled out the "amount of time with caregiver" and "child's age when moved to a new caregiver" after the interview.

Appendix E

General Questions  
(Pilot Interview #1)

## General Questions

1. Is the center profit or non-profit?
2. How many years has the center been providing child care services?
3. How many children are currently attending the center?
4. What is the age range of the children currently attending the center?
5. How many classrooms are currently providing services?

Appendix F

General Questions  
(Pilot Interview #2)

## General Questions

1. What is your name?
2. What is the name of your center?
3. Where are we currently located in the child care center?
4. Is the center profit or non-profit?
5. How many years has the center been providing child care services?
6. How many children are currently attending the center?
7. What is the age range of the children currently attending the center?
8. How many classrooms are currently providing services?

Appendix G  
Consent Form

The Baton Rouge Early Care and Education Study: Directors' Interviews

Amber Aguillard  
Phone: 578-2709

School of Human Ecology  
LSU, Baton Rouge

1. Purpose of the study: To describe the implementation and administration of the continuity-of-care organizational structure in infant and toddler programs.
2. Participants: Child Care Directors that are participating in a larger study, "The Baton Rouge Early Care and Education Study." A total of four people will participate.
3. Description of the study: The study consists of one in-depth, videotaped interview for each of the four directors.
4. Benefits: There are no expected immediate benefits, but the results will hopefully help professionals better understand the process of implementing the continuity-of-care organizational structure.
5. Risks: There are no physical or psychological risks to the directors. No information is of a sensitive or clinical nature.
6. Participants' rights: Participation is voluntary; the directors are free to withdraw at any time.
7. Privacy: No names will be included on any final research report. All information will be destroyed when it is no longer needed for the reporting of the research.
8. Release of information: The general findings of the study will be available to the participants. Information about individual centers will not be available to parents or other child care centers.

Please sign below

I understand that I may direct questions about the study to Mrs. Aguillard or her graduate advisor, Dr. Sarah Pierce. I understand that if I have questions about participant rights or other concerns, I may contact Robert Matthews, Chairman, LSU Institutional Review Board at 225-578-4114. I agree to participate in the study described above and acknowledge the researcher's obligation to provide me with a copy of this consent form.

_____ Signature	_____ Date
_____ please print your name	_____ center telephone number
_____ center street address or P.O. box number, city, zip code	
_____ home street address or P.O. box number, city, zip code	_____ home phone number

Appendix H  
Interview Questions  
(Pilot Interview #1)

## Interview Questions

1. How do you handle group size, schedule, and routines in your center where continuity of care has been implemented?
2. What have you done to the environment to facilitate the infant learning process...and as they grow older?
3. What special training have your caregivers who are providing continuity of care received? Do you see a need for special training related to continuity of care?
4. Is there a difference in your definition of “quality in child care” since you have implemented the program?
5. What other issues have surfaced for you as director since you have decided to employ continuity of care?
6. Has continuity of care caused you or your staff stress that is different from other staff members who are not involved in continuity of care?
7. Have you felt or observed a resistance to continuity of care among your staff? Explain.
8. Have you educated your parents about continuity of care? Explain.
9. Explain to me how you are implementing continuity of care in your center? When you are deciding to move them and why you are moving them at a specific age?

Appendix I

Script Questions  
(Pilot Interview #1)

## Script Questions

The following script is designed to obtain information on individual children that are participants in a larger study "The Baton Rouge Early Care and Education Study."

Well let me ask you about some specific children in the center.

1. Who is \_\_\_\_\_'s current primary caregiver? \_\_\_\_\_
2. What was the month and year that he (she) was moved to [name of current caregiver]? \_\_\_\_\_
3. Who was his (her) primary caregiver just before [name of current caregiver]? \_\_\_\_\_
4. What was the month and year that he (she) was moved to [caregiver #2]? \_\_\_\_\_
5. Who was his (her) primary caregiver just before [caregiver #2]? \_\_\_\_\_
6. What was the month and year that he (she) was moved to [caregiver #3]? \_\_\_\_\_
7. Who was his (her) primary caregiver just before [caregiver #3]? \_\_\_\_\_
8. What was the month and year that he (she) was moved to [caregiver #4]? \_\_\_\_\_
9. Who was his (her) primary caregiver just before [caregiver #4]? \_\_\_\_\_
10. What was the month and year that he (she) was moved to [caregiver #5]? \_\_\_\_\_
11. Who was his (her) primary caregiver just before [caregiver #5]? \_\_\_\_\_
12. What was the month and year that he (she) was moved to [caregiver #6]? \_\_\_\_\_

Appendix J

Movement Chart  
(Pilot Interview #1)

### Movement Chart

Name:

ID#:

Age:

Date of Interview:

Director:

Center:

Caregiver	Month/Year	Amount of Time with caregiver	Reason

\* The researcher filled out the “amount of time with caregiver” after the interview.

Appendix K  
Brief Explanation of Study  
(Pilot Interview #2)

### Brief Explanation of Study

The purpose of the study is to describe the implementation and administration of the continuity-of-care organizational structure in infant and toddler programs.

Appendix L

Interview Questions  
(Pilot Interview #2)

## Interview Question

1. What is your definition of continuity of care?
2. Explain to me how you are implementing continuity of care in your center? When you are deciding to move them and why you are moving them at a specific age?
3. Some researchers define continuity of care as leaving the children with a primary caregiver for 3 years, based on this information how would you define the time line for continuity of care?
4. How do you determine classroom size in your center where continuity of care has been implemented?
5. How do you determine staff schedules in your center where continuity of care has been implemented?
6. What have you done to the environment to facilitate the infant learning process...and as they grow older?
7. What special training have your caregivers who are providing continuity of care received? Do you see a need for special training related to continuity of care?
8. Is there a difference in your definition of “quality in child care” since you have implemented the program?
9. What other issues have surfaced for you as director since you have decided to employ continuity of care?
10. Has continuity of care caused you or your staff stress that is different from other staff members who are not involved in continuity of care?
11. Have you felt or observed a resistance to continuity of care among your staff?
12. Have you educated your parents about continuity of care?

Appendix M

Script Questions  
(Pilot Interview #2)

## Script Questions

The following script is designed to obtain information on individual children that are participants in a larger study "The Baton Rouge Early Care and Education Study."

Well let me ask you about some specific children in the center.

1. Who is \_\_\_\_\_'s current caregiver? \_\_\_\_\_
2. What was the month and year that he (she) was moved to [name of current caregiver]? \_\_\_\_\_
3. Who was his (her) caregiver just before [name of current caregiver]?  
\_\_\_\_\_
4. What was the month and year that he (she) was moved to [caregiver #2]?  
\_\_\_\_\_
5. Who was his (her) caregiver just before [caregiver #2]? \_\_\_\_\_
6. What was the month and year that he (she) was moved to [caregiver #3]?  
\_\_\_\_\_
7. Who was his(her) caregiver just before [caregiver #3]? \_\_\_\_\_
8. What was the month and year that he (she) was moved to [caregiver #4]?  
\_\_\_\_\_
9. Who was his (her) caregiver just before [caregiver #4]? \_\_\_\_\_
10. What was the month and year that he (she) was moved to [caregiver #5]?  
\_\_\_\_\_
11. Who was his (her) caregiver just before [caregiver #5]? \_\_\_\_\_
12. What was the month and year that he (she) was moved to [caregiver #6]?  
\_\_\_\_\_

\*\* Ask following questions when you get to original caregiver.

3. What was the month and year that he (she) entered the program?  
\_\_\_\_\_
4. How old was \_\_\_\_\_ when he (she) entered the program?  
\_\_\_\_\_

\*\* Follow up questions if director is having a difficult time recalling the exact dates.

3. Do you keep a record of when the children are moved to new caregivers?
4. Can you get the records to help you answer the question?

Appendix N  
Movement Chart  
(Pilot Interview #2)

### Movement Chart

Name:

ID#:

Age:

Date of Interview:

Director:

Center:

Caregiver ID#	Month/Year moved to caregiver	Amount of time with caregiver	Reason child was moved.

\* The researcher filled out the “amount of time with caregiver” after the interview.

## Appendix O

### Pre-Analysis Comparison Chart

Pre-analysis Comparison Chart

Child's name:

Child's ID#:

Caregiver <sup>a</sup>	Month/Year moved to caregiver <sup>a</sup>	Caregiver <sup>b</sup>	Month/Year child move to caregiver <sup>b</sup>

Note. Caregiver<sup>a</sup> = information provided by director. Caregiver<sup>b</sup> = information obtained from BRECES tracking sheets.

Pre-analysis Comparison Chart

Child's name: Susan Picard

Child's ID#: 1222

Caregiver <sup>a</sup>	Month/Year moved to caregiver <sup>a</sup>	Caregiver <sup>b</sup>	Month/Year child move to caregiver <sup>b</sup>
		Julie Taylor	Dec. 2001
		Theresa Jolivette	Oct. 2000
		Pam Savant	Aug. 1999

Note. Caregiver<sup>a</sup> = information provided by director. Caregiver<sup>b</sup> = information obtained from BRECES tracking sheets.

Appendix P

Brief Explanation of Study  
(Research Interviews)

### Brief Explanation of Study

The purpose of the study is to describe the implementation and administration of the continuity-of-care organizational structure in infant and toddler programs. I am trying to find information on how child care directors are using the organizational structure of continuity of care in their centers. I am conducting the study as a part of my thesis requirements. The present study is an additional component that has been added to the larger study being conducted by Dr. Pierce “The Early Care and Education Study.”

Appendix Q  
Sample Transcripts

Interview: Research Interview

Date: 7-10-02

Place: Child Care Center #01

Director ID#: 01

Interviewer: Amber Aguillard

Sample: Reasons for moves that were inconsistent with director's definition.

- I: Explain to me how you are implementing continuity of care in your center. When you are deciding to move them and why you are moving them at a specific age?
- D: ...How I implement it...do...was that, you what [laughter] like you what me to tell you how I started it. How I first put it to practice?
- I: How you first put it into practice and how you decide when to move them to a new primary caregiver?
- D: Okay...I guess...way back when we use to have...infant room, toddler room, 2-year-old room, and a 3-year-old room the children would of course move when they got to that those milestones and like everybody else if you needed a child...a baby to come in to fill your numbers or whatever you just bump a child up and they move on up. So they would change caregivers...just whenever...you needed...to make the money, basically to fill the spot. So...when I decided to put continuity into affect I just went ahead and said okay...this is the classes you are going to have starting in...I think...it was either probably July or August. I forget which one it was I can find that if I need to and we just stay together I said you are going to keep this kids and you just keep them so they keep them they didn't change them whatever. Now we may have started that with some kids already being 2 and some already being 13 months. I don't remember all that I can go back and find all that but that point on the teacher just keep the kids until they ...move to the...the 3-year-old class. So that's what we do know...it's usually in July or August that this, this particular year it was July. The children in the two continuity groups the two oldest continuity...care groups were...let me see how old they were, they were not all 3 actually they were close to 3...In July okay there were 33...to 44 months old. So I decided that those children they were ...not only chronologically ready, but they were developmentally ready to make the move to the 3-year-old class. So we went ahead and dissolved continuity groups the two groups...from their primaries and put them together as one group in the 3-year-old class and they moved over. So when they moved over that allowed that gave me a classroom and then pulled the babies out to make another continuity group with those two teachers who were left over. They looped back and picked up...one [caregiver] back in the baby room...not in her space yet but with her babies and [caregiver] has taken her babies over here in the classroom that ...just...two... well not... about six weeks ago had 3-year-olds in it now we have 12 and 14 month olds in it

so...then in August [caregiver] will actually take her kids out...and put them in the physical classroom that she will be in.

I: You had said when you first started that continuity of care was to leave the children with the same caregiver from birth to 3 but you said you learned that different director's use it in different ways can you explain to me how you use it?

D: ...I would...love to be doing it from birth...or from 3 weeks to 3...but when we...part of the, the problem that all of us had when we started the continuity was the staff...cause staff...you know you go to most centers in [city] and you're going to find your 2-year-old teacher, toddler teacher, and your one, your baby teacher that's the way it is...and your infant teacher what even look at a 2-year-old ...for lots of reasons or, or your 2-year-old teacher what look at babies because they just don't want to do it. So part of the problem is, is changing that, that mental shift with the staff that...they can take care...of children from littlest to big...anyway so that was part of our issues was how to...to have the staff buy into the program...the concept of doing this...the infant ladies...in my infant room [caregiver] and [caregiver] told me from the beginning that they did not want to take...have older children they didn't what to take care of older children. Now it happens sometimes that they get caught in the late spring in April and May with 14 and 15 month old children waiting for their continuity group to move out, but they did not want to keep children until they were 3 and since [caregiver] and [caregiver] had been here for...almost 8, 10 years when we started the continuity program. I decided that I would leave the baby room in tact and, and take my continuity classes from the baby room ...so that's why we only stay together 2 or 2 and a half years depending on when the children actually do...now [caregivers] will have hers probably 2 and a half almost 3 years because she is back there already when they are so young but in most cases like [caregiver] will have them from 12 months to 36 months...so that's really only 2 years...so that was a compromise that I made in my own center was to not take...not force those ladies cause they probably would have quit even though they had been here 10 years they would have gone to a center where they could keep just babies so that was my compromise and that's when I started to...kind of ease up on that definition as well cause I saw that...even here as good as we are and...as good as continuity is the way we do it...I was not going to...force it...on those ladies... just because...so...and also because were such...we are such, we are such a small center everybody knows everybody anyway even the kids...pretty much know all the staff so...it's not...it's not as crucial I think for us. That's why I do it the way I do it and then the 3-year-old thing is, is that the theory says that by 3 they are ready to, to make that move ...to a different environment...to a more...to a more centered and...the self discipline and the...you know...they more interested in their friends then they are in that teacher so that's why we make the move to the 3-year-old program and also our 3-year-old program is a real...a real solid transition...for the

children to that 4-year-old program over there...because the 4-year-old program is...is big school [laughter] so...we try...you know...to, to get them ready...for big school.

I: You said you moved them in July and some weren't quite 3 yet why the decision to move them in July?

D: ...part of it is the space issue too...how...like...the teacher that's was in this classroom had...like it was with [caregiver] with the group in the front...and they were...some 2 already ...some just a little over 2 they were just to big for this room so they needed to get out of that room and move to a bigger space...[caregiver] was in that room so I needed to move [caregiver] I could not move half a class I couldn't just move the older half of the 3-year-old class over because...that would...I try to keep the, the groups that are moving to the 3-year-old class...to the big school together that, that those kids that turn...turn 4...from September 30 ...on or off by September 30 I try to keep those kids together so that when they leave the 3-year-old class they all leave the 3-year-old class and we don't leave we use to have to leave 2 or 3 behind we don't leave any behind anymore they all go so if I had moved half a class I would have...a mixture of, of 3 and a half, 3's and 4's over there ...which would not have worked for use we would have to many kids for one thing so...because of the space issue...and the staffing...it's the summer staffing this year...I decided it was better to go ahead and take the few 4-year-old that we had that's all we have is the 10 or 12 put them in a class and they do some really neat things that, that a 3, 3 and a half year old...now a multiage is great and I haven't tried that yet and I might one day try that and that's what that look like but our experience with the teachers I have now you also have to look at the talent of your teacher...that putting them in a separate group by themselves...doing some of the 4-year-old things that they like to do...is much more advantageous to them then mixing them with another group of children coming over. So we just put the two continuity classes even though they weren't quite 3.

I: Some researchers define continuity of care as leaving the children with the same primary caregiver for 3 years. Based on this information how would you define the time line for continuity of care?

D: The time line

I: The time line they are saying is 3 years, birth to 3. What would be your definition of how long they should stay with the primary caregiver?

D: As long as it is possible...that all I can say. Cause I do it...like it...every year is really different for me. This year [caregiver] is starting her continuity class with we could say 4 months...and she will take them all the way...to theoretically 36 months maybe she'll...graduate them give them up at 33, or

34 months...were not...I don't know that yet...I could figure that out but it's not worth my brain power to do that right know...but...so it's, it's...just as long as we can, can...keep them with that caregiver.

- I: What other issues have surfaced for you as director since you have decided to employ continuity of care?
- D: ...problems...the physical space is a problem but that would have been a problem no matter what ...although I say that if this was a toddler classroom I would ...just move these kids out when their 2 into a bigger classroom which is what I'm doing but I am taking the caregiver with them so really ...physical space has always been an issue with us...so...I haven't had a lot of problems with it. [laughter]
- I: Has continuity of care caused you or your staff stress that is different from other staff members who are not involved in continuity of care?
- D: ...No I can't...I can't think of that being a problem no.
- I: Have you felt or observed a resistance to continuity of care among your staff?
- D: ...No.
- I: What about you infant room?
- D: Oh that kind of resistance. Initially yes they didn't want they didn't want to take care of older children no but that's...we just accepted that and go on but as far as the whole programs goes you know even from them now once we're in it we've been doing it everybody they offer their advice whenever we need whenever we ask and...everything flows...pretty well.
- I: Now that we have gone through all the questions and we talked about why you're moving them and when they are getting move. Could you explain with a few sentences...tell me how you are implementing it [continuity of care]...when it comes to moving the children from one caregiver to the next?
- D: ...because of the uh ...what word can I use...the preference of staff ...especially long-term staff. I start children entering the center when typically they enter as infants although some enter at older ages. They start in the infant room and stay in the infant room between 2 months, which is typical age to start...2months and...you're going to check your records and show me the pattern that it's going to be between 8 months and even as old as 14 months if they can leave the infant room...so we mainly implement the continuity part the consistency of caregiver between the time they leave the infant room and the time they go to the 3-year-old class. That's the longest period of time that they are with a caregiver which is can be 2, 2 and a half

years depending on how earlier how young I can get them out of the infant room and I try to get them out as early as I can. We typically loop back caregivers in June...and that just looks like that's the pattern. Because of space we lose a lot of children in the summer go home to stay with mom or ...they are graduating to preschool they might take the summer off and be somewhere else so we have the space to make the move that next classroom around. So that we ...the most consistent care...happens in the middle and then we they are 3 or when their class is...is around the age of 3 months, 36 months some of them can be as old as 44 months as we found this year when we moved them out...they moved to the 3-year-old class and stay there for a year. It can even be 14 months ...before they moved to the preschool.

Interview: Research Interview

Date: 7-18-02

Place: Child Care Center #02

Director ID#: 02

Interviewer: Amber Aguillard

Sample: Reasons for moves that were inconsistent with director's definition.

I: What is your definition of continuity of care?

D: Oh my definition of continuity of care [laughter] it's the...I considered its the continuous care...of...children when...oh Lord...continuous care of children we get them at 8 weeks and we...keep the same caregiver till they turn 2 and a half or 3 when they are ready...to go we try to keep them till 3 but...I know it could swing 6 or 8 months...either way sometimes it's 3 and a half.

I: What did you mean when you said "when their ready?"

D: ...what I have found...the young infants that start with us you know...at 8 weeks...usually...like 2 and a half or...close to 3 they're very secure and they're ready to go on to...you know larger classrooms...a different teacher they been with that same caregiver...that's what we have been finding very secure but...and some of the children that start they kinda join in on the study...or they don't start at 8 weeks have...aren't quite as...secure so they might stay with that teacher till they're 3 and a half.

I: So when you first started implementing continuity of care here did you see a need for special training for your staff?

D: when [I] present this idea to find out who was...who bought and who didn't and if you don't buy into this philosophy then it want work...cause it's pretty much uh, uh...a life commitment, it's a commitment...you know it's a 3 year commitment...so if you don't have that...it's not going to work...it's, it's a long time to commit so...they have to understand the importance...of this...continuity of care is for children...you have to truly just...live it learn it...you know learn it live it and...you know understand it and if you don't then it...you find...your teachers will come in and out...and they want stay

I: So when you said they need to buy into it who are you talking about?

D: ...the, the teachers...then we had...some teachers that...you know...didn't agree with it...so their not working here anymore. [laughter]

I: What other issues have surfaced for you as director since you have decided to employ continuity of care?

D: okay...issues...meaning complications...well...well the truth is...we had a teacher who started a continuity group...and...after a year she had a unexpected circumstances so she had to...you know back out of the continuity well she had to leave...one of our continuity teachers has totally gone to the...pre-k program ...she will be getting her continuity of class back...one day...it isn't...not the most efficient...way to...run a center or I guess to have income...but it's doable and it's worth it...does that make sense...it's just not the most cost efficient...cause you're keeping these children together...which are your know from an age span you know...between a year, 6 to 8 months...give or take...you know so...the older ones turn you know age of this...age but then the other, other one's or younger but your ratio...you have to go with your younger ratio...does that make sense...but you know...it's better for the children...so...I don't know...let me think...another problem is...know...continuity teacher it is a big commitment and so...it finding...you know it's hard to find teachers that are going to commit 3 years of their life...and have a early childhood background...but somehow we have...I don't know how but...yeah so you know there's ways you can...I don't know.

Interview: Research Interview

Date: 7-25-02

Place: Child Care Center #03

Director ID#: 03

Interviewer: Amber Aguillard

Sample: Reasons for moves that were inconsistent with director's definition.

I: Some researchers define continuity of care as leaving the children with the same primary caregiver for 3 years. Based on this information how would you define the time line for continuity of care?

D: ...my, my main goal really is to...I think the first 2 years are most important...and I've been able to do that...somewhat...now of course with teachers leaving to find new position whatever...we have had some issues but...I've been very adamant that they at least the infant and toddler years...that they somebody's moved...and I have been able to go ahead and do it into the 2-year-old room...so I guess with the study...in my mine I have really made a effort to keep them together for 3 years but...my personal opinion is that first 2 years is really the most important.

I: You said you had some issues of teachers leaving can you give me an example of something that might of happened?

D: Just...looking...you know...going to another position...I mean nobody has left here really to go to another center but they've left here for a different job...or to stay home with their families...so I had two issues like that.

I: What other issues have surfaced for you as director since you have decided to employ continuity of care?

D: ...I guess the main...the main issue was when a teacher would leave...that...you know I felt like I was letting the study down...but when I did get over that...instead I've got to do what's okay for this program...what's good for this program I felt better...and...and also at that point when teachers did start to leave at other centers as well...I think Dr. Pierce...changed the focus of the study just a tad bit...and...and that help us to feel better ...but that was my main issue was the...what am I going to do when teachers leave...and...and then I didn't feel so concerned about it.

I: Have you felt or observed a resistance to continuity of care among your staff?

D: No...not as a whole, not as a whole.

I: Is there any individual teacher that...

D: I had one teacher that I tried to move from the infant room [caregiver] I don't know if she's in the study...but I tried to move her to another classroom...and she just could not work anywhere else...she can't.

I: So how did you deal with that problem?

D: I put her back in the infant room.

I: So the infant...

D: So she's an anchor infant teacher...I just let her stay in there...so the other infant teachers are the ones that move and she always stays...which is good because with infants too you have such a wide range of ages so that...she's always one...that's in there...even when one has to move.

Interview: Research Interview

Date: 8-5-02

Place: Child Care Center #04

Director ID#: 04

Interviewer: Amber Aguillard

Sample: Reasons for moves that were inconsistent with director's definition.

- I: What other issues have surfaced for you as director since you have decided to employ continuity of care?
- D: ...the biggest issues is when staff leave...it's very difficult to find...quality staff that...stay and want to work with a child for 3 years
- I: Can you give me an example of a staff leaving?
- D: uh well it was not this year...but several years ago we had a staff member who had worked with the children for 2 and a half years and we had an issues with her here at the center and she had to...you know we had to ask her to leave and she left and the parents were very, very upset that she left...upset with me upset with the situation and in turn is was just a safety issues that she had...you know had violated a policy more than one time and it took a good eight to ten weeks for that to...for the parents to feel comfortable enough with a new person in the classroom
- I: Have you felt or observed a resistance to continuity of care among your staff?
- D: No...we did when we first introduced the concept...because they felt...that they didn't, they didn't want to move...but once we got through with that first year...they were fine...because they didn't, they didn't want to leave the babies either and they didn't want their babies going to a new person...so that now they are very comfortable with it...I had some caregivers that were not physically able...Their older...they would have a hard time with up and down and moving around...so they are with our infant program...they chose not to move with the children...
- I: So you did have some issues with some of the caregivers?
- D: It wasn't really so much with the caregivers I mean they would be able to move...their just older and it's difficult for them to get up and down and to lift...the heavier children...just have some physical restraints.
- I: And who made that decisions...was it a decision you made from noticing they were having difficulties doing it or did they tell you they just

D: They just...they told me they just couldn't...and I mean you can tell when they are lifted a 20 pound child opposed to a six or eight you know it's hard on them

## Vita

Amber Eve Lyons Aguillard, born November 4, 1969, in Rayne, Louisiana, was reared in Church Point, Louisiana, and graduated from Church Point High School in Church Point, Louisiana, in May 1987. She is the third to youngest of four children. She is married to David Brent Aguillard. She has one child, Codie, who is fourteen years old.

In 2001, Amber graduated from McNeese State University in Lake Charles, with a Bachelor of Science degree in elementary education. In, May 2003, she will graduate from Louisiana State University with the degree of Master of Science in human ecology. Her studies focused on early childhood education.