A SURVEY STUDY OF ENTRY TRANSITION PRACTICES USED BY
TEACHERS OF INFANTS AND TODDLERS

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This study identified transition practices used by teachers and/or primary caregivers of infants and toddlers when entering child care programs across Dallas, TX. Participants completed the Program Entry Transition Practices Survey regarding their use of transition practices in fall 2003 and perceived barriers to entry transition practices. Results show frequency tallies, percentages of use for each transition practice, and the mean number of practices used for the entire sample and with the sample split according to participants from profit and non-profit programs. Results were also organized into four subscales based on the type of practice used. Results supported the hypothesis that teachers and caregivers would report more transition practices occurring after beginning care and directed towards a group than those occurring before beginning care and directed towards an individual. In response to the broader research question regarding barriers: Teachers and caregivers from profit and non-profit centers reported similar barriers to implementing transition practices.
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CHAPTER I

INTRODUCTION

According to the National Household Education Survey (National Center for Education Statistics, 2001), 61% of children younger than six, (13 million preschoolers and 6 million infants and toddlers) received regular, nonparental child care in 2001. With high numbers of children entering childcare programs, either home-based or center-based, at such a young age, the process by which these children and families transition into a new caregiving environment must be examined. Children's lives are characterized by change through the process of developing physically, socially, cognitively, and emotionally. However, a change to a new, additional caregiver in a new, unfamiliar environment, and with possibly new routines, could be disruptive to that developmental process. Consequently, the adults claiming responsibility for that child must support the child through this period of their development.

Previous studies regarding infants and toddlers have examined and re-examined the effects of child care on developmental issues such as parent and teacher attachment (Belsky, 1988; NICHD, 1997; and Raikes, 1993), and various social and cognitive outcomes (Belsky, 1988; NICHD, 2001). However, little scholarly evidence exists documenting the transition process young children, their families, and their caregivers go through upon embarking on the journey of child care. This study served the purpose of exploring what practices teachers and caregivers used to support infants and toddlers through the transition into regular child care, and if any barriers existed to the use of such transition practices. By adding to the body of knowledge regarding transitions in early childhood with this study, specifically the process of beginning child care...
care, children, parents, and professional caregivers and teachers could benefit from increased knowledge that could ultimately lead to better practices.

**NAEYC and “Ready Schools”**

The National Association for the Education of Young Children (NAEYC) labels the start of a regular child care experience as a “transition that...means building new relationships,” most immediately, the “caregiver/family alliance” (Bredekamp & Copple, 1997, p. 59). They propose that one of the responsibilities of a child care professional includes seeking knowledge from the family regarding the child’s previous interactions and experiences to better allow for continuity between home and the child care environment. Although meaningful and frequent communication between parent and caregiver is emphasized as a method for achieving continuity of care from home to the child care setting, no specific practices to facilitate the initial transition are discussed.

In agreement with NAEYC’s idea of an alliance or partnership between families and professionals, both parents and caregivers should share responsibility for ensuring the ingredients are in place for establishing continuity of care between the home and child care setting. However, the concept of “ready schools” (National Education Goals Panel, 1998) offers another perspective which places primary responsibility in the laps of the teacher and the school. Given this perspective, one could argue that not only the caregiver, but also the child care center, must assume responsibility for and support practices that promote a successful transition. According to the National Education Goals Panel (1998) report, “ready schools (1) smooth the transition between home and school, and (2) strive for continuity between early care and education programs and elementary schools” (p. 5). Pianta, Cox, Taylor, and Early (1999) further define “ready
schools” as those that attempt to connect families, preschools, communities, and schools; attempt to connect before the school year begins; and attempt to connect “with appropriate intensity” (p. 73).

Statement of the Problem

Consequently, if child care centers and the caregivers are professionally responsible for a positive and smooth transition that allows for the continuity of care between the child’s developmental contexts (home and child care), how is this achieved? What practices do caregivers and teachers of infants and toddlers use, or do not use, that support their transition into child care? If practices that facilitate an infant or toddler’s transition into child care are not used, why? Can the lessons learned from studying the transition of kindergartners to elementary schools be applied to the transition of infants and toddlers entering child care?

The purpose of this study was to identify practices that caregivers of infants and toddlers in profit and non-profit child care centers in the greater Dallas area used to facilitate continuity of care when transitioning into a child care setting. In addition, participants also identified potential barriers to transition practices.

Definition of Terms

For the purpose of this study, the term “entry transition” referred to the period of time a young child adapted to his or her new care environment. The “entry transition practices” were the possible practices teachers used before, during, and/or after the entry transition time to facilitate a smooth adjustment to child care for the child. The “barriers to transition practices” were a list of possible, real or perceived obstacles that prevented teachers and caregivers using such transition practices. The “entry transition
training” referred to any professional development the teacher engaged in that focused on practices to use during this particular time of transition or during the time of a child moving from one caregiver to the next. The term “infant” was used to classify children who are less than 18 months of age. Further distinction also existed in the measure with the terms “young infant” for babies less than eight months old and “mobile infant” for babies between eight months and 18 months of age. Lastly, the term “toddler” was used to classify children who are between 18 months and 36 months of age.

Limitations

Weaknesses of this study included the small geographic location of the study sample and small sample size. In order to truly be representative of the national population of child care professionals and teachers of infants and toddlers, measures beyond the scope of this study are needed to ensure a proportional mix of participant demographics and equal numbers of responses between profit and non-profit centers. With child care regulations entrusted to the states at the local level, absolute generalizations could not be made that inferred the findings of this local study equaled the true condition of transitions into child care across the country.

The fact that parents were not included in this study also stood as a weakness in its design. The vital role parents play in the smooth transitions of their infant or toddler into child care was not overlooked in the planning stage of this study. The issues of parent/teacher partnerships and primary responsibility also surface when exploring the role of parents in the transition process. However, due to time restraints and other practical limitations, only one piece of the puzzle of transitions could be examined in this study.
Another design limitation included the variation among centers that employed the teachers who completed the survey. No controls were used to ensure a homogenous sample in terms of the socio-economic status of the area and families the center serves, the size of the center, or the teacher-student ratios in the classroom: all external variables which could affect the practices teachers use.

Summary

However, despite the limitations of this study, it remained a worthwhile endeavor as a beginning for a new focus on infant and toddler research. Any new area for research must begin with finding out the current status of a situation. Since little was known or published in the research circle regarding the practices or lack of practices teachers and caregivers used to help infants and toddlers adjust to a new care environment, the time had come to shed some light on the subject.
CHAPTER II

REVIEW OF THE LITERATURE

Before the question of how to achieve positive transitions for infants and toddlers entering child care can be explored, the context of this transition time must be more fully understood. Existing literature in the areas of theory, infant adjustment to child care, examples of transitions for young children in Italy, and previous transition studies in America will be explored to lay the conceptual groundwork for this proposed study.

Theoretical Base

Theoretically, the idea of children developing within multiple contexts (home, child care, peers, school) directly relates to Bronfenbrenner’s ecology of human development (1979, 1986) which proposes that human development occurs within multiple contexts that can directly and indirectly affect development. According to this theory, the relationship between home and the child care setting would serve as a part of the mesosystem because they are both primary contexts in which the child interacts. Bronfenbrenner (1986) also delineates three stages of transition that can impact the character and vigor of interactions between primary contexts (the mesosystem): “preexisting intersetting relationships, transition feedback, and posttransition changes in relations between settings” (p. 734). “Preexisting intersetting relationships” are particularly important to the transition of infants and toddlers into child care environments. The absence or presence of those connections prior to the transition helps ensure the continuity between family and caregiver that NAEYC so heavily emphasizes as key to a positive and developmentally appropriate experience.
Throughout the research process, Rimm-Kaufman and Pianta (2000) developed and presented “the ecological and dynamic model of transition” as an extension to Bronfenbrenner’s ecological model of child development. Their model addressed the role that children’s multiple environments: home, school, peers, and neighborhoods, played in the process of transitioning into formal schooling (p. 492). This model allowed for the development and change over time of relationships within the various contexts of a child’s life, a distinguishing factor from other ecologically-based models of transition. Understanding the kindergarten transition from this perspective of active, relationship networks and their influence on child outcomes, reinforces the critical aspect of this time period and the numerous resources a child should be able to draw from for support and guidance. It also allows for the individualization of transition practices to meet the specific needs of a particular student by supplementing an area of resources the child may be lacking. For example, a family new to the community might need more community resources to help them get familiar and established with their new environment outside of the school community than a family who has always lived in the area but is simply starting school.

In order to establish continuity of care between the home and child care setting, parents and caregivers must work as a team with the child’s well being as the primary focus. Joyce Epstein’s (1987) model of family, school, and community partnerships, overlapping spheres of influence, could also be applied to the entry transition into child care. In Epstein’s external and internal models, the spheres (contexts) of a child’s development: family, school, and community, overlap or separate due to the forces of time, family and school experiences, and multiple levels of personal interactions.
According to Epstein, complete overlap never occurs, but the highest degree of overlap occurs when parents and teachers enter into authentic partnerships with frequent and consistent involvement and communication. From the perspective of this study regarding entry transitions, teachers of infants and toddlers who use practices that promote the involvement and communication that Bronfenbrenner (1986) and Epstein (1987) describe between caregiver and parent possibly expedite better transitions for the young children in their care.

Infant Adjustment to Regular Child Care

The experience of any life transition, whether as a child or adult, can affect other areas of life. As an infant and toddler, one could only assume that transitioning from the home into a non-parental child care setting could possibly create changes in routines, emotional resources, environment, and personal relationships. How do infants and toddlers react to this change? How do caregivers in child care settings facilitate a positive transition for these young children and their families?

In an earlier study, Rubenstein and Howes (1979) referred to the time a child needed to adjust to his or her new environment, or the amount of time for a full transition to occur, as recovery time. They found recovery time for toddlers in a new child care program required four to five months. After the recovery period, they found toddlers in a regular child care program exhibited more positive behaviors than children at home of the same age. In a later study, Fein, Gariboldi, and Boni (1993) investigated the behaviors of infants and toddlers during their recovery time, the first six months of entering a publicly-funded, high quality, child care program in Italy. They equated “extrafamilial care,” for newborns, as “entry into a novel environment, new routines, and
daily separation from the mother” (p. 1). Although the children’s behaviors were the focus of this study, one transition practice of the child care center and teachers emerged (Fein et al., 1993). Approximately three and a half months after the child was enrolled in the child care program and one week before the child’s official first day, the mother gradually left the child to receive care at the center for longer periods of time. In addition, Fein et al. reported the teacher and mother decided when the child appeared ready for full-time care at the center. Another study (Varin, Crugnola, Molina, & Ripamonti, 1996) located in Italy, examined the age of entry into child care and its relationship with attachment in a child three years of age. Varin et al. (1996) also reported a progressive “settling in” process for infants and toddlers as they began care, similar to the transition into care reported by Fein et al. (1993).

Fein et al. (1993) also found infants and toddlers who initially experienced a positive transition into a child care program, continued to experience more positive social and environmental interactions (i.e., with toys) as time passed. Teacher interactions supported Fein et al.’s hypothesis that caregivers would focus more of their attention on children showing signs of distress upon entrance to the program and later focus more attention on children displaying positive behaviors. Although correlation analyses indicated that adult responsiveness to children’s distress at entry did not prolong their recovery, Fein et al. proposed that the caregivers in this study also supported children’s transition into the new setting by eventually altering their role from primary comforter to more of a playmate.

Rodriguez and Hignett (1981) reported on an American study conducted by the Louise Child Care Center, located in Pittsburgh, PA. This three-year, action-research
study videotaped and analyzed five to twenty-four month old children’s behaviors during separations and reunions. Caregiver observations of recurring “protest” behaviors such as crying, clinging, and competing for caregiver’s attention, after a child had seemed adequately adjusted prompted the development and implementation of this study (Rodriguez & Hignett, 1981). Data from the study indicated that children could demonstrate signs of distress during separation even after successfully transitioning into a child care program if in a phase of separation anxiety (Rodriguez & Hignett, 1981). These behaviors typically occurred between the ages of 6 to 12 months and 16 to 22 months. While this information was most useful for caregivers and parents to better understand infant and toddler behaviors during those stages of development, Rodriguez and Hignett also suggested it could better inform child care practices, especially those regarding support of developmental transitions. For example, they proposed that new adults should not be introduced into the child care setting, and children should remain with the same, consistent caregivers as they continue attending the program. In addition, building a bridge between the home and child care center with parents bringing in a meaningful object or toy and family pictures, could also help the child through this difficult time (Rodriguez & Hignett, 1981). Once again, practices that established connections between children’s home and school environments and facilitated a positive and effective transition, helped enhance young children’s transition into non-familial child care.

Bove (1999) gives another example of Italian transition practices in her observational account of the interactions between a mother, infant, and caregiver during the transition period of a child entering a full-time child care setting in Italy and
discusses the cultural perspective and values which shape the transition practices. According to Bove’s account, the mother interacts with the child and caregiver at the center for decreasing amounts of time as the child is gradually introduced to the new people and environment. The parent spends time observing the child and teacher playing together, and the teacher spends time observing the parent and child. This process, called “l’inserimento (the entering into) asilo nido (the infant/toddler center)” (Bove, 1999, p. 32), is expected from all Italian infant child care and preschool centers. It is characterized by collaboration between parent and caregiver and intended to lay the foundation for a successful family-school partnership. Bove proposes that the teachers, parents, and children all benefit from this collaborative process of l’inserimento. The teachers benefit from observing and discussing the parent-child relationship and gaining insight about how to best interact with the child. Parents benefit from having an active role and voice in the transition process that allows for their own emotional adjustment to leaving their child in the care of someone else. Finally, Bove suggests that children benefit most from this collaborative process because it “contribute[s] to the emotional continuity essential to [a] successful transition from the family to the child care setting” (p. 33).

To contrast with the collaboration between parent and caregiver in the Italian example from Bove (1999), New (1999) compares the American and Italian perspectives of transitioning young children into child care programs. According to New (1999), the Italian, collaborative process of transition promotes “the values of relating, sharing, and working together” (p. 35) that predominate within the preschools studied in Reggio Emilia. She also discusses the American notion of “teacher-as-expert” (New,
1999, p. 35) and asserts that this belief undermines a parent/teacher relationship based on collaboration and shared responsibility for a child’s well-being and development.

The State of Kindergarten Transitions in America

Since the body of scholarly work on the transition or adjustment of infants and toddlers into child care is severely limited, it could be worthwhile to look toward another important transition in early childhood that has gained recent notariety. The work of Robert Pianta and others (Early, Pianta, & Cox, 1999; Early, Pianta, Taylor, & Cox, 2001; Kraft-Sayre, & Pianta, 2000; Pianta, Cox, Taylor, & Early, 1999; Rimm-Kaufman & Pianta, 2000) highlight another transition in early childhood, the kindergarten transition in America, and its connection to the “ready schools” movement. Their work reports practices teachers use to assist with the kindergarten transition process and obstacles to additional practices. They also propose a theoretical model to guide further understanding, research, and implementation of transition practices.

This body of research began with the National Center for Early Development and Learning’s (NCEDL) Transition Practices Survey that was completed by a representative sample of American kindergarten teachers in the fall of 1996 (Early, Pianta, & Cox, 1999). The survey gathered information about the status of American kindergarten teachers and classrooms (education/training, certification, race/ethnicity, class size, adult/child ratio, and student demographics) as well as teacher opinions about and their use of transition practices (Early et al., 1999). According to the National Association for the Education of Young Children (NAEYC), qualified kindergarten teachers should have undergraduate instruction in early childhood education, including experience working with kindergarten-aged children while under supervision.
(Bredekamp & Copple, 1997). Overall, Early et al. (1999) found their sample of kindergarten teachers well qualified according to educational level and experience. However, they were surprised how uneducated the teachers felt regarding transitions and how to best support children and families through the process.

Survey results indicated the most frequently used transition practices occurred after the beginning of school and were intended for the whole class, such as talking to parents, sending a letter home, and hosting an open house (Early, Pianta, Taylor, & Cox, 2001; Pianta, Cox, Taylor, & Early, 1999). On the other hand, the transition practices used least frequently included those which required individual contact with students and families and occurred before the beginning of school, such as home visits, introductory phone calls to the student, and visiting with feeder preschools. The problem here lies in the fact that the most frequently used practices were also deemed the least effective (Early et al., 2001; Pianta et al., 1999).

Early et al.'s (2001) follow-up study sorted the data into groups of practices according to when the practice occurred (before or after), the intended target audience (whole group or individual), and if connections were made with previous preschools/teachers. In this format, results indicated that teachers who indicated receiving training in the area of transition practices (22.3%) reported employing more transition practices from each category (before/after, individualized/group, and previous preschool/community). Consequently, Early et al. (2001) proposed that specialized training could promote the use of more effective practices by a larger percentage of teachers.
According to survey results, items which teachers regularly labeled as obstacles to good transition practices included the late formulation of class lists, no extra pay for the extra work involved to plan more individualized practices, and the absence of a district-wide plan for transitions (Pianta, Cox, Taylor, and Early, 1999). Furthermore, Pianta et al. (1999) suggested schools could overcome these managerial obstacles, which in turn, would improve their transition practices to the benefit of the students and families they served.

In their manual for implementing an effective kindergarten transition, Kraft-Sayre & Pianta (2000) proposed that transition plans should be menu-driven and grounded by five core beliefs. Transition plans should (1) promote relationships as assets, (2) advocate for continuity from one environment to the next, (3) use family strengths, (4) focus on individual needs, and (5) build partnerships. Additionally, they suggested the goal of transitions should be to establish a system of people linked together for the purpose of sustaining children and families. Unfortunately, the results of the NCEDL survey indicated that the transition practices teachers currently relied on fell quite short of meeting those goals, and work was needed to offer American kindergartners a more effective transition to school (Early, Pianta, Taylor, & Cox, 2001; Pianta, Cox, Taylor, & Early, 1999).

School Transitions in Italy

While the NCEDL Transition Practices Survey and the work of Pianta illuminated the status of kindergartner's transition to school in America, much could be gained by studying the life and school transitions of children in other countries. Corsaro and Molinari's (2000) longitudinal, ethnographic study compares Italian and American
children’s transitions into elementary school (first grade) by focusing on children’s participation in “priming events” (p. 17). According to Corsaro and Molinari, priming events are, most often, activities embedded in children’s routines that help prepare them for upcoming changes in their life. They used the metaphor of rich soil to further explain this concept. “...Priming events can be seen as fertile soil in which children’s social representations of coming transitions in their lives take root and are nurtured through collective action with adults and peers” (p. 17).

Only the Italian portion of the study is currently published but striking contrasts can already be found between what is known about the transition practices of teachers in the two differing countries. Corsaro and Molinari (2000) found the Italian teachers used project and language activities, the introduction of the idea of homework outside of school as well as individual class assignments in school, and field trips to the new elementary schools as priming events with kindergarten children in the preschool culture. In addition, the children’s peer culture offered priming events as they discussed their perceptions of what first grade would be like and the experiences of older brothers and sisters.

One priming event which Corsaro and Molinari (2000) report could enhance the transition into an infant and toddler program is the idea of a “storia personale” (p. 19). In the Italian preschools, the children and teachers collaborate to create a three-year record of a child’s life while attending preschool. This idea could be modified for the purposes of infant/toddler transitions into child care by inviting parents to begin the construction of a book with family pictures and other things their baby could look at relating to their life thus far. Although this resembles the baby book idea, its purpose
differs. It is not merely trying to record important milestones and events in a child’s first years, but it serves as a bridge between the people in the infant or toddler’s primary “spheres of influence,” as Epstein (1987) would call it: the home and the child care center. Caregivers and parents could continue to add to the book as the child remains in the program, incorporating more important memories from both home and school. Not only would the child benefit by bringing a little bit of home into their new environment, but the parent could also take a proactive role in creating a positive transition.

Summary

The existing literature surrounding the topic of infant and toddler transitions into child care, while limited, raises many important questions on cultural, systematic, and applicational levels. In addition, the existing literature regarding transitions in Italy provides a framework for comparing transition practices used in the United States. Through examination of the kindergaraten transition in America, research reports Kindergarten teachers use acceptable but less effective practices, and many perceive considerable barriers to the practice of transitions (Early, Pianta, Taylor, & Cox, 2001; Pianta, Cox, Taylor, & Early, 1999). The goal of the present study is to illustrate the current status of infant and toddler transitions into non-familial child care and its perceived obstacles in hopes of sparking future attention and scholarly research on the topic, which will in turn, guide work to improve the situation.
CHAPTER III

METHODOLOGY

The purpose of this study was to identify practices that caregivers of infants and toddlers in profit and non-profit child care centers in the greater Dallas area used to facilitate continuity of care when transitioning into a child care setting. In addition, participants also identified potential barriers to transition practices. Caregivers and teachers evaluated their current use of transition practices and identified potential barriers to transition practices through a written survey.

Participants

Participants for this study came from the population of teachers or primary caregivers of infants and toddlers employed in profit or nonprofit child care centers in the greater Dallas area, including Plano, TX. A list of zip codes for the area was generated by the United States Postal Service on the World Wide Web. Out of the 119 zip codes, 78 zip codes for Dallas and seven zip codes for Plano, were classified as “standard,” not “P.O. Box” or “unique.” Every fifth “standard” zip code from 75201 to 75398, and 75023 to 75094, was selected to do a search for licensed child care centers in that area through the “Search Texas Child Care” service provided by the Texas Department of Family and Protective Services on the World Wide Web at http://www.tdprs.state.tx.us/Child_Care/Search_Texas_Child_Care/. A list of 95 possible centers that offered infant and/or toddler child care services from 11 different zip codes in the Dallas and Plano areas formed a pool of sample centers that could be contacted regarding participation in the study. The first three alphabetically listed centers for each zip code were contacted to verify the ages for which they offered care
and solicit permission from the director to mail their infant and toddler teachers
information offering the opportunity to participate in the study.

Initial contact to directors of 33 centers was made by phone (Appendix A) to
briefly explain the purpose of the study and discuss interest in offering their teachers to
participate. If interested, the director was asked to sign and return an authorization form
(Appendix B) via mail or fax granting permission for their teachers of infants and
toddlers to receive information in the mail at the center about the study. A total of 71
teachers were mailed an information packet with a goal of attaining a sample of at least
20 participants returning completed surveys. Each packet included a letter inviting them
to participate and explaining consent (Appendix C), and a numbered copy of the
Program Entry Transition Practices Survey (Appendix D). In addition, a self-addressed,
stamped envelope was included to return the completed survey within ten days.

In order to be eligible for the study, centers must offer infant and/or toddler child
care services at least five days a week. Surveys were mailed to centers based on the
number of teachers the directors reported met the following criteria: between the ages
of 18 and 65 years old, teaching infants and/or toddlers (6 weeks to 36 months old) on a
full-time basis, and literate in the English language. Part-time caregivers or aides were
not included in the study.

Hypotheses and Research Questions

This study collected and analyzed data to support the following hypotheses:
(a) Teachers and caregivers of infants and toddlers report more use of transition
practices after care begins than before care begins; and (b) Teachers and caregivers of
infants and toddlers report use of more transition practices that are directed towards the
whole group than certain individuals. In addition, two qualitative research questions were addressed relating to the issue of barriers to transition practices. What do teachers and caregivers view as the five most serious barriers to transition practices? Is there any difference in barriers named most serious between teachers in profit versus nonprofit centers?

Research Design

This study could be categorized as a descriptive survey research by its purpose and method. The purpose of descriptive research is to describe the current status of a situation. This study depicted the current status of transition practices used by teachers and caregivers of infants and toddlers in the Dallas area based on their responses to a written survey. In addition, the use of a written survey allowed for a multitude and variety of information to be collected on the topic in a reasonable and timely manner. Both quantitative data about frequency, percentage, and mean use of transition practice as well as qualitative information regarding participant and center sample demographics, and ideas related to barriers to transition, could be gathered simultaneously.

Measures

A written survey, the Program Entry Transition Practices Survey (PETPS), was developed for this study. This new measure was adapted from the NCEDL Kindergarten Transitions Survey by adding, eliminating, and/or rewording some items to apply to teachers and caregivers of infants and toddlers. The measure was designed for participants to complete individually, within 30 minutes, and return within ten days. The survey consisted of questions in areas similar to the NCEDL Kindergarten Transitions
Survey: (a) program/center (child population, procedures, services), (b) teacher (demographics, experience, training), (c) transition practices, and (d) barriers to transition practices. However, additional practices were added to the list of transition practices for participants to evaluate on the PETPS, based on literature suggesting good transition practices for infants and toddlers beginning child care. In addition, questions regarding children using special services offered in public schools, practices used to transition from kindergarten to first grade, and information resources were deleted because they did not apply to the infant and toddler period of development or the child care setting.

Responses from the “Use of Transition Practices” portion of the Program Entry Transition Practices Survey (items # 7-29) were divided into four subscales. Each response was assigned to a subscale based on the timing of the practice, whether it occurred before or after care begins; and the direction of the practice, whether it was a practice used for an individual child/family or the whole group. The data from these items were categorized into four subscales based on the timing of the practice (before or after care begins) and direction of the practice (towards group or individual). The following four subscales, similar to the aggregated forms of transition practices reported by Early, Pianta, Taylor, & Cox (2001), were used: (1) whole group/after, (2) individual/after, (3) whole group/before, and (4) individual/before. Scores in each subscale were computed for each participant by using a binary coding system (0-not use, 1-yes/use). Subscale scores were computed for each participant and averaged for the entire sample, and profit versus non-profit groups.
The Program Entry Transition Practices Survey (PETPS) was reviewed for content and construct validity by a panel of experts, Texas Woman’s University professors: Dr. Jane Iroms, Dr. Llyod Kinnison, and Dr. Lin Moore, before distribution occurred. Because the PETPS was closely modeled after the NCEDL Kindergarten Transitions Survey, reliability and validity information was requested but not made available directly or in the existing literature.

Procedures

Once interest was established and permission was granted from the director via the authorization form (Appendix B), the researcher asked the director for the number of infant and/or toddler teachers in the program. The researcher mailed the center packets labeled “Infant or Toddler Teacher” with information explaining the study and asking them to participate by completing a written survey and returning it through the mail. In the cover letter, a brief statement about the purpose of the study, instructions for completing the survey, and confidentiality and consent were addressed. All participants were informed they were giving consent for their responses to be used as a part of this research study by completing and returning the survey. Upon completion of the survey, participants were instructed to return their Program Entry Transition Practices Survey in the enclosed envelope as consent to participating in the survey. No participant or center names were asked for or connected in any way to individual surveys. The survey was designed for completion in 30 minutes or less.

The timeline for this study occurred as illustrated in the table below (Table 3.1). Gaining an adequate number of responses to the survey (20) was most time consuming.
Table 3.1
Project Timeline

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<tr>
<td>Write proposal and develop measure (PETPS)</td>
<td>Approval of proposal, review PETPS by panel, submit IRB</td>
<td>IRB approval, gain participants, distribute surveys</td>
<td>Analyze data and finish writing</td>
<td>Defend thesis and make revisions</td>
</tr>
</tbody>
</table>

Data Collection

Responses from completed and returned surveys were transferred to a master survey to tabulate response frequencies and percentages for the entire sample. Responses from each participant on the “Transition Practices Used” portion of the Program Entry Transition Practices Survey was also recorded according to the four subscales regarding the timing and direction of the practice used. Tally frequencies of participants’ beliefs regarding the 23 transition practices listed in the survey were recorded according to the three choices of “not necessary, good idea, good idea but there are barriers…” as stated in the survey.

Method of Analysis

Initial results were reported using sum frequencies and percentages for each transition practice and each barrier to transition practices, as reported by the participants. Hypotheses 1 and Hypothesis 2 were combined for testing by averaging individual participant scores on each subscale (whole group/before- WB, whole group/after- WA, individual/before- IB, individual/after- IA) to produce a mean score for each subscale across the sample. A score on overall use of transition practices was also tallied for each participant and averaged to find a mean use score for the sample.
Mean scores and percentages of use were calculated for each subscale, the entire sample, and split according to responses from profit or non-profit centers. Distribution statistics for each subscale, the sample, and profit/non-profit groups were calculated using the OpenStat 4 statistical software. Qualitative results reported the five most frequently reported barriers to transition practices from the whole sample and any differences in barriers between profit and nonprofit centers. The hypotheses, measurement items, variables, and qualitative research questions are presented in the following table (Table 3.2).

**Table 3.2**

**Hypothesis and Research Questions**

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Measurement</th>
<th>Variables</th>
</tr>
</thead>
</table>
| 1. Teachers will report more use of transition practices after care begins than before care begins. | Survey items: “before” (# 7, 9, 11, 13, 15, 16, 18, 21, 22, 23, 24, 25) Survey items: “after” (# 8, 10, 12, 14, 17, 19, 20, 26, 27, 28, 29) | • practice occurs before care starts  
• practice occurs after care starts |
| 2. Teachers will report use of more transition practices that are directed towards the whole group than certain individuals. | Participants mark each practice (# 7-29) as used for “whole class” or “certain children only.” | • practice directed towards group  
• practice directed toward certain individuals |

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do teachers and caregivers view as the five most serious barriers to transition practices? Is there any difference in barriers named most serious between teachers in profit versus nonprofit centers?</td>
<td>Survey item #53 (16 choices- pick maximum of 5 as “most serious”)</td>
</tr>
</tbody>
</table>
This study expected to provide data that would support the following hypotheses:
1) Teachers will report more use of transition practices after care begins than before care begins; 2) Teachers will report more use of more transition practices that are directed towards the whole group rather than certain individuals. Qualitative data should indicate the five most serious barriers to transition practices for the whole sample and between groups of participants from profit versus nonprofit centers. The same barriers chosen as most serious by both teachers from profit and nonprofit centers were not expected to differ.

Summary
In conclusion, the methodology for this study followed a simple survey format that asked participants to complete and return an anonymous questionnaire by mail. The survey was developed by the researcher, examined for content validity, and asked participants questions about themselves, their centers, transition practices they used, and barriers to transition practices. Sum frequencies, percentages, and mean statistics for the entire sample and profit versus non-profit groups were expected to support the hypothesis that more teachers would report using more transition practices directed towards the whole group after care began than practices directed towards individuals before beginning care.
CHAPTER IV

RESULTS

The purpose of this study was to identify practices that caregivers of infants and toddlers in profit and non-profit child care centers in the greater Dallas area used to facilitate continuity of care when transitioning a child into a new child care setting. In addition, participants also identified potential barriers to transition practices. Caregivers and teachers evaluated their current use of transition practices and identified potential barriers to transition practices through a written survey.

Sample Characteristics

The minimum number of completed sample responses to the survey \( n = 20 \) was attained. Seven responses came from teachers in for-profit centers and thirteen responses came from teachers in non-profit centers. The reporting centers were mostly located in residential (9) and suburban (7) areas. One participant reported from a center in an urban setting and three participants worked in centers located in commercial settings. In terms of race, 55% (11) of the sample participants identified themselves as “White,” 20% (4) of the sample participants identified themselves as “African American,” and 20% (4) of the sample participants identified themselves as “Hispanic” or from “Multiple Origins.” One participant, 5% of the sample, identified him or herself as “Other.” All (100%) sample participants earned their high school diplomas, 15% (3) earned an associate degree, 50% (10) earned a bachelor degree, and another 15% (3) earned a graduate degree. Between the profit and non-profit groups, 57% of the profit and 69% of the non-profit participants had earned degrees beyond an associate degree.
Out of the 20 sample participants, 11 (55%) held no teaching certification. Five (20%) participants were certified for elementary education. Three (15%) participants were certified for early childhood education. One (5%) participant was certified to teach special education, and two (10%) participants had their Child Development Associate credential. Totals exceed the sample due to participants holding more than one certification. Between the profit and non-profit groups, twice as many (6 versus 3) certifications were reported by teachers from non-profit centers than for-profit centers. In addition, as many as six (30%) of the sample participants reported receiving specialized entry transition training to enhance children’s transition into center-based child care or from one caregiver to the next.

The average ratio of number of children per teacher as reported by the sample was 6.45 children to one adult with a range of 4:1 to 11:1. The average child/teacher ratios as reported by participants from for-profit and non-profit programs were 6 to 1 and 6.69 to 1 respectively. The maximum group size of infant and toddler classes as reported by the sample ranged from four to twenty-two. The average maximum group size for the sample was 13. Information regarding the sample is summarized in the table below (Table 4.1).

Table 4.1
Sample Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Sample (S)</th>
<th>% of S</th>
<th>Profit (P)</th>
<th>% of P</th>
<th>Non-Profit (NP)</th>
<th>% of NP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size (N/n)</td>
<td>20</td>
<td>100%</td>
<td>7</td>
<td>35%</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td>Bachelor and Master Degrees</td>
<td>13</td>
<td>65%</td>
<td>4</td>
<td>57%</td>
<td>9</td>
<td>69%</td>
</tr>
<tr>
<td>Teaching Certificates</td>
<td>9</td>
<td>45%</td>
<td>3</td>
<td>43%</td>
<td>6</td>
<td>46%</td>
</tr>
<tr>
<td>Transition Training</td>
<td>6</td>
<td>30%</td>
<td>3</td>
<td>43%</td>
<td>3</td>
<td>23%</td>
</tr>
<tr>
<td>Ratio Mean</td>
<td>6.45 : 1</td>
<td>--</td>
<td>6 : 1</td>
<td>--</td>
<td>6.69 : 1</td>
<td>--</td>
</tr>
<tr>
<td>Max. Group Mean</td>
<td>12</td>
<td>--</td>
<td>10.85</td>
<td>--</td>
<td>12.46</td>
<td>--</td>
</tr>
</tbody>
</table>
Sum Frequencies

Out of the 23 transition practices included in the Program Entry Transition Practices Survey (PETPS), the sum use of transition practices reported by the sample as being used in fall 2003 ranged from seven to 18 practices. The mean number of transition practices used by the sample was 13. The mean number of transition practices not used by the sample was 10. The mean number of transition practices used by the participants from for-profit and non-profit centers was 11 and 14, respectively.

Sample Percentages

For each of the 23 transition practices listed in the PEPTS, participants could choose (a) did not use, (b) used for whole class, or (c) used for certain children only. Participant responses were tallied and summed for each practice. Frequencies and percentages of use for the entire sample and for both profit and non-profit groups were calculated. Percentages of the sample using an individual practice ranged from 5% to 100% with a mean of 54.25%. One out of the 23 transition practices listed was reported as being used by the entire sample (100%), “A talk with the child’s parents after beginning care.” Percentages of the for-profit sample group using an individual practice ranged from 0% to 100% with a mean of 46.70%. All of the for-profit sample group reported not using two practices: “Visits to other center or home-based providers in the community;” and “A visit to the child’s home after beginning care.” Percentages of the non-profit sample group using an individual practice ranged from 8% to 100% with a mean of 60.40%. The following table (Table 4.2) summarizes the use frequencies and percentages of the sample for each transition practice.
Table 4.2
Transition Practice Use Frequency Sums and Percentages

<table>
<thead>
<tr>
<th>Item #/Practice</th>
<th>Sample Sum</th>
<th>Sample Percentage</th>
<th>Profit Sum</th>
<th>Profit Percentage</th>
<th>Non-Profit Sum</th>
<th>Non-Profit Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7- Written records before</td>
<td>9</td>
<td>45%</td>
<td>3</td>
<td>43%</td>
<td>6</td>
<td>46%</td>
</tr>
<tr>
<td>8- Written records after</td>
<td>8</td>
<td>40%</td>
<td>4</td>
<td>57%</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>9- Home visit before</td>
<td>7</td>
<td>35%</td>
<td>2</td>
<td>29%</td>
<td>5</td>
<td>39%</td>
</tr>
<tr>
<td>10- Home visit after</td>
<td>1</td>
<td>5%</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>11- Parent letter before</td>
<td>11</td>
<td>55%</td>
<td>2</td>
<td>29%</td>
<td>9</td>
<td>69%</td>
</tr>
<tr>
<td>12- Parent letter after</td>
<td>16</td>
<td>80%</td>
<td>4</td>
<td>57%</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>13- Parent talk before</td>
<td>19</td>
<td>95%</td>
<td>6</td>
<td>86%</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>14- Parent talk after</td>
<td>20</td>
<td>100%</td>
<td>7</td>
<td>100%</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>15- Child &amp; family at center before</td>
<td>17</td>
<td>85%</td>
<td>6</td>
<td>86%</td>
<td>11</td>
<td>85%</td>
</tr>
<tr>
<td>16- Flyer or brochure before</td>
<td>16</td>
<td>80%</td>
<td>4</td>
<td>57%</td>
<td>12</td>
<td>92%</td>
</tr>
<tr>
<td>17- Flyer or brochure after</td>
<td>15</td>
<td>75%</td>
<td>3</td>
<td>43%</td>
<td>12</td>
<td>92%</td>
</tr>
<tr>
<td>18- Child letter before</td>
<td>12</td>
<td>60%</td>
<td>2</td>
<td>29%</td>
<td>10</td>
<td>83%</td>
</tr>
<tr>
<td>19- Child letter after</td>
<td>11</td>
<td>55%</td>
<td>2</td>
<td>29%</td>
<td>9</td>
<td>69%</td>
</tr>
<tr>
<td>20- Open house, current, after</td>
<td>17</td>
<td>85%</td>
<td>4</td>
<td>57%</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>21- Open house, prospective, before</td>
<td>5</td>
<td>25%</td>
<td>3</td>
<td>43%</td>
<td>2</td>
<td>16%</td>
</tr>
<tr>
<td>22- Allow gradual increase</td>
<td>10</td>
<td>50%</td>
<td>5</td>
<td>71%</td>
<td>5</td>
<td>39%</td>
</tr>
<tr>
<td>23- Mutually decide full-time begins</td>
<td>4</td>
<td>20%</td>
<td>3</td>
<td>43%</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>24- Stagger new children</td>
<td>4</td>
<td>20%</td>
<td>3</td>
<td>43%</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>25- Visit other center or providers</td>
<td>4</td>
<td>20%</td>
<td>0</td>
<td>0%</td>
<td>4</td>
<td>31%</td>
</tr>
<tr>
<td>26- Informal contacts about child</td>
<td>11</td>
<td>55%</td>
<td>3</td>
<td>43%</td>
<td>8</td>
<td>62%</td>
</tr>
<tr>
<td>27- Regular meetings w/ other professionals</td>
<td>16</td>
<td>80%</td>
<td>3</td>
<td>43%</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>28- Coordinated practices</td>
<td>10</td>
<td>50%</td>
<td>2</td>
<td>29%</td>
<td>8</td>
<td>62%</td>
</tr>
<tr>
<td>29- Facilitate parent contacts</td>
<td>16</td>
<td>80%</td>
<td>4</td>
<td>58%</td>
<td>12</td>
<td>92%</td>
</tr>
</tbody>
</table>
Subscale Results

Four subscales based on the timing and direction of each transition practice (Whole Before- WB, Whole After- WA, Individual Before- IB, Individual After- IA) were used to organize data to distinguish what type of transition practices the sample group reported using in fall 2003. Out of the 23 transition practices, 12 practices were classified as occurring before a child entered care and 11 were classified as occurring after a child began care. Participants chose if they directed the practice towards the whole group, certain children only, or did not use the practice. Use frequencies in each subscale were summed for each participant, and a mean score was computed for each subscale across the sample. Sample participants (N=20) reported using transition practices directed toward an individual child/family before beginning care (IB) a total of 19 times and a mean score of 0.95. Practices directed towards the whole group before beginning care (WB) were reported as used by the sample a total of 95 times and a mean score of 4.75. Sample participants reported 28 uses of transition practices directed toward an individual after beginning care (IA) and a mean score of 1.40. Lastly, practices directed towards the whole group after beginning care (WA) constituted the subscale or type of practice with the highest summed use frequency and mean score, 118 and 5.90 respectively. Subscale results separated by participants from profit and non-profit centers followed the same trend with the highest sum frequencies and mean scores occurring with practices from the WA (whole group/after) category. Subscale sum frequencies and mean scores for the sample and the profit and non-profit groups can be found in the table below (Table 4.3).
Table 4.3
Subscale Data

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Sample (N=20) Sum</th>
<th>Mean</th>
<th>Profit (n=7) Sum</th>
<th>Mean</th>
<th>Non-Profit (n=13) Sum</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Before (IB)</td>
<td>19</td>
<td>0.95</td>
<td>12</td>
<td>1.71</td>
<td>7</td>
<td>0.54</td>
</tr>
<tr>
<td>Whole Before (WB)</td>
<td>95</td>
<td>4.75</td>
<td>23</td>
<td>3.29</td>
<td>72</td>
<td>5.54</td>
</tr>
<tr>
<td>Individual After (IA)</td>
<td>28</td>
<td>1.40</td>
<td>13</td>
<td>1.86</td>
<td>15</td>
<td>1.15</td>
</tr>
<tr>
<td>Whole After (WA)</td>
<td>118</td>
<td>5.90</td>
<td>29</td>
<td>4.14</td>
<td>89</td>
<td>6.85</td>
</tr>
</tbody>
</table>

Qualitative Results

Out of the 16 possible barriers listed on the survey, five barriers were chosen by the sample as the most serious to the use of entry transition practices. The five barriers chosen most frequently by the sample, in order of most to least, were (a) “Enrollment information provided too late;” (b) “Requires work that is not supported by salary;” (c) “It takes too much time to conduct these practices;” (d) “Funds are not available;” and (e) “Parents are not interested.” Participants from both profit and non-profit groups chose the same five barriers as most serious. However, participants from the profit group chose, “It takes too much time to conduct these practices” most frequently, and participants from the non-profit group chose, “Enrollment information provided too late” most frequently. Four of the barriers listed were not chosen by any of the sample participants. The barriers receiving no votes were, (a) “Contacts with parents are discouraged prior to beginning care;” (b) “I could not reach most parents of children who need these practices;” (c) “The center director does not support;” and (d) “I choose not to do it.” The five most frequently chosen barriers between the profit and non-profit groups were the same except for one difference from both groups. More participants from profit centers chose, “It is dangerous to visit families’ homes,” as one of the most
serious barriers. More participants from non-profit centers chose, “Materials are not available,” as one of the most serious barriers preventing them from using transition practices. Sum frequencies and percentages of the sample for the 16 listed barriers can be found in the table below (Table 4.4).

Table 4.4
Barrier Data

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Total Sum</th>
<th>Percentage</th>
<th>Profit Sum</th>
<th>Non-Profit Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enrollment information provided too late</td>
<td>9</td>
<td>45%</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>2. Requires work that is not supported by salary</td>
<td>8</td>
<td>40%</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>3. Contacts with parents are discouraged prior to beginning care</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Funds are not available</td>
<td>7</td>
<td>35%</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>5. Materials are not available</td>
<td>4</td>
<td>20%</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>6. Parents are not interested</td>
<td>7</td>
<td>35%</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Previous child care providers or teachers are not interested</td>
<td>2</td>
<td>10%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8. It takes too much time to conduct these practices</td>
<td>8</td>
<td>40%</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>9. I could not reach most parents of children who need these practices</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. It is dangerous to visit families’ homes</td>
<td>4</td>
<td>20%</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>11. Parents do not bring their child in for registration or visits prior to beginning care</td>
<td>2</td>
<td>10%</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>12. Parents cannot read letters, etc. sent home</td>
<td>3</td>
<td>15%</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>13. A transition practices plan is not available for the center</td>
<td>2</td>
<td>10%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>14. The center director does not support</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15. I choose not to do it</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16. Others? Please list</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Summary

The results from this study supported Hypothesis 1 and Hypothesis 2 that teachers would report more use of entry transition practices that occurred after starting care and were directed towards a whole group of children rather than practices that occurred before starting care and directed towards individual children. Participants from both profit and non-profit centers reported the highest use of transition practices that followed the same pattern as the total sample group. The sample reported using an average of 13 entry transition practices in fall 2003. According to sample results, the two entry transition practices used most frequently were, talking with the parents before beginning care (19/95%), and talking with the parents after beginning care (20/100%). Nine out of 20 (45%) participants chose “Enrollment information provided too late” as the most serious barrier to the use of entry transition practices.
CHAPTER V

CONCLUSIONS, RECOMMENDATIONS, AND SUMMARY

The purpose of this study was to identify practices that caregivers of infants and toddlers in profit and non-profit child care centers in the greater Dallas area used to facilitate continuity of care when transitioning into a child care setting. In addition, participants also identified potential barriers to transition practices. Caregivers and teachers evaluated their current use of transition practices and identified potential barriers to transition practices through a written survey.

Conclusions

Results from this study paralleled some of the results from the NCEDL Kindergarten Transition Practices Survey (1996) within the context of infants and toddlers in a child care setting. While teachers’ use of some entry transition practices was verified, the most frequently used practices were those deemed less effective in previous studies (Early et al., 2001; Pianta et al., 1999): practices that occurred after school began and were used for the whole class. The same theory of engaging in practices to facilitate and ease the transition before a child begins a new environment should apply to infants and toddlers starting center-based child care as well. An infant’s first day in a new person’s care is could go much more smoothly if that person is already familiar with the child, parents, and his or her routines. In addition, quality infant care should be highly individualized to address personal needs so the idea of tailoring practices to meet individual children and families’ needs makes perfect sense.

The barriers labeled as most serious by the sample participants in this study also parallel the barriers chosen by the kindergarten teachers. While the wording and context
was slightly different for kindergarten versus infant and toddler teachers, the common threads of late information, lack of extra compensation for the extra time, and little, if any, guidance regarding effective entry transition practices appeared in both survey results.

This leads to an interesting issue raised by Pianta et al. (1999) when he recommended that schools could improve their transition practices by simply addressing the “managerial obstacles” that created barriers. If barriers to transitions were purely administrative, it should not be that hard a problem to solve or difficult a situation to improve. However, it seems to be more a question of the amount of value or importance a society places on transition practices that has the highest degree of influence in making transitions a relatively positive experience that benefits everyone. Therefore, a larger challenge exists. More public interest in the importance of transitions, especially during very early childhood, needs to be created. Increased interest will assist in developing more effective transition practices and getting everyone “on the bandwagon” to commit the necessary time, resources, and support required.

The highly individualized, gradual, transitions in Italy described by Bove (1999), Corsaro & Molinari (2000), and Fein, Gariboldi, & Boni (1993) are occurring in a different culture with different societal values influencing their practices. While the idea of parents basing their decision to start their baby in child care primarily on the infant’s apparent readiness seems like a practice all should adopt, one must remember a great cultural distinction of American society: “Time is money.” Can this sort of individualized, gradual entry into child care possibly exist in American society or is it a culture specific practice?
If teachers are using the less effective, whole group/after type of practices the most frequently, how does that relate to New’s (1999) idea that the American notion of “teacher as expert” gets in the way of the collaborative relationship between parent and teacher? Only 30% of the sample reported having received some specific training in easing young children’s transitions. Are American parents making the right assumptions about their children’s caregivers knowledge and expertise or should they take a more proactive approach?

Recommendations

This study hopes to act as a catalyst for future research in this area of infant and toddler development in the child care environment. More studies with larger samples and equal subgroups would allow for more meaningful analysis and opportunity for generalizability. The profit/non-profit subgroups could be more extensively studied, or subgroups based on center location, i.e. urban/suburban, rural/city. Targeting professional groups as sample populations could also provide a higher volume of meaningful data.

In addition to larger studies, the measure could still be further refined in terms of format and length. Over 70 surveys were distributed to potential participants, and attaining 20 completed surveys was quite a challenge. Perhaps a shorter survey that focused on either use of transitions or feelings about transitions would be more user friendly and assist in a higher rate of return. In addition, a more focused survey could also allow for a more standardized response format that would allow easier analysis.

The role of parents in this process must be explored in future studies. Parents play a vital role in helping a young child adjust to a new environment through their
words and actions at home and at school. Parents also play a key part in how quickly an infant or toddler’s new caregiver learns about that child’s unique likes, dislikes, routines, etc. When a new caregiver or teacher has had the opportunity to get to know the parent and child before beginning care, they are better prepared to serve the child. In addition, parents might report their own transition experiences, feelings, or practices they use to help themselves adjust to their child’s new environment. According to Corsaro and Molinari (2000), the Italian parents experienced their own transition and adjustment to a new school setting with different rules and expectations. Future questions for research could examine how parents react to school transitions and child care. Additionally, how could the feelings of parents influence a positive or negative transition experience for their child?

Policy Implications

First and foremost, the study of entry transition practices and the benefit of using such practices for the child, parent, and teacher should be included in teacher preparation or child development courses at the college level. State and local school districts could also offer training regarding the use of entry transitions as part of professional development offerings.

At the government policy level, state leaders regulating child care services could take a more proactive approach to improving the practice of transitioning children into child care by developing minimal guidelines for centers to follow. A common barrier found in the initial report of results from the survey of kindergarten teachers was the lack of district or state plans for transitions (Planta, Cox, Taylor, and Early, 1999). Similar results were found in this study that many teachers felt their center’s lacked a
plan for entry transitions. However, this transition plan or set of guidelines must still be flexible enough for centers to adapt it to meet the needs of the community and families it serves. In addition, research studies that focus on specific practices in early childhood education and child care can better educate policy makers about the true nature of the field. More specific knowledge could lead them to develop more realistic policies that benefit and protect children, families, and professionals.

Summary

The purpose of this study was to identify practices that teachers of infants and toddlers use to help facilitate a child’s transition into child care. Although the size and scope of this study was limited, it did offer some valuable information to build on for future studies. Any researcher hopes to advance their professional field with a study. Even with this proposed study’s strengths and weaknesses, it will hopefully inspire others with more knowledge and resources to continue studying this transition into child care which so many infants and toddlers experience.
Hello, my name is Mary Fernandez. I am a graduate student from the University of North Texas pursuing a Master’s of Science in early childhood education. I have also been a Pre-K teacher for seven years and currently teach at Parish Episcopal School.

I am conducting a research study on the practices teachers and caregivers use to transition infants and toddlers into full time, center-based child care. Does your program serve infants and toddlers?

Are you interested in hearing more about the study and discussing the possibility of your infant and toddler teachers participating?

If you are agreeable, I would like the names of your employees who are the primary teachers or caregivers of the infants and toddlers in your program so I may send them an information packet about the study and give them the opportunity to participate. It is strictly their decision if they want to participate or not. Please do not put any pressure on your employees to participate or link it to their job performance because all participants must consent of their own free will in order for their data to be valid.

All of the data will come from a written survey the teachers or caregivers will complete individually and on their own time about transition practices with infants and toddlers. It should not take them longer than 30 minutes to complete the survey. All responses will be kept anonymous and no center or program names will be included in the survey.

If you are comfortable with me contacting your employees, I would like to fax or mail you a form for you to sign authorizing me to contact them by sending them an information packet about the study. If you would please tell me the names and spellings of your primary teachers and caregivers of infants and toddlers, I will send the packet to them at your program right away. Are any of these people not literate in English? Are any not between the ages of 18-65?

Thank you so much for your willingness to let me include your employees in my study and your support in furthering the study of early childhood education. I appreciate your cooperation and will fax the authorization form to you right away.
APPENDIX B

AUTHORIZATION FORM
I authorize Mary Fernandez to contact the teachers of infants and toddlers in my child care center for the purposes of participating in her research study about entry transition practices. I understand that my employees will be given the opportunity to either accept or decline participation in this study. I also understand that all communication between Mary Fernandez and my employees will occur through the mail at the center location and will occur between the time frame of September, 2003 and December, 2003.

----------------------------------------
Director Signature Date

Name of Director Name of Child Care Center

Thank you for your support!
October, 2003

Dear Early Childhood Colleague,

I am a Pre-K teacher at Parish Episcopal School in Dallas and a graduate student at the University of North Texas in the Department of Development, Family Studies, and Early Childhood Education. As an early childhood professional, one transition area of particular interest to me as a researcher is the process of infants and toddlers entering in and adjusting to full-time, center-based child care. In order to learn more about this transition process, I am conducting a research study about the practices teachers and caregivers use to facilitate infants’ and toddlers’ entry into child care. Please assist me in learning more about how we, as professionals, can support this important time for young children by participating in this study.

As a participant in this study, you will be asked to complete a written survey about different transition practices you use and possible barriers to transition practices. It will also ask you some information about your center, class, and professional background. On average, completing the survey should not take more than 30 minutes of your time.

A self-addressed and stamped envelope is included in this packet for you to return your completed survey. Please return your survey within 10 days after receiving it. You are giving consent for your responses to be used in this study by completing and returning the survey. Although the surveys are numbered, the numbers are strictly for counting purposes. All responses on surveys will be kept anonymous. No numbers will be assigned that link participant names with surveys. All surveys will be kept in a locked drawer of a filing cabinet and will only be accessible to me. All materials will be saved for at least three years. You may also choose to withdraw from participating in this study at any time by contacting me. If you wish to receive a copy of the results from this study, please contact me using the information below.

This research study has been reviewed and approved by the UNT Committee for the Protection of Human Subjects, (940) 565-3940. If you have any questions or concerns about participating in this study, please feel free to contact me by phone or by e-mail. Thank you for your time and willingness to participate in this study.

Sincerely,

Mary Fernandez
APPENDIX D

MEASURE
Program Entry Transition Practices Survey for Teachers and Child Care Professionals
of Infants and Toddlers

Instructions

• This survey seeks information on your beliefs and practices (and those of your program or center) that are related to infants’ and toddlers’ entry into center-based child care.

• Operational Definitions:
  Young Infant = 6 weeks to 8 months
  Mobile Infant = 8 months to 18 months
  Toddler = 18 months to 36 months (3 years)

• You may wish to have your current class list available for some of the questions.

Thank you in advance for your participation.

Are you currently teaching/caring for children 4 weeks to 36 months old in a center-based child care program? Please check one of the following.

—— NO (If no, DO NOT COMPLETE the other pages, just return this survey to the researcher.)

—— YES (If yes, please complete the survey and return it to the researcher.)

Adapted from the Kindergarten Transition Practices Survey (NCEDL, 1996).
Entering center-based child care

1. Based on your experience, approximately what percentage of the infants and toddlers who enter center-based child care fall into the following categories? Make sure these numbers total 100%.
   _____% a. Very successful entry, virtually no problems
   _____% b. Moderately successful entry, some problems, mostly minor
   _____% c. Difficult or very difficult entry, serious concerns or many problems

2. Approximately how many children under your current care spent previous time in the following care environments? Enter zero for none.
   a. In-home, parental care
   _____ b. Out-of-home, familial care (non-parent)
   _____ c. In-home, familial care (non-parent)
   _____ d. In-home, nonfamilial care (Nanny)
   _____ e. Home-based care provider (group)
   _____ f. Center-based care provider
   _____ g. Other (describe):
   _____ h. Don't know

3. If you do not know your children’s previous care settings, would it have been useful to know this information to prepare for their transition into your class? Please circle “a” or “b”
   a. Yes  b. No

4. Approximately how many days before children begin your care do you receive enrollment information?
   __________

5. Which of the following enrollment procedures are performed for at least some of the children entering your care? For each item, label with a “T” if you as teacher performs the procedure, “D” if your director performs, “B” if both you and someone else performs, or an “N” if no one performs the procedure.
   a. Interview parent
   _____ b. Tour parent
   _____ c. Tour parent and child
   _____ d. Play with parent and child
   _____ e. CHECK HERE if any of these took place in the child’s home

6. Who currently has responsibility for practices related to entry into your center or program? Circle all that apply.
   a. Parent
   b. Previous caregiver
   c. Director
   d. Teacher
   e. Don’t know
   f. Other  ____________________________
Use of Transition Practices

Please review the following list of activities and respond by circling the one that best describes your use of specific transition practices.

Written records of child’s past experiences or status are made available to me and I read them before care begins
7. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. certain children only

Written records of child’s past experiences or status are made available to me and I read them after care begins
8. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A visit to the child’s home before beginning care
9. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A visit to the child’s home after beginning care
10. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A letter to the child’s parents before beginning care
11. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A letter to the child’s parents after beginning care
12. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A talk with the child’s parents before beginning care
13. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only
Use of Transition Practices

A talk with the child’s parents after beginning care
14. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

An informal meeting/play session at the center with child and family before beginning care
15. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A flyer or informational brochure sent home before beginning care
16. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A flyer or informational brochure sent home after beginning care
17. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A letter to the child sent home before beginning care (Toddler only)
18. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A letter to the child sent home after beginning care (Toddler only)
19. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A group open house for current parents and children after beginning care
20. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

A group open house for prospective parents and children before enrolling
21. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only
Use of Transition Practices

Allow parents to gradually increase child’s time in care at the center
22. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

Mutually decide when to begin full-time care in center with parents
23. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

Stagger the entry of new children into your class (multiple 1st days)
24. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

Visits to other center or home-based providers in the community
25. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

Informal contacts with other child care professionals about children
26. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

Regular meetings among other early childhood professionals
27. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

Contacts made to develop coordinated practices and curriculum goals with other child care providers
28. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only

Facilitate contacts between parents of children in my class
29. During fall 2003, I:
   a. Did not use
   b. Used for whole class
   c. Used for certain children only
Beliefs About Transition Practices

Please review the following list of activities and respond by circling the one that best describes your beliefs about specific transition practices.

Written records of child’s past experiences or status are made available to me and I read them before care begins
30. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

Written records of child’s past experiences or status are made available to me and I read them after care begins
31. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A visit to the child’s home before beginning care
32. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A visit to the child’s home after beginning care
33. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A letter to the child’s parents before beginning care
34. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A letter to the child’s parents after beginning care
35. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A talk with the child’s parents before beginning care
36. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice
Beliefs About Transition Practices

A talk with the child’s parents after beginning care
37. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

An informal meeting/play session at the center with child and family before beginning care
38. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A flyer or informational brochure sent home before beginning care
39. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A flyer or informational brochure sent home after beginning care
40. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A letter to the child sent home before beginning care (Toddler only)
41. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A letter to the child sent home after beginning care (Toddler only)
42. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A group open house for current parents and children after beginning care
43. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

A group open house for prospective parents and children before enrolling
44. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice
Beliefs About Transition Practices

Allow parents to gradually increase child's time in care at the center
45. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

Mutually decide when to begin full-time care in center with parents
46. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

Stagger the entry of new children into your class (multiple 1st days)
47. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

Visits to other center or home-based providers in the community
48. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

Informal contacts with other child care professionals about children
49. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

Regular meetings among other early childhood professionals
50. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

Contacts made to develop coordinated practices and curriculum goals with other child care providers
51. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice

Facilitate contacts between parents of children in my class
52. This practice
   a. is not necessary
   b. is a good idea
   c. is a good idea but there are barriers to implementing this practice
Barriers to Transition Practices

53. Check any of the following barriers which prevent you personally from implementing the “good idea...but” practices you just identified. Check all that apply, then circle the item numbers of those you consider the most serious barriers, up to a maximum of five.
   ___ 1. Enrollment information provided too late
   ___ 2. Requires work that is not supported by salary
   ___ 3. Contacts with parents are discouraged prior to beginning care
   ___ 4. Funds are not available
   ___ 5. Materials are not available
   ___ 6. Parents are not interested
   ___ 7. Previous child care providers or teachers are not interested
   ___ 8. It takes too much time to conduct these practices
   ___ 9. I could not reach most parents of children who need these practices
   ___10. It is dangerous to visit families’ homes
   ___11. Parents do not bring their child in for registration or visits prior to beginning care
   ___12. Parents cannot read letters, etc. sent home
   ___13. A transition practices plan is not available for the center
   ___14. The center director does not support
   ___15. I choose not to do it

Center information

54. Which one of the following best describes the location of your center? Please circle

55. Which one of the following best describes your center? Please circle
   a. A for-profit center
   b. A not-for-profit center
   c. Other (please describe)

56. Please circle below if your center currently contains any of the following programs. Circle all that apply.
   a. Young infant care 6 weeks to 8 months
   b. Mobile infant care 8 months to 18 months
   c. Toddler care 18 months to 3 years
   d. Preschool care 3 to 5 years
   e. Kindergarten program
   f. Multi-age classes
   g. “Drop-in” care
Teacher/Caregiver Information

57. At this time, what is the child/teacher (or caregiver) ratio of your class? _______

58. At this time, what is the maximum group size of your class? _______

59. Circle the one category that best describes your race/ethnicity:
   a. American Indian or Native Alaskan
   b. Asian/Pacific Islander
   c. African American, not Hispanic
   d. Hispanic
   e. White, not Hispanic
   f. Multiple Origins
   g. Other

60. List the year for the diploma/degree(s) you have received:
   H.S. Diploma: _______ G.E.D: _______ Associate’s: _______ Bachelor’s: _______
   Master’s: _______ Doctorate: _______

61. Circle the area(s) of specialization or certification you may hold. Circle all that apply.
   a. CDA credential
   b. Preschool
   c. Early childhood education
   d. Elementary Education
   e. Secondary education
   f. Education (K-12)
   g. Special education
   h. Other (describe):_______

62. Have you had any specialized training to enhance children’s transition into center-based child care? Please circle
   a. No  b. Yes  If yes, please describe: ______________________

63. Have you had any specialized training to enhance children’s transition from one caregiver to the next? Please circle
   a. No  b. Yes  If yes, please describe: ______________________

Thank you for participating.
REFERENCES


