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What's Care Got to Do with It? Expulsion Practices in Family Child Care

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What's Care Got to Do with It? Expulsion Practices in Family Child Care

by

Josephina Paulina Emmrich

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

Doctor of Education
in
Educational Leadership: Curriculum and Instruction

Dissertation Committee:
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Portland State University
2022

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Abstract

Expulsion of children under five years old in early childhood care and education settings is a problem, especially in family child care programs with the highest expulsion rates across early childhood care and education settings. Recently passed Oregon legislation prohibits expulsion in child care programs (Oregon SB 236, 2021). Influencing outcomes for young children and the family child care providers who work with them. Family child care programs are small businesses primarily run by women who work alone from their homes. Systemic inequities contribute to a lack of support and access to resources for family child care providers. These inequities are a barrier to providers working directly with children with little to no support. Compounding these issues is an isolated and overburdened workforce. While expulsion is an inequitable act rooted in bias, we should not ignore the compliance driven system that contributes to and acts as a barrier to changing outcomes for both children and those who care for them. This study used Narrative Inquiry (Clandinin & Connelly, 2000) and an Ethics of Care framework (Tronto, 2013) to explore the thinking and experiences of family child care providers about expulsion and their work as caregivers. The participants in this study brought their stories and experiences of care. Every experience and story shared carried an authentic representation of the heaviness of their work as FCC providers.

Dedication

I dedicate this work to my Mom and Grandpa.

Mom- You taught me to live life with passion and fight for the things I wanted. I know you are looking down on me and beaming.

Grandpa- I know you didn't realize the power of your actions. Every single time you picked up that dictionary to learn a new word. You modeled that growth and learning was a process that was not just for children.

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Chapter 1: Introduction

The expulsion of young children from early childhood settings has severe consequences (Cutler & Gilkerson, 2002; Gilliam, 2005; Gilliam & Shahar, 2006). There is limited research on the perceptions and beliefs of early childhood educators about expulsion, especially when it comes to in-home family child care programs (Hooper, 2020). With this research, I invited family child care (FCC) providers to discuss their caregiving practices and share their experiences with expulsion. I interviewed participants about their work as caregivers and then storied their experiences through Narrative Inquiry (Clandinin & Connelly, 2000). As an FCC provider myself, I reflected on my own experiences throughout the interview process, weaving our narratives together. My own reflections, combined with these providers' experiences and stories, illuminated harmful practices that contribute to expulsion. By sharing these providers' stories and experiences, I hope that we can embrace healing practices in our ECCE system to care for FCC providers and the children in their care. I begin with a personal reflection on how I came to this work.

Beginning My Journey

I left college in my early 20s, bachelor's degree in hand, and felt prepared for a career in early learning. In those early years of teaching, I fondly remember planning thematic lessons around dinosaurs, weaving in math and literacy, setting up small and large group activities, understanding that children learned through play, and being intentional about planning activities with that understanding in mind. These were all

things I learned 25 years ago through my coursework and my student teaching experience at the lab preschool on my university campus.

I believed it was my job to fill young minds with knowledge in a fun and engaging way. It was not long before I met up with the first preschool-aged child in my class that could not care less about my cute, themed, play-based activities. This child refused to participate, distracted the other children, and kicked me in the shins when I tried to get them to participate the way *I wanted them* to participate. I know I had classes that briefly discussed classroom discipline. However, I naively did not understand until years later that there was no secret formula to get children to behave the way you want them to behave. Many bruised shins and tears later, I realized I could study this my whole life and still not have the answers I wanted to hear early in my career.

Before I opened my FCC program, I worked for a short time in a private preschool and spent several years as a Head Start teacher. I searched for the best ways to work with children who challenged me in the classroom. I was blessed to have met passionate children who deepened my desire to want to understand them better and inspired a need to improve my own teaching. I struggled with feelings of inadequacy, defeat, and failure. Every time I met a child who hit, bit, threw tantrums, and the many behaviors that seemed immune to my attempts for control. One of the most important things I learned along the way with each child I met was how to build a relationship despite feeling challenged by a particular set of behaviors.

Each relationship with a child that challenged me fueled my research. I met with behavior consultants, took continuing education courses, and spent time talking with

child counselors and any person who came across my path I felt could contribute to my knowledge on the subject. I became an observer and researcher of children as I tried desperately to understand each one. It was not long before my FCC program began to receive referrals regularly for children who had been expelled from other child care programs. My willingness to work with children who had already been labeled as challenging at three and four years old brought more children to me and even more curiosity and a need to understand children and those who care for them further. This narrative of how I came to this work provides context to my journey into the doctoral program and my interest in my problem in practice which I discuss in this next section.

Problem in Practice

Each year children in child care and preschool programs across the United States are expelled (Cutler & Gilkerson, 2002; Gilliam, 2005; Gilliam & Shahar, 2006; Meek & Gilliam, 2016). Expulsion in child care and preschool means that children under five years old are told to leave programs and never return. When I talk about early childhood expulsion practices to people with little to no knowledge about the field of ECCE, I am met only with disbelief that young children can even be expelled. When I talk about early childhood expulsion practices with people in ECCE, I receive a range of responses. Knowing nods from people who recognized there was a problem; to anger from other people, I would suggest that programs or teachers should not be allowed to kick out a student with challenging behavior. Or take away their right to choose not to keep a child they believe is not *the right fit* for their program or classroom.

Infants, toddlers, and preschool-age children are expelled from ECCE settings at higher rates than children in K-12 settings (Cutler & Gilkerson, 2002; Gilliam, 2005; Gilliam & Shahrar, 2006; Meek & Gilliam, 2016). Additionally, children in programs designed primarily as child care have the highest expulsion rate across all ECCE settings, being expelled at 13 times the rate of K-12 settings (Cutler & Gilkerson, 2002; Meek & Gilliam, 2016). The consequences of expulsion have lasting effects on the child beyond their early childhood years. Zinsser et al. (2019) stated, “the most severe disciplinary action that an education system can take in response to a child's behavior is expulsion, or the complete and permanent removal of a child from a program or setting” (p. 33). However, ECCE programs expel children under five years old, including babies.

Early interactions between young children and caregivers profoundly impact the child's social-emotional development and all other learning (Lally & Mangione, 2017; Shapiro & Applegate, 2002; Shonkoff & Phillips, 2000). As an early childhood educator, I find this practice deeply disturbing. Young children are just beginning to learn how to manage their own emotions, participate in social situations with other human beings, young and old, and function in a world outside the comfort of their families. ECCE professionals who choose the route of expulsion influence the child's trajectory. Expulsion removes the child's ability to learn and practice strategies and skills that would help them feel successful in their first experiences outside of their homes.

Child care is often a young child's first experience of being away from their family for an extended period of time. The experience can be stressful for an infant, toddler, or preschool-aged child, with such experiences bringing about complex emotions

and responses from the child (Klein et al., 2010; McDevitt & Recchia, 2020; Xu, 2006). Transitions from home to a child care program or from one child care setting to another can bring outward displays of behavior that may be perceived as challenging. For some children building a relationship that feels safe and secure can take time, patience, and the skill of an experienced child care provider.

In our current ECCE system, young children are frequently met with child care providers who may lack experience working with young children (Arnett, 1989; Boyd, 2013; Kagan et al., 2008). Additionally, according to Oregon child care workforce data collected by the Oregon Center for Career Development in Childhood Care and Education and the Oregon Child Care Research Partnership (OCCD & OCCRP, 2019), 54% of home-based FCC care providers have more than a high school diploma. These data do not separate differences between registered FCC and certified FCC. However, education is not necessarily the issue. Hemmeter et al. (2006, 2008) identified that early childhood educators completing a degree did not feel equipped to deal with challenging behaviors after their degrees. Teachers with degrees not feeling able to handle situations with challenging behavior were similar to the experiences I shared about me at the beginning of this chapter.

The workforce education data and the Hemmeter et al. (2006, 2008) studies demonstrate an urgent need to understand FCC providers' experiences and beliefs about expulsion and their work with young children they may believe are demonstrating challenging behavior. Ensuring all young children have access to continuous, relationship focused, responsive ECCE environments is essential to the growth and well-being of the

young children in these settings (Hoffman & Kuvalanka, 2019; Love et al., 2003). We must gain a deeper understanding of the perceptions and beliefs of FCC providers.

Research confirmed early childhood expulsion as an existing problem with implicit bias, lack of support and resources, and other issues as contributing factors (Gilliam, 2005; Gilliam & Shahar, 2006; Meek & Gilliam, 2016). My study was explicitly concerned with FCC provider beliefs and perceptions. There is a paucity of empirical studies focused on understanding child care provider beliefs and practices regarding expulsion (Hooper; 2020; Hooper & Schweiker, 2020). Given the existing gap in research on the beliefs and experiences of child care providers concerning expulsion, I believe it is an issue in urgent need of my attention. I discuss the context of this problem using the metaphor of a patchwork quilt to illustrate how the ECCE system is pieced together and connected.

Context and Background

Under the blanket of ECCE, there exists a patchwork of entities that serve young children and families. I use the metaphor of a patchwork quilt to describe how ECCE is currently stitched together. Each program under ECCE operates very much as its own piece of fabric within the quilt. As with a patchwork quilt, many different pieces of fabric exist, varying in design, shape, and size, much like the different types of settings within ECCE. There are large entities like Head Start and public preschool programs, private sector programs such as faith-based preschools, large private centers such as KinderCare, programs within colleges and universities, small community-based programs, and much

smaller programs such as home-based FCC and friend, family, and neighbor care, each piece separate.

Each piece of fabric exists within the same ECCE quilt. However, the patches are stitched together and have some of the same threads. ECCE programs serve children under the age of five years; however, some programs may also serve older children and younger, which again speaks to the differences within each piece of fabric. It is my hope that this metaphor may help contextualize the intricate and diverse system of ECCE as I further describe the context and background of my research problem. I will now move to an explanation of how the different threads of funding unevenly run through some patches of the quilt but not others.

ECCE Funding. Quilts are built in layers. First, a large piece of fabric called the backing is laid out as the foundation to build the quilt, then the next layer is called batting, which gives the quilt thickness and warmth. Then, the patches are pieced together as the last layer of the quilt. Finally, the quilt is stitched together once the patches are placed as the last layer. Quilt stitching can be very simple or extremely complex. Patches and stitching alone are not enough to make a quilt. The patches need backing and batting as the foundation for the quilt. These layers hold the quilt together and make it durable. All ECCE settings need funding to hire staff, purchase materials, pay for a space to provide care, pay for utilities, and all things necessary to run a program.

Funding, which is foundational to any ECCE program, differs from setting to setting. According to the National Research Council (2015):

In early childhood settings outside of public school systems, the variability in funding streams and the lack or unpredictability of sustained funding mean that

resource limitations are even more problematic . . . As a result, there are disparities in the level of funding available among counterparts within the field. (p. 14)

Some settings have access to consistent and stable funding. However, the majority of ECCE is funded privately by families. Access to state and federal dollars for child care is limited and inconsistent, with only a small amount of the children and families qualifying for child care subsidies, reduced costs, or free programs. Programs in Oregon that rely on parents for payment are less financially stable because the cost of care is dependent on the market; the location of the program, the family's ability to pay, and the average rate families are paying in a particular area instead of the actual amount of money it takes to cover the costs of running a child care business (Pratt et al., 2021)

In Oregon, programs such as Early Head Start, Head Start, Oregon Pre-Kindergarten, and Preschool Promise are publicly funded; families must meet eligibility requirements, typically tied to family income, to be enrolled. However, many families do not qualify for public child care or preschool options. Most child care is provided through private entities such as faith-based preschools, child care centers, and FCC programs, paid for by the families themselves. Some families may qualify for state subsidies to help offset tuition, but most do not. In this quilt metaphor, rather than funding being a layer that stabilizes the quilt and provides a foundation, funding is more like stitching running unequally through all of its patches. Using the metaphor, if funding were the backing for the quilt, the next layer would be the workforce necessary to provide care to children.

ECCE Workforce Preparation. People come into the field of ECCE in various ways and with diverse backgrounds, experiences, and education. It is not a requirement of most settings in the field to obtain a credential or licensure before working with children

in most ECCE programs. The system could be described as having a career pathway with the ability to gain education and experience while working and move up to lead teacher or lead provider as you receive more education and experience. There are instances like a Pre-Kindergarten program operating through a school district where a credential or license may be required. However, the majority do not have that requirement. ECCE workforce preparation is inconsistent.

Research to understand the diverse landscape of the ECCE workforce has increased in the last decade (National Research Council, 2015). The heterogeneity of ECCE program types and the workforce itself make it challenging to generalize educational requirements and qualifications yet understanding the complex structure and makeup of the ECCE workforce is necessary, particularly in light of high early childhood expulsion rates. An added layer to this discussion is the context in which those providing care to our youngest children must work. Boyd (2013) noted:

Regardless of education level, childhood certification or professional development training, early childhood educators continue to be among the poorest paid professionals. Early education and care work is dominated by women paid low wages and receiving few if any work-related benefits. (p. 3)

Through this research, I understood better the layers of complex social structures in the ECCE system. Early childhood expulsion practices cannot, and should not, be looked at in isolation and pulled away from these system entanglements but within the system as a whole. In the following chapters, I discuss expulsion issues entangled within an undervalued, overworked, under-resourced, and underpaid workforce.

Workforce Data. We know that we need a qualified ECCE workforce, yet there is considerable diversity in the required qualifications of current ECCE staff from program

to program. The most recent Oregon Early Learning Workforce: Six Years and Beyond Baseline Comparison of 2012 and 2018 report was consistent with research findings that show wide variability in the level of education within the ECCE workforce (OCCD & OCCRP, 2019).

In center-based programs, 77% of staff had higher than a high school diploma or GED, compared with registered in-home providers, where only 46% had higher than a high school diploma or GED. “Within the early childhood education workforce, the relationship between education, training, and compensation is problematic” (Boyd, 2013, p. 1). For example, according to the Rules for Certified Family Child Care Homes (Oregon Department of Education [ODE] Early Learning Division [ELD], 2021a) certified FCC programs, the provider must have one year of teaching experience, which includes care of children in any group child care setting and a step eight on the Oregon Child Care registry. The Oregon Child Care Registry assigns steps based on education through community-based training, college-level courses, or a combination of the two. There is no educational or experience requirement for an assistant I; however, they must be in sight or sound of the provider at all times. An assistant II must have at least 60 clock hours at the certified FCC home, but there are no educational requirements.

In comparison, there are no requirements for education or experience outside of five required classes for registered FCC providers. The required classes listed in the Rules for Registered Family Child Care Homes (ODE ELD, 2021b) were a Family Child Care Overview session, CPR and First aid, Child Abuse and Neglect, Health and Safety, and Safe Sleep training. Furthermore, regardless of staff qualifications, Early Childhood

(EC) educators are paid the lowest of education professionals. A legislative report from the Washington State Child Care Collaborative Task Force stated. Early Childhood Educators with an undergraduate degree are not only paid the lowest of all undergraduate degrees but they are also paid less than those in the profession of pet grooming (Washington Department of Commerce, 2019).

It is crucial to understand the needs of the ECCE workforce and how the unmet needs within the workforce contribute to expulsion rates. The low pay of EC educators contributed to an annual turnover rate of 29% in the ECCE workforce, compared with an 8% turnover rate among K-12 teachers who receive higher pay and benefits, such as health insurance and paid time off. (OCCD & OCCRP, 2019). High turnover rates disrupt attachment and relationships built with young children that we know are the foundation of healthy development (Carter, 2001; Hale-Jinks et al., 2006; Meek & Gilliam, 2016). In this research, I looked at workforce issues that contribute to early childhood expulsion.

In the quilt metaphor, funding acts as threads running unevenly through patches at the top layer of the quilt. Directly under the top layer of patches is batting which is essentially stuffing that provides support in thickness and warmth to the quilt. Suppose the workforce acts as the batting in this metaphor, under the patches and stitched together unevenly by funding, not having funding as a back layer that supports the whole system. In that case, the batting begins to fall apart. Such as with the high turnover rates in ECCE settings. Without stable, consistent funding as the foundation for the ECCE system to support the workforce's needs, these workforce issues will continue to persist. In this next section, I discuss the undervaluing of care work.

The Undervaluing of Care. According to the U.S. Bureau of Labor Statistics (2019), 97.6% of preschool and kindergarten teachers are women. It is estimated that younger children are more likely to be in the care of a woman. Also worth noting, regardless of educational degree, EC educators are paid less than workers in professions where men are in the majority (Boyd, 2013). Nationally, child care providers make an average annual income of \$22,290 for full-time work, making childcare one of the lowest-paid occupations among education-related professions and putting many providers at earnings below poverty (Center for the Study of Child Care Employment, 2018).

In an article on nurturing the spirit to teach, Nimmo (2002) stated, “the work of early childhood educators is hard, with insufficient pay and lack of recognition. There is a misunderstanding by the public of what is needed to sustain a teacher’s vision amidst the daily grind of this profession” (p. 9). The undervaluing of the ECCE workforce ultimately impacts the children receiving care in these programs. We must find ways to nurture the spirit of FCC providers to care [and teach], which may be both similar and different from those in other ECCE settings.

In their article regarding the high turnover rates in the ECCE workforce, Hale-Jinks et al. (2006) stated that “the silence of this workforce as a whole reveals the notion that society is content to let these teachers, who are mostly women, lead a career of quiet servitude” (p. 224). Additionally, Cheyney-Collante and Cheyney (2018) described the hierarchy in educational occupations as a “caste system.” Further, they discussed a “critical need to overturn this educational caste system” (Cheyney-Collante & Cheyney, 2018, p. 2172). In other words, there are significant barriers to creating the types of

learning environments children need to grow and thrive when the ECCE workforce is not valued or seen as necessary compared to those working within the K-12 system. The pressures EC educators face in their daily work create tension. According to Urban (2008):

The dilemma unfolds between the day-to-day experiences of having to act concretely, spontaneously, and autonomously in ever-changing, uncertain situations which, to a large extent, are determined by factors beyond the practitioners' control, and the pressure that arises from increasing socio-cultural and socio-economic expectations to produce predetermined outcomes in this complex work context. (p. 136)

Societal pressures and the complexity of the daily work create an environment of conflict and stress for EC educators.

The undervaluing of those working in caring professions are not unique to ECCE. As an FCC provider, I have often felt a perception held by people I have encountered that child care providers like myself do not need the same level of preparation as those who teach in the K-12 system. I cannot help but think that this has to do with the caregiving aspects of working with very young children and the different skills necessary to work with children under five years old. I have felt a tension between the caring and educating aspects of my work throughout my career. ECCE is about being able to balance this tension because young children need both care and education. Mayeroff (1971) said:

We sometimes speak as if caring did not require knowledge, as if caring for someone, for example, were simply a matter of good intentions or warm regard. But to care, I must understand the other's needs, and I must be able to respond properly to them, and clearly, good intentions do not guarantee this. To care for someone, I must know many things. (p. 11)

As Mayeroff described it, care does not take less skill on the part of the person giving care but is less tangible, subjective, and challenging to measure because the outcome of a

caring relationship is not always immediate, especially when working with young children.

Related to these notions, I examined my own experiences working toward advanced degrees and my feelings about the value of my work throughout the research process. For other child care providers, I know this tension is addressed by changing the language used to identify our profession; *I am not a babysitter; I am a preschool teacher* (Gerstenblatt et al., 2014; Nelson & Lewis, 2016; Parnell, 2010; Tuominen, 2003).

Another strategy FCC providers sometimes used to feel more professional was by trying to show our program was more “school-like” than “home-like” through environmental changes. Changes such as trying to replicate the look and feel of an elementary school classroom and moving toward more teacher-directed, academic curriculums under the perception that being seen as a teacher within a school-like environment would earn respect. Pressure from families contributes to environmental changes that focus on academics over care.

In findings from a study by Nelson and Lewis (2016), ECCE workers' experiences with parents were different if the parent viewed the program as a “real school” versus a “para-school or care.” Teachers in programs that served infants and toddlers and preschool children felt less valued than those working in private preschool programs with K-5 classrooms. Additionally, Nelson and Lewis stated, “one clear lesson from our data is that early childhood educators experience a number of challenges that stem from the general devaluation of their work” (p. 65). FCC providers have the highest expulsion rates and are also the most likely to feel undervalued for their work as a caregiver.

A deeper understanding of FCC providers will help reduce expulsion by assisting providers in feeling successful in caring for (and educating) young children regardless of their behaviors. Extending support and care to providers sends the message that their work is meaningful and valued in the lives of children, if not to the larger society. “We need to shift the perception that care is less important or complex than education. We need to expand the concept of care to include children’s bodies, feelings, ideas, goals, needs, concerns, and desires” (Social Sciences and Humanities Research Council, n.d., Care is Complex section, para. 4). These words are powerful, expanding the concept of care to children and the ECCE workforce, enabling those caring for young children to have the emotional and mental capacity to build stable, continuous caring relationships and environments for children.

As a metaphor for the ECCE system, the quilt is positioned to support children. Its purpose is to provide warmth, wrap-around, and comfort. Often a family member or group of family members will construct a quilt for a loved one. Quilts can be passed on and stay in families for generations. The ECCE system wraps around and serves as a covering for children. A well-planned and structured ECCE system will serve this generation and future generations, making its construction significant.

Currently, the threads of our quilt are pulling apart, leaving gaps in between patches for which expelled children are falling through with nothing to catch them. Early childhood educators, which should be a layer to prevent children from falling through, are not catching those children because they are stretched and not supported. The system cannot keep up with the batting falling out and wearing away from no protection of a

back layer, which neglects that every part of the workforce needs adequate pay and working conditions that respect their work. The design and stability of the quilt are in the hands of the quiltmakers. Society and government play that role. Ultimately, the quilt's creation depends on the quiltmakers' time, resources, and values.

Purpose Statement and Research Questions

This study examined FCC providers thinking about their work as caregivers and the experiences that influence their decisions about expulsion.

Guiding question:

- How does an FCC provider's perception of themselves as a caregiver influence their decisions about expulsion?

Undergirding this central question, I am also interested in knowing more about the following:

- What strategies do caregivers utilize to cultivate caring encounters with children that allow caring relationships to develop over time?

Framing this Study

I used Narrative Inquiry (Clandinin & Connelly, 2000) to story FCC providers' experiences (Quintero & Rummel, 2015) and understand what providers think about their work as caregivers, and their experiences with expulsion. I drew from the ethics of care theory (Gibbons, 2007; Moss, 2016; Noddings, 2013; Tronto, 2013) to provide structure to what it means "to care and be cared for" (Noddings, 2013, p. 212). Foregrounding all aspects of this study was care.

FCC providers are undervalued and marginalized by their work as caregivers (Powell et al., 2020). Extending an ethic of care to my participants was critical in this work. Tronto (2013) identified five phases in the process of care, which I discuss further

in Chapter 2. The five phases outlined by Tronto were “attentiveness—caring about, responsibility—caring for, competence—care-giving and responsiveness—care-receiving . . . [and] . . . plurality, communication, trust, respect: solidarity—caring-with” (p. 34). Tronto also described how we must change our thinking about care and rethink the meaning of equality, outlining steps to equality through the lifespan.

The first of Tronto’s (2013) steps is “when people are young, and in a state of dependency, they need equal access to adequate care in order to grow into fully capable adults” (p. 108). My study aligned with this thinking by looking for ways to reduce expulsion-related practices so that all children have access to caring and responsive relationships. The second step is that “when people are adults, they need to be able to exercise their voices equally and independently, and provisions need to be made to guarantee that their voices are not silenced or drowned out by others” (p. 108). This research centered on FCC providers’ voices sparse in academic literature to offer a vehicle for their voices to be heard and *disrupt research*. Iorio and Parnell (2020) stated that “to advance the work of educators, lecturers, and researchers towards practices of meaning-making in early childhood education, we seek to understand research that challenges assumptions and thinking in a variety of different contexts . . .” (p. 311). One way of doing this is by revealing experiences in the field of early childhood through story and narrative. For this reason, I have chosen narrative inquiry to honor the stories of providers, trouble their thinking, and make meaning out of their experiences with expulsion and as a caregiver of young children.

Positionality

In this study, I examined my own educator experiences of caregiving and expulsion alongside my participants because it was through my own experiences that I came to the doctoral program to research expulsion in FCC programs. Many stepping stones along the way have contributed to my passion and desire to study this issue, and for this reason, I feel it is important to build my stories into this work.

In this chapter, I positioned myself as an FCC provider. I shared a glimpse of my educational and professional experiences and continue to share my experiences throughout this dissertation. In my life, I have found that my most profound learning has come from hearing the stories of others. Many stories brought me here; the one I frequently return to is the story of my brother.

My mother was of Puerto Rican, Spanish and Portuguese descent, and my biological father was from El Salvador with a bit of German lineage that gave me fairer skin and blue eyes. My brothers, who I never thought of as half-brothers, had a different father. Their father was from Mexico, and they had black hair, darker skin, and dark brown eyes. As we were growing up, I was often asked if I was adopted because I looked different from my family. My family moved from San Francisco to Oregon when I was 6 years old.

We moved to a small, primarily White community, where we were the only Latinx students in our whole school. My brothers were picked on and beaten up regularly for being different. I was not, but the trauma related to watching this happen to my brothers was something I carried with me my whole life. Reflecting on this now, I

remember feeling confused and scared, I did not know what racism was by name, but I felt its effects even though it was not directed at me.

My youngest brother had been labeled as having attention-deficit/hyperactivity disorder early on. He would get in trouble for not being able to sit still, talking too much in class, and was often kicked out of class in elementary school. He started being suspended in middle school and was expelled in high school. It was not long before he ended up in juvenile detention, and he had the unfortunate experience of being transferred from juvenile detention to the state penitentiary on his 18th birthday.

Since his story is not my own, I cannot tell you if his experiences in the classroom had more to do with discrimination and racism than his behavior. Regardless, this story is not the story I am studying; however, this story has led me to this research. I am passionate about expulsion because I watched as the school system failed my brother. I am concerned about the voices of those who are not being heard because I have experiences where I felt I was not heard. I am a Latinx woman, cis-gendered, bisexual, Christian, mother, wife, business owner, student, and early childhood educator. In this work, the person I am influences the subjective lens through which I see this problem.

Methodology

I collected data for this study through one semi-structured focus group and two semi structured one-on-one interviews. I used provider program documents described further in my methods section and Tronto's (2013) Ethics of Care phases to develop questions for each part of the interview process. Once the data were collected, I used person, place, and event or storyline to frame and analyze data (Clandinin & Connelly,

2000). I analyzed the experiences and stories providers told me, keeping stories intact and looking for threads of care provided by the ethics of care framework (Tronto, 2013).

“Stories are universal mirrors that show us the truth about ourselves—who we are and why we do what we do” (Meier & Stremmel, 2010, p. 249). I pulled threads from participant interviews and used those threads to story provider experiences framing those threads as person, place, and event or storyline in Chapter 4.

My work as an FCC provider positioned me with lived experiences that contributed to this research. Rather than viewing this as bias, I embraced it as an added layer of depth to explore. “Researchers also engage in narrative inquiry into their own lived and told stories as they come alongside participants” (Clandinin et al., 2016, p. 243). “Coming alongside” from the Australian perspective “is a concept that provides a way for non-Indigenous people to engage respectfully with Indigenous Worldviews” (K. L. Martin, 2016, p. 39). In this spirit, I came alongside my participants.

My own beliefs and experiences about being a caregiver and educator lend to emerging thinking, growth, and learning about expulsion. I captured my thoughts about this research through journaling before and after participant interviews and throughout the process. My thinking was analyzed and storied, looking for themes of care (Tronto, 2013) “alongside” participant data (Clandinin et al., 2016; K. L. Martin, 2016).

As a researcher and member of the FCC community, this research needed to be made humanizing for FCC providers who are a marginalized population within the greater system of ECCE (Powell et al., 2020). I carried with me the belief that as a researcher, I held power as the gatekeeper of participant stories, experiences, beliefs, and

what was known to the world. Deep consideration was taken to hold myself to a high level of integrity, with transparency and respect for my participants. The participants in this study brought their stories and experiences of care. Every experience and story shared carried an authentic representation of the heaviness of their work as FCC providers.

Summary

This chapter introduced my problem of practice by explaining that early learning settings expel children in high numbers (Cutler & Gilkerson, 2002, Gilliam, 2005; Gilliam & Shahrar, 2006; Meek & Gilliam, 2016). I discussed that FCC programs had high rates of expulsion, which surpassed the rates of expulsion in other ECCE settings.

I contextualized the ECCE system using the metaphor of a patchwork quilt to illustrate how ECCE programs are pieced together. I described how each patch in the quilt was part of the ECCE system. However, differences between settings and individual programs included size, structure, physical location, funding streams, and licensing type. The only real commonality was that every program in the ECCE system worked with children five years old or younger in some capacity.

I shared that inconsistent workforce preparation, uneven funding, and societal devaluation of the workforce contributed to expulsion, evidenced by the large numbers of children being expelled from ECCE settings, especially FCC programs. Threads, such as funding, were stitched unevenly through the different settings and programs; uneven funding compounded the devalued work of FCC providers and resulted in a high turnover rate in the workforce.

Additionally, I further explained my positionality as an FCC provider, how I came to this work, and why I felt passionate about understanding the thinking of other FCC providers to disrupt ways of thinking about our work as caregivers and expulsion practices. I described how I used Narrative Inquiry (Clandinin & Connelly, 2000) to story provider experiences and how I came alongside (K. L. Martin, 2016) my participants and storied my own experiences with theirs to weave the narratives together in this study.

Chapter 2 explores the literature related to expulsion, what is known about expulsion in ECCE, and factors that contribute to expulsions, such as implicit bias, teacher beliefs, and perceptions. Discussing the Oregon expulsion data and legislative initiatives regarding expulsion that are relevant and influence the study. Literature about inclusion and how it relates to matters of expulsion is discussed. I discuss the FCC workforce-specific literature and how the Coronavirus (COVID-19) has impacted the workforce. Finally, Chapter 2 discusses my theoretical framework, including how Ethics of Care (Tronto, 2013) and Narrative Inquiry (Clandinin & Connelly, 2000) informed my methodology.

Key Concepts and Terms

ECCE (Early Childhood Care and Education): ECCE happens in many contexts and settings and can be used to describe programs that serve children under the age of eight years old. I used ECCE to describe programs that serve children five years old and younger for this work.

Oregon Child Care Licensing and Oversight: Child care in Oregon can either be license-exempt or licensed. License exempt programs serve less than three children and meet specific criteria, including operating less than 70 days a year and/or operating less than four hours a day. Licensed child care can be either a Child Care Center or a Home-Based Family Child Care program. Licensed home-based FCC programs are either registered or certified. Registered FCC providers can provide care for up to 10 children with minimal licensing regulations. Certified FCC providers may be licensed to care for up to 16 children and have regulations similar to a center (ODE ELD, 2017). This research is centered on licensed, home-based FCC providers who are in the category of certified.

Early Childhood Workforce Professional Titles: There are different names for providing direct services to children in the ECCE workforce. Typically, those working in a classroom setting like Early Head Start, Head Start, Oregon Pre-Kindergarten, and child care centers are staffed by a teacher and an assistant teacher. At the same time, in-home programs are staffed by providers and an aid I or aid II who may identify themselves further as teachers, providers, or caregivers. Since this work is centering FCC, I referred to those who operate an FCC program as FCC providers or providers.

Early Childhood Settings and Programs: The terms settings and program are used throughout this work. The differentiation is that a setting may be a school district preschool, private preschool, or home-based FCC. FCC is used to describe any child care program in a home setting. Within each setting, there are individual programs. While all home-based FCC operates within a home setting, each program is an individual business having its own internal policies and procedures while also adhering to the guidelines set by the state ELD for FCC settings.

Early Childhood Expulsion: Throughout the literature, expulsion is primarily discussed in terms of *preschool expulsion*, yet based on the literature, expulsion has been shown to occur outside of preschool settings such as in child care and is not limited to preschool-age children (Cutler & Gilkerson, 2002, Gilliam, 2005; Gilliam & Shahar, 2006). I focused on expulsion for challenging behavior that removed the child permanently from a program for this research.

Chapter 2: Literature Review

Over the last two decades, there has been a growing body of literature regarding preschool expulsion, yet the landscape of ECCE is multifaceted and nuanced. Most literature focused on large state-funded preschool programs and center-based care. There continues to be a paucity of literature centering on home-based FCC programs (Hallam et al., 2019; Hooper, 2018; Hooper & Hallam, 2019; Hooper & Schweiker, 2020).

Initially, I began this research focusing solely on research related to FCC expulsion. I used the key terms “FCC expulsion, home-based child care expulsion, early childhood expulsion, empirical studies” my first attempt resulted in two empirical studies. I used the search engine Education Resources Information Center (ERIC) databases; Academic Search Premier, Education Research Complete, ERIC, and Research Starters—Education. I also completed searches in Worldcat, JSTOR, and Google Scholar. As I widened my search parameters, “preschool expulsion” yielded the most results.

Searching through empirical research on preschool expulsion, I found that most were quantitative studies focused on expulsion disproportionality, teacher characteristics, and the implementation and outcomes of tools and strategies that reduce expulsion, few included FCC providers in their sample. One recent quantitative study focused entirely on expulsion in home-based FCC settings. Hooper and Schweiker (2020), referring to Home-Based Child Care (HBCC) which is another term for FCC settings, stated that knowing that expulsion in ECCE programs is harmful and given “the large number of children attending HBCC and lack of research about HBCC settings. It is important to

study the prevalence of expulsion in HBCC, as well as the program and provider characteristics that relate to expulsion” (p. 416). This study contributed to the gaps in what is known about expulsion in FCC settings.

This chapter explains inclusion-related literature and how it fits into discussions about expulsion. Literature about the FCC workforce includes workforce data and systemic issues contributing to expulsion. You will learn more about early childhood expulsion, including Oregon-specific data and legislation. Finally, my literature review ends with an overview of my theoretical framework. Care theories, Ethics of Care, and Care Pedagogy informed my framework; I end with my use of narrative inquiry (Clandinin & Connelly, 2000) as a qualitative method to bring forth the stories of FCC providers.

Inclusion

The definition of inclusion in early childhood settings is typically focused on including children with special rights. Mulvihill et al. (2002) defined inclusion as “full participation by children with disabilities in programs and activities for typically developing children” (p. 198). Stating that the program and activities are designed for typically developing children is not inclusive. Further, I find this definition of inclusion limiting. The idea of full participation feels exclusionary from this definition. The choice of participation should be a child's decision; however, the opportunity to participate in a meaningful way should be fully accessible to the child. Based on early childhood expulsion research, it is not just children with special rights expelled at high rates. Also, boys, children who are Black, and infants and toddlers are frequently expelled for

behaviors deemed developmentally unacceptable by EC educators (Gilliam & Reyes, 2018).

Inclusion of children vulnerable to expulsion is at the heart of solving the problem of expulsion. My thinking about expulsion is that an expulsion is an act of exclusion. Excluding a child through expulsion means that the child is no longer included. My beliefs about limiting the definition of inclusion to only children with special rights have led me to seek other ways of thinking about exclusion apart from dominant discourses. For this reason, I highlight the schools of Reggio Emilia, Italy notable for their inclusive practices in this discussion of inclusion later in this section.

For my research, I believe it is necessary to broaden the definition of inclusion. Wood (2015) extended the definition by stating, “The focus on meeting the individual needs of all children creates a space for the inclusion of children with disabilities because it recognizes that each child needs accommodations in the classroom space, not just those children with disabilities” (p. 258). Wood further discussed care theory as a foundation for inclusion. “Care in ECEC is more than the daily work of caring for children’s bodily needs, it involves the respect of all children as individuals and a valuing of their rights no matter what their (dis)abilities” (p. 263). Looking globally, the schools of Reggio Emilia, Italy embody inclusion. Including children with special needs or special rights is viewed as an opportunity for teachers and all children in the classroom to grow and learn. I used the Reggio Emilia schools as a contrasting perspective, as children with special rights have the highest expulsion rates in ECCE settings here in the United States (Gilliam, 2005; Neitzel, 2018; Zeng et al., 2021).

In the schools of Reggio Emilia, “having a child with special rights in a class makes it necessary for the teachers to broaden the opportunities, possibilities, and communication codes for all the children. It forces the teachers to create a more complex educational context” (Edwards et al., 2012, p. 190). The schools of Reggio Emilia are fully inclusive. Children with special rights receive priority enrollment, and their families are allowed to choose what school they prefer. Schools work closely with families and the community to individualize classrooms to all children's unique abilities and needs. Reggio Emilia, as a community, values children, viewing them as contributing members and making substantial investments in schools that are well resourced (Edwards et al., 2012). Reggio schools allow us to critically look at our systems in place for children.

Given the stark reality of early childhood expulsion data, we have lots of room to transform our system. This country has begun to make the investments necessary to support full inclusion. However, where resources are lacking, embracing an inclusive mindset can start making shifts in thinking. For this research, inclusion is defined as the right of ALL children to be cared for, feel like they belong, and have their individual needs met in ECCE settings. Centering care provides a way to understand thinking about inclusion and think of expulsion as the de-centering of care. I use care ethics as a conceptual framework to understand expulsion practices in FCC programs. In the following section, I discuss the FCC workforce.

The FCC Workforce

Though research is limited, the studies that have been done show the benefits of FCC. FCC programs are often better equipped to meet the needs of families who work

non-traditional hours, families living in rural areas, and families with infants and toddlers (Bromer et al., 2021; Herman et al., 2021, Rachidi et al., 2019). FCC providers are more culturally representative than other areas of the early childhood workforce (Blasberg et al., 2019; Sethi et al., 2020). Despite these benefits, FCC providers also experience more barriers to maintaining quality, such as isolation, long hours, and the demands of multiple roles (Bromer et al., 2021; Herman et al., 2021).

Bromer et al. (2021) outlined three core factors related to a reduction in the FCC workforce, in their literature review to understand a drop in FCC providers in seven years with an 82% decline in the United States. While research in Oregon has seen a decline in the numbers, the actual percentages by types of care are more nuanced and include less people coming into the workforce (OCCD & OCCRP, 2019). A decline in the workforce influences and places more stress on an already overburdened system. Nevertheless, this study was not trying to understand the workforce decline. The significant takeaway from Bromer et al. (2021) was three core factors related to reducing the FCC workforce: working conditions, business sustainability, and early childhood education system factors.

Further, Herman et al. (2021) used the conceptual framework created by Bromer et al. (2021) in their study with FCC providers in the Midwest. In Herman et al. focus group interviews revealed that some FCC providers experienced guilt about putting other children's needs ahead of their own children and feeling conflict within all of the roles they must take on in their work. Despite these feelings, providers also shared that, "on the other hand, caring for children of different ages and abilities and developing close

relationships with families may be aspects of the work that providers find satisfying” (Bromer et al., 2021, p. 15). However, both articles also discussed providers who felt benefits from their work as FCC providers.

In Bromer et al. (2021) and Herman et al. (2021), Factors related to working conditions significantly stress FCC providers. Such as long hours, the ability to manage their home by needing to separate spaces, and a feeling of not being able to get comfortable in their own homes. “Long hours, isolation, and multiple job demands within the home setting may contribute to driving providers out of work” (Bromer et al., 2021, p. 15). Further intensifying these factors were invasive licensing inspectors and families that have expectations of them that fall outside of their role as child care providers which present challenges to FCC providers (Bromer et al., 2021; Herman et al., 2021).

Additionally, the responsibilities of running a business were a stressor for many FCC providers, “running a sustainable home-based child care business includes consideration of income and benefits, enrollment and parent demand, as well as balancing administrative and caregiving roles” (Bromer et al., 2021, p. 18). While many FCC providers come to the work with an understanding that they will be working with children, they may not fully understand the significant role of managing a business. Moreover, many FCC programs run on thin margins; without knowledge of running a business and the rising costs of running a child care business, “system requirements may increase the cost of running an FCC business which may hinder business sustainability” (Bromer et al., 2021, p. 21). Having adequate knowledge of owning a small business or where to receive help with the business aspects of child care may contribute to FCC

provider stress. Based on their research with FCC providers, Herman et al. (2021) concluded, “We also believe that assertiveness training or professional development from a business management perspective could enhance FCC provider’s skills” (p. 21). Supporting providers in developing business skills could reduce some of the stress related to running an FCC program allowing providers to focus more on children. Next, I discuss FCC in Oregon.

FCC in Oregon

I could not find qualitative research about the work of FCC providers in Oregon that speak to the perceptions they have about their work. This study begins to fill that gap. However, Oregon has been researching the child care landscape to understand child care shortages across the state.

In data from the Oregon Early Learning Workforce: Seven Years Beyond Baseline Comparison of 2012 and 2019, large FCC homes comprise 15% of the child care workforce, and 8% are small FCC homes (OCCD & OCCRP, 2019). There has been a significant decline in small FCC and a slight increase in large or certified FCC homes. This research studied certified FCC homes.

With reduced child care in the state, addressing the lack of child care options for families in our communities is critical. All counties in Oregon are considered a “child care desert.” Identifying a region as a child care desert means there are not enough child care slots for the number of children who need them, especially infants and toddlers, where there is an eight to one ratio of children per slot needed (McElvaine et al., 2021). Additionally, with the disproportionate number of children under the age of five years

expelled from child care programs, less child care makes it harder for families to find alternative care.

COVID-19 Pressures and FCC

COVID-19 has influenced the current state of the FCC workforce further influenced. Sethi et al. (2020) revealed that,

The coronavirus has exposed and exacerbated deep inequities in our nation and has wreaked havoc on our child care system. By failing to address existing and worsening inequities in child care, we risk harming a workforce that is disproportionately women of color, further marginalizing families of color, and harming children's wellbeing. (p. 9)

With this in mind, I use information from the ODE ELD (2020c) website about their response to provider needs during COVID-19. On March 13, 2020, Governor Kate Brown announced that schools would be closed. However, Miriam Calderon, Director of the Early Learning System, expressed that “child care is a critical support for working families, their children, and businesses” (ODE ELD, 2020b, para. 2). The state would support child care providers to stay open; following this announcement, all ECCE programs that chose to stay open needed to apply for an Emergency Child Care (ECC) license

The ECC license came with additional requirements beyond that of standard licensing. The ECC license required that programs; reduce the number of children and use enhanced cleaning measures. In addition, the ELD gave guidance on the need for Personal Protective Equipment and new policies for daily operation, such as temperature checks for staff and children, contact tracing for staff, people residing in the FCC home, child care families, and children. When writing this dissertation in June of 2021, all ECCE programs operating in the state of Oregon are still under ECC licensing guidance

which has gone through one complete revision of the guidelines in response to changing guidance from the Center for Disease Control and Occupational Safety and Health Administration. With the additional requirements related to the ECC license, the state provided some limited financial assistance to FCC providers who qualified through the availability of four grants from May 2020 to December 2020, and no grants were offered again until June 2021, leaving providers without financial assistance for six months (ODE ELD, 2020a).

In addition to the grants, providers were also able to apply to receive two Personal Protective Equipment shipments to supplement supplies they had already purchased to meet the ECC requirements (ODE ELD, 2020c). For a workforce already struggling, the state's support has not been enough to keep FCC and centers in business. Oregon has seen a decline in FCC providers, reducing the number of slots available per child from 45,000 slots to 1,500 slots in the last two decades (Castillo, 2021). The long-term impacts of COVID-19 on the FCC workforce are yet to be known. In this next section, I reviewed early childhood expulsion literature.

Early Childhood Expulsion

Frequently associated with K-12 school systems, expulsion has become more common in ECCE settings (Cutler & Gilkerson, 2002; Gilliam, 2005; Gilliam & Shahrar, 2006), first identified in research at the state level. Cutler and Gilkerson (2002) revealed that 42% of child care programs in Illinois had asked a family to “withdraw their child due to social/emotional problems” (p. 80) in their study to examine how public policies met the needs of infants, toddlers, and families. Gilliam and Shahrar (2006) further

examined suspension and expulsion practices in Massachusetts, finding that 39% of preschool teachers self-reported having expelled a child during 12 months, with 27.42 preschoolers per 1,000 being expelled in a year. Additionally, compared with the K-12 system, these data found that preschoolers were more likely to be expelled vs. suspended. In other words, preschool-age children were met with harsher, more permanent consequences than were their suspended and expelled counterparts in K-12. Both studies found high percentages of infants, toddlers, and preschool-age children permanently excluded from child care and preschool programs. These initial findings in the literature prompted me to look directly at literature that examined expulsion in FCC settings (Cutler & Gilkerson, 2002; Gilliam, 2005; Gilliam & Shahar, 2006).

Disturbingly, it is not only preschool-age children expelled from ECCE programs. In a study done by the North Dakota Child Care Resource and Referral (North Dakota State Data Center, 2007). Licensed child care providers reported expulsion as “dismissal cases,” which is another way of referring to the permanent removal of a child from care, revealing that 12% of children dismissed were infants 0-11 months old, 18% were infants 12-23 months and 28% were toddlers under three-year-old. Infants and toddlers made up 53% of expulsions in that study. In addition, 51.2% gave the reason for dismissal as behavior-related (North Dakota State Data Center, 2007). Data collected at the state level has been a rich source of piecing together the larger problem. While my study is not specific to infant and toddler expulsion, many FCC providers care for children from infant through school age. When looking at FCC settings, I found it important to note that it is not only preschool-age children being expelled from child care.

Hooper and Schweiker (2020) have conducted the most extensive study of FCC expulsion practices. This study used 2013 data from the National Survey of Early Care and Education. Hooper and Schweiker analyzed FCC provider self-reported surveys focusing on provider characteristics and one question related to the frequency of children expelled for challenging behavior. The results revealed that 13.3% of FCC providers had reported at least one expulsion related to behavior in the year prior to the study, similar to Granja et al. (2018).

Hooper and Schweiker (2020) also found that the number of children cared for and the percentage of children with disabilities significantly impacted the provider's decision to use expulsion. This finding differs from previous studies where providers who cared for more children under the age of five also reported increased use of expulsion. Provider characteristics related to experience, education, and age were also collected. Contrary to other studies (Gilliam & Shahar, 2006; Zinsser et al., 2019), whether the provider held a college degree, or no college played no significant role in expulsion. With one exception, providers with some college reported expelling children at two times the rate of providers who held a degree or had no college.

Hooper and Schweiker's (2020) findings further conflicted with the work of other studies that gathered data from large public preschools and center-based care (Gilliam & Shahar, 2006; Zinsser et al., 2019), where teachers' personal characteristics were not significantly tied to expulsion. Hooper and Schweiker's study showed that providers with more than 10 years of experience and older providers were less likely to use expulsion than providers motivated by a sense of helping children and families in their careers.

These findings were similar to research done in Colorado by Hoover et al. (2012), who also found differences related to setting type. In the Hoover et al. study, FCC provider experience and education played a significant role in expulsion, whereas those factors did not contribute to expulsion in centers. Further, Hoover et al. noted that FCC providers were six times more likely to expel children than the Colorado K-12 system and more than center-based programs that expelled children at three times the rate of the K-12 system. The findings of Hooper and Schweiker (2020) and Hoover et al. have pointed to the need for research that focuses specifically on FCC providers. Both studies used qualitative methods to bring forward the need to examine FCC providers' thoughts about expulsion deeply. My research examines the way FCC providers think about their care practices and experiences and how these influence the decision made about expulsion.

Reasons for Expulsion

Based on the literature review, many reasons contribute to expulsion in early learning settings. The differences in findings between many studies suggest no universal reason that children are expelled from early learning settings. There is a multitude of factors, and as I discussed in my Chapter 1 metaphor of the patchwork quilt, the differences in settings within the scope of early learning contribute to the differences in findings regarding the reasons children are expelled from programs (Hooper & Schweiker, 2020; Hoover et al., 2012). This next section speaks to the most cited reasons for expulsion from research.

Implicit Bias. While the need for more research on ECCE expulsion is considerable, the research that has been done has found some leading causes of

expulsion. Among the most studied is implicit bias Meek and Gilliam (2016) stated that “starting as young as infancy and toddlerhood, children of color are at highest risk for being expelled from early care and education programs” (p. 1). Implicit bias is defined as unconscious attitudes, beliefs, and stereotypes that impact how we act, understand, and make decisions (Gilliam et al., 2016; Neitzel, 2018). Implicit bias can influence an individual’s decision-making and behavior, resulting in inequitable outcomes (Neitzel, 2018).

Research suggests that the number of children being expelled and suspended is higher than the data suggest (Neitzel, 2018; Schachner et al., 2016). Regardless of how often expulsion happens, research shows that Black children under the age of five are disproportionately expelled compared to White children. An example of this was seen in data from the U.S. Department of Education Office for Civil Rights (2014). The data show that Black students are disproportionately expelled at three times the number of White students and makeup 48% of preschool-age children who receive multiple suspensions.

In a study by Gilliam et al. (2016), researchers observed that early childhood educators watched Black children, especially Black boys, more closely “when challenging behaviors are expected” (p. 11). White teachers were more prone to have lower expectations for Black students while Black teachers had higher standards, resulting in more exclusionary discipline practices. When presented with information about family stressors and background, Black teachers' perceived severity of the behavior was lowered. Conversely, White teachers were more likely to feel that behavior was less

likely to improve and felt more hopeless. According to this research (Gilliam et al., 2016), Black teachers had “an increased ability to understand the cultural context of Black children’s lives and to use the knowledge to better understand and respond to their educational needs” (p. 13). Another significant finding in this study was that there was no relationship between the child's race or sex and the teacher’s recommendation to expel a child.

However, this study was not consistent with other research findings (U.S. Department of Education Office for Civil Rights, 2014), which found that early childhood educators were more likely to recommend exclusion for Black boys. Nonetheless, it did illustrate the role of implicit bias in preschool classrooms. Also, worth mentioning that this study did not include FCC settings. I have been unable to locate such research looking at the role implicit bias plays in FCC providers' decisions regarding expulsion. While this research is useful to my study because it brings forward implicit bias that underlies the act of expulsion, my study is focused on FCC provider perceptions and beliefs.

Expulsion Intervention. Fortunately, though not yet widely used in practice, interventions are being created to reduce expulsion by addressing teacher implicit bias. In multiple studies, mental health consultations have been used to reduce expulsion throughout the literature (Davis et al.; 2020; Garro et al., 2021; Perry et al., 2010; Vinh et al., 2016). Early childhood educators with regular access to mental health consultations are half as likely to report expulsion practices than those without access (Gilliam, 2005; Meek & Gilliam, 2016). Early childhood mental health consultation (ECMHC) varies

from program to program. However, it consists of teachers having access to a mental health consultant who meets with the teacher individually to discuss behavioral challenges, discuss strategies, and provide space for self-reflection (Davis et al., 2019; Hepburn et al., 2007; Johnston & Brinamen, 2012). Hooper and Schweiker (2020) pointed out, “additionally, teachers’ access to consultation with behavior or mental health specialists provided by the early childhood program significantly decreases the likelihood of expelling children for behavioral reasons” (p. 415). While mental health consultation has the potential to decrease teacher stress, improve teacher-child relationships and reduce expulsion rates (Gilliam, 2005; Gilliam et al., 2016), access to ECMHC varies across ECCE settings and is not yet being utilized for FCC providers here in Oregon.

Numerous studies have been completed on the benefits of mental health support for those working with young children (Brennen et al., 2008; Conners-Burrow et al., 2013; Hoover et al., 2012; Shamblin et al., 2016). In addition to evidence that mental health support reduces expulsion in early learning settings (Gilliam & Reyes, 2018; K. A. Martin et al., 2018; Perry et al., 2011; Zinsser et al., 2019). However, mental health support is not widely utilized by FCC providers.

Children, families, and those in the ECCE workforce are layered in a complex system with a myriad of experiences and social constructions that connect them and at the same time keep them from being able to work together cohesively. Shamblin et al. (2016) spoke to this in their work to implement an ECMHC program in rural Appalachia. “In poor, underserved and resource-challenged regions such as rural Appalachia, teachers are typically stretched beyond capacity” (p. 189). While the authors speak specifically of

rural Appalachia, I would posit that this is true for all communities experiencing these challenges. According to workforce data, FCC providers often work for poor wages (Bromer & Henly, 2004; Bromer et al., 2021; Garrity et al., 2021; U.S. Bureau of Labor Statistics, 2020). Frequently with underserved populations (Bromer et al., 2021) and are almost always lacking the resources necessary to support themselves, children, and families in the most effective and appropriate ways (Bromer et al., 2021; Hoover et al., 2012).

Additionally, research has shown that FCC providers experience higher rates of depression (Bromer et al., 2021; Herman et al., 2021; Jeon et al., 2018). So, while there are currently effective strategies that would help ameliorate many of the stressors FCC providers face and reduce expulsion in FCC settings, they are out of the reach of most FCC providers. ECMHC “consultation focuses on improving the overall quality of a childcare program and addresses structural issues that impact the climate of a classroom or teachers' ability to build nurturing relationships with the children in their care” (Conners-Burrow et al., 2013, p. 280). I find it concerning that most literature emphasizes the number of children being expelled based on quantitative data.

Nevertheless, even with research-based methods available such as ECMHC, FCC providers have little access to them to address the inequities for children. Hoover et al. (2012) stated

Family Child Care Homes may lack the resources, peer support, and networking that Child Care Centers have, so children with behaviors typical for young children might be perceived as having behavioral challenges and might pose a particular strain on Family Child Care Homes. (p. 251)

ECCE system failures continue to keep FCC providers who are farthest from opportunity from the ability to access the necessary tools and strategies that would improve the lives of children and reduce expulsion.

Teacher Beliefs and Perceptions. Teacher beliefs and attitudes are closely tied to caregiving practices (Mulvihill et al., 2002; Susman-Stillman et al., 2013). Since beliefs and attitudes are closely entwined with practice, FCC providers who care for children in their homes are more likely to spend significantly more time with children than center-based and public programs. We must begin to understand FCC provider beliefs and attitudes about educating and caring for children in their programs.

Gilliam and Reyes (2018) investigated how behavior influenced center-based teacher decisions about expulsion. Their findings revealed three contributing factors to expulsion. The first was if a teacher believed the child's behavior was disruptive. The second was if the teacher feared they would be held accountable for the child's actions, and the third factor was the level of stress associated with the behavior. Further, K. A. Martin et al. (2018) researched teacher perceptions of expulsion in preschool and child care. Their study with center-based programs found that teachers' level of stress and exhaustion associated with a challenging behavior intensified their perception of whether they could work with the behavior.

Further, if the teacher perceived the parents as not cooperating with them to change the behavior, they were more likely to resort to expulsion. "child care providers' work is exhausting. Teachers become discouraged when they cannot find ways to intervene in challenging behavior, often leading them to connect lack of progress with a

poor family environment” (K. A. Martin et al., 2018, p. 95). This research centered on teachers and child care providers in center-based care. FCC providers who have fewer resources than center-based teachers may feel they have fewer options to draw from and use expulsion to protect themselves and the other children in their care.

Expulsion has long-lasting consequences for a child. An FCC provider confronted with a child they feel ill-equipped to work with may use expulsion to remove stress. The provider may think it will benefit the other children in their care. “Providers who reported experiencing more stress related to their job were more rated as more harsh in their tone/discipline and were less sensitive. Stress-related to caring for young children negatively influences provider–child interactions” (Hughes-Belding et al., 2012, p. 708). K. A. Martin et al. (2018) described situations where programs needed to hire staff to combat teacher burnout. Intensifying the burden of costs is the need to hire extra staff due to the loss of tuition from families threatening to leave over another child’s behavior. “Understanding the larger ecological context in which expulsions take place highlights the tradeoffs that centers must weigh when considering expulsion and suggests structural constraints that need to be addressed at the policy level” (K. A. Martin, 2018, p. 95). In FCC programs with even fewer resources and less funding to hire relief staff, one child with behavior they believe they cannot manage becomes a crisis.

Oregon Expulsion Data and Legislative Initiatives

Currently, there is much active work in my own state of Oregon to create legislation to reduce expulsion in ECCE programs. While this is a positive attempt to correct the damaging effects expulsion has on young children, not enough data have been

collected to understand expulsion in FCC programs. FCC programs operated in many cases by one person in their home alone for 50 plus hours a week have different needs than large preschool and child care programs. We must understand the unique needs of FCC programs to reduce expulsion in these programs.

Nationally, research has recognized that expulsion in ECCE is an urgent problem that needs to be addressed (Cutler & Gilkerson, 2002; Gilliam, 2005; Gilliam & Shahar, 2006). Two legislative bills in Oregon respond to the growing need to address the disparities that result from expelling young children and work toward finding solutions. In a legislative hearing for HB 2166 on February 23, 2012, the House Education Committee presented the most recent Oregon ECE expulsion data. Findings from the Oregon Preschool Development Grant Birth to Age five Strengths and Needs Assessment revealed that Latinx and Multiracial children were expelled one and a half to three and a half times more than white children. Children whose primary language is not English were expelled twice as often as children who speak primarily English. Children from lower-income households were expelled twice as often as those from higher-income families, and children with special rights were more likely to be expelled for behavior issues (Burton et al., 2020).

Moreover, decisions providers gave families for terminating child care fell into several categories. These categories included: (a) lack of provider ability to manage the child's behavior (37.3%), (b) the child not adjusting to the environment demonstrated by separation anxiety and crying (29.4%), (c) the provider did not feel equipped to meet the child's developmental needs (4.4%), (d) the provider could not meet the child's physical

or health needs (6.1%), and (e) in 22.8% of the cases the reasons for termination were not identified. Currently, both Oregon HB 2166 and SB 236 recognize the need to understand and address expulsion practices in early learning environments. Both bills seek to improve by gaining further insight through state-funded studies by creating an expulsion task force. Also, developing a system to triage provider needs through a warmline. Additionally, supporting child care programs to promptly access resources created to prevent expulsion practices. Furthermore, both bills have a set timeline for banning all expulsion practices within the next five years.

Theoretical Framework

This section explores the theories that make up my theoretical framework. I discuss care theory, followed by the ethic of care, and care as curriculum and ending this section with care pedagogy.

Ethics of Care

Mayeroff (1971) began his discussion on care, with the *carer* at the center and their primary function as helping another grow. He described the formula of care by listing ingredients or the virtues of care; knowing, alternating rhythms, patience, honesty, trust, humility, hope, and courage, along with the features of how someone cares for another person, which includes a deep understanding of self that fosters the understanding of another person.

American philosopher Noddings (2002) built on the concept of a caring relationship and critiqued Mayeroff's (1971) description of care as a virtue. Pointing out that thinking of care as part of the carers "personal identity" is problematic. Where

should caring begin; “should we begin with the carer as a moral agent, or with the cared-for?” (Noddings, 2002, p. 12). Noddings (2002) expanded the definition of care, adding “shared control,” which differs from Mayeroff, who placed primary control on the carer.

According to Noddings (2002), there is a differentiation between “natural” care which arises spontaneously, versus “ethical” care that comes with a sense of duty if one views themselves as a carer. In Noddings’ (2012) view of care, there is a reciprocity of care between the one-caring and the cared-for “when, for whatever reason . . . the cared-for is unable to respond that completes the relation, the work of the carer becomes more and more difficult. Carers in this position need the support of a caring community to sustain them” (p. 54). There should be some form of reciprocity framing care as relational. In the absence of a response from the cared-for to the one-caring, it becomes a challenge to be the one-caring and would necessitate that the one-caring be a part of a larger community of care to have their own needs met. Noddings (2012) did not go into detail about how that looked. Both Mayeroff (1971) and Noddings (2012) spoke mainly about caregiving motivations between two people without considering the larger contexts in which care exists.

Conversely, Tronto (2013) addressed care from a political and feminist lens, discussing care in the context of race and class, speaking to the inequalities, and undervaluing of care, and the “ways of separating citizens into more and less important groups” (p. 12). Tronto identified five phases in the process of care and further aligned them with moral qualities: Caring about (attentiveness), Caring for (responsibility), Care giving (competence), Care receiving (responsiveness), and Caring with (plurality,

communication, trust, and respect). Tronto also went into considerable detail about *who* does care work. Primarily women and that care work is the lowest-paid work in our society. This contextualization of care work is necessary for understanding FCC providers who are underpaid and undervalued in their work as carers. I held onto the motivations that drive carers to care in my conversations with FCC providers from Mayeroff's (1971) and Noddings's (2002, 2012) care theory. While also holding onto Tronto's process and phases of care, I go into more detail in the discussion of my theoretical framework.

Care as Curriculum

Care is discussed frequently in early childhood discourse, which is not surprising. Throughout my search for care in early childhood-related literature, the notion of care as a curriculum popped up, particularly in the care of infants and toddlers. Care as Curriculum came out of the work of pediatrician Dr. Emmi Pikler and child therapist and infant specialist Magda Gerber (Bussey & Hill, 2016). The use of the concept of care as a curriculum places value on everyday care experiences as valuable learning and teaching opportunities. Pikler and Gerber's work is both theoretical and practical. The Resources for Infant Educators (RIE) approach was born out of this notion. Attempting to understand care as curriculum in practice, Bussey and Hill (2016) examined the perceptions and understandings of infant and toddler teachers in New Zealand about the concept of care as curriculum. Their findings revealed that even though the teachers had received education in the RIE approach, they lacked clarity in their interpretation of care as curriculum. They then concluded that the notion of care as a curriculum needed to be

further theorized. In Bussey and Hill's closing thoughts, they discussed the work of Rockel (2009) and his use of "pedagogy of care" as further developing early childhood education and care discourses. I further discuss the work of Rockel on the pedagogy of care in the sections that follow.

Care Pedagogy

Most of the care research I found came from outside the United States. An example of this was the work of Rockel (2009). Rockel described changes in the New Zealand Early Childhood Education and Care landscape by introducing a national early learning curriculum called Te Whariki in 1996. Te Whariki's curriculum is inclusive. Te Whariki looks at the child holistically, placed central to the curriculum. The objective is for the child "to grow up as competent and confident communicators, healthy in mind, body, and spirit, secure in their sense of belonging, and in the knowledge that they make a valued contribution to society" (Ministry of Education, 1996, p. 9).

Rockel (2009) described interactions between teachers and children within Te Whariki as reciprocal, similar to the care relationship Noddings (2002) described, and responsive, which is in line with Tronto's (2013) phase three, care giving. Rockel brought up a different way of thinking about the label of caregiver, arguing that the term is "condescending." Then further explained, "the discourse of 'teacher' rather than 'caregiver' is used to acknowledge the significance of a pedagogical approach to teaching and learning that is inclusive of care" (Rockel, 2009, p. 2). In other words, an infant, toddler, or preschool teacher would be intentional in using the pedagogy of care in teaching practice versus the title of caregiver, which is often associated with mothering.

He explained, “titles can convey a powerful message about status to teachers themselves and others in society” (Rockel, 2009, p. 2). Rockel also pointed out that there may be a tendency to want to retain the title of caregiver to hold fast to care discourse and differentiate from education. Despite this, Rockel has the belief that care pedagogy offers a way to distinguish care within the paradigm of education for early childhood teachers.

Rockel (2009) raised some excellent points, and I agree with the need to move away from using the term caregiver and toward a new way of thinking about the title of an early childhood educator. The RIE approach’s use of the title developed by Magda Gerber as “educarer” is perhaps one example of an alternative for the teacher. The FCC providers in this study self-identified their preferred titles throughout this study.

Work done in New Zealand informed Rockel’s (2009) pedagogy of care discussion. Unfortunately, much of the work being done in New Zealand regarding Early Childhood Education and Care has not occurred in the United States yet. “In order to integrate broader images of care and to consider whether we care ‘enough’ for children, their families, ourselves and others, the political, ethical, and moral aspects of pedagogy must be considered” (p. 5). At this time, the United States is the only country that has not ratified The Convention on the Rights of the Child treaty. The treaty would aid in strengthening early childhood systems, force measures of accountability on children’s rights issues, and support policies and practices that improve the lives of children. In our country, failures like this delay shift in thinking about how we care for and educate young children.

Rockel (2009) stated that “a pedagogy of care involves the notion of an ethic of care which takes the image of caring beyond efficient completion of tasks to the ethical perspectives involved in the larger picture of how a society cares for its youngest citizens” (p. 7). Rockel’s study required participants to deeply reflect on practices that align with care ethics and contribute to pedagogical thinking. Rockel’s work focused on infant-toddler care, which differs from this study as FCC providers care for children from birth through school age. Still, I find it hopeful that other countries are doing the work and that we can look to what countries like New Zealand are doing.

Scholarly literature both in and out of the United States discussed the undervaluing of care work (Faulkner et al., 2016; Gibbons, 2020; Maloney, 2010; Tuominen, 2003). Murray’s (2017) work is more of a movement to change practice within the child care profession. Murray spoke to the urgency that providers begin to see value in their work and calls to the child care community to embrace the care in child care. While this work is necessary, it does not fully speak to pedagogy as aligned with the care of ethics or address the underlying devaluing of care work in our culture and the systems and structures that oppress those in caring professions (Tronto, 2013). FCC providers can change practice, but change cannot be sustained long term without investments and policies that address barriers to sustaining caring relationships.

I fear care will continue to be invisible and undervalued with continued insistence at the government level to separate care and education into different systems. Moss (2006) beautifully worded the interconnectedness of care and education. “For the pedagogue, learning, care, and upbringing are indivisible activities; these are not distinct

fields that must somehow be joined up, but interconnected facets of life that cannot be envisaged separately” (p. 32). Care and education must be seen as the same for a change in thinking. As early childhood caregivers and educators in the United States, we must begin to embrace care pedagogy within the education paradigm, as Rockel (2009) stated, to elevate our profession. Next, I discuss my theoretical framework.

Ethics of Care Framework

The work of FCC providers does not exist in a vacuum. The work of FCC providers is layered in a complex system that consists of relationships with children, their relationship with a culture that undervalues them, and a system that oppresses those who do care work (Goldstein, 1998; Tronto, 2013). Women currently comprise the majority of the FCC workforce. The work is, in many cases, underpaid, with extended hours, without paid time off or benefits such as health, dental, and retirement (Boyd, 2013; Curbow et al., 2000; Gerstenblatt et al., 2014; Gratz & Claffey, 1996; Herman et al., 2021; Whitebook & Ryan, 2011). Power at the root of relationships with the families of children in their care and the state licensing is often imbalanced. For example, an FCC provider may continue to allow a child to stay in their program even though the parent refuses to pay them or risk demanding payment and having the family make an unwarranted complaint against the program out of anger.

In order to stay in business as an FCC provider and pay the bills, keep their program enrolled with children, and keep their child care license, FCC providers must make decisions that often result in relinquishing a level of power. As Rockel (2009) stated, Uncertainty in the “interactions between children and adults can be challenging to

teachers . . .” (p. 5). I want to add that interactions between FCC providers and outside stakeholders are also challenging. FCC providers “may fall back upon more dominant power relationships to create certainty in their practice” (Rockel, 2009, p. 5). In other words, in the example I gave earlier of the child care family not paying the FCC provider, the FCC provider may expel the child due to the family’s inability to pay. Expulsion for non-payment would not be the case if more investments were made at the government level to take the burden of paying off families

Ethics of Care to Frame This Study. Goldstein (1998) provided a glimpse of what using the ethics of care framework could look like in research. For three months, Goldstein acted as a participant-observer in her research of one primary school teacher’s care encounters with the children in her classroom, drawing from Nodding’s (1984) caring relationships. Goldstein’s study, the focal point was the care encounters between the teacher and children in one classroom using the ethic of care as a construct. Goldstein (1998) explained “the nature of the teaching decisions, practices, and interactions common to many early childhood educational environments” (p. 249). Using the ethic of care framework to position care “offers us the opportunity to enhance and deepen our understanding of the work we do, and which will provide a strong, powerful alternative to the commonly held sense of caring as little more than gentle smiles and warm hugs” (Goldstein, 1998, p. 259). Goldstein’s study was the only one I could find of this kind, using the care of ethics framework. Goldstein worked closely with one teacher using almost an ethnographic approach to understanding the culture of care in this classroom. From this study, I appreciate the care with which Goldstein worked with her one

participant. I did not use Nodding's *care for* as a framework; instead, I used the ethics of care to frame my interactions with my participants (Tronto, 2013).

A Caring Framework. I used the final three phases in Tronto's (1998, 2013) care framework as the basis for this narrative inquiry. While Tronto outlined five phases, the first two were assumed by the profession of FCC provider. "Caring about" is described as identifying a group with unmet needs; in this case, children who have parents at work need child care. "Caring for" is identified by the group of people identified to take on the responsibility of caregiving. FCC providers are the group of people with the responsibility of caregiving. The third phase involves caregiving. Caregiving is the "actual work of care," Tronto (2013) assigned the word "competence" as a moral quality of caregiving, stating that "To be competent to care, given one's caring responsibilities, is not simply a technical issue, but a moral one" (p. 34). To understand the caregiving of the FCC providers in this study, I considered provider experience and education related to their work. I listened for threads about how competent they felt about their work during our interviews.

Tronto (1998) provided questions for "Caring Judgments" that I use as a way to pull out themes related to caregiving competence:

Caregiving (competence)

1. Who are the caregivers?
2. How well do they do their work?
3. What conflicts exist between them and the care receivers?
4. What resources do caregivers need in order to care competently?
5. Who pays attention to changes in the care receiver's needs? (p. 18)

The guiding questions for my interviews reflected these questions, as did the data analysis process.

I considered threads related to competence within-participant narratives. Question two required subjectivity; however, I did not intend to measure the program quality with this study. I reworded this question to say, “What are FCC providers’ thoughts about how well they do their work?” Question three was used to understand not just conflict within their relationships with children but with outside stakeholders. Such as conflicts with the families of children. Question four provided a way to look for things that contributed to or were barriers to caring relationships within the FCC program.

The fourth phase of care was care receiving, to which Tronto (2013) attached the moral quality of responsiveness. This fourth phase relied on the responsiveness of the care receiver. In the setting of FCC, I wondered if this might go unnoticed or be misidentified as disobedience. Tronto (2010) stated that when excluded from judgments about their own care, suggestions that care receivers make “are likely to be taken to be resistance or obstruction” (p. 165). In the case of children who may not have the verbal skills to articulate needs, caregivers need to have the ability to listen, observe, and read the child's non-verbal cues. Not being aware of the multiplicity of ways children communicate needs can result in relationship conflicts where resistance by a child can be perceived as disobedience by the caregiver. Tronto’s (1998) questions for phase four were:

Care receiving (responsiveness)

1. How do care receivers respond to the care that they are given?
2. How well does the care process, as it exists, meet their needs?

3. If their needs conflict with one another, who resolves these conflicts? (p. 18)

For these questions, I engaged providers in thinking about their daily routines with children during the interviews. Then, I reflected with the providers on how they viewed their interactions guided by these questions and the concept of care reciprocity (Noddings, 2002).

The final phase was caring with, added to the phases in Tronto's (2013) book *Caring Democracy*. In caring with, how the care needs are met "need to be consistent with democratic commitments to justice equality, and freedom for all" (p. 22). The moral qualities Tronto assigned to this phase are plurality, communication, trust and respect, and solidarity. Since this phase was added more recently, there was no template of questions. At the beginning of the study, I conducted a focus group where the providers engaged in a discussion, resulting in shared thinking in the spirit of care with. In keeping with my semi-structured interviews, I developed several guiding questions with this phase in mind; however, I was responsive to participant narratives and explored non-scripted questions.

Finally, Goldstein (1998) inspired my care for participants; "allow me to give care to the people with whom I would be working" (p. 249). Holding thoughts of care in mind, I made decisions using the same ethic of care in my relationships with providers. As an FCC provider, I brought my own experiences and bias. I engaged in the process of journaling before and after my interviews. Journaling helped me bracket my own experiences and beliefs to focus on participant experiences. Next, I discuss how I used narrative inquiry as a methodology.

Methodology

Stories are a way of understanding our lived experiences; “narrative inquiry is stories lived and told” (Clandinin & Connelly, 2000, p. 20). In the literature on early childhood expulsion practices, most studies contributed quantitative data to make the problem of expulsion known. We know that expulsion is a problem in ECCE settings (Cutler & Gilkerson, 2002; Gilliam, 2005; Gilliam & Shahar, 2006; Meek & Gilliam, 2016). There is a gap in qualitative research about what FCC providers think about their work as caregivers and their beliefs about expulsion.

Clandinin and Connelly (2000) described the power of living experiences being told, retold, and relived as transformational. “Difficult as it may be to tell a story, the more difficult but important task is the retelling of stories that allow for growth and change” (p. 71). Experience told through narrative becomes a vehicle to consider current and future experiences. “Narrative inquiry prompts reflection and encourages the authentic expression of lived experiences . . .” (Meier & Stremmel, 2010, p. 250). When participants tell their stories, this offers an opportunity to understand better “what they are doing and why they are doing it” (Meier & Stremmel, 2010, p. 250). The complexity of human experience brought forward through Narrative Inquiry also provides space for transformative future experiences (Clandinin & Connelly, 2000).

Critics argue that through the interpretive process, “researchers may choose to modify, interpret, disagree, and select certain parts of the text and thus fall prey to the researcher–subject power differential” (Bhattacharya, 2016, p. 710). Interpretation of other people’s stories places the researcher in control. Consequently, in understanding the

narrations of participants' one would need to be aware of how their own worldview influences the understanding of their participants' storied experiences (Bhattacharya, 2016). For this reason, researchers should use strategies such as member checking for the validity and reliability of their findings (Merriam & Tisdell, 2016).

Furthermore, researchers using narrative inquiry seek meaning from stories, and the researcher and participant engage in shared meaning-making (Gill, 2001; Wang & Geale, 2015). It is essential to understand how experience is determined within narrative inquiry; rooted in Dewey's (1938) theory of experience, experience and education are inherently connected. Experience in Dewey's viewpoint needs to meet both interaction and continuity criteria. Interaction means engagement with internal and external conditions and continuity in that we are thinking of time on a continuum; past, present future (Clandinin & Connelly, 2000; Hutchinson, 2015). All participants in this study were FCC providers and were offered the chance to think deeply about their experiences past, present, and future in our interviews.

Furthermore, researchers using narrative inquiry seek meaning from stories, and the researcher and participant engage in shared meaning-making (Gill, 2001; Wang & Geale, 2015). Connelly and Clandinin (1990) told us that "the thing finally written on paper . . . the research paper or book, is a collaborative document; a mutually constructed story created out of the lives of both researcher and participant" (p. 12). The idea of the document as collaborative feels true to my experience with the providers in this study. Knowledge and understanding are gained through the inquiry of lived experiences (Clandinin & Rosiek, 2019). Otto (2021) stated:

Actually, hearing from the people who are most impacted. The problem solvers should be the people who have the problem in front of them. Not from someone else who is distant from the problem or experience is solving the problem for them.

Otto's words are more powerful to me now that this study is complete.

Summary: Bringing Ideas Together

This literature review discussed the complex issues surrounding the expulsion of young children from FCC settings. This literature shows that expulsion in early childhood programs is a problem across all parts of ECCE. Children as young as infants are being expelled, and children who are Black are disproportionately expelled compared with children who are White, and boys are expelled more frequently than girls (Cutler & Gilkerson, 2002; Gilliam, 2005; Gilliam & Shahar, 2006). From the limited amount of research that has included FCC providers, expulsion is most likely occurring at even higher rates than other ECCE settings (Gilliam et al., 2016). Also known from the literature is that the FCC workforce is underpaid, under-resourced, and undervalued, and within this context, they also work long hours, frequently by themselves (Bromer et al., 2021; Herman et al., 2021). Over the last two decades, there has been a decline in the number of FCC providers, further impacted by COVID-19 (Sethi et al., 2020). Research that includes the voice of FCC providers about expulsion is sparse (Hooper & Schweiker, 2020). For this reason, I used narrative inquiry (Clandinin & Connelley, 2000) guided by the Ethics of Care (Tronto, 2013) framework to understand FCC providers' experiences. In Chapter 3, I describe the details of my study, including my research methods, data collection, and analysis.

Chapter 3: Methodology

Research to understand the thinking of FCC providers is limited (Hooper, 2020; Hooper & Hallam, 2019; Hooper & Schweiker, 2020). Additionally, expulsion in FCC programs is disproportionate to other ECCE settings, and there is a paucity of research understanding providers' thinking about expulsion. This research contributes to the gap in what is known about what FCC providers think about their work and their beliefs about expulsion. The purpose of this study was to examine FCC providers' thinking about their work as caregivers and the experiences that influence the decisions they make about expulsion

Research Perspective and Design

I used qualitative methods to understand the beliefs and perceptions of FCC providers about caregiving practices and expulsion. As with much of the research in ECCE, there is a heavy reliance on quantitative methods (Moss, 2016; Parnell & Iorio, 2016). In my literature review, I found that most early childhood research on expulsion collected data through quantitative methods. Quantitative data helped identify expulsion as a problem and how expulsion occurs in ECCE settings. The ECCE expulsion data are often compared with expulsion data in kindergarten through 12th grade (K-12) settings and reveals that the number of children expelled in ECCE settings is significantly higher than in K-12 settings.

Quantification and objectivity in research have roots in Modernistic and Enlightenment thinking. Relying on quantitative data as the primary source to understand expulsion obscures multiple perspectives behind the statistics and how expulsion

practices vary across settings. While quantitative research is an effective strategy for answering specific questions, a quantitative approach would not have yielded the data I collected in this study. This research became grounded in the context of each provider, their experiences, and their stories. We engaged in discussions that challenged their thinking and mine. This work inspired new thinking in me, and while I can only speak for myself, I found growth and transformation in my understanding of my work as an FCC provider, work that I have done for 16 years. Moss (2014) described the process of change and transformation as “transformative change, too, is about opening up to a continuous state of movement, not just a short burst of movement whilst traversing from one static position to another” (p. 8). This continuous state of movement, as Moss described, aligned with my own thinking about the importance of early childhood educators to be engaged in reflexivity as a practice so as not to grow stagnant in thinking, being unwilling or unable to change to meet the ongoing and varying needs of young children.

I came to this research from a postmodernist viewpoint that embraced diversity, complexity, and subjectivity (Dahlberg et al., 2013). This research focused on FCC providers, who work in their homes which is different from other ECCE settings. The context where care occurred needed to be a part of this discussion and lent to this work’s complexity. I did not want to separate the FCC provider from their context; viewing early childhood expulsion in FCC programs out of context would have stripped away the many layers that contributed to the thinking in this work. The data for this study included all aspects participants wanted to share about the work they do as caregivers, including their

contextual differences. I found the problem of early childhood expulsion in FCC programs deeply rooted in context. “The idea that context can be separated out and its effect independently measured requires a conceptualization of context as ‘that which surrounds’” (Dahlberg et al., 2013, p. 110). Ignoring the influence of context would have ignored the multiplicity of stories within each unique context, telling a singular story.

Reducing the data to just numbers without understanding the context becomes particularly troublesome when universal measures and standards are applied across settings. Universal assumes that what is true in one setting [a home] is not only true in another setting [another home] but that the problem [expulsion] is the same across settings [assumes all homes are the same] and can be *fixed* in the same way. Each home in a neighborhood is different, and there are many ways to build a home and a family. Narrow views of FCC, which do not encompass the differences, contribute to harmful practices that are not limited to children but include the providers caring for them. Moss (2016) stated:

that early childhood education today is dominated by a particularly narrow, instrumental, and outmoded idea of research . . . [going further to say] Such positivistic research, focused on numbers and facts rather than meaning, is dominant in a very particular sense—in that it has a privileged position within circles of political and economic power. (p. xiv)

In current legislation in Oregon, funding has already begun to become hinged on the presence of a program expulsion policy. For example, to participate in the state preschool program, all programs must have a written policy prohibiting suspension and expulsion (ODE ELD, 2020d). The state-funded preschool program works with large public schools that serve hundreds of young children and have an entire staff; they also work with tiny,

registered FCC programs serving no more than 10 children with one FCC provider alone in their home.

State funding is often not adequate to meet the need of an FCC provider who may require additional resources to comply with a no suspension or expulsion policy. For instance, a large school district receiving the same dollar amount per child for several hundred may be able to hire a behavior specialist or pay for mental health consultation services which comparatively may be costly and burdensome for a small program. However, looking at expulsion literature (Cutler & Gilkerson, 2002; Gilliam, 2005; Gilliam & Shahar, 2006; Meek & Gilliam, 2016), quantitative and qualitative researchers compare expulsion statistics from K-12 to early childhood settings and even preschool programs in large public-school settings to small FCC settings.

The data from this research brought forward the voices of FCC providers and contributed to different ways of thinking about early childhood expulsion through their stories lived and told (Clandinin & Connelly, 2000). Their stories brought new meaning and a multiplicity of perspectives into discourses where to date, they have been underrepresented in scholarly literature. “Rather than an exercise in measuring, controlling, and extracting . . . research can be participatory, emancipatory, and emergent, a means of listening to and seeing what has not been heard or viewed before” (Moss, 2016, p. xv). In this spirit, I worked *with* FCC providers. I listened to FCC providers and saw their work through their eyes as I heard their experiences and stories. Illuminating their experiences in this research contributes to literature meant to disrupt dominant discourses

While the work of FCC providers is similar to the work of all teachers in that both FCC providers and teachers teach children, it is inherently different. FCC providers typically work longer hours year-round with children not confined to the traditional September through June school year and Monday through Friday 9:00 am – 5:00 pm work week. The majority of FCC providers receive payment directly from parents making the relationships between themselves and families different than in a public-school setting where teachers are paid through a school and children attend for free. FCC providers work in their homes with children, which means regardless of how professional the FCC provider conducts their program, it is ultimately the provider's home. Elbaz-Luwisch (2007) discussed, "understanding teaching requires that we pay attention to teachers both as individuals and as a group, listening to their voices and the stories they tell about their work and their lives" (p. 359). This work honored the voices of providers paying attention and shining a light on their work as caregivers in this research.

Understanding the different nature of the work of FCC providers allowed for a deeper understanding of the needs within the FCC community. Clandinin (1992) explained, "it's knowledge that reflects the individual's prior knowledge and acknowledges the contextual nature of the teacher's knowledge" (p. 125). A deep exploration of FCC provider knowledge in how Clandinin is discussed is sparse in academic literature. Clandinin further stated, "it is a kind of knowledge, carved out of and shaped by situations; knowledge that is constructed and reconstructed as we live out our stories and retell and relive them through the process of reflection" (p. 125). Discussing their stories during the interview process ignited the providers in new ways of thinking.

Given the data, many FCC providers have not had the opportunity to participate in coordinated and aligned teacher preparation and education (OCCD & OCCRP, 2019). I used narrative inquiry, the study of “lives in motion” (Craig, 2011, p. 20), as a way to unpack FCC provider stories and lived experiences (Clandinin & Connelly, 2000). During this study, providers had the opportunity to reflect on experiences of professional development that contributed to their thinking about their work.

Craig (2011) stated, “Because teacher education is inextricably linked to teachers’ lives and narrative inquiry studies lives in motion, the link between teacher education and narrative inquiry could not be stronger. This is because they are pieces of the same cloth” (p. 20). Just as teacher education is linked to teachers’ lives, the knowledge about the ways of being a caregiver of young children is inextricably linked to FCC providers’ lives. Moss (2016) shared this thinking, “This, instead, is research that allows for, indeed desires, wonder and surprise, new thinking and new understandings, research that is suffused with a relational ethos, an ethics of care, encounter, and hospitality” (p. xiv). In this study, I gave the FCC providers the space to consider their caregiving and expulsion practices. My beliefs about expulsion being a wrongful act were subjective, as were my own experiences as a provider. My understanding as an FCC provider required me to investigate expulsion in this study with an understanding that expulsion was a multifaceted problem with no clear-cut solution. Banning expulsion in all early childhood settings does not address the root of the expulsion problem in FCC.

Iorio and Parnell (2020) examine disrupting research in ECCE. They used the metaphor of a kaleidoscope. To describe how disrupting research in this way “makes

space to construct and reconstruct our identities, to ask enduring questions, to make initial attempts at new meanings with existing findings; gather and interpreting data, as well as discussing and sharing understandings and initiating new lines of inquiry” (p. 312). Continually placing FCC providers at the center of deficit thinking misses an opportunity to provoke the kind of disruption that leads to shared understandings, new lines of inquiry, and the potential to inspire transformational change.

Research Setting and Participants

This research centered on certified FCC providers. In Oregon, home-based child care providers are grouped into three licensing types: (a) License-exempt programs serve less than three children, (b) Registered FCC providers can provide care for up to 10 children, and (c) Certified FCC providers may be licensed to care for up to 16 children. This study was done with certified FCC providers, considered a large home-based program (ODE ELD, 2017).

Certified FCC programs must operate in a single-family dwelling and can have a maximum capacity of 16 children. Certified programs are staffed by a provider responsible for the program's operation. The provider may operate multiple programs following state and city rules and guidance. The certified program provider must have one year of qualifying teaching experience, 20 credits of college, or have obtained a step eight in the state registry program, which uses community-based professional development and college coursework to determine steps ranging from a step one to a step 12. Certified programs must have one annual yearly inspection and one unannounced

inspection by the ELD. They must also complete an annual environmental health inspection (ODE ELD, 2017).

Criteria. All participants in this study were certified FCC providers. I used the following three criteria to determine eligibility further:

1. Operating a state-certified FCC program for a minimum of one year.
2. The program owner must also be the program's lead teacher.
3. Participation in the SPARK quality rating system preferred or other qualifying experience. Such as a handbook, written policies, length of time in the field, registry step level, and experiences related to expulsion.

Recruitment. Using the three listed criteria, I developed a flyer (see Appendix A), contacted my local CCR&R, and asked them to distribute flyers through email to CCR&Rs across Oregon and post them on social media. I have a working relationship with my local Marion Polk CCR&R staff and had previously discussed the possibility of needing their help in recruiting participants. I knew that this was a viable method of recruitment for this study. I also accepted the recommendations of the CCR&R staff for participants. CCR&R agencies work closely with FCC programs in their regions.

I began recruitment in December, working with CCR&R. Initially, I struggled to find enough participants that fit my criteria. I had CCR & R send out my flyer twice, and then in January, I posted my flyer on a private FCC Facebook group and received a significant response. Interested providers contacted me by email, phone call, or text. Based on my recruitment efforts, I had 24 participants interested in the study; 15 FCC providers met the recruitment criteria. I developed a 12-question survey (see Appendix B). I called all 15 participants and went through the survey. I explained the study,

answered questions, and took notes to identify FCC providers' initial thoughts about expulsion and general thoughts about their work as caregivers. I selected five FCC providers for the study. All five participants met the criteria and shared having at least one experience having expelled a child for challenging behavior.

I emailed each participant the consent forms (see Appendix C). Once I had all forms returned, I began trying to set up the focus group interview. I had one participant decide not to participate after they were selected, so I moved to the next provider I had chosen as an alternate. Two of the providers in the study caught COVID-19 when I was trying to set up the focus group, so I delayed my intended start date until the providers who were sick felt ready to proceed.

Data Collection Procedures

Methods. I was the key instrument in this qualitative study. “Qualitative researchers collect data themselves through examining documents, observing behavior or interviewing participants” (Creswell & Creswell, 2018, p. 181). For this reason, I used multiple data collection methods to increase transferability and trustworthiness and provide me with rich data. Triangulation of data “reduces the risk of chance associations and of systematic biases due to a specific method and allows a better assessment of the generality of the explanations that one develops” (Maxwell, 2013, p. 128). In this study, I used semi-structured interviews, focus group interviews and reflexive journaling for data collection (Ortlipp, 2008).

Focus Group Interview. FCC providers work from home. Working from home may contribute to feelings of isolation and disconnection (Bromer et al., 2009; Herman

et al., 2021). I felt it was important to create an opportunity for providers to come together and discuss their experiences. “Since the data obtained from a focus group is socially constructed within the interaction of the group, a constructivist perspective underlies this data collection procedure” (Merriam & Tisdell, 2016, p. 114). Participants interacting with one another and hearing each other’s perspectives led to shared ideas and created an atmosphere of community. The providers freely reflected, refined, and articulated their own thinking more clearly. The focus group corresponded with the care of ethics framework, discussed in more detail later in the data collection section.

I conducted one semi-structured focus group to begin the study. The focus group included all five participants. We met over Zoom on a weeknight since that was when the providers expressed most availability. The participants were given the Zoom link 24 hours prior to the focus group. I conducted the focus group from my private home office. I told the providers that the focus group would be approximately 90 minutes to two hours long. The focus group took the full two hours. I prepared nine questions for the focus group (see Appendix D). I asked the first question, “what do you feel are the primary responsibilities of being an FCC provider?” The providers had lots to say and took the conversation in surprising and unanticipated ways. I only asked three of my intended questions in the two hours. However, I was relieved that several of my unasked questions were answered in their discussion. I discuss the process and details of the focus group experience in more depth and detail in Chapter 4.

Once the focus group was complete, I downloaded the audio recording and used a transcription program called Sonix to transcribe the data. Once transcription was

completed, I sent the focus group transcripts to each participant with names removed. I assigned each participant a number, and they were only given their number to identify their part within the transcripts. Participants were allowed to read through, add, remove and clarify parts they wished. I listened to the focus group data two times before the individual interviews, took notes, and developed follow-up questions based on what I heard and determined needed follow-up. One provider sent me a written reflection on her new thinking from the focus group through email the day following the focus group and sent me another email with information she felt I should know. I used the emails as the basis for follow-up for our first interview together.

Individual Interviews. I conducted two semi-structured individual interviews using specific and open-ended questions (Merriam & Tisdell, 2016). Specific questions (see Appendix D) guided me as a new researcher and ensured that I collected data aligned with my overarching research questions about caregiving practice and expulsion. Open-ended questions allowed participants to tell their stories about caregiving and expulsion, which was the foundation of this study. I felt that using two interviews would help build a relationship with participants and give them time to become comfortable with me as the interviewer since discussing expulsion could evoke strong emotions in some people. Building a relationship with participants also ensured I knew them enough to be responsive and sensitive to their needs. I made sure that I allowed time for participants to think and respond without feeling rushed. Building a trusting relationship, being responsive to their needs, and allowing them to set the pace gave space for them to reveal their most authentic stories.

Individual interviews began a week after the focus group. Each interview lasted between 90 minutes and two hours. I began each interview with the follow-up questions from the focus group. After each interview, I transcribed and began the data analysis process by taking notes and developing questions for the second interview. Participants were again allowed to read through, add, remove, and clarify parts they wished. The second interview followed one to two weeks after the first interview. Following our first interviews, a different provider sent me an email with additional information and reflection. I used the email to inform questions for our interview two.

Procedures. I used Maxwell's (2013) matrix in Table 1 to illustrate how my choice of methods addressed my research questions.

Table 1

A Matrix for the Study of FCC Providers' Perceptions About Care and Expulsion

Research Questions What do I need to know?	Why do I need to know this?	Sampling decisions. Where will I find this data?	Data collection methods-what kind of data will answer these questions?	Whom do I contact for access?	Data Analysis
How does an FCC provider's perception of themselves as a caregiver influence their decisions about expulsion?	FCC providers make decisions about children in their care that may impact the child long-term, having far-reaching consequences.	Conversations with FCC providers in the focus group and individual interviews.	One focus group Two semi-structured interviews.	FCC providers	1. Audio taping 2. Transcription 3. Analytic memos 4. Coding 5. Re-reading, 6. Member checking 7. Reflexive journaling 8. Narrative analysis

Table 1 (continued)

Research Questions What do I need to know?	Why do I need to know this?	Sampling decisions. Where will I find this data?	Data collection methods-what kind of data will answer these questions?	Whom do I contact for access?	Data Analysis
How are care receivers (either children or their families on behalf of children) included in decisions made about expulsion?	To better understand the thinking of FCC providers and beliefs about children and families.	Conversations with FCC providers in the focus group and individual interviews	One focus group Two semi-structured interviews.	FCC providers	1. Audio taping 2. Transcription 3. Analytic memos 4. Coding 5. Re-reading, 6.Member checking 7. Reflexive journaling 8.Narrative analysis
What strategies do caregivers utilize to cultivate caring encounters with children that allow caring relationships to develop over time?	To understand what FCC providers are doing currently in the ways of caring.	Conversations with FCC providers in the focus group and individual interviews	One focus group Two semi-structured interviews.	FCC providers	1. Audio taping 2. Transcription 3. Analytic memos 4. Coding 5. Re-reading, 6.Member checking 7. Reflexive journaling 8.Narrative analysis
What do caregivers believe to be barriers or hindrances to building a caring relationship with a child?	To understand the context in which care occurs and the FCC provider's beliefs about what is needed to be a caregiver.	Conversations with FCC providers in the focus group and individual interviews	One focus group Two semi-structured interviews.	FCC providers	1. Audio taping 2. Transcription 3. Analytic memos 4. Coding 5. Re-reading, 6.Member checking 7. Reflexive journaling 8.Narrative analysis

The focus group engaged all providers in conversations related to care, using phase one and two questions as a guide. Phase one and two questions guided Interview #1 about who caregivers are and how well they believe they do their work. I collected program handbooks, written philosophy statements, discipline, and contract termination

policies prior to interview #1 for review purposes only. I used the documents to guide questions specific to program discipline and guidance. Phase three questions were the focus of interview #2. The guiding questions for all three phases and a description of how each collection point aligned and addressed the theoretical framework are in the provided Tables 1 and 2.

Table 2

Framework Alignment with Data Collection Methods

Phase One Care Giving (competence)	Phase Two Care Receiving (responsiveness)	Phase Three Care With (plurality, communication, trust and respect, and solidarity)
1. Who are the caregivers? 2. How well do they do their work? 3. What conflicts exist between them and the care receivers? 4. What resources do caregivers need to care competently? 5. Who pays attention to changes in the care receiver's needs? (p. 18)	1. How do care receivers respond to the care they are given? 2. How well does the care process, as it exists, meet their needs? 3. If their needs conflict with one another, who resolves these conflicts? (p. 19)	1. How do providers foster trust in relationships with care receivers? 2. How do caregivers observe and listen to the care receiver's non-verbal cues about needs? 3. How are care receivers included in decisions about care?
Data Collection Point	Focus	How does the Conceptual Framework Correspond with the Care Phases?
Focus Group	Caregiving Practice	Phase One Questions
Individual Interview #1	Provider Story Program Environment Care	Phase Two Questions
Individual Interview #2	Caregiver Support Conflicts Expulsion	Phase Three Questions

The focus group and interviews were audio-recorded with participant consent and transcribed for qualitative data analysis. Participants had the opportunity to read their transcribed interviews for accuracy and were allowed to add or remove information (Maxwell, 2013; Merriam & Tisdell, 2016). Participants had opportunities to review the transcripts for accuracy and provide additional clarification for member checking to increase trustworthiness (Maxwell, 2013; Merriam & Tisdell, 2016). Data was held in a secure password protected location on my personal hard drive. Pseudonyms were used to de-identify participants prior to coding. I took notes and engaged in reflexive journaling (Ortlipp, 2008) to capture my thinking and follow-up questions during the interviews, focus groups, and reading through documents.

Researcher Position and Reflexive Journal. My beliefs and passion for my work as an FCC provider brought life to and shaped this research. I addressed my positionality in Chapter 1. The lens the data in this study filters through is me. As the instrument in this qualitative research, my experience and thinking lend to this work. I struggled to figure out how to bring my own experiences into the fold of this study. I recognized the unique position that I held. Dwyer and Buckle (2009) discussed the idea of the “space between.” I conducted this study as a researcher who is both an insider as an FCC provider and an outsider. As I began the study, the insider-outsider tension grew in me. I began my journal and used it before and after interviews. I ran through all of the questions I asked the participants and wrote my stories and experiences.

Nevertheless, from the start of the study, the participants did not treat me as an outsider. They saw me as an insider. I refrained from sharing my experiences with them.

However, from the focus group through the individual interviews, the providers wanted “the whole me” as a provider and a researcher, not just the researcher. I found tension in bracketing those pieces of my identity that were an FCC provider. It was an uncomfortable place for me.

Ortlipp (2008) described, “Rather than attempting to control researcher values through method or by bracketing assumptions, the aim is to consciously acknowledge those values” (p. 695). I chose to engage in the practice of reflective journaling (Ortlipp, 2008) throughout this research process to capture my own emerging thinking, stories, and experiences. I used the reflexive journal as a space to consciously acknowledge my values (Ortlipp, 2008). To capture my tensions about being an FCC provider and researcher and the journal became less of a data source for me. It became the space I used to analyze data through me as a provider. This description Ortlipp (2008) provided in this passage resonated with me and my work throughout this process:

Keeping and using reflective research journals can make the messiness of the research process visible to the researcher who can then make it visible for those who read the research and thus avoiding producing, reproducing, and circulating the discourse of research as a neat and linear process. (p. 704)

My presentation of the data in Chapter 4 provided space for my stories and experiences that emerged and became muddled as I held them up against the stories and experiences of the providers in this study. I used the reflexive journal to work through the messiness and provide Chapter 4 with the FCC provider I held back from my participants.

Data Interpretation

Interpretation of data in this study began with my focus group. “Simultaneous data collection and analysis occurs both in and out of the field” (Merriam & Tisdell,

2016, p. 197). While transcribing data, I wrote analytic memos (Maxwell, 2013) to capture my thinking. I wrote in my reflexive journal before and after the focus group and each interview while listening and relistening to the recording before sending transcripts to the participants for member checks (Creswell & Creswell, 2018).

I pulled threads related to person, place, and event or storyline (Clandinin & Connelly, 2000). Then once I had the person, place, and event or storylines categorized by participant. I then coded them using the predetermined codes; Competence, Responsiveness, Plurality, Communication, Trust, Respect, and Solidarity which aligned with the Ethics of Care Framework (Tronto, 2013) and my phases one through three. I had one code outside of the framework, which was Expulsion (Figure 1). Figure 1 is a snapshot of my process of placing experiences and stories into predetermined codes. Then began coding emerging data, “labeling those categories with a term based on the actual language of participants” (Creswell & Creswell, 2018, pp. 193-194). Emerging codes (Figure 2) were also considered expected codes, surprising codes, and codes of unusual or conceptual interest (Creswell & Creswell, 2018). Figure 2 represents my combining of predetermined and emerging codes.

Figure 1

Predetermined Codes



Figure 2

Combining Predetermined and Emerging Codes



Merriam and Tisdell (2016) discussed data analysis as “Consolidating, reducing, and interpreting what people have said and what the researcher has seen and read—it is the process of making meaning” (p. 202) but also answer my research questions. Codes were reviewed and removed for redundancy and overlap, reducing codes for emerging storylines (Figure 3). Figure 3 shows the process of consolidating, reducing, and removing overlap. I grouped storylines and experiences by commonality and fit this

There are no formulae or recipes for the ‘best’ way to analyze the stories we elicit and collect. Indeed, one of the strengths of thinking about our data as narrative is that this opens up the possibilities for a variety of analytic strategies. (p. 80)

The final lens this data went through was my own. The presentation of this data are my stories and their stories and shared thinking that happened even with my attempts to keep me out of some of it.

Consolidating Codes



Chapter 4: Data Presentation and Interpretation

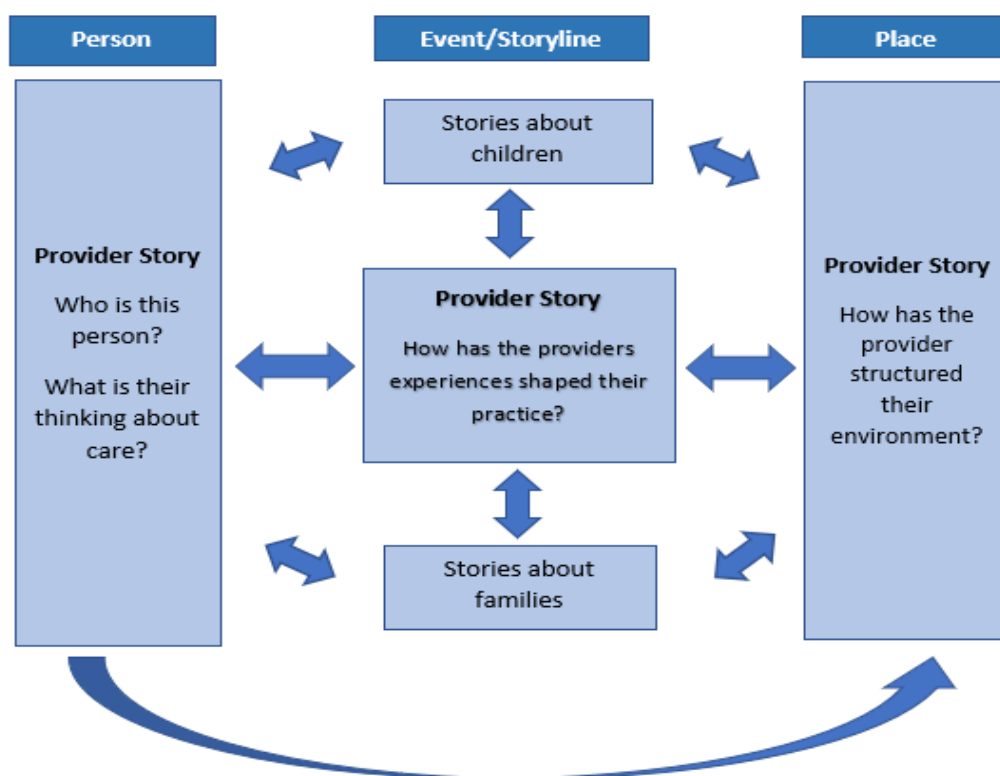
This study aimed to examine FCC providers' thinking about their care practices and experiences in their work with young children and understand how their thinking about care in practice influenced their decisions about expulsion. I collected data through one semi-structured focus group interview and two one-on-one interviews with each participant. Narrative inquiry (Clandinin & Connelly, 2000) was used to make sense of FCC provider stories using person, place, and event or storyline. Further, I used Tronto's (2013) Ethics of Care Framework as a lens to position FCC provider stories.

There were many threads within the stories FCC providers told that became visible as I began to try and make sense of the data. There were stories about who the providers were, how they had come to be FCC providers, and how they saw themselves doing the work of FCC. FCC providers told stories about themselves that helped me begin to understand the environments they had created in their homes to provide care to children. The FCC providers described experiences engaging with external systems and experiences as an FCC provider that had changed their thinking and how they worked with children and families. I began to see how those storied experiences shaped FCC providers' stories about themselves and their decisions about their child care programs, including the stories they shared with me about expulsion. I considered these stories through the lens of narrative inquiry (Clandinin & Connelly, 2000). I viewed their stories from a people, places, and event or storyline perspective. Thinking about their stories in this way helped me better understand their thinking about experiences related to a specific child or family that came to their mind during our interviews. Below, I have

created Figure 4 to help illustrate how I discussed providers' stories throughout Chapter 4.

Figure 4

Format of Provider Stories



I present the focus group data and discuss that data first. Then I introduce each provider, including how they became FCC providers and their thinking about care. Next, I describe their FCC program. The introduction of each provider and their programs' descriptions helped contextualize the four storied experiences I selected based on an event or ongoing storyline throughout their interviews. After sharing these experiences, I discuss their thoughts about expulsion and discuss each provider using their combined

interviews and four experiences before introducing the next provider. I chose to present the data in this way to illustrate the dynamic interactions of their storied experiences using person, place, and event or storyline shown in Figure 4. Following providers' person, place, and event or storyline experiences, I explore how stories of care and expulsion are threaded together and intersect, capturing the interplay between their stories and my thinking of their stories through my own lens of experiences.

The Focus Group Experience

I was guided by Tronto's (2013) Ethics of Care framework in my decision to begin data collection with a focus group. Using my experiences as an FCC provider to draw from, I felt the focus group provided an opportunity for providers to come together and get the discussion of care started. Considering care, FCC providers who work from home do not often have the opportunity for group discussion and reflection about their work. Bringing providers together in this way offered a pathway to think collectively about their work as caregivers and allowed them to connect with other FCC providers doing the same work.

In this section, I indented the focus group discussion tabbing once, and I single-spaced when a participant was speaking and double-spaced when another person began to speak. The passages I selected contextualize and capture the thinking of providers about their work as caregivers. I briefly commented on what was happening at crucial topic changes throughout the focus group conversation. I reflected on and threaded my own experiences and thinking throughout my time with the participants in this focus group. I added short sections throughout the focus group data titled *Josie's Reflection* to clarify

when I shared my own experiences as an FCC provider. I followed up with my discussion at the end of the focus group data.

Rules

The participants and I met for our focus group in the evening on a workday. I knew the participants would be tired and chose to begin the meeting with a few funny slides with pictures related to being a child care provider. To get the conversation started, I began with a discussion about setting the group norms, to which I met some resistance.

ELIZABETH [pseudonyms were used throughout]: I don't like rules.

TJ [pseudonyms were used throughout]: We spend all day having to enforce all these rules.

STEPHANIE [pseudonyms were used throughout]: Right.

CANDACE [pseudonyms were used throughout]: Right.

JOSIE: I'm okay with not having a lot of rules. I just want everybody to be able to share and be respectful of each other.

STEPHANIE [pseudonyms were used throughout]: We'll just use that rule.

After establishing our group norms using just this one rule, I began with my first question. From the start, I could tell this group would be talkative. They seemed to feel empowered from the start.

Provider Responsibilities

To get the discussion started, I asked the providers to share: What are the primary responsibilities of FCC providers? What is it you all do?

ELIZABETH: I would say keeping tiny humans alive.

STEPHANIE: Yeah, number one.

TJ: Keeping them alive. Fed, happy, loved. Right?

CANDACE: Safe.

ELIZABETH: I like that. I think for us, we like to be a place where parents can drop their kiddos off, and they can go do their job, their career and focus on that. Where they don't need to worry or think about what's going on with their kiddo, they know they're being taken care of well enough that when pick-up time comes, they'll be here, but not to stress all day.

STEPHANIE: Yeah.

TJ: I love that you guys call them tiny humans, too. That's what I call them here.

Navigating Challenging Discussions

The comment by TJ prompted a discussion about how providers talked to children in their programs. One provider shared that they had a new assistant call the children boys and girls and did not like that. The provider preferred using ladies and gentlemen as a more respectful way of addressing the children.

I had been working on using gender-neutral language in my own program to avoid bias and this discussion had me wondering if this was something that they had thought of at all in their work. This prompted me to ask about using gender-defining language with the children and if they experienced families or children being uncomfortable with this practice.

STEPHANIE: I haven't had that. And so, in my program and probably in everybody's, there is such a wide range of families and, you know, their worldviews. As an example, we had one mom who came in when she dropped off her child and just gave me all the Q Anon updates of the day. And another mom who marched with Black Lives Matter downtown and they were doing all of that in 2020, and their kids were like best friends.

TJ: Isn't it that usually how it is? The opposite?

ELIZABETH: It's funny; maybe it doesn't. Well, it obviously doesn't matter to kids like they don't, at least the ages that we provide for here, they don't understand that yet. They're sheltered from it and innocent to it.

TJ: That is a great question because when they're playing and such, everybody uses the dress-up no matter what the dress-up is.

STEPHANIE. Right?

TJ: And everybody plays with the cars, no matter what the cars are. There is no I guess there's less of a gender difference in the age group that we have, right?

CANDACE: Yeah, I try not to focus too much on boys and girls because then I'll have kids saying, "Well, I don't like boys" or "I don't want to sit by boys" or, you know, "girls are not nice." Things like that. So, I try to just focus on; we're all in class, we're all friends. But I still do say, boys and girls. But I've also had them talk about marriage, like "I'm going to marry a man." And then someone else said, "I'm going to marry her," and they're like, you can't do that because you're a girl. And so that was kind of. Awkward.

JOSIE: What did you do about that one?

CANDACE: I just said that nobody's getting married now. It will happen when we are older, and then we can choose then. There is no wrong or right.

ELIZABETH: It's not today.

CANDACE: Exactly, exactly.

STEPHANIE: So, I had one. Talking about marriage. So, this little girl. She had told somebody, she goes, "I'm going to marry Finley's horse." And somebody replied, "You can't because his horse is a girl," and she was a girl. I don't get involved in those conversations. Santa Clause, anything. It's just like, work it out amongst yourselves.

TJ: We actually had a heavy conversation last year. One little girl's family is atheist. Another little boy's family is very religious. And so, they started talking when the religious family was saying, "Oh, so we were all created by God, and Jesus put me in my mommy's tummy and blah, blah, blah." And the other little gal is like, "Nope, that's not it. Here's how it happened." and then there were three explaining to each other and having this philosophical discussion at three. But in the end, we're able to come to ok, so that's what your family does, and this is what my family does. I'm like, you guys are three and figured this out. Can we get adults to figure this out too?

ELIZABETH: True story. We have a little girl that has two moms, and that's the first time that we've had, you know, a family that has two genders. And so, the only time it kind of gets brought up is when we get to Father's Day. You know, what do we do for Father's Day? We're all talking about getting like dad a gift, so we've come across that now. So, where there are those moments where they go?

Is her dad going to pick her up today? She has two moms, you know, so there's been that where it's a little bit interesting of what to say. It's new.

TJ: How did you handle Father's Day?

ELIZABETH: Actually, I don't think we've had to do it yet. They're a pretty new family, so I don't know. I'll ask the moms. Ask them like, so make one for grandpa? I thought, what should we do? We have one little boy whose mom passed away as well. So, for Mother's Day, Grandma is very involved. We know that we always make grandma a gift, but I don't know what to do.

TJ: I guess for that because I had a same-sex family. And we talked about it together, and I asked about making a card for the donor and not necessarily that he would ever see it. It's like this is, there was a donor involved, and he's technically, and that gave her some like, "I do have a dad, just like you guys."

ELIZABETH: Oh, I like that.

TJ: And the moms loved it.

ELIZABETH: Really?

STEPHANIE: You know, that's good to know. That's good. We had that, but it's a baby. So yeah, I haven't had a Father's Day issue yet.

ELIZABETH: But right? It's coming.

JOSIE: It sounds like you need to have a relationship built with families in order to work with them in those kinds of situations. How open are families to working with you when you have a hard situation or need to have a conversation like that with them?

Licensing: Barriers to Working with Families

The conversation took a turn and brought licensing issues into the discussion with this question. Stephanie explained that licensing was often a barrier to working with families. The situation she described was that her licensing specialist wanted all the blanks filled out on the family information paperwork. So, suppose a mom leaves the dad off the paperwork, like in her family's case with two moms. In that case, Stephanie would need to explain why they did not put the dad on the form. Then also justify why she did

not get the information which led to a personal conversation with a family. The conversation on licensing between Stephanie, Elizabeth, Dona, and TJ was as follows:

STEPHANIE: They've been very open, you know, for me. The times that. Everybody's licensor is a little different. Mine is a stickler for paperwork, and so I explained that with any family, they want to know if there's no . . . sometimes they leave the dad stuff blank. And I said I have to know as much information as you know on there because my licensor, that's her, hot button. And so, I, you know, with the two moms, I explained that to them, and they said, "we don't know." The baby, it was a baby. When the baby grows up, they can find out that information. But as the moms, there was one biological mom; they will not have access to that. And so, we put that type of note in there. But she was very open. Not offended; totally willing to let me know what was going on. So, I haven't had anybody, not.

ELIZABETH: You know, that's probably going to have to be something where licensing opens up a little bit more as times change, right? And have maybe some other sections that can be filled in or some, just a little more compassion—openness of the ever-changing world of families.

STEPHANIE: Right.

JOSIE: Do you feel like licensing is ever in conflict with some of the things you need to talk to families about?

TJ: All the time.

ELIZABETH: 100%.

STEPHANIE: Yeah, yeah, yeah.

JOSIE: Elaborate.

DONA: Yes, elaborate because I must have a very different licensing, though.

TJ: Oh, my goodness. So yeah, it just really depends on the licensor you have. My licensor is, everything is exactly by the book, even if it doesn't make sense. And especially in the last 2 years. What's safe for the kids and what the parents need, and what the licensor wants to check off on her little box are not the same things.

Josie's Reflection. In my own experience, I often sat down with my licensor, going over my family information paperwork in detail. They constantly questioned me about "the blanks." For me, this has been an ongoing source of tension. I understood that

we needed emergency contacts, and the more, the better. However, some of the families I worked with just had no support system. I have had families with incarcerated parents and no other people to rely on in an emergency in my program. I cannot force a family to fill in a blank, although I encouraged them to ensure the information was as complete as possible. My licensing specialist had not given me much resistance. I agreed with the sentiments of this conversation; we knew our families well as FCC providers, and leaving a blank was not necessarily an act of carelessness but an act of care and responsiveness toward the families

Licensing: Then and Now

In the following conversation, providers reflected on how licensing used to be and how it is now. Four of the participants have been FCC providers for more than 10 years.

Josie's Reflection I also noticed a shift in licensing over the years. I had the same licensing specialist for 14 years, and in the last two years before they retired, we had had many conversations about their struggle with changing rules and regulations. They were concerned about their role as a licensor changing, and in their last monitoring visit with me before retiring, they let me know that they probably would have stayed on for a few more years but were tired of fighting.

STEPHANIE: This is what I do. What I started doing was asking for exemptions for things that for my program worked well and that my licensor was just a stickler on. And I don't know if she has any say, but almost always, they are rejected, which didn't use to be. They used to. When I had a nice licensor, they were all approved, but I don't know how it works on that end and in the Office of Child Care. But I quit asking because they were all.

ELIZABETH: I never knew we could ask for exemptions. For what?

DONA: Everything that goes with your program, you can put it through them and see if they take it or not.

CANDACE: Yeah, you can get an exemption to have more toddlers or more infants as long as you explain how it's going to work.

ELIZABETH: Yeah, they hate me. They wouldn't approve it.

TJ: I'm with you.

STEPHANIE: So that's how it is now. They don't approve anything anymore, but they used to approve everything. So, I don't know if.

ELIZABETH: It makes it hard to run an in-home. I think when you're trying to give that home, feel . . .

STEPHANIE: Right.

ELIZABETH: At least for me, the whole point of not opening a center. Keeping with a home is to have that home. It takes a village to raise a child. Feeling a rapport with a family and when there's paperwork or there's an exemption that has to be, and there's a barrier between that, it breaks that. And at least for me, over 15 years of that conflict. I'm tired. I'm tired of fighting the fight. It's hard to put in the hours and energy anymore when it feels like there's a wall constantly. I don't like that anymore.

Josie's Reflection. Once I had a family with a new baby on the way and another child close to their second birthday. I received an exemption to have both children, which was technically over my limit for children under two years old. This allowed me the flexibility to meet the family's needs. The exemption helped the family with the new baby return to work without the need to find separate temporary care for their newborn. I have not asked for an exemption in quite a few years, but I reflected on how helpful it had been to have that as an option.

Elimination of FCC?

The passage below discussed how the providers felt the increase in rules and state regulation was part of a state-level plan to eliminate FCC programs.

TJ: It feels like especially recently, like in the last five years or so, what they're trying to get rid of us.

ELIZABETH: Yeah.

TJ: Because it's easier for the state to only have to deal with centers.

STEPHANIE: Hmm. I get the same feel.

TJ: Yeah. And so, they're just doing what they can to make us give up, and a lot of in homes are.

ELIZABETH: Then you add COVID right around this, another layer of what makes doing this even harder.

TJ: Yeah.

ELIZABETH: And you add that in. Yeah.

Josie's Reflection. While I did not feel like the state was trying to get rid of FCC, I did get where these providers were coming from in this conversation. It would become more of a challenge to run an FCC program with more regulation.

COVID-19 and Licensing

The conversation turned to regulation during COVID. As the focus group facilitator, I felt like this group of providers needed to share their experiences, so I decided to step back and allow the participants to guide the conversation as long as it stayed relevant to the study. At the same time, I felt that all things related to their work as child care providers seemed relevant. Ultimately, everything they were saying involved the reality of their work caring for children and families.

TJ: I was just saying earlier today the most ridiculous rule I had at the beginning of COVID was, here's your emergency license. You can stay open. You can have 12 kids, but you need to put a four-foot barrier in between so that you only have so many in one space at one time, which is, yeah, totally fine until they leave here and get in the same car and go home to the same house and you're like, why do I have to keep these kids separated all day when they're going home together?

STEPHANIE: Right? Yeah.

TJ: It's just ridiculous.

DONA: That's what I find funny because the same thing happened with me and my licenser. Or maybe that's why they turn out to be nice because I give them so much grief. So, when COVID hit right, the way the setting of my home is, my kitchen is separate from the classroom where the kids are. So, they were telling me that I needed to close my kitchen and my living room because, at that time, my kids were doing school here, and I was not going to put a mask on my kids in their home.

STEPHANIE: Yeah.

DONA: Because they wanted them to have a mask. And I said, no. They are not going to be on a mask. So, what can I do? "Oh, you can put a barrier in your two doors" because they don't close, you know, doorways but no doors. I said, ok, what do you want me to put there? "Oh, you can put up a shower curtain." Ok, I said, OK, I will put my shower curtain up. Could you just tell me, how does the shower curtain? It's going to avoid the things that my kids are breathing here to go into there because it's space at the bottom and its space at the top. So just explain to me how that makes any difference. No, it doesn't make any difference.

TJ: It says on the paper.

ELIZABETH: You have to do it. Or you'll get a fine. You'll get a fine if you don't follow it.

CANDACE: Well, my husband and I were separated into two groups because we have two living rooms with the kitchen space in-between, and we have gates and a pocket door. And it was ridiculous because at the end of the day, we opened everything up, and we're back together, sleeping in the same bed. And then we separated again in the morning. It was just. We did it, but it was horrible.

STEPHANIE: Yeah, it makes no sense.

A conversation about masks continued for a while. Participants shared strong feelings about wearing masks in their own homes, and one participant shared about being fined for not wearing a mask. They expressed that they would gladly pay another fine if they had to. Participants shared their concerns over working with children who experienced language delays and worried about infants' language development in their care. They felt

frustrated that infants and young children seemed to be more anxious, and experience severe stranger danger and fear related to social situations.

Josie's Reflection. Many feelings were brought up for me here. My participation in state programs made me feel like I needed to be extra vigilant with my adherence to the ever-changing rules, which were often confusing and made no sense. TJ's quote following in the following passage resonated deeply with me. There was never a time in my years of FCC when I felt so undervalued as the first year of the pandemic. Somehow, our lives, our work, and our sacrifices as FCC providers staying open during a terrifying time was both essential and, at the same time, dehumanizing. Our feelings, fears, and everything we continued to do for children and families felt ignored and still do.

TJ: And it's teeny, tiny humans with anxiety. Can we just like full stop right there? This should not be. When you talk to kindergarten teachers for this year and how they're like . . . Nobody's acknowledging how we kept everything going for the kids who came. Now kindergarten teachers are seeing all these kids who don't know how to take themselves potty, who don't know how to hold a book upright, who don't know. All they've been doing is watching shows for the last year. And then, yeah, but you know, the in-home programs are the problem. We should be done with . . .

ELIZABETH: Yeah.

The conversation started to move to a discussion I felt kept us from moving in the right direction for this study. At a break in the conversation, I asked them to tell me more about their relationship with licensing and how they felt it had changed. They returned to the conversation that had started before talking about COVID.

Licensing Relationships: Authoritarian or Authoritative?

ELIZABETH: . . . I had a great licensor, in the beginning, a wonderful woman, and it's probably why I stuck through, and I was taught very well. I loved her. . . . I remember; still, I had an outlet uncovered, an outlet up on the counter, right? We've all walked by and had an outlet uncovered because we plugged something

in . . . instead of writing me up, which would happen now. I'd be written up and get a fine . . . come back and double-check that outlet was covered. She goes, "Hey, you need to have those covered." And I still remember to this day I didn't get a fine. I didn't get yelled at. I didn't get written up. She just told me and said, "that's important." It matters to me. Every day I check every outlet because of that moment with her, and I feel like that's our role of what we are. We're providers in that role, and we should be treated that way by our licensors.

ELIZABETH . . . And now it's just not that way anymore. She left, now we have other people that, to me, have like a gavel, and they come in with this chip on their shoulder. They are taught to go in and write every rule up that "those people" are breaking, and they come in . . . , and they write, and I'm like, are you kidding me? It's just not realistic. And so, for me . . . I'm not afraid to stand up and say, you guys are wrong, or to take their fine or take them to court. I have a lawyer that I paid to go to court against the Office of Child Care, and I'm ok with it . . . I'm tired of it, and I don't want to work so hard anymore . . . We are very transparent with our parents about what goes on with licensing. And I mean, it's a home, it's a village, we're a family. And we're going to be with this family from birth to six years old. That's our hope. And so, we treat each other that way. I just want to stand up for each one of us, and I feel like all of us work so hard throughout the day. But at the end of the night, the last thing we want to worry about is licensing, right?

STEPHANIE: Right.

TJ: They really should be there to provide for us so we can provide for kids. But lately, it's not that way. It just isn't. And when I say lately, like in the last 5 years or so, but at the beginning, it was very much like they would walk in, and oh, this looks great. Oh, you know what? You need to have an emergency exit posting here. Let me draw that up. Like the acknowledgment of, yes, they're all toddlers, and they can't read, but this is what we have to have. So, while we're talking, I'm going to write it for you. Let me post this, and I mean. It's 10 years old. She wrote it on a piece of construction paper and stuck it on the wall, and that's what I still have. Like it's silly. They're supposed to be here for us, right? Like they're supposed to help us.

ELIZABETH: Yeah, they should be our backbone, right? We should go to them when we have a problem. For me too many years now, I am scared to call my licensor, scared to answer the door. I don't want it to be licensing. Then I step back, and I look around, and I'm like. We're not breaking a single rule here. We're not breaking it. Why am I scared to open the door for licensing? Why? I don't like that feeling.

STEPHANIE: Right? I agree.

TJ: Every time my tiny dog barks, I look out the window to see. Is it licensing? What do I need to be doing?

STEPHANIE: And then you scan the room. Are we good? Is that covered?

CANDACE: My last licensor was awesome. She answered my emails and texts right away, and I really enjoyed being able to communicate with her. Like, I haven't had any bad licensors that have come in and written me up about anything yet.

TJ: You can have mine.

CANDACE: No thanks. But my new one, she's very nice, very sweet but doesn't answer my emails, doesn't answer texts. I actually contacted my old licensor, who is above her now, to try to get an answer from her, and then she finally got back to me. But it's really frustrating, especially with all the COVID rules and things changing, to not be able to have someone to communicate with. I just tell parents, well, I'm not sure I'm still waiting to hear back.

STEPHANIE: . . . we had an amazing licensor, where you could say, ok, how do I comply with this rule? And she would tell us, "Oh, you know, here, do this and that, that works," and now you cannot. Because if you ask, how do I comply, that means you're not complying, so I'm writing you up. And that's, you know, they used to be very supportive to help improve our program where you could ask, you know, a question, how do you . . . ? I need help with this. And they would say, here, here are some solutions for you to try. Where now I am afraid to talk to my licensor because when she was here. I was doing everything in my head, and I was saying, don't talk, don't talk, don't talk. Because if you say some little thing that is wrong, "oh my gosh, you did that?" Ah, this happened. Because you want, you naturally want to talk about your program and what you're doing with your kids and things like that. So. Man.

ELIZABETH: If it comes down to the rules. That just doesn't make sense for in-home. What do we do?

TJ: Are you guys familiar with Child Care Resource and Referral?

STEPHANIE: Yeah.

CANDACE: Yeah.

TJ: They have. In my world, taken the place . . .

STEPHANIE: Oh, right.

TJ: Of what licensing could be. Whenever I have a question, I'm not sure if this is right or not. I just ask them.

STEPHANIE: Yeah, they're not going to write you up.

TJ: They're not going to judge me. They're not; they're just there to help, right? But that's what licensing should be.

STEPHANIE: Right?

TJ: Like they shouldn't have to exist. Licensing should do what they're doing.

ELIZABETH: I had licensing come in and write me up . . . for two different things that I thought they're wrong. I'll get the rule book. You're wrong; you are wrong in what you're doing. And she's like, "nope, I am right." I'll step outside and call your boss and check, "Nope, you're wrong." I had to go through an entire appeals process to finally get someone to say, "You know what? Elizabeth was right. That they weren't breaking the rule." Like, yeah, you guys are supposed to know more than me. Yes, I have to know the rules inside and out.

STEPHANIE: It's so frustrating.

ELIZABETH: And then for me, it takes away the fun of like, we're just supposed to really be playing with the kids all day.

SEVERAL IN UNISON: Right?

STEPHANIE: I just want to be playing with the kids all day.

TJ: I want to like, that's all we should be doing. And you know, next time you want to go up against one of them. Let me know. I'm there.

ELIZABETH: We'll go together. That's what it's going to take. I think if more people that are just not afraid to stand up and, you know, hold each other's hands because for a long time, it was just me. I felt frustrated or angry and wanted to make a difference, and I was like, I can't go to bat against them. It's just me.

TJ: I love hearing from you all because I. Like you. I thought I was by myself.

IN UNISON: mhmm . . .

ELIZABETH: I do think, though, the word on the street is that they're going to, I mean, unless something changes in the Office of Child Care. And yes, they've handed it over to a couple of different people, and there is a little bit of hope. But I do think the path that they're talking about is to get rid of in-home.

STEPHANIE: Yeah.

Josie's Reflection. My experiences with licensing had been primarily positive. Like Elizabeth, I had uncovered an outlet, and my licensor said, "I know you usually have these covered. You can cover it now." They did not write me up, and I always check now because of that experience. I do not have that level of trust in licensing anymore. I have heard the stories, and the experiences and stories others tell are powerful. I heard a provider say licensing was going around with a ruler and measuring wood chips. I ran out and measured mine and had bark chips ordered the next day. I was afraid. My unannounced licensing visit happened the following week, and my licensing specialist did not even make it outside. The other providers' experiences stuck with me, in any case. What if a provider could not afford bark chips because families had not paid that month, or a child dropped from their care unexpectedly? I have had that happened to me. What if they cannot shovel all of the wood chips because they are not physically able? Which is another experience I have had. Would I deserve to have a valid finding on my public record for the next 10 years?

Creating Change

There was a brief sad pause—the only pause of the whole focus group. Then something unexpected happened.

TJ: Ok, so right now, I don't know if you can see outside [points camera to a window with a group of people]. Those are all the moms for my child care. I'm usually. At 6:30 pm on Thursday nights. All the moms and I get together on Thursday nights and the dads on Tuesday nights, and we jog or walk or work out and then hang out and drink. And so, they are all out there hanging out. So, we need to get them [pointing to parents] involved in this.

ELIZABETH: You're exactly right.

TJ: This is why we need in-home.

ELIZABETH: I thought about putting an ad on the radio, and I'm going to, but maybe I'm the only one who listens to the radio. I want an ad like. Let me educate you on the Office of Child Care. Hey, is the Office of Child Care listening? Parents, here's what you need to know. Because your right, parents don't understand. They don't realize it.

The conversation again got a bit off track, brainstorming ways to call the Office of Child Care out, but I felt like I needed to give this group some space to have these conversations. As a provider myself, these conversations brought up a lot for me, and they needed a safe place to connect with others who had gone through the same experiences and vent. I just listened.

The conversation did come to a point where they discussed complaints and frustration that anyone could call in anonymously and post a complaint on the state child care portal as "unable to substantiate." Several providers shared that they had had a false complaint against them. The consensus was that the person making the complaint should leave a name and contact information like a child abuse complaint. We do not need to know who made the complaint, but there should be some accountability and the ability of the Office of Child Care to call and clarify or ask follow-up questions.

Josie's Reflection. Again, the false complaint stories brought up an experience of my own. Many years ago, I had a family who would not pay me. Every month they had an excuse, not only an excuse, but they also used to guilt me into continuing to provide care for them. The child came without payment for months until they owed me several months and wanted me to take a \$25 a month payment to catch up. I could not afford that. I lived month to month, so I finally told them I could not provide care for them any longer. Two days later, licensing showed up at my door. I had received a complaint that I

had 20 children in care at a time, and I was leaving the children in the care of my young teenagers. Fortunately, my licensing specialist and I had built a relationship. She had been in my program many times and knew that the complaint was something else. She asked if I had recently terminated a family, and I told her what had happened. She believed me because she knew me. She did not write me up for that complaint. Today that complaint would go on the public record for my program as unsubstantiated.

Following the conversation about complaints, the providers discussed licensing issues and brought working with families into the conversation. There were multiple conversation threads at the surface, and each provider had something to say. Some providers were trying to go back and finish some thinking as the conversation continued to progress. As soon as one person finished, another began, giving a response to an earlier part of the discussion. As I listened to them all talk, I began to feel that I had given them something. They wanted to talk. They *needed* to talk and share and connect with other people who understood. It was as if I had opened the floodgates.

Feeling Unappreciated

The providers began to discuss not feeling supported by the system or parents. TJ shared that she had recently been ill with COVID-19, and parents were not happy that she closed her program for 10 days. The other providers were not surprised that families cared more about the closure than TJ having time to recover from COVID-19.

ELIZABETH: I don't know. The rules do need to; they need to adjust and change with the times as well. It shouldn't get harsher for us, right?

TJ: Well, there's just really, nobody's out there to support the providers. Everybody's out there to support the parents. I mean, and even the parents don't feel like they're supported because they all are, "It's so expensive." We're helping raise your children. That costs money. Sorry.

ELIZABETH: They're not staying home.

DONA: Yeah, I mean. Well, we spend more time with their children than what they do.

ELIZABETH: How many times do you have like a break or like if you've had to close and the parents have their kid for like the full week, and they come back on Monday, and they're like, here you go and here's a check for the next 2 months.

TJ: And I actually ended up getting COVID and had to close for 10 days.

ELIZABETH: I bet the parents lost their minds.

TJ: They lost their minds. Are you sure you have to be closed? For a whole 10 days? I'm like, I'm really sorry, yeah.

STEPHANIE: I have COVID, and you want me to watch your kids?!

When the Licensing Specialist Comes on a Bad Day.

Candace finished an earlier thought about her experience with licensing. Which became a segue to a conversation about staffing issues and the hardships of staff showing up late and not having the ability to pull in a parent to cover for staff temporarily because parents do not often have a background check.

CANDACE: I haven't done this as long as you all. Just 6 years, but I've had good licensors. I had one unannounced visit. And it was a horrible day. And she came in and was like, "Oh!" and started listing off all the things I didn't do right. But she didn't write me up; she just gave me a chance to correct them and came back.

STEPHANIE: That is what we used to have. Oh, my goodness. Wow.

CANDACE: And so, I really loved her after that. I mean, at first, I had tears in my eyes because it had been a horrible day. I had like four kids that were just screaming and crying and had really bad separation anxiety, and I was trying to calm them down. And I told my teenager to do the dishes, and of course, he didn't come down to do the dishes, and so my kitchen was trashed, and you know I had cleaning wipes on the counter, just stuff like that. She was thinking, oh, this is terrible. But after we talked, she was pretty cool. I had never had an unannounced visit before just because my other licensor just didn't do them.

ELIZABETH: Isn't it always though the worst day when they come? Have you ever just had like the most perfect day, and you're like, we've got 16 kids today, and we've got it handled? They're not showing up on that day.

STEPHANIE: Right? When things are going perfectly.

TJ: It's the one day that your helper is 10 minutes late.

ELIZABETH: Right, shouldn't that be a rule like, we're in-home if we are transparent with parents and said, hey, you know what my staff is running a few minutes late today . . . and parents signed something that said it was ok. Shouldn't that be, ok?

TJ: Well, I live in a neighborhood where I can literally throw a rock at three of the houses where kids live. Oh, and so they're all working from home. But no, no, no . . . You have to have them in the house. It wouldn't even work to have a parent come to stay until staff got here.

ELIZABETH: No because they don't have background checks.

TJ: Because there is no background check. Yep.

DONA: Yep.

TJ: Those parents, they're shady [jokingly].

ELIZABETH: They're shady. Don't let them come in. But they can pick a kid up, but that's it.

Josie's Reflection. My husband ended up coming to work with me for this exact issue. I had problems with staff not coming to work on time or not showing up, and I could find no one to cover for them. I would end up calling my husband, and he was able to come home from work and cover. When we added everything up, it was better for him to be my assistant for the child care business overall. I was fortunate that this worked out exceptionally well for my family.

Provider Reflections: Providing Care Under the Pressure of Licensing

I felt it was important to try and explore provider relationships with licensing as part of the Ethics of Care framework (Tronto, 2013). So, I began to move the

conversation toward how those relationships with licensing influence their care of children.

JOSIE: I am noticing with all your stories that some of you felt the relationship between you and your licensor was positive.

STEPHANIE: Yes

JOSIE: But there were other licensors that the relationship was punitive.

STEPHANIE: They are looking to write you up.

JOSIE: Do you think your relationship with your licensor affects your ability to care for the kids in your child care at that time?

ELIZABETH: It doesn't change how I provide care in my house. It doesn't change how we provide care. It was just nicer. It was more relaxing. It was nice to grow and learn from my licensor. That was helpful. Now I think I've just been so much; I don't care, come in my house, and write me up. I don't even care. Write valid and leave. So, to me, it's more my attitude, but the care that we provide for kids that has never been different. Maybe more stress. I'm definitely more stressed and more irritable than I should be in my days due to licensing. I am.

TJ: I'm constantly. I'm aware that every time I hear my dog bark, I'm aware that I'm looking. Is that licensing? What do I have to do to make them happy? And I didn't even realize that until we started this whole conversation and just realizing that. I don't know on the day-to-day that it makes a difference, but at some point, you figure it has to. If I'm always aware, that means that. Part of my brain is paying attention to that when it should always just be paying attention to the tiny humans.

ELIZABETH: It just makes you anxious.

DONA: It just makes you put the things that you haven't put in place at the moment. When you hear the doorbell.

ELIZABETH: Yeah

DONA: That's what it is because it's not going to change your care, the way you behave with the kids. It's not going to change, and that is going to stay the same.

TJ: It's ridiculous things. Today I have a new helper, and I have. What we do for diaper cream is all the families that use diaper cream. We try different ones to see what works best for each baby.

STEPHANIE: Right.

TJ: So, I have this mom, you buy this brand, this mom, you buy this brand, this mom, you buy this brand, and we'll figure out what works best on your baby. But for licensing, you have to have a name on them and put them in their little pocket to show that you only use that one on that baby. That's not true. I figure out what works best for the baby, and all the moms go in together and get all the cream together. But you have to. So, I was trying to explain to the helper. Yes, it does have his name on it. But actually, this baby is who works best with this diaper cream. But if the licensor comes, it's really only for this baby.

JOSIE: I see Candace is wanting to say something.

CANDACE: Not sure what I was going to say now. Oh. Knowing that my licensor after I met her and realizing that she was really nice, I wasn't doing anything wrong. But I feel like if they look hard enough, they could find something anywhere. So, knowing that she's not that kind of person, I feel a lot better. I'm not stressing about licensing popping in like I was before because I know that. She's going to work with me. I got a new one in between licensors, and she was ok, but I didn't have that rapport with her. And so, I was nervous about her coming, and I feel like I spent more time, you know, making sure that things looked the way they wanted instead of spending time with the kids. I mean, I still spent time with them, but I, you know, spent more time tidying and things like that than just having fun with the kids and teaching the kids.

Josie's Reflection. In this conversation, I felt like as Elizabeth was talking, there was a shift in the direction she was taking. Almost like as she was speaking, she was reflecting out loud. She started with, "It doesn't change how we provide care," and ended with, "I'm definitely more stressed and more irritable . . ." TJ picked this thinking up, explicitly saying, "I didn't even realize that until we started this whole conversation . . . If I'm always aware, that means that. Part of my brain is paying attention to that when it should always just be paying attention to the tiny human." When she said this, it felt like she was speaking directly to my provider's heart because I felt every word to my core.

The balance of caring for children and being responsible for all things is an immense weight I have felt. There has never been a time when I have felt that I wanted to

give subpar care to children. Nevertheless, in the first 10 years of running my child care business, there were days when I could not separate being worried about the parent who did not pay me and the electric bill that was past due. Knowing licensing or the food program could come in at any time and disrupt the delicate balance was challenging. The doorbell could wake the sleeping baby that took all morning to finally get down for a nap or throw the child struggling with stranger anxiety into full-blown tantrums the rest of the day. It was not until I started working with state agencies that paid me well, allowed me to have paid time off for the first time, and gave me the regular support of specialists and mentors that I realized all I was carrying and how much better I could be for children.

State Infant Care Rules

Following this topic, the providers started developing a list of rules they wished would change. Most of them revolved around infant care, the hardships of caring for infants with all of the new regulations, and discussions about why there needed to be rules such as no swaddling, having the infant sleep in the same room as everyone, or with an open door and lights on.

TJ: The shift in rules was about five years ago.

ELIZABETH: Wasn't that the time too? There was so much on the news. I remember hearing about daycare after daycare in this state, and they were in-home ones. There was that one where the women were smoking pot outside. That was a huge one.

STEPHANIE: Right?

ELIZABETH: I think I would look up what that was. But yeah, there is a lot more in the news where it was like, whoa, whoa, whoa. Unless that was intentional of the Office of Child Care, I doubt they call the news station, but unless that was something like, whoa, we need to start.

TJ: Nobody cared, and they just looked the other way with in-home. And then some shift happened, and all of a sudden, they wanted in-home to look like centers.

CANDACE: Well, in my town, we had a baby die of SIDS at daycare.

STEPHANIE: I did, too.

I do not think the other providers caught that Stephanie was trying to tell them she had an infant die of Sudden Infant Death Syndrome (SIDS) in her program. The discussion continued.

ELIZABETH: So, do you think that's when?

CANDACE: I just think maybe. Having it happen more maybe because there's more child care. They thought they needed to up the infant rules.

STEPHANIE: No, the infant rules came from the federal government, and so the federal government was giving grants to all the states. And with that grant, I heard this from somebody who worked there. So, with that grant, they said, you must implement these like no swaddling and just all these safe sleep rules, or you don't get the money. So then, like with Oregon, they said, ok, these are the new rules, so they put them on a thing. They had some crazy ones on top of it. They submitted to child care providers and say we need feedback. But it really did not matter what the feedback was because the federal government said, you want the money, you have to do the rules. So even though it was a done deal before, we even had any input on it because they wanted the money.

ELIZABETH: Some of the rules, though, are valid and fair and . . .

STEPHANIE: Right, right.

ELIZABETH: And I get it. I get a lot of them. But do you ever have parents where they are like, "I put a blanket with my baby? That's the only way they get to go to sleep." That one drives me nuts. I get it. I get it's a safety rule, and I get it. But I'm like; they can't snuggle a blanket here. That's the rule.

TJ: Or a stuffed animal. Yeah, yeah.

STEPHANIE: I had a mom who brought her child in a car seat asleep. He's asleep in the little car seat, and the mom was going to take him out, and her husband was like, "Why are you doing that? You should just, you know . . ." But these safe sleep rules were in her head. "Well, he'll die if we don't take him out of the car seat," and he was like, "but he didn't die in the car, and it's the same seat." She's

like, “oh yeah,” and they scare these poor moms with you can’t let them sleep in a car seat when they’re not in the car.

ELIZABETH: When it’s such a safe place, truly, you put the bar up, that is a safe little place, to be honest.

STEPHANIE: And the danger is if you unbuckle the car seat or unbuckle one, and they can slide. Keep it buckled, and they’re just as safe as they are in the car. That’s what I told her. Just don’t unbuckle it. Keep it buckled, and he’s fine.

TJ: Don’t let your licenser see, though.

ELIZABETH: I got a complaint on the portal. I left a baby in a car seat for two-point two seconds, and licensing walked in and wrote me up for it.

CANDACE: And all of this is why I do not take infants. And I decided that pretty soon after opening. It was not worth it.

STEPHANIE: So many more rules.

TJ: It is so hard.

ELIZABETH: But there is such a big need for infants. I think because they regulate us, it’s such a big need. There are not enough providers who have openings.

CANDACE: I don’t know of anybody in my town that has openings for infants.

STEPHANIE: I believe it.

ELIZABETH: So, we made two houses. Both were 6 weeks to kinder ages, and we made one house an infant house and one a preschool house because we have so many calls for infants. But it’s so hard.

STEPHANIE: Yeah, yeah, yeah.

ELIZABETH: Good job on not taking infants, though but don’t you get calls all the time?

CANDACE: Yeah. But I’ve learned to say no and do what’s best for me.

TJ: Can you teach me?

CANDACE: I’ll lend you, my husband, because he is my backbone.

Josie's Reflection. The topic of infant care was a source of conflict for me also.

Up until 2021, I always had an infant in my care. When I first became a child care provider, I would take two infants, but as regulation increased, I began only taking one infant at a time. I always had a waitlist for my infant slot. I usually filled an upcoming vacancy with a newborn from a family who already had a child in my care. The year I ended infant care, I had two pregnant moms who wanted the slot and were highly disappointed I ended infant care. I love infant care. Having an infant was a great joy for me for 14 years.

I currently have a child leaving for kindergarten this year who was an infant in my program, and their sibling, who was eight months old, was in my care and transitioned to another program at the beginning of 2021. The decision to end infant care was heartbreaking, but it was too much. Infants need responsive, consistent, and individualized care, which often conflicts with the new regulation. If the parent swaddled their infant at home, the child would not sleep un-swaddled at child care. If parents co-slept, then the infant wanted to be held while sleeping. For years, I wore a baby in a sling, Snuggli, or backpack. This is no longer allowed if the baby falls asleep while you are wearing them and licensing pops in that is now a valid finding. Never mind that I can feel that infant breathing pressed up against my body or look down to check them while at the same time doing an activity with a preschool-age child or preparing a snack. It made no sense to pay a person to watch one infant sleep while the rest of the group was outside playing because a baby monitor was no longer allowed. I get calls from parents wanting infant care daily. Like Candace, I have learned to say no.

Focus Group Bonding and Connection

By this time, the group had bonded, they had questions for me, and I was not quite prepared. I covered confidentiality with them, but I never covered that in a study; they ideally would not know each other.

TJ: You'll share our information with each other, right?

JOSIE: Yes [reflexively]. Well, no. I can't share information. This is research, and there is confidentiality. There is a private chat feature on the zoom, and you are all consenting adults. But as far as my role as a researcher, I am not allowed to give you each other's information.

TJ: I'm putting my email in the chat; any of you can email me.

JOSIE: We only have a few minutes left. We should start wrapping up. Is there anything else you would like to say before we say goodnight?

CANDACE: Are we doing more, or is this it?

JOSIE: This is the only focus group I have planned.

ELIZABETH: Can I ask what your overall like? What is your take from this? No?

TJ: You just made us all friends.

JOSIE: I can't yet. Once the data is collected and written up, we can connect.

ELIZABETH: Thank you for doing this.

TJ: Yay!

ELIZABETH: Thanks for being brave and doing this.

TJ: And being a FCC provider. I don't know how you have the energy.

ELIZABETH: I want to buy you coffee.

I was touched that they wanted to include me. I appreciated that they felt I was on their team. I admit I felt the same connection to them as I listened to their stories.

Referring Families to Other Providers for Child Care

We were almost at the end of the time, and they were still talking. Mostly chit-chat about the state grants for child care, families that complain about the cost of care, referring clients to other programs in the areas they live, and concern about so many programs closing.

ELIZABETH: It's nice to know good providers. If somebody calls, to be able to say, hey, this person has an opening.

DONA: Yeah.

ELIZABETH: I don't know if you guys are slow, but it's been quiet. Even slow for COVID.

STEPHANIE: I'm slow as well.

TJ: I'm having the opposite in my neighborhood, but it's just because the neighborhood has been built up so much recently, and it's all young families moving in. I don't advertise anywhere. I've never put my name out anywhere, and I have inquiries at least every other week.

STEPHANIE: Wow.

ELIZABETH: Just word of mouth?

TJ: Just word of mouth, and I've never since 2011; I think the longest I have gone with an opening is two weeks.

CANDACE: Same since I opened.

ELIZABETH: I love that. Good job, you guys.

STEPHANIE: Yeah.

TJ: Yeah, but I think.

ELIZABETH: That's good, right?

TJ: That's good, but it's also heartbreaking because I'm trying to build up community child care in my neighborhood, and everyone, I think it has a lot to do with our licenser and everyone who like the child cares that I love and want to send people to. They're all closing down.

DONA: Oh wow.

TJ: For the last two years, they're just falling. And so now the only thing that's open are the centers. Who have to charge more for subpar care?

ELIZABETH: Yes

Josie's Reflection. As the providers talked about referring families to other programs, I recalled an experience of my own related to referring families to other providers. I used to refer families to providers I knew in my area but no longer did that after I had an experience with a provider friend who did backup care for me when I had gone on vacation. The family had a bad experience with the provider, which resulted in the family filing a licensing complaint with the state. I felt awful both for the family and my provider friend, who had to close for a month during the investigation, and the investigation found them not at fault. Now I give families the number for Child Care Resources and Referral (CCR&R) and let them do their own search.

FCC Versus Center Child Care

The providers continued to discuss the number of providers closing and the state agenda to "get rid of FCC." They also discussed the differences between FCC and center child care and their feeling that families didn't know what they wanted in child care.

STEPHANIE: Yeah, Yeah, and you know, parents specifically choose FCC for their children.

TJ: Yeah.

STEPHANIE: Because they know they're going to get more personalized care. They're not going to have a crazy staff turnover that you don't know who the child's you know the provider is going to be when you walk in every day. They specifically want in-home care for their children. So, the state's idea of trying to get rid of that, I think, is going to backfire. Parents are not going to be ok with that.

TJ: The problem is the parents don't know what to ask for.

STEPHANIE: Right?

TJ: Like if you don't know, you don't know.

DONA: Yeah, but that can backfire against us because the families obviously don't want to pay enough money for the child care we provide. So, they are going to say, yeah, we want quality child care, but we want it cheap.

TJ: And in the whole thing about giving the families funds that were supposed to go toward child care?

STEPHANIE: Oh right, they did that in 2020.

TJ: It was last year where they were like, here's the money. This is to be used toward child care. But yeah, we're not actually going to check on that. I had this one family who was like, "yeah, I got this new golfing bag. I got this, but you're charging too much."

ELIZABETH: Okay?

TJ: But here's the thing, so I'm trying to figure it out. If the state is going to come in and say, here are all your regulations, this is what you have to do. You have to follow all these guidelines by the book. So, stop giving the family money to have them manage the finances to pay for good child care. Say here's the child care that has five stars and who follows all the rules and does all the guidelines. Here is your yearly funds because you're providing this service. You are providing this service for your community. Here you go. Here's your money so that you can continue to provide this service and not have to charge families an arm and a leg.

DONA: But they already do that with the state preschool.

ELIZABETH: I don't even know what the state preschool is.

Josie's Reflection. As a state preschool provider, there was a short, misinformed conversation where providers discussed all the negative things, they had heard about state preschool programs. Much of what they had heard was inaccurate, but they did get right that there was a lot more regulation, more paperwork, and you do not get to choose the families selected for your program. One of the providers in the group was also a state

preschool program and tried to share her experience, but I decided to step in at this point and told them I felt that the state preschool program was a different discussion.

Provider Education Versus Experience

There was a shift in the discussion that did not altogether remove the state preschool program from the conversation but instead focused on provider education versus experience. The state preschool program and the state quality standard system now allowed community-based training to be equivalent to a college education.

DONA: So that's like another that's again another whole of a conversation, right? Because I'm pretty sure I mean, it's not only experience we are talking about here. It's about knowledge. And what I find a little bit frustrating is that I spent four years in the university to get my degree. Right? And now people can get to step 10 by taking trainings. And to be honest, how many times we don't go to trainings, or we just sit down? Do we take anything out of the training? No, but I'm there. I take my hours. I put in my hours. And then you have people that the way that they have built their step ten, but they don't have anything, really. So that is also very frustrating.

ELIZABETH: That's fair. That's fair. Maybe it could be more on experience than training and classes; it's more on the experience of how long you've done this.

DONA: Yeah, I don't know some, somehow.

Josie's Reflection. This topic was also one that I had considered. As an FCC provider with a master's degree, I gave testimony at the legislature that supported the bill that changed the degree requirement for the state preschool program. I have known and learned from many experienced teachers without a bachelor's degree. I also realized that accessing a college education is a privilege not available to everyone. Opportunities for higher education for those who have English as a second language were not widely accessible, and we need Spanish-speaking teachers. In this small study of five FCC providers and one FCC provider/researcher, Dona received her bachelor's degree in

Mexico and has English as a second language which she discussed in her interview. Her perspective on this discussion contributes to the multiplicity of stories found among FCC providers on this topic.

Not A Babysitter

I felt that this conversation about continuing education and professional development was an excellent lead-in to a question I wanted to ask about professional titles.

JOSIE: One topic I was curious about was how you all identify yourselves when you are talking to people; what do you say you do for a living?

STEPHANIE: I'm a small business owner.

DONA: I run a child care at home.

ELIZABETH: I say that I own two-day cares.

TJ: I usually am very specific and say that I have a child care, preschool, so that. I found that a lot of people hear daycare and think you're a babysitter, and I know that all of you experience that. It's important, like you said, Dona. I have a master's degree in early childhood education. I'm running a school that also is a full-time child care, and I don't know why that's so particular to me, but it makes me crazy if people think that I'm just a babysitter.

CANDACE: Yeah, I say preschool teacher that I have an in-home preschool. And we do offer before and aftercare, but we're a preschool.

Josie's Reflection. I had been on my own journey of how to identify my work as an FCC provider. I also used to get pretty upset when called a babysitter. When I entered the doctoral program, identifying myself as an FCC provider felt inadequate and made me feel like I did not belong in the program, so I identified myself as the owner of a preschool program. At the time, it seemed like a professional way to describe my work. Through this research, I came to value my identity as an FCC provider. I do not feel the

need to make what I do seem more; I want to represent this workforce and help others outside of the profession see the value in FCC.

What is Different About FCC?

I probably could have worded this next question better; they came to the question thinking that I wanted to know the difference between in-home and center care. This was not the question I meant to ask, but their final answers were valuable, and it was a great end to the focus group conversation.

JOSIE: Everyone has a little different answer. If you worked in a center or someplace outside of your home but still doing child care, would there be a difference?

ELIZABETH: I think the difference may be in care in a family. An in-home versus a center is we get to have a connection, at least I do with each of those parents, and like someone said, they met grandma and grandpa and aunts and uncles. Yeah, in a center, and maybe I'm wrong. I don't think with that rotating door of parents coming in and picking their kid up, there's that, which I will always want. I always want to have that connection at the door, and oh, what are you guys doing this weekend? I want to be able to know what to talk about on Monday.

STEPHANIE: Right?

ELIZABETH: That's probably care that I would say is different than a center.

STEPHANIE: Yeah. Building those relationships all the way through. I've got an assistant that I had when they were an infant. Another thing for me, and it's amazing because they know my program, I don't have to explain anything; they lived it. They know my rules. So, building those relationships.

TJ: The difference right between family care and child care. The folks that work in the centers, they work there because they care for children, right, and that I mean, it doesn't pay enough for them to not work there for any other reason. But we all do this because we care for the entire family, right? And that's what sets us apart from the centers. We're not just caring for each individual child as they come in. We're caring for the entire family. If a mom is sick. We're going to be there to help her through her illness and do what she needs, whereas, in a center, they're not going to know that the mom is sick.

STEPHANIE: Nope.

TJ: Right? It's that.

STEPHANIE: "You are on the list to pick up this child. Ok? You're there, bye. Yeah. Don't know why the neighbor is picking up?"

TJ: Yeah, exactly. You two are quiet down there. Dona?

DONA: Well, it's just that I'm thinking regarding the care. I think the care is more personal. You know, it doesn't matter if it's the kid, if it's a mom if it's the grandma. Obviously, when you are in a bigger center, you cannot have that type of care. So, I think. That's what makes us different. That we do care, you know? And that doesn't make the centers bad.

ELIZABETH: No, but it helps in raising that kid, maybe for those six years.

DONA: It's different.

TJ: It's different, yeah.

CANDACE: I always tell my husband that we are a team. Us and the parents because we are raising that child, at least at this point in time together. And I couldn't imagine not talking to them and finding out how they do things at home as compared to how we do things here like we have to work together to have the best outcomes. And I recently had a dad who left off all the mom's information on the paperwork because they do every other week, and I just have to accept it. There's nothing I can do about it, but it feels so weird to not be able to communicate with the third person in this relationship of caring for this child. It's weird. Yeah.

TJ: Like Elizabeth said, "we're part of the village."

ELIZABETH: At the door tonight. We just had a ten-minute conversation with one of the dads because he's like, "are you guys doing anything different?" on getting his baby to sleep? He's 4 months old. And really, you know what? We are struggling. We are struggling but here's what we are doing and what they are doing is textbook. Just how we would recommend, they do it. Right? They are doing it exactly. But we still sat and chatted for 10 minutes on it and finally determined maybe it's a growth spurt. You know what? Let's just take this week and roll with it. Let's come back next week and see if things are different. I don't know, but for me here, it was worth being at the door, being like, hey, what can we do together.

We were at the end of the scheduled time, so I ended the meeting. I thanked everyone for being a part of the focus group and let them know I was excited to continue talking with them in our interviews. In this next section, I discussed my thoughts about the focus group.

Focus Group Discussion

One of the first interactions I had with this group of participants was creating group norms. That first interaction foreshadowed things like rules, regulations, and licensing continued to be a thread throughout the focus group discussion. From the beginning, Elizabeth shared, “I do not like rules,” which TJ then further explained, “We spend all day having to enforce all these rules.” The other participants nodded in agreement and said, “right.” Their shared thinking about rules illustrated solidarity that was reaching beyond the boundaries of this moment in time together. It was also the first example of Care With, which was one of the phases in Tronto’s (2013) Ethics of Care Framework.

I began the focus group with a question I had hoped would be a good starter question about what they felt were the responsibilities of being an FCC provider. Each of the participants answered, and immediately they took the conversation in an unanticipated direction. Going into the focus group, I had created a list of questions that I had planned to guide the focus group. I quickly found that I would need to be flexible to the needs of this group of participants. I allowed them a level of control about what they needed to talk about and recognized that in myself, I was feeling a sense of tension related to needing to be “the researcher” and fighting the urge to jump into the

conversation and participate. I decided to let the conversation about how they addressed the children collectively in their programs play out. The initial stories that Stephanie, Candace, and TJ shared gave me the first glimpse of who they were as FCC providers.

Figure 5

Ethical Care Qualities



Candace shared an experience with children having a conversation about marriage. When the conversation came to a point where a girl said she would marry another girl, another child said they could not do that. At that point, Candace stepped in and ended the conversation. She stated, “And so that was kind of. Awkward.” When asked how she handled this situation, she shared that she told them, “Nobody’s getting married now. It will happen when we are older, and then we can choose then. There is no wrong or right.” Her response to the children felt like she really was not comfortable handling this type of discussion and felt the need to shut the conversation down by telling the children that it was not something they needed to discuss at that time and adding that there was no right or wrong answer.

The experiences Stephanie and TJ shared demonstrated comfort that the children did not need an answer, just the ability to have the conversation and develop their own understandings. Stephanie shared, “. . . I don’t get involved in those conversations. Santa Clause, anything. It’s just like, work it out amongst yourselves.” Following TJ’s experience using a similar approach with children talking about religion, “. . . at the end, they were able to come to ok, so that’s what your family does, and this is what my family does. I’m like, you guys are three and figured this out” The contrast in the approaches between Candace’s discomfort with the conversation the children were having compared with Stephanie and TJ’s comfort with the children being able to navigate the conversation was an example of how they view themselves and their role as providers. With Candace needing a level of control, Stephanie and TJ may be looking at the bigger picture and knowing that the children were learning from those conversations and allowed space in their programs to explore thinking that does not fit into their current worldview.

Immediately following, Elizabeth took the opportunity to seek some advice. She shared that she had a new family with two moms and was unsure how to handle Father’s Day. Both TJ and Stephanie had experiences with same-sex families, and TJ shared how she worked with the family she had to solve the Father’s Day gift problem. This type of collaborative problem-solving continued throughout the focus group. They recognized that this was an opportunity to learn from one another. Their connecting in this way continued to fit into the Care With phase of my conceptual framework.

Early in the discussion, conflicts with licensing began to emerge. Beginning with an experience from Stephanie, “. . . Everybody’s licensor is a little different. Mine is a stickler for paperwork” There was a range of experiences with licensing. Elizabeth seemed to have a contentious relationship with licensing. TJ and Stephanie had a certain level of fear related to licensing, and Candace and Dona had a more positive relationship with their licensing specialists. TJ, who had had multiple licensing specialists in her 16 years as an FCC provider, referred to her most recent experience with licensing specialists: “. . . especially in the last two years. What’s safe for the kids and what the parents need, and what the licensor wants to check off on her little box are not the same things.”

Each provider's differing licensing experiences were significant and demonstrated a lack of consistency in the system. Some licensing specialists were responsive to the individual FCC provider, and others looked for something wrong with the program. An example of a contrasting experience was with Elizabeth. She had multiple licensing specialists with different ideas about their role as licensors.

“I had a great licensor, in the beginning, a wonderful woman, and it’s probably why I stuck through, and I was taught very well . . . it’s just not that way anymore They are taught to go in and write every rule.

Multiple providers share positive experiences with licensing specialists in years past.

TJ shared a story about a licensing specialist who saw she did not have an exit sign on the wall. The licensing specialist made one out of construction paper and put it up for her. Stephanie spoke of her amazing former licensor, whom she felt she could ask any question and get advice about making that work in her program. Then she shared feeling conflicted about her changing relationship with licensing. She was now too worried to

talk to her new licensor. “. . . Where now I am afraid to talk to my licensor . . . you naturally want to talk about your program and what you're doing with your kids and things like that. So. Man.” Communication breakdown was an additional point of significance in the providers' conversation about the licensing system.

Candace, who mainly had had positive experiences with licensing, was now unable to get ahold of her licensing specialist to ask questions, which was a source of stress. In the discussion about applying for program exemptions. Some providers knew how to access it, and others did not know that this was even an option. Further, the providers spoke of loss in the ability to use their licensing specialist as a support person. Elizabeth shared, “. . . I am scared to call my licensor, scared to answer the door . . . I look around, and I'm like. We're not breaking a single rule here. We're not breaking it. Why am I scared to open the door for licensing? Why? I don't like that feeling.” I found this underlying thread of fear related to licensing to be troubling.

Even in sharing my own experience, I wrote, “I was afraid” about licensing. TJ talked about being “scared to call her licensor, scared to answer the door.” Stephanie said, “I am afraid to talk to my licensor.” Elizabeth talked about disrupting this feeling of being scared and alone, “I think if more people are just not afraid to stand up and, you know, hold each other's hands because it was just me for a long time.” Following this thread of fear was a surprising concern of the state having an agenda to “shut down FCC programs.” I feel like this speaks again to communication that is or is not happening with FCC providers.

Based on what I heard, I wondered about the impact of these fears on providers' ability to care well and decided to ask a related question. With my care framework in mind and precisely this question which was a phase one question related to caregiving (competence), what resources do caregivers need to care competently? Do you think your relationship with your licensor affects your ability to care for the kids in your child care at that time? Elizabeth answered first, without much thought. She talked about how children receive the same care regardless of her relationship with licensing. Then reflected on her earlier comments about getting written up and her admittedly defiant relationship with licensing. She answered this question with, "I don't care, come in my house, and write me up. I don't even care; write valid and leave" Elizabeth is the lead teacher in her infant/ toddler program. She finished her answer by saying, "the care that we provide for kids . . . has never been different. Maybe more stress. I'm definitely more stressed and more irritable than I should be in my days due to licensing, I am." I cannot see how these things would not influence the caregiving of infants and toddlers who absorb the stress of their caregivers.

TJ further supports my thinking when she said, "If I'm always aware. That means that. Part of my brain is paying attention to that when it should always just be paying attention to the tiny human." To which Elizabeth replied, "It just makes you anxious." Nevertheless, Dona continued to resist the thinking that there is an impact. She said when the doorbell rings, you just make sure everything is in place but that "it's not going to change your care, the way you behave with the kids." However, Dona has said she does not have the same problems with licensing, so the stress level would be different. As this

conversation continues, I could tell Candace wanted to say something, so I used my power as a facilitator to let them know to let her talk. Candace reinforced this thinking: “. . . I was nervous about her coming, and I feel like I spent more time, you know, making sure that things looked the way they wanted instead of spending time with the kids.” Licensing continued to be a thread of conversation that carried over into the individual interviews of Elizabeth and Stephanie.

Several providers experienced dynamic power shifts with the change of one licensing specialist to another, which is something they have no control over. There is an unequal and inequitable power balance in these providers' stories. They are in their homes with maybe one or two other adults, yet they describe feeling alone, feeling afraid, and vulnerable to licensing specialists who hold all of the power. So, while Dona seemed to be the least affected by licensing, if she were to have a new licensing specialist tomorrow would her experience and feelings stay the same?

Connection and community were other threads that I felt were valuable takeaways from the focus group experience. In their interviews, the providers brought up the focus group. Their immediate connection with each other turned into these providers becoming connected to a larger community. The latest email from TJ to me stated, “You've created quite the network! A bunch of us are talking now, and we're really trying to figure out this sub thing. I love this community.” I had not planned to connect them in this way, and the only thing I did was simply bring them together and allow them space to discuss their work. I felt hopeful when I thought about the power of simple acts like spending 2 hours in this way with these providers.

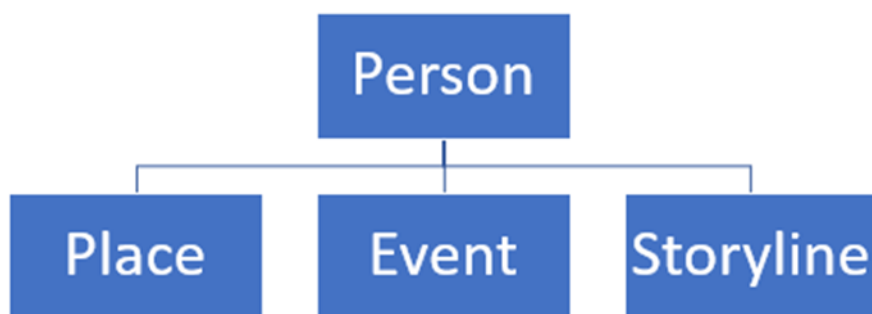
Provider Stories

In this section, I present each provider's story by combining the data collected from their two individual interviews into a more cohesive view of each provider. I have chosen to present the data in this way because it presented a more cohesive view of the provider. Foregrounding care in all parts of this research process, looking at the interviews holistically provided me with a richer landscape to consider provider experiences.

I use person, place, and event, or storyline to frame this section (Figure 6).

Figure 6

Presentation of Individual Interviews



I begin first with Stephanie's story. Her introduction includes how she came to be an FCC provider, her beliefs about her work as an FCC provider, her thinking about her work as a caregiver, and experiences that she shared which helped me understand who Stephanie was as an FCC provider. I then described Stephanie's program, which was the place where she did her work as an FCC provider. I selected four storied experiences based on an event or an ongoing storyline that persisted throughout my interviews with

Stephanie. Stephanie's thinking about expulsion follows the selected storyline/events.

Then I provided a discussion of my interviews with Stephanie. I used the same format to present each of the following participants: Elizabeth, Dona, Candace, and TJ. Once I completed each participant, I discussed where common threads within their stories intersected. I ended the discussion with how this data addressed my research questions.

Beginning My Conversation with Stephanie

Stephanie and I met online using Zoom on a Saturday afternoon. She was in her home, and I was in my home office. Having met her in the focus group, she seemed comfortable and ready to talk. We began our discussion with her impressions of the focus group:

Yeah, I loved it; I thought it was so good. I think, you know, having all the classes, with all the trainings online, there are like 100 people, and you just type in your response. You really don't have time to connect with people. A lot of the table conversations don't happen. And so, this small focus group was almost like a table conversation from the trainings. And that was so good; to connect with other daycare providers.

She said that it felt good to be among the other providers and that listening to other providers' experiences like her own made her feel as if she was not alone. "And so that is so encouraging as a daycare provider to be like, ok, I am not the only person with this issue with my licensor." She reflected that she felt encouraged listening to Candace talk about having had positive experiences with her licensing specialists. "Because in my head, licensing has changed, so they are doing things differently." Stephanie described an experience a child care provider friend had that shaped her thinking about why licensing had changed.

Stephanie and her friend had shared the same licensing specialist for years. She and her friend had a good relationship with that licensing specialist, and often they would ask how to manage certain situations and stay in compliance. To which the licensing specialist had always been helpful. Stephanie's friend had once asked the licensing specialist how to manage a child who bit other children, so they had a plan if they ever encountered the issue. She shared that her friend asked the licensing specialist, "If I had a biter? How do I handle that? How do I keep the kids safe?" According to Stephanie, the licensing specialist advised, "Because you can't isolate them, that's in the rule book . . . put a playpen in the middle of the room and put them in it. So, they are part of the activity. The child would be contained, and the other children would be safe." On the advice of that licensing specialist, that became their plan for biting.

The licensing specialist that gave her friend the advice moved to a different position, and they both received the same new licensing specialist. Her friend mentioned the plan for biting to the new licensing specialist and was told it was against the rules and wrote her up. Stephanie said, "She wrote her up because you can only use a playpen or pack and play for napping. You cannot use them to contain children for time out." Her friend had never implemented the plan, and they tried to tell the new licensor, "Ok, I'm telling you what a licensor suggested. I never did this." It did not matter to the new licensor. ". . . the rules had changed." Stephanie added that the new licensor said, "I know, but that was the plan in your policies. That is how you handle biters, so it's still valid, even though it didn't happen." Stephanie was upset by her friend's experience. "It was so frustrating." She was then fearful of talking to the new licensing specialist. She

missed her old licensing specialist, “she came and just talked a lot. We talked daycare stuff. We talked, how’s your family? So, there was that open communication.” The same licensing specialist once told her, “When you have a licensed daycare, it’s a safer daycare. It’s safer for the children. So, the more information I can get about how they handle things, then the more guidance I can give them to create a safer environment.”

Worried about being written up by the new licensing specialist Stephanie said:

Yikes, I am not going to say anything to my licensor, which is then I’m like don’t say anything, don’t say anything in my mind when my licensor is here because you know they have to read their form and do all their little check-off and it’s silent, and you want to fill that.

Stephanie now felt that she must not speak freely with her licensing specialist.

Participating in the focus group and hearing Candace’s experience with her licensing specialist shifted Stephanie’s perspective. Knowing there had been changes in licensing, she now had more hope that the individual licensing specialists were simply different and that she might have a better relationship with her next licensing specialist. In the meantime, she was trying to build that relationship by asking the new licensing specialist questions to get to know them. “So, I think, just as daycare providers, if we start building these relationships, we were depending on our old licensing specialist to build the relationship; it’s like the balls in our court.” She was hopeful that she could start changing that relationship if she does her part. She talked to her friend about doing the same. “I told this other daycare provider who was written up for the pack and play thing; I said, ok, when your licensor comes in, just ask her about her family.” After talking for a bit longer about licensing, I asked Stephanie to tell me the story of how she became an FCC provider.

Stephanie's Story. Stephanie was a home-schooling mother of five children. As her children grew, they needed more space than their small duplex would allow. "So, I had five kids, and I homeschooled and were when my kids were little, we lived in an amazing neighborhood and a tiny, tiny little duplex. And we needed more space." To make a move to a larger home, Stephanie needed to supplement her income. She felt since she was already homeschooling her five children that, she might as well earn extra money watching more children:

It was obviously family-style with all of my kids. Oh, my goodness, so much fun. It was just the fun things they would do, especially with homeschooling. My kids would be sitting at the table, and I would do flashcards every morning. It would be adding, subtracting, multiplying, or dividing, whatever it was that day. Whoever is answering the question, it would not be uncommon for a little like three- or four-year-old to come over, and when my child would answer "15," the daycare child would say, "15"! It was so cute. Oh, my goodness. Just fun, fun things that they would learn just from when I am, doing daycare and homeschooling, just a blast. But anyway, that's how I got into it. I needed to supplement my income. And now my kids are all grown and gone. And here I am with these littles, which is so much fun!

Her decision to start doing child care for extra money and a larger home became a 20-year career as an FCC provider. She was a registered provider for four years, "I just needed gas, and grocery money was all it was." Stephanie began focusing on creating a child care business as her children grew into adults. She became involved in a corporate-sponsored child care network in her community and decided, "Ok, I'm actually going to build my business and just do the next step up. I got certified." She participated in the Building a Business classes through her state National Association for the Education of Young Children chapter, hired staff, and has operated a certified FCC program for the last 16 years.

Stephanie's program offers care for children six weeks through 12 years old and weekend and evening care which has been a need in her community. The corporate-sponsored child care network required them to adhere to National Association for Family Child Care (NAFCC) standards which are higher than the state licensing requirements. "Their expectations of child care providers was we had to have higher standards than the state standards . . . you had to be a member of NAFCC because they had higher standards." Working with the corporate-sponsored network, she offered much-needed care to the employees affiliated with that company. "They needed child care providers because they have those split shifts, and it was hard for them to get people." In return, the program offered paid professional development opportunities throughout the year, paid for her child care insurance, and offered additional opportunities for mentoring and support. Stephanie described being in the program as extremely helpful in building her business and professional development. She enjoyed the quality of classes in the program. "They would pay for all of your classes for you and your staff" The program also allowed her to connect with other programs in her area.

Unfortunately, the program ended Stephanie's contract when she had an infant die tragically of SIDS in her program. Stephanie had been concerned about needing to pay the corporate-sponsored network back for classes she had received. "We had two or three classes they had already paid for" Stephanie said that she contacted them and asked, "Ok, do I need to pay this money for the classes? And they said, 'No, in fact, we will go ahead and pay six months' worth of classes for you and your staff.'" So, Stephanie and her staff continued participating in classes for six months after they terminated her

participation in the network. Stephanie talked about how she missed being a part of the program but understood that they had to follow the rules. Listening to her describe the situation made me question why they felt it necessary to let her go, which I will return to later in my discussion. Shortly after they parted ways with Stephanie, the corporate-sponsored program ended their FCC network in 2021.

Stephanie described her work with young children as vitally important, “I don’t remember who said this, but the hand that rocks the cradle rules the world.” She shared that she does not feel the need that some others do in the profession to have the world affirm the work she does.

And so, I have never felt like I’ve had to justify, it’s not the right word, had to, I don’t care if people look down on me, I guess. I mean if there’d be times when I, “Oh, what do you do?” “Oh, I just babysit.” Knowing what I do is probably much more important than whatever you do. I didn’t need that.

Apart from the intrinsic value Stephanie has in her work. She knows that early childhood education influences children so much, “I see it as more important than many professions.” she also stated, “Building these relationships with these kids is, oh my goodness. Yeah, there is just nothing like it.” She looked for a second like I might be offended. Then she quickly said, “you’re an early childhood provider. So, it’s okay to say that.” I could not help but agree with everything she said.

Stephanie and I discussed what care meant to her and what it looked like in her program. “I think care is, I would say, concern about the child’s overall well-being,” which she shared meant that sometimes they will get frustrated with you if you do not step in right away and solve their problems. “. . . sometimes like a tough love thing, you’re doing something, and the child is not happy about how something is going, or they

get frustrated over something, but you see in the long run. This is helping you to solve a problem.” She described watching the look of satisfaction in a child’s eyes when they accomplish a frustrating task and being able to identify what is best in the moment for their overall well-being.

Care for her is creating daily routines and “getting those academics in, mixing them in without having a circle time type thing.” An example she gave of this was, “Yesterday we had a microscope out with leaves and things underneath” then, having a conversation with the parent about the activity gave her an idea to get some pond water on their next walk to look at under the microscope. Stephanie also talked about talking and singing while changing a diaper, “just things you naturally do.” I commented that I was not sure that that was something that came naturally to everyone. She told me a story about when she did her Child Development Associate (CDA) test. She finished the test quickly and thought that maybe she had missed something. However, the person that administered the test replied, “No, you did not. It is much common sense for some and others, they just don’t get it, and it takes them forever to figure out the appropriate response.” Stephanie described feeling shocked that it was not just intuitive.

As we continued discussing her thinking about care, Stephanie also shared, “It’s the everyday stuff that you’re doing. I do it intentional.” Then she described, counting steps while they take their daily walks. “I say one, they say two, four, six, now they are learning to count by twos, and they don’t even know it.” She said that she always focused her attention on the child in the morning at drop-off and greeted them first, “so yeah, just interacting with them.” She said, “it’s more than just comfort,” and talked about how she

used Love and Logic in her program. Teaching children to solve problems was essential to Stephanie. The Love and Logic approach helped support them in learning that:

They are used to having adults just solve their problems. They don't have to think it through. What are you going to do about that? If their answer is, "I don't know." I say, "I'm sure you can think of something because you are smart." And so that to me is a lot of care mostly.

Stephanie came to use the Love and Logic approach to discipline as a parent with her children. Upon having parenting struggles with one of her own children, she sought out the help of a counselor who recommended the books to her. "They were all at the library, and I read every one. It was just a game-changer." The Love and Logic approach centers on caring and respectful relationships. Stephanie has used this approach which was helpful in her work with children. She wanted to take a train the trainer course to teach classes on Love and Logic. She wanted to help other providers. "It's so good because, with child care providers, there's so much you cannot do. Eventually, they will get rid of time-outs." Stephanie felt that it was essential for child care providers and parents to have effective strategies for discipline. It was something she wished she had known when her children were younger.

Stephanie and I also discussed how children responded to the care that she gave them. She talked about drawings children have brought her, or stories parents told her about things children said. Stephanie told one story about a child who had moved to another child care. "I had this one little one who went to a different daycare." However, they still sometimes came to her for care on Saturdays, and she also provided backup care for the family one time while the new provider was on vacation. "He was here back again for a week and then went back to the other daycare." After the child had gone to both

places, Stephanie received a text from the parent letting her know that the child said, “I really like Ms. Rogers because she doesn’t yell. She’ll just tell us not to do something.” Then they said, referring to the new child care, “they yell at me all the time.” The parent thanked her, and Stephanie was touched that the child had noticed. She felt that using Love and Logic was just a calmer way of doing things. Stephanie also added, “I’m not putting down, no, but there’s different people; they do things differently. But the child saw that.” It is moments such as those that let Stephanie know that the children knew she cared for them and about them.

Stephanie’s Program. When I asked Stephanie to tell me about her program, she happily exclaimed, “Ok, I love talking child care.” Two of the things Stephanie said are essential in her program were allowing the children to use their imaginations and allowing them opportunities to solve problems. As she took me through her day, she described, “So in the mornings pretty much I will look and see, hey, who do we have tomorrow? So, depending on who we have, that depends on what activities I bring from downstairs for them.” Stephanie often worked with families who needed part-time and odd-hour care, so every day was different.

After checking her schedule, she considered each child’s interests and the whole group’s needs, went upstairs to the room where she stored all her child care toys and brought down what she needed for the next day. If she had a group of children coming that she knew needed extra movement, “Well, we are going to have a ball fight, and I bring those balls down because it can hit a window, it can hit a lamp, it can hit you in the face, and it doesn’t do anything.” She explained the big set of ball pit balls she kept

upstairs for those days. She said, “We have another thing that I have is like big pieces of cardboard that are underneath my sofa where they can build forts.” Stephanie shared about a time when the children used the cardboard pieces creatively. “One time, they built this zoo with all the cardboard pieces. That was not me. It’s like, here’s the cardboard. What are you going to do?” Sometimes, the cardboard turned into a shield during a ball fight. She told me about the basket of blankets she kept in the family room for “forts, capes and to pull over their heads and pretend to be ghosts.” Then she talked about how she enjoyed watching the children problem solve and the thinking they did while having a ball fight. “Are you going to learn to use the cardboard as a shield? But I don’t ever give them any hints. It has to come out of your own brain to figure things out.” She just provided the materials and opportunities to think creatively.

Another thing Stephanie felt strongly about was keeping that home feel. She described going through the process to become a star-rated program in her state. “So, with mine being home daycare and plus I do extended hours . . . with my house generally we’re all in the family room area. It looks like a house it doesn’t look like . . .” She had a family room with a China cabinet hutch where she kept puzzles and art supplies. “So, the person that was helping us said you had to label everything.” She put her labels on the inside of the buffet drawers, “When you look at it, it’s just a buffet. You can’t tell there’s toys in there, obviously. And so, they’re like, ‘Let’s take all these labels out. Let’s put all the labels on this.’” Stephanie responded, “I’ve got kids here that their parents work until 8:30 pm at night. They can’t have a feeling of being at school all those long hours.” She decided that keeping the home feel for the children was more important than a five-star

rating. “I go, ‘I’m just doing the four-star thing.’” I asked Stephanie, “It sounds like you try to make sure that you keep the *family* part of FCC? Keeping a family experience versus a school experience?” She said, “Right, absolutely. Yeah, very much my experience.” Stephanie believed that it was essential they felt at home, especially for children who were in her program for extended hours.

Stephanie also described, “Another thing I have is really low, and on the window sills, I’ve got candles, and they’re not toys.” The candles are within the children's reach, but they are not toys. The children sometimes knock the candles and holder down but are responsible for picking them back up and putting them all back together. She said, “This teaches them, I may be in an environment someday where not everything within my reach is something to play with.” Stephanie explained the care that went into each day. Care and intention went into small things like the candles on the window sill. She described how she used mealtimes as a learning experience in some other examples. “All their sippy cups are labeled with their name. They recognize their cup because they’re all different. When they’re having a hard time recognizing their name on the card, I will say it’s the same as on your cubby.” She described the importance of talking to children about what they had for dinner the night before to help with memory and recall. Small intentional details Stephanie explained were part of her caregiving practice.

Stephanie talked about how her day was structured, and it sounded like experience and intuition guided her practice. She knew why each part of her day with children was necessary, from ensuring that children had plenty of time for unstructured play every morning to scheduling more structured activities after play, meals, and rest

time. Stephanie talked about being responsive to children's interests. "I have one child who is into dragons. Yesterday was a quiet day, so I brought up Puff the Magic Dragon. They had never heard the song" since the child was there early; they found the song and a book reading on YouTube and spent time exploring what they could find on the internet about Puff the Magic Dragon. As Stephanie recounted her interaction with this child, I felt how much she valued the time she spent building relationships with children. This next section described an event Stephanie experienced that was also an ongoing storyline threaded throughout her interviews.

Stephanie's Experience With SIDS. Stephanie's description of her experience with the infant that died of SIDS in her program began, "It was really interesting because on a Saturday we had just taken our CPR, and that was in-person CPR because that's pre-COVID . . . we had just taken that." She recalled the instructor asking them how they knew if an infant had stopped breathing. "I said, if they're not breathing, they're gray, they'll be gray, you can tell by the color, and that was my answer every time." She remembered also thinking, "I never said this, but in my head, I'm like, I will never do this. I'm not putting my mouth on someone's slimy mouth. That's just not happening. But never ever voiced that anyway." The Monday following the CPR class, she would encounter this very thing. It was noon, and she was doing her usual look around the room to make sure everyone was pink and good. "So, I saw this little one, and" Stephanie paused a moment and let me know her heart was already starting to race just thinking about the experience. "The baby was 20 feet away, and I just glanced because, you know,

when they were napping”. It was lunchtime, she had some children already napping, and others were getting ready to eat lunch.

The infant was six weeks old, and it was their second day in Stephanie’s program. “The baby was not gray, but I just knew, and I yelled upstairs at my husband.” She told her husband to call 9-1-1, but he was confused. It was quiet, and there were no sounds. He thought everything was fine. Stephanie described carrying the infant to the kitchen, “I’m like call 9-1-1. I’m going to the kitchen.” Stephanie tipped the baby to the side. “The baby’s mouth was full of fluid; I tipped out the fluid and put the baby on the kitchen floor.” One of the officers asked when they questioned her afterward why she took the infant to the kitchen. “I needed a hard surface, and, in my head, the carpet was not a hard surface.” She had just finished taking CPR and knew she needed that hard surface.

Stephanie’s husband called 9-1-1:

The baby was not cold and was still pink. And, you know, everything is fresh in my mind. I knew the breath, you know, to count and my breath counts, you know, and I put my. I didn’t think twice. I put my mouth on there, and there was all this fluid. The baby’s whole. It was just slimy face. Never hesitated to put my mouth and cover the nose and mouth with my mouth. And each time you know you’re dumping this fluid, there’s just so much fluid which is not something I learned in CPR, that their mouth will fill with fluid.

Stephanie described that chaotic day. “The kids were so good. Oh, my goodness, they, you know, in my head, they were just kind of standing around watching” Her husband said, “no, they were sitting.” Stephanie described how different her perspective was from her husband. “It’s funny you get tunnel vision.” Stephanie’s daughter was her assistant at the time, and it was not time for her to be at work yet, but she knew she would need an extra person. “My focus was just on the baby and my daughter. At the time was my assistant, and she wasn’t due to come until the afternoon when things got busier”

Her husband's phone was still on 9-1-1, and they used her phone to try to get their daughter to come early. It ended up that the paramedics arrived before her daughter, and her daughter was not allowed to come inside.

Once the paramedics and police arrived, they took over. Stephanie then called the baby's parents. The parent knew something was wrong because Stephanie typically only used text to communicate with families during the day. "I called mom immediately, and I never call my parents. I always text. And so she, you know, was like, oh, this is strange, and I'm just like, the baby is unresponsive. You need to get here now." While the parent was on the phone, the paramedic was asking Stephanie where the baby's enrollment form was, but she just handed them the phone, and the paramedic was able to ask the parent questions directly.

The paramedics stayed with the baby. "The officers got there, and the paramedics took over . . ." and the police officers helped Stephanie and her husband take the rest of the children upstairs to their bonus room. "The police officers were like, okay, we need to get all of the babies out of this downstairs area . . . they have a room upstairs . . . a bonus room . . ." The children were good with that because this is where Stephanie stored all the extra toys. Once the children were upstairs and attended to, Stephanie began to call all of the rest of the parents. She remembered telling the officer, "they are doing so good. They missed lunch because this happened right at lunchtime, and they are missing nap time right now, and they were not fussing or cranky." The children seemed to respond well to everything going on around them.

One of the other children's parents came to pick up their child during all of the commotions. Later, that parent told Stephanie that the officer said to them, "Do not be afraid to bring your child back here. And that, to me, was so reassuring as a child care provider because you feel horrible. It was so reassuring that the officer said this to parents." Stephanie and the parents needed that reassurance.

Stephanie said she did not get much information with details related to the death after the experience. "I never got a medical report . . . just the detective saying 'we're not pressing charges. Goodbye.' I mean, it was very professional . . . that's all I got." Any communication she received was brief and formal. Through an indirect channel, Stephanie was relieved to find out the autopsy revealed the death as a "classic case of SIDS." She did not receive a lot more information. The police detective called to tell her that they were not pressing charges, but it took months for them to close the case. "I needed that for closure for myself. It was so emotional you can imagine it is every child care provider's worst nightmare I can imagine." From my own experience, it has always been my worst nightmare to lose a child.

Stephanie reflected that there had been times as a child care provider with some babies you were just more aware that they might be high risk. She gave the example of an infant that used to come to her child care that smelled of smoke, and you could hear them breathe. "Mom smoked . . . the child's stuff smelled so bad. I put the diaper bag and the car seat in my garage; you could hear them breathe whenever I checked him. My head is. Please don't be dead, please don't be dead." She would check that infant more frequently, worrying that they were not breathing. "But it was this one that you would

not expect. The mom was still nursing. And so that night, when. Because I nursed my little ones, and I was so. My heart just broke. I was thinking, here she is. She's got no baby. It was just so sad." As an FCC provider, I had shared the experience of checking on a sleeping infant more frequently and worried if they were breathing. Listening to this story broke my heart as well.

While this experience was awful, it could have been worse. Stephanie had been the child care provider for this baby's older sibling for two years. "I was very thankful for that, that this wasn't like someone's first child, and they don't know me . . . the whole situation could have been so much worse than it was." Stephanie reflected on all her feelings in the days after the baby died. "I didn't know if I was going to be arrested. I mean, was I going to jail. I had no idea . . . and you are under investigation with the city, the Office of Child Care and Protective Services." They were all asking questions. Stephanie was even in the news. "It was really unsettling, and you feel you feel horrible . . . I said I think I'm going to cancel the classes because I was in the news." The classes she referred to were the ones through the corporate-sponsored child care network. Stephanie knew, "whenever there's a child care thing that happens, you always read it. You want to know; you want to read between the lines, what really happened here?" The other providers in her classes knew her and what happened from the news stories. When she returned for her first class six weeks after the experience:

We walked in and everyone in the classroom started clapping, and I just mean, I cried because you're expecting rejection and condemnation from other child care providers. And I honestly, I cried, and they hugged me. It was so supportive. I'm so glad they did not cancel my classes . . . I'm glad I went to feel that support. Totally unexpected, expecting the opposite reactions. So yeah.

Stephanie recalls needing that support from other providers so much because the Office of Child Care kept trying to shut her down after the incident. “I’m so thankful . . . The Office of Child Care tried to close me down so many times . . . during the investigation, it seemed they were trying to . . .” The investigation was still going on when COVID-19 hit to intensify this situation further.

Due to the investigation and COVID-19, Stephanie did not apply for an emergency child care license and closed for several months. She decided to wait until the investigation was over before reopening. In late July 2020, her licensing specialist called her and said, “Everything’s off your record. You can go ahead and apply.” Stephanie said it was a message left on her answering machine, and she still will not erase it. “There was no restrictions on my license at all. Everything was off. And it’s just I want to cry. It’s just back to how it was before.” When Stephanie finished telling her story I said to her, “And you’re still a child care provider. After all of that.” Stephanie shared that she has made changes.

Stephanie is no longer taking infants under a year old, and she is transparent with parents that this happened to her and shows them her CDA and qualifications. “You have to be transparent with your parents. You just have to be because you build that trust with them.” Stephanie’s firm belief in the value of what she did seemed to have been a deciding factor in continuing her work as a child care provider despite this traumatic experience. The following ongoing thread I saw running through all of Stephanie’s stories was the care she put into developing long-term relationships with the children in her program.

Building Long-Term Relationships. Stephanie found working with children from infants through school-age extremely rewarding, particularly when you had the same family for many years. “That’s what keeps me going. Six weeks to 12 years old.” Stephanie described a moment she had with one of her long-time families. She had two siblings from the time they were very young, one had started as an infant, and both were now school age and were aging out of her program when COVID hit. Stephanie closed temporarily due to the SIDS investigation, and once COVID hit, the siblings no longer needed care. “And you know what’s going to make me cry. Like a week before Christmas, two of these . . . siblings.” She talked through tears. “About a week before Christmas, their grandmother suddenly died in her sleep. I mean, her house was decorated. She was totally prepared for Christmas . . . Just so devastating.” It was a massive loss for the family. Through tears, Stephanie said, “On Mother’s Day, they brought me flowers they would have given to their grandma.” This gesture meant so much to Stephanie. “It was so touching to be that person in their life.” Having had similar experiences working with infants through school-age myself, we were both in tears when she finished telling me about the experience. Following our interview, Stephanie sent me a picture of the flowers they had given her.

Stephanie continued with a memory of the younger sibling. When they were 1 year old, they just never napped, and she would need to keep the toddler busy on the other side of the house so that the other children could nap. “I would have her pack and play in the kitchen, which is on the other side of the house, while all the kids slept on that side of the house.” She was also taking a class called the Active Alert Child, which

helped her develop her skills to work with the toddler. “I took a class called the Active Alert Child . . . She would not nap, and she would keep everybody awake, so I was always trying to figure out how to keep her occupied during that time. Trying different things.” The child not napping helped to build that relationship.

She said that one time “. . . out of desperation, I had a stack of yogurt cups, and I opened the cupboard and grabbed these yogurt cups.” She gave them to the one-year-old, who then sorted them by flavor. “She had taken these yogurt cups and stacked them all according to the flavor of the cup. This is strawberry, and this is peach. I was blown away.” Yogurt cups became a loose part she now has available to all the children. “Ever since then, the yogurt cups are in the buffet with the toys, and they have done amazing things with them.” Stephanie also shared what she learned in the Active Alert Child class with the child’s family. “So, I’m taking this class, and I’m like, wow, this is your child. I told the parents; you need to read this book. This will help you.” Building those types of relationships made Stephanie’s work meaningful to her. While Stephanie spent time cultivating relationships with children sometimes, she had an experience where she felt the child needed an environment. Different than what her program offered. I discussed an experience Stephanie described in the following segment.

The Child That Needed Something Different. One time Stephanie had siblings, and one of the children was very high-energy. “There was, I mean, nothing wrong with him at all. Just super, super high energy.” At the time, Stephanie had quite a few younger children, two years and younger. “We just had little kiddos and having a high-energy kid when you’ve got tiny’s all over was just a recipe for disaster.” Stephanie tried to make

the situation work, but one day her daughter, who was her assistant, took the child to a library event, “He was just thriving in this to where he could run around and do this and that; she sent me a zillion pictures of the things that he was doing. There was no discipline problem at all.” The child in that environment did terrifically at the library. So, Stephanie decided that it might be better for this child to be in a different environment. “He just needed to be more active during the day and not constantly have to be careful of babies.” The child’s sibling had no problems with Stephanie’s environment.

Stephanie knew of another program that she thought might better fit the child. The program had a backyard that looked like a park and a hen house with chickens. She called the other provider and asked if she had space for the two children. Then Stephanie approached the mom. She told her about the program and why she was recommending it. “Mom just felt, you know, you’re kicking me out.” It was hard, but Stephanie felt it would be much better for the child. “And they thrived in that program. And mom then understood. You know that we were just looking at the best fit for her children.” Initially, the parent felt hurt by the recommendation, but when she saw how much the child loved the other program, she was happy with the decision. The other provider would let the child collect eggs, “They just loved having the responsibility of going out and collecting the eggs.” Stephanie has the belief that not all environments are the right fit for all children.

Stephanie’s Experience with Being the Right Fit. Once Stephanie had an interview with a new family. “We had a little one here . . . during the interview. They must have been like two or three years old . . . His dad is here. I have kids here.” She

said, “This little one was running all over the place had taken off all their clothes except their diaper. But it was fine.” Stephanie did not let the experience keep her from letting the child come to her program, and it ended up that the child did fine. “The child was with me until kindergarten and then moved to a different town.” The child then went to another child care, and Stephanie got a call from the parent that the other program expelled the child for hitting kids. “They went to a different daycare . . . I got a call. ‘Can we bring them back?’ Sure . . . but they got kicked out of the program for hitting other kids.” Stephanie could not believe it. The parents told Stephanie that the new program said that the child would attack the other children. “I’m like, what? ‘Yeah, he just attacks the other kids,’ I’m like, oh ok, that’s weird.” So, the child went back to Stephanie’s program and was fine. “They bring him back. He’s fine. He doesn’t hit the kids. He’s fine. They find another daycare.” She shared, “This must have happened at least three times, if not more, getting kicked out for the same thing hitting and being way too aggressive,” Stephanie said; the mom ended up staying home with the child because they lived too far to keep driving to Stephanie, and he just did not do well in the other programs. Stephanie said, “So that was a classic example that he was fine here and very aggressive in a different setting.” Stephanie reflected that maybe the other programs were too structured. She said now she would have helped the family figure out the difference between the environments, but she did not have enough experience when this happened 15 years ago. Stephanie’s experiences influenced her thinking about expulsion, which was the next area I discussed.

Stephanie's Thinking About Expulsion. Expulsion was our final point of discussion in the interview process. Stephanie had talked about the idea that children need to find the right setting to fit their needs. However, we had not explicitly discussed the state ban on expulsion in early learning programs until the end. When I began asking questions about expulsion, Stephanie explained her thinking about making sure that families could find a program that was the right fit for their child. “I think it’s going to hurt children, honestly, because, like I said, if I have a child that is not a good fit. I refer them to other providers.” Stephanie went on to talk about the children that she had referred to other programs who did so much better with other providers. “. . . they thrived in that environment, and they were not thriving in my environment.” She explained that there is such a wide variety of home-based child care programs, and “even if they were all the same, you get different personalities that run the daycares and not being able to get that child into a program that best fits their needs. That’s just wrong.” In Stephanie’s thinking, it is worse for a child to need to stay in a program that does not work for them.

Stephanie also discussed other reasons that a provider might not be able to keep a child that had nothing to do with the child. She said, “Sometimes it’s not the child it is the parents. The kids are great, but the parents are not.” And sometimes both the child and the parents are great, but the system is the problem. “I’ve had both. Where I really like the parents, I really like the kids, but they were on state pay. That was so challenging that I had to let them go because of the whole state pay thing.” She shared that she had a family that worked out well but that they were receiving state-paid child care subsidies, and the parent’s hours were reduced, and the parent could not get more

hours and could not pay. “And that was so sad. A sad thing because I really like the kids and the mom. It just fell apart with that.” Stephanie believes a child may need to leave a program for different reasons, but it should be a choice left up to the provider.

I told her that I agreed that there were other reasons that child care needed to end, but I wanted to talk about children expelled from programs for challenging behavior. Knowing that Stephanie had strong feelings about keeping a home feel for the children in her care and having lots of time for active play, free play opportunities, and problem-solving, her following answers surprised me. She began to describe placing children that were high energy and needed more support in public schools:

So, my thought would be. You’ve got this support already in place. Just implement a three and fours class for these kids would be my thought if it’s mostly boys, sometimes girls which are high-energy kids . . . In school, you’ve got the playground and a field you could create a backyard.

Stephanie’s reasoning for this is that she believes that public schools have better funding, more staff available, and better resources than a center or FCC provider. She also described programs in Great Britain:

They had playgrounds that looked like a junkyard. They almost always have a shallow creek that flows through and a small fire pit for kids to play in, which is probably why they don’t have them in the USA very much. When I first found out about this, I’m like this is amazing. Kids love it. They can climb trees. They can, you know, stick, poke charcoal, play in the creek and build up dams and things like that . . . They can do that in the field of any elementary grade.

I realized that she was not advocating that those young children go into public schools and sit in classrooms but for the public schools to create unique environments for young children to access nature and have more space to move around than FCC programs and centers offer. Considering these environments are more accessible in a home environment than in a public school, I pushed her, thinking a bit. “What do you think FCC providers

would need to offer those kinds of environments for children?” She responded, “Mmm . . . Yeah, that would be. You would, as a child care provider, have to have that type of vision, I would think. There was one daycare I saw in that Building a Business class I took that was completely outdoors.” She went on to talk a bit about how sometimes she would see a house and think of the possibilities.

She said that she thought many programs were more structured than hers. Even the program that she referred the one family to with the chickens was more structured. For her, “if they eased up on some regulations in like climbing trees and made it not against the rules. I don’t know because anytime they go higher than knee height, you have to have two feet of bark chips.” Also, easing up on water play rules and allowing a wading pool, “Just easing up on those type of things would definitely be helpful . . . It’s too safe. Kids will fall down and skin their knees. Let us, I mean; would they ever allow a little tiny fire in the backyard? More real-world and not so protected and coddled.” From what she was saying, Stephanie would be interested in creating an environment that would be more supportive of children who may have challenging behaviors. However, regulations and rules are a barrier to what she felt children needed. The following segment was my reflection on the conversations I had with Stephanie.

Reflection on Stephanie’s Stories

As a reminder, I have used narrative inquiry to consider Stephanie’s stories through person, place, and event or storyline (Clandinin & Connelly, 2000). Then within the person, place, and event or storyline framing, I applied the Ethics of Care framework phases outlined in my methodology, Care Giving, Care Receiving, and Care With, to pull

threads within Stephanie's stories (Tronto, 2013). I was not surprised to encounter threads that fell outside of the boundaries I had determined for each phase but still fell within the broader context of the Ethics of Care framework. In my conversations with Stephanie, I found two threads were visible in her stories related to *connection* and the idea of *the right fit*, I reflected on these threads in the following passages.

Connection. Beginning my conversation with Stephanie, we immediately discussed the focus group. Stephanie described enjoying the focus group, particularly the connection with the other providers sharing their experiences. Having a connection to a larger community was one of the first threads that became visible throughout my time with Stephanie. She discussed connecting with other providers in the focus group. She talked about connecting with other providers in her classes through the corporate-sponsored network. She also mentioned the provider friend that had the experience with the licensing specialist. Additionally, a different provider friend had chickens and was the right fit for her referred family. Seeking out those connections to the larger FCC community seemed valuable to Stephanie, particularly regarding the support she received after the baby had died in her program. Stephanie also concluded our first interview by thanking me and said this:

Thanks so much for doing this, Josie. It was great. It was great to like with the Zoom class (she referred to the focus group as a Zoom class). A few of us do a group text now that are just like, you know, happy Friday. Or, yeah, it's really great to have that group of child care providers that we can ask questions with and things like that. But yeah, they just understand . . . you know the different challenges and . . . have been through things like, oh yeah, how did a kid . . . you know, try this, right? That. It's just so really nice to be able to talk to other child care providers.

This quote from Stephanie did not fit the rest of the passages I selected. However, it seemed appropriate to place in this section on connection. My addition of a focus group in the study's design was meant to capture group thinking about caregiving and collect data. The providers' connection from being a part of the focus group was unanticipated. Nevertheless, it was a continued and powerful reminder to me each time one of the providers talked about it. FCC providers were isolated and craved opportunities to connect to other FCC providers.

Considering this against my own experiences, I have also tried to stay connected to other FCC providers in my community for the same type of support Stephanie described. In the Ethics of Care framework, the phase Care With was linked with the terms trust, communication, plurality, and unity which I believe were the essence of this thread (Tronto, 2013).

My phase three questions for Care With had intended to address Care With in the relationships with providers and children. Instead, I found that Care With was a broader need of providers needing to connect with a larger community, which continued to be a visible thread within the stories of several other providers. Further, the need for FCC providers to be able to come together in support networks and peer groups as a way to ameliorate the isolation and challenges of being an FCC provider was a finding in multiple studies (Bromer et al., 2009, 2021; Bromer & Porter, 2019; Herman et al., 2021).

The Right Fit. In my experiences working as an FCC provider, I often heard that a program was terminating a child because they were not the right fit. I spent much time

looking for the “right fit” terminology, only to find it vaguely referred to in the literature. It was surprising to find the concept somewhat elusive during the literature review process. However, throughout both interviews with Stephanie, she returned to this concept of the right fit, which was a term I expected to find in my conversations with FCC providers.

As a homeschooling mother of five children, I was not surprised by Stephanie’s thinking about children needing to be in an environment best for their learning needs. She believed in the right fit for her children. So much so that she decided to homeschool all five of them from kindergarten through 12th grade. Stephanie’s experiences with children who were and were not the right fit for her program reinforced her thinking about this concept. As a mother of three myself, I found myself looking for an alternative environment to support my children’s learning at several points in time. As a parent, I wanted to ensure that my children were in an environment that fit them. My daughter attended an online charter school for the fourth and fifth grades so that she had the opportunity to work at her own pace. With my youngest son, we tried an online charter school and then a brick-and-mortar charter school because he was experiencing problems with bullying at our neighborhood elementary school. So as a parent, the idea of finding the right fit for my children resonated with me.

Like Stephanie, as an FCC provider, I have had experiences where my program was undoubtedly the right fit for a child who had struggled at another program. I had also experienced not being the right fit for a child and felt like a failure. I was trying so hard to turn my program into the right fit, only to fall short for one reason or another. I told

myself that I could have made it work better if only. If only I had more resources if only, I could hire another staff person, if only I knew more. I was supposed to be on that journey. It was a journey that led me here. However, Stephanie is on a different path than I am. Stephanie wanted to be an FCC provider because she loved the work. Stephanie wanted to provide that home feeling to the children that come to her program, sometimes at night and on the weekends. She was content with the program she had created.

Stephanie was willing to continue learning. She had engaged in multiple professional development opportunities. Stephanie participated in the corporate-sponsored network that terminated her contract after a child died in her program, which was not Stephanie's fault. She talked about participating in Building-a-Business courses to grow her program and applying new knowledge to her practice while taking the Active Alert Child class. Stephanie's program was an extension of who Stephanie was as a person. Stephanie shared responsiveness in her work with children in considering their interests and the environment she intentionally created based on each child's individual needs. I continue to discuss how the threads in Stephanie's stories come together with the threads of other providers' stories. Next, I share Elizabeth's story.

Beginning My Conversation with Elizabeth

My first conversation with Elizabeth began with her needing to tell me about a busy day. She was tired and seemed stressed, and I appreciated her giving me her time on a work night. She began telling me about how she had two new children who had started in her program, and her day involved lots of crying. "I think literally, and I should have watched my watch, but 11 minutes today that someone was not crying and screaming. 11

minutes. You know, out of a ten-hour day.” She explained that sometimes new children started, and they just slid right into the mix with no problems, and other times it is a rockier road like with these new children who were almost-three-year-old and nine-month-old siblings. “There has to be somebody here to help and tag team because if you have a kiddo that’s upset all day, you got to tag team that and you know take a break, then your turn.” Elizabeth shared how much she appreciated the communication between her and her staff on those hard days. “Communication is huge. Communication with parents is also a big one.” Elizabeth and I spent a few more minutes discussing the new children before asking her how she came to be an FCC provider.

Elizabeth’s Story. Elizabeth used to provide child care for one family with three children. “And, of course, my husband and I got used to that income.” When Elizabeth and her family moved to another state where people paid less for child care, she needed six kids to make the same money. “It was double there.” To live the lifestyle they were used to, “I had to have six kids.” The family purchased a house, and she became a licensed FCC provider, which allowed her to have up to 12 children in her care. Her husband then purchased another more expensive house, which meant she needed to become licensed for 12 children. At that time, she hired an assistant. “I was like, this is a great life. Then when my husband and I divorced, I moved into my own house.” Elizabeth was then a single mom with four children. She kept the assistant and expanded to 16 children in her child care.

Elizabeth did not have a background in early childhood education. She had gone to college to be a sign language interpreter and then became a mom and child care

provider. She has been an FCC provider for the last 14 years. “So, it kind of stair-stepped for me. Slowly, throughout the years.” Four years ago, Elizabeth decided to expand to a second location. At first, both locations had mixed ages, but the need for infant and toddler care in her area pushed her to turn one location into an infant-toddler house. “We had 35 people on our waitlist.” Now she has an infant-toddler house and a preschool house.

Her decision to split her program was based on the needs of her community. “We served 43 families total, and that was four years ago. So, it just kind of spiraled.” When Elizabeth first became an FCC provider, “I just wanted to make a daycare that I would send my child to, so that’s how I did it. The things that we do are the things I would want for my kid. Nothing less.” She takes pride in her program, “Every person who interviews here. First thing they say is, ‘Wow, it’s clean.’ I’m appalled. Where have you been going that’s not clean.” Elizabeth told me they are clean and organized and provided structure. “Why isn’t everybody like this? But I don’t know. I’m just more reminded of where I would send my kids, and also, my name is on it. So, I’m like, I want to be proud of it.” However, the stress of running a business has been challenging.

Elizabeth shared, “Yeah, two houses, and I’m at the point of. And it could be COVID, but staffing is hard. That turnover.” She said she has never had turnover like this. “I pay my staff crazy. I take them on vacations twice a year. I do what I can because it’s hard work, and I don’t want turnover.” Nevertheless, that has not been enough. “Having that second house and me not physically there.” Elizabeth currently teaches full-time in her infant-toddler location.

She shared that she felt she had a great preschool director and staff. However, she remembered her first licensing specialist telling her, “If you ever try to open a second location. It’s hard because you can’t copy you.” She said that had been her experience. “It’s so true.” She feels her current preschool director runs the program well, but it is still stressful, and she is worried that the director may leave at any time. “When her life changes or she wants to be done in this field. What do I do?” Elizabeth talked about being worried about staff leaving, and she also has concerns that as much as you trust that other person, you are not there, “so you don’t want that phone call. I hate it.” The pressure of something going wrong is also stressful for Elizabeth.

When Elizabeth and I discussed care, she stated, “I think us providing. Whatever the kiddo needs for mom and dad to do their job and do their career and focus on that. That’s what I say care is.” Elizabeth knows that families worry about their children and that knowing their child is in a safe place allows them to concentrate on work. Beyond that, Elizabeth described care as:

Everything, like a million different hats. I think I started a list of hats that we wear nurse, counselor, teacher, diaper changer, feeder, waitress, janitor. I think we’re everything. I think care is all of that. It’s from the moment they’re dropped off and the emotional care we give down to their physical needs. Everything it takes to raise another human in a positive and good way. That’s what we strive for.

Elizabeth described *care in action* at her program as knowing which cry belongs to which baby. “Oh, they’re tired. They usually play longer than this. They must be tired. They’re laying their head down more than usual.” Since Elizabeth teaches in the infant-toddler house paying attention to the child’s physical cues is extremely important.

She explained that getting to know each child’s personality was a priority. “If someone comes in and has sick eyes, we know that kiddo needs more of our attention.” I

had to let Elizabeth know that when she said, “sick eyes,” I could picture it. “Right? To someone who isn’t a child care provider, they might not know.” She talked about sitting and giving a child more love if their parent told her they had a rough morning. “What do they need? Is it an extra book? Extra hugs? Extra snacks? For crying out loud, maybe they need an extra pancake in the morning.” I asked Elizabeth about the difference between building relationships with infants and toddlers versus older children. “We have to go off of more of their cues and their behavior and what we know of them versus the kiddos who we can say, ‘Hey, what’s going on today? How do you feel?’ They can verbally tell us. That’s the biggest difference.” Being able to build relationships with children is one of the reasons Elizabeth enjoys FCC.

I like in-home versus a center. I feel like we have more of an ability to give them what they need from, like a home-based feel. So, someone comes up with sick eyes in a center. I don’t feel like they necessarily can give them that home feel. They would probably just call mom and have them be picked up. We get to be like, “Hey, do you want to go sit on the couch for a little bit and snuggle?” or “do you want to lay down in a quiet room for a little bit?” I feel like we get that extra-ness with in-home versus a building. Which is kind of nice the flexibility of being able to get to know each of the kids more.

Elizabeth continued to describe what care looked like in her day. “I would almost say it’s all day. The moment they walk in the door, how we talk to them and how we invite them in. I mean, down to what did you do last night?” She explained that asking them if they stayed in bed all night or if they used the potty, just being interested in their life outside of child care is care. “So, let’s go on to free play. Now everybody’s together, and we’re free playing, and then that one kiddo is a little off. You go over, and you give them that extra attention.” Individualizing for each child is care. Elizabeth views her role as:

I would like to just be a second mom to these kids. I want to be at their graduations when they’re 18 and graduating from high school. I really want to be

there. Invite me to come. I want to make a difference in this community, like literally family for family and kid for kid, not just in this moment but for an extended period of time. If they go out into the community, they're going to make a difference.

Having relationships with families is as important to her as her relationships with children. Elizabeth said in the focus group, "I believe it takes a village. Working hand in hand with parents." She felt that she contributed to her community with her work with children. In this next section, I describe Elizabeth's program.

Elizabeth's Program. "Our goal is to see the children grow to their fullest potential by being supportive, nurturing, and loving." She continued, "As we bridge the gap from home to school, we strive to guide children positively by helping them build their self-image and social skills in a loving home environment." Creating a home-like environment is important to Elizabeth. "We implement our curriculum to meet the developmental readiness of each child. The individual expression of each child will be encouraged and directed in ways that will build confidence and responsibility."

Elizabeth's program uses monthly themes, part of the Mother Goose curriculum, including a parent participation calendar. Elizabeth feels strongly about making parents' jobs easier. She uses the parent participation calendar to keep parents involved in their child's learning and help parents get out the door in the morning. "We tell parents in the interview if it's stressful, don't use the participation calendar." But if it helps:

To get going and get in the car and get to school or daycare, whatever they call it, use it for that. Today was Igloo Day, so you're supposed to bring some ice. Let's go put it into a container that you can take to school with you. More than half of the parents use it as a let's get ready to go, and it helps them get to the door. Then we get to use it in our circle times, it will be show and tell, or they use it for a craft. Bring something from home.

Elizabeth said this had solved the issue of children wanting to bring in toys from home, which she doesn't allow. They can still bring something; however, Elizabeth maintains control over such decisions.

According to Elizabeth, the most challenging thing about running an infant-toddler house is naps:

Being able to accommodate all of their naps. And their ever-changing infant naptime. Right? So, it's ideal for everybody to have one nap, but you've got little ones that take two naps, and we have two right now that take three naps. Then we had one that was teething all week.

She explained that they were busy in that infant-toddler house. "I don't think I get to sit down once during the day. But fun busy. A lot of changing diapers, a lot of meal times and bottles." Elizabeth's program runs 7:30 am – 5:30 pm. She said, right now, they have quite a few infants. "Today was our busy day with 14 kids, and I want to say we had seven or eight infants out of that. It's three staff, but I bring in four just to make it a little bit easier." It's hectic. "I probably bit off a little more than I can chew." Then she stated that they had it all down well, but today those new children were just a lot. "Prior to this, we could have written a book how to have a solid infant toddler house and handle it. We had it down really well. Maybe it's just my week making me . . . ugh . . ."

Elizabeth said that she uses the Hi Mama's system, "We love it. It's really cool, and it's a great way to keep track of everybody's schedule for the entire day. It's an app, so we can check often. They've been awake for almost three hours. Of course, they're tired." She said the program tracks child attendance and staff hours, and it helps her keep track of her other house to let her know who is there. It helps her when she cannot

physically be there. “I can see if they’ve had breakfast, if they’ve had lunch, if they started taking naps yet.”

Elizabeth and I discussed her thinking about discipline in her program. She uses the book 1, 2, 3 Magic by Thomas Phelan to guide her discipline policies:

Basically, the concept is, tell them what you expect. And in a way that they understand what they’re expected to do. Give them time to do it by counting down, and when you get to three, there’s always the kid who gets to three because they don’t know what happens. Well then, it’s a thought spot. They sit on their little circle rug, and it has a thinking emoji. And we just say you know what? Let’s think about it. We asked you to clean up, and you didn’t want to put the toys away. So just sit here and think about cleaning up with your friends and come back and join us in a minute.

She said that 1, 2, 3 Magic helps the staff remember to have clear expectations with the children. “Directly tell them what you want. Do they know specifically what you are expecting them to do because it’s hard if you aren’t using words they know?” Also, giving adequate time and encouragement. “If they don’t, then what is the consequence? Is it reasonable? There should be a consequence. That’s what we do. That’s our discipline.” I asked Elizabeth if she had ever tried any other discipline strategies. “I like Love and Logic. I’m just a little bit more old school. The families I’ve come in contact that use it. They’re the parents who have told me we don’t tell our kid no.” Elizabeth said this was a problem for her. “I had an interview, and the kid was a little unruly. They jumped on top of my dining room table, which is a tall table. Jumped up and started dancing.” She considers this a safety issue, “At what point do we say no? This is a no to me. It’s ok to use that word. And they were like, ‘we would never.’ And to me, I was like, I can’t work with you.” In her thinking:

Love and Logic was a little bit wishy-washy to me. I think it’s important there is a direct like no. There’s fire. We don’t touch it. It’s a no to me. I don’t know. I’m

not willing to be like, “Hey, let’s see what happens when you touch it.” Let’s talk about how you feel after you touch it.

Elizabeth feels that parents and providers should be on the same page with discipline if they are not, it will not work.

The Sammi Situation. In one of the first conversations Elizabeth and I had on the stressful day of our first interview, she described a situation she was currently having with a child who was, “. . . sad all day. She started about five weeks ago, but she’s what we call a COVID kid.” She clarified what she meant by COVID kid. “She’s never been with any other kids in her little life. They have never taken her anywhere. Other than short periods of time here and there.” The child had never been with extended family either.

Elizabeth stated, “Which I guess it’s the times, I guess, I have to understand that, and it’s the anxiety in this little girl, whoa. I don’t want to be around anybody. I don’t want to play with anybody.” She explained, “It’s too much. We’ve monitored this for this is going on her sixth week. She’s been here five weeks, and it typically takes us two. They run in the door at that point. And this one’s just taken longer.” Elizabeth told me that the child’s mom is about to have a baby, “She’s about to have a life change. There’s so many factors, and just throughout her day, she didn’t want to play with anybody. She just wants to be by herself.” She was concerned that the child preferred to play on their own.

She described inviting the child to come over and play, but the child preferred to be by herself. “She was happy, but it broke my heart because I wanted to drag her out to

play with friends, right? That's not what she wanted." I asked Elizabeth what she had tried to help the child feel more comfortable.

Mostly, I mean, like any other kids, we've been like, you come play, come play, but she starts crying. She's so emotional it doesn't matter if she's in our lap or we are hugging her if it's free play. She just seems uncomfortable. We say things like, "look at your friends. Your friends are happy. Look at their face." The other kids will give her a toy.

She explained that the child sits on the outskirts of the room, away from everything. "We say do you want to come play, and she'd look around the space where she was and say, 'no.' And it was a happy, 'no' right?" She said it was not like when a child is separated: "This is your space to be sad, and this is your space to have feelings. When you're all done, come play with us." Elizabeth said, "we're a little bit of tough love. Like it's not a cry space out here, we're all having fun." According to Elizabeth, Sammi is not sad, "she's more like content and happy here. I don't know what to do. I want her to be content and happy. But then I feel neglectful that she is not playing." I said, "Is the problem that you are uncomfortable that she doesn't want to enjoy the fun environment you are providing?" She said, "yeah, yeah."

Elizabeth shared, "She's almost two. She'll be two later in the month." I was a little caught off guard. I said, "Oh, she's a baby." When I said that aloud, she said, "Yeah, you know. That's true. I think her speech and the way she acts. It's hard to remember that. And she's a big girl. So that's hard to remember she's so, so little." I asked if she had asked the child's parents about a comfort object or something that would help her feel secure. "She's a binky kid; they're like, we should give her her binky all day. And I'm like, oh, that's hard for me." Elizabeth shared, "I have a no binky policy after 12 months. I just have a big speech. It delays speech. Unless there is a special need, but I really, let's

break that as soon as we can.” I said, “You mentioned the child has a lot of anxiety and that she talks well, so speech isn’t a concern. What would be a special case in your thinking?” and she said, “Yeah, you know, that’s true.” Elizabeth began to discuss another child, and I did not mention the situation again.

On our second visit, she offered an update on the situation without prompting.

The family with Sammi. I was telling you about the kiddo who we were having so much trouble with. I had a great talk with dad. I even want to just give her her binky if she chooses to have her binky, and that suits her; I’d like to be able to give that to her.

The family quit the next day, “They sent an email that said, because of fundamental differences, we’re giving you our notice. I was honestly shocked.” She talked more about Sammi,

I’m still a little bit I’m grateful, to be honest. I think that kid is going to be somewhere on the spectrum later anyway. I would have liked to have been part of that family and figuring it out together with them. I’m sad at the same time.

Later on, in the second interview, we discussed screening and developmental expectations related to the Ages and Stages Questionnaire (ASQ). She told me how she did screenings and referrals with the children. Elizabeth began to talk about Sammi again, with whom she had not had the opportunity to do an ASQ. Elizabeth reflected:

You asked me if I was uncomfortable that she was not doing what I expected? I was like, it is an uncomfortable feeling in me, not necessarily her. Not that she is doing anything like she’s so new to this world. Like this is not, this isn’t wrong for her. But I think knowing that and understanding that helps, but I don’t know. I don’t. Every kid is so individual, though. You almost have to get to know each of them and even like their home life to be like, what’s going on there? Like, how can we best serve you? You know?

In the end, Sammi's parents decided that Elizabeth's program was not the right fit. Next, I discussed Elizabeth's experiences as the owner of two programs and her challenges managing staff.

Elizabeth's Experience with Staff. Elizabeth had shared with me that having a second house was stressful. She worried about staff and that even though she felt she currently had a strong program director at her second house, it was still a responsibility that weighed heavily on her. There seemed to be an ongoing storyline throughout her stories related to her staff. As we moved into interview questions that centered on care, staff came up again, including the qualities wanted in staff,

I think ratios are important, but there's always that determining factor of experience and how long you've been doing this. That is huge, and I think it changes ratios. Somebody who has done this for 15 years vs. my second year doing this. There's a difference.

She discussed why having someone with enough experience versus someone who just received an education was essential. "Throw me in a group of 30 kids in a classroom, and I'm like, I got it, you know? I don't know, but I think maybe not even education, I guess, that's not a factor." She searched for what she wanted to say about her decisions about the staff she chose and then landed on this. "It's just. I think staff who cares enough to care, so that's probably a big deal." I said, "You are saying having staff who cares enough to care. That's a quality that is somewhat indefinable to me. How do you define care?" She said, "You know that's true, that's true." Then I said, "How do you decide who is a caring staff and who is not a caring staff?" To which she said:

Hmmm . . . I think it's. There's a . . . Staff is engaged in the kids and in play or in talking to them and getting to know them, is a good heads-up—a staff, who just kind of sit and moves and is very like orderly. No, I don't know about that. Let's

get in there and get on the floor and talk with the kids and see if you engage with each of them and see that would be. Yeah, there'd be a flag for me, I'd say.

I reflected, "It sounds like you are saying a person who sits and engages with the children vs. just sitting and watching them would be an indication of care." She said, "yeah. And who remembers them." Elizabeth had struggled a bit when I initially began my questions related to care. She began to think about the question differently by being connected to what she valued in the staff she hired for her program. In the following experience, Elizabeth discussed her thinking about caring for herself.

Who Cares for the Caregiver? When I asked Elizabeth this question, she laughed and said, "Uh, I don't know. This was not supposed to be my therapy session." She thought for a while, and I remained silent. I wanted her to think. She said after a bit, "I don't know. Maybe the staff?" I asked her what she did for herself in terms of self-care. She responded:

I don't do a lot anymore. I need to find what works right now. For me personally, it's a weird time of life. With my burnout of work. Am I giving enough to my kids? I would love to play a board game with my kids at night. That's my personal time. Oftentimes, I'm doing work until 8:30, 9:00 at night. I don't have much time.

She continued that she did not know if spending time with her own kids would count. She was struggling, but I let her talk it through. She said that when the doctor asks her what she does for self-care,

I'm like. Spending time with my kids. My own kids. I don't know. That's my little fight at the moment. Or it used to be making the calendar and the newsletter. That was my time. I enjoyed that. That was artistic, or I don't know, I liked it, but I'm burnt out, and now it's like, is it worth it? Do parents even care? So, it's hard.

I had been in a similar situation before; what she said resonated with my experiences.

Then she said, "Why give five minutes to that when I could just get the dishes done?" I

queried, “You have said a couple times in my interviews with you that you feel burnt out. Do you think that spending some time taking care of you might help you feel less burned out?” She said:

Well, I like my Peloton, and I ride my bike, so I did do that last night, but even afterward, I was like, man, that felt good. Except as a mom, in the back of my head, I’m like, what do my kids need? Did they get in bed? Is the alarm set? Are their clothes out?

I said, “Someone once told me when you are riding in an airplane, they say, put on your oxygen mask first before you help your child. Taking care of yourself will help you be better for them.” Then she said:

And that almost takes the guilt out of it because I think a lot of times that’s what it is. It’s that guilt. I can be doing so many other things for other people, and it’s so selfish. Needing my time. So, you’re not wrong. I’m going to write that on my bathroom mirror.

My following questions were about professional support. “Where do you go or who do you talk to if you have a problem with a child? Where do you go for that type of support?” She stated, “Yeah, I would say it’s my mom, my sister, my staff, and then like the new group that we started from the focus group, I have like that, now.” She also talked about using Care courses online and a person who does training for providers, “It’s this old grandma, lady and actually her son. But they run like trainings and different things. They have some online classes now with COVID.” From what Elizabeth described her access to and knowledge of opportunities for professional development or coaching were limited. These opportunities fall under the thread of care for the caregiver. In my own experience, talking to others in the profession about your experiences has been a form of self-care. Another thread that was visible throughout Elizabeth’s stories

was her struggle with licensing. I discussed how she felt about licensing in the next section.

Elizabeth Versus the System. Elizabeth discussed problems with licensing in the focus group, which continued to be a storyline in both of her interviews. One rule that Elizabeth said she felt should not be a rule for in-home programs is having to separate children into age groups. “The fact that you have a mixed group of infants and toddlers and then you have to separate them in a house, I don’t like that.” She continued, “That’s not what a house was for. I can understand safety concerns. But I think a home. It really should be the mixture of kids and that home feel, so that makes it hard.” She confessed, “And that’s also one of those when licensing knocks on the door, you’re like, oh my gosh, is everybody separated the way they should be?” She explained that homes are different. It is not like a center. “So yeah, I used to read the rulebook constantly, like I read it so much because, like I said in the focus group. I’ve had licensors come in multiple times and write me up.” She went on to say that one time the licensing specialist wrote her up for something she knew was wrong. “One licensor wrote me up, and it stuck, and it was wrong. I mean, months and a lawyer to get switched for them to finally say, you know what? We were wrong.” If being written up for things on licensing visits was not enough. She had also had problems with false complaints in the focus group.

Elizabeth shared that she had false complaints filed against her by a former boyfriend. “The biggest one is I had an ex-boyfriend who once we broke up. He decided to call in angry and called in 16 complaints on one house and the identical 16 complaints on a second house.” She said that some were clearly untrue, “Like we don’t even have

school-age kids in that house. So how is that a complaint they even looked at? But guess what? It came up, unable to substantiate.” She was angry that it did not just say invalid. “They couldn’t say, that’s invalid. It’s not worth my time fighting it anymore.” She has become apathetic to the whole process:

I told my staff the next time they knock on my door, I’m going to let them in, but literally going to be like, write it valid, stamp it now because that’s how much I care. I’ve got to get on with my day. Working with these kids and these families. That’s what I’m here for.

I heard the frustration in her voice as she continued, “It’s petty. Some silly complaint made by somebody who’s upset because the system is broken and allows them to call. I don’t understand it.” She does not understand how people can make anonymous complaints about providers. “How is this person allowed to call in complaints? You know, like calling 9-1-1 or making a child abuse complaint. You don’t get to call anonymous. You have to leave a call back number.” The anonymity of complaints is incredibly upsetting to her since the complaint goes on a public child care website with her program name. “If I’m going to get slapped with something, with a header in my name online forever. For the next 10 years. I think it should be handled better.” As she talked, there was a mixture of anger, helplessness, and hopefulness that she had someone willing to listen to her. “I’m done. I’m done. At least before talking to you. I was done fighting the fight.” Just talking through her thinking seemed to inspire her.

Elizabeth shared lots of complaints about the licensing system and its rules and had suggestions for improvement. The first solution was that if someone makes a complaint, “Make them say their name on a recorded line. To me, that would stop people and make them think. Let’s weed out the important calls of child safety and the ones that

are people who are just petty in this world.” She continued, “This is a weird social media; let’s get back at people. We put reviews up all the time, right, just when they’re upset. To me, it’s similar.” Elizabeth wants accountability in the system. “The Office of Child Care should have to put together an annual report of how many calls they got; how many were anonymous? Give us a report.” She is tired of feeling vulnerable. “Just making them accountable to ask more questions. Providers are just so at the mercy of licensing. That’s a hard side to be on when we’re working as hard as we are and what we are doing.” She had more solutions to help improve child care systems.

Elizabeth’s next idea had to do with helping new providers, “I think they should implement before you get licensed, we should have to volunteer so many hours in another certified or registered FCC.” She believes providers should help other providers. “I think we should have some accountability—that other provider accepting someone to come in a watch what they are doing. I’d be proud to be part of that. They get the perspective of how others do it. I think it would be helpful for us all.” She said, “It can count for training hours, and you’re helping this other provider. It could be really great.” Elizabeth had put a lot of thought into how to go about creating change.

Elizabeth especially felt that providers should come together more often. “It would be neat to see a bunch of providers on a big global level. Or on the state level here that we’re coming together.” She talked about providers coming together and including child care families.

I think oddly enough. Sadly, that would scare the Office of Child Care, which is sad to say. But I think the Office of Child Care would be backed into a corner. We’ve got providers telling families to support them and what they need. Voicing what they need.

Her experiences have led her to this thinking. “I don’t think they’ve ever really cared enough to listen to us. They’re more just like, shut up. Here’s your violations. Send us a check. We’ll be back in six months. I don’t know.” Considering what Elizabeth had previously said, it did not sound like she often connected with other providers; however, according to her,

All the providers that I’ve chatted with in this work are angry. So, I mean, it shouldn’t really come from anger but like a big support system. We’re here supporting each other and getting through this. We’d love for you guys to start helping out, too. Here we are.

She wanted to see everyone working together toward a common goal.

However, Elizabeth was so with the system that “any person who tells me they want to become a daycare provider, I tell them don’t get licensed. Don’t get licensed. Which is terrible, but is it?” She continued, “Are they doing to have a better facility, and work better and be better with the kids and families, and it comes from a good-hearted place? The ones I know, yep. I’d send kids there.” Speaking from her own experiences:

Sadly, the way I’ve been treated by licensing in the state. That’s where I sit. And would that change? I surely hope. If we could all get on the same page and working together. I just haven’t had that experience yet. Every time I bring something up to licensing, I get shut down.

Even with all her issues with licensing, Elizabeth remains hopeful that if the Office of Child Care were to listen to providers and work with them, the system would be stronger.

If I could find a way to do it. If I could find a way to make money doing it. I would rather travel the country and find out how child cares are being ran in certain states and how their programs work and bring all that information back here and set a system that works. I would put my time and effort into that.

She wanted to be a part of the change she wanted to see but was tired and wondered if she was fighting alone. “I don’t have the energy to keep fighting. Is it worth it? I’m one

person. Which is sad because I hear even more providers saying, I'm done." Then she remembered why she did this work. "And then I think more of the families that aren't going to have care. Where are they going to take their kids? I don't know. I don't like that." I shared her concern. There was a child care desert for a reason (McElvaine et al., 2021). In this next section, I discuss Elizabeth's thinking about expulsion and the impact of the expulsion ban on her and her program.

Elizabeth's Thinking About Expulsion

Early on in our conversations Elizabeth said:

So being honest, I am quick to get rid of kids. If I'm honest and not so much on the kid's part, but if the parents aren't willing to help me. If I have a parent who is like, "I don't even care you deal with it." I'm done. I don't have that support. If it's an uphill battle. I don't do uphill battles, which is a bummer, and I should.

Elizabeth shared that she does not have support but then reflected, "I might now reach out to the little group now," referring to the other focus group participants. "I would reach out to them now. I didn't have that before other than asking my staff or the parents of the kid." Nevertheless, then again said, "I'm kind of quick to say it's not working out." When talking with me about the situation with Sammie [discussed previously], Elizabeth said, "Being honest, prior to chatting with you, I'd already determined that." She inferred that before that first interview with me, she had already decided to expel Sammie. "This kid isn't going to work out. I was trying to justify and say she needed a smaller setting." She then shared, "we had one kid who cried for, I swear, two years straight at drop off, and I'm horrible, though talk about expulsion. I was like. We're done." She said that in that situation, her assistant intervened, "My assistant who was like, I got it, I got it, and we still laugh. They are one of our most favorite families."

When I asked Elizabeth directly what she thought about the statewide ban on expulsion, she stated:

I'm sad to hear that would be a rule placed in my lap. Honestly, I go straight to my lawyers with it. I luckily have the ability to do that. What do I need to write up? Which is terrible. We shouldn't have to write up a special policy or loophole to get out of that, but that's what I will do.

She further explained that she would seek legal counsel, "Because I don't want to be drug through the wringer of a lawsuit." She feels that the expulsion ban will make her vulnerable. "We have to as a business owner. I have to think of that. Is my livelihood going to be taken to a courthouse? I'm going to lose everything because of a family I asked to leave. That's hard. That's a bit unfair that somebody would have such a rule."

She then countered that with:

But then, on the other side, I could also sit there and go to bat for them and see probably where they're coming from and why they're making the rule or at least what they want providers to think about. Maybe there are lots of providers that are quick to get rid of people. But then I'd have said there's probably some other things we could do to fix that.

Elizabeth had previously shared solutions she had for the licensing system, and she also had ideas about fixing expulsion:

Maybe I'm wrong, but to me, the few kids that. We've had some behaviorally problematic kids. In my opinion, with parents who are working with us as providers that kid there a lot of times a pediatrician or therapist involved.

She explained that if it is "a group effort [meaning educators and parents]. It's been great. It's worked out." On the other hand, "If I didn't have parents that were willing to help, which in my opinion is their job. Then I should get the right to say, you need to go somewhere else." Elizabeth believed parents needed to be working with their children at home and supporting the provider. "If you're not willing to help your own child out, I

can't do it because I have 14 other kids that I need to care for whose parents are on board helping me." She felt, "I've had enough experience to make that call." She wants to be able to tell parents, "We are at a point that I need to kick your kiddo out, or I need you to take this class with your child every Tuesday night for two, four weeks. Are you willing to do that to stay here?" She believed parents should be accountable for their child's behavior:

How many parents are willing to go? No, I don't got time for that. Then I'm not expelling them. Then they expelled themselves out of it. There should be some accountability if it is put back on parents and not just the provider. I feel more comfortable with taking on that rule.

Elizabeth felt that expecting the provider to do the work of changing the challenging behavior on their own was not fair, "put it on parents to get outside help. If say it was biting, I have kicked a kid out for biting. It's actually written in my policy that if your kid bites, you have so many chances. We do a three-strike policy, but we've taken it to ten." She said that even though her policy is three strikes and then she asked them to leave if she felt the parent was not cooperative.

She shared, "I've had three families leave with bite marks so bad on their kid. And now I'm being told I can't get rid of that kid. I have three kids with scars. I'm not protecting them anymore. I have to protect the one and say it's acceptable they bite." She wants to see parents supported. "I'd be on a committee to fight it from a different perspective. Give parent more support." She also shared concern for a child placed in a situation where the provider does not feel equipped to manage them, "I'd rather my child be asked to go somewhere else. Then be treated poorly. I don't know; tying our hands doesn't necessarily make us more caring. I would say it would maybe make it harder."

She felt putting the expulsion ban in place would not create an atmosphere of more caring providers; instead, she felt forcing providers to keep children they were struggling with would be harmful.

Elizabeth also expressed that she would like to see more help to the provider.

“The parent needs to take a step, but a third party needs to be involved. Maybe an evaluation process and a third party took it out of my hands. This isn’t a good fit.” She said she would like the opportunity to have an outside person “come in and observe, and then they could say, this child shouldn’t be here, or here’s your tools to keep this kid here. I’d be down for that.” However, she went back to her concerns about losing her business. “I’ve had a family upset with me enough to call and make crazy complaints.”

She does not want to lose her business:

I’m not protected by a corporate office. I’m not protected by H.R., my legal department. I have to pay a lawyer to answer these questions. I’d have to, as a human being owning my own business. I’ve done this for 14 years. If I’m done tomorrow. I don’t have a job anymore . . . there has to be a better answer.

Elizabeth would like to see more accountability and support for parents and more support and protection for providers. In the next section, I discuss my reflections on my interviews with Elizabeth.

Reflection on Elizabeth’s Stories

Interviewing Elizabeth was a learning experience for me. After my first interview with Elizabeth, I felt some tension about my role as a researcher. I have mentored other providers in the past, and I was not sure if the questions I asked her about Sammi were appropriate in the context of research. While interviewing Elizabeth about Sammi, I felt the need to intervene on behalf of Sammi by asking Elizabeth to consider and reflect on

her practices with this child. As a new researcher, it seemed appropriate that I felt some tension in myself about our conversation. I struggled to find the line between the work I had done in the past mentoring providers and my new role as a researcher trying to collect data related to caregiving practice. The line was fuzzy for me. I analyzed Elizabeth's transcripts, holding this tension, and the tension also carried into writing this chapter. In my conversations with Elizabeth, she also seemed to feel tension about her work. In the next section, I reflected on my conversations with Elizabeth. The following two threads related to conflict and a lack of connectedness to a community of providers are discussed in the following reflections.

Conflict. Herman et al. (2021) discussed conflicted feelings FCC providers had about their many roles. I strongly sensed that Elizabeth felt conflicted about many things in our conversations. Following this thread of conflict within Elizabeth's stories, on the one hand, she had a vision of helping families and a strong desire for families to be able to work without worrying about child care. On the other hand, she felt like she was in a continuous battle with licensing and her ability to run the program she envisioned. Additionally, she had strong beliefs that the system in her state was hopeless. So much so that she shared about telling other providers not to become licensed; nevertheless, she also wanted to study other state child care systems and help create a better system.

The first evidence of conflict became visible when Elizabeth shared her experience with Sammi. Elizabeth had an idea of the type of care she wanted to give children. She wants children to enjoy coming to her program and have fun interacting with the other children in her program. Sammi did not fit with that vision. Sammi seemed

content to sit and watch, and this made Elizabeth uncomfortable. “You asked me if I was uncomfortable that she was not doing what I expected? I was like, it is an uncomfortable feeling in me, not necessarily her.” I have had similar experiences where the issue was my issue and not the child's.

An example of this was with a child I had many years ago. The child had witnessed the murder of a parent. I knew that it was appropriate for the child to act out what they had seen in their play. However, I found myself redirecting when the child would begin to pick up the block or whatever the object was and pretend to call 9-1-1 and tell them their parent was dead. To myself, I justified this as protecting the other children. Fortunately, I was able to talk the situation through with another early childhood educator and realized I needed to allow this play and work through my issues about it away from the classroom. It was a growing experience, and I feel Elizabeth had this same experience after our first interview.

Another point of conflict visible in Elizabeth's stories was her discussion of self-care. She discussed the guilt she felt about doing something for herself. “Why give five minutes to that when I could just get the dishes done?” Guilt was a feeling that resonated with my experiences. She talked about doing the newsletter as her idea of personal time because it was creative. I have also told myself, working 50 hours a week with children and being a full-time student; that being a student was *me time*. I enjoy school, but it is not self-care in the way it is meant. I have not conquered self-care, so this conversation with Elizabeth was like looking in the mirror.

I believe that holding guilt related to self-care fits within the Ethics of Care.

Elizabeth expressed feelings of burnout. I have felt that. I have felt and probably even said these very words Elizabeth exclaimed, “I’m done, I’m done . . . I was done fighting the fight.” Additionally, just asking her a straightforward question, “who takes care of you?” She declared, “This was not supposed to be my therapy session.” Her statement of this triggered sadness and anger in me. That the discussion of self-care happens so infrequently that it would only be appropriate to discuss it once you have reached the point of needing therapy. This seemed absurd to me, yet also true with my experiences.

The way the system is structured, caregivers are supposed to take care of everyone else. The needs of the caregiver do not seem to factor into the equation. Nevertheless, when we do not take care of those caring for others, the system begins to break down. “I don’t have the energy to keep fighting. Is it worth it? I’m one person. Which is sad because I hear even more providers saying, I’m done.” Our system is losing providers, and we can understand why (Bromer et al., 2021; Herman et al., 2021; McElvaine et al., 2021). Rather than taking care of providers, it places more responsibility on them and scrutinizes them in ways that can seem unhealthy. Next, I talked about the lack of support as a caregiver.

Connection (Or Lack Thereof). Thinking about my conversations with Elizabeth, of all the participants, she had the least amount of professional development related to her caregiving practice and working with young children. She had a background in sign language and began her career as an FCC provider as a mother. She did not mention connecting with other FCC providers to share experiences. She said

multiple times that the focus group was the first time she participated in a conversation about doing child care, “now that I have this group.” Referring to the focus group, “I never had that before.” When she described professional development, she talked about online training. Considering my previous discussion with Elizabeth about self-care and guilt associated with taking care of her own needs, I wonder if taking the time for such activities as in-person training opportunities and workshops would fall into taking time out for herself.

Elizabeth had, 14 years of experience as an FCC provider. She had completed the yearly professional development required to be licensed and was a step 9 on the professional development registry in her state. However, the depth of my questions about her work seemed new to her. It was as if she had never been asked to think critically about her practices. For example, I asked her to think about why it bothered her that Sammi did not want to participate. She did not answer that until the second interview. “You asked me if I was uncomfortable that she was not doing what I expected? I was like, it is an uncomfortable feeling in me, not necessarily her.” My conversations with her deepened my thinking on how we prepare the FCC workforce.

I reflected again on my own experiences in my early years as a struggling FCC provider when I took children during odd hours and spent often 50-plus hours working. Taking an in-person training for two hours in the evening or on weekends took me away from time with my own family. This connection with my own experience occurred during the data analysis process as I tried to understand Elizabeth’s thinking.

Elizabeth shared the value of having experience working with children over education during our interviews, “. . . having someone with enough experience versus someone who just received an education was essential.” Which she stated confidently based on her experience. She stated, “Throw me in a group of 30 kids in a classroom, and I’m like, I got it, you know? I don’t know, but I think maybe not even education, I guess, that’s not a factor.” I did not observe Elizabeth’s program. However, I have lingering questions about her perception of “handling it.” What would that look like, and what would I see in an observation done with her program. Nevertheless, despite her 14 years of experience, there seemed to be a missing piece that connected her experiences to reflection about that experience for growth. In this next section, I discuss Dona’s story.

Beginning My Conversation with Dona

Unlike the other participants, Dona did not feel the need to chit-chat as a way to begin our conversation. She had a lot to say but stuck to the questions, knew what she wanted to say, and stayed on topic. Sensing she wanted to move quickly into the questions, I asked her to describe how she came to be an FCC provider.

Dona’s Story. Dona and her husband had moved to their current state when her husband received a job offer. “It was like you go and work there, or the same company might have to lay you off.” They had a friend who already lived in the new location, “They have comments regarding opening a child care home. I didn’t know what it was. I have never done it. I don’t know what I need to do or anything.” Still, she planned to find a teaching position in a Montessori program and find child care for her child. “When we moved here, my boy was, like, 11 months or so. So, my plan was to go back to work and

start looking for child care and me a Montessori teacher position. I didn't like what I saw." She said, referring to her child care and teaching options. So, she decided to try opening her own child care. "I decided to give it a try. We had the idea, but it wasn't concrete until I really see what was out there. I thought, no, no, come on, kids deserve better. So, let's just jump in and do it."

Dona was not new to teaching. "I teach for 10 years in Mexico, and then when I moved to the states, I teach in schools in the Bay area," I asked her what age group she had been working with in her other teaching positions. "Three years old to six years old." She discussed her transition to child care, "It was really easy. I didn't thought that it was going to be so well received." She shared her experience starting a child care business, "... it took about a year before I could because obviously get the materials and all that stuff. It's a little bit of an expense. So, we have to build, you know, the budget for it, and then we did it." Once Dona decided to open a child care program, she put much thought into it. "When we had the idea of opening a child care. We were looking for a house. The thing I like about this house is once you get into the front door, you have this big room that was supposed to be the living room and the dining room."

As Dona talked about what she looked for in a home to start her child care, I realized that her criteria in a home were the same criteria I had when I began my child care program. It started with purchasing the right home:

I thought, well, that's great. That will be the whole space for the school. I can close the kitchen and access my family room. So, then the kids have nothing to do with my house. That is the space for my house, and that is the space for the school, and my kids don't feel invaded. They still have their area. Their house for themselves. That's perfect. They don't have to be in your space, and it worked beautifully.

Dona was the only participant to offer me a tour of her program. Tour, meaning she walked me through her home on her laptop. I was happy to see how she set up her program. I reflected on how similar our experiences were, especially in our shared consideration of our children's needs in choosing a home that would become a child care program.

During the focus group, I asked the participants questions about care in their work as FCC providers. Dona had been quiet. This time I asked her directly, and she responded, "That day, I didn't even open my mouth because when you did that question, I'm like, I don't know." I let her think. "I mean, when you hear the word care, you can say so many things, right? It can involve." She paused, and I gave her space to think. "I don't know listening. It can involve talking. It can involve, I honestly don't have a straight answer for that." She continued, ". . . it's, it's just what we do as humans, right? Because we care, we care about all the people, so it will be moving in what we do every day. I guess I don't know. I don't know. Don't ask me that question again, Josie, because I don't know." We both laughed. We had not finished our discussion of care.

Dona had quite a bit to say about care. "Care it starts like with the planning of every month, right? For example, I need to change my classroom, so it starts there." She continued, "What activities am I going to put for them? Then you think about each and every little person in that classroom. What are the needs at this moment, and what they need to still work in, right?" She kept going, "that right there is care on how careful you are, that it's clean, that it's well maintained, that you don't have broken things in there." Then she also described the care that went into presenting herself professionally. "That's

just a start, and then when they arrive here, the way you present yourself to them, that's another way of caring, right?" She had put much thought into this, "I don't want them to come in like I'm dressing today in sweats and a big sweater. That's not the way it should be." While I do not wear sweats to work, I do dress comfortably. Nevertheless, I appreciated her last thought on this so much, "They should know I'm proud of what I do. So, then they should know that I am here ready for them. And, you know, care gets involved in everything you do right there." Then she began to talk about being responsive to children when they were present:

Oh, greeting them at their level every morning? Having that one-on-one time, playing with them outside, joking with them, listening to them, talking with them at lunchtime, sit down and just have a conversation of whatever they're thinking or saying or whatever the music I played to them, all those little things that make our day. Asking them, did you have a good nap when they wake up and all that little, little details with them?

I asked her if someone were to come into her program, when would care be the most visible. "If they are sensible enough to understand that it takes time of your life to have a prepared environment [Montessori terminology] for the kids. They will see that." On the other hand, ". . . if they're not that sensible and they are just thinking about my relationship with the kids directly. Then they will see the way I communicate with them, the way I respond to them when they talk to me or when they need me." As we concluded our discussion on care, she shared:

Just to give the children the best start in life that they can have. I mean, I am a strong believer that the first six years are the most important years of the life of the child. That's when you create the man that it's going to become, right? So, if you give them the tools to be social, emotional, open carers, that's something that they are going to carry for the rest of their lives.

Dona cared that the children she worked with in her program grew up to be caring people. In this next section, Dona and I discussed her program.

Dona's Program. Dona's program was a Spanish immersion Montessori program. I asked her to tell me about Montessori and the structure of her program. "I'm certified for thirteen. I do have an assistant, so there are two of us. I have five that stay full day on different days, and then another five does part-time." After describing the schedules of her current children, she said, "I realized that I had over the years more part-time than full-time." I asked her why she thought that was. "I want to say cost that maybe people just don't want to pay for the full day if they don't really need it. I am not the most expensive out there, but yeah."

She described her day, "In the mornings, we focus on Montessori work, and then those kids that stay with me for the full day after nap, they have the option to play inside or if they want to go outside. It's more open to whatever they want to do." She explained, "We open at 8:00 in the morning. They take their shoes off, put the stuff away, and go wash hands, and then they go into the classroom, and we have materials out, so they can choose whatever work they want to do." I realized that I did not know much about the Montessori approach and was interested in learning about their day. "With that said, the only rule that they have is that they know how to do the work that they are going to choose. If they don't, then they can ask for me to teach them that work or show them how to do that work." She then said, "They have free will to choose their works during the day. When they get older, we start getting into more academic things. I might put a little

bit more pressure on what they should be working on instead of letting them choose all day.” She continued,

We call it work time from 8:00 to about 10:30 in the morning. At about 10:30, we start calling them for a snack. Then we go outside for about an hour. We’ll come back in and do circle time. Kids that leave at a half-day go, then whoever stays for lunch.

I asked her about the families in her program and if they chose her because she was a Montessori program, “I wish it was because I am a Montessori program, but no, a lot of them just come in, and they don’t have an idea what Montessori is. Once they see the environment, I explain a little bit, and they jump in and like it.” I asked her if she had Spanish-speaking children in her program or were children there to learn Spanish from her, “I have had a Spanish. I have half-Hungarian right now. I have a Russian one. I have a Chinese speaker also. So, I have different languages. A lot of them have dual-language English and another language. Spanish is like, the cherry on the cake.” Knowing that there is a need for Spanish-speaking providers, I found it interesting that she did not have many. She continued, “I focus on Spanish and English because a lot only speak the language they use at home, so their parents want them to learn English, and then we have Spanish on top.” It sounded like the families chose her because they wanted their children exposed to Spanish.

She also mentioned, “I take infants and toddlers, not just preschool.” I asked Dona about new children coming into her program, especially those who had come from a more traditional preschool environment. “You know what? It obviously depends on the child and what they need?” She continued, “Following the Montessori philosophy, you have a lot of one-on-one time with each child because every time you’re going to show

them a lesson, you will be working only with a child. Your 100% attention will be for that child only.”

Additionally, “I guess that gives them that sense of, she cares. Also, I like to listen to them. At lunchtime, when we sit down and we eat, we talk. They tell me what they did, I listen, and I value the way they feel and all that stuff.” She finished with, “of course, at the beginning, when they walk in for the first time, you are always way soft and pampering because you want them to feel, welcome and happy. Then, later on, you know, the hammer goes down, right?” We both laughed. I knew what she meant. Build the relationship, make the connection, then as time goes by, you can add more limits and boundaries.

She added, “Yes. Then, you know, there is always a wink of the eye, a little pat on the head when you walk around, you know, the little things like that that makes them feel appreciated during the day, even though you are not with them right there.” She also talked about a tension she felt, “It’s hard because, in Latin culture, we’re way more touchy, you know? And of course, here it’s way less. Yeah. So that’s something that I have had to adapt to. Yeah.” I wondered about that. Coming from a Latin culture, I understood what she meant about being more touchy-feely. The children are affectionate toward me in my own program. There are a lot of hugs and cuddles. I asked why she thought there was a difference. “I just think it’s something cultural that the kids don’t. I mean, probably the way they grow with their parents, they don’t get that much of the touchy-feely.” She continued:

For example, in Mexico, I remember you will walk in, and you will have one kid, you know, hugging you on the leg and then another one on the other one. And

here that doesn't. It's very they might come to you, and they might put their head on you just like, hey, I'm here, you know? But it's not that. Yeah, I guess it's a cultural thing.

I was really curious about her thinking because my experience had been different. The affection from children she described in her relationships with children in Mexico is what I have in my program with children here in the United States. I continued to wonder about the difference. I thought I was hearing that she missed having that with children but assumed it was cultural. I followed my curiosity a bit. I asked her more about the role of the teacher in Montessori. "The role of a teacher in Montessori is as if you were non-existent. With that said, the environment is the kid's environment, right? So, the less you are in it. The better is for the kids." She shared more:

That's when the multi-age come in play, a very strong thing because the little ones learn from the oldest ones instead of it being always the teacher. So, for example, when I have kids that are getting ready to go to kindergarten, the responsibilities change, and I might ask them to show works to the little ones, you know? Then the teacher takes a second place instead of being the first one, always telling them what to do at all times.

I still had questions about the differences and if it was the structure of Montessori or culture. Nevertheless, we moved on, and she began to discuss the differences between most children's home life and the Montessori philosophy. "It's something new, and they normally don't have at home, so they embrace it." An example she described:

At home, they never asked them to clean the materials before they take them out, right? I have these big maps with continents, and they get very dusty. So the thing is that once you're going to work with them, you take them out, and you dust them. Even though they are clean, we dust them before they start working.

She continued describing the Montessori work that children are responsible for:

So, for them, that is like, OK, well, it's my work. I'm going to take care of it. I'm going to take pride of it, and I'm going to clean it up. Or if they drop their water when they put it out, well, who drop it, you? Well, then you clean it and go ahead

and clean it up, and they have everything that they need to to be able to do that. So, they ask for the less assistance. And they normally don't get that at home.

She explained, “you need to be there to see it and understand it.” Then Dona shared further, “It’s funny enough because a lot of people that come and see my program are amazed of how nice and quiet it is. With that, I’m not saying there is no crying. There are those moments, but we try to teach them to self-regulate.” She continued to explain how children were taught to self-regulate. “We are not going to tell them not to cry or not to do stuff. It’s just the natural consequence of what’s happening and how they are doing it.” She continued,

if you don’t sit in the chair properly . . . you’re going to fall from your chair. If you're walking with a tray and there is liquids in there, you walk properly. Or who’s going to clean? Me? No, you. It gives them the power of their choices and consequences.

She ended with, “It’s like a process where you allow them to do, allow them to make mistakes, so they have natural consequences that are going to guide them to be more self-conscious of what they do.” The Montessori philosophy guided Dona’s thinking about her program. One of the threads visible in Dona’s stories was her desire to be seen and treated as a professional, which I discussed in this next section.

Professional or Just a Babysitter? Dona was a certified Montessori teacher for children ages three to six years, but when she opened her child care, “I got another training to work with infants and toddlers. I’m also a part of the Oregon Montessori Association, and you have a little bit of benefits being with them.” I asked Dona to tell me a bit about her motivation to be a Montessori program:

It's strange because obviously, my motivation is the kids and to be able to offer them, offer them something that they are capable of doing. I mean, I have nothing against playing because obviously playing it's as important as doing some other

stuff, but I just think the learning abilities are so big that we need to take advantage of it, right?

She continued, “So that's the reason why I do it. I enjoy being with them. I enjoy seeing them just learning and be surprised of what they can do. You know, it's just, it's just magical.” She also shared, “I have a bilingual program, so I do a Spanish immersion program.” I asked her if she had more parents that chose her because she is Montessori or Spanish immersion:

I must say, and I think that that's something that pop out most with COVID that I don't think parents really care about. You know about what you are doing with their children, I think as long as they know that that their children are in a good place where they don't spend a lot of money and they are well looked after, they are happy. So. Yeah.

Knowing that Dona had a bachelor's degree in early childhood and Montessori certification, I asked her how it made her feel that parents do not care.

It makes you feel like kind of disappointed, you know, because obviously, in Mexico, I work for a school for 10 years, and the relationship that I had with the parents was completely different. They were always very thankful for what they see their kids accomplish, and they will take it with them. And up to this day, I am. I have very good relationship with them, and we're still in touch.

She continued to discuss her thinking:

And here, there has been just a few that really understand the work that you are doing and the love that you're putting into it. Without only being, you just take care of my kid, and that's it and do whatever you want to do. I don't care, you know, and when it's done, it's done, and we're out.

Again, what she said just resonated with me. There have been many times that I felt I had put in so much time and effort. I came to this work with a degree in early childhood, but many parents did not care what I did with their children if it was the right price, and they felt their child was safe. I asked Dona to consider why parents did not care about her degree and certification:

I don't know. Maybe it's because it's an in-home program instead of a school, and maybe in a school, they feel that it's more serious. More like, oh yes, you are the teacher. Then being an FCC provider, they might think, oh, well, you're just doing this because you want to stay home with your kids or whatever. So maybe.

Dona said, "I let the children teach them what we do here because what they learn here, they just take home." She said, "And it's then when the parents start saying that the kids are putting their toys away." Another comment she heard from her parents was, "That they are taking one thing out before they take the next one," and things like, "they start eating with the fork and spoon things like that, that's when they realize that we're doing something." The times that parents express that they see what children are doing at school translates to home are validating to Dona. Which, again, I had also experienced. It was often the parent who had had a child in my program the longest that realized over time that what I was offering was different from other programs.

Dona shared a final thought with me about her work as an FCC provider. "I think there's still a lot of people that think little kids are just little. They don't need a lot. They don't understand a lot." That is not what Dona believes, "Well, no, that's not the case. We know that they do know that they do listen, that they do understand more than we think they do." She concluded, "With that said, I think we need to be treated like we are early educators, and we need to be respected and treated like any other profession there is out there." As an FCC provider and someone who has shared this experience and feeling, it struck me that this should not even need to be said. Dona's program was a bilingual, Montessori program. She believed that her program wasn't necessarily the right fit for every child. I discussed her experience in the following segment.

The Right Fit. It was not surprising that with some of the differences Dona shared with me about her program, such as being Montessori and Spanish immersion, the right fit terminology came up in her interviews. She described interviewing perspective families and having “that sixth sense when you have the interview with the parents, and you can see this is not going to be a good fit. Then for some good reason, they don’t come back, or they come back, and you’re already full.”

She described an experience she had with a child, “One family, the boy came here out of a big center because he was biting and hitting and then he started here. We never had any issues with him biting or hitting anybody.” She went on, “He was a sweet boy. He never show any trace of violence here. When they told me he had issues biting in the other program. It caught me by surprise.” She also described not being a good fit or having different expectations for children than their families did, “I want to give you an example that just happened to me. I have a little one. She’s four and getting ready to go to kindergarten. We noticed that she has some social-emotional situations at school.” Dona referred the child to her local Early Childhood Special Education (ECSE) program. “One of the delays that they noticed when they were talking with the mom was an adaptability delay.” She continued:

At the meeting, I say, ok, what do we mean by adaptability delay? She said they cannot dress themselves. They cannot brush their teeth by themselves. She started giving me the list. I’m just listening to all these and the needs that mama needs at home. And I’m like. She does all this at school. So that just shows how different it can be.

She said the meeting went on, “I listened to their point of view and tell them what we think, and then we agreed on something . . . so you always try to have the conversation and ask questions and get to a middle point where everybody agrees, and we can move

on.” Even if it was not the right fit, Dona attempted to find common ground. Sometimes finding common ground was a challenge. In the next part, I discussed Dona’s experience with a relationship that changed over time and began to break down.

When Relationships Break Down. Dona shared an experience of one family where she was a good fit for one child, and for the other child, she was not. “I had the sister of this boy since she was four months old. Until she was ready to go to kindergarten, and it was the best experience ever. The parents were very happy.” Then the family had another child, and “we got the little brother at the same age, four months old, and we had him until he was two.” She shared that when he turned two, things began to change.

He was great and sweet . . . that lovely little boy turned into a very defiant one. He will just not want to do anything, and if he managed to do any work, then he will turn around and start annoying other people and screaming, hitting, kicking, and big tantrums.

Dona shared that she would make videos and send them to the parents so they could see what was happening.

The older sibling would say things like, “My mom was so happy that it was Monday because then we can take my brother to school. She doesn’t have to deal with him. She only has him two days, right?” Dona expressed her frustration with the attitude of the parent, “What about us? We have him five days, and it started getting very challenging.” She said that the other children in her program were “not afraid but concerned about what was going on because he will literally throw himself on the ground and scream really hard. We asked the parent to make an appointment to have him assessed.” She gave the parent information about ECSE. The parent took the child in and,

“they said, no, this is just a very stubborn two-year-old. I’m like, there must be something else going on.” Dona attempted to meet with the parents and make a plan:

We sit down with the parents, and we had a plan of how to deal with it because the mom said that the dad used to be like this when he was a little boy. I said, then I need to talk with your mother-in-law to see what she did. I mean, I’m just running out of ideas.

Dona explained that she tried everything she could think of, “We thought that maybe it was needed more outside time, you know, running and jumping instead of being in the classroom. When he started to get frustrated, before he escalated, we would take him outside.” They also tried, “Just giving him more space to breathe, instead of annoying everybody and not letting the other kids do what they wanted.” The parents were good with the plan. According to Dona, “They said, that is fine, that we could do that. We had the conversation in March, and by the end of September, I had to let him go.” In the 7 months between March and September, the relationship with this family had changed.

Dona continued to share the experience that changed everything with this family, “One day he was just out of control. We needed to get the kids ready for a snack.” She described a bathroom that is part of the child care space next to the garage, “it’s a hallway next to the garage door, and there is a bathroom. We would go with him to the bathroom to cry it out.” At nap, until the other children woke up, but on this day, they were sitting down for a snack, and “he was doing all this stuff. So, we went into the garage to calm him down. I was there with him just to calm him down. Anyway, after all the things, he calm down, we came out, and that day I talked with mom.” She realized that this was not good for the child or her program. “I said, listen, I can’t do this anymore. I don’t think this is a good fit for him. I really think you need to look for another place.”

The parent did not take it well. The family was angry a filed a complaint with licensing. “So, then I have my licensing come in and assess, you know they ask questions. I told her exactly what happened. But that’s the way it ended.” The licensing specialist found the complaint invalid. “Actually, I was very happy with the way mine was handled. My specialist, I mean, she has been here and seen my program. She came herself.” Dona stopped and expressed concern that now the state has a special complaint team versus the provider’s licensing specialist handling complaints.

“A special team that will take care of that. When they don’t know your program or how you run it?” She continued with her story, “So just being able to sit down and have that honest conversation with your specialist . . . it’s like a trust type of thing.” She started talking about licensing again; she voiced concern about the new regulations regarding fire drills that must be done in the presence of a licensing specialist upon request. “Are you kidding me? I mean, if you don’t trust me, then why are we even having that conversation? There are many cases that need follow-up and need more people involved. But the first step should be directly with the licensing specialist.” Dona reflected on new changes coming from state licensing and compared them to her own experience. She was concerned about removing licensing specialists from the complaint and investigation process.

She concluded her story. When the parent could not make the complaint stick, they found other ways to cause Dona problems, “The parents are really mad at me to this day. The other day, not long ago, she called, and she said, I don’t want you to have anything on your website of us because normally they send cards, thank you notes, things

like that.” Dona said she likes to post those types of things. “This was a year and a half after they left. I’m like, ok, I will take it off. No problem.” She said that had been her most challenging issue with a child and family.

Finding Balance. In my conversations with Dona, I noticed an ongoing thread in her stories about how she maintained balance in her life as an FCC provider. She first talked about this when she discussed finding her home. It needed space for her family and her child care which meant she realized that this work needed to be balanced. Similarly, she knew she needed connection and community, so she discussed the focus group. “Just to be able to connect with other providers and see that we’re all in the same boat. Even though we are separate and not in touch, we have a lot of the same feelings, so I feel very good.”

That was not the only time she mentioned staying connected to the larger community, “ I was part of a network of child care providers,” She shared that she was part of a corporate-sponsored child care network. “As a child care provider, sometimes you feel like you are by yourself because. You are. You don’t have that you know common ground of people that you can exchange or whatever.” She talked about the benefits of being in the child care network. “We have meetings. About three or four meetings during the year and trainings . . . and other training that you wanted to take with child care resources and referral, it will be for free.” She also discussed being part of a community of providers when we talked about what providers needed to feel supported with the expulsion ban. “It’s always nice to have somebody else, right? Because maybe what they did might work for you or might not. So, it will be a combination to support

you.” She talked about the benefit of peer support. “Then you also have these all providers that you can sit down, and you can complain, and you can get ideas and you can, it will be great.” Dona thought staying connected to a network of providers was valuable in her experience and would be helpful for providers trying to navigate the new expulsion ban.

Another thing that Dona mentioned was that she had a staff person that she did not necessarily need. “The thing is, I could live without an assistant. But I dropped my kids to school, and I go pick them up.” Hiring a staff person was not the only solution to picking up her children. However, this allowed her some flexibility when she needed:

It was very nice because she came to me since she was just moving from Venezuela. So, she had nothing, and I said, listen, I am able for you to be here as long as you enjoy working. We can teach you, and you can get training and all that stuff. So, she was like, yeah, I want to try, and she tried, and she loved it.

Her assistant only works part-time, but it allows Dona to balance the responsibility of having a family and a business. She is also helping another provider build the skills to start their own child care business in the future.

When we talked about how Dona takes care of her own needs, she replied, “I think having a break outside when we have Saturday and Sunday night. Even though Sunday you’re thinking about what’s going to happen next week.” She takes time for herself. “I guess having time away from the program always helps, having activities that resonate with me.” She talked about being a part of a local gym. “I only do two classes a week, but I consider that my sanctuary because I go in there, I don’t listen to anybody, I don’t talk to anybody. It’s just me and whatever I’m thinking if I’m thinking at all.” She continued, “It’s having those moments for you to do whatever you feel is going to

recharge you. Sometimes we are not very well at doing them because we feel guilty, right?”

She does not let the guilt stop her, “How I’m going to be sitting on my couch doing nothing, right? I guess allowing me to be able to do that, take those little breaks without having to be away completely. Just taking those breaks.” Dona has found a way to balance her own need and her child care business. “Because sometimes you wake up at 3:00 in the morning and start thinking about it. When you have that little one that, you’re always thinking about what can I do?” As an FCC provider, you live where you work, and it can be a challenge to find that balance.

Dona’s Thinking About Expulsion. When I asked Dona about expulsion, she said, “Well, I have never expelled anybody but that one kid. But if they are going to put it up, they should give providers enough tools to deal with it.” She does not believe the current system supports providers enough:

So, if we don’t have support? To be dealing with those challenging behaviors then, they should allow if the program is not ok for the kid to be in or if we as teachers are not capable to help that kid. They should allow us to ask them to move to another program.

She described the situation of the child she referred to ECSE. She and the parent had different ideas about what type of help the child needed. The parent was worried the child could not dress themselves and Dona said, “she does all this at school.” She shared that it would be helpful in that situation “if I would have somebody that I can call and say hey, listen. I am having issues with this kid. I do my ASQ, and I think . . . and they can come and assist me before I put the parents in. That would be a big help.” Not that she wants to leave parents out, “Then they can guide me, and say, well maybe you can talk to the

parents this way or that way to make them be more open to the conversation or whatever it is.” Dona wants more direct support for providers. “Having I don’t know if you can call a psychologist or a therapist or whatever, and they can work with programs to assess little challenging behaviors. That might work.” It is not necessarily the children that providers need help with, “I guess we need that support. Especially on how to deal with parents when we need to do these things.”

Dona shared that she thinks the expulsion bill will make things more challenging for providers. “It’s going to be complicated because, again, not that I have expelled a lot of kids in my child care career, but it will make you think a little bit more about who do you take into your program.” She thinks one of the bill’s unintended consequences will be that it will be harder for families to find care. “Like right now, you kind of have the vibe of the parents, the vibe of the kid, but that will not stop you from getting them. Which if you know that family is not the right fit for you. You might say I think you should try somewhere else.” She concluded, “You might have to screen your families a little better and maybe give three months to see if it’s a good fit. But we will have to implement something to make sure whoever we get in our programs is here to stay.” Ultimately, Dona wants to avoid being in a position where she doesn’t feel comfortable, as she did with her one expulsion experience.

Reflection on Dona’s Stories

Each experience I had interviewing providers was very different. I felt that I learned a lot from Dona, particularly about Montessori. Her program stood out to me from the other participants because it was Montessori and Spanish immersion. She talked

a lot about Montessori but not as much about the Spanish immersion. From what she shared, it seemed like Montessori was the most significant influence in her program, and she preferred it that way.

The Right Fit. Dona discussed examples that she felt illustrated that her program was the right fit for some children and families but not for others. Being a Montessori program, Dona had clear expectations for what she wanted from the children. She valued children being responsible for managing the work for the day as outlined by the Montessori method of teaching. Which was different from my own experiences of early childhood programs. Following that thinking, it seemed reasonable that her program might not be the right fit for every child. Dona's Spanish immersion program might also contribute to a child or family not being the right fit.

Dona shared that one child had been biting in another setting but not in her program. Perhaps Dona's program provided the structure that the child needed. Dona's program also provided opportunities for real-world experience, which the child may have found to be a comfort. Another example where the right fit may have been a factor was Dona's experience with the siblings. Each child had different needs within the same family and her specialized program and method of teaching just did not work for both children. The toddler did not want to do the Montessori work and acted out because of unmet needs in that environment. The other experience Dona talked about was the parent that had differing viewpoints on their child's abilities. In that case, I wondered if observing the child in their school setting would have been appropriate to determine the

child's needs. Dona was currently going through the process with that family, so I don't know the outcome of that experience.

When I completed my interview with Dona, I still had questions, but they were not necessarily questions she could answer or were appropriate to ask in this research. I was left wondering how she marketed her program and if there were ways to draw in families that wanted Montessori instruction and those that needed bilingual instruction. I also wanted to understand better how families access tools that help them make informed decisions and find the right fit for their children.

Professionalism: Not a Babysitter. Dona saw herself as a professional in presenting herself to the children. "They should know I'm proud of what I do." However, she felt that her parents just do not care. This was consistent with my review of the literature (Gerstenblatt et al., 2014; Nelson & Lewis, 2016; Parnell, 2010; Tuominen, 2003). Dona feels that when people stepped into her program, the care and effort that went into her environment should be evident, "If they are sensible enough to understand that it takes time of your life to have a prepared environment for the kids. They will see that." She feels the parents would believe it when they see it. When children took home what they were learning, they knew she was teaching them.

However, she shared multiple times that she felt that it did not matter what she did as long as her program was not too expensive, and the child was safe. Beyond that, parents did not expect more. Additionally, she shared that having a program in her home gave parents a different perception (Bromer & Henly, 2004). "Maybe it's because it's an in-home program instead of a school." In my own experience, I noticed a shift in parent

perceptions of me when my FCC program made to switch to a state-funded preschool program. My early childhood education degrees and experience did not change; the idea that the state had designated me as a preschool seemed enough to make parents see me as more professional. I found this interesting because the only things that had changed were that I no longer charged the family tuition, and I had the state preschool “stamp of approval.”

Beginning My Conversation with Candace

My conversation with Candace started talking about COVID-19 and some child care-related COVID-19 guidance. She shared that she had heard other providers complaining about masks and COVID tests, “I kind of like being able to fall back on licensing and be like I don’t really care if you have to do this, but licensing does . . . I feel different than other people. It makes it easier for me . . . it takes it out of my hands.” I remember having a similar feeling at the beginning of COVID-19; a level of comfort that I did not have to decide what rules I needed to follow. I blamed it on the state. She shared that she lived in a rural part of her state, “It’s pretty right-wing here. So yeah, it’s easier than having an argument about it. I have no say in it . . . nothing to do with my personal belief. It’s just required. The same thing with immunizations.” We talked for a while longer, and then I asked Candace how she came to be an FCC provider.

Candace’s Story. Candace began, “So, we had our two boys, and then eight years later, I talked my husband into having another baby, and we had our daughter. And right after I had her, I started having really bad back pain.” She worked at a Lowe’s distribution center, “and I had to have a micro disc-ectomy where they went in and

shaved off part of my disk. And they said you need to work somewhere else.” She had a little experience being a babysitter, “It was babysitting pretty much for people when my boys were little, but it was just family friends. And so, I asked my husband, just let me try, and if I don't make enough money, then I will find something else.” She convinced her husband, “we won't be rich, but I'll be home with our daughter anyway. And then I started, and then it just grew. And eventually, I had 16 kids, and my mother-in-law was helping me.” Finally, “I was having my husband stay home to help me do things for daycare, and I was like, you know, I'm making plenty of money. Why don't you just quit your job and work with me? And so that's what happened.” I had the same experience when my husband came to work with me.

Candace expressed a love of children, “Well, they make me happy. I really like them. I'm the oldest of nine kids, so it just feels good to be around kids and know they have a safe place.” She continued, “What really motivates me.” She shared an experience “with my newest boy. He did not like any of the preschools or daycare's that he'd been at, and he told me that he didn't go to school one day because he didn't want to be here.” However, the child's mom said, “no, it was because of an appointment, and I said, ok, well, if he doesn't want to be here, I want you to tell me so that I can work on it. I was feeling kind of insecure.” After she talked to the mom, the little boy and mom left, “and he came back and knocked on the window, and I opened the door, and he just threw himself into my arms and gave me a big hug. And I was like, ok, I'm doing good with him. Like he's fitting in good and likes it here.” Candace shared that she worried, “I just want to be the place that they feel like is theirs and where they're wanted and loved.”

Candace has the belief that her role is “to give them the best start before they go to school and are thrown into big classes. You know, to catch any delays in development. To just foster their creativity and excitement for learning.” Then she said, “I feel like the wrong programs can just suck that out of them too early. So, I like trying to make it fun.” Candace also has the belief that she and the child’s parents need to be a team, “we both want what’s best for their kid. If something is not working, we have to figure it out. Especially since there is no exclusion.” Candace is an FCC program that works with the state-funded preschool program. That program has a no exclusion policy for their participating programs. This makes it even more important that she makes things work with families. “I’m never going in like, you’re a bad parent.” She asks questions, “Can you tell me how it goes at home? Do you have any suggestions? For me, we’re just in a partnership.” According to Candace, “I know a lot of other providers that are really. I mean, sometimes people say that I am too giving.” She gave an example that reminded me of my own experiences, “You know if a mom doesn’t send socks with their kid, I’ll ask them, but if they keep forgetting, I’ll just buy a pack of socks. I have the funding for it anyway. It’s like pick your battles.” That has always been my thinking, “She’s a good mom. She just cannot buy a pair of socks for the life of her. Things that some people are just too stuck on their rules and how they think things should be, and really, it’s about the kid, what’s going to be best for that kid.” She was referring to other providers. I shared her frustration that I knew providers willing to fight with parents over things like socks. I had a child who used to come every morning with their hair in knots. I bought a brush, detangling spray, and hair ties, and our morning ritual was going in and taking care of the

child's hair. The child would beam walking out of the bathroom with a braid or ponytail. What Candace said were my thoughts exactly, "it's really about this kid." Candace then stated, "I try to be flexible, and I want to get to know their families too because I have their kid. But I mean, if I thought the child was being neglected or abused, then that would change." She referred back to the socks as not being a sign of neglect but, "I mean, I'm a mom. I forget stuff all the time, and so yeah, I'm not going to judge them and expect them to be perfect as long as they pick up their kid on time and they bring them on time. They work with me on stuff." She did not worry about things she felt were just a normal part of being a parent.

When we began talking about care, Candace said, "This is my calling. This is what I'll do forever. As long as I don't feel burned out, I feel like care is all throughout my program." I found it interesting that she connected care to being burned out. I made a note to go back to that. "I try really hard to make sure that these kids are loved. They know they are loved and that no matter what, we love them, and they belong here with us until they leave." Then she said, "So I feel like even when I'm teaching, I still have to be caring. You know I still have to; I don't know. I mean teacher care, but I don't feel like we delve as deep as we do with older kids" She was telling me that she felt the work we do as FCC providers is a different level of care. She said, "I still don't know exactly what you are trying to get at."

I had asked her to describe care in her work. "I worked other, I mean lots of jobs, and I just do not like adults nearly as much as I like hanging out with kids, and I will spend my time at the end of the day figuring out what activities we're going to do." She

added, “I think if there’s not care, you’re not doing that. You’re like clocking out at the end of the day. I worked lots of jobs where I didn’t care; I did my job and went home.” She said, “this is not like that. I’ll stay up late talking to my husband, trying to figure out what we can do for this kid to make our program work. I don’t know.” To me, what she described was feeling passionate about her work. I asked her if she ever felt that that level of care was a challenge. She described an experience caring for a child with challenging behavior. The details of that experience will be discussed later in the chapter. She said, “I felt like I was torn between the two. The rest of the kids and that one kid, which is not how I wanted it to be.” She continued:

Eventually, it got to the point where it wasn’t even caring, honestly. I was mediating just make sure he was safe and healthy, but I wasn’t able to sit and make sure that he had fun. I was able to make sure he didn’t hurt people, which is not what I should have been doing. I shouldn’t have a child that is that violent.

We talked about her feelings related to this experience, which I discussed later in this chapter. I felt that what she shared in this statement was at the heart of our conversation on care. Sometimes care can be overwhelming to the caregiver.

The depth of care Candace described was something I wanted her to talk more about “I think that care is just putting someone else’s needs before your own.” She talked about care being self-sacrifice:

Your own wishes putting their needs before whatever you want to do. Like I said before, that’s what we do. We just care. We make our environment caring; we make ourselves caring. We teach children to be caring towards each other. I think that’s part of the whole FCC dynamic.

Candace’s description of care would have been closer to my definition of care than what I had heard from other participants. She described *care in action*, “When they get here, they usually give me a hug, and I ask them how their morning is going, and they follow

me around and talk to me until they find their friends.” She said, “If I didn’t care, I wouldn’t; I’d be just like, go play.” She said that she felt that care was the most visible in their day, “during free choice when they can move around and go to different areas. It’s not stressful because they get to choose.” She continued, “If they want me to read a book or sit down and do a puzzle with them. I can do that . . . they’re super into dramatic play right now, and they invite me in to watch their baby while they go to the doctor’s office. Things like that.” She added, “I think that’s probably our most relaxed time and probably the most caring.”

She described an experience with a child, “Yesterday I had a child who did not. I can’t remember what I asked her to do. She is really obstinate right now. She said, no, I don’t want to. I told her she needed to and was screaming at me.” She continued, “I said take a breath, calm your body down, and she was like, no, it’s hard. I told her I know it’s hard, and she’s like, can I just have a hug? And I said, yes, you can have a hug. We hugged, and she was fine.” She said, “sitting with them in those all their big feelings and trying to help them sort it out without losing my cool because they are challenging behaviors.” Candace has the belief that care is being able to manage your feelings in challenging situations.

Candace’s Program. Candace’s program has a contract with the state-funded preschool program. She described her day. “We are open at 6:30 am, but we only have one kid come at 6:30 am. The rest start coming at 7:30 a.m.” She said they use that hour before the other children arrive to get ready for the day. “Mop the floors, put everything out, and then kids are all here at 8:00. We have breakfast and after that is free play for

about an hour to an hour and a half depending on how squirrely they are.” She continued, “we do snack at ten, and then we’ll do circle and go outside. But if they’re being crazy, we’ll go outside at 9:30 and then do snack and then do circle.” She explained they try to be responsive to the children’s needs, so the schedule is flexible. “Then about 11:00, we do small groups, and we’ll split, and he’ll have half the kids outside, and I will half inside or split into two rooms and do different activities. Right now, we’re trying to record everything in TSG.” I asked what TSG was, and she explained it stood for Teaching Strategies Gold, the assessment she is required to use for the state preschool program. “So that’s a pain. It’s easier than sitting and trying to write it down with them. We can go back and look, and then we upload the videos, which is a pain too, but then I can see everybody at once.” She talked for a while about the challenges of assessing the children. Assessment requires time outside of her work hours with children.

She continued with their day, “We clean up, everybody goes potty, get their stuff out, and I’ll read a story, and they do zoo phonics on YouTube, then we put on lullaby music, and they nap. Everyone is up by 2:30, bathroom, snack, and then some kids leave at 3.” She said they do free play the rest of the time until children the rest of the children leave at 5:00 pm. She is currently providing extended care for the families in the state-funded preschool program, ending at 3:00 pm. “But I don’t know if I’m going to do that next year.” She explained, “Well, we only have a few kids after three, but you know, they’re usually always the hardest, and they make the next two hours seem the longest, the ones that stay till five.” That had been my experience with aftercare also.

Often the children that I struggled with the most were the ones who arrived the minute (sometimes before that) I opened until I closed. It was not uncommon before I began reducing my business hours to have a child from 7:00 am until 5:30 pm. That child who was with me 10 plus hours a day would often struggle with challenging behavior, and I always wondered if it had to do with the length of time, they spent in child care. No matter how much I tried to make their experience positive, I was not their home, and I felt children experienced burnout related to long hours in child care, which is rarely a part of the conversation.

Candace talked about her approach to building relationships with children. “I try to be really positive and not to throw too many rules at them. I try to do like the basic, you know. I have pictures that we move from area to area to separate how many kids are in a center at a time.” She continued, “I try not to push that on them too much and let them move around freely and explore. I just want them to be comfortable with us and the other kids before I start pushing rules.” She explained, “I don’t want them to come and feel like they are doing everything wrong.” She also said that she worries more about the child learning the routine than the rules for the first few weeks. “I want them to get used to our routine. It’s really easy when you have a new kid come in with a group that already knows everything.”

She discussed getting to know new children, “I show interest and try to figure out what they like and what they want to learn about. If they aren’t interested in any of our centers, I try to switch it up until they figure out what they like to do.” She ended with,

“It takes a little while to figure out that we do things a certain way. You have to clean up your mess when you’re done. You have to wash your hands, you know.”

When Care Becomes a Challenge. When Candace and I began discussing care, she described a situation with a child that made it a challenge for her to care:

We had one boy who was, he actually has Tourette’s, but at the time, we didn’t know that’s what it was, and he was so, so violent that I had to have gates like blocking the different areas of my house and sometimes you would have to be gated alone to keep from hurting someone because that’s all he wanted to do.

She explained that “when you were one on one with him, he was sweet, wonderful boy. He loved my daughter, and they played great.” The child had been in preschool with her daughter and had been expelled. “They were like, oh, you still have him. I didn’t know what to do with them, but yeah, I didn’t know what to do with them either. My daughter and him were really good friends for some reason, so that was nice.” However, when he was in a group, “you bring anybody else, then he just wanted to hurt them. I referred him to early intervention over and over.” She tried to find support for the child, “They said he was fine until the very last time, and then they realized something was going on.” By then, “I decided it was not good when he was not happy here. It was obvious he hated coming here, and all the other kids didn’t want him here either.”

She talked with his mom. “I was like, he’s not happy here, and she was like, I know. So, we were both like, we got to do something else, but it took a long time. Probably like six months.” She shared, “I was the only one that would take him, and mom wanted to work. I had to say. He’s not happy; I’m not happy; he’s not happy. The kids aren’t happy he needs to go somewhere else. I had to put my foot down.” She said she still had the child’s younger brother, who was two. “He was also very violent, or he

cried all the time. I had to do the same thing with his brother. He doesn't have anything wrong with him. He was in the environment where he was picked on, and his brother was violent with him." She said the parent tried another child care. "After they tried another provider, and it just didn't work out. It wound up mom being home with them, which might have been what they needed the whole time. Because I don't think the older brother could be in a large group of children and cope."

She said, "I did keep the younger one [brother] for a little while longer until he hurt somebody. Too many times." She described an incident with the younger brother. "He took a piece of bark and poked another kid in the eye. And that was it for me. I was like. The little boy had to go to the doctor and get eye drops because it cut his eye." Then because it was a serious injury, "I had to report it." The situation required the licensing specialist to come out. I asked her how that went. "Good, she had just been here and did the unannounced that I was talking about in the focus group. Then she came back another day, and everything was fine." The licensor had to come back multiple times because of the incident, "She came back again and was like, ok, I'm tired of coming to your program. Just make sure they can't hide anywhere . . . I mean, we require you to have bark so it can't be like, you know, try not to make it sharp." That was the final straw for Candace, "His brother was already gone, and I was kind of burnt out already on little brother too. And so, it kind of helped me make that decision."

Then in a surprising turn of events, "I wound up having that little boy come back. He left for a little bit, mom had a baby, and then he came back as a state preschool kid." It was not the same experience as before, "I just think that's how it was supposed to go."

Since she had stayed in contact with the family, “He’s seven now. This was three years ago.”

She reflected on her feelings about the experience, “I tried my hardest to make it fun for him, but it just wasn’t, and in the end, we were literally separating him from the other kids, which I felt horrible doing, I just didn’t know what else to do because he was hurting everyone.” She described feeling helpless, “This isn’t fair to him, it’s not fair to us. Stress because there was a lot of fit throwing, and you know he would yell things, and there was feeling afraid of being hurt. The other kids would say, I don’t like him.” She said she felt it was hard for the other children. They would say, “I don’t want to play with him . . . I’m sure they were a little scared because they didn’t know what he was doing, and it was stressful because one of us was constantly dealing with just him.” They attempted to meet the child’s needs and the rest of the group. “Then other person was trying to manage all 15 children. That was sucky.”

Candace’s Experience Finding Tools and Strategies That Work. Candace had the opportunity to participate in a college-level course while working on her CDA.

What was it called? Well, I can’t remember. I could look on my transcript and see, but anyway, it introduced me to PBIS and Tucker Turtle and some Second Step, and it was just about challenging behaviors. The whole thing... it made a big difference in my whole program.

As I talked with Candace, she often stopped and shared strategies she had used from the course, and it was a significant part of her growth and learning as an FCC provider.

I asked Candace if she had felt better equipped to manage children with challenging behavior after taking the course, “Yeah, definitely. And I had regrets about some children that I had excluded; I felt like I could have tried harder. Or done things

differently. I tried really hard; I just didn't have the tools." Candace shared an example of a child she felt she had been successful with after taking the course. "There was this little girl I had since she was two. She was kind of behind. Not drastically, but mostly in her social-emotional skills. Even though she had been with me the whole time, she really struggled." She continued, "She threw big fits, and she cried a lot. By the end, she was able to work through it, and she is functioning in school, which I had been very worried about. I felt like I made a difference for her." Candace has experienced growing confidence in her skills in working with challenging behavior.

She shared some of the strategies she now uses, "We use timers a lot now, and I give them a warning, so they know what is coming." She said she is also more aware of the child's needs. An example of this she shared,

If they are working on a picture and they want to finish it, but they don't want to put it in their folder and they don't want to put the stuff away, I let them set it on top of the shelf. Then after we eat, they can bring it out and finish it.

She said she allows the same thing in the block area now, "they can leave their structure and come back to it later." Overall, she is more flexible, "Sometimes they'll be outside with my husband, and I'll be inside cleaning up, and they'll come in and be like I don't want to play outside. Can I do this? Ok, sure." Another thing she learned, "PBIS taught me to just let them have some control like they can set the timer. They can pick where they go. I guess just trying to come up with solutions that work for everybody." She shared that she loves Tucker Turtle and uses it often.

I wasn't familiar with that tool, so I asked her what it was:

So, it's Tucker Turtle takes time to tuck and think. And so, he tucks into a shell and takes three deep breaths, and then he calms himself down and thinks of a

solution. You can make a solution kit where they go and look through the solutions, and I have a puppet.

Candace also talked about doing a better job meeting her own needs. Her husband has helped her to find “her backbone.” Setting boundaries, “I knew I was spreading myself too thin. I mean, it really helped having my husband just come start working with me because he’s like, ok, this is too much for you. You never say no.” She said having support has allowed her to scale back. “I’m a much happier provider. Figuring out what you need and setting boundaries for yourself. I used to be open from 5:30 am – 6:30 pm, and it was sucking the life out of me, and my own kids didn’t get enough of me.”

She said the other thing that has helped her was partnering with the state preschool program. “I jumped on that, and I knew that was going to make a big difference and everything.” She explained, “I guess having time for myself; me being happier makes me more caring.” She said she also eliminated some of the things that caused her stress, “Certain things like licensing and the food program take away from me and add stress. So, I quit the food program for a while and was like, I’m done.” The food program was stressful for her:

because they always popped in at the wrong time, and it totally messed up our day every time, and I felt it was one more thing I had to do, but now I’m back on it because we have so few kids like they can pop in and it doesn’t mess things up as bad as it used to.

I had the same feeling about the food program. One day the food program popped in, and I hadn’t completed the paperwork and lost quite a bit of money. My husband took over that paperwork after that, and that one thing relieved so much stress for me. She finished with, “I like to be with kids. It’s all the other stuff that I don’t like. If I can get rid of that

and just hang out with kids and do my job, then I am a good caring provider. It's when you throw in all the other things."

Parents with Different Expectations. Candace shared that she feels she can work with any child. She tries to work with the families and typically stays in touch with them after leaving her program, but sometimes there are issues with parents. "There's only a couple families that I didn't stay connected to, and that's the parents. I couldn't. I just couldn't work with them. They were impossible." She described one experience. "One mom, she just had no boundaries at all like she wanted to send a cell phone with her three-year-old and let her call her during the day and things like that." The child cried at drop off, "but she had fun here; she just cried because her mom gave her whatever she wanted." Candace attempted to let them bring the phone but then just put it up, "But it became a thing in the morning. I want my phone. She won't let me have my phone, I felt like we were pitted against each other, and I'm like, this is not how this works." She said, "I'm pretty flexible, but I'm not going to be tattled on." The phone was a sticking point with Candace. She finally said, "I just don't think this is going to work out, and she was like yeah, I agree. And that was that."

Candace described another experience that she was currently having with a family. Since she works with the state preschool program, she has a no exclusion policy. "I talk with parents at our orientation that we do everything we can. I've had parents say, well, if they do something, I want to come get them. I have to be like, no. We want them to stay here. The goal is for them to stay in school." Still, she has a family that wants to pick their child up for challenging behavior. "Like he was throwing really big fits, and

then if he hurt anybody, they wanted to know right away. If he hurt somebody, they want to take him home and discipline him themselves.” She said, “I don’t, I don’t tell them every time. At the end of the day, kind of give a little synopsis. They had a great day, but they did get one time out for spitting. So, you know that happened today. So that’s what I’m using.”

Candace’s Journey Toward Professionalism. During the focus group, Candace said that she describes herself as a preschool teacher, “I said preschool teacher because I feel like if I say daycare provider, it’s not the same level of respect. I want them to take me seriously like I have worked really hard to be able to teach their kids.” She continued, “I don’t want to be disregarded as a babysitter, you know, high schooler or something. I know how hard daycare providers work, but I feel like there is a stigma.” She explained, “You know, you just send your kid to a daycare, and they just run around and watch TV all day, and they keep them alive.” She likes the level of professionalism that comes with being a part of the state preschool program. “With all the conferences and documentation and stuff we have to do, I feel like it helps them to realize we are actually teaching their children. We are qualified.” She explained further, “So I feel like now if I talk to somebody about it, they would totally take me seriously as opposed to before, especially when you have professionals saying everything is fine.” The example she used was with the child who left her program and later found out he had Tourette’s Syndrome. She had referred the child several times, but they kept saying he was fine. She thinks now they would have listened to her. “I was disappointed in early intervention because I knew something was wrong, and I didn’t feel supported. Then his parents are saying, well,

you're just a daycare provider, what do you know? They said he's fine. That was so frustrating."

Candace said she felt the difference more now that she was a state preschool provider. She noticed that she was treated differently when she recently called early intervention. "I definitely felt like calling as a state preschool provider. I was treated with more respect than as a daycare provider because she was like, oh, state preschool. We've heard so much about that, and we're really excited to work with you." That was not the experience that she had had before. "And that is not what I got before just calling referring a kid as a daycare provider. So that was kind of interesting. I mean, whatever gets the kid the help."

She discussed other changes that made her feel more like a professional since she became a state preschool provider. She feels more of a supported system "My coaches, I feel like they will support me in whatever I need. They'll come into my program and tell me what to do if I'm having trouble with a child. I did that last week; it was hardly anything to have two coaches right there meeting with me to talk about it and figure out what to do." An added bonus to being a part of the state-funded preschool is, "I mean, well, the guaranteed income is nice." Not surprisingly, not being worried about finances has made her feel more professional. The state preschool funding has allowed her to have new equipment and the ability to do family engagement activities and purchase materials she needs for children with special needs.

Candace also felt that having regular feedback from coaches and mentors in the state preschool program was helpful, "It's nice to just as a reminder that, hey, you're

doing everything right. I mean, sometimes we need to hear that we're our own bosses. It's nice to hear that from somebody who knows what they're talking about." She enjoyed the validation and support.

Candace's Thinking About Expulsion. When I asked Candace about the state ban on expulsion, she said, "You're not going to be able to find child care." She said:

Yeah, if I did not do the state preschool program and I was still just a regular provider, and someone told me that I could not run my business the way I wanted and I had to keep children that were not a good fit or violent. I would just close my business. Do something else or still expel anyway and not tell but then you are probably going to have people running to the state when their child is expelled from now on so.

She explained that even though she felt well supported by the state preschool program, she still worried about the no exclusion policy. "I don't know. I mean, that's part of the state preschool program. We make more than others, and we have more training than others so we can deal with harder situations, which I still don't know that no expulsion is the 100% right thing." She followed that again by saying, "definitely just doing daycare out of my house. I would quit." Without the support of the state preschool program, Candace would rather quit doing the work she described as her calling than work with a child she did not feel she could handle.

She shared what she thought the impact on the provider would be, "They might try for a while, but once you get so burned out, and so wore down. Eventually, you leave; I mean, if you have to be with a child, that is, the only thing for me is incredibly violent. That's what I dealt with." She referred back to the child that she felt so overwhelmed by that, "Eventually, it got to the point where I wasn't even caring honestly" because of the amount of stress. "I don't understand how they can have no expulsion if it's hurting all

the other children. Like you have to weigh it. If all the other kids are having a terrible day because of this one child.” She stated, “. . . people are just going to be super picky about picking their families and only take people they know. I would not commit to any families until after a few weeks’ trial. Does that count as expulsion?” I honestly did not know. The rules have not been written. She said, “I don’t know how they are going to police it. Are we going to get fined or forced to take the child back? I don’t understand how they’re going to. It’s not like public school where they control everybody’s income.”

She continued to talk about what needed to happen, “We need to have public program where you cannot expel but refer children to where they have more people with hands-on the kid because we are one person or two and we can’t give that one on one that some kids need.” She said she understood the reason for the expulsion ban.

understand why they’re doing the no expulsion because boys and children of color are disproportionately expelled, but as far as that goes, I don’t know what to do about that, but doing no expulsion is not going to make people do it less.

I asked her what she thought might help providers adhere to the expulsion ban. “I guess it depends on the situation. Still, right now, I don’t know if I could handle that one child that I just couldn’t handle. I guess having a smaller group would have been better for him.” She talked that through and just could not see a smaller number working for private child care businesses. Finally, saying, “I don’t think the state can do that within homes, even if they were all part of the state preschool program.” The reason she said that would not work:

You’re going to have a lot of people not doing that too because of all the administrative stuff that a lot of people that are good with kids just aren’t good at that stuff. A lot of people, in general, aren’t good with that kind of stuff. I have no idea. It’s a pickle.

We discussed the course she took on challenging behavior. I wondered if having more classes like that might help others as it helped her. “I definitely, yeah, but I also in that class it was not an eye-opener for everyone. Lots of people were like it doesn’t really work in practice. So, I guess they have to be open to wanting to do it.” She followed with, “It definitely did help me, and if I had started out taking the class and all the supports I have now, I could have kept the one child, but I still would have expelled the other.”

She continued on and said that she doesn’t want to expel children, and when she felt she had no other choice, it was still a struggle for her:

I keep trying until I figure something out. I mean, those few times when I had to terminate the children, I guess they might have felt like I didn’t care. Um, which is not the case. I just didn’t know what else to do, so that’s really hard to like push them away and be like, you have to go somewhere else. Especially since I mean one-on-one, they love me. I love them. They just can’t interact well with the other kids. It’s not usually an issue with me. I mean, I know that some people just don’t click with certain kids, but I can. I like all kids. I can pretty much find a way to click with them.

Candace shared, “I will try everything under the sun until, I mean until somebody gets seriously hurt. I will do everything I can to work with a child and make them fit in my program.” She worked to make them fit into her program, but that was sometimes not enough. Next, I reflected on my conversations with Candace.

Reflection on Candace’s Stories

I felt like the threads in Candace’s stories were closely related. Candace is a provider that believes that care involves self-sacrifice. She also shared an experience with a child that was so stressful that it influenced her ability *to care*. She talked about being spread too thin and feeling burned out, which I believe was the byproduct of sacrificing her own needs for another’s.

While the expulsion ban is well-intentioned and meant to protect children who are vulnerable, the ban is also asking FCC providers to sacrifice themselves. An example of this is made visible in Candace's experiences. Candace shared having taken a community college course on challenging behavior that transformed some of her practices. She also shared her experiences having a new partnership with the state-funded preschool program, where she now felt paid well and supported professionally. Still, her experience with one child made her doubt her ability to keep another child that challenged her again in that way. In my conversations with Candace, the two threads in her stories were the level of sacrifice she felt was needed to be an FCC provider. The second was that even with the courses she had taken on working with challenging behavior she still did not feel prepared. Even further with the support she now received through her partnership with the state preschool, Candace still felt that she was not supported enough to work with every child in her program.

Sacrifice in the Name of Care. When Candace shared her definition of what it meant to care, “. . . Your own wishes putting their needs before whatever you want to do.” I had a visceral response to hearing it said aloud. Even though it mirrored my thinking, I felt deep sorrow that there is a perception that to be a caregiver, you must place your own needs aside, even as far as to sacrifice yourself. We want caregivers to respond to children's needs and model self-regulation, trust, and respect. Sacrifice is not what care should mean in the work of early childhood education. No. I looked up the google definition of sacrifice and found that beyond religious sacrifices, it meant “to give up (something important) for the sake of other considerations” (Oxford Languages, April

2022). Holding onto this thinking of self-sacrifice, considering an Ethics of Care and the work of early childhood educators, I felt tension building in me.

After listening to all of the experiences, the providers had shared with me. I continued to unpack what Candace had said, “. . . we make ourselves caring . . . I think that’s part of the whole FCC dynamic.” One of my tensions with what she said was that it hit so close to home. I had an internal conflict with how I used to think about my work and shifts in my current thinking related to this work. I remember hearing the doorbell 10 minutes before I opened and sacrificing my last opportunity to finish my coffee or run to the bathroom. I honestly still do this, but I do not mind as much because my days are not as long.

I remembered many days when parents showed up 10 minutes, 20 minutes an hour late with no apology. The parent being late was a forced sacrifice which caused resentment in me, with one instance requiring me to sacrifice a doctor’s appointment that I had made months in advance after hours with my doctor. I remembered the day that I had been rushed to the emergency room with a triple fracture of my ankle and how sacrificed time I needed to heal. I was open the next day, and my husband called in sick to his work to help me. I scheduled my ankle surgery on a Friday so I could be open by Monday. I chose to sacrifice my recovery time because I knew I risked losing child care families if I closed for too long, and I also knew I wouldn’t be paid for the time off. When I look back at the time after I broke my ankle, I realize that it was not long after that experience that I began to feel burned out. To reiterate Candace’s words, Sacrifice, “I think that’s part of the whole FCC dynamic.” My experience is not unique.

My other tension had to do with the expulsion ban itself. The ban is trying to force providers to care. If the state wanted to see a reduction in expulsion, shouldn't they support and *care for* providers in ways that sustain their capacity to care? Most people coming into the workforce want to care, but the system sucks care out of them. Forcing care on an already understaffed, undervalued, and burnt-out workforce (Bromer et al., 2021; Heman et al., 2021; Sethi et al., 2020) does not result in a more caring system. Instead, there will be long-standing consequences, and none of it will be good for children and families.

Supported, But It Is Still Not Enough. Candace discussed her partnership with the state preschool program and the benefits she felt she had gained through her participation. She felt more like a professional. She also believed that community agencies such as early intervention view her differently. An example she gave was that she had recently made a referral to early intervention and came away feeling they respected her more, “. . . now if I talk to somebody about it they would totally take me seriously as opposed to before especially when you have professionals saying everything is fine.” Her thinking was supported by past experiences referring children to early intervention. She also discussed having access to mentors and coaches through the state preschool program. She shared, “I did that last week; it was hardly anything to have two coaches right there meeting with me to talk about it and figure out what to do.” She felt she received better funding and access to more training opportunities and overall support in providing services to children. Compared with her experience of being an FCC provider prior to her partnership. However, she still said that her one experience with a

child she felt was extremely violent kept her from feeling like she would not still struggle. She did not feel the extra support was enough.

I had this in common with Candace being a part of a state preschool program. I also have the same access to coaches and mentors. I have a relationship with my local ECSE program and have service providers such as Occupational Therapists, Speech Therapists, and Behavior Specialists that come to my program and assist me with caring for children with special rights regularly. I feel strongly about providing children with an inclusive setting, but I struggle even with all of the extra support. This year more than a quarter of the children in my program are on an Individual Family Service Plan (IFSP). Next year, the state preschool program in my region has prioritized the enrollment of children with special needs. So quite possibly, I will have an even higher percentage of children on IFSPs. I also know that I will have the same funding next year as I did this year because the state has not allowed room in the budget for cost-of-living increases; however, the cost of living has increased.

The state preschool program model only allows funding for two teachers for a classroom of 16 children. I chose to have 12 children with three teachers. The third teacher comes out of my salary, a sacrifice I make because that is what the children in my program need. Next year I am considering expanding to 16 to offset the expense of the third teacher, but most likely, an additional four children will require a fourth teacher. I share my experience with this because this is the reality. Even programs that have support beyond do not feel equipped to meet the needs of every child.

Beginning My Conversation With TJ

TJ and I chatted for quite a while before beginning her interview. Our conversation began with her sharing a resource with me. TJ had recently heard about a program called Homegrown. Someone from her local child care resources and referral program had shared the information with her,

the homegrown organization are putting together people to get in-home child care networks going. I guess over there at CCR&R, they were like, oh, TJ needs to be a part of this because I've been working endlessly just trying to get. I feel we're the forgotten ones, and I'm like, well, if I feel alone, I bet others do too. I've been trying to pull people in, and then I thought, Josie needs to know about this too.

She was excited to share this opportunity with me and I asked her if she planned to sign up for the program. "I guess I'm tired of being out there by myself. So, I'm sucking people in."

After the focus group, TJ sent me an email with her continued thinking about the discussion. She shared that she wanted to ask her families some questions in the email.

The questions she had been planning to ask parents:

Why did you choose in-home rather than center? If you've had your child in both, what differences/similarities have you noticed? What is your favorite part of childcare? What is your least favorite part? What are your thoughts about the state trying to do away with in-home childcare? What benefits your child and family by sending your child to an in-home rather than a center? (Email correspondence, February 11, 2022)

I followed up with her on that email. TJ said, "Yes, I did ask those questions to my helper who was doing her own in-home and then working in a center and then realized that it wasn't a good fit for her, so came here." She explained she did not ask the families. She gave her reasoning. After she had talked to her helper, "I was surprised by her responses but then realized that probably other parents feel a lot the same. . . as much as I try to

share information, I'm pretty sure that parents have no idea what we do." She continued, "And. If they even had the slightest clue. I was asking why choose in-home versus center? I did kind of informally ask because, remember I have that Tuesday night group that I do with the dads?" She had discussed some running groups she had started with the dads in her program on Tuesdays and the moms on Wednesdays.

TJ had informally tossed the question out during a run.

lot of them said, well, it's right up the street, and they're less expensive. Like, well, that wasn't my point of having in-home, and I just kind of. They're missing the point. So, I got discouraged from actually sending out questionnaires, is what happened.

At this point, TJ began to share some of her experiences with COVID-19, which ended up being one of the storyline threads I share, and her experience with COVID-19 turned into the story of how she came to be an FCC provider before I even asked the question.

TJ's Story. TJ began, "I originally doing the Gymboree thing, and so my original child care family's kind of came from there, and we were all closer in age. And now I could be all their mom. So, I'm in a different age bracket. Which is beneficial." TJ became an FCC provider uniquely. "It's really kind of funny; I think I can be quick and go back to the beginning." She shared, "I originally got my bachelor's degree to be a high school band director. Then I ended up touring and living in Hawaii as a personnel manager for the symphony."

She needed to move back to the mainland and ended up on the West Coast on a suggestion from a friend.

I moved here because really, I love camping, beer, and coffee. This is for sure home. I moved out here not knowing anyone, and I was looking for a laundromat and got lost. I drove into this Gymboree three times when I was trying to get to this certain area.

She said she ended up at the Gymboree every time she got lost. She decided that at least she knew how to get there, “So I kept getting lost, and I was like I should go in there and see if they’re hiring. I needed a job while I went back to get my teaching credential.” She continued, “By then, I realized all that time in the symphony, finding a high school band director job was few and far between.” She decided to become licensed to be an elementary school teacher.

However, when she went to the Gymboree, who were not hiring, they said, “go sit in a few classes so you can fill out the application, and we’ll keep you in mind. The wife of the owner who was leading the classes went into the office and said, I don’t care. We’re hiring her.” She said, “It was so random, and I had never worked with, I mean, I babysit but never worked with large groups of teeny tiny humans, and I don’t know how much you know about Gymboree?” She explained, “it’s parent participation teacher-led classes, so I got to work with parents and their teeny tiny humans.” From that experience, she found that, “the number one thing I was hearing from every single parent. We can’t find good child care . . . six years I worked there. I ended up getting my teaching credential in 2008; they weren’t hiring teachers. They were firing them.”

Finally, what happened was that “I had helped a friend start her child care, and she was like I met a guy. I’m moving in with him. Do you want to move into my place and take over the child care? They are all your clients anyway.” She had been referring her Gymboree families to her friend’s child care. “So that’s how I started, and that was 10 and a half years ago. Is that the craziest?” She explained, “Even when I was getting my master’s and teaching credential, the instructors were saying you’re good with the

younger ages and kept pushing me to the younger ones, and it's just where my joy is." TJ said she felt, "I can actually say I'm good at what I do. I am good at not only caring but educating. Laying those bricks, you know the foundation." She continued:

When kids leave my program, they know how to have a conversation with another person, they know basic hygiene. They know how to clean up after themselves. They can read and write and do basic math, but that's the easy stuff. It's that other basic life skills.

TJ also had a unique perspective on why life skills needed to be emphasized, "Their parents aren't getting. Because the families. This is my belief. My opinion, not facts. That all these families." She continued,

You know, I grew up with both of my grandparents, both sides in my life. I know how much education I got from having them around. Families don't have that anymore. Everybody is so splintered, so we're having to make up for not having that extended family that's on us now.

I found that TJ's perspective on this is the foundation of everything she does, and it came out in almost every part of both interviews with her. She had a core belief that she was filling a gap for families as part of their extended family:

Whereas in centers, a center is more like a school, a public school where they don't have time, resources, knowledge to be able to do that part. They can, I mean anybody can teach a child how to write their name. That's the easy part. It's all the other stuff. Ok. Sorry. Tangent.

She continued to elaborate on the difference between center care and FCC. She centered the family, and she was consistent with everything she did. "you're an FCC provider, and the family is a big part of that versus just daycare. Where family is not part of it." Then she said more to me, "you know what I mean? I know you know what I mean. How do *you* get everyone else to know what I mean?" I felt the heaviness of what she was saying

to me. She understood that my role as the researcher was to share her thinking in a way that made sense to people on the outside of FCC.

As I considered reflections, I got everything she said. I also grew up with my grandparents in my life. They lived about a mile away from me. I felt the loss of having those key relationships for my children whom I could not give that, and I saw it in families every day. I also have a strong sense of being a part of the family's support system. My background is heavily influenced by my bachelor's degree in human development and family studies. I spent years working with families in Head Start, where home visiting is an integral part of the work. I also worked for a short time as a family advocate, just home visiting and supporting Head Start families. Working with the family and not just the child is part of my core belief; however, not in the same way that TJ described. I see my role as more of an advocate, and I build close relationships with the families in my program. TJ actually saw herself as extended family.

TJ explained how she saw herself in this work, "I would say asking me this question today versus two years ago are very different answers." She said, "The realization that I'm not a babysitter, I'm not a drop-off daycare, I'm a family care provider and educator. And I'm damn good at it." I felt the omission of the word child in family care provider was intentional. It is how she sees herself—carer of the family. "Being able to see myself now as an elder in family care. I actually do have enough years, enough experience, enough education that I have information to share that is helpful." She continued, "I feel like my role is not just educating the tiny humans but also their parents because the parents get this short about of time to do this work. I've had the

same Groundhog Day over and over and over, so I can help make it easier for them.” At that point, she started to become emotional. “So why wouldn’t I? If they’re willing to accept that, I feel like it’s my job to help them as much as I’m helping their children. And [tears]. That’s the first time I’ve actually said that out loud [tears]. Oh. Sorry.” I gave her a moment, then she said, “So there you do. Ask the good questions. You know nobody asks these questions, so you never have to say the answers out loud. I mean, it’s just a thing you think in your head. But sorry, whoa. It’s ok; it’s been a long week.” I told her it was ok because she wasn’t the first participant I had cried with during an interview. She responded, “That’s actually very helpful.” I had asked questions of TJ that she had never been asked before. She felt emotional, expressing long-held feelings out loud for the first time.

As part of how she saw herself in this work, I also asked what motivated her daily, “that’s easy, the mom who is like I couldn’t have done this without you. The child who looks at you and is like, I get it. Just the hugs and cuddles and the love.” Then she said, “I love that I know all of the families. There isn’t a single one of my families who isn’t somehow going to see another one of my families this weekend, how they care about each other and. That’s super cool.” I followed with another question. I was still trying to understand her way of thinking. I asked what she believed was her purpose in this work. “The short answer is being my grandmother. But the real answer is loving, caring for educating, and curating a community where there is a lack of. Which I also have never said out loud before. So interesting way to ask that question.”

I asked TJ about building relationships with children, and it was not surprising that she shared an experience building a relationship with a family. “So, I met the parents when they were still pregnant. Mom is very anxious. Had an extremely traumatic experience in her own. When she was in daycare, they were looking at centers.” After touring centers, the family was, considering one of them staying home as a solution “until this other family connected us together.” The family decided to go with TJ’s program, “Of course, the baby does not digest food the way every other baby does, and of course, the baby does not let anybody else touch him besides teacher TJ because they are a product of their parents.” She explained that she felt the mom’s anxiety and stress about child care influenced the baby in a way that caused digestion issues.

He and I have become super close because when they are that young, my only requirements are eat, sleep and poop. This is essential. He has now turned one. I have never struggled as hard get nutrition into a tiny baby.

She feels the extra care has made their relationship strong. “That has created this amazing, crazy bond, and he is very physical. He must be touching my skin 90% of the time, and he has a lot of backpack time which, of course, I got written up for.” TJ felt strongly that this infant needed to be close to her to help make him feel secure, so she began babywearing, which is allowed but only for very short periods. “But I’m like, well, this is what this baby needs.” TJ still has the child and shared that when she decided to add an assistant to her program, it caused the child anxiety. “Every child is going to get a little anxious about a different person coming into the house, whereas he’s like there is somebody else here, I need to know that you are staying here, which is like, nobody ever left him.” She also said, “I guess he is a pandemic baby, so I was. The doctor, nurse, his parents, I was the fifth person to hold him for a long time. Even their parents didn’t; they

didn't let their parents in for months and months because of the pandemic." She continued, "We just have a crazy insane bond, but also, he's my most challenging baby I've ever had."

I recalled a similar experience with a child not related to the pandemic. I had this baby who was the sibling of a child I had had in my program since they were a baby. This infant started with me at three months old. From the beginning, he had digestive issues, and I had to feed him in a separate room, or he would not eat, napping was a challenge, and fortunately, he was an infant before the new infant rules because he often slept in my arms. I also wore him in a sling or backpack because he needed to be with me. It was the only way I could get anything done, I had an assistant, but he only wanted me. As a toddler, he was anxious, and anytime a new person entered our program, he would cling to me and scream until they left. His parents and I tried everything, he stayed with me until he moved to kindergarten, and he did wonderfully. He still visits. I felt he would have struggled in a larger program. I'm thankful that, as an FCC provider, I could respond to his needs without having to look over my shoulder and worry that I was going to be written up. I stopped taking infants soon after the state increased regulations on infant care.

I asked TJ when she thought care was the most visible in her program. She responded, "free play because that's when they get to practice all of the things that they've been learning. It's when all the magic and mystery and they get to try out everything they've been taught." She went on to say, "If you had asked me that question two years ago, I would have been like, yeah, they're just playing, but now I've had two

years of having helpers in my house, and I realized more that in free play, every moment is a teachable moment.” TJ found that having an assistant has allowed her to step back, observe and reflect on what the children are doing:

Free play is when we learn how to communicate with our peers, try something we’ve seen others do, learn how to ask question. Free play is when we learn to how to take responsibility, to know our limitations, our expectations, and boundaries . . . we learn about confidence . . . how to have a voice . . . I mean, but free play is just, you know, they’re just playing.

We were ending the questions that centered care. TJ’s final thoughts were

Caring well, looks at the big picture. We are not just caring for the tiny humans but for their creators for their entire community . . . Caring means knowing the entire story and being present for every part of the story. In that everybody’s story is different.

Then she added, “We don’t have to agree with every single thing. We just have to care and see and listen. And that’s how we create communities. Caring, acknowledging communities.” TJ believed the foundation of community was overarching respect for each other whether they agreed on everything or not. In the following section, I discussed TJ’s program.

TJ’s Program. TJ shared, “The thing that is different about me than a lot of providers, and I could be making this up, is I’m single, and I have not raised my own child. I think a lot of providers get into this as young mothers.” From my own experience, I believed what TJ said to be true. “Whereas I came into it from a different angle. Which I don’t take lightly, and I feel, I don’t know if obligation is the right word, but I feel a larger responsibility to know what I’m doing.” She felt not having had the experience of raising a child that, she needed to have a different level of knowledge. “To have all the information to back up what I’m doing because I didn’t go through the process that

parents are going through. Does that make sense?” While I did not share this with TJ, I felt like I understood what she said.

TJ described her day:

I have a tiny house in my backyard, really just a shed with a loft. That’s where I sleep because I converted my entire home into a child care. I technically live there, but I don’t sleep in there, and I have a bathroom that I built out back. So yeah, I get all in.

She continued, “. . . by 5:00; I make my coffee, then I’m either finishing dishes or putting away dishes. That’s when I start food prep . . . my first family gets here somewhere between 7:00 and 7:15.” By 8:15 am, all of the children had arrived. “We have free play then clean up, go potty and sit down and have smoothies . . . you know, every kid just loves those green smoothies first thing in the morning. These guys are wacky.” She said, depending on the day, they do an alphabet curriculum that she developed because she didn’t like the available curriculums. “Then we do our creative time; then we’re painting, cutting, drawing, crafting. I am better about doing a mix of process art and the art I call mommy art because moms want to put something on the refrigerator. Still.” TJ said, they went potty and got dressed in the mudroom:

We have the little Tuffo suits, which I love! Just throw those on. I have a big yard which is why I bought this house. It’s full of bark chips, logs, things to climb through and dig in bugs, dirt, nature. We know kids don’t get enough.

Since she does most of her teaching during free play, she said, “We’re just, you know, studying with a magnifying glass or whatever; we just do all of our fun stuff out there.” She said they come in and have circle time. “There’s been so much controversy around this [circle time], but as long as schools are going to require it . . . I try to help them

adjust. Of course, my circle is super music heavy because you know that's my background." She continued,

We sing, read stories, do brain dances which I'm on a mission to make sure everybody knows that music and movement and brain activity are so important. I need to reach the world, but anyway . . . then we wash potty and do our Cosmic kids' yoga.

I shared how I also loved Cosmic kids' yoga, and we got a bit off track. I don't use it every day, but TJ does, especially before she had an assistant. "That's when I did all the food prep . . . you have to get it out and, in the oven, and on the stove, all that stuff. So much cooking, and I am super passionate about food and everything that goes into their bodies." TJ said she uses very little processed food,

Most things are by scratch, which is fun when you have toddler coming in saying, oh, I can smell the cumin . . . today they had beet patties and were excited it was Purple Patty Day. Black bean brownies, did you know that some families make brownies without beans?

TJ shares her love of food with the children.

After lunch is nap,

the pre-kindergartners work on heavy school stuff during that time, and by heavy school stuff, I mean board games and stuff like that, so they learn how to take turns and lose and win, that kind of stuff. They wake up and go outside, we have our afternoon snack outside, and everybody plays outside until they get picked up.

TJ shared another example of her unique perspective. "Then their parents come and usually hang out for 30 minutes to an hour and a half depending on how early they get there." I was just intrigued that TJ encouraged this as part of community building. While I value parents very much, it wouldn't be my thing to hang out with them every day after I got off work. TJ continued, "The parents like to hang out, which is so cool because I'll often get the conversation started and then excuse myself to go talk to the

kids . . . they can talk to each other, and then either the last kid gets picked up, or I walk them home.” Most of the children in TJ’s program live in her neighborhood, so she walks them home if the parent needs her to do that. She said, “depending on the day I’m doing the dads’ group or moms group” referring to the running group she has created with her families. “It’s not a short day.”

When TJ and I discussed discipline, she said:

I don’t have a ton of conflicts with the kids. I can’t say I’m conflict-free. We do disagree, and it’s super important to me that I’m a processor . . . It’s typical for me to say, I need a break. Go choose a busy box, and I’m going to do some dishes. Let’s meet back up. Then sometimes 30 seconds, sometimes five minutes . . . we come back and have our one-on-one.

She also said, “It’s very important that I’m down on their level . . . so we are eye to eye . . . I would say nine times out of ten, it ends in a cuddle, and we’re good.” She said that she does not use a curriculum or particular philosophy to guide her discipline approach, “Just lots of work and research because I don’t have my own family and I’m somewhat an insomniac. If there’s something, I don’t know because Google is such a new thing, and it’s this cool resource.” Since she has toddlers primarily, TJ said most behaviors she sees stem from a lack of communication. “Most of my life, I have not been a great communicator, so it’s important to me that these tiny humans learn how to communicate.” She felt that helping young children become capable communicators was critical because she felt that it had been a struggle for her in her own life.

She described an example of when two children conflict, “We take a break together, they do lacing or blocks whatever something to calm them down. Then we have a conversation, which is my favorite thing to hear toddlers say, let’s have a conversation. Both parties express how they feel.” Then she said, “Half the time, I am not

understanding what they're saying, but they understand each other. That's all that matters. It's big for me. I don't believe children have to share a toy just because somebody else wants it." She continued, "So we communicate; I see you have that toy. I would like to play with it. How many minutes until I can have a turn? Well, I have this toy, I think three minutes which sometimes turns into 15 minutes or 30 seconds" TJ finished by saying, "But they're making the choice, and the other feels heard, and so it doesn't often end up as conflict." TJ helps children work through problems together. She also wanted to create a strong family community in her program. This was the foundation of TJ's next ongoing storyline.

TJ's Vision of Community. In our focus group, TJ shared about the running group she had created with the moms and dads in her program. She pointed her laptop to the window so we could see the families waiting on her lawn to run with her. I was interested in this, so when I had the opportunity during our interview, I asked her to share more about her running groups. "The dads talk about dad stuff. I mean, they talk about frustrations of being a dad and not being valued and how they are not getting credit, like real stuff. I try really hard not to talk." She said, "every now and then, I'll be like, I bet that's something your wife would appreciate hearing or have you talked to your mom about that?" She shared that she wants the dads to have space to talk to each other, "these are not guys who would be friends in normal . . . their only commonality is they have children around the same age." She said with the moms, "I'm very hands-off because they can talk, and they don't need me to get them going." Her approach with the moms and the dads was responsive to the needs she felt she was seeing as she got to know them.

Then TJ shared that she takes it all a step further, “The family days are super important or what we call our happy days. Those are on Friday, and the kids call it the grown-up party. There’s always a theme, somebody’s birthday, a holiday.” She continued, “the Friday before Halloween, we all dress up. Parents dress up. We take our wagons around the neighborhood and deliver treats to the neighbors . . . We do the same at Christmas and deliver treats and songs. In the spring, we deliver little plants.” She said they follow the community events with a party, “I want the parents to be able to see the kids interacting with each other, so they know this is what your child is doing all day. This is who they play with. I want kids to know all the different parents.” She shared her own experience:

I remember being dropped off at daycare; I never knew any of the other parents. It was not. It wasn’t a family feel. I also know my grandmother hosted family days once a month. Where all extended family got together and had dinner and just were together, and I loved that, so that’s what I was trying to create in my child care family.

I asked her how often they met up, “At minimum once a month. Usually, it’s two to three times a month.” I asked if having families that lived close made it easier to have the type of community she described. She said most of the children in her program live nearby. “I have 10 kids, and seven of them walk here. That’s a lot and really close by.” She did not always have children living so close. “Even then, when they were all driving in,” they still got together. “Just two weeks ago, we ended up having an impromptu reunion with the older kids. So, like it was most of my original families, they all get together and invite me.” It did not surprise me that TJ would stay connected with her families when they moved on from her program.

In our second interview, TJ had reflected on the questions I had asked her about the community she had created, and she shared:

I do let families hang out for an hour, hour, and a half after pickup. Because they get to see those interactions, and every now and then, you see that light bulb in the parents. The kids are easy, they want to suck it all in, but the kids get to the parents. That's it. That's the magic. So, if we can create more of community-based child care, that's when we're going to see the change.

Creating this type of community does not come without its challenges. TJ discussed needing to create boundaries. She explained that often parents did not realize all that she did with them was still *work*. “If they knew all the things that we were doing. They would not do things like say, ‘hey, you want to come over on Saturday and just hang out.’ No, no, I’m sorry. I love you. I do not. No, thank you.” She does have her things. She is in two different community bands, which she had pretty much kept to herself, “The concert band, I played clarinet. And my nerdy side gets to shine . . . and the dance band is like the music that your grandparents listened to.” She talked about a tension she had that began during COVID, which moves us to the next storyline in TJ’s experiences.

TJ’s COVID-19 Experience. TJ explained that the run group she now had with the parents in her program began with COVID-19. “I had my own run group for years. Like eight years or so, then the pandemic. Let me back up.” She went on:

I had my own group, and then I also did a lot where parents would come to pick up and hang out for longer. Um, then the pandemic hit, and that was actually, I had to say, almost a blessing for me to learn how to create boundaries. So instead of hanging out every day. I gave them two days a week. Then it turned into three days a week because we do the dads, moms, and Friday. I call them happy hours.

She planned these times intentionally. “Because I’m controlling, and I didn’t what them going anywhere else and sharing germs. Let’s keep our germs here. All right here. Don’t talk to anyone else.” She wanted to keep her child care bubble small, and by creating

these opportunities to socialize strategically throughout the week, families were less likely to go outside the bubble. “Um, and that worked for almost two years. And then last Christmas everybody went and saw family, and we all got sick. That’s how after almost two years, we all got COVID because of one holiday.”

She returned to the creation of her family-run groups. “Before COVID, I was part of this run group. I don’t know how to explain it, except you go camp on Saturday, and then Sunday, you wake up and do a trail run or snowshoe race or paddle race.” She explained that the group was nice since she is single and don’t have to do stuff by herself, “You’re around a bunch of people, so you’re not nervous, and you don’t have to plan any of it.” The family-run groups helped her continue being outdoors, keep running and not be on her own. She shared that due to COVID, she could not do her routine activities but was “just starting back up now, so it’ll be interesting to see how everybody does when I’m actually gone on weekends.” She is trying to regain some balance.

COVID-19 was a rough time for FCC providers, and it hit TJ hard. “If it weren’t for Child Care Resource and Referral, I would have shut down. Like I was on the edge, and then I met one gal from there, and she convinced me. Let’s just try something else and see if you can stay open. I am grateful for her.” She did not want to close, “Of course, I mean, I’m sure anybody who meets me knows that this is my ultimate passion. Like anything else I would do would not compare to this. But it’s. It’s a lot.”

She wished there were more awareness about the work of FCC providers, “If I could have people aware. I would want them to be aware that child care providers care for children and are the chef, the accountant, janitors, housekeepers, moms, dads,

landscape artists, handymen; I mean, the list is endless.” COVID-19 made her realize, “That I’m physically, not capable of being all the things all the same time. Yes, the last two years.” She paused, “December of 2019, which timing was a little rough, it’s when I realized, oh, I have to restructure because I’m not going to last. It’s hard to ask for help. When nobody acknowledges what you are doing is work.” She felt that, in general, parents, society, and anyone who was not an FCC provider did not understand and often viewed what we did as not being work. “So, if I could have one thing, I would have somebody around me who is as passionate about creating a community as I am.” For her, this was a huge step.

At the beginning of our first conversation, TJ discussed her tension, finding balance complicated further by COVID-19. “For me, it’s trying to figure out. I believe Elizabeth said it in the focus group; it takes a village. We’re part of the village to raise these tiny humans.” She believed this was accurate; however, “I’m a person. Who? Needs to have my own life, and they never. They graduate from here and go on with their lives, and it’s not like they’re calling and checking in on me every day.” She continued, “So we want you to be part of the family as long as it suits us. As soon as I don’t need you anymore, then good luck. Peace out. I mean, they still check-in, and I still get together with them.” At this point, she wanted to connect with me, “It’s just I don’t know how you do it. I don’t know because we all start. Most of us start on our own, and it’s just recently that we’ve been able to connect with other providers, right. So, like there’s no consistency, but that’s just me. Yeah.”

TJ shared this thinking with me early on in our conversations before I had asked a single question. She was just reflecting on the focus group, but after I went back through our interviews. I realized it was more than this. TJ had sent me two emails after the focus group. The first was an appreciation of having the opportunity to connect with other providers. The second was the list of questions she had planned to ask her parents. She had been excited, but when she tested the waters and asked why they chose FCC over-center care, they said, “it’s right up the street, and they’re less expensive.” This deflated her. She put all of herself into her little community, and with that comment, she felt devalued.

Further, I believe it made her reflect on her recent experience, which she also shared at the beginning of our conversation, “A few weeks ago, I had COVID.” It was recent; I postponed the focus group because she and another participant were dealing with COVID-19.

That’s when I learned. Now I know who my friends are. And I was down like down down for a good five days, like unable to communicate and the people who actually physically checked on me. I’m like ok, these are the people, and that was five. None of the current families checked on me.

She reflected, “A lot of people would say of course TJ is our friend, where they don’t know me. They know a version of me.” The reality that for two years, she planned opportunities for the families to come together throughout COVID-19. To still socialize and function as an extended family, but not one family who all lived in her neighborhood checked on her. She felt hurt.

She shared the other tension about the state's money as relief funding.

You know, the last couple years, there’s been all these grants we could apply for. The grants mean nothing. I went out on a limb with the first grant and hired

somebody to redo my kitchen so that I could have the countertops lowered. I thought that I'm only five feet tall.

Being only four foot ten myself. Genius!

I'm the tallest person in my house. I hired somebody to redo my kitchen. They took the money. Did half of the job and just left. Yeah. And for me to ask for help. I'm not that person who asks for help. So that was really, really hard.

She paused, "I'm at least acknowledging now I can't do it all on my own. But I can't even find people who are willing to do the job. I'm like, here's the money." She said:

Thank you for the grant. Let me give someone money to help me and nobody. I can't. That is my hugest frustration. What good does a grant do if you can't hire anyone? You can't hire a sub. You can't hire a person to help clean your yard. You can't hire. Like the grant money means nothing.

She finished with,

So if I could have anything, I would just have anyone who is willing. You don't even have to care as much as I do just. Somewhat. If you know of anybody, I have a lot of work to do around here, and I used to, and a that's part of the problem. I've grown up doing it all myself. It's not until the last couple of years where I've realized I physically cannot. That's a hard realization. I may be a little type-A and may be very high expectations.

This was part of my beginning conversation with TJ. COVID-19 had left her feeling alone and vulnerable.

TJ and I had our second interview a little over a week after the first interview, and she began, "Sorry, I'm feeling a little emotional tonight. That whole two-year anniversary thing. What we've survived for two years. And all the parents are back to being at work in the office." I asked if that happened all this week. "Yeah, just all of a sudden. Everybody has had a longer week, and parents were feeling emotional, which of course translates to the tiny humans, and just everybody had all the feels this week." Then she thought about me as an FCC provider and said, "How and like seriously, how do you do

this and have your own kids and school? Like. Do you ever take time to just stop and go?

Yeah, I'm the bomb." I laughed and told her I was too busy for that.

She had more to say, "Didn't you feel like? And I'm not saying that teachers don't deserve everything, all the recognition they got. But teachers were able to say home and do Zoom classes." She continued:

We, without knowing what was happening we, were still there every day, having kids in our homes. And just going well, I hope this literally doesn't kill me. And nobody really like acknowledged. That we did that, that big thing, we did a big thing, and our society straight up would have shut down. Because yeah, people were working from home, but they still had to work, and you can't work if you have a toddler that you're caring for. That was a lot.

What she said hit me hard. I teared up; I felt that. She said:

That's where I'm at right now, where it would be easier to just put it down and walk away. But shoot the boot, even if the people around us don't know how much they need us. We have to keep up the fight for the tiny humans.

She paused and said, "We have to keep up the fight. So good job." She was talking about this work I'm doing. Then she said:

It was not a healthy system before COVID, and then COVID happened, and it was. All of us just hit a brick wall. Listening to the other gals that you put together here, you know everybody has the same story, and it's just incredible.

She was referring to the focus group. "And who knew that we all, I mean, how you figured that out, that we might have similar things going on. Like, I literally had no idea that there were so many child care providers with the same story. I just didn't know." As I wrote this quote out from TJ, I felt the heavyweight that had been placed on me to be the carrier of these providers' stories. I now carried them close to my heart. I could not agree more with her that we had to keep up the fight.

The Right Fit. In the focus group conversation, TJ shared that she had a pretty rigorous process for interviewing families before they entered her program. That piqued my curiosity, but after talking with TJ, I got why she interviewed families for her program multiple times to make sure they were a good fit. TJ was building a community. TJ would be hanging out with the family, and even more than that, TJ expected that the family wanted to be a part of that type of community, which might not be for everyone. TJ shared, “Not to be redundant, but I do with every family at least three or four visits of an interview. And if the parents aren’t 100% on board with who I am. Then I know this isn’t a good fit.” She continued, “Usually, I mean, like I said, my entire house is a child care, so it’s a fun place, and I get that. Kids come, and if they’re older, they come and do not want to leave, which that’s a huge compliment, but if the parents don’t feel that.” She really wants the parent to know what they are getting into with her and her expectations. “I give them suggestions of other places to go because that’s just my jam, as you probably have figured out.” TJ shared that she tried to know the programs in her community to give families alternatives if she felt her program was not the right fit.

However, even with all the interviews, “There’s always those people that talk the good talk.” One of her biggest challenges is that “sometimes people slip through the cracks.” She began to share an experience when it just did not work out. “I mean, I had to straight-up tell this family you’re not allowed to bully the other parents. That’s what they were doing.” She shared:

This one family wanted everything their way. They got mad at me when I told them that their child was not allowed to run up and hug anybody that he wanted to hug, that he had to ask permission first. Like they got really mad at me.

She explained, “That’s not how our world works. He doesn’t get to take whatever he wants to take.” She said the parents came back angry “So he came home and told us that you told him no. Is this true? Did you really tell him no? I said, Yeah, I did.” This was one example of the different philosophies between TJ and the parents. TJ felt that children needed to respect the boundaries of other people.

She then explained, “I think my biggest thing is I am so passionate about educating the whole family that if parents don’t feel they have anything to learn. Their child is not going to be on board for what I am trying to teach either.” She went into more detail. “It’s super important to me that we have routine . . . because that’s how kids build their confidence . . . they know what comes next.” Typically, she has found most families willing to work with her on things like bedtime routines. “Parents will support me in keeping the routine here. If they are going to be disruptive of the routine, that hinders how I’m able to teach their child but also everyone else.” This “one family,” as she described, would show up 30 minutes late knowing the schedule and said things like, “Well, he wanted pancakes with whipped cream for breakfast, and we didn’t have it, so we had to go to the store.” She felt, “Well, you know I have breakfast food here that is not pancakes and whipped cream. If they’re not going to support my program, then it’s not possible for me to support their child.”

TJ shared some more of the story about this family, “Um. That was me taking a risk. It’s a family that lives in the neighborhood who just walked up, ‘we see that you have child care here, and our son is this age, and everything fit.’ I knew they weren’t a great fit.” She went against her instincts, “I took a risk and let them in. I could see there

was a great need.” TJ has strong feelings about giving children healthy food, “They would literally give him Oreo cookies on the walk over because he would scream at them and yell and hit them until they would give him cookies.” When the child was with TJ, “He would actively bite, hit, scream, pull hair. And his parents were oblivious. They tried to not pay me. So that gave me an easy out.” The payment was the final straw for TJ, “Well, I can see this isn’t a good fit, and it’s not going to fit in your budget, so let’s find you a different place.”

The family did not take this well, “Then they proceeded to send me hate mail and throw rubbish in my yard. Call me all sorts of names. I used to run by their house and had to change my route.” The abuse continued, “Do I need to put up security cameras, and this was 4 years ago, and I still have the emails and everything in case, and I still don’t go by their house and still look to see if they’re walking by or whatever. That was awful.” TJ now does not feel completely safe in her neighborhood because of this family.

I asked TJ what steps she took to work things out with the family before that point. “Of course, I tried talking to the parents first.” She approached the subject of junk food, and she asked, “Hey have you thought about changing his diet?” They told her, “He eats so healthy at your house. We figure we can just give him whatever he wants.” She shared, “I believe that I can work with any child, but the reality is I’m not going to be able to do as much as I want to do unless I’m working with the family.” Then she said, “Sometimes a more traditional child care is what people are looking for. They don’t want to be involved. It’s really easy for me to say, if you don’t want this, then let’s get you what you do want.” TJ does so many interviews with families because her program is

different, and she has an expectation that families will become a part of her family care community. She said if a family is not a good fit:

It's not beneficial for anyone. Yeah, but that family, I came this close to actually reporting the family to the police. Like, I mean, I know where their house is over there, and like I'm always aware that they're there just in case. That was 4 years ago, and he's in school now. The hard part for me the reason I took him in was because he needed help. But it's that whole thing of the kind of program I have. If the parents aren't on board. Whereas another larger place that doesn't care about what's happening at home can hone in on that kid.

I could tell that TJ had spent much time reflecting on the incident. She continued to talk about the child care that she felt this family wanted. In a larger center, "it's going to be easier for them to just work with him, and a larger place is going to have more resources. When he was here, I didn't have a helper, so it's just me and the other kids, right." The child had been in her program before she had an assistant. "So, every time he would act out, that was taking me away from six other kids. So, whereas in a larger place, you have enough resources that there can be a person just working with the kid." I disagreed, but I did not say it aloud. Being a larger program does not mean they have more resources or staff. It would likely mean the child would be with more children and one teacher. TJ said this family did not work for a "family community-based care program. None of the parents, they tried to talk to the parents, but they were belligerent and mean to all the other parents; just like they were to their kid, nobody's going to want to talk to the parents and include them." She described:

And nobody's going to want their children to play with this child because he was abusive, and he was hurting. If I could have figured it out, I would have. I did offer tutoring like I offered them. Come 30 minutes a day outside of school time. "Well, that was crazy talk. You're just supposed to be the babysitter and fix it."

TJ said that she was willing to put in the work with the family, but once the family decides they do not want to work together, “Trust, trust is the biggest thing. I will bend over backward for any family who needs to be here and as soon as they feel like they don’t need to be here. I will discontinue putting my life on hold for theirs.” The relationship needed to end, “We need to move on. There’s only one family who thought they needed to stay and threatened me after.”

After listening to the story, I had a mix of emotions. The first was how different my thinking was about working with families from TJ’s. She would probably be appalled to learn that if a child walks in with a donut in the morning, I give them a space to sit and finish it. I have reasons for respecting family choices based on my own experiences as a child. Children come at whatever time; I do not care if they felt that it was necessary to have pancakes with their kid before school; more power to them.

For me, the concern was that the family had “on multiple occasions bullied” to use TJ’s words her and the other parents. One benefit of having my husband work with me is that he is a large man, and when parents see him, they do not see me as a target for that type of behavior. I have had experiences where a particular family member made me feel extremely uncomfortable. Ultimately, I am comforted by my husband’s presence in our home in those situations. TJ was a small five-foot-tall person, who lived alone, and she felt threatened.

TJ was honest with families coming into her program about what they were getting. She wanted a level of participation beyond what was typical, but she was transparent about that, and I believed that her program was filling a need for those

children and families who were the right fit. It is scary that a provider would be put into an abusive situation. No matter how the relationship ended, she should not have felt threatened, so much that four years later, she is still fearful of running past the home of the family, which is just down the road from where she lives.

Fighting for Change. TJ talked about the need to keep fighting. Her experience with COVID-19, her feelings of isolation and vulnerability, and then connecting with the other participants in the focus group and hearing that they shared the same feeling she did was powerful for TJ. She emailed me questions she would ask parents; she came to our first interview and was excited to share the Leading from Home groups through Homegrown.

TJ wanted change and wanted to be a part of that change, “At some point, our country has to figure out that women are going to work. We do not live with our parents and grandparents, and child care is not a necessary evil.” She then added, “But and I totally forgot. So, there’s a few of us that have been texting since that first big gathering that you had, and I forgot what your actual paper was, what your thesis is on.” The first big gathering she referred to was the focus group that happened once. I continued to be surprised at how powerful that seemed to be for these participants. I told her again what my research was, “oh yeah, I forgot that. There’s that.” Expulsion was the least of her concerns.

TJ continued to share her concerns about the system of ECCE. “What is so confusing to me is how all of the educators, not all. What’s the percentage? 98 point something of all caregivers and educators are women . . .” She continued,

. . . And we're creating all these, but why? We get them to a certain point, then all of a sudden, they're not the leaders, they're not the CEOs, they're not the doctors. We're the ones teaching them. So why aren't we teaching them to be leaders? Where's the disconnect?

She thought that women raised and cared for these children, who grew up and worked in society. Why aren't the same women teaching children to be leaders? She said,

I feel like the next generation of parents, so 10 years from now, are going to be involved one 100% because there is so much awareness, that whole Reggio, Montessori, there's another. The realization that our expectations have been too low.

She believed the children growing up in these different settings with different think will be change-makers. "If we see the teeny tiny humans as human. They're able to rise to whatever bar we set. The sky's the limit." This is where she believed her work with families is essential, "children are so all the things. All I've been doing is shouting for 10 years, oh my God, 16 years, I've been shouting, and parents listen to what you created because they actually know a lot." She said she had seen a change, "Number one, now I see dads are just as involved as moms, which is so exciting. They see their children as part of the family and not a trophy to put on the shelf."

When I discussed care with TJ, it sounded as if she viewed her work with families as her action. Her way of fighting for something better. For her, care meant fighting for her belief in raising up a strong community. She shared this experience,

One of my families is moving in with grandma because they want to have a second kid. They're both self-employed, and they actually want to spend time with their children. Grandma said, move in here and save money so you can do all the things you want to do.

TJ said she wrote the grandma a letter and thanked her "for being that person that they can trust so that they can have their dreams. So, care is that." She also shared:

Care is also that half, more than half of the families in my child care have been involved packing up. Some of them are showing up tomorrow morning to move boxes, donating a truck. I'll watch all the kids; you guys move the things. Care is community.

She also said something that tied in with her other storylines, "I'm so emotional tonight. Care is giving to others. Despite all you have going on with yourself. Putting your person where your words are." For TJ, care was action which I believed was why TJ had felt hurt that none of her families checked in on her when she had COVID. TJ had said that she felt that she had to prove her knowledge and experience by not being a mother herself. In my experience as a mother of mostly grown children, TJ's conflicted feelings are part of being the matriarch of a family. In the next segment, I discussed TJ's thinking about expulsion.

TJ's Thinking About Expulsion. When I asked TJ to share her thinking on the state expulsion ban, she said, "I'm breathing. Part of me wants to say I get it. I get why they're saying you can't because every single child needs care. Even if they're a child who's biting, hitting, pulling." Then she said, "But how can the state say you have to keep this child in your care. You figure it out. We're not going to help you . . ." She continued, ". . . It just doesn't make sense, and it comes back full circle. You're the woman; you're the caregiver. Figure it out. We have more important things to do up here."

She went back to COVID-19 to explain her thinking,

We've already seen it through COVID. You take away our right to surround ourselves with a caring community, and we're going to shut down. Even the larger centers are closing by half because they can't get staff. You see it in public schools. Nobody wants to be a teacher.

She said that if the school districts couldn't even find teachers. "Everybody is going to shut down. The only people who are going to stay open are the ones who are trying to make money. Not provide care."

I asked her what she felt FCC providers needed, "I can think of three things that fall in the category of support if parents are supported. If the teachers are supported and if the aides are supported. Then nobody will have to be expelled." I asked her to explain what she meant by supported:

Support to parents would look like not having their entire income go to child care. Support to teachers would look like actually being able to make a living being a child care provider. Support to aides would look like we will pay to train you and have you in our child care community to float and help those who need help.

She explained, "In public schools, you have aides who go into whatever classroom they're needed in. You have substitutes whenever a teacher isn't available or an aide isn't available. You have a network to call from." She wants a system of actual people who have the skills and experience to assist FCC programs. "I'm sure you and everybody else have been the same. What, 16 years and I have had to call in sick twice. Once when I was in the hospital and once with COVID." I shared a similar experience I had earlier in this chapter.

If the state provided a base of people who could go out into child cares and I'm needed over here today, I'm needed over there tomorrow. I'm needed to support this classroom with a child who has special needs. I'm here to substitute today.

She wants more direct service people and a substitute pool available to FCC programs. "I mean, how amazing would that be if the state had a pool of people to support child cares so that child care providers can take care of themselves. That would be a game-changer."

She shared an experience of a child she had let go of but had not wanted to:

My little guy, who was on the spectrum, there would be days that there was a day and a half of meltdown and that looked like things being broken, smashed bruises on me. Me having to be away from the rest of the kids to care for what he needed. If I had a hotline to call so that I could tend to him and his needs.

She said she really just needed time with this child, “He had a lot of needs in that moment, and I wanted to be there just for him. But there were six other tiny humans. Who couldn’t be left alone? How do you? You can’t physically be in two places at one time.” She was struggling to get the words out again. Talking about her limits made her emotional. “If I had somebody, I could have called every time that happened. Of course, I could have kept him in my care for the next two years so he would have had a better start in kindergarten.” She explained that after the child left her program, he continued to have problems in other programs and that she stayed connected with his family. He’s in the fifth grade now and was finally getting the help he needed. She believed it could have started sooner. “He’s a sweet, beautiful young man. He still calls me teacher TJ and gives me cuddles. But I couldn’t get the support I needed to be able to support them.” I asked how long she had him in her program? “I have to do some math. Three and a half years, almost four.” Knowing she was still in touch, I asked where he went after he had left her program. “To a traditional preschool [air quotes], you probably can’t see the quotes but traditional preschool. A larger place with more teachers. Just more hands on deck.” TJ didn’t want to expel children. In the following section, I discussed some final thoughts that TJ had reflected on throughout our conversations.

Final Comments From TJ. TJ’s second interview was my final interview for this research. She was also the only participant to give me an answer when I said, “Thinking

about all of our conversations from focus group to now, is there anything else you feel would be really important to get into this work?” She answered:

The biggest thing that has been running through my head for months now is. I’m tired. I’m tired of being considered the necessary evil. I want people to think of child care as part of the community. Part of the village. Part of the solution. I’m so grateful to be living in a time where women get to go back to work. Where women are being acknowledged as human and not just child-bearers . . . We are not babysitters. I don’t know any child care providers now who just sit kids in front of the tv and aren’t active in actually shaping these tiny humans. We’ve got to have the support. That’s a heavy load. A heavy, heavy load. There’s got to be more acknowledgment . . . Being a FCC provider is not my job. It’s my lifestyle.

In the following discussion, I reflect on my conversations with TJ.

Reflection

Several things stuck out for me about what TJ said. The first was me sharing her feelings of being tired and the heavy load of being an FCC provider at this time. Since COVID-19, there has been a sense of heaviness in my work. This heaviness had increased significantly in the last year. The next thing I felt significant was how she felt society viewed child care as a “necessary evil.” If I had had another interview, I would have asked her to tell me more about her choice of words. However, this was the conclusion of our conversations together. Finally, her description of being an FCC provider as a lifestyle and not just a job resonated with me. I would never have described it that way, but that thinking also fits my experiences.

TJ’s final words resonated with me deeply. Children and families come into my home. My home is an extension of who I am. I cannot separate my work from my home, and to an extent, I do not want to. This work is my passion, my purpose; it is part of who I am. “Being an FCC provider is not my job. It’s my lifestyle.” I knew at least a few of

the other providers in this study would have felt the same way after getting to know them without asking them.

In all my years being an FCC provider, I have talked to many providers, and I have never come across a provider building a family community the way TJ had. What made her significantly different was that she saw herself as a matriarch of the tiny community of families she had built.

Community Connection. From the beginning of my conversation with TJ, it was apparent that she had a different view of her work than the other providers. I didn't know if being a single provider without her own children made her feel that working with families was an opportunity to connect herself to a larger community or if it was something she truly felt that families needed. After reading both of her interviews back multiple times, I saw evidence of both. She needed a community, and she also felt she was the matriarch of her little community which families seemed to respond. As much as I do not go out of my way to hang out with families, I can think of only a handful of families that would hang out with me after hours or join me in a running group.

TJ's connection with her families was also different from the other providers I interviewed, not just me. In all my years as a provider knowing many different providers around the state, I had never seen an FCC model even closely similar to TJ's. TJ also recognized that her program was different, so she had implemented a multi-interview process to evaluate whether or not a family would be a good fit. At first, the idea that she was hand-selecting families made me uneasy. However, the more I listened to her program, I felt it was a really good idea in her situation. She offered something unique,

and parents needed to know what they got by enrolling in her program. For example, when TJ described her menu, I immediately thought of several children who might starve if they had to drink a green smoothie or eat a beet patty. Another example that she described was her emphasis on families getting to know each other. I agree that this can be wonderful for those who choose it. I work with families who struggle with social anxiety, which would not be a good fit.

An area of tension that was visible to me was that as much as TJ cared and cultivated those family relationships, she expected families to step up and support her in return. Even with all of the time and energy she put into that work with families, they did not have that same level of investment or understanding of what she was offering them. The absence of reciprocity in caregiving relationships was demonstrated across the literature on care work (Faulkner et al., 2016; Gibbons, 2020; Maloney, 2010; Tuominen, 2003). The carer often invests more in the relationship, so building a community of support is essential, which TJ identified in her excitement of being a part of the focus group and wanting to participate in the Homegrown Leading from Home provider groups. Another finding in my literature review was the need for provider peer groups (Bromer et al., 2009, 2021; Bromer & Porter, 2019; Herman et al., 2021). She realized that she needed a community outside of her family care community. This was also one of the reasons I intentionally designed the study to have a focus group. I felt that bringing providers together in this way was important to providers who worked primarily by themselves.

COVID-19. TJ's discussion of COVID-19 began in the focus group with a realization. She said, "who knew . . . we might have similar things going on. Like, I literally had no idea that there were so many child care providers with the same story. I just didn't know." She not only felt like she was alone, but she was alone. She was not part of any outside peer support or provider networks.

After the data analysis, one curiosity I had about TJ was that she was intentional about building her family care community. She discussed being in two bands and a running/camping community, so she seemed capable of connecting herself with the outside community, except for finding a community of providers. The focus group seemed to be her first experience *talking child care* with other providers. I wondered if it had to do with how she came into the field. Maybe she thought that not being a mom, she would have less in common? TJ also came with a master's degree and teaching credential; she possibly felt she did not need that type of support on how to run a child care program? Whatever it was, it made me reflect on my own experiences.

Before becoming an FCC provider, I had worked for Head Start, and I was used to having a community talk about my work. I intentionally looked for ways to connect with other providers. I saw a sign about a provider-led support group early on, and I started attending immediately. The group lasted for only a short time. It ended when the provider running the group decided to close her program and become a nurse. I had not realized it at the time, but my experience finding that group was unique. I made friends in that group that I still have today. We do not meet regularly, but we often text or chat on

the phone, which has been a crucial part of my well-being as a provider to have that community.

TJ also talked about COVID-19 hardships, such as almost closing her program. The only way she could stay open was by hiring an assistant. That had been a suggestion she received by working with her local CCR&R. She talked about having grant money that she couldn't spend and being taken advantage of by people she hired to lower her kitchen counters. TJ also discussed feeling undervalued throughout COVID-19, which was another experience I also shared earlier in this chapter. It is fair to say that TJ was not wrong when she stated, "Didn't you feel like? And I'm not saying that teachers don't deserve everything, all the recognition they got. But teachers were able to say home and do Zoom classes." There is resentment that FCC providers hold in their work today. We felt forgotten, and we all remember. Provider's stories about the hardships of COVID and anger related to our country's negligence to support us are beginning to appear in research (Sethi et al., 2020). I believe it will continue to appear in new research such as in this present study.

My Growth Through the Interview Process

Only the one who understands what it is to grow, who tries to satisfy her own needs for growth, can properly understand growth in another (Mayeroff, 1971, p. 356)

Every part of this research process caused moments of pause and deep reflection as I examined the provider's experiences against my own. Many experiences reflected my own, and others conflicted with my own thinking so much that I had to take a few steps back to change the lens I was viewing them. I was challenged and inspired by the

participants. There were times when I wanted to reach out to them as a fellow provider and make that human connection. I also had moments when I wanted to step in and *educate* them about one thing or another. Through tears and laughter, the boundary between myself as a provider and a researcher felt sometimes blurred. As an FCC provider, my practice will change in many ways that I have yet to discover. I am grateful that these providers showed up for me authentically in all their vulnerability and spoke their truths. It was powerful.

Concluding Thoughts

FCC programs do not operate in the same way as a program outside of someone's home. The differences between FCC programs and other ECCE settings should be considered when creating legislation, rules, and regulation. Each provider in this study showed the care in which they approached their work, shared their struggles to do what they thought was best for children with little support, and sometimes sacrificed their own needs. Every provider in this study, including myself, had been working as an FCC provider for a minimum of six years and wanted to continue running their programs despite feelings they had related to stress and burnout (K. A. Martin et al., 2018). Considering the high turnover rate in ECCE (Carter, 2001; Hale-Jinks et al., 2006; Meek & Gilliam, 2016), with the proper support, these providers will continue to offer stable, caring environments for children for many more years. FCC programs offer many benefits for children and families; provider consistency, continuity of care, and the ability to provide odd-hour and weekend care while also creating a home environment for children who are away from their homes for many hours a day. Finding ways to support

the unique needs and well-being of the FCC workforce will allow providers the capacity to care well for young children and, in turn, can potentially reduce expulsion rates. The absence of care and attention to the well-being of providers in expulsion legislation will force programs to close, and to use Elizabeth's words, "tying our hands doesn't necessarily make us more caring." Care must be infused into all parts of the ECCE system for an authentic and meaningful reduction in expulsion.

In this research, I had conversations with FCC providers about how they came to their work as providers and what care looked like in their programs, and I asked them to share their experiences with their work with young children. I used Narrative Inquiry (Clandinin & Connelly, 2000) to frame the provider stories using person, place, and event or storyline, pulling out threads that helped me understand their experiences as providers and their thinking about expulsion. In this work, I got to know Stephanie, Elizabeth, Dona, Candace, and TJ, and I felt like I understood my own experiences more deeply after hearing theirs. I used Tronto's (2013) *Ethics of Care* as a lens to gain insight into their work as caregivers and how their work also fits into a larger system of care work. The system in which care work exists is deeply entrenched in inequities that view the work of care as belonging to women and coming from a place of sacrifice and selflessness. While expulsion is an inequitable act rooted in bias, we should not ignore the compliance driven system that contributes to and acts as a barrier to changing outcomes for both children and those who care for them. In my final chapter, I use the patchwork quilt metaphor to synthesize the data from this study.

Chapter 5: Synthesis and Conclusion

This research began with my own journey as an FCC provider. In my 28 years as an early childhood educator, I worked in public and private programs before opening my FCC program. I felt a disconnect between my desire to do my best work for young children and my access to resources and knowledgeable people in the field that could help me grow and become the provider I wanted to be. I worked with children that challenged me, and I wanted more for them than what I felt I could give them on my own. When I searched for answers, I only became frustrated by the inadequate system that continued to fail me and children. I went back to school, and the frustration in me continued to grow as I became more knowledgeable about what children needed and the complete failure of the ECCE system to provide equitable, care-filled, and responsive environments for all children. Even more than that, I was discouraged that there was an expectation that the people doing the work of caring for children take full responsibility for child outcomes without real, tangible support, adequate pay, respect, or care for their well-being. I knew that if I felt these tensions, other providers must have felt them. My work with FCC providers in this research reflected much of my own thinking.

For this research, I explored the experiences of FCC providers regarding their work as caregivers and their thinking about expulsion. I used Narrative Inquiry (Clandinin & Connelly, 2000) to story provider experiences using person, place, and event or storyline to position provider experience and contextualize their thinking about their work and expulsion. From the design of my study, my interviews with participants, and my analysis of the data, I used the Ethics of Care (Tronto, 2013) framework to guide

my work. I applied a lens of care throughout the entire process. In this chapter, I discuss what came up in the data and my understanding of it. Next, I discuss the implications of my work to the larger body of academic research about the FCC workforce and expulsion and how it fits into the system of ECCE. I then explore the boundaries of this research and my recommendations for future research with FCC providers. I conclude this chapter with my recommendations based on this research.

Patching It All Together

In Chapter 1, I used the metaphor of a patchwork quilt to illustrate how the system of ECCE was pieced together and connected. I will continue to add to the patchwork quilt metaphor as I discuss where each of the FCC programs fit into the patchwork. Stephanie, Elizabeth, Dona, Candace, and TJ each have their own small piece of fabric or patch in the quilt. As I discussed in Chapter 1, each patch is stitched together but has its own separate entity. While Stephanie, Elizabeth, Dona, Candace, and TJ all run FCC programs, each program I discussed in Chapter 4 had a different way of providing care to children.

Stephanie kept a home-like feel and provided care on evenings and weekends. Elizabeth worked to provide a home feel and ran her program as a business with two different locations. Montessori and bilingual instruction were the foundation of Dona's program. Candace worked with the state preschool program, and TJ had a unique vision of building a family community in her program. Each program provided care for children differently reflected the provider's values and was an extension of who each provider was as a person. I chose to use Narrative Inquiry to story provider experiences and a person,

place, event, or storyline format to contextualize each program to understand each provider's thinking about expulsion better (Clandinin & Connelly, 2000).

In the following section, I continued to use the patchwork quilt metaphor as I discussed the connecting threads that ran throughout my interviews with all providers. I chose to use the metaphor of a quilt as a symbol of care. Drawing on my theoretical framework I selected three phases from Tronto's (2013) Ethics of Care Framework. I have used the three phases with their aligned attributes; Caregiving-Competence, Care Receiving-Responsiveness, and Care With-Plurality, Communication, Trust, Respect, and Solidarity to guide my selection of threads for this discussion. I also address one of my guiding questions for this research in my discussion of care, as answers to this question were visible in providers' stories of care.

What strategies do caregivers use to cultivate caring encounters with children that allow caring relationships to develop over time?

With each story a provider told me, the stitching in the quilt became more complex and intersected in sometimes surprising ways. I followed my discussion of the intersecting threads visible through the Ethics of Care (Tronto, 2013) Framework with a discussion of expulsion using the guiding question of this study which is:

How does an FCC provider's perception of themselves as a caregiver influence their decisions about expulsion?

I now use the threads to patch together the quilt pieces.

Phase One Caregiving-Competence

I used the questions Tronto (1998) provided in her book "Caring Judgement" to guide my interview process. Phase one questions who the caregivers are and how well they do their work, guided interview one. In my first interview, I asked each of the

providers to tell me the story of how they came to be FCC providers, and I asked them to tell me about their program, which became the foundation of this chapter, provider story and provider's program.

The story of how each provider entered the field provided a look at the different ways providers come to this work. Stephanie was a mother of five children who home-schooled her children and needed a larger home. Elizabeth watched a friend's children, and when her family moved to a new state, she realized the cost of child care was less, and she needed to double the number of children she watched to replace the income. Dona moved from another state and wanted to find child care and a job as a teacher in a Montessori school; however, she encountered challenges trying to find a teaching position and decided to open her own Montessori program. Candace was working a job that had nothing to do with children, but a back injury forced her to look at different options for work. Finally, TJ was the only provider in the study who had no children of her own. She stumbled into a job at Gymboree, where she listened to families share their need for child care and decided to respond to that need. Their multiplicity of stories supported research in my literature review related to the heterogeneity of the ECCE workforce (Fuligni et al., 2009).

Additionally, the participants in this study had a range of educational backgrounds. Stephanie and Candace each had a CDA, Elizabeth had some college credits, Dona had a bachelor's degree in early childhood education, and TJ had a master's degree and teaching license. Their diverse educational backgrounds were consistent with Oregon Early Learning Workforce data (OCCD & OCCRP, 2019).

For the question of how well they did their work as caregivers, the study's intention was not to measure competence but to gain a better understanding of how well providers felt they did their work. I used their storied experiences to understand their thinking about care giving-competence. The following were the threads that became visible in their stories about care.

Raising the Human. Stephanie first stated, “I don’t remember who said this, but the hand that rocks the cradle rules the world.” This thread became visible in multiple providers' storylines. The idea that their work caring for young children was not just about the care they gave to children on a day-to-day basis but that they were raising a human being who would become an adult. Dona believed she was building the foundation and the importance of the early years in a child's life. “I mean, I am a strong believer that the first six years are the most important years of the life of the child. That's when you create the man that it's going to become, right?” Elizabeth discussed staying in children’s lives long-term and wanted to be at their high school graduations, and she shared wanting to make a difference in the lives of the children and families in her program. “Literally family for family and kid for kid, not just in this moment but for an extended period of time. If they go out into the community, they’re going to make a difference.” TJ further discussed the power of educators, “We’re the ones teaching them. So why aren’t we teaching them to be leaders?” For Stephanie, Elizabeth, Dona, and TJ, the importance of their work went far beyond working with the child at the moment but building a “tiny human,” as TJ said, who would grow up and live in the world.

Beyond the idea of the person the child would become, Candace shared that for her, care was making sure that children felt they belonged in her program. “I just want to be the place that they feel like is theirs and where they’re wanted and loved.” Care was the foundation of their work as each provider shared their thinking about care. Stephanie said, “I think care is, I would say, concern about the child’s overall well-being.” TJ explained care as an action, “Care is giving to others. Despite all you have going on with yourself. Putting your person where your words are.” Elizabeth shared the different roles that we as FCC providers took on, “everything, like a million different hats. I think I started a list of hats that we wear nurse, counselor, teacher, diaper changer, feeder, waitress, janitor. I think we’re everything. I think care is all of that.” I discussed the many roles of providers in my review of the literature (Bromer et al., 2021, Hooper, 2020).

Candace also talked about care as a character quality, “We just care. We make our environment caring; we make ourselves caring. We teach children to be caring towards each other.” Care as a characteristic of the person was also discussed by Elizabeth when she talked about hiring staff. “It’s just. I think staff who cares enough to care, so that’s probably a big deal.” When I asked Elizabeth to explain what staff who cared looked like, she said, “Staff is engaged in the kids and in play or in talking to them and getting to know them. Get on the floor and talk with the kids.” In Elizabeth’s thinking, a caring staff would engage and be present with the children.

Engaging and being present for children also became visible in every provider’s story when I asked them if someone came into your program, how would care be visible? Dona shared, “Then they will see the way I communicate with them, the way I respond to

them when they talk to me or when they need me.” Elizabeth felt that care was always visible. “I would almost say it’s all day. The moment they walk in the door, how we talk to them and how we invite them in. I mean, down to what did you do last night?”

Candace and TJ shared that care was most visible during free playtime. TJ said, “free play because that’s when they get to practice all of the things that they’ve been learning. It’s when all the magic and mystery and they get to try out everything they’ve been taught.” In Stephanie’s thinking of care, “It’s the everyday stuff that you’re doing. I do it intentional.” The intentionality in which she went about her day was part of care. I appreciated Candace’s thinking when she said, “I think if there’s not care, you’re not doing that. You’re like clocking out at the end of the day. I worked lots of jobs where I didn’t care; I did my job and went home.” In each interview, there was evidence that care was not just something they did, but they saw themselves as a person who cared and made decisions based on their belief that they were caring.

There were five phase-one questions. I discussed the first two questions in the last section. I felt one of the phase-one questions belonged in the discussion about expulsion. That question was, what conflicts exist between caregivers and care receivers? That question is addressed later in this chapter. In this next section, I discuss the final two questions. Which resources do caregivers need to care competently, and who pays attention to the changes in care receivers' needs?

Licensing. Licensing was a main thread from the focus group and through the majority of the interviews. I have chosen to discuss licensing as part of phase one because providers need to feel supported in their work in order for providers to care competently.

The providers in this study shared positive and negative experiences with licensing and how their relationships with licensing either supported their work with children or made their work feel challenging.

Licensing issues (Bromer et al., 2021; Herman et al., 2021) were a prominent thread in the focus group and showed up in Stephanie's interview several times. In my first interview with Stephanie, she shared a story of her friend's experience of being written up for another licensing specialist's suggestion. Hearing her friend's experience changed her view of licensing negatively. This story that Candace shared during the focus group provided her with an opportunity to challenge her previous assumptions. Candace shared about a day when the licensing specialist came on a bad day for an unannounced visit, "it was a horrible day. She started listing off all the things I didn't do right. But she didn't write me up; she just gave me a chance to correct them." Candace's story challenged Stephanie's belief about licensing.

Stephanie also shared about licensing trying to shut her down after the SIDS incident. To an extent, I can understand, a child died. However, this was also a provider's "worst nightmare," as Stephanie described. The vulnerability of every person who works with young children is a reality. Sadly, Stephanie's SIDS experience resulted in her being confronted with a cold and uncaring system after a highly traumatic experience. Nevertheless, even after Stephanie's negative experiences with licensing, she persisted in what she considered the most valuable work.

In our licensing regulations and practice we are highly concerned with not being able to protect our children (ODE ELD, 2017). The rules and regulations continue to be

responsive to the notion that awful, horrible things sometimes happen to small children. That responsiveness translates to stricter rules for the people who work with young children. The result is not necessarily a safer environment for children but results in worried providers who lose trust their licensing specialists. Candace shared her concern about her relationship with a new licensing specialist in the focus group. “I was nervous about her coming, and I feel like I spent more time, you know, making sure that things looked the way they wanted instead of spending time with the kids.” TJ also stated, “I’m constantly. I’m aware that every time I hear my dog bark, I’m aware that I’m looking. Is that licensing? What do I have to do to make them happy?” The providers' experiences with licensing are additional stress on an already burdened workforce and contribute to a continued loss in the workforce (Bromer et al., 2021; Haynie, 2019).

Thinking about expulsion, our expectation of providers with legislation such as the expulsion bill (Oregon SB 236, 2021) is that they should change what they are doing to meet the needs of children. In the system that providers work in, the licensing system is the power holder and gate keeper that currently does not meet the needs of the providers who work in the system. Thinking about Elizabeth, her anger and resentment toward the punitive actions of the licensing specialist have made her desensitized. “It’s not worth my time fighting it anymore.” Sadly, some providers feel they cannot trust their licensing specialists.

It makes me concerned for children; a provider may feel afraid to share important information with their licensing specialist rather than discuss it and allow it to be an experience of growth that may guide their future thinking. Elizabeth has been pushed to

the point that she does not care anymore. Her relationship with licensing is contentious and does not seem productive. Talking about her issues with the focus group and during the individual interviews seemed to shift her thinking. “I’m done. I’m done. At least before talking to you. I was done fighting the fight. I was done fighting licensing.”

Elizabeth is an FCC provider who is tired and emotionally disconnected from the child care system. Whether it is the intent of the licensing system or not, the licensing specialists that Elizabeth has had have caused her so much stress that she is now closed off to working with the licensing specialists. She does not trust them and thus no longer trusts the whole system. That cannot be best for children and families.

The providers also shared experiences with licensing specialists with whom they felt they had warm, responsive relationships. Stephanie shared about her relationship with her first licensing specialist, who told her, “When you have a licensed daycare, it’s a safer daycare. It’s safer for the children. The more information I can get about how they handle things, then the more guidance I can give them to create a safer environment.” TJ shared about the licensing specialist who came to her program. Instead of writing her up for not having an exit sign posted, the licensing specialist made one out of construction paper and put it up for her. I even reflected on my own experience, similar to Elizabeth of a time when my licensing specialist came and saw I had an outlet uncovered and then allowed me to cover it. Like Elizabeth, “I didn’t get a fine. I didn’t get yelled at. I didn’t get written up. She just told me and said, ‘that’s important.’ It matters to me. Every day I check every outlet because of that moment with her.” For me, it was more than that.

My experience with my licensing specialist allowed me to be human. I made a mistake; everyone makes a mistake. It was not abusive or negligence, just a simple mistake because I was busy working with children, and once in a while, something was missed. My licensing specialist knew that. In this research, providers had varied experiences with licensing specialists. However, many providers discussed engaging in external systems they felt were consistently supportive of their work which I have discussed in the next section on private and public support systems.

Private and Public Support Systems. Outside of licensing as a support system, some providers discussed other types of support they had utilized. TJ discussed her local Child Care Resources and Referral (CCR&R). Candace shared her experiences with the state preschool program, and both Dona and Stephanie discussed participating in a corporate-sponsored child care network.

TJ first talked about CCR&R in the focus group. TJ asked the group, “Are you guys familiar with Child Care Resource and Referral? They have. In my world, taken the place” She shared that she went to her CCR&R agency to ask questions. She did not feel that she could ask her licensing specialist. Stephanie said, “Yeah, they’re not going to write you up.” in the same conversation. TJ again discussed CCR&R in her interview when she shared, “If it weren’t for them. I would have shut down . . . And then I met one gal from there, and she convinced me.” TJ was the only provider to talk about using CCR&R as a resource; however, it seemed to be where she felt she could go when she needed help.

Candace and I participated in the state preschool program. We found the program to have provided our programs with financial security and access to a broader range of

support and resources. Candace shared that she benefited from being able to access support when she needed help working with a child quickly. “I did that last week; it was hardly anything to have two coaches right there meeting with me to talk about it and figure out what to do.” She also talked about the financial benefit of participating in the state preschool program. “It’s really nice to have all the funding to have all the awesome stuff that we have, and for family engagement, that’s cool and special needs.” I have also experienced the same ability to access support for working with children, and the financial support has allowed me to make similar improvements in my program.

Stephanie and Dona both described participation in a corporate-sponsored network. They received free professional development and coaching through their participation. The program paid for their child care insurance. They received referrals from the network, which allowed the company's employees to find quality child care options. The corporate-sponsored network required child care providers to be members of The National Association of Family Child Care (NAFCC). NAFCC had standards above and beyond state licensing. One downside to the program was that although Stephanie was not at fault for the infant who died in her program, the incident caused her to lose her ability to continue participating. Dona also shared that the program she worked with terminated their child care network, so is no longer support available for providers in that community.

Returning to my patchwork quilt metaphor, I described inconsistent and unequal access to support opportunities as one of the reasons the ECCE patchwork quilt was falling apart. A quilt needed backing to support the batting, which was the workforce in my metaphor. The providers in this study, TJ, Dona, Stephanie, and Candace, utilized publicly

and privately funded outside support agencies in their communities with varying levels of support. In contrast, Elizabeth did not feel like she had any support. Lack of support coupled with the inconsistent support of licensing specialists was significant to understand in this study. To meet the needs of all children in their programs without using expulsion, the level of support providers receive should also be even and equitable.

The Capacity to Care. Multiple threads emerged related to caring for the caregiver's needs which I believed fell under what caregivers needed to care competently and an overarching thread of having the capacity to care. Providers experienced many complex feelings related to their work, discussed in my literature review, such as undervaluing care work (Hale-Jinks et al., 2006; Mayeroff, 1971). Providers also expressed their struggles with, and feelings associated with wanting to be seen as a professional (Gerstenblatt et al., 2014; Nelson & Lewis, 2016; Parnell, 2010; Tuominen, 2003). Additionally, providers discussed feelings of burnout, about sacrificing their own needs for the children in their care, and the guilt they felt associated with self-care. In a study about the Ethics of Care, it was crucial that the complex feelings associated with care work were addressed.

In my literature review, I discussed the undervaluing of care work (Faulkner et al., 2016; Gibbons, 2020; Maloney, 2010; Tuominen, 2003). I was not surprised that multiple providers said they felt parents did not value their work. Dona saw herself as a professional. She had a college degree and described her Montessori program passionately but felt discouraged that parents did not choose her program for the Montessori instruction. She said, "I don't think parents really care, what you are doing

with their children.” She felt parents were only looking for a safe place for their children. She hoped that the children would bring home what they learned, and parents would begin to understand what she taught them at school. Elizabeth also discussed that parents did not appreciate the extra time she put into her work as a child care provider. She shared that she used to enjoy writing the newsletter for her program but wondered, “is it worth it? Do parents even care? So, it’s hard.” Both Elizabeth and Dona said they felt parents did not care.

TJ did not use those words; however, she shared her experience asking parents why they chose an FCC program versus center care for their child. She had hoped they would talk about the individualized and responsive care she provided their children. She felt deflated when their response was, “it’s right up the street, and they’re less expensive.” TJ has a master’s degree in education and currently sleeps in a shed in her backyard so that she can utilize all of the space in her home for her child care. I am sure that it was not the intention of the parents in these stories to make their child care provider feel bad. Nevertheless, care work is physically and emotionally exhausting and requires skill and knowledge (Mayeroff, 1971; Murray, 2021; Noddings, 2002, 2012; Tronto, 2013). Providers want to be treated professionally and with respect for their work with young children.

Like Dona, Elizabeth, and TJ, I have shared similar experiences as an FCC provider. I have a master’s degree and have put considerable time and energy into my child care program. I write a monthly newsletter for parents, but parents have told me they do not read it, or it is still sitting in the backseat of their car. I have felt like Dona

that parents do not care about the things their child is learning; they just want to know their child is safe. I was happy to provide a safe place for children, and I deserved to be treated as a professional. Pre-COVID FCC providers felt undervalued, and during COVID-19, that was exacerbated (Sethi et al., 2020). Earlier in this chapter, I shared my own feelings about my work as an FCC provider during COVID-19. I described that I felt both essential and dehumanized. TJ shared that during COVID-19, she came to a place where she had to admit she could not do it all but that “It’s hard to ask for help. When nobody acknowledges what you are doing is work.” As a provider, I knew what she meant. Children are a joy. We work in our home. We love the children, and we love this work. That does not mean it is not work. Apart from societal views of care work, there is also an undervaluing of young children and their right to be cared for well (Rockel, 2009). Parents want child care that will not cost more than their mortgage, and that is convenient and safe. Children deserve more than just a safe place.

Dona, Candace, and TJ discussed wanting to be seen as professionals. The desire of early childhood educators to be seen as professionals was also revealed in research (Gerstenblatt et al., 2014; Nelson & Lewis, 2016; Parnell, 2010; Tuominen, 2003). Dona stated, “I think we need to be treated like we are early educators, and we need to be respected and treated like any other profession there is out there.” Candace also shared her experience making a phone call to her local Early Childhood Special Education agency as a teacher for the state preschool program versus an FCC provider. “I definitely felt like calling as a state preschool provider. I was treated with more respect than as a daycare provider because she was like, oh, state preschool.” Candace was still an FCC

provider but making the distinction that she was part of the state preschool made a difference in the way she felt she had been treated.

Being seen as a professional was not as important to Stephanie, whose value of her work was internal. She said, “I don’t care if people look down on me.” When they asked, she also told people, “Oh, I just babysit. Knowing what I do is probably much more important than whatever you do.” In comparison, Stephanie’s value of what she did was internal, and her statement here also recognized that other people did not have the same value of her work. She did not care what they thought. I felt the experiences providers shared. Providers wanted to feel valued and respected for their work. The relevance to this study is that with the state expulsion ban, there is an underlying assumption that FCC providers have the skills, knowledge, and ability to work with every child who walks into their program. At the same time, the state does not respect their ability to know their limits and the boundaries of their own program.

Guilt, sacrifice, and burnout were also revealed in my interviews with providers. Elizabeth shared that she had feelings of guilt associated with caring for herself, which is an essential part of care work (Nicholson et al., 2020). She said this about taking care of her own needs, “It’s that guilt. I can be doing so many other things for other people, and it’s so selfish.” Dona also expressed guilt about taking time out for herself, “It’s having those moments for you to do whatever you feel is going to recharge you. Sometimes we are not very well at doing them because we feel guilty, right?” However, unlike Elizabeth, Dona did not let the guilt stop her from taking that time for herself. It is essential to understand the feelings providers struggle with associated with guilt and self-

care, particularly when some providers also sacrifice their own needs to care for other people's children. For example, Candace shared, "I think that care is just putting someone else's needs before your own." She further said, "Your own wishes putting their needs before whatever you want to do." In my reflection on Candace's interviews, I shared my concern that as an FCC provider putting your own needs aside may contribute to burnout which was something else that Candace said, "As long as I don't feel burned out, I feel like care is all throughout my program." Candace connected her ability to care with burnout. I felt this was significant in the conversation about the provider's capacity to care.

In the current ECCE system, providers feel undervalued and that parents do not care about their work with their children. Providers also feel like they have to fight to be seen as a professional while feeling guilt for having needs of their own, holding onto beliefs that they must sacrifice their own needs for the needs of the children in their care. It is not surprising that the field has a high rate of burnout. "Even the most committed and skilled professionals may struggle to provide caring and responsive care if their own stress response systems are continually triggered" (Nicholson et al., 2020, p. 2). When considering providers thinking about expulsion, we must continually keep at the forefront of our minds what providers need to have the capacity not just to care but to care well.

Phase Two Care Receiving-Responsiveness

Three questions guided the phase on responsiveness. How do care receivers respond to care they are given? How well does the care process as it exists meet their needs? If there needs conflict with one another, who resolves these conflicts? I address

the first question in this section. The questions regarding conflict were addressed in the section about expulsion. This section focuses on the experiences providers shared about what care looked like in their programs and how children showed them they knew they cared.

Caring for Children. When I asked providers about care in their programs, Stephanie and Dona described how they prepared their environments. Stephanie shared about looking at her schedule the day before, “depending on who we have, that depends on what activities I bring from downstairs for them.” She individualized in her program by planning the toys and activities of the day based on the interests of the children that would be in care the next day. Dona very practically stated, “If they are sensible enough to understand that it takes time of your life to have a prepared environment for the kids. They will see that.” As a Montessori instructor preparing the environment was critical. She intentionally planned and placed activities based on the needs and skill levels of the children in her care. She believed that anyone who walked into her program would see the care in that intentionality.

Candace described creating a caring environment. “We make our environment caring; we make ourselves caring. We teach children to be caring towards each other . . .” For her, it was not the stuff on the shelves but the way they treated each other with care. Along similar lines TJ’s whole home is her child care, “I converted my entire home into a child care. I technically live there, but I don’t sleep in there.” The environment TJ has built is a family-centered community. “Care is Community.” Care cared for and involved the child’s entire family in her program.

The providers also explored responding to the needs of children. Elizabeth said, “What do they need? Is it an extra book? Extra hugs? Extra snacks? For crying out loud, maybe they need an extra pancake in the morning.” She cared about responding to the individual needs of children during the day. Every provider talked about meeting the child at the door, making that first moment of the day count. Dona stated, “. . . greeting them at their level every morning. Having that one-on-one time, playing with them outside, joking with them, listening to them, talking with them at lunchtime . . .” She believed in having conversations, spending time, and having fun with children throughout the day. Candace talked about showing an interest in the child. “I show interest and try to figure out what they like and what they want to learn about.” She felt that taking the time to get to know the child was crucial. Stephanie also said, “So yeah, just interacting with them . . . it’s more than just comfort.” Building relationships through getting to know children, engaging with them, providing activities that interested them, and spending time with them were threaded through my conversations with providers.

Responses From Children. Many providers talked about children giving them hugs, drawing them pictures, and being excited to tell them about their day, but a couple of experiences stood out to me. Stephanie shared an experience with a child that had been with her program, then moved and went to another program. She shared that the child had come to her program for backup care. One day Stephanie received a text from the child’s mother telling her something the child had said, “I really like Ms. Rogers because she doesn’t yell. She’ll just tell us not to do something . . .” Then the child explained that the provider at the new child care yelled at them. This child had experienced the difference

between the two child care programs. Dona also shared an experience where a child came to her program from another child care. “He was a sweet boy. He never show any trace of violence here. When they told me he had issues biting in the other program. It caught me by surprise.” In this case, the child’s behavior was an example of the child feeling the difference. Young children cannot always communicate verbally with the provider like the child in the example provided by Stephanie. However, children have many other ways of responding to their received care, such as their behavior. The providers talked about hugs and moments of observable behavior where they felt children knew they cared. The following section examines the final phase, Care With.

Phase Three Care With-Plurality, Communication, Trust, Respect, and Solidarity

Tronto’s (2013) Ethics of Care phases did not have questions associated with the attributes of Care With. When I designed this study, I created three questions that I felt aligned with these attributes. How do providers foster trust in relationships with care receivers? How do caregivers observe and listen to the care receiver’s non-verbal cues about needs? How are care receivers included in decisions about care? When I created these questions, I was concerned only about how Care With presented itself in the relationships between FCC providers and the children. However, after I collected and analyzed the data, I believed something was missing. In my conversations with providers, it became evident that plurality, communication, trust, respect, and solidarity were something providers needed with peers for themselves as caregivers.

FCC providers work in their homes, and even though each of the providers in this study had at least one additional part-time staff member, they felt alone and isolated. In

my experience, this was because even with a hired staff, there was not the same level of shared experience. For example, I have two assistant teachers. Those assistant teachers do not live in my home. They do not own a business or bear the responsibility of my FCC program. They come and work with children and leave at the end of their shift. They come and go every day and eventually move on from my program, but I am the constant in my program. It is not the same level of connection and shared experience that happens when I spend time with other FCC providers. The thread of connecting to other providers in ways that allowed them to share similar experiences was a significant finding in this study. I have chosen to shine a light on this in my discussion of phase three.

Building Trusting Relationships with Children. Stephanie talked about a recent experience with a child who had come early in the morning before other children arrived. She shared that the child was interested in dragons and how she had spent time learning about Puff the Magic Dragon with this child. This experience showed the time she put into building that relationship with that child. Stephanie also said that she had a former child care child that currently worked in her program. This was another example of the type of long-term relationships built in FCC programs. The child that grew up and is now a helper in the program must have had an experience that they felt connected enough to choose to come back to work for that program. Of all my conversations with providers, Stephanie gave the most concrete examples of relationships built with children that showed children felt trust, respect, and communication. Two other examples Stephanie shared were the siblings who brought her flowers, which they would have given their

grandmother, who had recently passed away. Also, the child who told their parent that they liked Stephanie because she did not yell at them like their new child care provider.

Elizabeth mentioned responding to the child's non-verbal cues. As an infant-toddler teacher, many of the children in her care were pre-verbal. The examples she described were knowing that a child had "sick eyes" and paying attention to behaviors such as a toddler who is usually active laying on the floor instead of playing. "We have to go off of more of their cues and their behavior." TJ and Stephanie both discussed a child's look when they accomplished something. TJ said, "The child who looks at you and is like, I get it." Candace shared her experience helping children work through big feelings while keeping her own feelings under control. "Sitting with them in those all their big feelings and trying to help them sort it out without losing my cool because they are challenging behaviors." Providers utilized different techniques to build relationships, responding to verbal and non-verbal cues in their shared experiences. In the following section, I discuss the need providers shared in our conversations to feel connected to a community.

Connection. A thread related to provider connectedness became visible, beginning with the focus group. TJ shared with the group, "I love hearing from you all because I. Like you. I thought I was by myself." When she said this, several others responded, "mhmm." They agreed that they had felt alone. In our first interview, Stephanie said, "this small focus group was almost like a table conversation, from the trainings? And that was so good; to connect with other daycare providers." She felt that with most training moving online after COVID-19, she missed the feeling of being in a

room with other providers just talking. Elizabeth also discussed feeling alone and being angry. “For a long time, it was just me. I felt frustrated or angry and wanted to make a difference, and I was like, I can’t go to bat against them. It’s just me.” She wanted to come together with other providers. TJ also wanted to take action, “I’ve been working endlessly. I feel we’re the forgotten ones, and I’m like, well, if I feel alone, I bet others do too.” Even more than coming together and fighting or sharing experiences, when I first asked Stephanie to tell me about her day, she said, “Ok, I love talking child care.” This simple statement illustrated the need to be a part of a community. The providers wanted to come together and talk about their work to someone who understood and wanted to listen. After the focus group, the providers talked about the focus group in their interviews. When the interviews ended, I still received messages from them about “the group I started.” I conducted a research focus group; they created the connection.

Thinking About Expulsion

In my review of the literature, the reasons for expulsion most cited in the research were implicit bias and teacher beliefs and perceptions. In this study, I did not collect demographics that would allow me to determine expulsion related to implicit bias. This study does compliment research related to implicit bias by bringing forth providers self-rationalizations of why they expel children. It does not contradict the existence of implicit bias in the act of expulsion but gives another perspective that is necessary. The data I collected allowed me to understand better the beliefs and perceptions of the FCC providers in this study. Gilliam and Reyes (2018) discussed three contributing factors related to expulsion based on provider beliefs and perceptions. Of those three factors that

I discussed in my literature, the most relevant factor to the data I collected was the stress level associated with the child's behavior. Stress and exhaustion were also found in the literature to intensify the provider's perception of feeling able to work with challenging behavior (Jeon et al., 2018; K. A. Martin et al., 2018).

Additionally, burnout, costs associated with hiring staff to support children with challenging behavior, and the provider's perception that the family was also trying to help the teacher change the behavior were predictors of expulsion (K. A. Martin et al., 2018). I also talked about these FCC providers' experiences and concerns that fell outside of the expulsion literature. In the following section, I discussed how my findings in this research contributed to the larger body of research related to expulsion in ECCE settings.

My discussions with providers about expulsion revealed a wide range of views. Elizabeth shared her concerns about expulsion, which was a liability as a business owner. "As a business owner. I have to think of that. Is my livelihood going to be taken to a courthouse?" She felt stressed and perceived that she might lose her business over an issue with a child (Gilliam & Reyes, 2018; K. A. Martin et al., 2018). She also felt that parents needed to be willing to take some accountability and help solve whatever challenging behavior happened (K. A. Martin et al., 2018). "We are at a point that I need to kick your kiddo out, or I need you to take this class with your child every Tuesday night for two, four weeks. Are you willing to do that to stay here?" Elizabeth wanted parents to be responsible for taking parenting classes and felt it was unfair to place expulsion completely on FCC providers.

Dona, Candace, and TJ shared the tension and stress about not having adequate support to help them work with children. Dona and Candace had experienced referring children to support services through ECSE only to have the child not qualify for services. These experiences left them in a position where they felt they could not handle the children's behavior and had no idea where to turn for support. Dona said, “. . . If I would have somebody that I can call . . . they can come and assist me before I put the parents in. That would be a big help.” Dona wanted access to specialists as soon as she noticed a problem to give her guidance. She shared that she needed support talking with families about what she was seeing and that having someone come and observe and talk through the problem before discussing it with the parent would help. This would allow her to get feedback on what she could be doing in her practice to support the child first and then give her the language and coaching she needed to discuss the problem with the family.

Currently, in my own experience, you cannot have someone come and observe a child's behavior without the parent's permission. Needing parent permission was a potential barrier if a provider struggled to find appropriate strategies to support the child in a child care setting, when the parent does not believe the child needs extra support. Dona's ability to communicate with families to address behavior concerns was an area of struggle, and she wanted support. I did not find research related to what FCC providers felt they needed to prevent expulsion in my literature review.

Candace had taken a college-level course on dealing with challenging behavior and currently had the support of the state preschool program with coaches and mentors. She said, “It definitely did help me, and if I had started out taking the class and all the

supports I have now, I could have kept the one child, but I still would have expelled the other.” She did not feel she had enough support for the one child she had expelled for violent behavior. “Still, right now, I don’t know if I could handle that one child that I just couldn’t handle. I guess having a smaller group would have been better for him.” I also shared my own experience feeling that even with the extra support of the state preschool and my ability to hire extra staff, I did not know if I would be able to support every child in my program. Sometimes children need a smaller setting or someone with specialized knowledge. In the current state of the ECSE system, finding the people who have the knowledge and then being able to access them for consultation is challenging to find.

TJ worried about not having support but also brought in a feminist lens. “How can the state say you have to keep this child in your care. We’re not going to help you. You’re the woman; you’re the caregiver. Figure it out.” She believed the state had identified the problem of expulsion. Then, rather than come up with ways to support the people doing the work, they placed the whole problem on the workforce. This thinking brought me back to the Ethics of Care (Tronto, 2013) framework and the undervaluing of care which is work primarily done by women. Nowhere in my research on expulsion was a connection made between inequitable systems of care work and expulsion in ECCE. FCC programs are dominated by women, and the responsibility of care is inequitably distributed, “social and political institutions permit some to bear the burdens (and joys) of care and allow others to escape them” (Tronto, 2013, pp. 32-33). The burden of care is being placed on FCC providers, and the state is escaping their responsibility to provide solid systems for the people working in programs with children. The state created

legislation to ban providers from using expulsion practices but does not have the structure to support FCC providers in meeting the needs of children.

Stephanie also discussed her thinking about prohibitive rules and regulations that also come from the state as a barrier to providing children with opportunities that could potentially aid in the reduction of expulsion. This was also not something I found in my literature review on expulsion. Stephanie thought children with challenging behavior needed specialized environments with more space for movement and opportunities that challenged children's skills and provided ample freedom to explore natural spaces and the outdoors. She discussed outdoor programs and preschools abroad, "They can climb trees. They can, you know, stick, poke charcoal, play in the creek and build up dams and things like that." When I asked her what she felt FCC programs needed to provide these settings for children, she said, "If they eased up on some regulations like climbing trees and made it not against the rules. I don't know because anytime they go higher than knee height, you have to have two feet of bark chips." She felt that rules and regulations made creating these types of environments that children needed challenging. Stephanie connected that increasing rules and regulations regarding safety have created barriers for children to access opportunities that allow them to challenge their bodies and take risks. She said, "Just easing up on those type of things would definitely be helpful. It's too safe. Kids will fall down and skin their knees." Providers needing to constantly change and adapt to changing safety rules and regulations may view children as having more challenging behavior. Providers may perceive that their role is only to protect children

and feel distressed about giving children more opportunities to engage their bodies in challenging activities.

Providers discussed a wide range of support that they needed to feel prepared to support children without using expulsion. Elizabeth wanted support and accountability from parents (K. A. Martin et al., 2018). Stephanie wanted rules and regulations to ease up so that providers could offer children real-world experiences. Dona, Stephanie, and Candace felt there needed to be programs that were better equipped to meet children's behavioral needs so that a referral could be made versus expelling a child without an alternative placement. Dona expressed wanting access to specialists for coaching, but none of the providers suggested they wanted more support in the way of classes. However, Candace's experience with a college-level course on challenging behavior offered her valuable tools and strategies to help prevent challenging behavior in her program. She said, "I can't remember what it was called something challenging behaviors, I think, but it made a big difference in my whole program." The class made such a big difference that she felt that except for one child, she would have had the strategies and tools needed to work with other children; she had also expelled for challenging behavior.

TJ wanted an extra person. She felt that if she had a person to call when she needed to spend extra time with a child that would help. "In public schools, you have aides who go into whatever classroom they're needed in. You have substitutes whenever a teacher isn't available, or an aide isn't available. You have a network to call from." Sometimes providers just needed more people. Candace also shared her experience

working with a child who had challenging behavior. “I felt like I was torn between the two. The rest of the kids and that one kid, which is not how I wanted it to be.” She felt torn between balancing the needs of one child versus the whole group's needs. In the experiences of TJ and Candace, extra support staff might have prevented the children in those situations from being expelled. Nevertheless, one finding in the literature was that hiring additional staff was a financial barrier to most programs

Based on the providers' experiences in this study, there seemed to be an overall concern that the expulsion ban would not come with adequate support to help providers be successful. Their thinking was supported by having had experiences with children where they were not successful in accessing the support they needed. One concern about the expulsion ban was an underlying assumption that providers are specialists and can meet the needs of all children. This assumption is potentially harmful to both children and providers. Elizabeth stated, “I’d rather my child be asked to go somewhere else. Then be treated poorly. I don’t know; tying our hands doesn’t necessarily make us more caring. I would say it would maybe make it harder.” Additionally, multiple participants shared that they felt many providers would quit the workforce and that it would become harder for families to find child care.

Candace said, “You’re not going to be able to find child care.” Some providers also discussed programs implementing strict screening processes. Dona said, “You might have to screen your families a little better and maybe give three months to see if it’s a good fit.” Finally, TJ shared, “Everybody is going to shut down. The only people who are

going to stay open are the ones who are trying to make money. Not provide care.” I will next discuss the connection between care and expulsion.

What Does Care Have to Do with Expulsion?

Throughout this research, it became clear that each provider’s program was an extension of who they were as a person and the level of care they felt they brought to their work. The strengths of each of these programs were different. For that reason, every one of the providers discussed finding the right fit.

The Right Fit. As an FCC provider, I came to this work being familiar with the idea of “the right fit.” It was something I often heard. I knew providers who had expelled children from their program for not being the right fit. I had heard of classes that told providers not to say the word “expulsion” but instead to use the words; the child is not the right fit for your program. Nevertheless, the term was not found when I started researching expulsion, which made my literature review a challenge. My experience was that the right fit was the terminology used by FCC providers, but there was insufficient evidence in the literature. In my interviews, I intentionally refrained from using that language in my questions. Each provider discussed the right fit to some extent in our interview conversations.

Stephanie began the conversation about the right fit when she told me about her experience with a child that she felt needed a different environment. She felt at the time, with the number of infants and toddlers in her care, the child who was very active needed an environment where he was not constantly told to watch out for the babies. She said, “I have had experiences where you know, I referred them to someone else, and they thrived

in that environment, and they were not thriving in my environment.” She also shared this thinking on expulsion, “I think it’s going to hurt children, honestly, because, like I said, if I have a child that is not a good fit. I refer them to other providers.” She believed in finding the right place for the child to be successful.

Elizabeth shared that she used expulsion frequently, but it was not always about the child in her thinking. “So, being honest, I am quick to get rid of kids. If I’m honest and not so much on the kid’s part, but if the parents aren’t willing to help me.” She said that she would like to have an outside person come in and evaluate the child in her program to determine whether or not her program was the best fit for that child. She said, “The parent needs to take a step. Maybe an evaluation process and a third party took it out of my hands. This isn’t a good fit.” Dona discussed the right fit when talking about prospective families. “If you know that family is not the right fit for you. You might say I think you should try somewhere else.” TJ further elaborated on making sure there was a good fit from the start. “Not to be redundant, but I do with every family at least three or four visits of an interview. And if the parents aren’t 100% on board with who I am. Then I know this isn’t a good fit.” Even her well-thought-out screening process did not prevent her from taking a family she regretted taking. She felt abused by the family when the relationship ended. Candace said, “if I did not do the state preschool and I had to keep children that were not a good fit or violent. I would just close my business.” However, she also shared a different perspective about the right fit. “I will try everything under the sun. Until somebody gets seriously hurt. I will do everything I can to work with a child

and make them fit in my program.” She did not take expelling a child lightly. She first tried everything she could to make the child fit into her program.

Parents were an essential part of the child care relationship. TJ discussed that when she was looking for a right fit that it was not the children, she was concerned about, “Kids come, and if they’re older, they come and do not want to leave, which that’s a huge compliment, but if the parents don’t feel that.” TJ agreed with Elizabeth who said, “I have 14 other kids that I need to care for whose parents are on board helping me.” Providers wanting parents to do their part was also found in research (K. A. Martin et al. 2018).

TJ found herself in a situation that may or may not have been related to the family not being a right fit when she let a family into her program against her gut which led to her being threatened by the parent. I have been in the FCC community long enough to have heard stories of abusive families. No single story stands out for me; however, TJ’s situation left me uncomfortable with the vulnerability we take on as FCC providers. If a child goes to a center, the parent is not given the teacher’s address and personal phone number. Today, anonymity is hard to come by; every family knows the provider’s address and personal phone number and many small details about the person from being inside their home every day. This is not part of child care programs that operate outside of a home. Child care should be licensed and inspected regularly and follow the rules set by the state, but at what point is the provider’s safety or even their perceived feeling of safety taken into account. Where is the line drawn? Actual danger or perceived danger, TJ felt she might need the assistance of the police. Provider stress and fear have been shown to

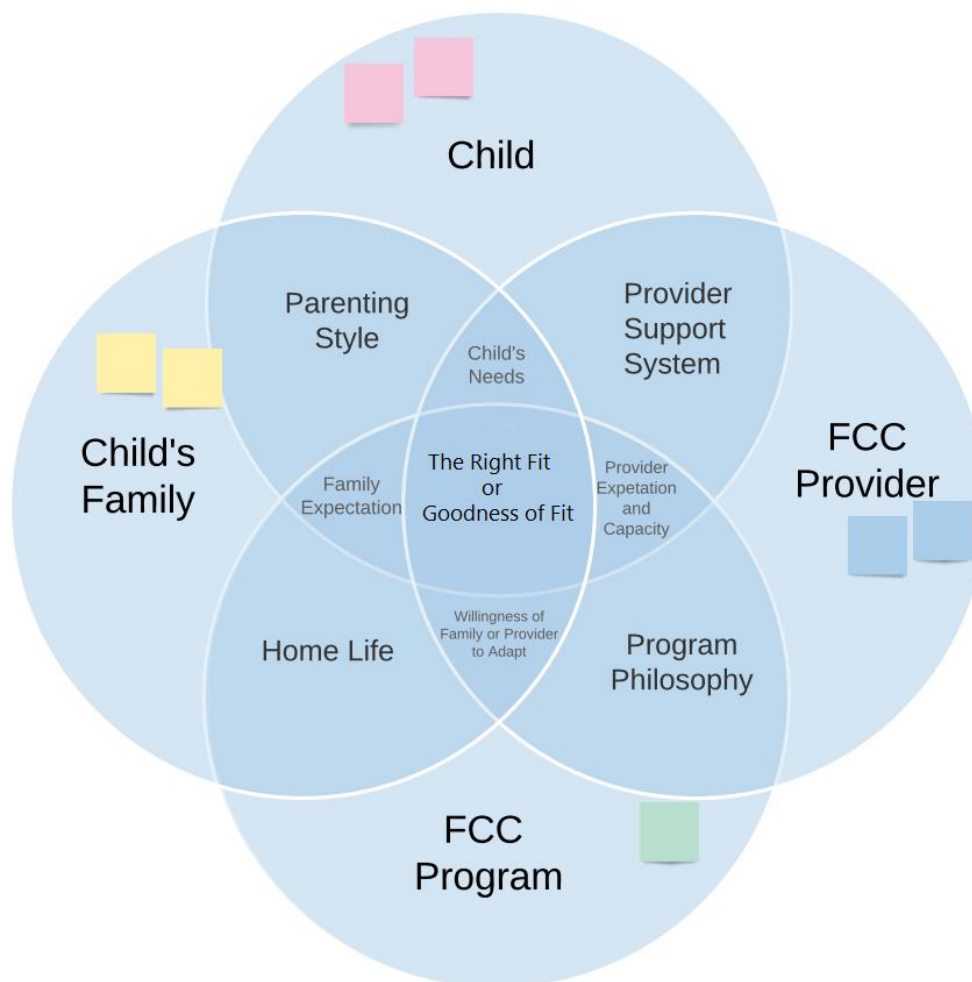
influence their interactions with children (Hughes-Belding et al., 2012). I shared my experience of feeling uncomfortable around several parents. A gut feeling and intuition were the basis for my discomfort with the person. It is rare for me to have those feelings about someone. Should those feelings be ignored? The discussion of the right fit in FCC programs is relevant to the conversation about expulsion.

Shifting Thinking. As I considered what each of the providers said in my data analysis, in each situation described as not the right fit, there was an awareness that the program, provider, child, or family was not working in some way. They were all discussing a goodness of fit. I felt that it was important to make a distinction because we are looking at a long-term relationship between an FCC provider and a child and their family when thinking about the goodness of fit.

Making a distinction between *not the right fit* and finding a goodness of fit shifts thinking just a bit. Looking at a child being expelled for not being the right fit suggests that there is something wrong with someone. Whereas when considering a goodness of fit we just want to find the best circumstances for children, families, and providers. In the case of Stephanie, a child she previously had as an infant through school-age now worked in her program. Elizabeth also talked about building long-term relationships with children in the focus group. “And we’re going to be with this family from birth to six years old.” FCC programs care for children for more than just a year or two. TJ discussed her process of screening families because “if the parents aren’t 100% on board with who I am. Then I know this isn’t a good fit.” There are significant differences between FCC programs and other ECCE settings.

The first is that people come into the FCC provider's home. This in and of itself requires that both parties have a level of comfort with that level of familiarity. The next difference is that FCC providers often care for children from birth through preschool or school-age, depending on the program. Since they are working with families for extended periods of time, goodness of fit is a huge factor in a successful long-term relationship. Another significant difference is that the child care families often interact with the provider's spouse and their own children. For example, Candace, Stephanie, and I also have our husbands working in our program, which is an additional level of complexity.

Goodness of fit considers the FCC provider, the actual support available to the provider, access to coaches, specialists, peer groups, and professional development. The FCC provider's beliefs inform the program structure and philosophy. Finally, the providers' expectation of children and families coupled with their capacity to care includes all things related to their work, overall stress level, exhaustion, burnout, dynamics of the children in care, and anything that contributes to the provider's well-being. This is just one part of goodness of fit. There is also the child, how they are parented, and their needs. The family includes parenting style, including their method of discipline and home life. The family dynamics affect goodness of fit; things such as if they are busy, structured, chaotic, rigid, or flexible in their daily routines play a role. Family expectations of the child care are significant in goodness of fit. Do they view the provider as a babysitter working for them or a business? Are they comfortable following established rules set by the child care program? Figure 7 represents some of the working parts that go into the goodness of fit for FCC providers, children, and families.

Figure 7*Right Fit or Goodness of Fit*

The topic of goodness of fit is something worth investigating further in FCC programs. There is burgeoning research on this topic (Preston et al., 2012) about context issues in Canada with Aboriginal early childhood education. While it falls outside the scope of this research, I feel it worthwhile to open up the scope of issues related to context and goodness of fit globally.

Deep Care. Considering expulsion and issues of goodness of fit throughout the data analysis process, I had new thinking emerge with the idea of the different nature and level of care that can happen in an FCC setting. Often FCC providers have a child in their home for long hours as most FCC providers are open on average 10 hours a day. FCC providers often care for children for many years of their lives. Multiple providers discussed caring for infants through school-aged children. When there is a good fit, a deeper level of care occurs, which I call deep care.

Deep care requires a goodness of fit, which providers discussed as “the right fit.” A goodness of fit fosters a pathway for deep care to occur. When I talk about deep care, it is not to say that the FCC provider cares more than another person in the profession. However, they must dig deeper into themselves and open themselves up differently from other ECCE settings. When deep care emerges, the FCC provider is also vulnerable. When a child enters their care, is in their home for long hours, and interacts with family members, there is a different level of involvement and engagement. The provider also does not know how long the child will stay. Ideally, as was found in this study, providers want the child to stay in their program until they move to the public school system or reach an age where they no longer require care. There is a different level of emotional investment as an FCC provider.

Conversations with providers, brought forward stories of provider vulnerability. Stephanie described the infant that died in her program. Elizabeth discussed feeling powerless against licensing specialists who she felt threatened the business she had built and used to support her children as a single mother. Dona described working with a

family for years, repeatedly seeking help from ECSE and the parents. Feeling she had no other options; she took the child with her into the garage so they would not disrupt the other children and to give them some time to calm down. Knowing this was not best practice and feeling helpless, she told the family they needed to find alternative child care. The family immediately filed a complaint against her.

Candace shared the deep level of sacrifice she believed was her duty as a caregiver and her experience with a violent child. She said the experience took so much out of her she did not even feel like she was caring anymore. “Eventually, it got to a point where it wasn't even caring.” She had gotten to a place with this child where her ability to care was in the balance. Finally, TJ discussed the family that was not compatible with her program. When she let the family go, the family who lived in her neighborhood became abusive toward her. These experiences happened in the provider's home, not in a large center or program with staff but the provider’s family home.

FCC providers welcome children and families into their homes, and as I discussed in Chapter 4, the relationship between a provider and child can span from infancy through the age where the child no longer needs child care. Often the same provider will care for multiple children in a family. Close-in-age siblings, new babies, and even cousins using my own experiences are all in the same space. Family care is different from a center where children are split into different classrooms by age, or there are different teachers throughout the day. In an FCC, the provider that owns the program and provides care in their home is a constant.

I described the different levels of care that FCC providers experience as deep care. I selected the term because it described a different level of investment, trust, and vulnerability required of FCC providers. Deep care requires a level of goodness of fit. Stephanie described the deep level of commitment she felt toward children in her program. She had a child that returned to her program to work years after they had attended her program. Another example of this was TJ's program where families became part of a school community. Her experience with the family that according to her bullied the other families and then harassed her when the relationship ended points to the critical need to understand the experiences of providers with deep care and goodness of fit.

Considering provider vulnerability and the deep care required of someone who does FCC, the provider should be allowed to find children and families that are a good fit with their program. When I suggest that providers should be allowed to consider their goodness of fit with a family or child, I am not saying that providers should only take children that they feel are well-behaved or that discriminatory behavior is tolerated. Instead, that there is a closer look at the issue of goodness of fit.

Perhaps a system matching families with providers, working with providers to identify their strengths and growth areas. Support the provider in developing communication skills and equip them with the words to use when talking with families that describe what their program is and is not. Work with providers on how to discuss critical issues such as aligning discipline, matching parenting style, and program philosophy. Offer more opportunities within the community that help parents understand

their needs and what to look for so that they do not end up in a situation that doesn't meet the needs of their child or family.

The crucial element of deep care should not be dismissed when considering policy related to FCC programs. The providers in this study were not coming from a place of not wanting to work with specific children. Instead, they had reflected on their own needs, capabilities, capacity, and goodness of fit to enter into a deep care relationship. When considering that an FCC provider may be entering into a relationship with a child that could span many years of theirs and the child's life, taking into consideration their own capacity to care for a particular child does not seem unreasonable. Families often choose care based on its affordability and availability. There is very little room to make decisions based on goodness of fit. I believe this, and not a lack of care itself was at the core of why expulsion occurred in the particular FCC programs I studied.

Visible Threads

The providers in this study revealed the complexity of their work as caregivers and their thoughts about expulsion. With this research, I wanted to find out how providers thinking about care in their work influenced their decisions about expulsion. In my conversations with providers, it became clear that care influenced every part of their decision to use expulsion. They cared that they could not adequately work with a child and often felt they had exhausted all possibilities to access help which in some cases was extremely limited. They cared about how their attention to one child influenced the other children's experiences in their program. They cared that families viewed them as *just babysitters* and sometimes refused to listen or help them solve the problem they were

experiencing. They also cared that the entire burden of care for all children rested entirely on their shoulders. I used table 3 to pull together the words of providers about the complex emotions that underlie their experiences with expulsion

Table 3

The Complexity of Expulsion



The Complexity of Expulsion

Candace	"I felt like I was torn between the two. The rest of the kids and that one kid, which is not how I wanted it to be."
Stephanie	"I think it's going to hurt children, honestly, because, like I said if I have a child that is not a good fit. I refer them to other providers. . . . I have had experiences where you know, I referred them to someone else, and they thrived in that environment, and they were not thriving in my environment."
Elizabeth	"If you're not willing to help your own child out, I can't do it because I have 14 other kids that I need to care for whose parents are on board helping me."
Dona	"He was a sweet boy. He never show any trace of violence here. When they told me he had issues biting in the other program. It caught me by surprise."
TJ	"Then they proceeded to send me hate mail and throw rubbish in my yard. Call me all sorts of names. I used to run by their house, and I had to change my route. ...do I need to put up security cameras, and this was four years ago, And I still have the emails and everything in case, and I still don't go by their house and still look to see if they're walking by or whatever. That was awful."

I discuss the findings most relevant to the question of how care influences the decisions providers make about expulsion in the following section.

The Role Licensing Plays in Expulsion

The providers in this study discussed inconsistencies in their relationships with their licensing specialists. Each provider who expressed frustration about a licensing specialist also shared a previous relationship with a licensing specialist where they felt they had more of a mentoring relationship.

The Role of the Licensing Specialist. I began my thinking about the role of the licensing specialist with a quick review of the job description and requirements which I found posted on the Career Opportunities section of the ODE (n.d.) website. Nothing in the job description discussed building relationships with child care providers.

Compliance and technical assistance regarding the rules were this position's primary responsibility. Also worth noting is that the position required no knowledge of ECCE, just administration, and technical support. Under desired attributes which were a desire, not a requirement, one of eight bulleted attributes was experience and knowledge in ECCE. Another bullet was the ability to build relationships and resolve conflicts. After reading over the job description, I considered what providers had said about their licensing specialists.

One thread related to licensing that came up multiple times in conversations was that licensing specialists were looking for rules that had been broken in the program to write them up. The nature of the licensing specialist's work is to monitor program compliance based on the job description and aid in technical support. When a provider

received a rule violation in the past, the licensing specialist provided technical support to providers. A rule violation was written in a document not made public on a website.

The implementation of the state Parent Safety Portal may contribute to the stress now felt by providers associated with being written up for a rule violation. Compliance was now available to the public. Four of the five providers in this study had operated an FCC program for more than 10 years. When they began their programs, there was no public Parent Safety Portal. I wondered if this contributed to the stress providers now felt associated with being written up for a rule violation. Providers wanted to have a record free of violations; however, now that everything related to licensing compliance was public, the perception of licensing had changed. Providers felt protective of their programs in a different way. Parents could view their compliance records, and they had to justify violations to prospective and current families in their program. Relationships with licensing specialists were another thread related to licensing that I discussed in the next section.

Relationships with Licensing Specialists. The providers expressed concern about their changing relationships with their licensing specialists. Elizabeth had felt mistreated by her new licensing specialists. She shared her experience with her first licensing specialist, where she had an outlet uncovered, and the licensing specialist did not write her up but allowed her to cover it. Then Elizabeth shared an experience of being written up for breaking a rule that she felt the new licensing specialist had misinterpreted. She hired a lawyer to fight the violation and won. That experience solidified her thinking that licensing was just trying to write people up.

In contrast, Candace shared an experience where her licensing specialist had come in on a bad day. Even though she had rule violations during the unannounced visit after the licensing specialist talked to Candace, the licensing specialist gave her the chance to correct the issues and came back a different day but did not write her up. Those are two very different experiences within the same licensing system. Inconsistency in the interpretation and implementation of how rule violations were addressed from one licensing specialist to the next was the cause of stress and anxiety for these providers. The stress and anxiety related to licensing specialists seemed to intensify when there was a change in licensing specialists.

Given that licensing specialists have varying levels of experience in ECCE based on the job description requirements, someone who has worked in the field may be more responsive to the needs of providers versus someone who only has experience outside of the field. Additionally, licensing specialists work with center-based programs, FCC programs of all licensing types, and programs in the public and private sectors. Licensing specialists must be equipped with the skills to understand the nuances of each type of program to respond to the varying needs.

Licensing and Expulsion. For most FCC programs licensing specialists are one of the few opportunities, they have to connect with someone in the profession outside of their program. While the role of the licensing specialist was program compliance with the state licensing rules, the state should consider the impact of licensing specialists on FCC programs. Licensing specialists are uniquely positioned to ensure the program complies with rules and extends care to an undervalued workforce. Many providers in this study

felt unsupported; licensing specialists set the tone for the providers' experience with the ECCE system. The goal of the expulsion ban was retention. The state wants children to have opportunities to stay in programs long-term to benefit from stable, nurturing, responsive environments.

When relationships with licensing specialists are an actual or perceived barrier to FCC providers receiving the support and coaching, they need to feel successful, it impacts the children's experience in their care. If the state's goal is to make the system better for children, then the system also needs to be better for the providers that work in the system. Putting systems in place that mentor and coach FCC providers and building in transparent and clear pathways to access resources and technical support quickly are first steps to meeting the needs of the FCC community.

My Reflection as a Provider About Licensing. Having experiences with licensing specialists as an FCC provider similar to those of participants allowed me to consider their experiences against my own. I felt fortunate that my experiences with my licensing specialist were primarily positive. I had the same licensing specialist for many years, and she provided me with an atmosphere where I felt I could ask her any question and receive the information I needed. She coached me, mentored me, and encouraged my growth as a provider. She was also highly knowledgeable about community resources and often came with the information she felt would be helpful. When my licensing specialist retired right before COVID-19, that was scary for me.

My fear of a new licensing specialist was guided by the stories from other providers and my conversations with my licensing specialist before she retired. When I

met my new licensing specialist, I proceeded with caution. In my reflexive journal I wrote about how I met her the week that COVID-19 began to impact child care programs. She came for an unannounced visit and introduced herself; later that week, the state initiated the emergency licenses for child care. The remainder of our relationship was based on emails asking her how to implement new COVID-19 rules and licensing visits over Zoom. Within the last four months, I received a new licensing specialist. I met her once, only a month ago. This week I received a message that she has moved on, and I have been assigned an interim licensing specialist.

Even under the best circumstances, having a new person come into your home when you are doing the best you can and decide based on one snapshot of your day if you are meeting all of the state rules makes you feel vulnerable. I shared my experience for this reason. When I had a licensing specialist, I felt comfortable with, I still felt that vulnerability. However, I established trust with my licensing specialist, which made the process feel less stressful. Like the providers in this study, I liked to believe that my relationship with my licensing specialist did not influence the care that I gave to children. Reflecting on my own experiences and theirs, I knew that over time a negative relationship with my licensing specialist would influence the choices I made to focus my attention on rules versus focusing on children. I wish I could say that I have found a successful way to navigate issues that could come up with my licensing specialists. However, there is a power dynamic in all interactions with my licensing specialists that I cannot ignore. Their willingness to work with me on a particular situation is not

something I can control. I next discuss the contribution of isolated and disconnected providers on expulsion.

Isolated and Disconnected Providers Contribute to Expulsion

Except for Candace, each participant discussed feeling alone and disconnected from a larger community. Many ECCE settings benefit from being in school environments with multiple classrooms and additional teachers that allow them to feel a part of a larger community. During the focus group, providers discussed hearing the other provider's experiences and realizing that they were not the only ones who had felt the struggles and challenges of their work as FCC providers. I discussed the need for providers to connect with other providers to share knowledge and combat feelings associated with isolation especially during a global pandemic such as ours with COVID-19.

Shared Thinking. Multiple examples illustrated powerful learning from shared experiences throughout the focus group and interview process. One experience from the focus group that stood out was when the providers discussed how they handled challenging conversations with children. Their conversation allowed Elizabeth to share that she did not know how to handle a situation she was experiencing with a family. The result was that two other providers had experienced similar situations and shared that knowledge. The discussion was rich with knowledge sharing and thinking about an experience differently. Another example of knowledge sharing happened when several providers discussed exemptions for specific rules, and Elizabeth, an FCC provider for years, did not even know that this was an option. These types of opportunities for shared

knowledge were often missing from FCC programs; this was mentioned by Stephanie, Elizabeth, and TJ in their interviews with me.

The conversation in the focus group also shifted Stephanie's thinking about her relationship with her licensing specialist and influenced Elizabeth's resolve to continue to persevere through her struggles. The providers' experience in the focus group was significant because the same providers also voiced that support was an unmet need. We must consider building up this community by utilizing their existing knowledge and experience. Funding and resources are scarce, so bringing this community together in targeted ways such as opportunities for new providers to participate in mentoring cohorts and finding ways to fund peer supported networks can buffer the effects of an overburdened system.

Peer Groups to Support Provider Well-Being. An additional thread emerged from provider engagement in the focus group; multiple providers shared that they felt alone until they heard how the others in the focus group felt. The ability to talk through feelings is an essential part of working through struggles. In our interviews, TJ was also moved to tears just by having someone ask her about her feelings related to her work at multiple points. She shared that she did not want to feel alone anymore. TJ shared that she wanted to build up child care in her community and brought information about leading provider groups through the Homegrown project to our first interview. Elizabeth also talked about wanting to come together and change the system. Bringing communities of FCC providers together acts as a protective factor by reducing feelings of isolation.

Isolation, Disconnection, and Expulsion. Elizabeth had shared that she had nowhere to go if she needed support for a child. She also expressed that she felt alone, angry, and tired of fighting. In contrast, Candace shared the benefit and extra support of her participation in the state preschool program. She had access to professional development, coaches, and mentoring. She also expressed that she would try everything to make children fit into her program before using expulsion. Of all the providers Elizabeth who had the least amount of support, was also the only provider who discussed being quick to use expulsion. Finding ways to reach out and support FCC providers like Elizabeth is crucial to reducing expulsion.

Connecting providers to other providers serve many functions; it allows providers to share knowledge, learn how to access resources, and combat feelings of isolation. Isolation contributed to FCC providers leaving the workforce (Bromer et al., 2021). Further loss of the FCC workforce would not solve the expulsion problem but further contribute to the issue by making it harder for families to find child care. In our conversations, multiple providers shared that they felt that many providers would stop providing child care because of the expulsion ban. A loss in the FCC workforce related to the expulsion ban combined with a continued loss of providers due to isolation would devastate the already identified child care desert here in Oregon (McElvaine et al., 2021).

My Reflection as a Provider About Isolation and Disconnection. In my reflexive journal I discussed my experiences in ECCE prior to becoming an FCC provider made me aware that I needed to seek out other providers. I knew that I had benefitted from learning with those around me when I was a teacher for Head Start, and I

enjoyed talking about my work with other teachers. Even though I was fortunate to have made friends with other FCC providers, it was still lonely working by myself, and I know my well-being suffered at times, especially when I was by myself with a child that challenged me. My decision to expand my program was partially due to an understanding of my own needs. I needed another adult with me every day. Having an additional staff person came with its own stress; however, it helped that I was no longer alone.

I discussed in Chapter 4 that I was lucky to have found a provider-led support group in my community when I first started my program. As an FCC provider, I have found that these groups come and go for many reasons. In my experience, they either rely on providers to volunteer their time and energy, which ultimately ends up with one person doing everything until they burn out, or they have relied on short-term, unstable funding such as a grant. Neither of these options was a sustainable model for long-term support for FCC provider communities. Identifying solutions to support programs that connect providers through networks or support groups with stable funding and consistent leadership would benefit the FCC workforce. Another need related to support for FCC providers was access to specialists and coaches to support providers working with children, which I discussed in the next section.

No Clear Pathways for Support

Each provider described an experience they had where they either did not know where to access help with a child or had made a referral to Early Childhood Special Education (ECSE) or Early Intervention (EI) where the child was determined ineligible. Except for Candace, who now received support through the state preschool program, each

provider shared not knowing where to go if they needed support working with a child outside of ECSE or EI.

Consultation with Specialists. Accessing support for working with children is critical to reducing expulsion. I examined the heterogeneity of the FCC workforce in my literature review (Fuligni et al., 2009) and with the participants in this study. Given the different backgrounds of FCC providers, it is unreasonable to think that all FCC providers have enough knowledge and experience to work with all children without assistance and mentoring. Providers in this study expressed no known systems to request mental health or behavior support. Dona and Candace described situations where they had referred children to ECSE, and when the child did not qualify for services, they did not know where else to go; in both cases, the children were expelled.

Dona explicitly shared that she wanted to be able to call a number and ask to have a specialized consultation prior to bringing the families into the conversation. She also added the need for support in how to talk with families as much as she needed support in working with the child. Elizabeth shared that she wanted someone to come into her program and either give her the tools and strategies necessary to work with a child or decide that the child was not the right fit and needed more support than she could provide.

Candace described two contrasting experiences with making referrals to ECSE. In one case, when she referred a child as an FCC provider, she did not feel ECSE had taken her concerns seriously. The child did not qualify for services, and she was on her own to try to work with the child. After she participated in the state preschool program, she

shared that she referred a different child, and the program took her concerns more seriously because of her role as a state preschool teacher. The child qualified for services, and Candace had additional support she could use through the coaches in the state preschool program. Even though Candace now had more support, she still said she did not know if it was enough support to keep her from completely using expulsion. It is essential to consider the experiences of Candace, who had additional support, up against those of Dona and Elizabeth, who have no support. If Candace still did not feel completely equipped to work with every child, the expectation that providers with fewer resources than the state preschool program gives is neglectful. Beyond consultation from specialists, professional development in working with challenging behavior stood out to me as a need for FCC providers.

Access to Professional Development. In our interviews, Stephanie and Candace discussed professional development that they believed had been beneficial to working with children they felt had challenging behavior. Stephanie described an online course she had taken called the Active Alert Child that had been helpful in her working with a child in her program. Candace also talked about a college-level course on challenging behaviors that she had taken and gained valuable tools and strategies that helped her in her program. None of the other providers talked about professional development they believed had helped them better work with children in their programs.

It was significant that most providers in the study did not feel supported in reducing challenging behavior from professional development they had taken as part of their yearly licensing requirements. Especially since one of the questions I asked in my

second interview was about professional development or training opportunities they received that helped them. Every provider had engaged in the yearly required professional development. I believe that Dona's statement in the focus group reflected the attitude of many providers. "How many times we don't go to trainings, or we just sit down? Do we take anything out of the training? No, but I'm there. I take my hours. I put in my hours." The hours are required. A box to check off when it is time to renew their license.

Professional Development and Expulsion. In the system of FCC, professional development is left up to the provider for the most part. FCC providers must meet a specific number of hours for professional development. The hours vary depending on licensing type. Professional development is organized by categories, and providers must meet minimum hours in specific categories. An example is that providers must have an hour of professional development on health and safety. There are sometimes free professional development opportunities; however, most professional development must be paid for by the provider. Some professional development has a minimal fee, and others are pretty costly. FCC providers have access to a small amount of scholarship money that can be used to pay for professional development. Cost, access to classes during the times that work for FCC providers and identifying the precise classes that would be useful are barriers to engaging in meaningful professional development.

FCC providers need a wide range of opportunities to access professional development to reduce expulsion, such as the classes Stephanie and Candace discussed. At this time, providers can choose the professional development they would like to

receive. The way the system is set up, the provider can meet their hourly requirements each year with whatever class they can check off quickly and with the least cost. FCC providers do not receive coaching on picking professional development opportunities that best meet their areas of professional need. Unless they are involved in a program such as the state quality rating system, the state preschool program, or are working on a CDA. Considering not all FCC providers have ECCE-related knowledge or experience. Examining the types of professional development new providers choose and how the professional development helps them in their everyday work with children would provide insight into the needs of individual providers. Incentivizing professional development opportunities that give providers tools and strategies that reduce challenging behavior would benefit providers and children.

My Reflection as a Provider About Pathways for Support. I have experienced a wide range of professional development as an early childhood educator. When I worked with Head Start, professional development was targeted, and there was a strategic plan that guided teacher development. When I first became an FCC provider, I took the community-based classes that seemed the most enjoyable and cost the least. After being a provider for several years, I had the opportunity to take a community college course for FCC providers that was being offered to providers on the weekends. The course was extremely useful and helped me strengthen my practices and infant and toddler care policies.

Throughout my years as a provider, these opportunities were limited but engaged me in deeper learning than community-based classes. I found that many community-

based classes were not worth my time. In my reflexive journal I wrote that my choices in classes usually factored in when the class was offered and the price. Over the years, I often chose online classes as a simple way to check off my yearly hours. However, in my experience as an FCC provider, those types of courses are typically expensive and require a time commitment on the provider's part.

Recently, the state preschool program has moved toward a more coordinated method of professional development for its providers. They have placed us in learning cohorts through our local Child Care Resources and Referrals agency. The cohorts meet regularly during times based on the needs of the providers in the cohort, typically evenings. The cohort I participate in meets with the providers at the beginning of the year and then plans professional development based on the group's needs. I believe that every provider should have the opportunity to participate in a cohort such as this for their first year as a licensed provider and then have the option to continue participation if they choose. Giving FCC providers a cohesive and coordinated foundation of professional development would help prepare them for children.

Understanding Goodness of Fit and Expulsion

In my interviews with providers, I became more aware of how working with children in a home environment requires different care and an awareness of goodness of fit. The providers in this study discussed the right fit or a goodness of fit not as a way to get out of working with specific children or families.

Thinking About Issues of Goodness of Fit and Expulsion. Understanding goodness of fit issues in the discussion of expulsion in FCC programs is essential. I return

to the stories of providers in this study to contextualize goodness of fit. Dona described her program as a bilingual, Montessori program, yet families did not choose her program based on those characteristics. Nevertheless, bilingual programs are a need in many communities, and Montessori instruction is something that many families intentionally seek out and are often willing to pay higher tuition for that specialized environment. Helping Dona market her program to bilingual families and matching the program she offers to people seeking that kind of program would help families and Dona.

Similarly, TJ wants family involvement, and families who want to be a part of an extended family type program would find the care she provides hugely appealing. Candace participates in the state preschool program, and children are selected and assigned to her program. She accepts that and is willing to work with the children assigned to her program, and she also has the additional support of the program to take a child that another program might consider as having a higher need. Facilitating compatible relationships between providers and families could contribute to reducing expulsion.

My Reflection as a Provider About Goodness of Fit and Expulsion. In my FCC program, I work with families. I have had many families with multiple children in my program over the years. In my reflexive journal I wrote about this experience. At one point in time, almost every child in my program was somehow related to each other, but none were related to me. It started with a ten-month-old infant and their school-age sibling. Their grandfather had a new child, and so their uncle, who was two years old, also came to me for care. I had their cousins and the neighbor of their cousins. In the end,

I had someone from this family in my program for close to 10 years. Two years ago, I again had a child from this family in my care.

I feel honored to have supported this family in this way. I knew all the uncles, aunts, and grandparents, and they treated me like family. I have families where I had two or three of their children from the time, they were infants until they went to kindergarten, and one family in particular stops by every year for Mother's Day and brings me a card. I have not been their child care provider for five years. I opened my heart to these families, and my heart broke when they left, but I continue to open my heart to each child and family that comes through my door. When they are in my home, I am responsible for making them feel comfortable and secure. When they are in my home, they play with my children. My daughter works with me, and my teenage son hangs out and plays. My own children become emotionally attached to the children in their home. They have cried with me many times when we say goodbye. I allow myself and my own children to feel that vulnerability. My family is an extension of home for a brief moment.

Like Candace, I can meet the needs of families that other programs do not feel equipped to do. I do this willingly and wholeheartedly because I believe it is my calling, like Candace. I choose it. If caring for children that challenged me was a daily struggle. If I had to care for children that challenged me in a compliance driven system that forced me to do it. That gave me no support to learn how to do it, let alone how to do it better. That closed their door on me every time I asked for help and left me feeling burnt out and alone. I would no longer choose it.

Implications

In my literature review, research centering FCC providers was limited (Hallam et al., 2019; Hooper, 2018; Hooper & Hallam, 2019), with one article related to expulsion in FCC programs (Hooper & Schweiker, 2020). This study contributes to the small but growing body of literature on the work of FCC providers and the expulsion practices of FCC providers. Throughout this study, I intentionally used a lens of care with my theoretical framework, the Ethics of Care (Tronto, 2013). The findings from this work further support research on care work and care ethics.

The FCC Workforce

My literature review on the FCC workforce examined the decline in the FCC workforce (Bromer et al., 2021; Haynie, 2019). Bromer et al. (2021) talked about three factors contributing to the loss of the FCC workforce. The factors contributing to a decline were working conditions, business sustainability, and the early childhood education system. In this study, working conditions and the ECCE system were barriers to these providers' work. Providers explored feelings of isolation, inability to access the support they needed to work with children, and feelings of vulnerability related to work done in their home, all of which fall under working conditions that contribute to providers leaving the workforce. Providers further stated that forcing providers to keep children they struggled with in programs would further contribute to the loss in the workforce. Additional larger ECCE system challenges such as issues with licensing and access to specialists, consultations, and opportunities to engage with others doing the

same work were also found in my interviews with providers and a societal undervaluing of care work.

Guilt and conflict related to the many roles of FCC providers' work (Bromer et al., 2021; Herman et al., 2021; Hooper, 2020) were also threads discussed by multiple providers in this study. Consistent with the research of Bromer et al. (2021) and Herman et al. (2021), the providers talked about the many joys and satisfying aspects of their work as providers. Multiple providers spoke about the fun they had with children, the satisfaction of watching children accomplish something for the first time, the ability to work with different ages, and the close relationships they built with children and families. Furthermore, this study supports research findings (Bromer et al., 2009, 2021; Bromer & Porter, 2019; Herman et al., 2021) related to the need for support networks, peer groups and helping providers balance their work and home life.

COVID-19. Throughout this research, the impact of COVID-19 on these providers was significant and supported the findings of Sethi et al. (2020). Providers in this study expressed that they felt frustrated, unsupported, and undervalued by the ECCE system before COVID-19. These feelings had exacerbated throughout COVID-19. Sethi et al. (2020) discussed inequities in the child care system and the failure to address inequities as harming the workforce.

The providers in this study felt emotional harm due to system inequities. All of the providers except Stephanie stayed open during the pandemic. They felt that they were doing what they needed to be doing and were ignored for their contributions. TJ expressed strong feelings about other teachers, such as those working in head start and

the public school system, that discussed their hardships about teaching online. At the same time, she was open to children in person so families could work. She felt that somehow the work of other teachers seemed more valuable to society while she and other FCC programs risked daily exposure to COVID-19 with no recognition of that service.

The harm providers felt was in their mental health and well-being, which seemed less of a priority in the ECCE system. The providers discussed rules that made no sense to them. They felt the differences in their work as a home-based program were not considered. The lack of recognition that the work of FCC providers was different created stress and forced providers to adjust and respond to changing regulations that made no sense for their work. Candace, Dona, and TJ talked about needing to separate groups of children in their homes who were often siblings. It made no sense when the same families got into the same car at the end of the day. Candace expressed frustration that she and her husband had to separate for work in the same home every day only to sleep in the same bed at night.

Providers discussed having to wear masks in their own homes even though infants pulled them off, and they expressed concern about small children's language development and mental health related to not seeing their faces. One provider shared receiving a fine for not wearing a mask. Worsening this situation, many providers just worked through it because personal days, sick days, and vacation days are frequently not built into FCC programs' pay structure. Providers that closed because they were sick with COVID-19 were seen as being on vacation, and parents complained about their closure rather than showing concern about their well-being. Even today, the providers are still feeling the

burden of care in the ECCE system as rules and regulations continue to change and become more restrictive such as asking them to give up the power, they have over which children are compatible with their programs. Similar to my participants' experiences, providers' mental health and well-being were illuminated in my literature review. Most poignantly noted were isolation, needing attention on care, and mental health resources.

Mental Health and Well Being. Feelings related to isolation were a factor in FCC providers leaving the workforce (Bromer et al., 2021). Attention to the mental health needs of the FCC workforce is critical (Brennen et al., 2008; Conners-Burrow et al., 2013; Hoover et al., 2012; Shamblin et al., 2016) and has also been shown to aid in the reduction of expulsion (Gilliam, 2005; Gilliam et al., 2016). The providers in this study discussed isolation, guilt, stress, burnout, and feeling undervalued throughout our conversations. The impacts of COVID-19 continue to affect the workforce negatively and based on the limited amount of research thus far, we will continue to see the consequences in many years to come (Sethi et al., 2021). Prioritizing the mental health and well-being of the FCC workforce will significantly influence children's outcomes. Especially in light of evidence showing the benefits of mental health consultation on the mental health and wellbeing of teachers in other ECCE settings (Gilliam, 2005; Gilliam et al., 2016).

Focus on the mental health and well-being of FCC providers seems to be absent from discussions that prioritize the needs of children and families. Nevertheless, crucial to this dialogue and discourse. Most FCC providers do not have access to mental health support (Hoover et al., 2012; Bromer et al., 2021), peer networking, or support groups to

buffer the effects of stress and isolation. It is impossible to ignore the connection between provider well-being and mental health; and the outcomes for the children being cared for by overburdened, overstressed, unsupported, and undervalued caregivers (Bromer et al., 2021; Haynie, 2019; Herman et al., 2021; Sethi et al., 2020).

Forcing providers to stay in situations with children when they are struggling and then not providing the appropriate support and strategies to mitigate the systemic barriers, they face will not make providers more caring (Bromer et al., 2009, 2021; Bromer & Porter, 2019; Herman et al., 2021). By overlooking the needs of the FCC provider workforce (Gilliam & Reyes, 2018; K A. Martin et al., 2018; Perry et al., 2011; Zinsser et al., 2019), there will be a further loss of FCC providers, and it will not lessen expulsion practices, but instead only mask them.

Expulsion in ECCE

One criterion for inclusion in this study was that the providers had expelled at least one child from their program. Hooper and Schweiker (2020) researched providers who had expelled at least one child in the last year. They found that the number of children under five years old that the provider cared for, and children identified as having special rights affected the providers' decision to use expulsion. In the following discussion, I put forward how my findings supported and conflicted with the findings of other research with FCC providers about expulsion.

FCC and Expulsion. In my work with the providers in this study, Stephanie shared that she expelled one child whom she described as very active because she had a lot of infants and toddlers and felt it was unfair to ask him always to be watching out for

the babies. Also, Candace and Dona reported making referrals to ECSE, which suggests they felt the children had special needs even though they were ineligible for services. In both cases, the children were expelled. This finding aligns with Hooper and Schweiker's (2020) research.

Additionally, Hooper and Schweiker's (2020) study collected provider age and education level data. Their study found that providers with some college coursework in their background expelled children a twice the rate of providers who had no college or a college degree. In this study, Candace and Stephanie had no college coursework in their backgrounds, Dona and TJ had college degrees, and Elizabeth had some related college coursework; of all the providers, only Elizabeth shared that she was quick to expel children. This finding also corresponded with the Hooper and Schweiker study.

My findings conflicted with the Hooper and Schweiker (2020) study on provider experience. Except for Candace, all providers had been FCC providers for more than 10 years. The number of years did not seem to influence the likelihood of expulsion like the participants in the Hooper and Schweiker or the Hoover et al. (2012) study, which had similar findings related to years of experience and expulsion. I find these connections to be important because highlighting providers experiences like I did in this work paints a more nuanced picture which contributes to the multiplicity of stories found in the FCC workforce and the need for more research to understand this community.

FCC Provider Beliefs and Perceptions. Gilliam and Reyes (2018) discussed three contributing factors to expulsion in their work with preschool teachers. The teacher believed that the child's behavior was disruptive, the teacher believed they would be held

accountable for the child's behavior and the level of stress associated with the behavior.

K. A. Martin et al. (2018) also added that the level of stress and exhaustion associated with the behavior intensified center-based teachers' perception of being able to work with specific behaviors.

In the situation with Sammi, Elizabeth believed that the child's behavior was disruptive even though the only disruption seemed to be that Sammi preferred to play alone and did not want to interact with the other children. This experience supports Gilliam and Reyes's first factor discussed in their 2018 study. Elizabeth also talked about accountability which was the second factor. She felt parents and not providers needed to be accountable for the child's behavior. Elizabeth shared her worry about being taken to court over expelling a child, suggesting concern about being held accountable. However, she was the only provider whose experiences supported the first two factors Gilliam and Reyes (2018) described in their research.

Stress and exhaustion seemed to play a significant role in each provider's decision to expel in this study except for Stephanie (Gilliam & Reyes, 2018; K. A. Martin et al., 2018). While Elizabeth and TJ discussed stress, it was mostly about working with families and the overall stress of the work. In these cases, their overall stress level may have contributed to expulsion; however, there was not an experience they described as stress related to specific behavior. Dona and Candace described experiences with children that pushed them past their ability to feel like they could continue working with the child. Dona's experience reaching out for help and the feeling she described of reaching a point with a child where she felt she had no other options. Alongside Elizabeth's description of

feeling so mentally exhausted working with the child who had violent behavior until she felt she no longer cared. These were clear examples of the role of stress and exhaustion related to challenging behaviors on FCC providers' decisions to expel (Gilliam & Reyes, 2018; K. A. Martin et al., 2018). The care of others can be daunting (Hamington, 2015), often stressful and exhausting. This study illuminated caregivers' experiences, which I discuss in the next section.

Foregrounding Care

This research focused on understanding providers' experiences as caregivers to gain insight into their thinking about expulsion. Care theory and the Ethics of Care framed this study (Tronto, 2013). I discussed my belief that child care should exist within a caring relationship in my theoretical framework. I found caring relationships in the experiences and stories providers shared with me. Hamington (2015) described care as a choice. Care was sometimes easy and sometimes a challenge. The providers in this study have chosen care as their work, and in my conversations with them, they also viewed themselves as caring people. They cared for the whole child and their family and cared for the child's future. Some providers also viewed their decision to expel a child as an act of care. They had a belief that there was a better program out there, somewhere that was more equipped than they were to care for the child's needs. Their thinking about care conflicted with my own thinking. I came into this research with a view that expulsion was not an act of care. Nevertheless, my thinking has shifted based on a better understanding of the context where FCC expulsion exists.

Undervaluing care was evident in the literature on ECCE workforce issues (Boyd, 2013; Gerstenblatt et al., 2014; Hale-Jinks et al., 2006). Cheyney-Collante and Cheyney (2018) described an educational “caste system.” From the viewpoint of the ECCE system as an educational hierarchy, society views teachers who work with younger children as having less important work than those working with older children. In my conversations with the providers in this study who shared stories of having the least resources and support available, I believe that providers working from home fall into a group with the least value in the context of an educational hierarchy. Tronto (2013) described the grouping of citizens into more and less valuable groups in her work on the ethics of care. FCC providers working from home where care is invisible to the outside world are at the bottom of the hierarchical system of ECCE.

Care in a home by a woman could also contribute to the undervaluing of FCC providers. Except for TJ, each provider was a mother, and their own children were in the home with the child care children. Considering that mothers' work is undervalued, there may be some blurring of lines when people think about the work of FCC providers. They are moms caring for children. Tronto (2013) discussed the damage of perpetuating unrealistic ideas of motherhood. “As long as the myth of the ‘she does it all mother’ remains intact, some of the worst inequalities that exist in society remain invisible and no opportunity for thinking creatively about solutions to them is possible” (p. 176). Child care being work dominated by women and FCC work dominated by mothers caring for children in their homes brought TJ’s powerful words and thoughts about expulsion to my mind. “You’re the woman; you’re the caregiver. Figure it out. We have more important

things to do up here.” Implicit bias about women’s work and mothers who work in their homes caring for other people’s children may play a part in the undervaluing of FCC providers.

In this study, I set out to understand care reciprocity in the relationships between children and carers. There was evidence of care reciprocity and stories of care breaking down in the relationships between children and providers in the experiences that the providers shared. However, I felt the provider stories and experiences contextualized how the ECCE system has set these providers up to fail. While FCC programs exist in the ECCE system, they are also disconnected. These FCC providers are layered in the hierarchical system of ECCE, which exists in a society holding patriarchal ideals and values. It is a compliance driven system where FCC providers open their programs with only a set of rules in a rule book but no support for how to be successful in implementation. Where the providers fear their licensing specialists, who are, in many cases, the only connection they have to the ECCE system. Where providers receive uneven and inequitable access to support services when they are struggling and feel alone; in a system where their mental health and well-being are not considered necessary.

Considering only the care between children and providers after listening to the stories of these providers would be neglectful and not part of the caring framework I put in place. In the stories and experiences, I shared, I centered the provider and treated their experiences with care, shining a light on their invisible work as caregivers. This work was only a small beginning of more extensive work that needs to continue. I next describe the boundaries of this study.

The Boundaries of This Research

In this study, I collected data from certified FCC providers, which is only one type of FCC program in Oregon. The experiences of exempt providers who are friends, family, or neighbors of the child in care would have found different experiences, stories, and challenges. Research conducted with registered FCC providers who almost always work by themselves with smaller groups of children would also capture these differences.

Given the study's exploratory nature, this research could translate to other contexts working with other FCC providers and in different ECCE settings. Each of the FCC programs in this sample differed and reflected the provider's identity. I believe a similar study with the same population would contribute to the multiplicity of stories found in the research of FCC providers. Further, I am an FCC provider myself, and this work captured my thinking and my own bias.

I am a certified FCC provider with a background in Head Start; my experience as an FCC provider working with state and federally funded programs and master's degree give me a different lens to view this work. I embraced that lens by incorporating my own experiences. Another researcher with a different viewpoint might capture new ways of considering the same data. Shared thinking and voices are powerful and illuminating the voices of those who are not represented widely in academic research is necessary to disrupt dominant discourses that center on patriarchal notions of care work.

Opportunities for Future Research

This study engaged FCC providers about the many facets of their work as caregivers. Several findings in this study should be explored further. FCC providers work

alone in their homes. The FCC providers in this study explain that they felt isolated and alone, which was exacerbated by COVID-19. Research to better understand the best ways to connect and engage providers in community building opportunities would significantly influence outcomes for FCC providers' mental health, well-being, and ability to sustain the everyday stresses related to their work as providers.

FCC provider engagement with external support systems was an additional finding in this study. Multiple providers shared experiences trying to find help when working with children they perceived as having challenging behaviors. The providers did not know any available resources to receive help in some cases. The providers also had experiences referring children to their local ECSE, and when the child did not qualify for services, they felt they had no other options. A lack of support is a significant barrier to working with children. Providers expected to solve challenges with children without expulsion should be fully aware of their resources. The support system for providers working with challenging behaviors must be analyzed further.

Becoming an FCC provider currently includes a minimal amount of preparation. Given that the licensing specialist is the person that a provider has the most contact with when entering this workforce, it is critical to explore the relationships between the licensing specialists and providers. Building on the idea of providers feeling isolated combined with their feeling about not having support systems in place to work with children, I believe that there should be extensive research into the ways providers come into the system of FCC.

In this study, I identified the issue of goodness of fit. I believe that issues of goodness of fit are an area for future research. This study of five providers was just a starting point for understanding how goodness of fit fits into expulsion. Additionally, pursuing opportunities to better match families with programs that work for providers and families would benefit the FCC community and children and families.

Continued research with the different types of FCC providers and with a larger sample of certified FCC providers would pick up the threads that had begun to be visible in this research and continue to contextualize the heterogeneity of the FCC workforce. This small study was a foundation to build on in future research with FCC providers who have much to contribute to the larger system of ECCE.

Concluding Thoughts

This study was a snapshot of the work that FCC providers do every day. The providers in this study shared their experiences and stories of care often amid adversity. Feeling alone, vulnerable, and disconnected from a system that should be supporting them. Each of these providers shared expulsion stories; each story they shared was a glimpse of the struggle they experienced reaching out for resources and support that was not there. They shared how sometimes they were challenged to exhaustion, and they chose expulsion to care for themselves. Other times they felt their environment did not meet the child's needs or the family. Their stories and experiences give us a glimpse of the complexity surrounding expulsion issues in FCC programs. It is critical that research continues to place FCC provider stories at the forefront of rules and regulations about expulsion in FCC programs. Ignoring the issues that FCC providers face every day will

drive providers out of the workforce rather than building up and creating the environments we need prepared to support children.

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Appendix A Recruitment Flyer

Are you a certified family child care provider who would like to share your experiences as a caregiver?

Contact: Josie Emmrich at 503-409-7434 (text is ok)
or email josie5@pdx.edu



In January and February of 2022, you are invited to share your stories about your work as a caregiver and your experiences with expulsion.

This research is focused on bringing forward the voices of family child care providers.

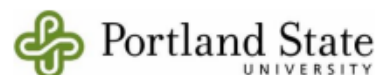
The study will include a 90-minute focus group and two 90-minute individual interviews.

Appendix B Participant Survey Questionnaire

Participant Survey Questionnaire

1. Are you a certified family program?
2. Do you run the day to day?
3. Do you create the policies for your program?
4. Do you have a program handbook and or/discipline policy, any written policies related to letting a child go?
5. Are you on SPARK?
6. Are you in ORO? What step?
7. Do you have any experiences of letting a child go from your program due to behavior issues?
8. Would you be willing to provide me with your handbook and/ or written policies?
9. Do you have the ability to use zoom for interviews?
10. Would you be able to participate in a focus group over zoom with other providers?
11. Would you be able to participate in two individual interviews over zoom?
12. Do you have any questions for me?

Appendix C Participant Consent Form



Consent to Participate in Research

Project Title: What's Care Got to Do With It? Expulsion Practices in Family Child Care
Population: Certified Family Child Care Providers licensed by the state of Oregon
Researcher: Josie Emmrich, Curriculum and Instruction
 Portland State University
Researcher Contact: josie5@pdx.edu / 503-409-7434

You are being asked to take part in a research study. The box below highlights the main information about this research for you to consider when making a decision whether or not to join in the study. Please carefully look over the information given to you on this form. Please ask questions about any of the information you do not understand before you decide to agree to take part.

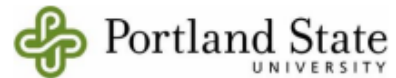
Key Information for You to Consider
<ul style="list-style-type: none"> • Voluntary Consent. You are being asked to volunteer for a research study. It is up to you whether you choose to take part or not. There is no penalty if you choose not to join in or decide to stop your involvement. • Why is the study being done? The purpose of this research is to collect and document the narratives of certified family child care providers about their experiences as caregivers and how their experiences influence the decisions they make about expulsion. • How long will it take? It is expected that your participation will last a total of 5-6 hours and will include the following: providing the researcher with your family child care program handbook, a 90-minute participant focus group, and two 90-minute interviews; and additional time to review and edit transcripts of your interview. • What will I be expected to do? If you volunteer to participate in this study, you will do the following things: <ol style="list-style-type: none"> 1. Review and Consent to Participate in Research. 2. Agree to provide the researcher with a copy of your family child care program handbook, written philosophy of education and written discipline and expulsion policies for review by the researcher. 3. Agree to meet online with the researcher and other participants for a 90-minute focus group. 4. Agree to meet online for two 90-minute individual interviews with the researcher. 5. Agree or not to have the interview audio taped. 6. Agree or not to review and/edit the interview transcripts for accuracy. • Risks. The risks of this study are minimal. Some discomforts of your taking part in this study may include revisiting moments and/or experiences as a certified family child care provider that bring forward strong feelings related to expulsion and being a caregiver. • Benefits. The benefit of this study for individual participants would be to grow professionally through the opportunity to explore and reflect on their experiences as family child care providers.

Who is doing this research?

The researcher Josie Emmrich from Portland State University is asking for your consent to this research.

Why is this research being done?

Version: [Date]



The purpose of the research is to understand the experiences of certified family child care providers as caregivers and their experiences with expulsion in their programs. You are being asked to participate because you are a certified family child care providers with experiences related to expulsion. About 3-5 people will take part in this research.

What happens to the information collected?

Information for this study will be collected through family child care program documents, a focus group interview and two individual interviews and will be used in my doctoral dissertation for the Degree of Educational Leadership. The completed and approved dissertation will be electronically published on ProQuest and will be available electronically via the PSU Library.

How will my privacy and data be protected?

This researcher will take measures to protect your privacy including all participants will use self-selected pseudonyms and have the opportunity to review and edit transcripts of interviews prior to analysis.

To protect all of your personal information, we will keep all data collected throughout the study in a password protected private cloud drive. Despite these precautions, we can never fully guarantee that all your study information will not be revealed.

Individuals and organizations that conduct or monitor this research may be permitted access to inspect research records. This may include private information. These individuals and organizations include the Institutional Review Board that reviewed this research.

What other choices do I have besides being in this research?

It is your choice to decide whether or not you want to join in research

What if I want to stop my part in this research?

Your part in this study is voluntary. You do not have to take part in this study, but if you do, you may stop at any time. You have the right to choose not to take part in any study activity or completely stop at any point without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to join in will not affect your relationship with the researchers or Portland State University.

Who can answer my questions about this research?

If you have questions, concerns, or have experienced a research related injury, contact the research team at:

Josie Emmrich
 Researcher
 503-409-7434
 Josie5@pdx.edu



Who can I speak to about my rights as a part of research?

The Portland State University Institutional Review Board ("IRB") is overseeing this research. The IRB is a group of people who independently review research studies to ensure the rights and welfare of participants are protected. The Office of Research Integrity is the office at Portland State University that supports the IRB. If you have questions about your rights, or wish to speak with someone other than the research team, you may contact:

Office of Research Integrity
 PO Box 751
 Portland, OR 97207-0751
 Phone: (503) 725-5484
 Toll Free: 1 (877) 480-4400
 Email: psuirb@pdx.edu

Consent Statement

I have had the opportunity to read and consider the information in this form. I have asked any questions necessary to make a decision about my taking part in the study. I understand that I can ask more questions at any time.

By signing below, I understand that I am volunteering to take part in this research. I understand that I am not waiving any legal rights. I have been provided with a copy of this consent form. I understand that if my ability to consent for myself changes, either I or my legal representative may be asked to provide consent before I continue in the study.

I consent to join in this study.

Name of Adult Participant

Signature of Adult Participant

Date

Researcher Signature (to be completed at time of informed consent)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

Name of Research Team Member

Signature of Research Team Member

Date

Appendix D Focus Group and Interview Questions

Research Focus Group and Interview Questions

Focus Group Questions (Approximately 90 minutes)

The focus group will be conducted over Zoom. Participants will be given the link to the Zoom 24 hours prior to the scheduled focus group. I will be conducting the focus group from my private home office which is a quiet and private space. I will prepare for the interview by having my ipad ready for note taking and a blank word doc open on my computer so that I can share the topic, write questions, and write down any thinking that comes about in the focus group discussion to make visible to the participants through the share feature in the Zoom platform. I will log in 5- 10 minutes before the focus group to let participants into the Zoom room and greet them. I will begin the focus group once all participants are logged in and I will start out by saying something like this. "First I would like to take the opportunity to thank everyone for agreeing to participate in this study and for taking time out of your day for this focus group. I want to start out with two expectations I have for today and then let you all add anything else you feel will provide everyone with a safe and respectful atmosphere. My first expectation is that we maintain confidentiality (I will give reasons why this is important) and the second is that everyone who wants to have the ability to share." I will then open it up to the co-creation of some norms. This will take approximately 10-15 minutes and I will write these on the open word doc. Once this process is complete, we will begin the discussion.

I will begin with introductory questions such as these:

1. Explain to me what you all think are the primary responsibilities of a family child care provider.
2. You are all FCC providers. How do you identify yourselves in this work? For example, what do you say to someone if they ask you what you do for work? How do you identify yourselves within your program? (I am looking for providers to identify how they view themselves as a teacher, caregiver, etc. with this question)

I will then move to questions on the topic of care.

1. What is care?
2. What are some examples of care in your work?
3. Describe some caring interactions in your day?

Final questions will continue to think deeply about care in practice and may be something like:

1. What parts of the day do you feel like care is the most visible? Why?
2. What do you need to care well in your work? Could you give me some examples of what caring well looks like?

3. In what ways do children show you that they are aware you are caring for them? What happens when children don't respond in the way you feel they should as a response for the care you give them?
4. Who cares for you as caregivers?

First Interview Questions (Approximately 90 minutes)

Interviews will be done over Zoom. Participants will receive a link to their zoom interview 24 hours before the scheduled interview. My part of the interview will be done from my private home office which is a quiet and private space. I will prepare for the interview by having my ipad ready for taking notes during the interview. I will log in 5 minutes before the interview to make sure that I am present to greet them upon arrival. I will start off with questions and ideas such as the following:

I will begin with introductory questions that will build context.

1. Tell me the story of how you came to be a family child care provider.
2. Describe a typical day in your program. I will follow up with clarifying questions so that I can better understand the context in which this participant works.
3. Tell me how you see yourself in this work. What motivates you in your day to day? What do you believe is your purpose in this work?

Then I will move into the topic of relationships with children in their care. With questions such as:

1. Describe to me a time when you have built a relationship with a new child?
2. Can you describe to me your thinking about relationship building with children in your care? What is your responsibility? What is the child's responsibility?
3. Can you tell me about a time when it was challenging to build a relationship with a child?

Then I will offer three questions around the topics such as:

1. How are conflicts between you and children resolved?
2. Who is involved in making decisions about what to do when a relationship doesn't seem to be working? Remembering back to a time when this has happened for you can you tell me that story?
3. Describe a time when a child was let go or expelled from your program. What happened? How did this make you feel at the time? Did your feelings or thoughts change over time and how? Follow up questions may include: How do you think the child experienced this process? How might the family have experienced it? What was happening in your classroom community at the time these events occurred?

Second Interview Questions (Approximately 90 minutes)

The second interviews will be done over Zoom. Participants will receive a link to their zoom interview 24 hours before the scheduled interview. My part of the interview will be done from my private home office which is a quiet and private space. I will prepare for the interview by having my ipad ready for taking notes during the interview. I will log in 5 minutes before the interview to make sure that I am present to greet them upon arrival. I will start off with questions and ideas such as the following:

I will begin this interview with some follow up questions and clarifications based on the focus group, previous interview, and my review of the documents the participant has submitted to me.

1. Could you give me more detail about . . . (previous conversations)
2. Did you consult with people outside of the context and what did they say/do?
Any other important parts to the story that you might wish to share now?
3. I would like to know more about your thinking related to . . .

I will then move to questions related in their thinking about expulsion in general and may be something such as:

1. Thoughts on state wide expulsion ban and its impact on family child care.

The final portion will be asking participants to reflect on our discussion of care and relationship building with children and how this relates to thinking about expulsion. Previous conversations will be used to develop more questions for this section but may be something related to this.

1. Reflecting back on the experience you shared in the first interview about a time where you let go or expelled a child can you share if you have had any changes in your thinking after telling me the story and reflecting back on it? If so, what has changed and why do you think that is? If not have you gained any insight on the experience after talking about?