

Licensed Child Care Dismissal Study

Results of September 2007 Survey of Licensed Child Care Providers in North Dakota Conducted for North Dakota Child Care Resource and Referral

Purpose of the Study:

The key objective of this study was to gather information regarding the extent to which children are being dismissed from child care programs in North Dakota and the reasons surrounding their dismissal. The study's results will give policy makers and child care administrators insight into the magnitude of the issue and a clearer understanding of what is contributing to the issue. In addition, information collected will assist decision makers in defining needs for supportive services.

Study Design and Methodology:

The staff at the North Dakota State Data Center worked closely with North Dakota Child Care Resource and Referral (CCR&R) staff to design the survey instrument. Themes included in the questionnaire were a) characteristics of the dismissed child, b) characteristics of the child care program, c) occurrence of dismissal and reasons for that decision, and d) resources or factors that would influence a provider's decision not to dismiss a child. The surveys were composed of 44 questions and took about 10 minutes to complete. Approval from the Institutional Review Board (IRB) at North Dakota State University was obtained to ensure proper protocol was used and the rights of human subjects were maintained.

A mail survey design was used to gather information from administrators or directors of all licensed child care programs in North Dakota. The sampling frame of licensed child care providers was provided by CCR&R. Due to time constraints, surveys were mailed to all 1,518 licensed child care programs, thus eliminating the need for follow-up mailings. Because the survey design constituted a "census" and not a "sample," typical discussions of standard error and confidence levels are not applicable. The licensed child care providers were divided into two groups based on location (i.e., urban or rural). The surveys were mailed to the administrator of each child care program accompanied by a postage-paid, self-addressed return envelope. Data collection began in late August of 2007 and concluded on September 14, 2007. A total of 583 surveys were completed and returned for a response rate of 38 percent.

Presentation of the Results:

Providers were asked whether they had dismissed any children from their organization in the last year and in the previous year. If they had dismissed children in either time period, dismissal information on the three most recently dismissed cases was requested in separate sections of the survey. Dismissal data from the three separate sections were combined in order to provide analyses that are more meaningful. It is important to note that some providers who had two or more dismissals combined the dismissal information into one section. This resulted in approximately 10 percent of the dismissal cases representing multiple children. In addition, some providers indicated they had dismissed children from their organization, but no dismissal information was given. Therefore, dismissal information in this report should be viewed as numbers of dismissal cases (where one case may include multiple children) rather than numbers of individual children who were dismissed.

Results are presented according to key findings, followed by additional comments, appendix tables, and the survey cover letter and instrument. Key findings include: 1) organizational information, 2) enrollment information, 3) dismissal information, 4) profile of dismissal cases, 5) reasons for dismissal, 6) documentation prior to dismissal, 7) resources that would have been helpful to retain the dismissed child, 8) profile of providers, and 9) additional resources relating to child care dismissals that providers would like to see made available. Appendix tables providing detailed distributions of responses are found after the additional comments, and the applicable tables are noted with each section of the key findings. Additional comments include: 1) additional provider comments about dismissals, by theme, and 2) general additional provider comments, by theme.

Key Findings:

1. Organizational information (see Appendix Tables 1-3)

- 57% of providers indicated their organization held a group licensure while 27% indicated their organization held a family licensure.
- 89% of providers said children were cared for in mixed-age groups within their organization.
- 78% of providers said their organization was not accredited by the National Association for the Education of Young Children or the National Association of Family Child Care.

2. Enrollment information (see Appendix Tables 4-12)

- 48% of providers said they had 1 to 9 children enrolled in their child care setting and 30% reported 10 to 19 children enrolled.
 - Full-time: 72% of providers reported 1 to 9 children were enrolled full-time while 10% said they had 10 to 19 children enrolled full-time; overall, the number of full-time only children ranged from 1 to 110 per provider; 12% of providers indicated they had full-time children, but did not indicate how many.
 - Part-time: 72% of providers reported 1 to 9 children were enrolled part-time and 11% said they had 10 to 19 children enrolled part-time; overall, the number of part-time only children ranged from 1 to 343 per provider; 6% of providers indicated they had part-time children, but did not indicate how many.
 - Both full-time and part-time: 28% of providers reported 1 to 9 children were enrolled on both a full-time and part-time basis and 13% said 10 to 19 children were enrolled both full-time and part-time; overall, the number of children enrolled both full-time and part-time ranged from 1 to 347 per provider; 54% of providers indicated they had children enrolled on both a full-time and part-time basis, but did not say how many.
- 63% of providers had infants age 0 to 11 months enrolled in their child care setting, 74% had infants age 12 to 23 months, 77% had toddlers, 81% had preschool-age children, 48% had kindergarteners, and 52% had school-age children.
 - Infants age 0 to 11 months: 49% of providers with infants age 0 to 11 months reported one infant age 0 to 11 months enrolled and 30% had two infants of this age enrolled.
 - Infants age 12 to 23 months: 45% of providers with infants age 12 to 23 months reported one infant age 12 to 23 months enrolled and 30% had two infants of this age enrolled.
 - Toddlers: 25% of providers with toddlers reported one toddler enrolled and 29% had two enrolled; 18% had five or more toddlers enrolled.
 - Preschool-age children: 22% of providers with preschool-age children reported one preschool-age child enrolled and 22% reported two enrolled; 27% had five or more preschoolers enrolled.
 - Kindergarteners: 50% of providers with kindergarteners indicated they had one child in kindergarten enrolled and 20% had two enrolled; 15% had five or more kindergarteners enrolled.
 - School-age children: 26% of providers with school-age children reported one school-age child enrolled and 21% had two enrolled; 29% had five or more school-age children enrolled.

3. Dismissal information (Appendix Tables 13-16)

- 20% of providers indicated they had dismissal cases in the last year (i.e., one year prior).
 - Of providers who had dismissal cases in the last year, 51% said they had one dismissal and 32% had two dismissals; 17% had three or more dismissals; overall, the total number of dismissals last year ranged from 1 to 8 per provider.
- 14% of providers said they had dismissal cases in the previous year (i.e., two years prior).
 - Of providers who had dismissal cases in the previous year, 50% said they had one dismissal and 31% had two dismissals; 19% had three or more dismissals; overall, the total number of dismissals the previous year ranged from 1 to 5 per provider.

4. Profile of dismissal cases (*Appendix Tables 17-24*)

- Providers gave information for a total of 244 dismissal cases.
 - Infants age 0 to 11 months: 12% of dismissal cases were of infants age 0 to 11 months.
 - Infants age 12 to 23 months: 18% of dismissal cases were of infants age 12 to 23 months.
 - Toddlers: 28% of dismissal cases were of toddlers.
 - Preschool-age children: 31% of dismissal cases were of preschool-age children.
 - Kindergarteners: 12% of dismissal cases were of kindergarteners.
 - School-age children: 19% of dismissals were of school-age children.
- Providers were asked about the family composition of the child involved in the dismissal case.
 - 30% of providers said the dismissal case involved an only child and 53% said the dismissal involved a child who had other siblings living with them.
 - 39% of providers said the dismissal case involved a child who was living with both parents, 30% said it involved a child who was living with a single parent, and 14% said it involved a child who lived with a parent and live-in partner.

5. Reasons for dismissal (*Appendix Tables 25-27*)

- 31% of providers said inability of parent/guardian(s) to pay for child care was the reason for dismissal.
- 26% of providers said safety of other children was the reason for dismissal.
- 29% of providers suggested other reasons for the dismissal. Other reasons included: behavior problems of the parent, specific behavior problems of the child, issues with hours, special needs of the child, health issues, parent was uncooperative in resolving issues, and payment issues (see Appendix Table 26 for a complete list of “other” reasons for the dismissal).
- 51% of providers said behavior problems of the child were the reason for dismissal. For these behavior-related dismissal cases, the following actions were taken:
 - 14% of providers were aware of the behavior problem when the child enrolled because an enrollment form was completed that mentioned the problem behavior.
 - 62% said the behavior was observed and documented.
 - 46% said the behavior and possible triggers that preceded the problem behavior were observed and documented.
 - 42% said once a pattern of problem behavior and the possible triggers leading up to it were established, a meeting was held with the family to develop a child care plan.
 - 30% said once a child care plan was established, meetings were held with the family on an on-going basis to monitor progress.
 - 33% said the parent/guardian was provided with outside resources to assist the child.
 - 37% said once it was determined that the child would be asked to leave, the family was given other resources to contact for placement.

6. Documentation prior to dismissal (*Appendix Tables 28-34*)

- Overall, 89% of providers had at least one meeting, usually several, with the parents prior to the dismissal.
 - 13% of providers reported having one meeting with a parent or guardian regarding the dismissal case prior to the dismissal; 22% of providers reported having two meetings; 34% of providers reported having three to five meetings.
 - 5% had numerous meetings.
 - 7% had meetings on a schedule (e.g., daily, every week, over the course of one year).
 - 8% reported having no meetings with the parent or guardian.
- 15% of providers said a professional conducted a formal assessment of the child.
 - Conditions that were identified through the assessment included ADD, ADHD, Asperger’s Syndrome, Autism, behavioral difficulties, and hearing impairment. Results of the assessment included the development of a behavior plan and the determination that the child was not a good fit at the child care setting. Providers also discussed who assessed the child, including a nurse consultant, social services, and the school. See Appendix Table 30 for a complete list of results of the formal assessments.
- 24% of providers reported that recommendations were given to the parent or guardian based on the child’s assessment.
- 23% of providers said their program was an active participant in developing recommendations based on the child’s assessment.

- Providers were asked to respond to the statement “What is your perception of the parent/guardian(s) follow-through of recommendations to prevent dismissal?” on a 1 to 5 scale, where 1 is “no follow-through at all” and 5 is “a great deal of follow-through.”
 - Overall, providers perceived little follow-through on the part of the parent or guardian (mean=1.98).
 - 34% said there was no follow-through at all while 7% said there was a great deal of follow-through.
- 64% of providers said a time limit was given for the dismissal and 30% said the dismissal was immediate.

7. Resources that would have been helpful to retain the dismissed child (*Appendix Table 35*)

- Providers were asked what resources would have been helpful in order to retain the child. Resources they indicated included additional staff (i.e., one-on-one adult/child ratio), a higher percentage of the child care bill paid by social services or payment reimbursement, parental responsibilities and participation, and knowing more about the child at time of enrollment (see Appendix Table 35 for a complete list of resources mentioned).

8. Profile of providers (*Appendix Tables 36-42*)

- 29% of providers indicated they were 25 to 34 years of age, 26% were 35 to 44, 29% were 45 to 54 years of age, and 13% were 55 years or older.
- 13% had less than 4 years of child care experience, 22% had 4 to 9 years of experience, 35% had 10 to 20 years of experience, and 29% had 21 or more years of experience.
- Overall, providers are quite well-educated with 72% having at least some college (i.e., some college, an Associate’s degree, a Bachelor’s degree, or a Master’s degree or higher); of providers with at least some college, 49% said they had a post-high school education that was child-related.
 - 31% of providers said they had some college; of those, 29% said their education was child-related.
 - 12% said they had an Associate’s degree; of those, 32% said their education was child-related.
 - 29% reported they had a Bachelor’s degree; of those, 77% indicated their education was child-related.
 - 3% said they had a Master’s degree or higher; of those, 87% said their education was child-related.
 - 4% reported they had nursing training; of those, 57% listed CNA as their training.
 - 5% had a Child Development Associate Degree Credential.
 - 24% had a high school degree but no higher.
- Overall, 59% of providers have had additional training related to infant/child caregiving within the last 5 years.
 - 46% indicated they had attended additional informal seminars and training.
 - 27% indicated they had attended staff development or professional training.
 - 11% said they had other types of training including: college courses, CPR, First Aid, CCR&R training, para certification, Right From the Start training, foster care training, and various conferences (see Appendix Table 42 for a complete list of “other” types of training).

9. Additional resources relating to child care dismissals that providers would like to see made available (*Appendix Tables 43-44*)

- 42% of providers indicated they would like to see printed materials made available to them.
- 21% would like to see information on regulatory policies regarding care of children of special needs.
- 12% would like one-on-one consultation training.
- 10% would like a phone consultation by infant mental health specialist, special needs specialist, etc.
- 4% had other additional resources they would like to see made available, including: training, information relating to parents, assistance/guidance, and financial assistance (see Appendix Table 44 for a complete list of “other” additional resources).

Additional Comments:

1. Additional provider comments about dismissals, by theme

Providers were asked if they had any additional comments about the dismissal case. Comments were organized according to the following themes: combined issues of child behavior and parents' reaction, issues with parents, issues with child's behavior, not enough resources/child had special needs, payment issues, and other comments.

Combined issues of child behavior and parents' reaction

Several providers had issues with a child's behavior that were compounded by the parents' behaviors. In some cases, the provider felt the actions of the parent at home contributed to the behavior of the child in the child care setting (e.g., baby co-slept with parents, child not on a schedule, not upholding health/cleanliness standards, lack of discipline). Some parents were in denial that there were any problem behaviors, some refused to cooperate with the provider, some expected the provider to be able to fix the problem behaviors, and some refused to follow through with recommendations for addressing the behaviors. In at least one case, the provider suspected neglect.

Actual provider comments:

- [Baby] was very colic-like and wouldn't sleep. Cried from 8 to 5 because was constantly held and co-slept with parents.
- Both families figured they were paying for child care so you take them when they wanted. They were to be bathed and clothes washed before going home so they weren't dirty or smelly. They wouldn't listen to or obey rules. These two families are the kind that would tell lies to the welfare to get you into trouble if you don't do as they ask. The children were very good but very neglected - food, baths, and love!
- Child was not on a schedule and needed one to help behavior. Parents wouldn't keep a consistent schedule to help resolve behavioral issues. Behavior got out of control and was too disruptive to other children.
- Felt bad about letting kids go, but the mom thought the lice was no big deal. I never did get paid. The children were eventually placed in foster care. I had the family only about 1 month, caught the kindergartener stealing toys (4 kids in family) and the 4th grader spraying hairspray in mouth. Told their social worker about incidents and mom.
- I don't think the mom disciplined at all. The child said, "I have a way with my mom - she believes everything I say!" He was kicked out of another day care I found out later.
- If parents were not in denial that something was wrong with the child, diagnosis could've been made earlier. Parents not willing to share how they work with child.
- Most of my dismissals were due to excessive crying. In each case, the parents were told that the child was crying and something needed to be done. Parents continued to look to me to contrive ways to pacify their children. That was not the underlying problem.
- None - father didn't believe his child had a behavior problem - even though his kindergarten teacher agreed with us - he also had many problems at school.
- Parents were not receptive to get help for their son. I said I wouldn't deal with the problems if they were not willing to help and support our trying to help him. Parent didn't believe anything was wrong with child that [a] "good, strong hand couldn't fix."
- Parents were unwilling to follow through with advice given to them on discipline and biting issues. The father would always just laugh at the incidents he had during the day.
- The parent did not perceive the daily conversations regarding the child's behavior as an indicator that we were having issues with the child's behavior.
- This child cried continuously throughout the day. I worked with Right Track to help her. Her parents did NOTHING with her at home. It was no longer fair to the other children in my care to continue trying to work with only her.
- This child did see a psychologist and psychiatrist who made recommendations to the parent, which she didn't follow through with (in terms of discipline and behavior management).
- This dismissal was due to inappropriate behavior - child was not allowed to continue. Parents and child refused to acknowledge behavior occurred and take responsibility.

- This school-age child lacked care and attention from the parent resulting in behaviors such as soiling pants (he was 5). I worked with child a lot and he seemed to be getting better. Later, the parent and I had an argument regarding appropriate discipline. I found bruises - parent found different day care.

Issues with parents

Several providers said the child was not the problem at all. In some cases, the parents would not communicate effectively with the provider. Some parents were belligerent, defensive, used foul language around the other children, and constantly questioned the provider's policies. In some cases, parents did not have back-up plans for when a child was ill. One provider mentioned that positive work with the child during the week seemed to be erased by Monday morning. In at least one case, the provider suspected abuse and became a target of the parents when she reported it.

Actual provider comments:

- Children were not the problem.
- Didn't want to, but there was possible abuse going on and when I called it in, all of a sudden I became the parent's target - "I did this, I did that" and I wasn't going to become a scapegoat for him to have if he hurt his kids.
- Family was in the midst of divorce. Biological father, older brothers would come to outside play area (a public school site). The language, negative interactions were very harmful to child in our care.
- I consulted social services and child care resource and referral on how to deal with this parent. They gave me advice which I really appreciated. I've done day care for 26 years and had never had an incident like this before.
- It is not always the child that causes the reason for dismissal. It is sometimes the parent.
- It was quite heartbreaking having a family leave, because the mother was unable to be reasonable, not only with her children, but also the care of other children in my care. It was totally a fixable problem. Live and learn, I guess, however, the children are the ones who pay.
- Mom's boyfriend would pick up and drop off child and we would have to send messages by him because mom would not return calls or answer phone.
- Parents have issues with keeping children home due to illness. They (many of the parents) fail to have a back-up plan to accommodate these situations and therefore become upset with their provider.
- Providers follow through and parents become defensive and upset. It's my job to protect all children from harm, not to continually expose them to it day after day. Court proceedings for non-payment were also filed and served. Dismissal of child was [due to] the father's belligerent behavior and acting out, not the child's. [I] was unable to work with [him].
- She was a very difficult 18 year-old parent. She constantly would question my policies.
- This dismissal of two children was the same family. It was due to the fact I had watched the children two weeks and had not been paid according to our agreement. The parents would drop their children off and not pick them up at agreed upon time. Also, mother's job was changing and she wanted me to take her kids an hour earlier than when I open my child care.
- The dismissal was not child-related but rather parent-related.
- With this child it was like building a house; getting the house three-fourths finished on Friday - when the child returned on Monday, someone had torn the house down and we were starting all over again. This was not the child's fault - child had a medical problem.

Issues with child's behavior

Several providers did have issues with the child's behavior. Problematic behaviors included hitting the caregiver in the face, biting, swearing, and threatening. Other problems included that the child wouldn't play, that the child couldn't be trusted, and that the child kept running away. Providers indicated that excessive screaming and crying were disruptive to the overall child care setting. In one case, the child wouldn't talk at age 3, and eventually was formally evaluated. In another case, the provider was made aware of the problems from the beginning and the parents helped find resources to help.

Actual provider comments:

- Child hit caregiver in the face with his closed fist.
- Child would not play. Never experienced a child that would not play. Tried a lot of things and nothing worked.
- Child wouldn't talk and was 3 years old. As a caregiver I did as much as I could. I even got him evaluated with a facility as soon as I got the parent to admit there was something wrong.
- He [child] and his brother were having an increasingly difficult time and it was discussed several times with their mother.
- I normally don't take children under 2 years old. I tried this child at 17 months. The parents said she didn't have teething issues or cry much. The child screamed and cried non-stop and was very disruptive to the rest of the group.
- I told parents I couldn't guarantee his safety anymore because he couldn't be trusted and therefore I wasn't willing to have him in our day care.
- It was agreed upon with parents, parents were well aware of the biting problem. She was also in Head Start and had the biting problem there. Parent had told me she was going to put the child in some type of therapy after dealing with this. Payment was never received on time but she did pay me for final day care. Parent left on good terms.
- Knew child had behavior issues going into situation. Parents expected dismissal and found resources to help out.
- The constant swearing and saying phrases such as "You slut-I'm going to kill you."
- There was no way I could handle this child. I tried holding him, he cried. He bolted for the blocked doors 3-4 times a day.
- This child had been dismissed from 2 other day cares in 6 months for excessive crying, biting and other behavior. After 6 months I could no longer provide the necessary constant attention that she required.

Not enough resources/child had special needs

In several dismissal cases, the provider indicated that they did not have the time, staff, or resources to deal with a very problematic child. Problems included an attachment disorder, autism, and being abusive. In one case, the child was dismissed a few years back, but is doing well on medication and is back in the provider's care.

Actual provider comments:

- He was also abusive physically and verbally to caregivers. Children in center were scared of his outbursts. I believed we didn't have the facility that could accommodate his tantrums without being noticed by other children. Some children don't belong in certain centers because of the physical constraints of the facility.
- He had attachment disorder and I was not informed about it.
- I don't know if I would have had the time this child needed. I am by myself and it isn't fair for the other children when I had no time or energy for them. I don't think it is realistic in a group-home center for 1 person to be able to deal with a very problematic child. I think I really helped his parents to realize how serious the problem was and then they sought out professional help. It was a very hard thing to do, but I think I should have done it much sooner.
- Parents said he possibly had autism. I was not comfortable dealing with him. I needed to give more attention to my own young children - the main reason I am home doing day care. I watched him for 2 1/2 years - very frustrating behaviors - very fussy infant, toddler-tantrums and biting.
- The baby was over 20 pounds at 4 months and I was 7 months pregnant and having trouble lifting and holding him. I started having health problems (back ache) that disappeared after I no longer had him.
- We had the children for several years until the safety of the staff and other children were at an extreme risk. He is back in our care because he is on medication. Doing great!

Payment issues

Several providers expressed frustration over payment issues. Several dismissals occurred after the parents became hundreds of dollars behind in their payments. In one case, the provider tried to connect the mother to existing resources in order to help. Several providers commented that the existing system for child care assistance puts the providers at a disadvantage (e.g., not being told when an assistance level changes, parents receiving assistance do not always pay).

Actual provider comments:

- Basically, the parents felt no need to pay me on time, no-show on meetings set up.
- Better methods of payments for child care assistance.
- Child care assistance was involved but would only pay for the hours the mom worked. The mom failed to show up for work consistently and lost her job. I charge a flat rate and she couldn't afford it.
- I gave this parent several times to pay me and she still owes me about \$1,000.
- If this family would have told me that their assistance level changed, I would not have had to acquire and eat \$1,500.
- It would be nice if Social Services were more helpful to child care providers. If the parents don't pay then Social Services doesn't care either. A lot of us providers are providing care for children and then not getting paid. It's not right! If somehow the providers and social services could work together, so that the providers were guaranteed to get paid, [it] would be nice.
- Kids were wonderful - parents behind \$2,000 in payments.
- Lack of resources for mother: used her college financial aid unwisely, still unpaid since January
- Mother had financial problems. I made suggestions about day care assistance, social services, Community Action for repairs for car that put her behind, and to get referral for food bank. I told her there are people that will help in times like this and sometimes we all need help.
- Parent habitually was so late for payment that frequently their next bill was due and they hadn't paid the previous bills - would frequently try to get the bill lowered even though they had signed a contract spelling out billing.
- Parent was on 100% for 3 months from social services. After the 3 months, parent could not afford their share.
- Parent would pay off bill when tax return would come in but the individual had school bills to pay off.
- [It would be helpful if parents would] pay on time - always had money for other things, new cars, etc.
- Same family as last one [in previous dismissal]. Owed about \$1,000.

Other comments

Other comments that providers had about dismissal cases included that several dismissal cases came from the same family. One provider mentioned that children in her child care setting need to have a "certain level of durability" to be a "good match with my program." Another provider shared that several years ago she had suggested the parent get a second opinion on the child's diagnosis, and the parent thanked her years later.

Actual provider comments:

- All the children in my care have a certain level of durability. If the child does not come equipped with that or the parents don't reinforce it at home, it is not a good match with my program.
- All three dismissals were from one family.
- Both dismissals were from one family.
- Child was from the same family as mentioned above [in previous dismissal].
- Give caregivers a list of deadbeat parents.
- Glad it is over - less stress in my life! I can better care for other children in my care.
- I do not transport children unless it's for group activities.
- It was a bad situation!
- NEVER take siblings' kids.
- Sibling to child one [in previous dismissal].
- Sibling to first child [in previous dismissal].
- This was 8 years ago. The child was [told he had] ADD. I didn't believe doctor and recommended the child see another doctor. Years later she [mom] thanked me. It turns out he had something other than ADD and was put on a different medicine.

2. General additional provider comments, by theme

Providers were asked if they had any additional comments about the issues covered in the survey. Comments were organized according to the following themes: information/training for parents, training for providers, assistance for providers, commitment to helping children, payment/affordability issues, and other comments.

Information/training for parents

Providers are looking for information to share with parents. Providers also indicated it is frustrating to feel like the parents are not adequately involved in their child's development.

Actual provider comments:

- A lot of us providers think the child cares' parents should go to meetings on disciplining their children.
- The one thing I need is professional handouts and brochures that I can hand out to my parents.
- We need information or consultation for the parents to receive regarding their child. It is so frustrating to be the only person that seems to care about the child's future and development.

Training for providers

Several providers indicate they are open to additional training. Training in behavior issues and special education could be especially helpful.

Actual provider comments:

- After so many years, training topics are a refresher, more than new material. It is OK to attend meetings on topics that have changed or revised issues. And sometimes to be reminded of some developed changes.
- I have been in child care for 15 years. I feel that we are dealing more and more with children's behavior issues. Lashing out, etc. We do all we can to help, but we are not trained in special education and can't always help those who need it. It is the biggest issue we face in our jobs.
- I would like to see more internet/online training available, similar to Chamber of Commerce events for child care professionals.
- We (myself and my helper) are hoping to take part in the Right From the Start program when it is offered next.
- When you have training, don't make it mandatory to attend both sessions or no credit hours [given]. You never know if something might happen and can't attend, I won't sign up for any that are mandatory two sessions. Give separate credit hours.

Assistance for providers

Providers would like to see assistance in obtaining materials for their child care setting, or additional training for staff. They are also interested in assistance with the referral process and gaining credibility in the community.

Actual provider comments:

- Funds to help more good day cares get going or those in need of materials for education, etc.
- I would like to get grants to upgrade and/or have a place to rent materials like we had in the past, other than just reading materials.
- Unfortunately, there is no funding in ND to help assist child care providers and many providers only take the required number of training hours. We already work very long hours and it would be nice to see some funding to help further our education.
- Ways to gain access and credibility within the community.
- When parents call for a referral, it would be very meaningful if the provider had the option to be included on the referrals all over. Citywide, not just the side of town that we live on.

Commitment to helping children

Several providers shared that they have a commitment to helping children that are in their care. They feel it is their responsibility, professionally and personally, to work hard with parents to help their child.

Actual provider comments:

- I feel it is unprofessional to just "pass off" a challenging child/family. This does not serve the child/family or the child care profession. The responsibility lies with the provider to seek out and participate in appropriate training to meet the needs of the children/families in our state. The resources are available to all providers.
- I've had many discussions with families regarding behavior issues and parenting choices that opened those up to possibly choosing a different care situation. I've always believed VERY strongly in meeting the individual child's needs-even if it means lots of extra work for staff.
- I do not like to give up on any child and therefore try really hard to work with parents to get help for their child. I also believe parents have a very difficult time admitting that their child has these special problems and therefore don't "tell all" to help the child care provider help the child. Maybe it's time parents who have children with special issues stay home with that child but [get] paid to take care of them. They would have to take special classes on how to do that in order to be paid. In the long run, it may be cost-effective and better for society.
- I would not ever quit on a child. If they were harmful to the other children, then I would have to. Children are not something you quit on. You work with them and teach them manners, respect for you and others. First you show them how to act by how you are. One has to learn to control oneself, example: anger, frustration. Children are all able to become a wonderful person if you show them love [and] proper discipline.

Payment/affordability issues

Providers are looking for improvements to the child care assistance program, such as keeping the provider informed about what the family has been approved for. There are also concerns about what to do for parents who can't afford child care. Some providers are hesitant to accept parents who are on assistance because they have had negative experiences and can't take the risk of not getting paid.

Actual provider comments:

- Help with the financial side.
- I currently took on a set of twins, born 6/07, weighing 4 pounds. One is normal at 10 pounds now. The other is 7 pounds, fed by G-tube, and on heart medications and specific formula. They take a lot of time and the other children in care (after 2 weeks now) are still very jealous because my time is limited with them. I see a lot of fighting and anger. This infant is respite care and therefore I contacted social services and told them I need help. I only get paid \$3.50/hour for the twins. I don't feel I should have to pay a helper, but the infant definitely requires a lot of time. Between the mother and social services, I was able to get help from Jamestown for 0-3 respite. They allowed a helper \$7/hour for \$500 worth. But they say I am to do the feeding and the helper watch the other children. Being I only asked for help of 1 year for feeding, the mother feels if the infant is fed in 10-15 minutes I should send the helper home, so the \$500 lasts. In my opinion, [if] this person is willing to come in 10-11, 1-2, 4-5, why should we expect her to come less? She is already giving her day up to keep coming for 3 hours of work. I have discovered we need more one-on-one with all the children because of all the jealousy! I am thinking I need more help! I can't take any more children because [of] the infants and the time involved. Even with 3 hours a day of helper, I can't keep up. Yet I am not allowed to charge extra for special needs. Is there any state aid that could compensate me for loss of income, so I could hire more help? Infants are demanding and yet in our small rural town, people at our wage level here are unable to afford day care at \$3 per infant like they are charging in the city. Child care assistance is wonderful for those that qualify. Those that don't really struggle. I have some parents who walk a mile to day care and a mile to work in rain or snow when the car gas tank is empty, it's the 25th or 26th and pay day is the 1st. They also run out of grocery money. We are seriously in a poverty area and do need help with our kids. We can't make ends meet. Parents cannot afford to pay quality day care and provide healthy food for their kids. How can we charge what we deserve as providers when you know some parents give up food just to pay us because their wages aren't high enough? Us day care providers and parents in rural areas such as ours need help - any ideas?
- I helped one family find funding at a local Community Action Agency and the Child Care Assistance program to enable them to pay for summer hours in my child care. I have accepted in-kind payment of services from a family who did not qualify for child care assistance but still couldn't pay their bill.

- It used to be great getting families on assistance because that meant we were guaranteed payment. Now, in the past 5 years, I've had more families rack up a huge day care bill and then skip town during the night. I can't afford that anymore. It's to the point now that I will not accept any new kids on assistance. Because I know I'm going to get screwed. HELP US PLEASE!
- I've had 3 separate families, on child care assistance, call this summer for an opening I had available. I was unable to help any of them because I require all parents to pay child care in advance (like rent). Because it takes assistance over a month to send money to providers, I can't risk losing the money. We are unable to find out from assistance if [the family] will even be paid for the month. They say everything varies and until the parent provides pay stubs, etc., they can't tell you the amount of money we as providers receive. We can't run a successful business in that manner. This issue needs to be addressed to help these families with the provider taking all the risk.
- Our income (paychecks) comes from several parents. Some are reliable and some are not. Payment is important. Children learn what they live; their parent's behavior is a key assessment on the child's conduct and if they will follow through. Full time and part time: the ratio set limits for us (not fair). A parent's most valuable asset is their child and they do not want to pay child care (good care). We need to invest in these young children now because they will be running our country when we get old. Sorry, my morals and values are part of my job.
- The biggest reason I lose children is not for dismissal, but because they can no longer afford child care for their children.
- The main problem I've had which caused me to quit a family was failure to pay - these were families on CCA and some other social service program - such as 100% child care for X amount of time or payment for only X amount of hours per week - we aren't told what they qualify for so when it runs out or they owe extra \$ - we don't get paid! If there was a way to inform us as to what they qualify for it would make it easier to avoid problems.
- The only other dismissals were due to nonpayment.
- Within the last year, I've had approximately 5 parents call me about child care who were on some sort of assistance. When I explained that I accept children on assistance, but also require that I be paid on a weekly basis starting after the first week of coming, they indicated they did not have money for payment after that first week of care. They therefore never started with me. I have very little dismissal because of my years of experience and I work very hard on troublesome issues.

Other comments

Other general comments include that they have had relatively few dismissals, that they feel their home day care should not be poorly judged compared to centers, and that staff are vital to the success of their organization. One provider expressed appreciation for this survey because it helps provide insight and give these vulnerable children a "voice."

Actual provider comments:

- I don't feel that these centers should degrade the home day cares. We teach our children just as they do with one or two teachers, on staff. I have had only 3 go to Head Start. But I am proud to say they are A and B students, with kindergarten only. Parents send them to preschool and Head Start, due to the fact that social services pays the full amount. I think that is a rather high priority compared to day care payments and they only pay a percentage.
- I would like to see the results of this study if at all possible.
- In 26 years of doing day care, I've only had to let 3 families go. The 2 [families] I mentioned and 2 boys for discipline problems. One [boy] 4 years ago and one [boy] 20 years ago.
- In my 10 years here as director, I have let 3 go here at this center.
- In all my years of early childhood education, I believe I've only asked one family to find alternative care.
- Thank you. We have child care in only one center at a time. [City] is the summer site and [city] is the school year site.
- This was the only dismissal I have ever had and have been doing day care for 10 years.
- We have our own support system and referral system. Staffing and trained staffing - staff support are VITAL for success.
- What an excellent survey, I hope it helps children. Without something like this to get a better insight, these children would have no "voice."

Appendix Table 1. Child care providers by type of licensure

Type of licensure	Respondents	
	Number	Percent
Family	155	26.6
Group	330	56.6
Center	50	8.6
Pre-school	25	4.3
School-age	2	0.3
Head Start	6	1.0
Multiple types of licensure	12	2.1
Missing	3	0.5
TOTAL	583	100.0

Appendix Table 2. Child care providers by type of age groups in child care setting

Type of age groups	Respondents	
	Number	Percent
Same-age groups	56	9.6
Mixed-age groups	517	88.7
Both same- and mixed-age groups	9	1.5
Missing	1	0.2
TOTAL	583	100.0

Appendix Table 3. Whether child care organization is accredited by the National Association for the Education of Young Children or the National Association of Family Child Care

Response	Respondents	
	Number	Percent
Yes	56	9.6
No	455	78.1
Missing	72	12.3
TOTAL	583	100.0

Appendix Table 4. Child care providers by number of children enrolled in child care

Number of children*	Respondents	
	Number	Percent
1 to 9	278	47.7
10 to 19	173	29.7
20 to 39	43	7.4
40 to 59	18	3.1
60 to 99	24	4.1
100 to 199	15	2.6
200 or more	3	0.5
Missing	29	5.0
TOTAL	583	100.1

*Number of children enrolled in child care ranged from 1 to 347 per provider. One respondent reported 900.

Appendix Table 5. Enrollment status of children in child care by number of children enrolled

Number of children*	Respondents with children who are enrolled:					
	Full-time		Part-time		Both full-time and part-time	
	Number	Percent	Number	Percent	Number	Percent
1 to 9	261	71.9	205	71.9	56	27.9
10 to 19	35	9.6	32	11.2	27	13.4
20 to 39	8	2.2	15	5.3	3	1.5
40 to 59	7	1.9	9	3.2	1	0.5
60 to 99	7	1.9	1	0.4	4	2.0
100 or more	1	0.3	7	2.5	1	0.5
Checked, but did not say how many children	44	12.1	16	5.6	109	54.2
TOTAL	363	99.9	285	100.1	201	100.0

*Number of children enrolled in child care full-time ranged from 1 to 110 per provider. Number of children enrolled in child care part-time ranged from 1 to 343 per provider. Number of children enrolled in child care both full-time and part-time ranged from 1 to 347 per provider.

Appendix Table 6. Child care providers by age group of children enrolled

Age group	Respondents	
	Number	Percent*
Infants (0 to 11 months)	367	63.0
Infants (12 to 23 months)	430	73.8
Toddlers	446	76.5
Preschool-age children	470	80.6
Kindergarteners	277	47.5
School-age children	304	52.1

*Percents do not equal 100.0 due to multiple responses. N=583.

Appendix Table 7. Child care providers with infants age 0 to 11 months enrolled in child care by number of infants age 0 to 11 months enrolled

Number of infants age 0 to 11 months*	Respondents with enrolled infants age 0 to 11 months	
	Number	Percent
1 child in age group enrolled	179	48.8
2 children in age group enrolled	109	29.7
3 children in age group enrolled	37	10.1
4 children in age group enrolled	15	4.1
5 or more children in age group enrolled	25	6.8
Checked, but did not say how many children	2	0.5
TOTAL	367	100.0

*Number of infants age 0 to 11 months enrolled in child care ranged from 1 to 30 per provider.

Appendix Table 8. Child care providers with infants age 12 to 23 months enrolled in child care by number of infants age 12 to 23 months enrolled

Number of infants age 12 to 23 months*	Respondents with infants age 12 to 23 months	
	Number	Percent
1 child in age group enrolled	194	45.1
2 children in age group enrolled	127	29.5
3 children in age group enrolled	44	10.2
4 children in age group enrolled	22	5.1
5 or more children in age group enrolled	41	9.5
Checked, but did not say how many children	2	0.5
TOTAL	430	99.9

*Number of infants age 12 to 23 months enrolled in child care ranged from 1 to 32 per provider.

Appendix Table 9. Child care providers with toddlers enrolled in child care by number of toddlers enrolled

Number of toddlers*	Respondents with toddlers	
	Number	Percent
1 child in age group enrolled	110	24.7
2 children in age group enrolled	128	28.7
3 children in age group enrolled	85	19.1
4 children in age group enrolled	44	9.9
5 or more children in age group enrolled	78	17.5
Checked, but did not say how many children	1	0.2
TOTAL	446	100.1

*Number of toddlers enrolled in child care ranged from 1 to 29 per provider.

Appendix Table 10. Child care providers with preschool-age children enrolled in child care by number of preschool-age children enrolled

Number of preschool-age children*	Respondents with preschool-age children	
	Number	Percent
1 child in age group enrolled	104	22.1
2 children in age group enrolled	104	22.1
3 children in age group enrolled	88	18.7
4 children in age group enrolled	41	8.7
5 or more children in age group enrolled	129	27.4
Checked, but did not say how many children	4	0.9
TOTAL	470	99.9

*Number of preschool-age children enrolled in child care ranged from 1 to 343 per provider.

Appendix Table 11. Child care providers with kindergarteners enrolled in child care by number of kindergarteners enrolled

Number of kindergarteners*	Respondents with kindergarteners	
	Number	Percent
1 child in age group enrolled	138	49.8
2 children in age group enrolled	55	19.9
3 children in age group enrolled	30	10.8
4 children in age group enrolled	11	4.0
5 or more children in age group enrolled	41	14.8
Checked, but did not say how many children	2	0.7
TOTAL	277	100.0

*Number of kindergarteners enrolled in child care ranged from 1 to 45 per provider. One respondent indicated her organization had 911 children in kindergarten.

Appendix Table 12. Child care providers with school-age children enrolled in child care by number of school-age children enrolled

Number of school-age children*	Respondents with school-age children	
	Number	Percent
1 child in age group enrolled	78	25.7
2 children in age group enrolled	64	21.1
3 children in age group enrolled	39	12.8
4 children in age group enrolled	33	10.9
5 or more children in age group enrolled	89	29.3
Checked, but did not say how many children	1	0.3
TOTAL	304	100.1

*Number of school-age children enrolled in child care ranged from 1 to 94 per provider.

Appendix Table 13. Whether any children were dismissed in the last year

Response	Respondents	
	Number	Percent
Yes	116	19.9
No	464	79.6
Missing	3	0.5
TOTAL	583	100.0

Appendix Table 14. Of child care providers with dismissals in the last year, the number of children dismissed in the last year

Number of dismissals*	Respondents with dismissals in the last year	
	Number	Percent
1 child dismissed	60	51.3
2 children dismissed	37	31.6
3 children dismissed	11	9.4
4 children dismissed	4	3.4
5 or more children dismissed	5	4.3
TOTAL	117	100.0

*Number of children dismissed in the last year ranged from 1 to 8 per provider.

Appendix Table 15. Whether any children were dismissed in the previous year

Response	Respondents	
	Number	Percent
Yes	83	14.2
No	485	83.2
Missing	15	2.6
TOTAL	583	100.0

Appendix Table 16. Of child care providers with dismissals in the previous year, the number of children dismissed in the previous year

Number of dismissals*	Respondents with dismissals in the previous year	
	Number	Percent
1 child dismissed	43	50.0
2 children dismissed	27	31.4
3 children dismissed	11	12.8
4 children dismissed	4	4.7
5 children dismissed	1	1.2
TOTAL	86	100.1

*Number of children dismissed in the previous year ranged from 1 to 5 per provider.

Appendix Table 17. Dismissal cases by age of child dismissed

Age of child dismissed	Dismissal cases	
	Number	Percent*
Infants (0 to 11 months)	30	12.3
Infants (12 to 23 months)	44	18.0
Toddlers	69	28.3
Preschool-age children	75	30.7
Kindergarteners	29	11.9
School-age children	46	18.9

*Percents do not equal 100.0 due to multiple responses. N=244.

Appendix Table 18. Dismissal cases for infants age 0 to 11 months by number of dismissals

Number of dismissal cases for infants age 0 to 11 months	Dismissal cases for infants age 0 to 11 months	
	Number	Percent
Checked, indicating at least one dismissal case	12	40.0
1 dismissal case in age group	17	56.7
2 dismissal cases in age group	0	0.0
3 dismissal cases in age group	1	3.3
4 dismissal cases in age group	0	0.0
5 or more dismissal cases in age group	0	0.0
TOTAL	30	100.0

Appendix Table 19. Dismissal cases for infants age 12 to 23 months by number of dismissals

Number of dismissal cases for infants age 12 to 23 months	Dismissal cases for infants age 12 to 23 months	
	Number	Percent
Checked, indicating at least one dismissal case	13	29.5
1 dismissal case in age group	31	70.5
2 dismissal cases in age group	0	0.0
3 dismissal cases in age group	0	0.0
4 dismissal cases in age group	0	0.0
5 or more dismissal cases in age group	0	0.0
TOTAL	44	100.0

Appendix Table 20. Dismissal cases for toddlers by number of dismissals

Number of dismissal cases for toddlers	Dismissal cases for toddlers	
	Number	Percent
Checked, indicating at least one dismissal case	22	31.9
1 dismissal case in age group	46	66.7
2 dismissal cases in age group	1	1.4
3 dismissal cases in age group	0	0.0
4 dismissal cases in age group	0	0.0
5 or more dismissal cases in age group	0	0.0
TOTAL	69	100.0

Appendix Table 21. Dismissal cases for preschool-age children by number of dismissals

Number of dismissal cases for preschool-age children	Dismissal cases for preschool-age children	
	Number	Percent
Checked, indicating at least one dismissal case	23	30.7
1 dismissal case in age group	51	68.0
2 dismissal cases in age group	1	1.3
3 dismissal cases in age group	0	0.0
4 dismissal cases in age group	0	0.0
5 or more dismissal cases in age group	0	0.0
TOTAL	75	100.0

Appendix Table 22. Dismissal cases for kindergarteners by number of dismissals

Number of dismissal cases for kindergarteners	Dismissal cases for kindergarteners	
	Number	Percent
Checked, indicating at least one dismissal case	11	37.9
1 dismissal case in age group	18	62.1
2 dismissal cases in age group	0	0.0
3 dismissal cases in age group	0	0.0
4 dismissal cases in age group	0	0.0
5 or more dismissal cases in age group	0	0.0
TOTAL	29	100.0

Appendix Table 23. Dismissal cases for school-age children by number of dismissals

Number of dismissal cases for school-age children	Dismissal cases for school-age children	
	Number	Percent
Checked, indicating at least one dismissal case	13	28.3
1 dismissal case in age group	27	58.7
2 dismissal cases in age group	2	4.3
3 dismissal cases in age group	3	6.5
4 dismissal cases in age group	1	2.2
5 or more dismissal cases in age group	0	0.0
TOTAL	46	100.0

Appendix Table 24. Dismissal cases by child's family composition

Family composition	Dismissal cases	
	Number	Percent*
Child was an only child	72	29.5
Other siblings lived with the child	128	52.5
Extended family members lived with the child	15	6.1
Child was living with single parent	72	29.5
Child was living with both parents	95	38.9
Child was living with parent and live-in partner	33	13.5
Child was living in foster care	4	1.6
Do not know	2	0.8

*Percents do not equal 100.0 due to multiple responses. N=244.

Appendix Table 25. Dismissal cases by reasons for dismissal

Reasons for dismissal	Dismissal cases	
	Number	Percent*
Behavior problems of the child (e.g., biting, hitting, spitting, excessive crying, temper tantrums)	125	51.2
Inability of parent/guardian(s) to pay for child care	76	31.1
Safety of other children	63	25.8
Parent/guardian(s) expectations could not be met	25	10.2
Child care setting provided too much stimulation for the child	16	6.6
Lack of resources (e.g., provider unable to access community resources, mental health specialists, disability specialists, special needs services)	8	3.3
Changes in funding (e.g., vouchers, fees, subsidies)	6	2.5
Child care setting was not challenging enough for the child	3	1.2
Severe chronic conditions of the child (i.e., health related or physical limitations)	3	1.2
Physical limitations on the part of the caregiver	2	0.8
Other reasons	70	28.7

*Percents do not equal 100.0 due to multiple responses. N=244.

Appendix Table 26. Other reasons for dismissal

Reasons	Number
<i>Behavior problems of parent</i>	
Behavior problems of the parent	1
Crazy mom - I felt like she wanted something to go wrong so she could sue. My hives went away when I dismissed her. The child was great.	1
Dad would drink before he picked up his daughter. He never respected my house-drove over flowers, etc. The last month he argued that I told him he could pay half of the bill (which I didn't and he signed a contract). I told him he could pay half and then he was done. I was scared of him.	1
Father could not be on time - very irresponsible - the child was great	1
His sister and dad were making up lies about the provider	1
Parent behavior	1
Parent vandalized property	1
Parents	1
Parent's behavior was threatening and defensive	1
Parents' inability to be reasonable about child care - falling out between myself and parents.	1
Parents did not communicate with me about anything.	1
Parents not responsive to working with Center staff	1
Parents threatening staff	1
The mother called me 3-4 times a day worrying	1
Sister-in-law wouldn't listen to me, the provider	1
The mother took off and left	1
The mother was very difficult to deal with	1
<i>Behavior problems of the child</i>	
Child was not adapting	1
Child would run away	1
Child was constantly wetting pants	1
He called me names and was mean to siblings and other kids. Parents had trouble with him. He thought he knew everything. He'd tell kids to call me names - "I hate you - I can't wait until I can stay home." He'd lie, even if you saw him do it. He would not share, but he played with other kids' toys.	1
He tried getting outside several times a day	1

Appendix Table 26. Other reasons for dismissal (**continued**)

Reasons	Number
I did not have the time or energy to deal with child's chronic behavior problems (urinating on other children). It was affecting other children and they were beginning to act like him.	1
Touching of private parts on other children	1
Would not participate in anything we would do; child would sit in a spot for 3 hours and not play.	1
<i>Issues with hours</i>	
Care was needed until 2 am - my hours changed	1
Child was part time and I needed to fill my full time spots	1
Hours of day care were too long: 5:30 am to 6:30 pm	1
Parent did not respect hours - came late all the time	2
Parent said the children would be full-time, but treated us like a drop-off day care without notice.	1
Parent wasn't picking the child up at the scheduled time. She was always asking me to watch her longer.	1
Parent's hours at work no longer fit with day care hours of service	1
<i>Child had special needs</i>	
Boy was mentally challenged. Parents and relatives didn't treat him like a 3 year-old. I wanted to help him, but the parents didn't have time.	1
Unable to provide the specialized one-on-one care child needed as well as taking care of other children	1
<i>Health issues</i>	
Children [same family] kept coming with lice.	1
Parent would not immunize her son	1
[Parents] refused to immunize on time - constantly had to remind them.	1
<i>Parent was uncooperative in resolving issues</i>	
Father would not agree to get the help that the child needed (from a behavior specialist)	1
Parent's would not acknowledge their child's health and behavior issues	1
Parents would not allow child to be evaluated - they were not open to other agencies becoming involved	1
<i>Payment issues</i>	
Always were late with payments	1
Only problem was parents' failure to pay	1
People (all) would not pay bill when due	1
Ran without paying	1
<i>Other</i>	
Had been dismissed from previous day care	1
Infant was due from another parent	1
[I'd] do children's laundry, bathe them, and feed them no matter what time they were brought.	1
Parents would not follow illness guidelines and were extremely disrespectful toward me	1
Reported abuse	1
School	1
Unable to transport their child to school for them	2
Missing	17
TOTAL	70

Appendix Table 27. Dismissal cases due to behavior problems of the child by actions related to dismissal

Response	Dismissal cases due to child behavior problems	
	Number	Percent*
When the child first arrived at the child care, an enrollment form was completed that mentioned the problem behavior	17	13.6
Behavior was observed and documented	77	61.6
Behavior and possible triggers that preceded the problem behavior were observed and documented	58	46.4
Once a pattern of problem behavior and the possible triggers leading up to it were established, a meeting was held with the family to develop a child care plan	52	41.6
Once a child care plan was established, meetings were held with family on an on-going basis to monitor progress	38	30.4
Parent/guardian(s) was/were provided with outside resources to assist the child	41	32.8
Once it was determined that the child would be asked to leave, the family was given other resources to contact for placement	46	36.8

*Percents do not equal 100.0 due to multiple responses. N=125.

Appendix Table 28. Dismissal cases by the number of times meetings were held with parent/guardian(s) regarding dismissal issues prior to the dismissal

Response	Dismissal cases	
	Number	Percent
<i>Did not have meetings</i>		
No meetings	19	7.8
Parent refused to meet	1	0.4
<i>Did have meetings – specific number</i>		
1 meeting	31	12.7
2 meetings	54	22.1
3 to 5 meetings	84	34.4
6 to 16 meetings	15	6.1
5 minute official meeting, 10 minute+ unofficial	1	0.4
5 minute meeting	1	0.4
<i>Did have meetings – on a schedule</i>		
Daily	9	3.7
Daily for 3 weeks	1	0.4
Daily upon pickup	1	0.4
Almost daily at pickup	1	0.4
Discussed daily what his behaviors were	1	0.4
Every week for one year	1	0.4
Every payday for at least 3 months	1	0.4
Every other week on payday and day before	1	0.4
I had been working with child & parent for over 1 year	1	0.4
Ongoing for month, month and a half	1	0.4
<i>Did have meetings – numerous</i>		
1 meeting by phone, numerous times in person	1	0.4
2 meetings in person, other times on the phone	1	0.4
Many meetings	3	1.2
Multiple meetings	2	0.8
Numerous meetings	2	0.8
Often	1	0.4
Several meetings	2	0.8
Too many meetings to count	1	0.4
Missing	7	2.9
TOTAL	244	99.7

Appendix Table 29. Dismissal cases by whether a formal assessment of the child was conducted by a professional

Response	Dismissal cases	
	Number	Percent
Yes	36	14.8
No	178	72.9
Missing	30	12.3
TOTAL	244	100.0

Appendix Table 30. Dismissal cases involving a formal assessment by the results of the formal assessment

Response	Number
<i>Condition identified</i>	
ADD and other mental health	1
ADHD	2
Asperger's syndrome	1
Autism	3
Bi-polar	1
Severe behavioral difficulties - further testing needed	1
Severe hearing impairment, visual tracking problems	1
Under psychiatric care, ADHD, Bipolar, etc.	1
Various psychological problems, ADHA, etc.	1
<i>Results of assessment</i>	
A behavior plan with ACCESS	1
Behavior plan created	1
He was seeing a psychiatrist for his anger and violence and hatred he had for everyone.	1
Needed therapy	1
Not sure she took her to counselor for biting.	1
Parents would not share that information with me. They did not take the child to counseling when they said they did. They did take the child a few times and were upset but would not share information.	1
Team found child didn't fit with care.	1
The child needed more than what we could give him.	1
<i>Who assessed the child</i>	
But not at day care setting	1
Doctors	1
Informally with nurse consultant	1
It was looked into	1
Provider has a nursing background and did the assessment	1
Social services came to my day care to help him	1
Through the school	1
<i>Other</i>	
Child was on medication (school age)	1
Foster child	1
Unknown at this time	1
Missing	6
TOTAL	36

Appendix Table 31. Dismissal cases by whether there were recommendations given to the parent/guardian(s) based on the child's assessment

Response	Dismissal cases	
	Number	Percent
Yes	59	24.2
No	117	47.9
Missing	68	27.9
TOTAL	244	100.0

Appendix Table 32. Dismissal cases by whether program was an active participant in developing recommendations based on child's assessment

Response	Dismissal cases	
	Number	Percent
Yes	55	22.5
No	119	48.8
Missing	70	28.7
TOTAL	244	100.0

Appendix Table 33. Dismissal cases by respondent's perception of parent/guardian(s)' follow-through of recommendations to prevent dismissal

Response	Dismissal cases	
	Number	Percent
1 – no follow-through at all	84	34.4
2	27	11.1
3	9	3.7
4	9	3.7
5 – a great deal of follow-through	18	7.4
Not applicable	45	18.4
Missing	52	21.3
TOTAL	244	100.0

Mean=1.98 ("Not applicable" and "Missing" were excluded from the mean)

Appendix Table 34. Dismissal cases by method of dismissal

Method of dismissal	Dismissal cases	
	Number	Percent
Immediate	74	30.3
Time limit was given	155	63.5
Other (both immediate and time limit was given)	1	0.4
Missing	14	5.7
TOTAL	244	99.9

Appendix Table 35. Resources that would have been helpful to retain the dismissed child

Resources	Number
<i>Advice from a health professional</i>	
A pediatrician that would have recommended dietary changes for a severe case of IBS [Irritable Bowel Syndrome] in a 14 mo. old. [There were] 6-8 diarrhea diapers a day for several months.	1
Additional information on Asperger's Syndrome.	1
Better health care	1
Someone to come and observe him/her for more than just a few minutes. Someone to help staff with child's anger management.	1
Something to understand their biting behavior and how to stop it.	1
<i>Payment issues</i>	
Child care assistance to help pre-pay providers	1
Child care assistance in larger amounts - paid up front instead of at the end of the month.	1
Higher percentage of day care bill paid for by social services.	1
Mom and dad just wouldn't pay their bill.	1
Monetary	1
More money available for scholarships and so forth	1
More reimbursement from social services after 3 months of 100%	1
None. Child was ok - parents just wouldn't pay	1
Payment of \$900	1
Payment on time in full.	1
Payments on time and a check that does not bounce. We switched to cash payments.	1
The parents would have made an effort to pay me	1
Parents stop running and pay what their expected to	1
<i>Staff ratio issues</i>	
Additional staff	3
[Child] needed a one-on-one adult in order to function in a child care setting.	1
Extra help to care for the child	1
Having the parents work to change their child's very busy behavior. A day care helper could have made it possible for me to retain the child. I dismissed this child because I have a new baby myself and could not give enough one-on-one attention to either child in my opinion.	1
I need more help to watch a more sensitive child.	1
I would have had to have an employee do one-on-one	1
More than one person to care for all the children.	1
One-to-one staff	1
One-on-one adult to child ratio.	4
One-to-one caregiver with child or at least accessible to leave all else to help avert "issues" for child.	1
The child needed constant one-on-one attention because he didn't receive this at home	1
<i>Government help/input</i>	
Head Start	1
Human Services	1
I don't know. I had help with social services.	1
More cooperation from County Social Services	1
More information from county about assistance	1
State required documentation to help support illness guidelines	1
Mom needed to get a job. More help with government funding. She needed more time. She needed a case worker willing to work harder for her.	1
School and social services was working with family but it didn't help.	1
School bus did drop off at house but only before and after school, not for kindergarten age (mid-day)	1
<i>Parent education, training, involvement</i>	
A way to help a teenager work with her child using bad language. To help a 2 yr. old not to push the other kids when the parents come.	1

Note: Some respondents indicated multiple resources. While N=244, most respondents did not indicate any resources that would have been helpful.

Appendix Table 35. Resources that would have been helpful to retain the dismissed child (continued)

Resources	Number
Child needed to be placed on a behavior plan; also needed more support from parent.	1
Cooperation of parents on suggestions to modify behavior	1
If mom would have talked with us	1
Not sure - father was very immature	1
Parenting classes would have helped the parents, additional staff would have helped me.	1
Parent participation	1
Parent training, parent involvement - she just didn't care and did nothing to help or try to change behaviors.	1
Respite - someone to come and play one on one with the child and to convince the mother to do so.	1
Something that would have been helpful in both cases: 1. Bad language, 2. Hitting and pushing the other kids when a parent would show up.	1
None-mom refused to admit she had a problem.	1
<i>Prior knowledge of problems, honesty from parents</i>	
If we would've known about his issues before he came	1
If we would've known about his temper	1
Knowing how he was before he came	1
Parents being honest when filling out the informational forms.	1
Parents being honest with us	1
<i>Counseling</i>	
Counseling	1
Counseling might have helped - parent unwilling	1
Counselor to come in so I would know what triggers to avoid, etc.	1
Family counseling	1
<i>Other</i>	
ACCESS	1
I looked for them all.	1
Licensed and accredited preschool setting.	1
NA	1
None	6
None, I will not have people making up lies about how I care for other children in my care.	1
None-other children were in danger.	1
Not co-sleeping, getting shots, and not coming with RSV to day care.	1
Phone numbers	1
There was no way I would retain child based on behavior.	1
[Do not know]	1
TOTAL	79

Note: Some respondents indicated multiple resources. While N=244, most respondents did not indicate any resources that would have been helpful.

Appendix Table 36. Age of child care provider

Age	Respondents	
	Number	Percent
Younger than 25	14	2.4
25 to 34	169	29.0
35 to 44	149	25.6
45 to 54	168	28.8
55 to 64	68	11.7
65 years or older	5	0.9
Missing	10	1.7
TOTAL	583	100.1

Appendix Table 37. Child care providers by their years of child care experience

Years of child care experience	Respondents	
	Number	Percent
Less than 1 year	16	2.7
1 to 3 years	61	10.5
4 to 9 years	127	21.8
10 to 20 years	201	34.5
21 or more years	168	28.8
Missing	10	1.7
TOTAL	583	100.0

Appendix Table 38. Child care providers by their current level of education

Level of education	Respondents	
	Number	Percent*
Less than high school	2	0.3
High school graduate or GED	142	24.4
Some college	179	30.7
Child Development Associate Degree Credential	27	4.6
Associate's degree	68	11.7
Bachelor's degree	170	29.2
Master's degree or higher	15	2.6
Nursing training	21	3.6
Special Education degree	9	1.5

*Percents do not equal 100.0 due to multiple responses. N=583.

Appendix Table 39. Whether child care provider's education is child-related by level of education

Level of education	Respondents					
	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Some college	50	29.4	120	70.6	170	100.0
Associate degree	21	32.3	44	67.7	65	100.0
Bachelor's degree	127	77.4	37	22.6	164	100.0
Master's degree or higher	13	86.7	2	13.3	15	100.0

Appendix Table 40. Child care providers with nursing training by type of training

Type of training	Respondents with nursing training	
	Number	Percent
CNA	12	57.1
LPN	5	23.8
RN	1	4.8
Other (Certified Medical Assistant, EMT/Fire Rescue, EMTB)	3	14.3
TOTAL	21	100.0

Appendix Table 41. Whether child care providers have had additional training related to infant/child caregiving within the last five years

Type of training	Respondents	
	Number	Percent*
Yes, have attended informal seminars/training	268	46.0
Yes, have attended staff development or professional training	157	26.9
Yes, other training	63	10.8
No	221	37.9

*Percents do not equal 100.0 due to multiple responses. N=583.

Appendix Table 42. Other types of additional training related to infant/child caregiving received by child care providers within the last five years

Response	Number
<i>College courses</i>	
Accredited class regarding child development	1
Acquiring my child development degree from NDSU	1
College classes	5
Have taken college courses to keep my ND teacher's license valid	1
UND Early Childhood	1
<i>Additional training</i>	
ABC	1
CPR and 1st Aid	2
CPR, First Aid, multicultural classes	1
I have done classes for Respite Care	1
In process of completing Right From the Start	1
Local day care association and food program	1
Minnesota CCR&R Provider Training	1
Modules through the Air Force	1
Para certification	1
Para educator - the implementation of effective para educator practice in educational settings	1
Parents as Teachers Birth-K, Denver II training	1
Received my child development associate certificate	1
Right From the Start	10
Right From the Start, CDA, National Accreditation training (did not do final inspection - took year off from child care)	1
Right From the Start, CLAM, NDC, CCRR	1
Social work related training	1
Through Easter Seals of ND	1
Volunteer ambulance EMT	1
Working on CDA - had 161 hours last year alone	1
<i>Foster care training</i>	
Foster care training	2
Foster parent trainings-behaviors and other topics	1
Foster care/Path of ND	1
My husband and I are trained as foster parents	1
Therapeutic foster care	1
<i>Conferences/meetings</i>	
Autism conference	1
Day care association meeting and some other training that R&R provided	1
NAEYC conference for 13 years	1
National conferences and institutes	1
Regional and National Conferences	1
<i>Other</i>	
Basically, I have 5 kids of my own	1
Every year, 10 hours or more	1
I also do a pre-school program	1
I'm currently on a Village team board that services the area. We focus on early prevention needs and at-risk families	1
In order to maintain my license I need to get 9 hrs. of training a year.	1
Online courses	1
Self motivators	1
Missing	7
TOTAL	63

Appendix Table 43. Additional resources child care provider would like to see made available

Type of training	Respondents	
	Number (N=583)	Percent*
One-on-one consultation training	72	12.3
Printed materials	246	42.2
Information on regulatory policies regarding care of children of special needs	123	21.1
Phone consultation by infant mental health specialist, special needs specialist, etc.	60	10.3
Other	22	3.8

*Percents do not equal 100.0 due to multiple responses.

Appendix Table 44. Other additional resources child care provider would like to see made available

Response	Number
<i>Training</i>	
CCR&R training	1
Classes or sessions on topics of interest	1
Early childhood degree available nights and online	1
Group training	1
I have been doing day care for 29 years, so it is hard to be specific on certain training sessions.	1
Internet conferences	1
Love and logic classes for providers	1
More information on psychological diseases and how to indicate them.	1
New class - longer hours - credit	1
On line training	1
Techniques to use, ideas and activities	1
Training on how to communicate with parents when behavior problems occur, suggestions on policies and procedures that providers can use.	1
Training through our day care association	1
We are a Head Start center. Our staff is always looking for training on various topics especially in child guidance and behavior especially being we are here for the children and do not ever dismiss due to behaviors.	1
Would like more training in my community of [city] instead of always going to Bismarck.	1
<i>Information relating to parents</i>	
Information and resources to give to families.	1
Information dealing with parental issues.	1
List of deadbeat parents	1
<i>Assistance/guidance</i>	
In home observation and guidance when we need help.	1
Other centers'/day cares' policies for handling behavior issues and dismissals	1
Provider rights	1
<i>Financial assistance</i>	
Financial aid for classes including grants.	1
Money to support extra staff for child with psychological needs.	1
More of a partnership between CCA [child care assistance] and caregivers. If it is kept confidential how much assistance they are getting and when they are receiving it, how is the caregiver supposed to know what is the truth. Many parents don't pay the day care and CCA has no clue that they aren't paying their child care bill. Barnes County Social Services is somewhat difficult and crabby to deal with-we should be working together.	1
The guarantee that if we get families on day care assistance we'll get paid	1
<i>Other</i>	
ACCESS	1
More input to social services, i.e., child care assistance program.	1
TOTAL	27

Note: Some respondents indicated multiple resources. N=22.



August 31, 2007

Dear «First_Name»:

The North Dakota Child Care Resource and Referral Network is sponsoring a research study to learn about child care in our state, children who are dismissed from child care organizations, and the reasons for their dismissal. Your feedback is important – even if your program has not dismissed any children. Results from this research study will provide insight to community leaders regarding tools necessary to aid child care programs in addressing their needs and the needs of children who are at risk for dismissal. This study will also assist community leaders and policymakers in planning innovative, community-based initiatives that increase awareness of, and access to, specific services to caregivers.

Partners in this research study include Dr. Richard Rathge and staff of the North Dakota State Data Center at North Dakota State University who are conducting the study.

You are invited to participate in this study. The enclosed survey is voluntary and should take no more than 15 minutes to complete. You may leave blank any questions you do not want to answer. The information you provide will be combined with that of other participants and your identity will be kept confidential.

You may return your survey via the postage-paid envelope provided or you may fax your survey to the North Dakota State Data Center at 701-231-9730. It is important that we have all surveys returned by **September 14, 2007**. A report of the survey findings will be shared later this fall.

If you have questions about the study, you may call Dr. Richard Rathge at (701) 231-8621. If you have questions about your rights as a human research participant or to report a concern, you may call the North Dakota State University Institutional Review Board at (701) 231-8908, or email ndsu.irb@ndsu.edu.

Thank you very much for helping us with this important study.
Sincerely,

A handwritten signature in blue ink that reads "Linda Reinicke".

Linda Reinicke, Director
Child Care Resource and Referral
Bismarck Office 701-223-1510

A handwritten signature in blue ink that reads "Linda Lembke".

Linda Lembke, Director
Child Care Resource and Referral
Fargo Office 701-299-7025

A handwritten signature in blue ink that reads "Richard Rathge".

Richard Rathge, Director
North Dakota State Data Center
North Dakota State University
PO Box 5636
Fargo, North Dakota 58105
701-231-8621

.....

Licensed Child Care Dismissal Study

This research study is sponsored by North Dakota Child Care Resource & Referral Network (CCR&R) and is being conducted by the North Dakota State Data Center (NDSDC) at North Dakota State University (NDSU). This survey will address whether any children were dismissed from your child care program, and if so, the reasons why. The survey will also assist us in determining the resources needed by providers to better support the children at risk of dismissal. Results from this research study will provide community leaders and policymakers tools to aid child care programs in addressing their needs and the needs of children who are at risk for dismissal.

You are invited to participate in this NDSU research study. The survey is voluntary and you may quit at any time. The information you provide will be combined with that of other caregivers and your identity will be kept confidential. It should take about 15 minutes to complete the survey. It is important that we have all surveys returned by **September 14, 2007**.

If you have questions about the study, you may call Dr. Richard Rathge, at the North Dakota State Data Center at 701-231-8621 or Linda Reinicke, at North Dakota Child Care Resource and Referral at 701-223-1510. If you have questions about your rights as a human research participant or to report a problem, you may call the NDSU Institutional Review Board at 701-231-8908.

Q1. What is your organization's type of licensure?

- Family
- Group
- Center
- Pre-school
- School-age
- Head Start

Q2. Are children cared for in same-age groups or mixed-age groups?

- Same-age
- Mixed-age

Q3. Is your child care organization accredited by the National Association for the Education of Young Children or the National Association of Family Child Care?

- Yes
- No

Q4. How many children are currently enrolled in your child care setting? _____

How many are:

- a. Full-time, only? _____
- b. Part-time, only? _____
- c. Both full-time and part-time? _____

How many are:

- d. Infant (0 to 11 mo.)? _____
- e. Infant (12 to 23 mo.)? _____
- f. Toddler? _____
- g. Preschool? _____
- h. Kindergarten? _____
- i. School-age? _____

Q5. Have any children been dismissed or asked to leave from your program in the last year?

- Yes → How many? _____
- No

Q6. Were any children dismissed the previous year?

- Yes → How many? _____
- No

If no children were dismissed from your program in the last two years, please skip to Q40: Profile of Caregiver.

Dismissal Information: We'd like to know more about dismissals from your program (up to three children most recently dismissed).

First child dismissed

Q7. What was the age of the child at the time of dismissal?

- Infant (0 to 11 mo.)
- Infant (12 to 23 mo.)
- Toddler
- Preschool
- Kindergarten
- School-age

Q8. What were the reasons for the dismissal of the child? (Check all that apply)

- Inability of parent/guardian(s) to pay for child care
- Changes in funding (e.g., vouchers, fees, subsidies)
- Lack of resources (e.g., provider unable to access community resources, mental health specialists, disability specialists, special needs services)
- Severe chronic conditions of the child (i.e., health related or physical limitations)
- Physical limitations on the part of the caregiver
- Safety of other children
- Child care setting provided too much stimulation for the child
- Child care setting was not challenging enough for the child
- Behavior problems of the child (e.g., biting, hitting, spitting, excessive crying, temper tantrums)
- Parent/guardian(s)' expectations could not be met
- Other reasons (specify) _____

Q9. How many times were meetings held with the parent/guardian(s) regarding the dismissal issues prior to the dismissal? _____

Q10. Was a formal assessment of the child conducted by a professional?

- Yes → What was the result? _____
- No

Q11. Were there recommendations given to the parent/guardian(s) based on the child's assessment?

- Yes
- No

Q12. Was your program an active participant in developing recommendations based on the child's assessment?

- Yes
- No

Q13. What is your perception of the parent/guardian(s)' follow-through of recommendations to prevent dismissal?

No follow-through at all -1 2 3 4 5-A great deal of follow-through [Not applicable]

Q14. What was the method of dismissal?

- Immediate
- A time limit was given

Q15. If the reasons for dismissal were due to behavior problems, please check all the actions that related to the dismissal from the list below: **(if dismissal was not due to behavior problems, skip to Q16)**

- When the child first arrived at the child care, an enrollment form was completed that mentioned the problem behavior
- Behavior was observed and documented
- Behavior and possible triggers that preceded the problem behavior were observed and documented
- Once a pattern of problem behavior and the possible triggers leading up to it were established, a meeting was held with the family to develop a child care plan
- Once a child care plan was established, meetings were held with family on an on-going basis to monitor progress
- Parent/guardian(s) was/were provided with outside resources to assist the child
- Once it was determined that the child would be asked to leave, the family was given other resources to contact for placement

Q16. What was the child's family composition? (Check all that apply)

- Child was an only child
- Other siblings lived with child
- Extended family members lived with child (e.g., aunt, uncle, cousin, grandparent)
- Child was living with single parent
- Child was living with both parents
- Child was living with parent and live-in partner
- Child was living in foster care
- Do not know

Q17. What resources would have been helpful for you in order to retain the child?

(specify) _____

Additional comments about this dismissal

If no other children were dismissed, please skip to Q40: Profile of Caregiver

Second child dismissed (if applicable)

Q18. What was the age of the child at time of dismissal?

- Infant (0 to 11 mo.)
- Infant (12 to 23 mo.)
- Toddler
- Preschool
- Kindergarten
- School-age

Q19. What were the reasons for the dismissal of the child? (Check all that apply)

- Inability of parent/guardian(s) to pay for child care
- Changes in funding (e.g., vouchers, fees, subsidies)
- Lack of resources (e.g., provider unable to access community resources, mental health specialists, disability specialists, special needs services)
- Severe chronic conditions of the child (i.e., health related or physical limitations)
- Physical limitations on the part of the caregiver
- Safety of other children
- Child care setting provided too much stimulation for the child
- Child care setting was not challenging enough for the child
- Behavior problems of the child (e.g., biting, hitting, spitting, excessive crying, temper tantrums)
- Parent/guardian(s)' expectations could not be met
- Other reasons (specify) _____

Q20. How many times were meetings held with the parent/guardian(s) regarding the dismissal issues prior to the dismissal? _____

Q21. Was a formal assessment of the child conducted by a professional?

Yes → What was the result? _____
 No

Q22. Were there recommendations given to the parent/guardian(s) based on the child's assessment?

Yes
 No

Q23. Was your program an active participant in developing recommendations based on the child's assessment?

Yes
 No

Q24. What is your perception of the parent/guardian(s)' follow-through of recommendations to prevent dismissal?

No follow-through at all -1 2 3 4 5-A great deal of follow-through [Not applicable]

Q25. What was the method of dismissal?

Immediate
 A time limit was given

Q26. If the reasons for dismissal were due to behavior problems, please check all the actions that related to the dismissal from the list below: **(if dismissal was not due to behavior problems, skip to Q27)**

- When the child first arrived at the child care, an enrollment form was completed that mentioned the problem behavior
- Behavior was observed and documented
- Behavior and possible triggers that preceded the problem behavior were observed and documented
- Once a pattern of problem behavior and the possible triggers leading up to it were established, a meeting was held with the family to develop a child care plan
- Once a child care plan was established, meetings were held with family on an on-going basis to monitor progress
- Parent/guardian(s) was/were provided with outside resources to assist the child
- Once it was determined that the child would be asked to leave, the family was given other resources to contact for placement

Q27. What was the child's family composition? (Check all that apply)

- Child was an only child
- Other siblings lived with child
- Extended family members lived with child (e.g., aunt, uncle, cousin, grandparent)
- Child was living with single parent
- Child was living with both parents
- Child was living with parent and live-in partner
- Child was living in foster care
- Do not know

Q28. What resources would have been helpful for you in order to retain the child?

(specify) _____

Additional comments about this dismissal

If no other children were dismissed, please skip to Q40: Profile of Caregiver

Third child dismissed (if applicable)

Q29. What was the age of the child at time of dismissal?

- Infant (0 to 11 mo.)
- Infant (12 to 23 mo.)
- Toddler
- Preschool
- Kindergarten
- School-age

Q30. What were the reasons for the dismissal of the child? (Check all that apply)

- Inability of parent/guardian(s) to pay for child care
- Changes in funding (e.g., vouchers, fees, subsidies)
- Lack of resources (e.g., provider unable to access community resources, mental health specialists, disability specialists, special needs services)
- Severe chronic conditions of the child (i.e., health related or physical limitations)
- Physical limitations on the part of the caregiver
- Safety of other children
- Child care setting provided too much stimulation for the child
- Child care setting was not challenging enough for the child
- Behavior problems of the child (e.g., biting, hitting, spitting, excessive crying, temper tantrums)
- Parent/guardian(s)' expectations could not be met
- Other reasons (specify) _____

Q31. How many times were meetings held with the parent/guardian(s) regarding the dismissal issues prior to the dismissal? _____

Q32. Was a formal assessment of the child conducted by a professional?

- Yes → What was the result? _____
- No

Q33. Were there recommendations given to the parent/guardian(s) based on the child's assessment?

- Yes
- No

Q34. Was your program an active participant in developing recommendations based on the child's assessment?

- Yes
- No

Q35. What is your perception of the parent/guardian(s)' follow-through of recommendations to prevent dismissal?

No follow-through at all -1 2 3 4 5-A great deal of follow-through [Not applicable]

Q36. What was the method of dismissal?

- Immediate
- A time limit was given

Q37. If the reasons for dismissal were due to behavior problems, please check all the actions that related to the dismissal from the list below: **(if dismissal was not due to behavior problems, skip to Q38)**

- When the child first arrived at the child care, an enrollment form was completed that mentioned the problem behavior
- Behavior was observed and documented
- Behavior and possible triggers that preceded the problem behavior were observed and documented

- Once a pattern of problem behavior and the possible triggers leading up to it were established, a meeting was held with the family to develop a child care plan
- Once a child care plan was established, meetings were held with family on an on-going basis to monitor progress
- Parent/guardian(s) was/were provided with outside resources to assist the child
- Once it was determined that the child would be asked to leave, the family was given other resources to contact for placement

Q38. What was the child's family composition? (Check all that apply)

- Child was an only child
- Other siblings lived with child
- Extended family members lived with child (e.g., aunt, uncle, cousin, grandparent)
- Child was living with single parent
- Child was living with both parents
- Child was living with parent and live-in partner
- Child was living in foster care
- Do not know

Q39. What resources would have been helpful for you in order to retain the child?

(specify) _____

Additional comments about this dismissal

Profile of Caregiver: Please tell us about yourself.

Q40. What is your age?

- Younger than 25
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 years or older

Q41. How many years of child care experience have you had?

- Less than 1 year
- 1 to 3 years
- 4 to 9 years
- 10 to 20 years
- 21 or more years

Q42. Which category best describes your current level of education? (Check all that apply)

- Less than high school
- High school graduate or GED
- Some college → Child related? Yes No
- Child Development Associate Credential
- Associate's degree → Child related? Yes No
- Bachelor's degree → Child related? Yes No
- Master's degree or higher → Child related? Yes No
- Nursing training → CNA LPN RN Other (specify _____)
- Special Education degree

Q43. Have you had additional training relating to infant/child caregiving, within the last five years (beyond the required 13 hours)?

Yes, have attended informal seminars/training

Yes, have attended staff development or professional development training

Yes, other training (specify) _____

No

Q44. Which additional resources on this topic would you like to see made available? (Check all that apply)

One-on-one consultation training

Printed materials (e.g., brochures or flyers that provide information for referrals, specific special needs issues, etc.)

Information on regulatory policies regarding care of children of special needs (e.g., ratio limiting number of children)

Phone consultation by infant mental health specialist, special needs specialist, etc.

Other (specify) _____

Please provide us with any additional comments in the space below.

THANK YOU FOR TAKING TIME TO ASSIST US WITH THIS IMPORTANT STUDY!