



## The Progression to an Early Childhood Professional

When Renee Skarsten opened Skarsten Daycare it was to keep herself and her children at home; 24 years later, it's grown into her business. "We're not just babysitters anymore, we're a business with a purpose," said Renee.

Lauralea Sanks has seen the child care profession develop over the years. Lauralea opened Little Treasures Child Care in 1989 and said that there wasn't much support for the child care community. Now, there is recognition and respect from the community and families because "Child Care Resources has done wonders to improve that area," she said.

The development of the Montana Early Childhood Project's Practitioner Registry in the fall of 1999 also helped bring support to the early childhood community. The registry encourages early childhood practitioners to achieve different career path levels as they accomplish more professional development. The goal of the Registry is to increase the number of high quality programs by developing a skilled early childhood workforce. The Registry also helps recognize early childhood care and education as a vital

profession in our community and society. Studies show that a provider's higher level of education and training improves the quality of a child care.

Licensing standards have vastly improved over the years. For a long time, the state never checked out a program unless there were problems with it, said Lauralea, who didn't receive regular state visits until 2001. "Now they're applied across the board and everyone is visited. I like that."

There is also a harsh reality for the child care profession that's become more apparent recently. Compensation for caregivers has never achieved a fair level, and nowadays providers are facing other financial challenges as a result of the economic downturn. "It's a hard time for the child care industry," said Mollie Verrue, owner and operator of Lil' Sprouts child care. Although child care providers are not well compensated, child care is a very large expense in a family budget. Mollie, like many area providers, has seen a large decline in her enrollment numbers. "Even the greatest child cares still need children in order to be great."

## The Trend of Challenging Behaviors

One trend that has changed the field for early childhood professionals over the past decade is the increasing number of children in child care settings who exhibit challenging behaviors. These behaviors may be related to diagnosed conditions such as attention deficit/hyperactivity disorder (ADHD) or the autism spectrum. The behaviors may also be undiagnosed conditions, such as delayed social and emotional skill development.

According to the American Psychiatric Association, ADHD affects one in 20 children in the United States. The Center for Disease Control and Prevention concluded in a 2007 report that the frequency of autism has risen to one in every 150 children in the United States.

The increase in readily available information about these conditions gives child care providers the opportunity to be much more informed about disorders and the behaviors associated with them. "Sometimes, child care providers are less willing to take a child into their care who has a special need," said Lucy Marose, CCR's Inclusion Specialist. This may be because the provider doesn't have any experience with children with special needs or they're unsure how the child will fit in with the rest of the children in their program. When assisting a child care provider with meeting a child's special needs, the focus is on the child's behaviors, not their diagnosis. "Because there is a very wide range of behaviors associated with both ADHD and ASD, there is no one-size-fits-all solution to meeting children's needs." Lucy works with the provider on both physical and social-emotional environmental concerns to make child care a place where every child can succeed.

Lucy has worked as CCR's Inclusion Specialist for three years. In this capacity, Lucy works with providers who serve children with special needs and/or challenging behaviors who are on the Best Beginnings Scholarship program.

More recently, CCR has seen an increased interest from early childhood professionals in learning to implement positive guidance in their child care setting. Using positive guidance techniques, early intervention helps the child to better adjust in the program and improves the learning environment for all children in care. CCR's course *Positive Guidance in Early Childhood Settings* became available in 2008 and has been completed by over 50 providers; it is available on [www.ChildCareTraining.org](http://www.ChildCareTraining.org).

## The Impact of National Accreditation

"You know that old baseball adage, 'If you build it, they will come'? I never thought that would apply to improvements in my child care, but it certainly did," said Sharon DiBrito, former director of Lolo Preschool.

Sharon sought national accreditation for Lolo Preschool in 2004. "Being an educator, I knew that we wanted to run the best possible program," and accreditation was a move in that direction, she said.

National accreditation improves the quality of child care and education in programs, through higher licensing standards than the state's regulations. Accredited programs have developmentally appropriate environmental considerations, quality factors, better child-staff ratios, and stricter staff training qualifications. The National Association for the Education of Young Children (NAEYC) provides accreditation for child care centers. Family and group facilities are accredited by the National Association of Family Child Care (NAFCC).

"Through accreditation, we have increased the level of education among our staff, which has improved the program overall, allowing us to charge slightly higher rates and give our staff better compensation for their great work," said Lauralea Sanks. She and her husband, Gary, own and operate Little Treasures Child Care.

Kathy Tanner's Creative Kids child care program became accredited in 2004. "Because we're so isolated in our homes, it [seeking accreditation] is a good way to express the quality of your care and being willing to go the extra mile."

Sheri Thompson, owner and operator of The Creative Playhouse, is the newest program in Missoula to achieve accreditation. Through Developmentally Appropriate Practice (DAP), Sheri found that she was already meeting many of the accreditation standards, so the process wasn't as difficult as anticipated. The bottom line is that "I wouldn't send my child to an unaccredited college, so why would I send them to an unaccredited child care facility?"

Parents demanding quality child care will encourage more programs to seek the higher standards of accreditation. Missoula saw the first nationally accredited program in 2000. Since then, Child Care Resources has helped over 30 programs seek national accreditation, and the Missoula region currently has 56% of all nationally accredited programs in Montana.

# Change and Progress for Provider Services

## 1969

**1969 –**  
The Missoula and Mineral County Community Coordinated Child Care, Inc. (Missoula 4-Cs), later to be renamed Child Care Resources (CCR), was founded in March and 550 families were using child care.

**1970 –**  
United Way funded after-school programs at the YWCA and the Northside Center that served 23 children. Licensed child care rates were \$3 per day.

**1971 –**  
A part-time Missoula public health nurse was dedicated to children's issues.

**1972 –**  
Child care aide training was established at Missoula Vo-Tech.

**1973 –**  
A child care lending library was established. New child care provider orientation training was implemented.

**1974 –**  
CCR trained stay-at-home mothers who were willing to care for a sick child during the work day. Families using sick child care paid \$1 per day.

**1978 –**  
State reimbursement rates for centers increased to \$6 per day and \$5 per day for homes. The Missoula City Council approved a \$10,000 grant to train child care providers.

## 1979

**1979 –**  
CCR implemented a provider training program with a 10-week curriculum.

**1980 –**  
Montana developed regulations for home-based child care and infant care.

**1983 –**  
In conjunction with the Missoula Rural Fire Department, CCR offered child care fire safety courses.

**1984 –**  
The agency changed its name to Child Care Resources (CCR). The Montana legislature approved a local government child care mill levy, with the leadership and support of the Missoula delegation. Missoula County implemented the levy to fund child care training and health initiatives.

**1985 –**  
Orientation for all new child care providers became a requirement.

**1987 –**  
CCR and the Health Department published a *Child Care Health and Accident* booklet and distributed it to area providers.

## 1989

**1992 –**  
CCR produced the *Montana Child Care Provider Handbook* for use in new provider orientation.

**1993 –**  
CCR's *Montana Child Care Provider Handbook* was adopted for statewide use. CCR developed the DFS Child Abuse/Neglect pamphlet. CCR offered the first annual Spring Conference that offered an entire day of training and educational opportunities for child care providers.

**1995 –**  
The state purchased the rights to CCR's *Montana Child Care Provider Handbook*. CCR began offering respite care referrals and respite care provider training.

**1997 –**  
CCR began evaluating child care programs using the ECERS scale, a national tool to measure the quality of child care.

**1998 –**  
CCR developed a website with information for parents, providers and employers. Provider attendance at child care training events increased by 43 percent from the previous year. State child care reimbursement rates in the Missoula region increased to \$15.90 per day for family homes and \$16.00 per day for group homes and centers.

## 1999

**1999 –**  
CCR expanded the Special Needs Network to help increase and improve the child care available to children with disabilities.

**2000 –**  
New licensing regulations required eight hours of annual training for all child care providers and current CPR and First Aid certification. CCR launched the Accreditation Mentoring initiative to help providers through the process of accreditation.

**2002 –**  
CCR launched a website, [ChildCareTraining.org](http://ChildCareTraining.org), which offered online child care training courses for providers. A process for establishing higher reimbursements for scholarship children with special needs was implemented. This ultimately led to R&Rs needing to hire inclusion specialists to assess the child's needs and help support the provider serving the child.

**2004 –**  
The state produced Early Learning Guidelines that indicated what children age three to five should know, and be able to understand and do. R&Rs were to implement these guidelines into trainings and share with parents, as well.

**2008 –**  
CCR held the first annual Parade of Child Care Providers that offered a training opportunity for providers as well as an opportunity for the public to visit quality child care programs. Full-time kindergarten was implemented, increasing vacancies among child care providers.

**In 2005,** Dane's Law, that provided medication administration regulations in child care programs, was applied as the result of an overdose death of a child in care in Laurel, MT. CCR developed a Medication Administration course for classroom training and correspondence courses, and shared this curriculum and trained the other R&R trainers statewide.

## 2009

CCR launched a new and improved version of [ChildCareTraining.org](http://ChildCareTraining.org), offering better online training services to providers. CCR's Inclusion Specialist trained peer agencies statewide on working with children with challenging behaviors. The annual training calendar requirement for CCR&R agencies was removed; CCR's Provider Services will instead produce a quarterly training calendar, allowing flexibility to add new, relevant workshops.

