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TEACHER-CHILD INTERACTIONS IN INFANT AND TODDLER CLASSROOMS:

A QUALITATIVE STUDY EXAMINING THE NATURE OF CARE

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TEACHER-CHILD INTERACTIONS IN INFANT AND TODDLER CLASSROOMS:
A QUALITATIVE STUDY EXAMINING THE NATURE OF CARE

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF INSTRUCTIONAL LEADERSHIP AND ACADEMIC
CURRICULUM

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TO LIAM.

Thank you for wiggling

and motivating me to keep writing.

And to my husband Colt, our family, and dearest friends.

Your great love, support, and prayers

helped me to persevere.

I love you all dearly.

Thank you.

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Abstract

The purpose of this study was to describe and explore the nature of infants', toddlers', and caregivers' lived experiences in group care settings. Multi-case qualitative research was conducted with three infant and/or toddler caregivers in high quality centers. Observations closely examined the interactions infants and toddlers had with caregivers, and interviews were conducted to explore the caregivers' perceptions. There were four research foci explored: the nature of the lived experience for infants and toddlers in high quality group care settings, the ways in which infants and/or toddlers sent bids to their caregivers for support, the ways in which caregivers responded to infants' and/or toddlers' bids, and the ways caregivers perceived their role of caring. Teacher-child interactions were qualitatively documented to gain organized information regarding what was occurring. Three major findings include: 1) the impact of aggression on caregiver-child interactions, as well as caregiver focus and attention, 2) how teacher breaks and time away from the children's presence impact caregiving relationships, and 3) caregivers who engaged in warm and reliable caring interactions fostered optimal relational bonds in which children were observed sending more bids for support when help was needed. Additionally, even though all three caregivers shared the belief that care should be individualized and unique to the child and situation occurring in the moment, caregiver perceptions of respect and sensitivity were rather varied in actual practice. Findings are discussed in terms of implications for future research, policy, and practice.

key words: teacher-child interactions, attachment, infants, toddlers, secure base, sensitivity, responsiveness

Chapter 1: Introduction

A relationship of gentle and thoughtful exchanges between a caregiver and a child can have a positive emotional impact on the child's life. A quality environment and a nurturing atmosphere of loving and tender care supports the child's ability to form positive emotional attachments (Ainsworth, 1979; Bowlby, 1982; Egeland & Sroufe, 1981). Secure attachments form between caregivers and young children through reciprocal interactions rooted in consistent and sensitive care.

Background

Child development theorists, Mary Ainsworth and John Bowlby, focused their careers on furthering a deeper understanding of infant/adult relationships and the impact of caring (Ainsworth & Bowlby, 1991). The developed attachment theory provided valuable information to those caring for children about how relational bonds form between young children and their caregivers. Sensitive care fosters feelings of safety in young children, preparing and encouraging children to explore the world around them through play explorations (Frost, Wortham, & Reifel, 2012). A child who can trust that a caregiver will be there if a danger or perceived threat arises feels a greater freedom to explore than a child who does not trust that help will come when dangers intensify. Every encounter a young child has with the world around her, especially the people living in it, has an impact on her development. Observing, documenting, and evaluating the interactions caregivers have with children are worthy ways of investing in the lives of young children in order to foster an understanding of the needs of infants and toddlers (Zaslow, Martinez-Beck, Tout, & Halle, 2011).

With more children under the age of three experiencing care in group settings than ever before, many early childhood experts have united their efforts to examine the interactions young children have with caregivers in learning environments (Belsky, 1988, 1990; Cryer & Harms, 2000; Horm, Goble, & Branscomb, 2012; Martinez-Beck, 2011). The environment children spend cared time in impacts them across all domains of development (Bowbly, 1988). Ainsworth and Bowlby (1991) discovered through decades of research that caregivers greatly impact the developmental opportunities children have because of the security the child feels in the learning space from caregiver responses.

Many studies exist which assess the benefits of high-quality interactions between preschoolers and caregivers (Brown & Freeman, 2001; Connolly & Doyle; 1984; Dickinson & Smith, 1991; File, 1994; Hamre & Pianta, 2007; Howes & Smith, 1995; Smilansky & Shefatya, 1990; Trawick-Smith & Dziurgot, 2011). Yet, fewer studies focus on teacher-child interactions in child care for infants and toddlers (Ahnert, Rickert, & Lamb, 2006; Degotardi, 2010; Horm, Hyson, & Winton, 2013; Jung, 2012; National Institute of Child Health and Human Development, NICHD, Early Child Care Research Network, ECCRN, 2005; Zaslow, Tout, Halle, Whittaker, & Lavelle, 2010). Early childhood educators interested in infant and toddler development are seeking answers for approaching how best to provide care for young children. However, more studies are needed to demonstrate and justify why sensitive care matters when examining how children best develop in group care.

The Problem

Even with current knowledge in the field of how important consistent and sensitive interactions with a caregiver are to the healthy development of infants and toddlers (Raikes & Edwards, 2009), minimal research exists documenting how early childhood practitioners respond to the bids infants and toddlers send out for support. In this study, bids are defined as child initiated interactions in which children request assistance from their caregivers. Vallotton's (2009) research documented the ways in which infants communicated to caregivers via gestures, cues, and signals, letting them know help was desired. Cassidy (1994) examined how a child's lack of initiation with a caregiver (such as bids sent), or heightened emotions during interactions, could be influenced by attachment quality. Young children's ability to regulate their emotions is greatly impacted by the relational interactions and responses they receive from regular caregivers.

Two decades ago, Leavitt (1994) reported observations of the interactions infants and toddlers experienced during everyday care routines in group settings. Leavitt's research revealed deficiencies in the field regarding an understanding of the nature of infants and toddlers experiences in group care. Other studies of child care environments during this time focused on child ratios and caregiver beliefs (NICHD ECCRN, 1996), the impact of policy and practice on identity formation (Lally, 1995b), infant despair and distress in group care (Fein, 1995), and the effects of variance in quality (Belsky, 1988; Honig & Lally, 1975; Scarr, Eisenberg, & Deater-Deckard, 1994). Unfortunately, the field is still limited in its knowledge of these interactions.

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Purpose of the Study

With these limitations of knowledge and current understandings in mind, I developed this study to address gaps in the literature. The purposes of this study were (1) to describe and explore the interactions between caregivers and the infants and toddlers in their care within a natural child care context, and (2) to gain a better understanding of what the caring experience is like for caregivers providing care for infants and toddlers. Leavitt's (1994) research questions were used to guide this study of infants and toddlers experiences in group care settings as well as the perceptions of the practitioners providing care. This study was *descriptive* and *exploratory* (Marshall & Rossman, 1999) in nature because it sought to describe and explore a little known phenomenon. Through a qualitative approach to collecting data, a deeper understanding of the interactions of caregivers with infants and toddlers was gained when care exchanges were investigated and discussed.

Guiding Research Questions

1. What is the nature of the lived experience for infants and toddlers in high quality group care settings?

2. How do infants and toddlers send out bids to their caregivers for support?

3. How do caregivers in high quality child care facilities respond to infants' and toddlers' bids for support?

4. How do caregivers in high quality child care facilities perceive the nature of their interactions and experiences with infants and toddlers?

Overview of the Study

This study examined the nature of teacher-child interactions. To discover how infants and toddlers sent bids to their caregivers for support, lengthy amounts of time were spent in classrooms observing how children and caregivers interacted with one another. Through interviews and time reflecting on observed teacher-child interactions, caregivers had the opportunity to share their views about the care they provide infants and toddlers. Caregivers' perceptions regarding the nature of their interactions and experiences with infants and toddlers were also discussed during interviews.

Conceptual Framework: A Theoretical Lens

This study was most strongly influenced by the conceptual framework of Bowlby (1988) and his contribution to the field of early childhood and current understandings of attachment theory. His theory posits that attachment between a baby and caregiver does not occur at the first encounter; secure attachment relationships develop over the course of time through repeated interactions, occurring during sensitive, safe, and dependable care. Caregivers who form secure attachments with children serve as an environmental safe base from which children can explore. The care exchanges that take place between a caregiver and an infant or toddler have a significant impact on the child's life.

Sensitive care is defined by actions that are warm and encouraging, on the child's eye level in order to maintain good eye contact during interaction, empathetic, tender, careful listening and attention to understand each child's unique communication, and prompt in response to infant distress (Honig, 2002; Raikes & Edwards, 2009). Sensitivity is not harsh, intrusive, or punitive; rather sensitivity is gentle and pleasurable

for the caregiver and the child being cared for (Leavitt, 1994). A more sensitive response to children's emotional need fosters feelings of security. With the belief that their environment is safe and secure, young children will experience great developmental gains as they explore their world by physically moving and developing cognitive understandings about materials through play experiences. During care exchanges, infants and toddlers develop attachments to their primary caregivers.

There are four main functions of attachment that support young children's emotional development (Davies, 2011). They are providing a sense of security, providing regulation of affect and arousal, promoting the expression of feelings and communication, and serving as a base for exploration. Rich learning spaces are enhanced when the functions of attachment are present in caring interactions (Bowlby, 1988; Davies, 2011).

The implicit goal of attachment is to keep the infant feeling secure. When an infant is distressed, both caregiver and infant take actions to restore a sense of security, to reassure the infant that she has not been abandoned to fend for herself (Bowlby, 1969). When children experience distress, they share their feelings with caregivers by looking anxious, crying, or moving closer to the adult caring for them. Bowlby (1969) believed young children sent distress signals to caregivers as attachment-seeking behaviors with the hopes of signaling caregivers to attune and come to the child's rescue. As caregivers address and respond in caring ways to messages of suffering, young children are provided a sense of security (Davies, 2011; Honig, 2002; Raikes & Edwards, 2009).

The skills required to regulate affective states are nurtured in attachment relationships as caregivers help the child become calm and regulate his/her emotions when he/she becomes upset or excited. As infants and caregivers spend more time together, both parties learn how to read the needs and signals of one another; through these transactional messages, infants are relieved of intense states of disequilibrium. During this crucial time of care, infants learn how to regulate their emotions independently of their caregiver (Davies, 2011). Self-soothing strategies help babies internalize calming methods. Competence and confidence builds as children self-regulate on their own accord.

A developing attachment relationship becomes the vehicle for sharing positive feelings and learning to communicate and play. Emotional transactions based in secure relationships are involved and attentive and provide care with empathy (Stern, 1985). In the first 6 months of life, infants develop relationships of attachment with their caregivers, some stronger than others as previously noted. A child with a secure attachment learns to interact with caregivers in meaningful ways that help her learn about her environment. As a child experiences distress, caregivers who match the child's expressions with negative affect (Davies, 2011) will help her learn how to display feelings of pain or disappointment, as well as communicate those feelings to the surrounding world.

Even in the most securely attached relationship however, readily noticing the responses of infants and toddlers is not always a reality, nor is this required for secure emotional bonds. As mismatches occur in relational transactions, the young child's ability to self-regulate is disrupted. In the still face experiment (Tronick, Adamson, &

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Brazelton, 1975), children show immediate distress when parents do not respond in their usual manner. However, as soon as the parent re-engages, the child is able to calm and the interactional mismatch that occurred is resolved. "Repair is…important in helping to teach the child that life is filled with inevitable moments of misunderstandings and missed connections that can be identified and connection created again" (Siegel, 2001, p. 79).

Attachment provides motivation to explore and learn about the world and the confidence to develop new skills with the knowledge that a caregiver is available if needed (Grossman, Grossman, & Zimmerman, 1999). The confidence a child has to explore her living space directly correlates with the confidence she has in the relationship with her caregivers. If the child believes the caregiver will provide support when needed, the child will freely explore with underlying trust in her secure base, because she believes the caregiver to be available to help when needed (Grossmann, Grossmann, Kindler, & Zimmerman, 2008). Confidence allows the child to interact with the environment with freedom and curious discovery. When a child has learned to trust her caregiver, she can explore and focus her attention on developmental tasks rather than worrying about her safety with each investigative movement (Cassidy, 2008; Sroufe, Egeland, Carlson, & Collins, 2005). But when a child does not have a caregiver in which she can trust for support, the child is inhibited in exploration because of the continual need to focus her attention on staying close to her attachment figures if she needs them (Lieberman, 1993).

The four functions of attachment, when implemented in early childhood classrooms, serve to foster high-quality learning in which infants and toddlers engage in

play knowing they are safe (Davies, 2011). Exploration is a safe adventure in which to engage for securely attached children because they know and trust from consistent care experiences that their caregiver will be there when dangers arise. Young children also develop strategies for regulating emotions that come and go quickly when play spaces are shared with other children. Infants learn self-soothing strategies and toddlers develop social skills to interact in positive ways with others when they are unhappy and disturbed. When a child is able to regulate her strong emotions, she also learns how to express her feelings and to communicate needs, desires, and pleasures. Attachment functions are not outlined as a set of standards to achieve. They are, however, the underlying components associated with high-quality care environments rich with positive social and emotional care exchanges.

Bronfenbrenner's Bio-ecological theory (2001) which examines children's development through a contextual lens was also a contributor to the conceptual framework of this study. This theory posits that children's development is influenced by the surrounding environments that impact them directly as well as indirectly through influences on children's parents and their environments. Inter-relationships which shape development include, but are not limited to, the people and processes of context and time that impact environmental influences. Bronfenbrenner (2001) refers to these influencers as the Process-Person-Context-Time (PPCT) model. Positive development is fostered when all the ecologies impacting the child are working harmoniously with one another.

Processes within the PPCT model are referred to by Bronfenbrenner (2001) as proximal processes. He theorized that proximal processes were the "primary engines of

development" (p. 6) and are the most influential shapers of infant's and toddler's development. Experiences young children have through proximal processes are believed to be "progressively more complex reciprocal interaction[s] between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment" (p. 6). For example, the interactions infants and toddlers have as they engage with the people and the environment of their everyday world are proximal processes. For proximal processes to have a lasting impact on development, they must be situated within the child's environment, occurring on a regular basis, for an extended period of time, and increase in complexity. One-time encounters with a person, object, or environment are unlikely to change or reshape a developmental trajectory already set in motion.

The phenomenon under investigation in the current study was teacher-child interactions. This phenomenon was examined through Bowlby's (1988) attachment theory and influenced by Bronfenbrenner's Bio-ecological theory (2001). Caregivers were observed while they interacted with infants and toddlers in group care. All caring routines were observed multiple times over the course of data collection. When caregivers responded or neglected to respond to children's bids for support, the interactions were categorized as responsive or unresponsive. I analyzed infant, toddler and caregiver interactions in this way to enhance current understandings of the proximal processes that are occurring in young children's learning environments. Entering children's caring spaces in order to analyze the interactions they have with caregivers was vital to better the field of early childhood's understanding of the needs infants and toddlers have when being cared for in groups.

Chapter 2: Review of the Literature

The relationship a child develops with his or her caregiver has an impact on the child emotionally during caring and in the future. High quality environments of sensitive, nurturing care support infants and toddlers as they develop emotionally, physically, and cognitively (Ainsworth, 1979; Bowlby, 1982; Egeland & Sroufe, 1981). When children experience consistent care, secure attachments form between caregivers and the young children. Outcomes of consistent, sensitive care can have a positive influence across all developmental domains.

Assessing Quality Care for Infants and Toddlers

The ways in which caregivers respond to infants and toddlers impacts how children perceive the surrounding world. Young children learn about the environment through exploration and discovery through play experiences (Frost et al., 2012). A child who feels secure is more willing to explore the environment because she knows there is a caregiver who will be there if a danger or perceived threat arises. Children are developing at rapid rates in the first few years of their lives (Martin, 2003). Each interaction they encounter with the world around them, especially the people living in it, has an impact on young children's development. Assessing interactions and providing supports to those caring for children are worthy ways to invest in the lives of young children in order to foster an understanding of the needs of infants and toddlers (Zaslow et al., 2011).

By the end of 2010, more than half of the states had implemented a way to assess quality of child care with efforts focused on improving early care systems (Webb, 2011). One of the main reasons for assessing early childhood settings for

quality has to do with the evidence reporting the importance of high-quality care as well as the low to moderate quality of care documented in many early childhood centers (Martinez-Beck, 2011). The number of children in low quality care is alarming considering how many infants and toddlers growing up in the United States are cared for in early childhood settings rather than by their parents. This often includes on average approximately 20-30 hours per week of non-parental care (Belsky, 1988, 1990; Cryer & Harms, 2000; Martinez-Beck, 2011). Employment rates for married mothers of infants under age 2 have increased from 31% in 1975 to 55% of mothers currently working outside of the home (Bureau of Labor Statistics, 2013)

Created by a team of early childhood researchers, the Classroom Assessment Scoring System (CLASS Toddler, La Paro, Hamre, & Pianta, 2012; CLASS Pre-K, Pianta, La Paro, & Hamre, 2008) assessment measures classroom quality, including the emotional climate of the learning space (Downer, Booren, Lima, Luckner, & Pianta, 2010; La Paro et al., 2012; Pianta et al., 2008). The environment in which children spend much of their time is assessed across different domains, including areas of emotional and behavioral support, as well as the cognitive or instructional support children receive from interactions with their teachers. Research with the CLASS has demonstrated that the interactions that occur between children and their caregivers impact the way children learn and develop in their classroom environments in infant/toddler (Elicker, Ruprecht, & Anderson, 2014; Jamison, Cabell, LoCasale-Crouch, Hamre, & Pianta, 2014; Mortensen, & Barnett, 2015) and preschool settings (Burchinal, Vandergrift, Pianta, & Mashburn, 2010; Curby, Rimm-Kaufman, & Ponitz,

2009; Mashburn et al., 2008; Rimm-Kaufman, Curby, Grimm, Nathanson, & Brock,

2009; Sabol, Soliday Hong, Pianta, & Burchinal, 2013).

Documents regarding current understandings of the best ways to enhance

relationships with preschool children have been published that provide early childhood

practitioners with examples and models for care (Gandini & Edwards, 2001; Gonzalez-

Mena & Eyer, 2009; Honig, 2002; Lally, 1990; Raikes & Edwards, 2009). Classroom

curriculums based on theoretical research have been created which support not only

academic and physical development, but social-emotional development as well. Studies

are plentiful assessing the benefits of high-quality interactions between preschoolers

and caregivers (Brown & Freeman, 2001; Connolly & Doyle; 1984; Dickinson &

Smith, 1991; File, 1994; Hamre & Pianta, 2007; Howes & Smith, 1995; Smilansky &

Shefatya, 1990; Trawick-Smith & Dziurgot, 2011).

Still, a lack of research exists about best approaches to inform and train

practitioners on how best to care for infants and toddlers (Ahnert et al., 2006;

Degotardi, 2010; Horm et al., 2013; Jung, 2012; NICHD ECCRN, 2005; Zaslow et al.,

2010). More studies are needed to demonstrate and justify financially what infants and

toddlers benefit most from in teacher-child interactions. Shonkoff (2011) encourages

collaboration across all fields and professions in order to provide the best design of care

for infants and toddlers. Attachment theory provides the basis for why it is so critical

that research attention is focused on interactions for infants and toddlers in child care.

History of Attachment Theory: Early Relationships and Emotional Development

Assessing interactions between children and their caregivers began long before

the names Bowlby and Ainsworth were familiar to theorists, clinicians, and educators.

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However, because of their contributions to the field of empirical research, today these are two of the most referenced names on the subject of attachment (Mooney, 2010). Their research helped parents and caregivers realize the impact of their interactions on young children's development and their ability to connect infants and toddlers socially with the world around them (Ainsworth & Bowlby, 1991). The empirical base for theoretical investigations about attachment stem from the research methods of Ainsworth, Blehar, Waters, and Wall (1978) which were designed to assess the quality of relationship between infants and caregivers (Erickson, Sroufe, & Egeland, 1985).

Ainsworth and Bowlby (1991) were both interested in children's personalities and how their individual characteristics shaped the way those children interacted with those around them. They studied human attachment relationships in an ethological approach and believed that relational bonds impacted a child's developing personality. Bowlby and Ainsworth's partnership, the support each had for the other's work, and learning about the critics who did not readily accept their beliefs, is important for understanding the development and comprehension of attachment theory.

After completing his undergraduate work, Bowlby volunteered with disturbed children in a domestic school (Ainsworth & Bowlby, 1991). His experiences with them motivated him to continue his medical studies in the field of psychology. Many doctors at that time believed the imaginations and fantasies children possessed should be addressed in order to help the child better adjust to the world around them. Bowlby disagreed. After careful observation of the children at the school, he believed that children's personalities developed because of the actual lived events they had experienced with their parents. After conducting research that compared juvenile

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thieves with a control group, Bowlby found that the commonality between the thieves was that they had all experienced separation from or deprivation of care from their mothers. This group had also been linked with other children diagnosed as affectionless (Bowlby, 1944).

After a troubled childhood, Ainsworth entered undergraduate work as a psychology major "hoping (as many do) to understand how she had come to be the person she was, and what her parents had to do with it" (Ainsworth & Bowlby, 1991, p. 334). One of her professors, William E. Blatz, had recently formulated a theory that examined how security impacted personality development. Ainsworth continued with graduate school under the leadership of Dr. Blatz. Her dissertation research focused on his security theory. Blatz held tightly to the notion that infants frighten easily when exploring their environment, but they feel secure if a parent is available to support and comfort them when they are startled. Blatz initiated the concept of a parent or parent-figure representing a secure base from which a child can explore from and return to when needed. Unlike Blatz, Ainsworth believed that infants created defensive processes to protect themselves when they did not have a secure base. Blatz, however, rejected Freud's theory of unconscious processes and believed that children were impacted only by situations they could remember. Freud's theory motivated Ainsworth in her studies as she, like Freud, believed events could impact a child's relationship with others even if memories did not accompany harbored feelings.

In 1950, Ainsworth moved with her husband to London so he could pursue graduate school. She accepted a developmental research position with Bowlby. The opportunity led her to investigate the effect of a child's separation from his or her

mother on the child's developing personality. Bowlby and Ainsworth were both

interested in the adverse effects of institutional care on the interactions between a child

and the child's parent. The process of observing child-and-parent interactions helped

them see how a child, when separated from the mother for more than a week, would

progress through the emotional stages of distress, then despair, and finally detachment.

When reunion did occur, they observed whether or not the child relied on defensive

processes when interacting with the parent (Bowlby, 1953). Children who had lived in

institutions rarely regained secure attachments to their parents. They interacted in ways

that signified they had insecure relationships; infants would not look to their mothers as

a safe base when threatened or in need. In time, their actions revealed that the condition

of affectionless detachment ebbed away (Bowlby, Ainsworth, Boston, & Rosenbluth,

1956).

 Ainsworth's husband's career took the two to Uganda, where she secured a

position at the East African Institute of Social Research in Kampala. Ainsworth made a

commitment to herself that she would further her investigation regarding why a secure

attachment to a mother helps a child develop positive personality traits (Ainsworth,

1973). She also wanted to investigate why separation and poor interactions between

child and mother had adverse effects on personality development. Instead of watching

young children and mothers in clinics, Ainsworth observed interactions in natural-home

environments. She conducted her first study apart from Bowlby with infants and

mothers in their village homes. Bowlby had created a new ethologically based theory

of attachment that needed to be tested empirically. Ainsworth spent the remainder of

her career investigating Bowlby's ethological theory of attachment (Ainsworth & Bowlby, 1991).

Bowlby continued his studies which were influenced by animal research and the findings of Harry Harlow (1958). Harlow's work with infant monkeys strengthened Bowlby's belief that proximity to the mother and contact with her created attachment. Previous thoughts had been that the bond developed simply with the provision of food. Bowlby looked for the signals that infants sent to their mothers to gain their attention. The list he compiled included crying, sucking, smiling, clinging, and following. He investigated how these behaviors supported infant attachment to their caregiver and how those behaviors were activated and terminated before attachment was formed and after the relationship was established. Bowlby believed anxiety was created when the mother was absent from the child (Bowlby, 1969). The mother was the child's safety, his/her escape from upsetting experiences, and a safe place. When the mother was absent from the child, the child did not have a safe place to which to retreat when frightened. Psychoanalytic theorists vigorously rejected Bowlby's views. Bowlby's belief was that children experienced mourning and grief when their mothers were away from them. Other theorists did not agree with that idea or align with the concept of mourning and loss (Ainsworth & Bowlby, 1991).

Ainsworth's work in Uganda focused on researching how babies actively searched for connections with their mothers when they were hurt or scared (Ainsworth, 1973). Similar to Blatz and Bowlby, Ainsworth witnessed infants using their mothers as secure bases from which they ventured to discover the world. Ainsworth watched as infants attached to their mothers when their bids of crying or smiling encouraged their

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mothers to connect physically with them. The mothers' accessibility and response to their infants' signals determined how the interactions between the two would look in future situations of distress (Ainsworth et al., 1978).

After working in Uganda, Ainsworth moved with her husband to Baltimore in 1955. After accepting a position at Johns Hopkins University and serving there for a year, Ainsworth reconnected with Bowlby. In 1963, Ainsworth secured a grant and was promoted to full professor with tenure, allowing her to pursue another longitudinal study of attachment (Ainsworth & Bowlby, 1991).

While Ainsworth worked on the longitudinal study, she and her team realized that they could create a quick method to assess infant-mother attachment. They had spent long periods of time observing infants and mothers in home environments during the first year of the infants' life. They discovered that they could assess the relationship in the clinic and that they could do so in a fairly short time. This assessment has become known as the Strange Situation (Ainsworth et al., 1978). Unfortunately, the Strange Situation overshadowed all the work Ainsworth had conducted with the families in Uganda as well as her work with infants and mothers in the United States. The original work, observing mothers interacting with infants, provides the foundational validity needed to determine that the Strange Situation is a high-quality measure with which to evaluate interactions (Ainsworth, 1973).

Bowlby and Ainsworth continued their research investigating how personalities developed in infants as a result of the care received from mothers who were the primary parental figures. Bowlby's major contributions to the area of relational psychology encourage those working with children and families to consider the impact of

unconscious memories upon the individual's relationship with those close persons, especially in situations of stress. Bowlby believed loss and depression set in (Brown & Harris, 1978), and the way the child dealt with mourning and grief greatly influenced the type of relationships the child would establish later in life. Bowlby focused his treatment of families on helping mothers see how important it was to their children for the mothers to provide a trusting environment in which the children as infants could explore and return to the mother for help and security when frightened (Bowlby, 1988).

Throughout their research careers, Ainsworth and Bowlby (1991) discovered that a quality environment, a nurturing atmosphere of loving and gentle care, supports a child's ability to form positive emotional attachments. Ainsworth (1973) also learned that attachment was a reciprocal, profound, emotional, and physical relationship between child and caregiver that sets the stage for all future intimate and trusting relationships. Finally, Bowlby (1969) also noted that attachment systems were activated when the child's safety was threatened and that the child sought comfort by signaling the caregiver through signs such as crying or clinging.

The construct of attachment is defined as a baby or young child connecting to the figure in his/her life who provides regular care on a daily basis, in a way that fosters an environment where a *strong emotional bond* can form between the baby and the caring adult (Honig, 2002). Attachment occurs as babies and adults interact in a reciprocal relationship. There are numerous benefits to building secure relationships between children and caregivers. These include positive developmental outcomes for securely attached children, healthier relationships later in life for children with securely attached parents, fewer behavior problems, higher capacity for empathy, and an

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enhanced ability to cope with stress as compared to peers (Davies, 2011; Honig, 2002;

Raikes & Edwards, 2009).

History of High Quality and Meaningful Group Care for Infants and Toddlers

Teacher-child relationships are an important component of quality group care

for infants and toddlers. However, care for this age group has been consistently rated as

mediocre or worse (Goffin & Wilson, 2001; Phillips & Lowenstein, 2011; Scarr, 1984).

In 1988, a study was conducted which investigated the *effects* of care on infants

(Belsky). When infants were cared for in low-quality, minimally stimulating

environments, they developed insecure attachments as well as heightened aggression

during preschool and school age years. Similar studies during this time sought to

outline what was considered high-quality care due to the increase of children cared for

outside of the home (Belsky & Steinberg, 1978; Chase-Lansdale & Owen, 1987;

Cummings, 1980; Etaugh, 1980; Kamerman, 1986). Characteristics and behavior

profiles were determined of caregivers who modeled respectful caregiver practices

when interacting with infants and toddlers (Honig & Lally, 1988).

Studies continued investigating caregiver relationships by examining the

duration of time caregivers spent interacting with infants and toddlers (Raikes, 1993).

Results of Raikes' study encouraged caregivers to spend more time interacting with

infants and toddlers in order to support more secure relational bonds with young

children. Just one year later, another study reported that not only did engaged

interactions matter to support attachment, but consistent, reliable care also supported

secure infant and toddler attachments (Barnas & Cummings, 1994). Dependability in

caregiver response when in danger helped young children to be more willing to use their caregiver as a secure base when they were in need.

In the 1990s, studies continued evaluating the effects that group care had on infants and toddlers (Fein, 1995; Lally, 1995a; McCartney et al., 1997; NICHD ECCRN, 1996). Leavitt (1994) examined interactions between infants and toddlers in group care through a lens of power and emotion interchanges; this study unveiled the challenges that arise when caregivers exert unyielding power and rigid control over play and routines for young children. In a study by Fein (1995) infants characterized as detached, distressed, and despair-focused often received less attention from caregivers. Infants with initial detached temperamental dispositions showed marked changes when caregivers were more responsive to them. The same year Fein published the findings from her study, Lally (1995b) published a document asking policy makers why so little attention had been given to the impact that care had on infants' and toddlers' formation of identity. Lally encouraged early childhood educators to focus staff development efforts on techniques to support caregivers in responding to children's temperamental needs. Another request from Lally was that children remain with caregivers in centers rather than switch from group to group to ensure that strong bonds formed between the child and the one caring for him or her.

At the beginning of the 21st century, interest in relationship-based approaches to infant and toddler caregiving practices began to grow. Many studies reported consequences of poor attachment development when care between young children and caregivers was not sensitive and warm (Booth, Kelly, Spieker, & Zuckerman, 2003; Bowlby, 2007; Edwards & Raikes, 2002; Sroufe, 2005; Weinfield, Sroufe, Egeland, &

Carlson, 2008). Findings of quality measured in toddler child care were reported along with a call to continue assessing early childhood care environments (Thomason & La Paro, 2009). Early childhood educators and experts continued discussions on developmental frameworks in which to position educating policy makers, care directors, those in authority of what happens in the classroom on best practices for learning and development (Hamre et al., 2013) Thus, teacher-child interactions remain concern enough for educators in the field to continue discussions regarding the needs of infants and toddlers.

Currently, adopting an attachment perspective, many researchers and practitioners have worked diligently to support positive interactions between young children and their mothers, as well as the interactions that occur between young children and their caregivers (Mooney, 2010; Kovach & DaRos-Voseles, 2008). Promoting social and emotional skills has been recognized as a valuable component of high-quality early childhood programs (National Association for the Education of Young Children, NAEYC, 2009). However, because the strong focus of study has remained on children's health and academic progress, it has been challenging to fund assessment for social, emotional, and relational domains of the classroom environment (National Research Council, 2008).

Relational interactions between young children and their caregivers can have emotional impacts on the child during the time of caring, impacting children's future ability to attach to others (Noddings, 1984). Characteristics associated with high-quality interactional care for infants are sensitivity, warmth, and responsiveness from their caregivers (NICHD ECCRN, 2005). In the NICHD Study of Early Child Care,

higher-quality care was documented when assessing the frequency of positive

caregiving exchanges when child-adult ratios were smaller. Non-authoritarian beliefs

about childrearing accompanied high-quality early childhood caregivers perceptions of

children. Physical environments rated as safe, clean, and stimulating also were

supportive of high-quality learning spaces.

Previous research has also documented repeated examples of caregivers' formal

education contributing to substantially higher learning experiences for older children

(McCartney, 1984; Vandell & Powers, 1983; Whitebrook, Howes, & Phillips, 1990).

However, these findings were not as evident in contributing to higher-quality care

practices between infants and their caregivers (Bardige, 2005; Clarke-Stewart, Vandell,

Burchinal, O'Brien, & McCartney, 2002; Vernon-Feagans, Hurley, Yount, Wamboldt,

& Kolak, 2007). Thus, further research is needed to establish exactly what high-quality

care looks like in infant and toddler care centers in order to communicate what young

children need most in the early years of life.

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Current Research Trends and Major Findings

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Early childhood care settings are increasingly being evaluated for not only the

materials and the number of staff present in the care site, but also for the emotional

climate that exists between caregivers and young children (Gerber, Whitebook, &

Weinstein, 2007; Mortensen & Barnett, 2015; Pianta et al., 2008). A secure

environment in which infants and toddlers can explore without fear, knowing caregivers

are available when they are needed (Davies, 2011), improves the child's learning

opportunities and enhances child outcomes later in the early childhood years and

beyond. Social and emotional competencies are more common in the current climate of

assessment. One reason for this is previous research findings noting poor

developmental outcomes for children in institutional care facilities and settings where

poor interactions were documented between children and caregivers (Luke & Banerjee,

2012; Renken, Egeland, Marvinney, Mangelsdorf, & Sroufe, 1989; Rosen, 1999;

Trawick-Smith & Dziurgot, 2011). Thus, caregiving impacts on children do affect

outcomes later in life.

Countless studies have analyzed the interactions of preschool children with

teachers and the subsequent attachment that forms during joint play and caring

experiences (Brown & Freeman, 2001; Connolly & Doyle; 1984; Dickinson & Smith,

1991; File, 1994; Hamre & Pianta, 2007; Howes & Smith, 1995; Smilansky & Shefatya,

1990; Trawick-Smith & Dziurgot, 2011), but limited studies exist documenting the

interactions between caregivers and infants and toddlers (Ahnert et al., 2006; Degotardi,

2010; Horm et al., 2013; Jung, 2012; NICHD ECCRN, 2005; Sroufe, 1996; Thomason

& La Paro, 2009; Zaslow et al., 2010;). Even fewer studies have been conducted on

how the formation of attachment occurs between caregivers, infants and toddlers when

examining relationship interactions (Jurie, 2011; Lee, 2005).

Relational exchanges between caregivers and children either motivate

exploration or hinder the willingness of children to venture out towards novel or curious

objects. This assumption has underpinnings rooted in attachment security stemming

from previous research (Ainsworth & Bowlby, 1991). Studies noting the interactions of

infants and toddlers are growing in number; however, most focus on either the teacher

or infant, but few studies focus on joint interactions. Greatly lacking still are studies

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assessing the interactions of caregivers with infants and toddlers that show how caregivers respond to children's bids for support.

Executive functions and self-regulation have become more of a priority when considering school readiness (Domitrovich, Cortes, & Greenberg, 2007; Obradović, Portilla, & Boyce, 2013) and infants and toddlers ability to self-regulate is rooted, established, and enhanced through high-quality, meaningful interactions with caring adults (Davies, 2011; Honig, 2002; Raikes & Edwards, 2009). Thus, some early childhood educators are turning their focus to social and emotional domains of infant and toddler care settings because of current understandings noting that cognitive and physical developmental domains are negatively impacted when relational bonds are not formed appropriately.

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Developmental Outcomes Related to Attachment

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Interactions between caregivers and infants/toddlers that occur on a daily basis play an important role in the development of young children. Emotional support and behavior guidance provided by a caregiver are critical in supporting or hindering social-emotional outcomes for young children (Thomason, 2011). These are important variables to consider in children's development due to the association between social and emotional competence and school readiness skills (Calkins & Williford, 2009). Attachment status in infancy is related to a number of developmental outcomes for children as they grow and develop in environments of warm and sensitive care.

Social and Emotional Development

Infants cannot develop apart from relationships (Shonkoff & Phillips, 2000). At their very core, young children possess a basic need to be social (Frost et al., 2012).

The interactions infants and toddlers have with those caring for them support the development of emotions in a positive or negative way. Most advantageous infant development requires that babies be cared for in such a way that they develop a strong attachment relationship to their caregivers (Ainsworth, 1973; Bowlby, 1969; & Davies, 2011). Each child's environment is unique. Yet, most favorable social development occurs when infants and toddlers form secure emotional bonds with their caregivers in the first two years of life. Emotional development occurs when relationships form between children and caring adults. As children develop emotionally, they become increasingly aware of their feelings and also gain control of these feelings (Martin, 2003).

Attachment and emotion regulation. Caregiver interactions with young children rooted in warmth and sensitivity have been noted to support self-regulatory skills of higher self-control, self-reliance, and engagement when caregivers provided emotional support (NICHD ECCRN, 2002; Rimm-Kaufman & Wanless, 2012). Children need teachers who can individualize learning experiences to meet the unique needs of each child in their care. In addition to focusing on IQ or cognitive ability, early childhood educators are turning their focus to self-regulation (Domitrovich et al., 2007). Regulation involves developing effective internal ways of controlling reactions to stressful stimuli (Solomon, George, & de Jong, 1995). Children who are not taught to self-regulate are unfortunately at the mercy of strong emotions, feelings, and impulses and their responses to stress are usually paralleled with negative behavior and poor reactions to peer disputes.

Infants and toddlers ability to self-regulate is rooted, established, and enhanced through high-quality, meaningful interactions with caring adults (Davies, 2011; Honig, 2002; Raikes & Edwards, 2009). Children who have not been taught how to cope through internalized behaviors minimize strong emotions and avoid expression of strong emotions (Magai, 1999). Markedly, early childhood educators are emphasizing social and emotional domains of infant and toddler care settings because of current understandings noting that cognitive and physical developmental domains are negatively impacted when relational bonds are not formed appropriately.

Cognitive Development

Cognitive development should not be discussed without first explaining attention. "Attention is a central concept in psychology and a major area of study for human cognition and cognitive development" (Colombo, Kannass, Walker, & Brez, 2012; p. 21). Attention is currently viewed to be a key predictor when considering educational attainment. Cuevas and Bell (2014) investigated the relationship between infant attention at 5 months of age to emerging executive function skills during early childhood. Examples of executive function skills include working memory, inhibitory control, and cognitive flexibility. Findings revealed that infants who were more efficient processors of information exhibited higher executive functioning skills in early childhood when compared to peers who needed more time to process information.

Infants and toddlers who are at risk of developing deficits in regards to executive function skills could benefit from early interventions if the children are recognized as having short attention spans in the first months of life. Findings from Early Head Start home visiting services showing time devoted to child focused

activities were predictive of children's cognitive and language development at 36 months of age (Raikes et al., 2006). Important developmental gains were made for children whose parents received home visiting services providing examples of how to set up environments and engage children in stimulating activities of interest.

The NICHD Study of Early Child Care data examined how diversity in child care impacts developmental outcomes (Burchinal & Cryer, 2003). Throughout the course of this study, researchers examined three diverse groups of children: African-American, English-speaking Latino, and white children. Analysis focused on whether cognitive and social skills were impacted or related to child care quality. Higher levels of social and cognitive skills were predicted for all three ethnic groups, when caregivers showed sensitivity and engaged the children in more stimulating activities. School success was greater for all three ethnic groups in response to sensitive and stimulating care. Nevertheless, a similar study by did not find as promising results (Owen, Klausli, Mata-Otero, & Caughy, 2008). Their study of a similar population of diverse children showed parents reported better child compliance and closer parent-caregiver relationships when children attended more sensitive, involved, and affectionate caregiver centers, but benefits for school readiness were not profound in regards to cognitive, language, and social skills, and behavior. However, sample size, quality of implemented measures, and additional variables could have been contributing factors to the limited findings reported about caregiver characteristics.

Language Development

Previous research has found language development to be poorer among infants in low-quality group care than infants in better quality home care (Melhuish, Lloyd,

Martin, & Mooney, 1990; Pinto, Pessanha, & Aguiar, 2013). However, other studies found that children of low-income families who were cared for in centers had more advanced language and higher cognitive achievement than children cared for in other types of settings (Broberg, Wessels, Lamb, & Hwang, 1997; Caughy, DiPietro, & Strobino, 1994). Longitudinal research suggests differences among children in processing speed and word learning can be predicted by the amount of language directed at infants and the ability the infant has in segmenting received language streams (Marchman & Fernald, 2008). The findings of these studies add to the current body of literature recommending infants and toddlers experience care in which language-relevant information is shared on a regular basis to support higher cognitive developmental outcomes in infants and toddlers later years.

One study revealed the alarming difference in the amount of prohibitions that children in welfare families heard in comparison to the encouragements that children from professional families heard (Hart & Risley, 2003). Children from welfare families heard 11 prohibitions per hour while children in professional families heard only five. Conversely, professional parents offered 32 affirming encouragements to their children while the welfare children heard only five. The same researchers also discovered a great lacking in the understanding of advanced vocabulary that children from poverty had when reading textbooks. Language development for children in poverty is greatly impacted by children's language deficiency and therefore the language accomplishments children are able to achieve are less than peers in other income brackets. Aforementioned research in addition to current understandings regarding the link between children's development and outcomes, suggest a need for the field to

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further discuss and seek ways to mediate disparities that children in poverty will be affected by. Following, a deeper look at outcomes for children in poverty will be discussed.

Factors Influencing Care: Teacher Perception

The beliefs caregivers hold regarding their role in caring for children come from the experiences they have while engaging with children, but also from the training they receive prior to entering the classroom and while serving as educators (Riojas-Cortez, Alanís, & Flores, 2013). What an early childhood educator believes about her role as a caregiver of young children greatly impacts her teaching practices, and therefore, the learning and developmental opportunities of young children. Teachers' attitudes towards children impact the emotional care children receive; teachers who can sympathize with a child's situation may be more sensitive to those children than others whose circumstances are unfamiliar to them (Stern & Keislar, 1977).

One goal of teacher education is to equip future educators with rich knowledge about professional practice, but also mentor them towards personal inquiry in order to send teachers into the field who will be reflective about their interactions with children (Meier & Stremmel, 2010). Through deliberate scrutiny of one's own actions, teachers learn about themselves in a way that allows them to examine their beliefs (Cole & Knowles, 2000). Educators, who can look back on key moments, recognizing strengths and weaknesses in their interactions with children, are better prepared to acknowledge and address problems in their daily teaching and caring practices. By engaging in reflective inquiry of one's interactions, teachers take charge of their role as caregivers of young children. This empowers them to be better educators, improving the care they

provide as well as enhancing learning opportunities for children (McNiff, 2007). These

processes also enable teachers to look deeply at what they are doing during interactions

and gain a better understanding of why they are engaging with children in the way they

are, opening the door for improvements when needed.

After interviewing twenty-one caregivers, researchers discovered that only two

of the caregivers held highly sophisticated beliefs about their roles of caring for

children. The other caregivers in the study had not conceptualized how their caring

roles impacted children's cognitive development or how caring supported executive

functions (Berthelson & Brownlee, 2007). In another study with infants, twelve child

care workers or directors in toddler centers were interviewed about infant caregiving

quality (Brownlee, Berthelsen, & Segaran, 2009). Infant caregivers noted that affective

dimensions of care, such as love and attention, were crucial in care routines as well as

programming experiences for learning and development. After both studies, researchers

concluded that further training would support caregivers and directors in planning for

care experiences, emotionally and cognitively, for infants and toddlers.

Following an assessment of caring environments after a year-long training,

researchers discovered that participants in the treatment group who attended the training

displayed less punitive, more positive, and stronger relational bonds with the children in

their care when compared to participants who had not attended the training (Arnett,

1989). In a similar study published over fifteen years later, six out of six participants

were found to have increased positive active behaviors during interactions with infants

and toddlers, and five showed an increase in positive passive behaviors following an in

depth year long training (Ota, Dicarlo, Burts, Laird, & Gioe, 2006). The study also

showed that negative behaviors between caregivers and young children decreased after the training. Caregivers were observed engaging in more frequent positive physical interactions such as holding, instead of refraining from these actions for fear of spoiling the children, as was the belief prior to training. The amount of time infants and toddlers spent in cribs, high chairs, and time out decreased, while the time caregivers shared reading books, singing songs, and playing together increased.

One study examining the factors contributing to caregiver responsiveness found that even carefully trained infant teachers responded differently to children based on the children's cues and signals (Vallotton, 2009). Study participants were juniors and seniors working in a lab school to fulfill the requirements of a Human Development internship. Caregivers responded to infant signals of pointing, nodding, and shaking heads, but the gestures receiving the most sensitive attention were those that were novel or rare to typical infant behaviors. Another study found caregiver depressive symptoms and teacher-child ratios to be additional components influencing the responses young children received from caregivers (Gerber et al., 2007). Sensitivity of care was impacted by teacher training and by teacher perceptions of the work environment. This study found higher levels of teacher training and program quality to be mediators which positively influenced sensitivity of response despite caregiver depression.

Even though enormous responsibility is placed on caregivers of infants and toddlers, high quality training prior to entrance into the field or professional development opportunities once engaged in caring have been notably limited (Goouch & Powell, 2012). Goouch and Powell's research indicated that infant teachers often feel isolated and neglected in the support they receive for their work and practices of

caring. Although their responsibility to provide sensitive care for infants is one of great importance, these caregivers shared feelings of a low sense of self-worth.

Summary

It is critical for educators to create a classroom environment where infants and toddlers feel safe and secure so that the materials and experiences encountered by the child can provide the best learning outcomes possible. Determining how to create and support these high-quality environments is still under review. Bowlby and Ainsworth did not produce a one-size-fits-all theory instructing parents and educators in how to engage in meaningful interactions, but they helped open society's eyes to the need of the young child to attach to his or her caregivers. Thus it is our responsibility now to determine through research how best to facilitate attachment through interactions in infant and toddler classrooms.

A deeper understanding of what high-quality interactions look like between infants and toddlers and their caregivers is necessary to support safe and secure learning environments and to improve group care for young children (Horm et al., 2013). In addition to quantitative studies, qualitative studies are also needed that look closely at the transactional behaviors of infants and toddlers with caregivers in high-quality group settings. Current understandings of the learning opportunities of infants and toddlers in group care would be greatly enhanced through rich descriptions of how caregivers support learning in the very early years of life for some of the nation's most vulnerable children. Documented interactions fostering relationships of attachment between caregivers and young children are needed in order to prepare early childhood teacher

educators for work in the field, as well as to support current infant and toddler teachers in their caregiving roles.

Research Purpose and Questions

In light of this need, the purpose of this research project was to describe and explore the nature of how caregivers in high-quality environments interacted with infants and toddlers in group care settings. This study also sought to better understand what providing care for infants and toddlers was like for caregivers. Young children's learning environments are impacted by the care they receive from adults (Noddings, 1984). As the child experiences distress, the way a caregiver responds tells the child the environment is safe and the child can rely on her caregiver to protect her, or the caregiver's response sends signals to the child that her environment is not safe when bids for support are ignored (Bowlby, 1988). Situated within Bowlby's (1988) attachment theory and Bronfenbrenner's (2001) theory of proximal processes, the following research questions were addressed in this study:

1. What is the nature of the lived experience for infants and toddlers in high quality group care settings?

2. How do infants and toddlers send out bids to their caregivers for support?

3. How do caregivers in high quality child care facilities respond to infants and toddlers bids for support?

4. How do caregivers in high quality child care facilities perceive the nature of their interactions and experiences with infants and toddlers?

The main focus of this qualitative, multi-case research study was to observe and document the nature of teacher-child interactions. One purpose of this type of

educational research is to support the improvement and action taken to inform

educational beliefs, judgments, and decisions (Swann & Pratt, 2003). The findings of

this study have a critical role in motivating the types of encounters caregivers engage in

while caring for infants and toddlers. Respect was taken to ensure that ethical practices

were in place throughout the duration of the study, beginning with the write up of the

purpose and research agenda, throughout data collection and analysis, as well as in

dissemination of research findings.

Chapter 3: Methodology

This study examined the nature of teacher-child interactions in high quality infant and toddler child care environments and teachers' perceptions of the care they provided. To discover how infants and toddlers sent bids to their caregivers for support, approximately 60 hours was spent in each classroom observing how children and caregivers interacted with one another. Through interviews and time reflecting on observed teacher-child interactions, caregivers had the opportunity to share what the caring experience was like for them. Observing how caregivers interact with infants and toddlers is of utmost priority because educators know that transactional relationships have a direct influence on children's developmental outcomes.

Qualitative Research Methodology

This study was a qualitative research project that used observation, interview, and a field notebook to observe and describe teacher-child interactions. When a qualitative design is purposed for a research study, the plan must follow five features: *naturalistic character, descriptive data, concern with process, inductive method, and meaning* (Bogdan & Biklen, 1998). Essentially, qualitative studies must always be conducted in actual settings that provide the direct supply of data and consist of records gathered from human sources. Qualitative data may consist of visual and audio tapes, photos, and rich annotations describing observed events, as well as direct quotes obtained from interviews about people and their beliefs and feelings. This study was focused on the phenomenon of teacher-child interactions in a group child care setting, and was concerned with the process of teacher-child interactions rather than the outcomes of care. Common in quantitative studies, this study was not seeking to prove

or disprove a hypothesis about the relationship of a dependent variable and an independent variable (Strauss & Corbin, 1998). Instead, the goal of this study was to observe and document what went on in the here and now, in the actual care routines of caregivers with infants and toddlers.

Deep relation of meaning through inquiry into the interactions of caregivers, infants, and toddlers took place in the context of their natural environment (Lincoln & Guba, 1985). Caregivers, infants, and toddlers were observed in the context of their everyday, natural caring environments to make meaning of teacher-child interactions using methods appropriate to human inquisition. The researcher's field notebook was included as a component of data along with interviews with caregivers. Taking on this role, the researcher served in a *human-as-instrument* (Lincoln & Guba, 1985) capacity. Seven elements must be emphasized when humans are the focus instrument of data collection: responsiveness, adaptability, holistic emphasis, knowledge base expansion, processual immediacy, opportunities for clarification and summarization, and opportunity to explore atypical or idiosyncratic responses. By keeping these elements in mind during data collection, and by implementing a field notebook to track personal opinions and bias, the researcher was able to maintain integrity during data collection and analysis.

Research Design

A case study format was the proper strategy for this study since the relationship between caregivers, infants, and toddlers is a contemporary phenomenon embedded in a real-life context over which the researcher has no control (Yin, 2009). This study satisfied three specific features of case studies: "particularistic, descriptive, and

heuristic" (Merriam, 1998, p. 29). This study was particularistic in that it focused on the caregiving interactions between particular infants and toddlers and particular caregivers in a particular setting. It was descriptive in that it aimed at producing rich descriptions about the nature of how caregivers interacted with infants and toddlers when care routines were examined, as a whole and over time. Also, it was heuristic because it tried to explain what happened when infants and toddlers interacted with caregivers and possibly why bids for attention were responded to in a certain way through particular interactions.

The research model for this case study was a multi-case design (Yin, 2009) of caregivers who were observed in naturalistic settings while providing care and responding to infants and toddlers. Implementing a multi-case design compared to a single-case design has been considered by some researchers to be a more compelling vantage point when examining qualitative data, and therefore, also viewed as a more robust study (Herriott & Firestone, 1983; Yin 2009). When planning for multi-case studies, single researchers follow a *replication* design when examining each case (Yin, 2009). This is not a sampling design, but a recommendation for observing and documenting each case in the same way. Stating the condition under which each case will be viewed prior to data collection in order to determine exactly which phenomenon is likely, or unlikely, to be found was also recommended (Yin, 2009). The conceptual framework this research plan was positioned within was founded in Bowlby's (1988) attachment theory and Bronfenbrenner's (2001) proximal processes serving as engines for development. Particular emphasis focused on creating a safe base through which children explore and learn about the world through repeated interactions with

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caregivers. Theoretical replication occurred through observations of each caregiver, each individual case, while assessing interactions through the framework of attachment, with specific emphasis on the caring environment as a safe base when sensitive, responsive caregivers are present.

Sampling Strategy

Prior to collecting data, I *set boundaries* and put limits in place (Miles & Huberman, 1994). This helped me focus on the purpose of the study and define the aspects of data that were needed in order to respond to the open-ended questions that were asked. A *frame* was also recommended to support me in *uncovering, confirming, or qualifying* the study components. Through observations and interviews with caregivers, *boundaries* were guided by the theory of attachment which was used to form the *frame* around witnessed teacher-child interactions that assisted in *uncovering* a deeper understanding of how emotional environments were established for infants and toddlers.

To heed this advice (Miles & Huberman, 1994), criterion sampling was the strategy used in this study. This sampling strategy has been defined as including all centers that meet a certain criteria and caregivers with certain criteria. Criterion sampling (Bazeley, 2013) was an important foundational component for the study because this guided me in determining which types of caregivers to conduct research with in order to ensure quality assurance. Previous research supports the assumption that highly qualified teachers are better prepared to support children through various stages of development (McCartney, 1984; Vandell & Powers, 1983; Whitebrook et al, 1990). However, additional research points to the concern that most bachelor level

programs do not focus attention on infant and toddler development (Bardige, 2005; Clarke-Stewart et al., 2002; Vernon-Feagans et al., 2007; Horm et al, 2013). With this in mind, the only criteria in selecting caregivers was that they were lead teachers in high quality, NAEYC accredited, infant and/or toddler classrooms, situated within group care contexts, who had earned at minimum a Child Development Associate (CDA).

Description of Participants and Context

Participants

Three infant and/or toddler caregivers were asked to participate in this research. Because this research focused on the interactions of caregivers and the children in their care, each caregiver and the children in their classes were selected as one case. The focus of this study was on lead teacher-child interactions; therefore, other caregivers who stepped in for support when needed, who were not a regular part of caring routines in the learning environment, were not included in the study description. The lead teacher's interactions and perceptions of care provided to infants and toddlers were the focus and purpose of this study, not the care of infants and toddlers provided by others in the center. Subsequently, the infants and toddlers enrolled in these caregivers' classrooms were also involved in this study, and consent was obtained from the parents represented by each of the infants and toddlers in order to conduct research with the selected caregivers. Detailed explanations of each caregiver and the children in their care are included in the Findings and Discussion chapter.

Context

Three unique classroom environments provided the foundation for the context of research for this multi-case study through which teacher-child interactions were

observed. Each classroom caregiver and their group of children represented a unique case in which caring interactions were investigated. The nature of teacher-child interactions was assessed for the nature of the lived experiences of the caregivers and the infants and toddlers in their care. Bowlby's attachment theory (1988) and Bronfenbrenner's (2001) proximal processes provided guidance in assessing infant and toddler bids for support, as well as, provided the lens through which teacher-child interactions were observed within the case of each classroom (Yin, 2009). All of the centers that participated in this study were accredited through the NAEYC. A detailed description of each caregiver and the children in their care is provided in the following chapter.

Data Collection Methods

Data was collected in a variety of ways; multiple methods (Merriam, 1998; Yin, 2009) strengthened this multi-case, qualitative study. Interviews and observations of three learning environments were conducted, over a twelve week period, to gain a deeper understanding of the interactions caregivers have with infants and toddlers. Interviews with caregivers occurred, before, during, and after data collection. A field notebook was kept by the researcher to assist in tracking thought processes and to limit the effect of personal bias. The utilization of multiple methods of data sources supported an in-depth understanding of the phenomenon under investigation. The decision to collect and analyze multiple varieties of data heightened the trustworthiness of the research project through triangulation (Denzin & Lincoln, 1998).

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Interviews

An essential source of information in a case study is the interview (Yin, 2009). The pursuit of knowledge in this study's interviews was towards deeper understanding of caregivers' perceptions regarding the nature of their interactions with infants and toddlers. Initial interviews with each caregiver were semi-structured and open to foster a non-threatening atmosphere in which interviewees were free to express opinions, perceptions, and beliefs regarding their interactions with infants and toddlers. Including interviews in this study was crucial to develop a deep understanding about the behaviors and perceptions of human relationships. Vital to the study's purpose was the development of a knowledge base about how caregivers interpret their interactions with young children. This piece will serve to guide future research as well as professional development for infant and toddler caregivers.

The process of interviewing caregivers, obtaining verbal reports (Yin, 2009), must be accepted with common concerns. Keeping in mind that interviews are subject to misinterpretation, additional sources of data were utilized to make certain accurate findings developed from this study.

Observations

Observations took place in the natural classroom settings of caregivers, infants, and toddlers (Yin, 2009). Formal data collection activities took place during observations to ensure that the observer did not impact the interactions of the caregivers. As a researcher, I was not a participant observer, but a bystander in the natural environment where care was given.

Field Notebook

A journal was maintained throughout the course of the study, from the beginning of data collection through the analysis period (Bogdan & Biklen, 1998; Merriam, 1998). Reflections on the methods, strategies, and procedures were included along with new ideas, thoughts, concerns, interests, and interpretations. Any biases that surfaced, such as irritations or frustrations with research participants, were noted in the journal. This field notebook helped to process issues that arose during data collection as well as guide the process of analysis to the end.

Data Procedures

Research questions were designed with the ability to interpret the answers (Yin, 2009). As the lead investigator of this study, I had to be a good listener and able to remain open to what the data communicated, not biased to my own perceptions and ideologies. The issues being studied needed to be clearly understood and the knowledge I had in this subject matter supported the topic under review. Finally, I needed to stay sensitive and responsive to evidence, especially when contradictions to original assumptions outlined in the literature arose.

Yin (2009) outlines clear guidelines for qualitative researchers planning and preparing for case studies. Prior to collecting data, informed consent was gained from all early childhood site directors, from caregivers, and from the parents or guardians of the children who were involved in the study. The nature of the study was explained and only willing participants were included. As the lead researcher, I avoided deception regarding the study's purpose and informed all participants that teacher-child interactions would be examined by looking at how children sent bids for support and

how caregivers responded to those bids for attention. Participants knew upfront that examples and non-examples of high quality interactions would be discussed in the study's findings. With this in mind, all study participants' confidentiality has been protected through the use of pseudonyms. All documents relating to the study remained in a locked cabinet when they were not being transported from the study site to the site of analysis, or while analysis and transcriptions were taking place. All identifiers to persons and centers were removed and replaced with pseudonym titles.

Observations

Procedures for teacher-child observations were as follows. A running record was kept of the interactions that occurred between caregivers and the children in their care. Documentation regarding infant and toddler bids for support, as well as caregiver responses were noted and highlighted on the running record. Multiple bids for attention were sent out at the same time while observing in the group care environment. Observations were conducted from a location with as few interruptions as possible to ensure that as much as possible was documented in the running record.

During observations, specific relational interactions were observed as they occurred in the natural caring environment. Documentation from observations focused on children's bids to engage the caregiver and what the caregiver did in response to the child, or vice versa, what the caregiver did to support the child, and how the child responded to the caregiver. Specific events of interest were interactions that clearly pointed towards a bid for support and the corresponding response from the caregiver. At two locations, observations took place three days a week, on Monday, Tuesday, and Wednesday or on Monday, Wednesday, and Friday. At one location, ten observations

were conducted rather than nine due to the students' divided attendance schedule. At this particular site, during the initial week of observations, the caring environment was observed Monday, Tuesday, Wednesday, and Thursday. Observations were conducted Monday, Tuesday, and Wednesday the second week and Monday, Wednesday, and Thursday the final week of data collection. Observations started at the majority of the groups drop off time and ended at pick-up, or when the lead teacher went home for the day. At one location, the lead teacher was absent, and observations were postponed until her return.

Interviews

Interviews were audio recorded, with permission from interviewees, at a time convenient in their schedule. Interviews occurred during children's rest time or at the end of the day of caring. Interviews were considered *purposeful conversation* (Bogdan & Biklen, 1998) and took place at the beginning and at the end of data collection (Seidman, 1998). Impromptu interviews also took place during rest time, or at the end of the school day, to gain a better understanding of caregiver feelings and perceptions about observed teacher-child interactions. Since videotaping did not occur in this study, impromptu interviews were conducted daily or on concurrent days as close to observations as possible in order to get at the heart of the nature of caring. Impromptu interviews were also audio recorded during the duration of the conversation.

Transcripts from the initial interviews were member checked (Bazeley, 2013) with caregivers to eliminate any misunderstandings that occurred. The initial interviews were roughly an hour in length, with one lasting closer to an hour and a half. Respect for the caregiver's beliefs and opinions were maintained throughout each of the

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interviews. Any issues of personal discomfort to interviewees were addressed and handled with care and sensitivity. In addition to interviews, a demographic survey requesting participants' personal information pertaining to their experience and caregiving history was included.

Semi-structured interviews were outlined with questions about the caregivers' perceptions and feelings regarding the nature of experienced teacher-child interactions (See Appendix A). Caregivers' points of views about the interactions provided crucial information regarding the three caregivers' understanding of the needs of infants or toddlers when they experience emotional distress. The initial interview sought to gain a deeper understanding of caregiver perceptions about the care provided to infants and toddlers in group settings. Impromptu interviews took place during/following daily observations to gain a deeper understanding of the nature of caring from the caregiver's perspective. The final interview focused on clarifying caregivers' beliefs, opinions, and perceptions about the nature of teacher-child interactions and the nature of their interactions with the children in their care, following observed teacher-child interactions. During the final interview, caregivers reviewed the running record and discussed coded observations with a focus on their perceptions of the observed events. Initial interviews were transcribed and then reviewed with each caregiver to ensure that the researcher walked away from the interview with accurate information.

Field Notebook

An electronic field notebook was maintained to document events and happenings regarding collected data, conversations and exchanges with caregivers, concerns that arose, joys or exciting occurrences, as well as steps and changes in

previously outlined procedures. The field notebook served as a journal to keep the

researcher true to the study purpose, as well as aware of changes that needed to be made

along the way (Bogdan & Biklen, 1998; Merriam, 1998). Journal notes were made

throughout the course of data collection and data analysis to process all that occurred.

As questions arose during data analysis and clarification was needed to determine why

decisions were made and how, the field notebook provided a means to reflect back on

and remember what happened when, and why.

Data Analysis

One challenge of analyzing case study data is that this form of research is the

least developed and most difficult when approaching data analysis (Yin, 2009).

Therefore, designing a plan for analysis, prior to data collection, assisted me as a novice

researcher through this daunting endeavor.

Level One: Analysis Within Each Case

Data analysis at level one involved the constant comparative method (Hewitt-

Taylor, 2001; Maykut & Morehouse, 1994) and contextual comparative analysis

(Bazeley, 2013) within each case. Each observation and interview were analyzed

through ongoing analysis and classification of data for children's actions and bids for

attention, as well as the resulting response from the caregiver, and the child's actions

following the caregiver's response. Revisiting and reviewing observations on a daily

basis with caregivers during interviews provided deep insight to the interactions that

occurred in the natural caring environment. Comparing new interactions with previous

interactions and following observations up with interviews enhanced my ability to

understand the nature of interactions and caregivers' perceptions of the interactions they

had with infants and toddlers. Initial categories and themes (Bazeley, 2013) that developed during stage one of analysis evolved, were refined, and were also transformed to accommodate new information. By regularly pausing during this stage of analysis to make memos and define data that repeatedly emerged, I was better prepared for developing conceptual links that surfaced relating to the nature of observed interactions and the nature of beliefs held by participants.

Explanation building, similar to pattern matching (Bazeley, 2013), but unique in that this form of analysis seeks to explain the phenomenon under investigation was also used during data scrutiny. The nature of teacher-child interactions and the perceptions caregivers had about care have been explained in great detail to support those in the field of early childhood towards a better understanding of how caregivers are responding to children in their care. Interactions within each classroom were analyzed independently within each case and then interactions across all three care environments were analyzed as a whole. Explaining how infants and toddlers sent caregivers bids for attention will help practitioners better understand how interactions with children support relational bonds of attachment, as well as foster positive learning environments in which children feel secure to explore curiosities. The casual links between interactions and learning will provide critical insight into policy recommendations when determining how many children should be in group care classrooms.

The researcher engaging in explanation building is warned to remain true to the purpose of the study while examining and analyzing data (Yin, 2009). One way this was made possible was by finding common patterns (Bazeley, 2013) in teacher-child interactions and caregiver perceptions. The nature of teacher-child interactions was

analyzed in regards to the ways children sent bids for support to caregivers, as well as, the ways caregivers responded to children's bids and reported on observed responses. Successful bids for support resulting in positive, attuned responses from caregivers have been explained in the following chapter along with bids for attention that were not met with sensitive caregiver responses.

Observations. Observations provided an in-depth view into the nature of caregiver interactions with infants and toddlers and were noted in a running record documenting caregiver, infant, and toddler practices and behaviors. These interactions were specifically observed for bids for support and the consequential responses. Children's behaviors and environmental events leading up to the bid for support were described in great detail as well as the response the child receives from the caregiver. Patterns in children's bids for attention were documented and reported alongside caregiver reactions to the children in their care. As previously mentioned, observations were constantly compared for similarities and differences. The running record documented the time and context of interaction, observed behaviors of caregivers and children in their care, personal memos from the researcher, and space for content analysis. Data was examined and reflected prior to interviews with each caregiver. Theme codes were developed and documented in the content analysis section to clarify the social phenomenon of teacher-child interactions (Bazeley, 2013). Boundaries were created for each code and the concept represented by the interactions leading up to and following bids for support. Categories of child and caregiver practices were identified and labeled.

Interviews. Interviews were also examined through the same theoretical lens, after discussions occurred regarding how caregivers created a secure base for children through which to explore the learning environment. This form of analysis assisted in describing how and why caregivers responded to children in the ways they did during observations. Initial interviews with caregivers provided a lens into caregivers' attitudes and beliefs about the nature of care given to infants and toddlers. Informal interviews that occurred following the time of caring, provided in-depth insight into the nature of observed interactions and caregiver perceptions. Only one discrepancy arose in caregiver responses to bids for attention and the caregiver's perception of care. This situation was noted and the difference in opinion was examined further in level two of analysis. Themes emerged in the reports caregivers shared about the care they provided young children.

Field notebook. Initially, the field notebook was used as a tracking devise for events, activities, and emotional responses to interactions with caregivers. Personal biases emerged as frustrations or joys were experienced in observations or exchanges with each caregiver. After codes were developed from observations and interviews, the field notebook was used to make comparisons about attitudes that developed towards the caregivers and the findings from within each of the codes. Journal evaluation has been previously called the comparative process of analysis (Bazeley, 2013). By comparing researcher perspectives and emotions towards each caregiver, I made sure that findings from observations were based on actual observed events and not simply my bias clouding the interactions certain caregivers had with children.

Level Two: Comparison of Data Sources Within Each Case

Observations and interviews. After initial data analysis and following the development of codes and patterns in the observations and interviews, the next step of data analysis focused on integrating the different sources of data within each case. The process initiated with impromptu interviews as they focused on observations, however, the second phase of analysis was unique in that initial and final interviews provided an additional layer of caregiver perception. Patterns and themes that emerged in observations and interviews were reviewed and the second step of analysis served to sharpen awareness of the features that most dominated interactions between caregivers, infants, and toddlers. After comparing and reanalyzing the patterns and themes, original codes were expanded upon and transformed. Unique findings in the data or disparities were viewed as valuable sources of information and not discredited as outliers in order to increase sensitivity to the data. This second level of coding produced metacodes (Bazeley, 2013) that assisted in reducing the larger amount of codes to make the larger picture of teacher-child interactions, the phenomenon under investigation, frame-able within the context of the study.

Field notebook. The main focus of each observation and interview was based on the nature of caregiver interactions with infants and toddlers in group care settings. In the field notebook, patterns emerged that uniquely guided the other forms of data. Divergent views (Bazeley, 2013) played a minor role in further establishing current understandings and developing metacodes about attachment and how emotional bonds formed between young children in group care and those caring for them. These divergent views also emerged in observation and interview data, but the field notebook

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was crucial in noting the nature of how and when unique cases of alternative understanding came about.

Level Three: Cross-Case Analysis

    Observations and interviews. Another analytical technique this study relied heavily on was cross-case synthesis (Yin, 2009). This approach strengthened study findings and made the study more robust by first examining interactions with-in cases and then further comparing and contrasting interactions across all three cases (Bazeley, 2013). Cases were probed for similar patterns in children's bids for attention as well as caregiver responses. Each documented case elicited an array of data completely unique from other caring environments in addition to the information that was similar. Differences in environments were due to caregiver dispositions and the children's perceptive ability to know how to obtain their caregiver's attention, in addition to other factors that were in play. Cross-case analysis also sought to find patterns and common themes in the ways infants and toddlers sought support when caregivers were needed.

    An additional theme that was expected to emerge focused on teacher beliefs. Caregivers typically hold to their own unique beliefs when discussing teacher-child interactions when viewed through the lens of creating a safe environment in which young children learn about the world around them (Berthelsen & Brownlee, 2007; Recchia & Dvorakova, 2012). Both explanation building and cross-case analysis were used to analyze the observational data as well as information obtained during interviews in this study.

    Field notebook. A query (Bazeley, 2013) of the electronic field notebook was conducted at the conclusion of data collection. All notes taken during interviews,

observations, and after each of the aforementioned events were evaluated for repeated themes. Any issues not previously captured in the comparative process or in the examination for divergent views emerged when the query was conducted. I input the notes from each field notebook entry into a system that analyzed the entered text and identified connections between the repeated themes. Patterns that previously went unnoticed were detected in the query.

Data Collection

Data collection began following approval of the dissertation committee and the OU Internal Review Board (IRB). It began after Labor Day and ended prior to Thanksgiving. Three caregivers were invited to participate in the study to be a part of the research seeking a deeper understanding of teacher-child interactions in group care settings. (Detailed descriptions of each participant can be found in Chapter 4). Caregivers were approached and asked to be a part of the study after recommendations from professors, colleagues in the field, and center directors noted these three caregivers to be the best of the best group setting caregivers working with infants and toddlers. Following caregiver agreement to participate in the study, parents were sent permission slips to include their children in the study. After all informed consents were received from participants, data collection began.

Interviews regarding caregiver perceptions about the nature of caring for infants and toddlers were the initial step of data collection, followed by the beginning of observations. Observations were conducted in the care giving environments of each caregiver during caring routines over the course of data collection. Each caregiver was observed for three weeks, for approximately twenty-one hours a week. Impromptu

interviews with caregivers took place throughout the duration of observation. A final interview with each caregiver took place at the culmination of observation. Initial and final interviews took place at a time convenient to participants, during their children's rest time or after the day of caring. Impromptu interviews also took place during nap time each afternoon or at the end of the school day once the children had gone home. Data collection ended with each caregiver following the final caregiver interview. A diagram located in Appendix B is a model representing the pathway of data collection.

Ethical Considerations

In order to gain a deeper understanding of the interactions that take place between caregivers and the infants and toddlers in their care, I had to continually remind myself that the participants in this study were real human beings with emotional needs of their own that surpass the needs of data collection. Care was taken to respect the caregivers' and the children's natural caring environment. As interviews began, I sought to learn about the experiences and perspectives of caregivers regarding the nature of care they provided to infants and toddlers (Seidman, 1998). As a researcher with a scheduled agenda for data collection, I remained flexible to address unexpected changes in participant schedules.

Triangulation

Confidence was supported through data triangulation of multiple sources of data leading future readers of this study to a fuller understanding of the phenomenon in review. In order to gain a thorough understanding of the nature of teacher-child interactions, care for young children was examined and described after time spent observing care routines in natural settings. Observations which closely examined the

interactions infants and toddlers had with caregivers served as one method supporting

triangulation. Initial interviews with caregivers provided an opportunity to meet and get

to know the person providing care to infants and toddlers. Semi-structured interviews

with caregivers regarding their perceptions of the nature of interactions they had with

infants and toddlers also supported a greater understanding of how quality teachers view

their role of providing care for infants and toddlers. Final interviews with caregivers

focused on observed teacher-child interactions and caregiver responses to children's

bids for support. Caregivers shared their perceptions of the interactions and reflections

on the observed events. Interviews were the second type of data supporting

triangulation. Also, the use of a field notebook ensured confidence in developing a

deep understanding regarding teacher-child interactions. The electronic field notebook

was the third piece of data assuring quality in data triangulation.

Trustworthiness

In an effort to explain how trustworthiness was established in this study, the

criteria Lincoln and Guba (1985) operationalize to determine trustworthiness has been

outlined in great detail. The four criteria Lincoln and Guba attribute to sound

qualitative studies directly align with the terms used to establish quantitative studies as

valid and reliable. For the purpose of this multi-case research project, the credibility,

transferability, dependability, and confirmability of the procedures to be implemented

are as follows.

Credibility

Credibility was established in five ways (Lincoln & Guba, 1985). First, data

collection was designed in such a way as to increase the probability of finding credible

products. I spent a prolonged amount of time engaged in the researcher environment

observing teacher-child interactions as well as interviewing caregivers. Second,

prolonged engagement in the field assisted me in building trust with participants; this

was not to convince participants to like me, but to encourage them that their

confidences would be kept secure and honored as sacred. Persistent observations

continued until enough data was collected regarding teacher-child interactions to

adequately describe and explore the transactions that occurred when an infant or toddler

sent bids to the caregiver for support.

Third, in order to maximize credibility, triangulation has been met by four

standards: multiple *sources, methods, investigators, and theories* (Denzin, 1978).

Multiple sources of data were collected through observations, interviews, and use of a

field notebook. Interviews were transcribed and then member checked and verified by

caregivers to ensure credible facts were taken from participant conversations.

Observations of teacher-child interactions were discussed with caregivers to make sure

unobserved angles of the interactions were understood and described in rich detail.

Multiple methods of data were collected and examined by not only myself but by

colleagues who were proficient in examining data to ensure that what I determined to be

a credible pattern was actually present in the data. These steps were taken to ensure

readers that data from observations and interviews were not construed or distorted

leading to incorrect findings related to teacher-child interactions. Because the goal was

to accurately explain how infants and toddlers sent bids to caregivers for support, this

particular issue of credibility is of utmost importance.

Care was taken in examining observations as well as confirming through colleague auditors that the message which emerged from the data was accurate and true. Although only one researcher served as the private investigator, I confirmed my findings with colleagues to ensure triangulation was met. And finally, the use of multiple theories was not implemented when examining data since Bowlby's attachment theory (1988) and Bronfenbrenner's Bio-ecological theory (2001) provided the conceptual framework of this study. Exploration through observational codes and interview material was guided by caregivers' responsive or unresponsive actions and reflections on specific actions. For the purpose of this study, no other theories were used to provide the lens through which data were examined, nor were additional theories created following data collection and analysis.

The second step in establishing credibility was peer debriefing (Lincoln & Guba, 1985). As mentioned before, colleagues also going through the process of data collection served this study by assisting me in data analysis. After I determined accurate codes through which to analyze the data, colleagues conducted peer debriefing over sections of the data. Peers reviewed one interview transcript from each participant. Colleagues also reviewed a two-page section from each of the three different weeks' observations, according to the pre-determined codes, to ensure that I identified all components of teacher-child interactions. Peer debriefing also assisted in searching for opportunities to test assumptions regarding teacher-child interactions. Conversations of debriefing supported the development of next steps for processing the design of the study as well as coming up with new possibilities through which emerging methodologies could be viewed.

Negative case analysis was the third step included in credibility (Lincoln & Guba, 1985). Any outliers that emerged through the process of analysis remained in speculation. Outliers played an important role in deepening the understanding of interactions that occurred between caregivers and children. Negative case analysis was crucial when the hypothesis was reexamined as the goal was to locate unidentified or minority themes of great importance. The fourth step of credibility was not included in this study. This step was referential adequacy. Leaving a section of data un-reviewed would hinder the study instead of support it. Lastly, member checks were included, a crucial step in developing credibility (Lincoln & Guba, 1985). Member checks occurred throughout the course of data collection, formally during interviews with each caregiver, but also informally during the course of observations. As questions arose while observing teacher-child interactions, the researcher discussed issues with caregivers promptly to clarify uncertainties. Member checks are uniquely different from triangulation; both seek to direct judgment at accuracy, but member checks are establishing accuracy of collected information from particular conversations and triangulation is focused at accurately judging specific data items as a whole.

Transferability

Transferability was the second criteria in achieving a trustworthy study (Lincoln & Guba, 1985). This component of validating and making a study reliable included, not survey facts from a quantitative study, but rich and thick descriptions of events that can be transferred by a reader to situations contemplated to be possibilities in their environment. Simple descriptive data was not adequate enough to establish trustworthiness in a study. A wide range of descriptions regarding the phenomenon

under investigation was provided in order to meet the requirement of transferability.

The data base provided needed to be wide enough to be transferred to potential

circumstances of relation to those included in the study; for this study the focus was on

teacher-child interactions. Therefore, a wide range of behaviors of infants, toddlers, and

caregivers were included in the findings section when observed teacher-child

interactions were discussed so that readers could transfer information to their settings,

making it possible to make the connection between this study's findings and those

interactions familiar to them.

Dependability

Dependability was attainable when four claims were addressed (Guba, 1981).

First, the study needed to be credible to be dependable; this manuscript has previously

discussed issues revealing the credibility of the study purpose and procedures. Second,

issues of triangulation arose again when approaching how this study implements

overlapping methods of data collection, which have been discussed in the section

deeming this study credible as well as dependable, revealing the triangulation in place

to establish trustworthiness. This study did not include stepwise replication, making the

third step impossible for this study to meet. Through observations, interviews, and the

field notebook, all data were approached as one entity of knowledge and not separate

cases. Each caring environment was addressed independently as a whole, and then the

three caring environments were addressed as a whole together. Therefore, stepwise

replication did not make sense for this study. Fourth, an inquiry audit will take place to

deem the findings trustworthy. As previously noted, colleagues provided assistance in

peer debriefs which met the requirement of analysis audits. Codes were shared with

peer debriefers who examined the data independently and then returned to discuss the findings of the study with me. When the colleague found similar results through data analysis as I did, then the audit was considered successful. However, when discrepancies occurred after examining the data, through the same lens of identical codes, and the colleague and I came to different conclusions in the process of data analysis, the audit continued and was thoroughly discussed. A similar product of peer analysis supported the achievement of dependability.

Confirmability

The final step of deeming this study trustworthy was confirmability (Lincoln & Guba, 1985). This step included five major components: the audit trail, the audit process, formal agreement, determination of trustworthiness, and closure. Since many of these components have been thoroughly explained in previous sections under the study's trustworthiness outline, this segment of trustworthiness, confirmability, will be mapped out in a bulleted panel.

- The audit trail was successfully completed with examination of the following six components of Halpern's (1983) audit trail:
    - an audit of raw data: all field notes, observation notes, and interview transcripts
    - products of data reduction and analysis products such as coded components of raw data and theoretical notes that emerge during analysis
    - data reconstruction and synthesis of products included the original framework through which data was initially analyzed, findings and conclusions that evolved followed the use of memo codes and patterns,

and the final report explained how connections were made back to the existing body of literature on teacher-child interactions

- o a review of process notes investigated the design process, issues of trustworthiness previously described in great detail, a review of audit notes and careful attention to themes woven throughout the field notebook

- o field notes and memos relating to the intentions and disposition of the inquiry proposal connected the data back to the original intention of study

- o any instruments developed to support data collection, such as description checklists were also examined during the final audit of the study by a colleague

- The audit process was conducted through five stages:

  - o preentry, characterized by an initial meet and greet between myself and the peer debriefer to familiarize the colleague with the study plan, purpose, and phenomenon under investigation, as well as an agreement of the types of data and amount that were made available for audit

  - o determination of auditability was established when data was shared and reviewed between myself and the auditor and when inquiry was finalized

  - o during the formal agreement stage, I met with the auditor to discuss and become familiar with the data; a plan was developed regarding how the auditor would audit the data

- o determining trustworthiness returned this step to the primary goal of confirmability through the auditor's careful examination of all shared data

- Closure occured following a thorough review of data, findings, and links back to the body of literature; the auditor and I discussed similar and different outcomes as well as additional ways to examine the data, as new ideas emerged; this step also led me to new perspectives for future research studies

Through rich explanations, the requirements established for a trustworthy study (Lincoln & Guba, 1985) have clearly been met. Credibility and soundness, rather than *validity* and *reliability,* were discussed to show the trustworthiness of this study (Glesne, 1999). Particularity of study participants, observed in the natural caring environment of infants and toddlers, set the stage for a credible and reliable research investigation (Guba & Lincoln, 1998). This study, however, cannot be easily generalizable (Janesick, 1994; Marshall & Rossman, 1999) to all caregivers and all infants and toddlers because the focus was only on three particular caregivers and the children in their care. The findings related to how teacher-child interactions occur, however, are vital to impact future decisions regarding what infants and toddlers need most while being cared for in group settings.

Chapter 4: Findings and Discussion

The overall purpose of this study was to explore and describe the nature of how caregivers in high-quality environments interact with infants and/or toddlers in group care settings. Four research foci were examined: (a) the nature of the lived experience for infants and toddlers in high quality group care settings; (b) the ways in which infants and/or toddlers sent bids to their caregivers for support; (c) the ways in which caregivers responded to infants' and/or toddlers' bids for support; and (d) the ways caregivers perceived the nature of their interactions with infants and toddlers. Through data analysis of classroom observations, caregiver interviews, and a field notebook, themes and metacodes emerged that provided insight into patterns of infant and/or toddler behaviors that communicated to caregivers a need for support existed. In addition to documenting bids for attention, caregiver responses and their perceptions of the care provided to young children were also noted. The data collected provided an in depth look at the nature of the lived experiences of infants, toddlers, and caregivers. Contextual information for each caregiver and observation site is provided prior to the explanation of the remainder of the findings, which are divided into three parts.

Writing up research findings is an important aspect of case study design. The main priority of this chapter is to call attention to what is meaningful, or the main research foci of infant and toddler caring practices (Lincoln & Guba, 1985). This chapter discusses in great detail the three individual cases represented in this study. Descriptions of each case, each caregiver and the infants and/or toddlers in her care, include contextual data to allow for a complete understanding of how the participants were situated in the caring environment. Pseudonyms are used when discussing all

study participants. When children are first introduced by pseudonym, infant or toddler will precede their name to indicate their age.

Due to size, this chapter is broken into three parts. Part 1: Nature of the Lived Experience of infants, toddlers, and caregivers is described through the lens of a typical day by using the metacodes that surfaced during data analysis of the above named sources. Following a meaningful description of the findings from each individual case, a cross-case comparison of each caregiver and the children in her care will be presented to draw attention to the similarities and differences in the nature of group care environments for young children and caregivers.

Part 2: Sending and Responding to Bids for Support examines how children sent bids to their caregivers when they were in need of help and how caregivers responded to those bids. Part 3: Perceptions of Caring looks deeply into the heart and mind of caregivers in regards to how they perceive the care provided to infants and toddlers. Joys and frustrations of caring are examined. Each part of this chapter begins with a description of the findings from each individual case and then the findings from cross-case analysis are reported. Each section is followed by a discussion relating the findings of this study to the current body of literature about infants, toddlers, and caregivers in group care settings. Connections are made to each section in regards to how this information supports, contradicts, or brings to light new information in the field of early care and education.

<center>**Case 1: Mary**</center>

Description of Context

      Mary was 28 years old and had a bachelor's degree in child and family services. She had worked in the field of early care and education for 3.5 years. Mary was the lead teacher in her classroom. She worked alongside two assistant caregivers on a regular basis, when child ratios did not interrupt their caring routine to pull one of the caregivers to another classroom. Mary kept current with early childhood teaching knowledge and practices by reading professional web based information, reading professional books, attending workshops and trainings, consulting with more experienced teachers, and meeting with supervisors or mentors on a regular basis.

      At the time observations began, Mary had seven children enrolled in her classroom whose ages were 7-25 months. A 6 week old infant was enrolled in Mary's class and she started attending during the second week of observations (consent was given for her participation in the study during the course of data collection). Mary cared for eight children during the time of observations, but only seven parents signed consent forms. Data was collected for four girls and three boys in Mary's class. The children in Mary's class have been in her care since they started at her center.

      The setting. The child care center where Mary worked served 164 children and their families. Having opened in 2010, the school's mission was to help break the cycle of poverty in its urban community through a variety of early childhood education programs, and by transferring best practices to families. The center partnered with a number of local and national organizations to provide practical services to families in need, as well as to conduct research within and outside of the school. Mary's school

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opened at 7:00 a.m. and closed at 6:00 p.m. on weekdays. Mary's normal caring hours were 7:00 a.m. to 3:30 p.m., unless she switched shifts with one of the assistants in her room. Mary's caring environments included her classroom and three playgrounds. One playground was adjacent to the classroom; the second and third outdoor play spaces were accessible via gates in the fence or through hallways in the school building.

Breakfast was usually brought to the classroom between 8:15 a.m. and 8:30 a.m. Depending on the children's energy level, Mary would either go outside after breakfast with a group of children or she would stay inside and have a large group activity for those children who desired to be engaged at the carpet. The children typically went to the large playground mid-morning and returned to the classroom for snack and a time of painting or coloring. Children could explore the classroom play spaces until lunch arrived around 11:30 a.m.

Children transitioned to their rest areas following lunch and awoke at their own pace to play quietly on the stage or if enough children were up Mary or one of the assistants would take a group of children outside to their adjacent playground. Afternoon snack arrived around 2:30 p.m. daily and parents started coming to pick their children up between this time and 6:00 p.m. Any communication between Mary and the parents occurred in the morning during drop off or in the afternoon at pick up. Parents stayed to converse with Mary about the children more at pick up than at drop off.

Mary has worked in the field of early childhood professionally for 3.5 years. During interviews, Mary shared that she helped her mom with her home child care when she was a little girl. Mary's experience caring for young children has developed

over many years, in and out of group care settings. She was passionate about making her caring space safe and supportive of young children's development as she kept in mind that one goal of her work was to break the cycles of poverty that her children come to her from each morning when they arrived.

Case 2: Dawn

Description of Context

Lead teacher number two, Dawn was 31 years old and had a bachelor's degree in child development. She had worked in the field of early care and education for 7 years. Dawn was co-lead teacher in her classroom. She served as a mentor and worked alongside a co-teacher who recently graduated with her bachelors and was in her first year teaching.   Dawn kept current with early childhood teaching knowledge and practices by reading professional web based information, reading professional books and journal articles, attending workshops and trainings, consulting with more experienced teachers, and meeting with supervisors or mentors on a weekly basis.

At the time observations began, Dawn had eighteen toddlers enrolled in her classroom whose ages were 16-26 months. All eighteen of the parents in Dawn's classroom signed consent forms for their children to participate in the study. The children in Dawn's class had been in her care since the beginning of the school year in August, almost two months when the study began. The nineteen children in Dawn's class did not all attend five days a week; only six children attended five days a week. Six children attended on Monday and Tuesday and six children attended Wednesday, Thursday, and Friday, and one attended Monday, Tuesday, and Wednesday.

The setting. Dawn worked in a Reggio Emilia inspired private school where relationships with children and families were central in thinking and learning. Children were viewed as competent and capable learners in an environment valuing inquiry, investigation, thinking, and communication. Dawn's school operated with a hands-on, minds-on philosophy where each learning experience was considered meaningful to the child. Dawn's school opened at 7:00 a.m. and closed at 6:00 p.m., Monday through Friday. Dawn's normal caring hours were 7:00 a.m. to 3:00 p.m. Dawn's caring environment included her classroom and a playground adjacent to the classroom. When Dawn and the children took nature walks, they went through a gate at the back of the fence and walked along a road on the school's property to the woods. One aspect of Dawn's caring environment that was unique from other centers was that the play materials were all natural; children did not play with typical toddler toys, but instead explored and investigated natural objects found or collected in nature.

At 8:00 a.m., Dawn transitioned outside to the playground just outside her classroom. Children started arriving around 8:00 a.m. or 8:15 a.m. and typically were all there by about 9:00 a.m. About 9:15 a.m. Dawn began taking small groups of children inside to have their diapers changed and to get ready for morning snack. All the children went in about 9:30 a.m. for snack. Following snack, the children went back outside to the playground. About 10:30 a.m. Dawn or her co-teacher took turns bringing a small group inside to work on a pre-set provocation, an activity designed with inquiry and exploration in mind. Small groups lasted 20 to 30 minutes depending on the children's interest level, or they went back outside if they were not interested in the provocation. If Dawn took her group inside first, she would then switch with her

co-teacher and vice versa. Children continued playing outdoors until 11:40 a.m. when Dawn's co-teacher started taking small groups inside to have their diapers changed and then prepared for lunch.

Lunch was served close to noon each day. Following lunch, the children transitioned to their rest cots when they finished eating. After rest time, children went to play in the common area until enough children were awake to meet child ratios and then Dawn or her co-teacher would take a group of 6 children outside to their playground. Dawn went home at 3:00 p.m. each afternoon or as close to that time as possible when the substitute arrived to take her place. Some children were picked up prior to 3:00 p.m. and others remained later.

Dawn's professional history in early care and education started out in environments serving to break the cycles of poverty. Over the course of her career, she had transitioned to working in the private school I observed her caring for children in. Dawn had worked for seven years in the field of early childhood and she had witnessed a variety of environments. Dawn had hopes of taking the philosophy and practice she was working in into centers that serve children in poverty in the future.

Case 3: Jane

Description of Context

Jane was 34 years old and had a bachelor's degree in early childhood education. She had worked in the field of early care and education for 15 years, 13 of those years at the center she was working in during data collection, and 6 of the 13 years with the age group she was caring for. Jane was the lead and only teacher in her classroom. Jane kept current with early childhood teaching knowledge and practices by attending

workshops or trainings, reading professional books, and meeting with supervisors or mentors.

Jane had five children enrolled in her classroom whose ages were 16-32 months when observations began. Jane cared for five children during the time of observations, all girls, and all parents signed the consent forms. Data was collected for all of the children in Jane's class, except one child from an immersion program who came for morning visits two days a week. The children in Jane's class had been in her care since they aged out of the infant room at 12 months.

The setting. The child care center where Jane worked served approximately 120 children, ages 6 weeks through pre-kindergarten. The center collaborated with a variety of organizations around the surrounding area to make medical support available to the families throughout the year. The school also partnered with parents during once a month meetings to discuss parenting issues. Jane's school had been in operation for 36 years, seeking to break the cycles of poverty through early childhood programs in service to area families. The hours of operation at Jane's school were 6:30 a.m. to 6:00 p.m., Monday through Friday. Jane's normal caring hours were 8:00 a.m. to 4:00 p.m. Jane's caring environments included her classroom on the second floor of her school, an outdoor playground, and an indoor gym.

Breakfast was usually brought to the classroom between 8:00 a.m. and 8:15 a.m. After breakfast the girls had free range of the classroom environment until around 8:45 a.m. when Jane would take the children to use the restroom. About 9:00 a.m. Jane and the girls would transition to the playground or the gym, returning to the classroom around 9:30 a.m. or a little after. Jane's 15 minute morning break was taken when a

staff member came to trade places with her, but this time varied between 9:00 a.m. and 10:00 a.m. depending on the day's staffing schedule. When the children returned upstairs, they used the restroom and then transitioned into the classroom, sometimes to large group activities and sometimes to free play in the classroom center spaces.

Lunch was usually delivered to the classroom about 11:00 a.m. Jane had the children begin cleaning up around 10:45 a.m. to have enough time to use the restroom prior to eating lunch. After lunch was served, the children transitioned from the table to their rest cots. By 11:30 a.m. all the girls were typically finished with lunch and on their cots. Jane cleaned up from lunch, turned out the lights, turned on the radio, and started washing the toys and manipulatives on each shelf in the classroom. A staff member would come in shortly after rest time started so that Jane could have a restroom break.

Rest time ended about 1:45 p.m., right before snack was delivered at 2:00 p.m., in time to use the restroom before snack. After the children ate their snack they transitioned out of the classroom for their afternoon recess, either on the playground or in the gym. Jane was given another 15 minute break sometime after snack and before 3:30 p.m. Jane would go back inside with the children between 2:45 p.m. and 3:00 p.m., depending on their energy level. Once inside the classroom, the children took turns working on a craft project with Jane or they explored in center areas. Parents arrived to pick children up any time after 3:30 p.m. Jane went home about 4:00 p.m. or whenever the staff member who was coming to stay in her classroom with the remaining children arrived.

During interviews, Jane shared that she finished her bachelor's degree 2 years ago. Jane used to prefer working with infants, but after working with toddlers for a couple of years, she appreciated the independence they had. Jane shared that she tried to encourage children's development in a variety of ways during her time caring.

Cross-Case Analysis

A table providing basic demographic data illustrating the characteristics of the caregivers in each caring environment, across all three cases, is located in Appendix C. All three caregivers were within six years of one another age wise, and all three had bachelor's degrees. The caregivers' degrees were all in different areas, but each with an emphasis on children. Two of the caregivers, Mary and Dawn were Caucasian and Jane was Native American. The major difference in Mary, Dawn, and Jane's demographic data was the time they had spent working in the field of early care and education. Mary had worked in the field for 3 ½ years, Dawn for 7 years, and Mary for 15 years. Another major difference in the caregiver characteristics, not noted in the table, was that the caregivers each worked with different numbers of caregivers. Jane worked independently, Dawn worked with a co-teacher, and Mary worked with two assistant teachers. The caregivers worked between 8 and 8.5 hours a day, each beginning and ending their work day within an hour of one another.

A table located in Appendix D shows the ages and numbers of children in each caregivers' care. The children in Mary's caring environment were infants and toddlers, whereas the children in Dawn's and Jane's care were all toddlers (15-36 months) at the time of the study. Each caregiver provided care to a unique number of children. Jane cared for five children each day, unless a child was absent. Mary cared for seven or

eight children during observations, again, unless a child was absent. Dawn cared for a different group of children at the beginning of the week than she did the last three days of the week. For this reason, Dawn's classroom was observed a total of ten days rather than the nine days of observation that were conducted at Mary's and Jane's schools. Dawn was observed Monday and Tuesday five times and Wednesday and Thursday five times to capture each of the unique environments an equal number of times.

Part 1: Nature of the Lived Experience

Although this chapter attempts to provide a glimpse into the typical day in group care settings for infants, toddlers, and caregivers, such a thing does not exist. No day is typical for anyone in group care, as everyday is full of unique opportunities and new experiences in regards to teacher-child interactions. Even though a typical day does not exist, this part of the chapter will provide examples and insight into what occurs on a regular basis for infants, toddlers, and caregivers when they are in group settings together.

A discussion will be provided at the end of the findings from each caregiver and the cross case analysis section, connecting how these findings relate to published works in the field that focus on infant and toddler care routines and practices. Because no other study was located documenting full day interactions of caregivers with infants and toddlers, the discussion sections will be organized by themes that were found in the literature. Discussions will be divided into the following categories: quality of care, dining experiences, bathroom routines, rest time procedures, and play.

Case 1: Mary

      Starting the day. For Mary, a typical day of caring for children began at the center at 7:00 a.m. Mary arrived just before the children could be dropped off with "not enough time to use the restroom." Mary shared that she would have liked to have arrived earlier to get "organized and settled" but that she just did not get moving quickly enough in the mornings. Toddler Lisa arrived right at 7:00 a.m. as Mary opened the classroom door. The two turned on the lights and Mary moved to put her bags away as Lisa and her mom also put Lisa's belongings in her cubby. Lisa then used the restroom if needed and washed her hands prior to exploring the environment before her. Lisa was excited when she arrived at the center and saw Mary, initiating a peaceful beginning to the day.

      Mary and Lisa almost always had an hour together prior to the other children's arrival. During this hour, Mary would get items out for the children such as blankets, art supplies, and special manipulatives. She also took Lisa with her to the front desk, to the copy room, or to retrieve clean laundry from the previous day. While in the classroom, Lisa moved around between play spaces to look at books on the stage, to play dress up in home living, and to work with puzzles. Mary was not controlling of Lisa's exploration and the 7:00 a.m. to 8:00 a.m. hour was characterized by calm conversations and productivity. Lisa was a quiet child who demanded little attention from Mary.

      Some mornings, toddler David arrived prior to 8:00 a.m. if his mom or grandma needed to be to work early. On the mornings when he showed up at 7:00 a.m. he usually arrived very tired and went right to sleep, curled up in his blanket on the stage.

Lisa played throughout the classroom on the mornings when he was there with her and Mary, but she did not bother him or interrupt his sleep. On the mornings when David came early and slept, Mary did not leave the classroom until 8:00 a.m. when one of the teaching assistants arrived. She took care of what needed to be accomplished in the classroom and remained present with the children. When David was there with Mary and Lisa, he was not disruptive, but calm and supportive of the peaceful environmental presence.

The next situation was not typical of the way Mary's mornings usually began. One morning Mary arrived at 7:00 a.m. to the reality that the lead teacher in the room adjacent to hers would not be coming in that day and had failed to communicate the change in her schedule. The assistants in the classroom would also not be arriving until 8:30 a.m. When child ratio issues arose, Mary was stressed and this caused much tension between her and the other caregivers in the center. Mary did not show her frustration to the children, but instead welcomed them into her caring space when they arrived. On the morning that this occurred, Mary mentioned to me "it's gonna be crazy." Moments like these were met with genuine honesty regarding the frustrations that occurred on days like these, however, Mary was not flustered or frustrated in her interactions with the children when interruptions in her schedule occurred. She approached challenges such as this and changes in her routine with a positive attitude and remained gentle in her interactions with the children she cared for.

Toddler Michael typically arrived between 8:00 a.m. and 8:15 a.m. Most mornings he came into the classroom holding his mom's hand and went right to the sink to wash his hands and then went to Mary to be held. Some mornings, he arrived

clingier and his mom holding him, his head on her shoulder, and a sleepy expression on his face. No matter how he entered, Mary approached him patiently and waited for him to reach his arms out to her to be held. When Mary took Michael in her arms, he melted into her and the tension in his body relaxed. Mary often asked Michael about his previous night and how his morning had gone. Mary stopped whatever she was doing when Michael arrived to turn her focus and attention to him. Michael's mood upon arrival usually provided Mary a glimpse into how the remainder of the day would go for him. She attempted to make the transition from home to the caring environment as smooth and peaceful as possible for Michael, herself, and the other children in her care.

Breakfast. Breakfast typically arrived between 8:15 a.m. and 8:30 a.m., and with the arrival of the breakfast cart came much excitement. Michael very much enjoyed helping the cook wheel the cart of food into the classroom. He wanted to touch each bowl and Mary often talked to him about the names of the items they were viewing. Mary called "let's get our breakfast in here and we can eat, come wash your hands," as she helped the cook and Michael put the cart in the kitchen area. Michael and Lisa moved to wash their hands and then found their chairs at the table. Usually the children found the chairs with their names, but some days they sat in the chair closest to them when they approached the table. Even though the children were excited about breakfast, the transition from playing to eating breakfast was a mixture of joy and pleasure or tension and aggression, depending on how the children interacted with one another during the time of movement from play to the meal.

One issue that continued to pop up during meal times was one of discontentment. The children were always given the food that was brought to the

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classroom for each meal and snack, however, some days children would get upset if they were not served first. One morning Lisa started crying as Mary was dishing up peaches for the children. Mary responded to Lisa's cries by saying, "hold on Lisa, hold on, it's coming." Lisa's cries did indeed subside as Mary placed the peaches on her plate, but Lisa took a few minutes to calm before she re-engaged with the group.

As Mary, Michael, Lisa, and David were eating their breakfast, the other children began arriving. Mary warmly greeted each one as they entered the classroom with a "good morning" and their name. Their parents or primary caregivers helped them put their belongings in their cubbies, use the restroom if needed, and then wash their hands before they joined the group at the table for breakfast. Some parents stayed and talked to Mary as their children began eating and others transitioned quickly out of the classroom.

As more children arrived and joined the group at the table, Michael sometimes got frustrated if other children sat too close to him, which brought tension and sometimes chaos to breakfast. If another child's hand was near his plate, he would yell out, "that's mine" or "no" and follow up his comments by hitting or pushing the children away from him. Mary reminded Michael, "breathe, we are not hitting, take a breath," and helped Michael see that the children were simply eating their food, not trying to bother him. If Michael got too worked up, Mary moved closer to Michael or pulled him into her lap to help him calm down so that he could continue eating and finish his meal. Mary was patient with Michael and consistently remained available to help him calm during times of frustrations and emotional stress.

After breakfast, around 8:45 a.m., children began cleaning up from the meal. Children carried their plates to the trash can and dumped any remaining food they did not finish. Then they put their plates, silverware, and cups in the adult sink in the kitchen area and washed their hands in their shorter sink. Once clean-up of breakfast was complete, children were free to go anywhere in the classroom they wished, to any play space or any center. The children transitioned joyfully from breakfast to explore and play around the room. Mary or the teaching assistant took turns cleaning up from breakfast, depending on where children were playing and which one of them was still eating. If Mary went to join the children, she often approached them quietly, sitting on the floor near them, and then engaged in the materials they were playing with, or read books to them as they brought them to her. Mary's attitude during this time was one of contentment, no matter what the children decided to do. She did not have an agenda or any set expectations for the play time. If Michael was near Mary, he usually climbed in her lap to continue doing whatever he was doing prior to her arrival. If he was tired, he faced her and rested his head on her chest while she rubbed his back and talked to him about the day ahead.

Morning group. Following breakfast, the children and Mary transitioned out into various areas of the classroom. Mary went to the stage or the large carpet. If a majority of the children were on the carpet, someone usually started dancing. This led Mary to turn on a CD with dancing music. Mary and the children danced and sang or the children moved around with musical instruments. Laughter and lots of smiles were exchanged during times of dancing. If children bumped into one another they usually kept moving, dancing without concern. The children's attention allowed this to

continue for three to four songs. Children were free to come and go from the carpet to other areas of the classroom while the music played. When the music began, children who were not on the carpet sometimes transitioned to the carpet or they remained playing in their space, while keeping an eye on the dance scene and what was occurring there. Mary was simultaneously singing and dancing with the children near her while keeping a watchful eye on the children who were spread out in the classroom play areas. If Mary was on the carpet, the assistant caregivers were with the children in other parts of the caring environment, or if all the children were on the carpet, all the caregivers were also there with them having fun together being silly.

Dancing seemed to calm the children and they would slowly sit down as the energy devoted to dancing weakened. During this peaceful time, Mary would invite the children into a discussion about the group and who was there that day. Mary would get a box with the children's pictures and sing a song with the class having specific children jump up and down to their name as their picture was pulled and held up for all to see. If over half of the children remained at the carpet after dancing and after singing peers names, Mary would engage the group in a discussion. The discussion varied in topic from shapes to colors to types of trees, or Mary would even read a book or two depending on the day. If these groups took place, Mary would remain with the children while the assistant teachers would help those coming and going from the carpet use the restroom as they needed. If the children started to show agitation as group time was taking place, Mary brought the discussion to a halt and began to transition the children outside.

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Time outdoors. Once the dance party, singing the children's names, or the group activity was finished, Mary and the children would move outdoors to the playground adjacent to their classroom. The transition in location occurred between 9:30 a.m. and 10:00 a.m. depending on the day. Once outside, Mary would open the closet that was full of a variety of gross motor tricycles, rockers, balls, and other materials. Mary would get enough materials out for each child to have an option of items to engage with, while not overwhelming the children with too many options. Only two or three tricycles were taken out of the closet and two rockers. The children had to share the materials if more children desired use with materials that were limited in number. This was, at times, frustrating for some of the children bringing tension and tears to the patio. If Michael had a tricycle, he was often cordial in his interactions with other children. If, however, he was distracted when Mary was getting materials out of the closet and he did not get a tricycle, he often had a meltdown, resulting in hitting, kicking, or pushing nearby friends. Mary would intervene and respond to his meltdowns by first encouraging him to "breathe" and then she would talk through options with him of "waiting until someone else was finished" on a specific tricycle, or choosing to engage in an entirely different activity such as throwing or kicking a ball. Sometimes, Michael was pacified with alternative options and other times he would continue crying which led Mary to hold and talk gently to Michael until he calmed down.

Infant George, the youngest male in the classroom, arrived with his mom about 9:30 a.m., along with the third caregiver in Mary's class. He would crawl around on the cement patio and watch the other children as they played near him. If the children got

too close to him on their tricycles or on the rockers, Mary would remind them that George was a baby and that they needed to be careful around him. During the second week of observations, when Mary's new infant joined the group, Mary's outdoor attention was focused on keeping her safe. This was stressful to Mary as her concerns were about the baby getting hurt or missing interactions on the playground that needed her attention. The six week old infant slept the majority of the time and was often in Mary's arms while the children played, or she was asleep on a blanket in close proximity to Mary.

When the children transitioned to the adjacent playground right outside their classroom, they spent between 30 to 45 minutes on their smaller playground prior to joining other classes on the playground west of the school. This transition to the larger playground almost always was initiated by children watching the larger playground through the fence, or by increased levels of tension between the children regarding materials that were to be shared on their playground. The transition from one playground to the next occurred very quickly, usually taking between 45 seconds and a minute.

Once on the big playground, with a fresh desire to explore and run, most of Mary's children ran to the large play structure with slides. They would climb the stairs and either stand looking out from the taller space or they would go down the slide only to climb back up and slide again. Mary spent much of her time on this larger playground responding to the needs of children in her class as well as the needs of children in other classes, as many teachers huddled together to converse with one another. Mary spent her time walking around the play structures and kept an eye

roaming from one play space to the next to make sure all the children outside were safe

and engaged in appropriate ways. If children were not playing on the larger structure

with the slides, they were almost always moving between the dirt plot with tall trees,

bouncing structures they could jump on, or small nooks with musical instruments

embedded in the play structures. This playtime was characterized by playful running

and exploration, with joyful laughter.

Snack and play spaces. Around 10:30 a.m., Mary and the children transitioned

back inside once the children's energy started to wane. Mary would call, "let's go line

up at the door, let's go play inside" prompting the children to begin the return back to

their classroom. Once inside, the children slowly walked with Mary as she led them

down the hallway to their classroom, to wash hands and then sit down at the tables.

After playing outside, the atmosphere in the classroom was one of quiet calmness, with

exhausted children melting into their chairs to relax. Mary or one of the assistant

teachers would get waters out for each of the children and then snack was served.

Snack was a type of cracker or cereal. When the children were finished with snack,

they were free to clean up their napkin with any leftover food and then go play.

Depending on the day and the children's interests, Mary would either sit with

children in areas to build with blocks, sit on the stage and read books the children

brought her, or she would dance and sing on the carpet when children were interested.

George fell asleep for his morning nap after snack or he would crawl around playing

with magnets on the easel, or he would pull himself up on a shelf and take larger trucks

out to push around. Michael typically wanted to sit in Mary's lap during this time to

build block structures with her or to have her read him books. David sometimes played

with blocks and sometimes played in home living during this play time. Toddlers Lisa, Amber, and Karen typically played in home living or on the stage following snack. Some days they would build or play with farm animals. If Lisa had not played with puzzles when she arrived in the morning, she would sometimes play with puzzles during this time or work to clean up the puzzle shelf.

This time of the morning often started off calm as the children had just spent a major portion of time running and playing outdoors, but this time also became one of the most trying times of the day progressively over the next hour. Tensions slowly would rise as the children became more and more hungry awaiting the arrival of lunch, as well as more whiny and aggressive as they were beginning to fight off the symptoms of exhaustion, signaling their desire for rest. Some children wanted more to eat when snack was finished, but more food was not always an option, and lunch was not served until 11:30 a.m. Other days, children were tired and they did not want to play, they just wanted to sleep. If Mary noticed a child was particularly sleepy, she would get their rest mats out and help them lie down by the north door close to the stage, or on the stage if the majority of the children were playing elsewhere.

Mary mentioned once that during this time of the morning she would often remind herself to remain present in the moment "because it could either drive [her] crazy" or she could get too much going on with the children. Mary attempted to eliminate as much of the chaos from this time of day as possible to help "calm it down" when the children started to get too tired or too hungry. This was the most stressful time of day for the group, often resulting in aggressive behaviors and hurt feelings.

Tears were most prominent during this period between morning snack and the arrival of lunch.

Lunch. Lunch was brought to the classroom around 11:30 a.m. If the children were hungry, they were quick cleaning up their toys, washing their hands, and sitting down at the table. If the children were tired or really engaged in the play spaces they were in, they were slower to make the transition from playing to preparing to eat. If the children were distracted, Mary would call out reminders "lunch is here, go wash your hands" or "do you need my help?" Some days, David was too tired for lunch and Mary would help him get his rest mat out so that he could lie down prior to eating.

While the children were sitting down at the table, Mary and the assistant teachers were getting the community food bowls unwrapped so that the children could serve themselves. One caregiver often poured the children's milk, another watched and helped the children get their food, and the third caregiver was often preparing her plate or sitting down with the children so that as soon as someone was finished with lunch she could help them make the transition to rest time. No one had a set job or duty, but they all understood what needed to be done and they collaborated to accomplish the tasks at hand in a way that best served the children in their care. Meals were not always as smooth for the children, especially lunch. Mary had to remain attentive to what was going on at the table emotionally and physically between the children, not just make sure they had enough to eat.

Lisa and Karen were almost always the last to leave the table after lunch. The other children quickly ate their food, had seconds if desired, cleaned their plates, used the restroom, and then transitioned to their rest spots. Lisa and Karen, however,

remained at the table playing and pushing their food around their plates as long as Mary would allow them to stay. The girls sometimes talked to one another and other times they just remained at the table playing with their food. Around noon, one of the caregivers would ask the girls if they were finished eating, would sit with them and encourage them to eat if they said they were still hungry, and then would help them clean up and get ready to rest. At this time, Lisa would use the restroom and go right to lie down. Karen did not make the transition to rest time in as smooth of a manner as Lisa did.

     Rest time. When Karen finished cleaning up from lunch and was getting ready to go lie down, she was willing to go, until her body approached her rest mat. The other children in the class were lying down asleep or almost asleep on their rest mats. Michael was an exception, Mary or another caregiver was often rubbing his back from the time he lay down until the time he fell asleep. As Karen approached her rest mat, she typically started crying and would sometimes scream that she did not want to rest. Mary or another caregiver would attempt to help her lie down, cover her up, and rub her back. If this was not successful, Karen was carried to the rocking chair, wrapped in her blanket and rocked until she calmed enough to fall asleep. At this time, Michael was almost always asleep along with the other children in the room, and Mary was on break. Mary's break shifted a few minutes depending on the demands of the day, but her 30 minute break typically lasted from 12:05 p.m. to 12:35 p.m. on a daily basis. Besides Karen's need for support transitioning to her rest mat, most of the children entered this time of day with ease and peace.

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When Mary returned from her break, the classroom was cleaned up from lunch and the children were asleep. Children often remained asleep until close to 2:00 p.m. when snack arrived. During this time, Mary worked on lesson plans or the children's assessments. She would sit on the stage with the other caregivers or in the kitchen area so that they could talk with one another about issues going on in their lives.

George would wake up during this time and he was content to crawl on the floor or play near the caregivers, depending on where they were sitting. If they were on the stage, he looked out the window or crawled around on the pillows. Michael would sometimes wake up before the other children. Depending on how much earlier he woke up, would be in a sour mood and needed to be loved on. When he woke up early, he did not want to play, he just wanted to sit in Mary's lap and be held while she worked on her computer or talked with the other caregivers. If Mary's work was finished, she would quietly read Michael books or would sing and rock him while they waited for snack or for the other children to wake up. If Michael slept until closer to 2:00 p.m. when snack was delivered, he often woke up happy and ready to play. He would toss balls back and forth with Mary or he would push trucks around the classroom near the stage until others woke up. Michael took great pleasure in helping the cook push the snack cart into the classroom when it arrived. He and Mary would talk about what was on the cart and if they would be having Michael's favorite snack, animal crackers, or not. If Michael woke up from his nap in a good mood, the rest of the afternoon could be one of peace and joy for him. However, if he woke up early with a poor attitude, he was often full of rage and engaged in numerous aggressive interactions, beginning with the children who were still asleep.

Snack. Michael, George, and Amber were almost always up in time for the arrival of snack. David and Karen would sometimes wake up when they heard the snack cart arrive, but not always. Lisa was always the last one to wake up; Mary often had to save a portion of snack for her. Infant Donna slept much of the day, but would sometimes wake up in the afternoon to be rocked and to have a bottle when snack was served. During snack, Mary left the lights to the classroom off, unless the majority of the children were awake. She and the children would talk about the rest of the day and what they wanted to do. Most days, this snack time was relaxing and peaceful. If the children were agitated or engaged in emotional outbursts during snack, Mary would transition them outside as soon as they were finished eating.

Outside and pick-up. If all was calm during snack, Mary and the children would slowly transition outside to the playground adjacent to their classroom. This transition occurred anywhere between 2:20 p.m. and 2:45 p.m. Mary would get tricycles, rockers, balls, and the basketball goal out for the children to play with. The children moved slower in the afternoon while playing outside than they did in the morning. Parents started coming to pick their children up during or after snack.

Some afternoons Mary and the children stayed to play outside until it was close to time for her to go home at 3:30 p.m. Other days, Mary and the children went back inside to read books and play. Mary followed the children's lead on this decision. If the children asked to go inside and others wanted to stay outside than Mary or another caregiver would take a small group back in to play in the classroom. Other days when the weather was nice, Mary would take the children and they would go play on the playground that was on the other side of the building. There was lots of space for the

children to run and play and this third playground provided a change of scenery. Very few aggressive interactions occurred during this last hour of Mary's time with the children.

Saying goodbye. Michael often started becoming very clingy around 3:00 p.m. no matter where the class was. He knew Mary would be leaving soon and he never liked it when she had to go home. Mary would talk with Michael about the day they had shared together and she would talk with him about the day they would have tomorrow. She would hold him and love on him and attempt to help him engage in an activity as the clock neared 3:30 p.m. There were a few days when Mary needed to turn documents into her supervisor and she was given time between 3:00 p.m. and 3:30 p.m. to work in the classroom to complete tasks while the children played outside. Mary started collecting her personal belongings about 3:20 p.m. so that she was ready to say goodbye and walk out the door at 3:30 p.m. She always gave the children hugs and told them good bye before she went home. Some days Mary walked out breathing a sigh of relief that the day was over and other days she lingered to wave goodbye through the hallway window.

Discussion

Quality of care. Unlike the findings of Leavitt's (1994) study, where caregivers focused on the need to control or change children's behaviors, the findings from time spent in Mary's caring environment were quite different. Mary was sensitive and responsive to the children's signals and interests. She did not follow an agenda or a scripted routine. Although there was a predictable schedule the children could rely on, activities of play and locations of engagement were assessed and adjusted depending on

the children's moods and interactions with one another. If the children were showing

signs of increased aggression or tension inside, Mary could transition the class outside

in just a matter of moments.

The consistency and dependable routine of meals, free play, and rest time in

Mary's caring environment were similar to the findings of another study that also

documented predictable, reliable routines for infants and toddlers (Hallam, Fouts,

Bargreen, & Caudle, 2009). Care environments that are dependable is one measure of

quality considered to be respectful in caring for infants and toddlers; children who can

trust in caring routines feel safe and secure (Davies, 2011). One component of the

Hallam, Fouts, Bargreen, and Caudle (2009) study that was drastically different than the

findings from Mary's caring environment had to do with the amount of communication

that occurred between Mary and the children in her care. In Hallam et al.'s study, very

little talking or responding to children occurred during interactions. Mary, however,

talked frequently with the children in her care. She described their actions and asked

questions about their play, not expecting a response from the children, but to provide

language to accompany their actions.

Dining experiences. Some studies that discuss meals of infants and toddlers

focus on the amount of food consumed by children rather than the types of interactions

that caregivers have with them while they are eating (Fox, Reidy, Karwe, & Ziegler,

2006; Ziegler, Hanson, Ponza, Novak, & Heindricks, 2006). However, the current

study was not interested in the amount of food children consumed.

During her interactions with children during dining experiences, Mary took the

recommendation for one-to-one attention and physical closeness to be a priority when

bottle-feeding the babies in her care (Gonzalez-Mena & Eyer, 2009). Mary or one of

her co-workers would feed the children their bottles while rocking them in a quiet

location separated from the rest of the children so that they could make eye contact and

give undivided attention to the children who were gaining nourishment from a bottle. If

Mary was giving a baby a bottle, she did not jump up to intervene when other children

needed her; she instead called on one of the other caregivers in the room to respond to

the other need at hand. Hammond (2010) discussed caregiving routines as being a

dance between caregivers and children. Mary and the children in her care have

developed a dance through the relational bonds they share where Mary has learned how

to read the children's cues and knows to follow their lead.

The children in Mary's caring environment also ate snacks and meals in

accordance with Gonzalez-Mena and Eyer's (2009) suggested practices. Children

arrived to developmentally appropriately sized tables and chairs that were just their

height after completing hand washing rituals. During meals they engaged in

discussions with Mary about play or other topics. When finished, children were free to

leave the table and clean up after themselves, a practice that supports independence.

Bathroom routines. Recent literature discusses the importance of sensitive,

responsive, and focused attention be given to children while they are having their

diapers changed or while they are engaged in restroom practices requiring support

(Gonzalez-Mena & Eyer, 2009). Focused attention from a caregiver during diapering

routines supports emotional bonds and healthy relationships between children and

caregivers. Elam (2005) also discusses the importance of creating group care

environments with a focus on relationships that develop during diapering routines, as

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well as other daily routines. Mary accompanied her children into the bathroom and was available to provide help when children could not get their pants unbuckled or when they needed assistance washing their hands. She also focused all of her attention on the infant or toddler she was with when she changed their diapers. There was only one changing table in the restroom at Mary's school, allowing her to focus and respond to only one child at a time while changing diapers. The practice of focusing on each child during diapering routines was supported because Mary did not work alone, but alongside two dependable assistants.

Rest time procedures. In comparing Mary's napping schedules and sleep practices to those found by Siren-Tiusanen and Robinson (2001), some similarities and differences were found in caregiver routines. For example, all of the children in both studies typically went to nap between 11:30 a.m. and 11:50 a.m., except the babies who slept prior to the group resting time and then again later in the day. However, in the Siren-Tiusanen and Robinson study the children slept in a different room from regular play procedures. Mary's children conducted all of their activities in one classroom, except for when playing outdoors. The babies in Mary's room were also awake during the time the majority of the children were resting, because they had slept in the morning.

Mary turned on calming music as the children transitioned from lunch to their cots. She also sat near them or laid on the floor next to children rubbing their backs to help them ease into sleep. One of the cases Siren-Tiusanen and Robinson (2001) studied also observed caregivers engaging in sleep practices where they calmed children by stroking them or using massage therapy techniques. This particular caregiver would

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also sing children lullabies as they fell asleep. Mary did not sing to the children at rest time, she did play calming music though while the children slept. Gandini (2002) recommends caregivers engage in rituals of calming and soothing children as they prepare to drift off to sleep. Regular rituals occurring daily at rest time support children's sense of security and sense of belonging in group care environments.

Play. Mary and the children in her care spent a great deal of time engaged in play. They played inside when not eating, diapering, or sleeping and went outside approximately two hours a day. While inside, the children had access to a variety of materials. They pushed cars, read books, worked puzzles, dressed up in clothes, played with toy animals, and built structures with blocks. Albers, Riksen-Walraven, and de Weerth (2010) study pointed to the importance of stimulation in child care centers contributing significantly to infant cognitive development. Higher levels of developmental stimulation predicted higher levels of cognitive development when play interactions occurred with highly sensitive caregivers. This relationship was found to be unrelated to the number of children per caregiver at a given time. These findings align with Mary's goal of providing the infants and toddlers in her care with appropriate play opportunities to further their cognitive development.

Additionally, findings from Mary's classroom revealed that David and Lisa both played with Michael despite his aggressive tendencies during play. When examining the prosocial behavior and reciprocity of young children, Warneken and Tomasello (2013) found that children between the ages of 21 and 26 months helped and shared with those around them, even if the partner did not return the favor while playing. During forced-choice tasks, such as cleaning up, though, children did discriminate

between those who were cooperative and uncooperative. These findings align with the observations of David and Lisa continuing to play with Michael during free choice activities, but working independently from him, and others in the caring environment when Mary called them to clean up the classroom or to get ready for meals.

Two studies reported findings similar to the play routines observed of Mary's children playing (Fagot, 1994; Fagot & Leve, 1998). Toddlers in Fagot's and Leve's research were also observed playing with those of the same gender as they grew older and were able to identify if children were boys or girls. This study aligns with the play routines observed in Mary's classroom. The older children typically played with those who were their same gender, and only sometimes engaged with the opposite sex. Groups of children would work together to build block structures or would sit alongside one another while Mary read a book. Typically however, the older boys and older girls in Mary's class were observed playing together inside the classroom and outside.

Case 2: Dawn

Starting the day. Dawn began her day of caring at 7:00 a.m. in the common area between four other classrooms. She and another caregiver welcomed the children who arrived prior to 8:00 a.m. This hour was characterized by helping children make the shift from home to school as peacefully as possible. Dawn sat on the floor exploring with the children who arrived. She read books, climbed ramps, rolled balls, and engaged in activities that the children showed interest in. Most of Dawn's children did not arrive until close to or after 8:00 a.m., when she transitioned outside to the playground adjacent to her classroom.

Outdoor exploration and arrival. After Dawn moved to the playground, the children in her care began showing up. They trickled in between 8:00 a.m. and 9:00 a.m. Dawn greeted each one as they came outside, called them by name, and asked about their morning. Some children hung on to their moms and dads longer than others, some walked outside and sprinted to their favorite play spot. Dawn was available if they needed her help saying goodbye.

Dawn was sensitive to each unique arrival need of the children and was patient while they adjusted to being in her care. Some parents hung around for a bit to help their children engage when they dropped them off. Other parents said quick goodbyes at the door, no matter what mood their children were in when it was time for them to go. The difference in parents' goodbye's to their children required Dawn to step up and provide support to the children who were in tears and upset when their parents walked away. Dawn reminded the children that their parents would come back when they were finished with work. Also, that she and the children had work to do. They scanned the playground and discussed areas where they could go work and play together. Some children remained in Dawn's arms receiving warm hugs or they sat cuddled in her lap until they were ready to go play and other children needed space to be upset and shed a few tears, with Dawn standing nearby.

When a small group of children arrived, they rotated between playing in the sand, riding on the swings, racing cars or running around the sidewalk path, or rolling objects down the ramps. Dawn followed the children's lead on where to go and when. As more and more children arrived, Dawn returned to the patio to greet each one and then made sure they connected in and engaged prior to returning to a group of children

to push them on the swings or to go welcome another child. The arrival period was a mixture of emotions as some children transitioned to the caring environment with ease and some with great emotional distress. Dawn was gentle and available to help each child successfully engage, despite their mood upon arrival.

Diapers. Dawn changed children's diapers as soon as she noticed they were dirty or wet. In addition to changing children when needed, she also took all the children in to check their diapers before morning snack. About 9:15 a.m., Dawn took six of the children inside. The children explored throughout the classroom in the natural atelier with clay, spoons, wooden objects, and a variety of seeds. They also read books or played with the light box. The class pet, a rat named Bear, who lived in a cage near the front door of the classroom, was also a favored exploration opportunity when the children came in for clean diapers.

Dawn called the children by name, one at a time, to "come get a diaper change" as she made sure each one had a clean diaper. Some children were excited to get their diapers changed and they played near Dawn waiting their turn to be called. Others did not enjoy having their diapers changed and they played as far away from Dawn as possible and waited to be last. Dawn was sensitive to each child's desire regarding when to have their diapers changed, and she alerted the children who she knew would rather go last saying, "[Toddler] Mia, I'm changing Ben's diaper right now. When I am finished it will be your turn." This allowed the children to prepare for their turn.

Snack. After Dawn and the children finished getting clean diapers put on inside, they went back outside while Dawn's co-teacher changed the remainder of the children's dirty diapers and got water cups ready for snack. Most days, snack began

around 9:30 a.m., when all the children had transitioned back inside the classroom and had found seats at the table. Children sat at any of the twelve chairs around the table when they arrived for snack and other meals. There were no assigned seats and children sat in different locations almost every time they came to the table.

Dawn had two songs that played while the children were finding their seats. One song had dinosaur roars that the children mimicked and the other one was about animals and the various sounds they made.   While the children were singing and finding their seats, Dawn and her co-teacher were dividing up tasks. Dawn typically passed out the children's drinks while her co-teacher prepared the snacks. Dawn sat in a chair near the table and slid the children's cups with lids to them when she called their names and they raised their hands. This time was coupled with joys and cheers as names were called, as well as impatient calls to be served first, before the others, when children were really hungry or thirsty.

During snack, Dawn and the children discussed play and exploration opportunities for after snack. Snack time provided an excellent chance for the children to voice what they wished to do for the morning. No matter where the group went after snack, they always returned to their own playground, so the adventure destination was more for an escape from their own space out into the grounds of the school yard. As children finished discussing the morning and their snack, they began cleaning up. When six children were ready, Dawn's co-teacher went outside with a group while Dawn cleaned up from snack and then brought the other children out to the playground when they were finished.

Outdoor exploration and nature walks. Once snack was over and the children had all transitioned back outside with Dawn, the group gathered by the side gate if they had decided to go visit the peacock or they met up by the gate on the top of the incline, near the grassy area of the playground, for nature walks. No matter what adventure Dawn and the children decided to go on, they always took along two or three baskets to collect items they found in nature that they wanted to take back to the classroom for exploration in the natural atelier.

When visiting the peacock, Dawn and the children walked along a sidewalk through an adjacent playground, and then through a fence into the yard with the peacock house. The peacock was not always home when the children went for a visit, some days he was out wandering the school. When he was in his yard, he remained close to a bench and allowed the children to walk around him, watching with great intent as he moved. The children got within five or eight feet of the peacock, but they knew not to touch him. As the peacock began to move, Dawn encouraged the children to back up and give him space to go on his way. Moments watching the peacock were filled with awe and wonder. They stood watching with great interest and patience as he slowly moved around.

When the peacock left his yard, the children began looking for feathers, leaves, sticks, rocks, and other objects of interest to put into their baskets. The children took turns holding the baskets. Even though there were only three baskets, the children did not fight over who would hold them. They took turns, setting them down and picking them up to gather unique findings. When the baskets were full and the children started

wandering around the yard, Dawn would call the children to begin making the transition back to their playground.

On the days when the children went on nature walks, much of the same occurred as when they went to visit the peacock. The children met Dawn as a group and with their baskets for collecting items in tow they took off along the sidewalk towards the north end of the school. There were hiking trails that ran through the woods and the children walked as a group when they journeyed on nature walks. Dawn led the group, not allowing any children in front of her, and her co-teacher brought up the rear, walking at a slower pace for the ones who were more distracted by investigations along the way.

Once successfully through the trail, Dawn and the children stopped at the rock pile and collected a few more items to take back to the classroom. Progress back to their playground was slow and the children struggled to stay in line together as they crossed the school road back to their side of the street. Once inside the playground, most of the children sat down in the grassy area or walked to the patio awaiting delivery of their water cups. After being refreshed and after relaxing a bit, most of the children began exploring and playing on the playground.

Provocation. On days when the children did not go visit the peacock or take nature walks, they went back outside to the playground when snack was over and took turns going inside with Dawn and her co-teacher for 20 to 30 minute small groups. The purpose of this time was to engage in purposeful activities, which the children had shown previous interest in. Provocations, although open for child thought and creation, were designed with a specific purpose in mind. The learning designed activities were a

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major component to the preschool Dawn taught at and she took preparation and delivery of the provocation very seriously. When discussing provocations, Dawn shared the purpose was to "set up an environment that is enriching and that will help them move forward into the next developmental phase, cognitive phase, you know emotionally and socially, and help them move along."

Provocations utilizing the ramps and balls were for the children to practice rolling items of various sizes down ramps lifted to different heights. Another provocation with a specific intention occurred after a nature walk. Children were to glue objects they had found outside onto circular cardboard pieces and watch to see which ones moved in the glue and which ones did not when the mats were turned on their sides. Dawn talked later about being frustrated when this provocation did not go as planned. Children were putting objects on their cardboard spheres, but then taking them off and getting glue on other objects. Other children were only interested in throwing the items off of the table and onto the floor, making a rather sticky mess. After reflection, Dawn voiced that she was frustrated with herself for setting this provocation up in the way she had arranged it, as well as frustrated with how she responded to the children and their exploration. The children were rarely frustrated by the provocations, but if they did not engage in the provocation and instead wanted to play in other areas of the classroom, Dawn would open the door for them to go back outside to the playground while the other children continued delving deeper into the activity.

Outdoor exploration. This was typically the most chaotic, aggressive, and stressful time during the day of caring. As children's signals and cues pointed to signs

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of hunger and exhaustion, they often started engaging in less friendly interactions with one another. Dawn had to constantly be alert and attentive to the playground in its entirety while outside with the children prior to transitioning inside for diaper changes and lunch. Most of Owen's aggression occurred before lunch along with similar actions from others. Children's signals of hunger and exhaustion were sent to Dawn through emotional melt downs, pushing children who were too close, and throwing items when frustration reached a high point.

About 11:30 a.m. Dawn and the children would began what she called "racing." She gathered a group of children up on the grassy incline and they raced around the perimeter of the playground. Dawn ran backwards, glancing now and then to avoid a collision with children not racing, and kept an eye on those racing with her to make sure she was not going too fast or too slow. As the racing group started running, other children joined in and started racing with Dawn. Some children ran quickly with smiles and laughter, while others ran at a much slower pace. Racing seemed to help ease tensions created by pre-lunch frustrations.

When the clock neared 11:40 a.m. Dawn's co-teacher took a group of six children inside to begin changing diapers. When she returned to the playground, Dawn took the remaining six children inside to have their diapers changed, to get covers on the windows, to lay cots out for rest time, and to fill cups with milk. The children sat down at the table when Dawn turned on the music signaling it was almost time to eat.

Lunch. As the children came into the classroom and took their chairs at the table, Dawn finished filling drink cups with milk and started passing them out to the children. While Dawn passed out the milk, her co-teacher filled the children's plates.

When all the plates were ready, lunch was served. If preparing plates took a while, Dawn would read the children a book while they sipped on their milk. On days when she noticed the children were extra tired, Dawn would play a game she called "1, 2, 3, take a bite." She would get the children excited about taking a bit of something on their plate, they would fill their spoon with a bit of food, and then they would all count together, "1, 2, 3," then say in unison, "take a bite," as they filled their mouths with a spoonful of food. Dawn would do this a couple of times until the children were in a pattern of taking bites. Once the children were finished with lunch, they would throw their plates in the trash, put their cups in the sink, and walk to their rest cots.

Rest time. The transition from eating lunch to successfully getting the children to fall asleep on their rest cots was by far the most stressful time of the day of caring for Dawn and for some of the children. Some of the children slept deeply and for long periods of time once they were asleep, but getting to that point often took a great deal of struggling. Dawn and her co-teacher sat on opposite sides of the room from one another, and would pull two or three cots close to be able to pat multiple backs at one time. Some children went to their cots and went right to sleep; this however was not the norm and in a group of twelve, Dawn faced the challenge of responding to all the children who needed her at once.

Owen struggled everyday to go to his cot and stay there without tossing items off or going to Dawn and jumping on her body. Emily also needed to be rocked to get to sleep, which required both of Dawn's arms, so she had to wait for Dawn to help the other children fall asleep first. Ben would initially go lie down on his cot, but then he would get up and go collect items to take back to his cot to play with, keeping him

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awake and distracted from settling in for his nap. Dawn's supervisors knew how stressful and challenging this time of day was for her and, if possible, they arranged to have extra hands available to help pat backs and provide support during this most hectic time of day.

Once the children were calm and resting on their cots, Dawn and her co-teacher had a while to collaborate and plan for the days ahead. They also had documentation requirements where they noted what was going on during the day of caring, and a daily newsletter with pictures and notes from the day they prepared for the parents. Two afternoons a week, Dawn went for an hour meeting during rest time. The meeting started right at 12:30 and Dawn was often late because she stayed to help make sure all the children were able to get to sleep before she left her co-teacher. Another afternoon each week, Dawn and her co-teacher left for a documentation planning meeting with their supervisors. While away from the class, one or two substitutes came to sit with the sleeping children until Dawn was finished with her meetings.

Common area. When the children awoke from their nap, they were greeted with a smile and walked with Dawn to the ladder to have their diapers changed. If still sleepy and snuggly, Dawn would sit and hold them and talk quietly with them while they continued to wake up. This was a peaceful time as the lights were off and the music was on for the other children who were still asleep. Once awake and ready to play, the children would leave the classroom to go out into the common area, where Dawn welcomed the children who arrived between 7:00 a.m. and 8:00 a.m. Two substitutes were out in the common area and they remained with those who were awake

until six of Dawn's children were ready to go to the playground. At this point, Dawn's co-teacher went outside while Dawn stayed inside with those still resting.

As more children started waking up, Dawn slowly began taking down the covers off the window, typically around 2:30 p.m. Mia was always the last child awake. She often woke up clingy, not wanting to put on her shoes and desiring to keep hold of her blanky. Most of the children who were awake in the classroom slowly wandered around the room peacefully investigating different play spaces. Dawn finished changing diapers, made sure all of the rest cots had been put away, and helped Mia put on her shoes. Then she and the children went outside to join the rest of the group.

Outdoor exploration and pick-up. By the time Dawn made it outside, her co-teacher or another staff member had sunscreen on almost all of the children. In the afternoon, the children were not as interested in the swings as they were in the morning while they played outside. Favored play spaces in the afternoon included the sandbox in the shade or riding on the cars along the sidewalk. Some children also spent time coloring on the patio with sidewalk chalk.

Parents started arriving between 2:30 p.m. and 3:00 p.m. to pick up their children. Some children were ready to go, running to their parents and hugging them when they came outside to pick them up, while other children continued playing as if they did not notice mom and dad when they arrived. Dawn was on the patio to greet parents as they came to collect their children, and she shared highlights from the day's activities, focusing on the positive interactions she had had with the children.

Saying goodbye. In order to avoid meltdowns when it came time for Dawn to go home, she often quietly transitioned back inside when the afternoon substitute came

to take her place with the children. Dawn would say goodbye and give hugs to the children who were close or who were on the patio, but she did not make rounds to say goodbye all across the playground to the children who were still there, engaged in various play spaces. Dawn was supposed to go home right at 3:00 p.m., but depending on the day and depending on who was coming to take her place meant she did not always leave on time. This was only frustrating to Dawn on days when she needed to go to meetings or when she had appointments away from the school. Once the substitute arrived and Dawn went back inside the classroom, she collected her belongings, often taking her computer home for the evening so she could continue working on documentation and planning tasks. Even though her day of caring had come to an end, her responsibilities were not yet complete.

Discussion

Quality of care. Dawn was often concerned that she was not able to be fully present in providing quality care to all the children she interacted with because of the amount of time she needed to devote to Owen. Findings from Hallam et al.'s (2009) study examining classroom experiences revealed that sensitive caregivers (defined as attentive and verbally/physically affectionate) supported cognitive development, no matter how many children were present in the caregiving environment. Thus, these findings oppose Dawn's concerns that she was not supportive enough of the children in her care. She did provide numerous opportunities for the children to engage in meaningful affectionate interactions with her and she was present with them, even when she remained aware of Owen's whereabouts and actions. Dawn simply had many children to engage with on a daily basis.

Dawn had another concern about the care she provided to the children. She did not like having to be away from them for planning periods or meetings. Dawn struggled leaving the classroom to get to meetings on time when the children experienced challenges on the playground or while transitioning to rest time. Dawn did not like leaving the children with a replacement caregiver, who she was concerned would not be as sensitive to the children's needs as she herself would be. One study showed that multiple arrangements (frequent transitions of caregivers who provided support to children) within high-quality preschool environments were less harmful to childhood outcomes than were the same amount of variation in arrangement in low quality contexts (Tran & Weinraub, 2006). This study showed a stronger negative impact on children's development when the quality of the caring environment was lower. These findings support the notion that although Dawn was required to leave the children for a variety of reasons during play and napping routines, since her care environment was deemed to be high-quality, the stress of departure was mediated and will have fewer negative impacts on the children than had she been employed at a low quality care center.

Even though Dawn was pulled out of the caring environment at times, and even though she did not always feel mentally present with the children, she did experience repeated opportunities of engaged play with them. Dawn and the children she cared for had many positive interactions with one another on a daily basis whether they were outside on the playground, engaged in provocations or diapering procedures inside, or sharing meals together. Ritchie and Howes (2003) found positive interactions to be

significant indicators of secure attachments, signs of quality care, between young children and caregivers.

Dining experiences. Children at Dawn's center shared meals at low tables with chairs that were just the children's size. This type of dining experience provides children with more socialization than eating in high chairs lined up in rows (Gonzalez-Mena & Eyer, 2009). Eating at tables also promotes independence in children by allowing them to determine when they are finished and when to leave the table. Dawn's children were invited to the table and were asked to join the group as meals started, but Owen did not always want to come right away. Dawn would continue to invite him every few minutes until he was ready to come on his own. Hammond (2010) advocates for caregivers to form relationships that enable them to read children's cues during routines. Dawn was very sensitive to the signals Owen provided during interactions. She did not force him to come to the table, but shared an open invitation reminding him that he was welcome when he decided he was ready.

Bathroom routines. Gonzalez-Mena and Eyer (2009) discuss the Pikler Institute in Budapest being a location where children are involved and cooperate in diapering routines. To an extent, the children in Dawn's care are involved in the reality that they must be willing to climb the ladder when it is their turn to have their diapers changed, but they are not part of the process of removing or replacing diapers. Money (2005) also encourages diaper in the way Dawn conducts bathroom routines because this practice not only supports relational cooperation, but also serves to build interdependent bonds between children and their caregivers.

Dawn follows another piece of advice shared by Gonzalez-Mena and Eyer (2009). She does not seek to entertain children or distract them from the diapering process with toys or gadgets. Mia did want to bring the light box toys with her sometimes while Dawn changed her diaper, not to play with them, but to keep other children from taking them. During diapering routines, Dawn talked with the children about their day and the play experiences they had or about what they wanted to do next. Diapering routines, although not with the children's full participation, appeared to be times that furthered Dawn's relationship with them, especially on days when she was not rushed.

Rest time procedures. It is common in infant/toddler child care for children to resist napping. For example, Siren-Tiusanen and Robinson (2001) found that a child may run around the room at nap time prior to lying down, and then struggle to fall asleep. This finding is very similar to the challenge Dawn faced when attempting to find ways to help Owen transition from lunch to his rest cot. He often would go to his cot, but then he would get up and down, or toss toys off his cot distracting other children.

Rest time was one of the most stressful times of day, according to Dawn, because so many children needed help calming down and needed their backs patted, but she was just one person. Gonzalez-Mena and Eyer (2009) share the importance of children being allowed to rest in ways supportive of their individual needs, but carrying this procedure out successfully was often difficult for Dawn. Dawn did strive to create an environment conducive to sleep by turning lights down so that just one lamp was on and by covering the windows.

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Play. Dawn and her children spent a considerable amount of time playing outdoors. They were usually dropped off by parents outside on the playground and picked up in this same location. Clements (2004) shared challenges her research revealed in spending considerable amounts of time outdoors with children, but the benefits to going outside for exploration and play experiences were worth the struggle. Going outdoors requires caregivers to ponder and prepare with great forethought issues of changing diapers, being prepared with drinks, sunscreen, and coats for wet or cold weather. Dawn's school was well versed and prepared for each of these issues. Dawn and her co-teacher had a trustworthy routine of diapering children in small groups inside and then returning to the playground. They took turns getting water cups when children shared the need for a drink. Sunscreen was put on the children as they returned to the playground every afternoon. Dawn and the children kept rain coats and rain boots at the school so that nature walks and exploratory visits to the peacock were not interrupted by rain.

Indoor play looked different at Dawn's school than at other locations. The typical farm animal or home living props that one is used to seeing in early childhood rooms were not present at Dawn's site. Instead, materials for children to play with were natural objects found in nature such as pinecones or feathers. A clay table was set up with tools for the children to create sculptures. A light box was on the children's level providing opportunities to explore with light and shadows. Dawn's children had countless opportunities to engage in creative free play, a valuable component to every play space (Frost et al., 2012).

Case 3: Jane

Starting the day. Jane arrived at 8:00 a.m. each morning and settled into her classroom. She walked across the hall when she was ready and brought the girls who had already arrived before her to their classroom. Jane helped the girls put their coats in their cubbies and then they crossed the room to wash their hands. During this time, Jane talked with the girls about their morning and asked if they were getting hungry. The transition from the classroom across the hall, into their own classroom was not rushed, but easy going and calm. Breakfast usually arrived at the door between 8:00 a.m. and 8:15 a.m., ready and waiting when the group walked in.

Breakfast and arrival. As soon as the girls were finished washing their hands, they took their seats at the table and waited for Jane to get their breakfast plates and silverware. Jane would set the table for all five girls saying, "let's get more plates for [toddler] Emma and [toddler] Anna when they come." After Jane set each child's materials down, she retrieved the community serving pitcher and poured just enough milk in for the girls to pour their own glasses, but not too heavy to make the pitcher too difficult for them to hold. Jane stood behind the girls, while they poured their own milk saying, "hold your cup with this hand, there you go, now we can pour." Then she helped them pass the pitcher to the next child. As soon as all the children had milk, Jane went to get the food bowls. Just like with the milk, the girls dished their own food up, placing it on their plates and then passing the bowls to the next child at the table. Most mornings the girls were helpful and talkative while they prepared for breakfast.

Toddler Molly and toddler Bella were usually the first to arrive each morning, sometimes before Jane. Toddler Tara and Anna came next and joined the group at the

breakfast table. Emma arrived with her mom around 8:30 a.m., just in time to eat her breakfast. Her mom remained in the classroom to fix Emma's hair and talk with Jane. When the children walked in the room, Jane would look up and tell them good morning. She would ask the girls to put their coats away and then remind them to wash their hands before sitting down for breakfast.

Jane ate all snacks and meals with the girls. She would either stand at the table near them in case they wanted seconds or if all had been served seconds and were focused on eating, she would sit down on the step stool the girls used to climb up on while washing their hands. During breakfast, Jane and the girls talked excitedly about their day and the weather, sometimes they discussed what they had planned for their time together. When the girls were finished eating, they cleaned up from breakfast by dumping their trash and washing their hands. Jane put the children's plates and cups into the community tub to be placed by the door and later picked up by kitchen staff.

Free play. The girls went outside to the playground or to the gym about 9:00 a.m. each morning. Depending on when they finished with breakfast determined how much free time they had in the classroom before needing to use the restroom and have diapers changed at 8:45 a.m. If the girls were finished with breakfast and had time to play, they typically walked to the library area and looked at books or climbed on the bench to get high enough to look out the window. The two person couch and the comfortable chair right next to the book shelf were favorite places to sit. If too many girls arrived to the library at once, they would push one another out of the way, attempting to get in the coziest seats. Dawn would look in the girls' direction when she heard the commotion and remind them, "We do not sit on or push our friends. You may

go sit somewhere else until she moves." The girls would heed this request some days, and other days they would continue pushing one another, needing Jane's help to resolve their struggles over the sitting arrangements.

Restroom. Around 8:45 a.m., Jane would call to the girls, "put your books away, we are going to the potty." Knowing they would get to go play on the playground soon, this transition was often made quickly, without too much fuss. The girls returned their books to the shelf or put their puzzles away and started walking to the bathroom, adjacent to the classroom. The bathroom was a small space and there was only one toilet. Once inside, Anna would close the door behind the group and all the girls would sit on the floor, taking turns sitting on the toilet and having Jane change their diapers. Once all were finished using the bathroom, the girls would begin washing their hands, not returning to sit on the bathroom floor but standing by the door, waiting to go out as a group.

There was hardly ever a typical restroom break. Jane would try to sing songs with the girls or count or say abc's to keep them occupied while they waited their turn, but this attempt to engage the waiting girls was not always successful. Since the floor space was so small, the girls had to sit close to one another and depending on who was sitting by who determined how successful or how disruptive this time was going to be. If Emma and Tara were too close, they would begin pushing one another or pulling hair or Emma would pinch the girls near her if she thought they were too close. When these interactions would start, Jane would talk to the girls saying, "she is not touching you, stay in your space."

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Restroom breaks were stressful and frustrating to Jane since she was alone and had to take all the girls into the bathroom with her at once. She could not allow the girls to continue playing and take turns using the restroom, as she was only able to be in one room at a time, not both. As soon as all the children were finished using the bathroom or getting their diapers changed, Jane would have them start washing their hands, reminding them, "this is scrubbing, rubbing with both hands and soap is scrubbing." After all hands were washed, Jane or Anna would open the door for the girls to go back into the classroom and to their cubbies to put on their coats.

Outdoor play or gym time. Jane's class had set times for recess. They had 30 minutes if they were going to the playground from 9:00 a.m. to 9:30 a.m. or 20 minutes if they were going to the gym, 9:00 a.m. to 9:20 a.m. These times were hardly ever set in stone as Jane would stay on the playground longer or in the gym longer depending on when other classes arrived and who the caregivers were who came in.

If the children went to the playground, they needed to walk down the stairway on the northeast corner of the school. Jane would lead the girls down the stairs, taking the two youngest girls hands while they used their other hands to hold onto the railing. Jane would walk backwards and remind the girls while they were coming down the stairs, "don't push, she won't go any faster." Most days the children were patient and calm while they walked down the stairs. At the bottom, Jane opened the back door so that she and the girls could walk along the building through the gravel access road to the fenced in playground.

Once they arrived on the playground, the girls would scatter. Jane stood in the middle of the playground, near a picnic table, talking with other caregivers, usually

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while keeping her eyes on the playground looking back and forth so that she could watch the girls on the sidewalk and on the climbing structures. The girls ran around and played chasing one another and laughing together. If they were the only class outside, Jane would walk laps with the girls on the sidewalk or play tag with them. This time of day was characterized by much joy and laughter. Rarely did issues of aggression or tension arise on the playground, unless someone tried to take another girl's tricycle. This was not true of recess time in the gym. If the girls had to go to the gym instead of the playground, the space was much smaller, and even though there were a variety of materials to play on, the gross motor objects were most favored. Jane was required to step in and provide a lot more support during disputes while in the gym compared to play while outside.

If the class went to the gym, they would go down the southwest staircase of the building, towards the front door entrance, where the gym was located downstairs. Once down the stairs, Jane and the girls crossed through the front room into the gym. Like on the playground, the girls dispersed and quickly went to their favorite play spaces. Anna and Tara rode tricycles, Bella would walk along the stepping stones or climb the stairs up and down. Molly and Emma would take turns rocking in the yellow fish and spinning on a turntable chair. After playing for a bit in the gym, Anna and Emma would begin a game of chase, running back and forth between corners of the room together. Some days the other girls would join in on their game and some days they ran alone.

Morning break. Jane had a 15 minute break each morning. The time of her break was dependent on who was working and how the building was staffed for the day.

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Her break was given when a staff member came to release her any point between 9:00 a.m. and 10:00 a.m. Jane shared that this shift in the time of her break made planning special activities difficult. This was also challenging because if the weather was too cold, not all the staff members would let Jane's girls have their full recess time. Jane was at the mercy of the faculty who provided her break. She would quietly transition out of whatever space she was in with the girls when her break time came.

Free play. When the children returned to the classroom, the girls could move about freely through each of the play spaces, as long as they cleaned up after themselves and only went to locations with less than three people. This time of exploration started out calm and peaceful, but if more than three children wanted to color at the table, or if more wanted to be in housekeeping, this play period intensified real quick. Jane would remind the girls, "only three at the table at a time," or "there are already three friends, we do the same thing every day, go somewhere else." Tara often tried to go to locations that already had three girls so that she could be with the group. If she was told to go play somewhere else, she would go work on a puzzle, dumping it onto the floor first, or she would move to the library to look at books.

Jane followed the majority of the children at the beginning of free play and talked to them about what they were doing. If working with play dough she would talk to them about what they were making. When coloring, Jane asked the girls what they were drawing or discussed the colors they were using. Although, Jane started out talking with the largest group of children, in an effort to keep the other one or two out of the play space, she often transitioned to a different location to read books with or to work a puzzle with the other girls.

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Over the course of free play, most of the girls ended up playing in spaces close to where Jane was located, no matter where they started. Jane had a song she sang with each girl's name and questions she asked them about their personal lives and families. Jane helped the girls work on remembering who lived in their house, what town they lived in, and which family members lived far away from home. The girls also talked about family pets and friends when it was their turn to be the focus of the conversation. While Jane was talking with the girls, one or two would try to climb in her lap while she was sitting on the floor. Each time Jane would respond, "I'm not a chair, you didn't ask, sit on the floor." The girls would then either start crying and were told to go to the safe place or they would sit down on the floor somewhere in close proximity to Jane's body. Towards the end of this impromptu group time, Jane and the girls would sometimes wrap up their time all together by singing songs or by reading books. As long as the girls did not try to sit on Jane or on one another, this time was peaceful and the girls listened or looked at books as one another talked with Jane.

Jane and the girls returned to the classroom from the playground or from the gym between 9:30 a.m. and 9:45 a.m. most mornings. Since lunch was served about 11:00 a.m., Jane had the girls clean up the classroom and transition to the restroom about 10:45 a.m. This hour of the day was often the most aggressive and most likely to be accompanied with tears or hurt feelings. The girls may have been tired and hungry as signals of distress usually appeared during group time or shortly after. If the girls got upset or were aggressive with one another, Jane would tell them, "go work it out in the safe place," but they could only go there one at a time. Sometimes the girls would go to

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the safe place to kick the wall or cry, and other times they moved to a new location or stayed where they were.

As 10:45 a.m. drew near, Jane would tell the girls it was almost time to use the restroom and that they needed to start cleaning up. Anna and Molly were usually helpful at starting to pick up and put away their toys. Tara and Emma continued playing depending on where they were, needing a few reminders to begin moving away from playing towards the bathroom. Bella followed the children's lead who were around her, cleaning up and going to stand by the bathroom door or continuing to play. A few times, Jane went to the children who were still playing, took their toys away and put them back on the shelf, then walked with them to the bathroom.

Lunch. After the Jane and the girls finished washing their hands in the restroom, they came out and went to sit at the table for lunch. Most days lunch arrived by 11:00 a.m., but some days the girls had to wait. If lunch was there, the girls rarely had trouble, but if it was not, they would start pushing one another's arms away from their space or pushing at one another's chairs. Jane would remind the girls, "we are not pushing." When lunch did come, Jane had Anna help her pass out plates and silverware. Emma asked to help with lunch and other meals, but Jane had Anna help the majority of the time. Lunch was served in the same manner as breakfast, with Jane helping the girls pour their milk and serve themselves from the community food bowls.

Once all the girls had their food, Jane started getting rest cots out and placing them in the children's rest spots. If they asked for seconds, she went back to the kitchen area to give them another scoop of whatever food they had asked for. Once eating, the girls rarely had trouble with one another, unless someone reached for food on someone

else's plate. Depending on how tired the girls were, sometimes they talked with one another while they ate and other times they ate in silence. When Jane finished getting cots out, she returned to make her plate and sat down on the step stool near the girls, initiating a conversation about what they were eating.

As the girls finished lunch, they threw their trash away, climbed on the step stool to wash their hands, and then walked to get their blankets before going to their cots, if they remembered. If Jane saw the girls walking to their cots before stopping by their cubbies she would ask, "Do you want your blanket before you lay down?" As the girls finished eating, Jane cleaned up the table and took the bucket of food and plates to the hallway to be picked up later.

Rest time. As soon as all the girls finished eating and were on their cots, Jane began wiping down the tables, sweeping the floor, and mopping around where the girls ate lunch. Bella and Molly struggled transitioning from lunch to rest time. She reminded them to "lay still on your cot," or "rest your body," or "lay down," as she continued to work. After cleaning the floor, Jane then moved the two chairs from the table in the puzzle area back, leaving only three at the dining table. In between getting her chores accomplished, Jane moved to Bella and Molly as needed to help their bodies return to their cots or to cover them up with their blankets. Jane also prepared the bleach water so that she could wipe down the toys. She conducted all of these tasks with the lights on.

About thirty minutes after the girls began lying down on their cots, and Jane had finished all the moving around tasks, she went to the classroom door, closed the curtain, turned out the lights, and turned on the radio to a contemporary pop music station. Jane

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sat down on the floor and began wiping down each toy on every shelf in the classroom. At some point while Jane was wiping down the toys, a staff member would come in to let her have a bathroom break.

After Jane finished wiping down all of the toys, she moved to sit at her desk. Jane used rest time to catch up on paperwork and lesson plans. At some point each day, Emma cried out, similar to a yell that someone who had night terrors might have. After a single yell, she rolled over and went back to sleep. This did not seem to disturb or wake any of the other girls up. Jane continued working and did not turn the lights on until close to 1:45 p.m. If the girls woke up before Jane turned on the lights, they were expected to remain still and quiet on their cots. If they began talking or moving, Jane reminded them, "we are still resting, lay down," or "get on your bed, we aren't getting up just yet." Even though they were the last to fall asleep, Bella and Molly were usually the first to wake up. They would move around on their cots so they could face one another and whispered and laughed back and forth. If Jane rubbed a child's back, it was when they woke to help them go back to sleep so that she could continue working until the lights were turned back on.

Snack. The children ate snack each afternoon at 2:00 p.m. Jane turned the lights on in enough time to get the girls up, remind them to put their blankets away, restack their cots, and have them each use the restroom before they sat down for snack. Snack arrived just as breakfast and lunch did, delivered to the classroom door. After using the restroom and washing hands, as the girls began to sit down at the table, Jane went to the door, opened the curtain and brought in snack. Anna passed out napkins and Jane served the girls their snack. Once snack was finished, the girls brushed their

teeth and then congregated by the classroom door. There was not enough time to play before transitioning to the playground or the gym.

Outdoor play and gym time. Afternoon recess was very similar to morning recess, no matter if it was spent outside on the playground or inside the gym. The girls transitioned down the staircase to get where they going, then walked the distance to the gate or the door, and rushed inside to play once they arrived. Jane stood with the other caregivers, discussing their mornings with the children, while watching the girls play.

The girls rarely needed Jane's support while they were at recess. They played independently or with one another. Most afternoons, the girls were calm while playing. They did not run as much as in the morning, but they still seemed to enjoy being outside or in the gym from their joyful facial expressions and playful interactions. Jane was available in case someone got hurt or needed her help being safe, but there were rarely incidents on the playground. More support was needed in the gym, especially with sharing materials and not running into other children while riding tricycles or cars.

Afternoon break. Jane had another 15 minute break in the afternoon. Similar to her morning break, she went when a staff member came to trade places with her. Jane's afternoon breaks occurred anywhere between 1:30 p.m. and 3:30 p.m. The variation in break schedules made planning for afternoon activities very difficult for Jane. She preferred taking her break later in the afternoon, instead of while the children were sleeping so she had time to plan. However, if a break was offered, she went ahead and took the time away from the classroom. Otherwise, she may not have had another opportunity later.

Free play and pick-up. Jane transitioned the girls back up to their classroom about 2:45 p.m. or 3:00 p.m. where they engaged in various play spaces. Most days, Jane had a craft project that she got ready for the three of the girls, explaining it while she got the materials out. Three girls sat at the table and waited for supplies. The other girls stood around watching and listening while Jane reminded them that only three could be at the table at a time, and that they needed to "go find somewhere to play." Encouraging two of the girls to walk away, while explaining a fun new project, usually resulted in frustrated girls and tears. Jane reminded the girls, "the rules do not change, we only have three here at a time," and then she stated, "you need to go find something else to do" when the girls continued standing nearby watching her. After Jane got the craft ready and passed supplies out to the girls, she sat with them and explained where to put the facial pieces on their pumpkins or how to make the craft at hand.

Once the girls at the table were engaged and working, Jane moved to help the other girls find a place to play, or she read books to them. The final hour of the day for Jane was mixed with completing daily paperwork and organizing the classroom to prepare for the next day. Jane began watching out the window as she passed by while wrapping up daily tasks and moving to help children who needed her. Anna was usually the only one to be picked up before Jane went home for the day, somewhere between 3:00 p.m. and 3:30 p.m. Jane talked with Anna's mom or dad about her day and then said "see you tomorrow" as they prepared to go home.

When the girls were finished with craft projects, at the table, they went to play in housekeeping making one another food or taking care of babies. Dumping and putting puzzles back together was an activity that Tara spent a considerable amount of

time doing. Emma looked through many books and climbed up on the bench to look out the window. Bella and Molly were content to follow the other girls and play where they played most of the time. Very little aggression occurred in the afternoon, once all the girls had had a turn at the craft table making pictures or playing with play dough.

Saying goodbye. A staff member came in to take Jane's place or to transition Jane's girls to another classroom each afternoon about 4:00 p.m. The girls typically did not struggle saying goodbye to Jane, whether they remained in their classroom to play or if they moved to another room. They usually glanced up, maybe waved goodbye, and returned to their play. Jane collected her purse and belongings from the shelf, said a quick goodbye to the girls, and walked out of the classroom.

Discussion

Quality of care. The 1:5 teacher-child ratio in Jane's caring environment falls under the recommended number of children per teacher, 1:6, less when possible (Bredekamp & Copple, 2009). Previous studies have shown significant predictors of quality are correlated with teacher-child ratios (Burchinal et al., 2000; Howes et al., 1992; NICHD ECCRN, 2000; Phillips et al., 2000). Jane reported being thankful that her director does not fill her classroom to capacity, allowing her to focus more attention on the five girls in her care.

Findings from the field of early care for infants and toddlers note that high quality care is characterized by responsive, warm, sensitive, consistent, and reliable interactions (Honig, 2002; NICHD ECCRN, 2005; Raikes & Edwards, 2009; Richter, 2004). The nature of the lived experience for the children in Dawn's care was highly consistent and reliable. From day to day, Jane interacted in dependable ways with all of

the children. She expected them to clean up after themselves and put toys away when they were finished using them. The children knew that only three girls could be in a center at any given time, and they knew Jane would make them leave if more approached or if additional girls attempted to join a table that already had three engaged children. Although Jane's care was predominately characterized by consistency and reliability, few examples of warm or sensitive interactions were observed. For example, when children tried to sit on Jane's lap, or get close to her, she told them she was not a chair. Likewise, when Jane saw a child crying, she encouraged them to go to the safe place, where they were supposed to work out strong emotions.

Dining experiences. Caregivers who receive food from a community kitchen at their care center rarely have control over when and what is served (Fox et al., 2006; Ziegler et al., 2006). This was found to be true at Jane's center. Jane had approximate times that food should arrive, but there were days when she and the children had to wait a while for their snacks and meals to be brought up to the classroom.

Children in Jane's care ate snacks and meals while sitting at child sized tables and chairs. None of Jane's children took a bottle, and all dining procedures were focused on building independence, a valued characteristic during meal times (Gonzalez-Mena & Eyer, 2009). Jane was present to assist her children in filling their cups with milk, she held bowls of food while children spooned out the contents they desired, and children cleaned up after themselves when they were finished eating. This practice of supporting the children in developing skills of independence, such as pouring their own milk, was recommended by Hammond (2010).

After Jane finished completing tasks around the room, preparing rest cots or completing documentation, she made her plate and joined the children by sitting on a step stool near the table. She and the children sometimes talked about the day, the weather, or special activities that were coming up. Conversations observed between Jane and the girls contradict the findings of Hallam, Fouts, Bargreen and Perkins (2014) who noted caregivers typically engaged in one-way directional statements during meals with the children in their care. Jane, once she was able to join the girls when tasks were finished, communicated in back and forth verbal exchanges during meal times and snacks.

Bathroom routines. Restroom procedures for the children in Jane's care were conducted as a whole group. There was one bathroom adjacent to the classroom. Since Jane taught alone, all the children went together when one had to go to the bathroom. Gonzalez-Mena and Eyer (2009) encourage caregivers to be available to meet children's needs for independence during bathroom routines by being available for as long as diapering or use of the toilet needs to last. This was difficult for Jane as there was only one toilet and all the children were crowded into the bathroom, sitting on the floor, waiting for their turn or waiting for the others to get finished. Findings revealed that Jane tried to hurry the children along while in the bathroom and that she often had to stop helping whoever was on the toilet so that she could be available to children who were pushing or pinching one another while sitting on the floor waiting. Jane's bathroom routines contradict recommendations to slow down and use diapering and toileting experiences as bonding opportunities (Elam, 2005; Hammond, 2010; Smith, 1999).

Rest time procedures. Jane's children transitioned to their rest cots as soon as they were finished eating lunch and after they got their blankets from their cubbies. Each day the children followed a consistent schedule of using the restroom, eating lunch, and then transitioning to their rest cots. The nap routine was to first go to cubbies to get blankets, and then go to the rest cots and lay down. Since Jane worked alone, she did not rub children's backs as they made to the transition to sleep. She finished cleaning up from lunch and began sanitizing the toys in the classroom.

The findings from Jane's caring environment contradict some recommendations for caregivers to provide sensitive care to children as they are transitioning from play and meals to a state of sleep (Gonzalez-Mena & Eyer, 2009; Siren-Tiusanen & Robinson, 2001). Gonzalez-Mena and Eyer promote the practice of creating a mood of relaxation, where stimulation in the environment lowers and the room suggests sleeping instead of playing. As Jane's children transition to their cots when they finish eating, she leaves the lights on while she cleans the table and mops the floor. The children often watch her and talk to one another from their cots. Only when Jane turns off the classroom lights do children begin to settle in and calm down for their naps, drastically different observations than what has been recommended for sensitive caregivers.

Elam (2005), however, discusses the importance of children learning to self-sooth as they settle for sleep. Three of Jane's five children have found ways to self-sooth and settle into their naps with success and very little support from Jane. Bella and Molly are still trying to figure out how to transition successfully from lunch to rest time; their self-soothing techniques need more refinement to align with Elam's sleep recommendations.

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Play. Jane had consistent expectations for the children during play time. Materials were to be used a certain way and the children were to pick up after themselves when they were finished engaging with books or other toys. Frost, Wortham, and Reifel (2012) share that infants and toddlers exploring with blocks may dump them out of a bucket before matching them by color or shape. If Jane observed the children dumping toys, she would comment, "you need to pick those up" or "you will have to put those away before you play." When playing with puzzles, if the children would dump the pieces and then start working to put them back in place, Jane would tell the children, "fix it, that's your mess, you fix it." Play materials were available to the children, but uses for the toys and the ways in which Jane expected the toys to be used did not typically line up with developmentally appropriate concepts for infant and toddler play.

The nature of play routines were focused on consistent procedures and the girls not joining play spaces or centers if three children were already present. Housekeeping was the one center where Jane consistently supported creative play. Toddlers' ability to express creativity in their play supports cognitive development (Frost et al., 2012). Children explored with the food materials and they would bring Jane pretend cakes or drinks when she asked for them. Most of the time spent in play centers revolved around Jane reading books to the children or various combinations of girls sitting at the table coloring with markers or building with play dough.

Cross-Case Analysis

Deep insight into teacher-child interaction was gained through time spent observing the same sequence of events over and over, day after day in each caring

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environment. The nature of the lived experience was emphatically different in some group settings when compared to others, yet at the same time common ways of caring were shared across the unique sites. The following five themes emerged when analyzing all three cases simultaneously.

Time spent outdoors. There was a considerable difference in the amount of time each caregiver spent outside of the classroom with the children in their care. Mary could be outside with her children any time she felt they needed a break from the indoor environment, but they usually spent no more than two hours outside each day. Jane's class, because of scheduling requirements and rules about weather temperatures, could spend at most an hour outside each day. Jane did keep her children on the playground or outside longer than the hour they were given on days when they needed more time to play, but rarely did they spend more than an hour and a half outside.

Dawn's school was set up with a very different approach to being outside. Most of the children in Dawn's care arrived at school and went outside first thing, no matter what the weather was doing. If it was cold, the children and caregivers wore coats; if it was hot, they all took their extra layers off. If it was rainy or wet outside, all were found to be prepared for the elements wearing rain boots and rain coats. Most days, Dawn's children spent no more than three hours inside, meaning they were outside for about four hours a day, almost twice as much as Mary's children and some days three times as much as Jane's girls.

Family style eating. Each of the three caregivers served food to their children in much the same way, family style. Community bowls were brought to each classroom when it was time for snacks and meals. The difference in how meals were conducted

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occurred when the food was served. At Mary's site, children were sometimes served clean plates where they then spooned food contents on their own, or some items were dished on their plates when they were passed out and they were to get their own vegetables and fruit. The children's glasses were brought to them with their special types of milk. At Jane's school, children were almost always given empty plates which they then spooned food items onto as Jane helped them pass the community food bowls from one to the other. Food was passed out after the children poured their own milk from the community pitcher. The food bowls at Mary's school remained on the tables so that children could help themselves when they wanted seconds; at Jane's school children asked her for food when they wanted more to eat.

Dawn and her co-teacher prepared the children's plates for them prior to passing them out. Dawn got the drinks ready while her co-teacher dished up the food for each child. Once all the plates were ready, Dawn and her co-teacher passed them out to each of the children. A few children brought lunch boxes and special snacks from home. These were passed out after all of the other items were served. Just like at Jane's school, when the children in Dawn's class wanted seconds, they asked and additional food was brought to them.

Restroom procedures. Bathroom routines were radically different between the three sites. Dawn's children were changed when their diapers showed signs of being full or when the children asked for a new diaper, but there were also set times when Dawn and her co-teacher checked the children for dirty and wet diapers. Dawn would take a small group of six children inside to use the restroom and they would explore in

the classroom while they awaited their clean diaper. They would climb up on the ladder, standing while Dawn changed their diaper.

Jane also had set times where she took the children to use the restroom and to get clean diapers, but their bathroom routine was very different than Dawn's. Jane and the children went into their restroom, all the girls sat down on the floor, and they waited for their turn to sit on the toilet or get a new diaper. Then the girls sat back down on the floor and they waited to wash their hands until everyone was finished.

Mary had an open bathroom in her classroom with three toilets and a changing table. Since Mary was not alone, she or another caregiver could take a child to the bathroom anytime they asked or when they noticed a child's diaper was wet. There were no set times to use the restroom. Mary did try to make sure everyone used the restroom before lying down for nap time, but the children were free to go before or after lunch.

Rest time. Children at all three sites participated in rest time. Mary's children could lie down for naps before lunch if they showed signals of extreme exhaustion or if they asked to go to sleep. Dawn and Jane's children did not go to their cots until they were finished eating. Children at all three sites could leave the lunch table as soon as they were finished and go right to their rest mats or rest cots because each of their caregivers had put them out for them before lunch started or while they were eating.

Jane left the lights to the classroom on and did not turn on music until lunch was finished and she had completed tasks of cleaning up the table, sweeping, and mopping the floors. Dawn, however, began covering the windows and dimming the lights before

all the children entered the classroom for lunch. After the meal song concluded, Dawn would turn on the music that played during rest time.

Mary and the caregivers in her classroom sat or lie on the floor next to the children rubbing their backs until they fell asleep. Most children were ready and made a smooth transition to a state of restfulness and sleep. Karen was the only child in Mary's class who fought sleep on a regular basis. The opposite was true for Dawn's class. Even though the children moved their bodies to their rest cots, Dawn and her co-teacher worked for an hour sometimes patting backs and rocking the children to sleep. Where Mary's classroom was in a state of peace and calm during the transition to rest time, Dawn was often frustrated and stressed by the whole process.

Jane rarely patted or rubbed the girls' backs when they went to lie down on their cots; she had work that needed to be done. Jane would tell the girls to "rest your body," or to "lay still, its rest time," but she did not pat their backs. She would walk by their cots and move their bodies to make them lie down, but she did not stop and sit with them while they fell asleep.

Waking up from rest time was also very different at each site. Mary's and Dawn's children could wake up and get off of their mats or cots whenever they were finished sleeping. Mary's children played quietly on the stage or in the classroom when they woke up and Dawn's children moved out into the common space to play. Jane's girls could not get off their mats, and she did not want them to talk to one another, until she had turned the lights back on. Jane expected the children to stay still and quiet on their cots until she was ready for them to get up.

Time away for planning. All three caregivers were given time away from the

classroom or away from the children for planning or paperwork purposes. Each of them

used rest time as a time for planning, but this was not enough time to complete all the

paperwork that needed to be accomplished. Mary and Jane were both given additional

time in the afternoon when they needed it or when supervisors recommended they take

time to go work. Jane was supposed to have a two hour period to work each

Wednesday afternoon, but there were not always enough staff members available to

give her this time to plan. Dawn had three afternoons a week devoted to planning

meetings, documentation meetings, or mentor meetings. Dawn's time away from the

classroom could last anywhere from thirty minutes to two hours. This aspect of

caregiving will be discussed in much greater detail in Chapter 5.

Discussion

Quality of care. In regards to the nature of care as being responsive, warm,

sensitive, consistent, and reliable, all three caregivers displayed one or more of these

traits. Studies of quality for infant and toddler environments mention these

characteristics as hallmarks when looking at care as a support for young children's

development (Honig, 2002; NICHD ECCRN, 2005; Raikes & Edwards, 2009; Richter,

2004). Mary's responses to children were consistently warm and sensitive. Dawn was

sensitive and reliable, as she showed great patience towards interactions that occurred

prior to stepping in with a response. Jane was consistent and reliable, not wavering if

the children were inside the caring environment playing or eating, or outside on the

playground.

Comparing the findings of this study to that of Leavitt's (1994) research, Mary

and Dawn did not exhibit the power struggles in their interactions with the children that

Leavitt documented in her findings. Dawn did have power struggles with Owen at rest

time and when he was aggressive with other children, but this was not typical of the

overall environment. Jane, consistent in her expectations of the children, lacked a

compassionate quality of nurturance when interacting with her girls. Leavitt stated that

the power present during these types of teacher-child interactions was destructive to the

relationship between caregivers and infants and toddlers. Although Jane was consistent,

she was not warm and Leavitt deemed similar interactions to be problematic when

experienced repeatedly on a regular basis. The importance of Bowlby's (1988)

recommendations considering developmental impacts caused by secure attachments

with caregivers were not found to be priority to Jane when observing her interactions

with the children in her care. Her care lacked support for children to learn how to

regulate their emotions when they were upset and did not promote the expression of

feelings or communication of feelings; children were only encouraged to voice desires

to share materials or to be left alone.

Dining experiences. Snacks and meals across all three sites were quite similar.

The children arrived at the table, selected their chairs, and sat down. Jane supported the

girls' independence by helping them dish up their own food. Mary sometimes prepared

the children's plates and sometimes set the community bowls on the table for the

children to get their own food. The children in Dawn's care were always handed

prepared plates already full of food. Findings from Leavitt's (1994) research revealed

that the children were not given the opportunity to help serve themselves, similar to

how Dawn's children ate their snacks and lunches. However, a major difference

between the two studies was observed when milk was spilled or food was dropped. If

accidents happened in Dawn's caring environment she would say, "uh oh," and move to

help the children clean up the mess. Leavitt observed caregivers taking children's cups

or plates away, telling them those who spilled could not have drinks anymore. The

nature of the lived experience from these two findings was drastically different in

regards to how caregivers responded to accidents that occurred while eating.

The girls in Jane's care were always ready for lunch and rarely displayed the

desire to go lay down before eating, even when tired. Rest cots were out in Dawn's

caring environment and children could go lay down at any point before or after lunch,

even though children typically ate before resting. A few of Mary's children did go to

their rest mats sometimes to begin nap before having lunch. This was never an issue for

Mary and she helped the children transition to a restful state by covering them up with

their blankets and rubbing their backs for a few minutes before returning to help with

lunch.

Bathroom routines. Diapering and toileting procedures across the three

observation sites were quite different. Mary's children were changed or went to the

bathroom when they needed to go or when their diapers needed refreshing. Dawn's

children were also changed when she noticed they had dirty diapers. At both Dawn's

and Jane's centers, scheduled times were arranged for bathroom routines. Similar to the

findings from observations with Jane and Dawn, Leavitt's (1994) caregivers had set

potty times for the children in their care. Children were called to sit on the toilet when

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one became available, much like when Dawn called the children to climb the ladder when it was their turn to get a new diaper.

The difference in the nature of these interactions was the language used with children (Leavitt, 1994). Dawn called the children over by inviting them to climb the ladder or would ask someone else if a child was focused on play or a book. The caregivers Leavitt observed were heard shouting at toddlers saying their names and yelling, "NOW!" for them to use the restroom. Never once during the course of observations was Dawn overheard yelling at the children in her care.

Although many of Leavitt's (1994) observations revealed a lack of sensitivity in care, she did observe gentle interactions as well, one being a diapering experience. A similar interaction was observed between Mary and David one morning when he did not want to leave the toys he was playing with to be changed. Mary moved to sit near him, talking to him gently explaining that he needed a new diaper, and gently convinced him to be flown to the bathroom like an airplane. Mary's gentleness during diapering revealed the value she placed on caregiving routines and the time she was willing to devote to making the children in her care comfortable. Her interactions with children were a sign of respect to their individual desires, similar to the recommendations of Coughlan (2005) who encouraged caregivers to be patient while engaging in routines that are too often hurried through for the adult's convenience.

Rest time procedures. The nature of the caring environment atmosphere was very different across the three sites. Mary's room was calm and peaceful as children transitioned to their rest mats and as the caregivers positioned themselves in locations where they were available to rub children's backs, while the lights were off and soft

music played. Jane's children also moved to their cots, but the nature of the room continued in a state of productivity until she was finished picking up the table from lunch and mopping the floor. Lights only went out when she was done cleaning up.

Tension was felt in the caring environment each afternoon as Dawn's children transitioned from lunch to their cots. The lights had been dimmed and rest time music was playing, but the children were restless and struggled to lie down. Just as Dawn supported the children by patting their backs during this time of tension, so did some of the caregivers observed in Leavitt's (1994) study. A child was crying for her mother one afternoon and the caregiver sat down beside her to gently rub her back. This helped the child's sobbing subside and she was then able to fall asleep. Dawn also sat patting the children's backs until they had all fallen asleep.

Findings from Leavitt's (1994) observations were more similar to those in Mary's and Dawn's caring environments. Children were approached when they woke up, invited to come have their diapers changed, and then they transitioned to the snack table or areas where they could play quietly. In contrast, Jane's children were not to get up from their cots until Jane communicated that rest time was over.

Play. The caregivers in Leavitt's (1994) study were observed dancing with the infants and toddlers, holding hands and mimicking their actions while listening to music. Mary and Dawn both sang songs with the children, holding their hands when dancing together and moving their bodies to the motions as words encouraged jumping or spinning. Mary also played dance music in the classroom. Her children would get out musical instruments and would pound on drums or wiggle shakers while dancing inside. They also held Mary's hands as they moved to the various beats.

When the children attending caring environments from Leavitt's (1994) study heard a workman using a jackhammer, they stopped their play and moved to the window to watch what he was doing. The children started climbing chairs to get a better view. Caregivers, knowing this was not safe, helped the children quickly transition outside so they could watch the man work. Similar events occurred at all three observation sites of this study. Jane's children stopped playing one morning to watch the firemen and the fire truck outside their window. Dawn's class almost always ran to the fence when the trash truck or the mail man arrived at their school. Mary's children also stopped to watch when workers were mowing, weed eating, or cleaning rugs outside their classroom window. All three caregivers were responsive to the children's interests to observe when out of the ordinary sounds or objects were heard and seen.

Summary

The nature of lived experiences in high quality group care settings can differ quite a bit from one site to the next and for children within each setting. Findings revealed that some environments were more sensitive in the responses offered to infants and toddlers when challenges or negative social interactions occurred. This issue will be discussed again in chapter 5. All three cases noted increased aggression prior to lunch, due to hungry or tired children. Rest time procedures and expectations were also very different for each caregiver. The other striking difference between the natures of the three sites was the amount of time the children spent outdoors. Aggressive interactions dominated many of the observed interactions and will be discussed in greater depth in chapter 5.

Part 2: Sending and Responding to Bids for Support

Bids for support were sent to caregivers in a variety of ways. Some children would simply cry out in pain if they had been hurt signaling they needed help, others would call out their caregiver's name to get their attention. At times, children did not send out specific bids, but their actions or the actions of others indicated that support was needed. However, caregivers' attention was not always attuned to when bids for support were sent their way. This part of the chapter explains how children sent bids to their caregivers when they were in need of support as well as the responses caregivers provided to bids sent by children. Connections to the current body of literature are discussed following the findings of each caregiver and of cross case analysis.

Case 1: Mary

Throughout the day of caring, children would send bids to Mary to let her know they needed her help. These bids came in the forms of cries, yells, glances in her direction, or simply in their actions. Mary responded to these bids for attention in a variety of ways, depending on the child, the situation, or her location. Six metacodes emerged while analyzing the data revealing how children sent bids to Mary and how she responded to them. Following are the examples of how Mary and the children interacted with one another when bids for attention were sent and responded to.

Physical proximity to Michael. Mary was quite clear in our initial interview that one of her children needed her "constantly." I was not sure what to make of this statement until the observations began. I very quickly discovered that Mary was speaking about her interactions with Michael, who did in fact need her on an almost consistent basis. Michael had been in Mary's care for a little over a year. When he

arrived in her classroom he struggled to communicate verbally with her and the other children. He often acted out by hitting and pushing when other children came too close to him, instead of using his words to vocalize his desire for them to keep their distance. Although Michael wanted the other children in the classroom to stay away from him, unless they were tossing balls together or sharing building manipulatives, he wanted Mary to be close to him. Michael often was sitting in Mary's lap if she was sitting on the ground or in a chair or she was holding him.

One afternoon as Mary walked to pick up a crying Donna, Michael followed her. Mary sat down in the rocker with Donna and Michael stood right next to Mary with his hand on her leg. As Mary continued to rock Donna, Michael moved to play with the musical instruments with Lisa. While they were playing, Michael started smashing his body into Lisa's body as he pushed her against the shelf they were playing near. A similar situation occurred outside one morning on the playground when Michael smashed a child against a post when he had a ball that Michael wanted. Mary responded to these and similar incidents by saying "no sir, we are not smashing our friends" or "no sir, use your words, not your body, smashing hurts." Aggressive incidents like these arose much more quickly when Mary was not close by Michael. For this reason, Mary maintained close proximity to Michael whenever possible to avoid the possibility of another child getting hurt.

Play. Bids for attention occurred in greater quantity inside the classroom in comparison to when the children were playing outside. Bids typically went out when one child took a toy another child was engaged with, whether they were holding the toy at the time or not. Bids for support also went out when children could not successfully

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accomplish tasks they were attempting, such as putting on dress up clothes independently or completing a puzzle. Most of the bids for support that were sent to Mary outside focused on a child attempting to take a toy that another child was currently playing on or with.

One morning while Mary was reading a book to two children, David was playing with another child in home living. David's toy was taken from him and he immediately bent over and started crying. Mary reminded David to "use his words" but he continued crying. Mary stopped reading, got up from where she was and moved over to David. Mary knelt down and reminded David that he could tell his friends not to take the toys he was playing with. Mary helped David communicate, "I was playing with that plate." When David was handed the plate back, Mary returned to read to the children she was previously sitting with.

Lisa was in home living with a dress on, a purse on each arm, and was attempting to step into a pair of shoes. She could not, however, get her feet to go into the shoes as the dress was in her way and the purses continued dangling from her shoulders throwing her off balance. Lisa started crying as she continued attempting to step into the shoes. Mary had been watching Lisa to see how she would handle the situation, but when Lisa started crying, her tears were almost always soft and quiet, Mary moved close to her and asked, "Would you like me to help you put these shoes on?" Lisa looked up and smiled at Mary through teary eyes and held a foot out. After Mary helped Lisa put both of the shoes on, Lisa started walking all throughout the classroom as if she was on a runway, swinging the bags on her shoulders and shifting her hips from side to side. As she walked away, Mary commented that one of the

purses Lisa was carrying used to be her favorite bag in college. Mary smiled as she watched Lisa prance around the classroom like a model.

Physical interactions of aggression. Michael was the most aggressive child in Mary's class. She often remained in close proximity to him to intervene when he attempted to hurt other children. Mary in turn received many of Michael's aggressive outbursts when he became angry as he would toss his body back into hers, pinch her, hit her, or kick her if they were standing up. Amber was also very aggressive. Mary responded to Michael's and Amber's aggression in unique ways. Michael was older than Amber and was often told to use his words rather than harm friends when he became angry. Amber was also told to use her words, but her aggressive actions were often dismissed as misunderstandings and an inability to communicate because of her age. David would sometimes hit children if they persisted in taking toys he had asked them not to, but rarely did the other children engage in physically aggressive interactions with one another.

Although Michael was the most aggressive child in Mary's classroom, he was not the only one who engaged in physically aggressive actions. Amber was also very aggressive with Mary and other children. One morning Amber and Michael were both sitting in Mary's lap playing with legos when all of a sudden, Amber reached out and hit Michael in the forehead with a lego. Michael immediately cried out and Mary responded saying, "Miss Amber, gentle, gentle hands." After Mary's response, Michael threw a lego to which Mary responded, "We are all playing with these legos and sharing them. You can't throw legos just because you don't like something." The tension calmed and Amber and Michael continued playing with legos. Three minutes later,

Amber hit the lego tower they were working on. "no ma'am, you cannot be hitting, that is not okay" was Mary's response to Amber's action. Amber got up and walked away from Mary towards the stage. As she passed by a shelf, she picked up a car and tossed it. Mary then said, "oh, Amber, that made a loud noise didn't it." Mary's difference in response to Michael tossing legos and Amber tossing a car was discussed that afternoon. Mary explained that because "Amber was younger", she did not think that her actions were aggressive because of anger, but that they were "innocent and explorative" in nature to see what would happen when she threw objects or moved them. Michael's actions however were considered "mean" or "hurtful" because he understood how it felt to be hit. He was "older and should know better" than to be physically aggressive when he could use his words to communicate.

Supporting independence. Mary did not respond immediately to every bid that was sent her way. Depending on the situation, Mary would stay back and watch to see how the children would handle issues that arose. One morning while the children were playing on the playground, Michael was riding a tricycle on the cement and one of the wheels bounced into the grass as a result of Michael ramming into and bumping away from a pole. Michael was stuck in the grass and started going "ummm, ummm." Mary turned and looked at him, but she did not say anything. Michael sat for a moment and then moved the tricycle off of the grass so he could continue riding on his own. Mary did not give this situation any attention, but Michael was able to successfully handle the problem without support.

Karen was pushing Lisa while she was riding a tricycle one morning. The girls had been laughing and enjoying pushing one another back and forth. All of a sudden,

Lisa started shouting, "NOOOOO, NOOOOO!" causing Mary to quickly look in their direction. Karen stopped pushing Lisa and backed away from her. Mary did not approach the girls or respond to this situation as the issue resolved itself rather quickly when Karen stopped pushing Lisa. Another quick situation occurred indoors when Amber was walking out of home living. She tripped and fussed, got up and then kept walking. Just as she had turned to check to see what was going on when Lisa started yelling, Mary turned to glance at Amber, but she did not respond to her when Amber continued walking out of the home living play space. In both of these situations, Mary was aware of the bids for attention that were sent to her, but she believed the children in her care would benefit more from handling the situations independently than relying on her to provide support.

Attentive caregiving. Mary was consistent in her expectations of safety for all the children, but she handled each situation that arose with a gentle grace, in a manner that led to a solution instead of increased conflict. Mary was rarely flustered by unexpected events. She would come up with answers to peer challenges in ways that supported the children's social and emotional development. Although Michael demanded and required much of Mary's attention, she did not fail in maintaining awareness of the caring environment as a whole. Mary was able to be with one group of children and yet successful in providing supportive and attentive care to children across the room in different play spaces from hers.

Mary had a sixth sense in regards to her children's needs. Even when no bids were sent her direction, she was aware of the issues that were brewing under the surface and often stepped in at the most opportune times in order to keep a conflict from

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escalating out of control or to help a child deal with a difficult situation before they signaled her for help. One such example occurred one morning about 10:00 a.m. when Amber was very tired. Amber had walked to a cubby and pulled out a blanket from a cubby that was next to hers. Amber brought different blankets to school each day and this was an honest mistake. Mary, knowing the child who the blanket belonged to would be upset if she saw Amber with her blanket, turned communicated to Amber that that was not her blanket. Amber was too tired, and did not care that she was holding another's blanket. Amber proceeded to get a rest mat out of the same cubby where she had previously pulled the blanket. Mary moved over to Amber, and helped her put the blanket and rest mat back while saying, "let's get you your blanket if you want a blanket." Mary then helped Amber find a safe place to lie down where she would not be in the way of other children playing.

While playing with a bucket of uniquely shaped blocks, Mary, Lisa, Amber, and Michael built a structure that had an opening where the children could slide short, straight blocks through a hole and down into the center of their structure where they could be taken out of at the bottom when they disappeared. Mary was watching and noticed as the children started trying to fit longer blocks into the opening. Amber and Michael gave up quickly when the blocks they attempted to put in would not fit at the first try. Lisa, however, was more persistent. Lisa had been wiggling and fiddling with a curvy, long block and started to scrunch her face up with disappointment. Lisa was typically not given over to loud expressions of frustrations, but would start crying when she became frustrated. Mary watched her facial expressions transition from inquiry and discovery to frustration and disappointment. When Mary saw the shift from exploration

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to distress occur, she leaned down and started talking to Lisa about the shape of the hole of the structure and the shape of the block. She picked up a few blocks that would fit through the hole and explained to Lisa why those blocks were successfully able to make it to the bottom. Then Mary took the block Lisa was holding and showed her how and why the block continued to get caught when Lisa was attempting to fit it into the hole. This was a learning experience that Lisa would have walked away from very frustrated had it not been for Mary's attention and devotion to work with Lisa in making meaning of the mechanics of the toys in play.

Un-responded to bids for attention or mismatches in response. As attentive and responsive as Mary was, there were still situations that went unnoticed or situations that Mary responded to, but responded inaccurately due to prior events that she had not witnessed. One morning during breakfast, Mary helping a child wash her hands while the other children had started sitting down at the table with the plates and silverware. Amber leaned over and hit Michael with her spoon sending him running from the table yelling. Mary turned and inquired, "What happened?" As Michael ran to her, she turned to pick him up. He did not tell her what happened and she did not ever learn of Amber hitting him until reading my notes later during our impromptu interview. Mary walked with Michael to the stage and sat holding him until he calmed down and was ready to return to the table for his breakfast.

Another incident occurred when Karen started hitting Lisa with a doll. Mary responded in the girls' direction by saying, "she does not like that, be gentle with her head" after Karen started screaming and said, "she hit me." Mary followed up her initial comment with, "don't hit, that hurts, be gentle" directing the statement at Lisa,

even though Karen was the one who had been hitting Lisa. Just as Michael did not communicate that he had been hit with a spoon, Lisa did not communicate that Karen had been the one to hit her with the doll.

One afternoon when the children had slept late, Karen and Michael were starting to wake up. Their rest mats were close enough that they could reach out and touch one another's mats. Karen reached over and started moving Michael's mat. Instead of using his words, he got up and moved quickly over to Karen's mat and started hitting her when he jumped on her. Mary noticed Michael being aggressive towards Karen from where she was sitting rocking Donna and she called out, "Michael, don't come over here and hurt anyone," followed by "don't hurt one another" when Karen started hitting Michael back. One of the assistant caregivers intervened in this situation, but no one realized that Karen had been the instigator in this situation.

Discussion

Bids. Mary received a variety of bids for support during play routines, when children were physically aggressive with one another, when children were hungry and wanted to be fed immediately, and when children wanted her to be physically close to them. Mary was also aware of children's needs, even if a bid did not go out. Some bids for attention were missed. This is consistent with findings from Shin (2010). Shin reported that children would crawl into caregiver's laps and cuddle during play episodes or after nap. Similar observations were made of Mary, cuddling with children if they wanted a hug in the morning on the playground or holding them when they awoke in the afternoon. These bids for emotional support, in both studies, were met with sensitivity and warmth from the caregivers; actions such as these encouraged children to return to

their caregivers again when their feelings had been hurt or when they were upset. Mary was often holding Michael in her arms or sitting with him in her lap, even while he played with various toys or looked through books. Caregivers in Shin's study also read books while children crowded around them, sitting on their laps and leaning into them to get a better view of the story pictures.

Child ratios have also been shown to have an impact on teacher-child interactions, particularly among younger children. Specifically, higher ratios impact interactions more negatively than interactions between caregivers of older preschool children (de Schipper, Riksen-Walraven, & Geurts, 2006). Even though the present study did not focus the investigation on child ratios, the number of children present in the caring environment did impact the bids that were noticed and responded to. The mornings when Mary arrived and was responsible for the children in her room and the room next door, she had almost twice as many children than usual, until the other caregivers arrived an hour later. Mary was still responsive and present with the children, but with additional children who she was not as familiar with nor had a strong relationship built between them to know their unique cues, Mary did not always pick up on their cues or bids for support.

Responses. When bids for attention were sent to Mary, and she was aware of them, she responded in the most calm way. Bids did not frustrate Mary, or wear her out when the same bid was sent multiple times a day; her responses remained gentle and sensitive to each need. Mary was wise in staying close to Michael, to help tensions and frustrations calm to avoid aggressive interactions. She was also aware and responsive to bids from children on the playground when their caregivers were not attentive to their

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needs. Even though Mary was frequently scanning the caring environment around her, she did not respond to every bid that was sent her way. She did miss some of the children's bids for support and she even responded in ways that did not always match the child's needs. Even though not every response was timely or appropriate, the majority of Mary's responses to the children in her care were sensitive and helpful.

In the same way these findings show that Mary responded in sensitive ways to support the children in her care, Jung and Recchia (2013) reveal how the interactions caregivers have with infants serve to scaffold their play. Caregivers provided verbal suggestions to infants while they were playing just like Mary did with her children. Mary encouraged children to turn blocks to a different angle when they would get stuck, or she talked children through how to complete a task, rather than stepping in and quickly solving the problem for them. When the infant teachers observed a child losing interest, they would model a new way to engage with materials, building their curiosity back up and enriching the ongoing play. Mary's responses to children's play looked very similar as she did not have an agenda, but she was present to provide support and encouragement to the children's interactions with materials.

Mary's responses to acts of aggression or acts of frustration typically started off with her telling the children, "breathe, take a breath and breathe." Mary rarely became flustered when the children were aggressive with one another, even when Michael engaged in frequent aggressive acts. Two studies (Baillargeon et al., 2007; Tremblay et al., 2004) discuss physical aggression, but not in regards to caregiver responses. They focus more on the differences of aggression in gender and on the trajectories and predictors of aggression. The majority of Mary's responses were towards aggressive

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acts of the children, helping them calm down and redirecting their focus to a more positive choice. Gloeckler and Cassell (2012) report the benefit of teachers designing caring environments and positioning themselves in such a way to prevent problem behaviors, very similar to the actions Mary took to prevent or respond appropriately to Michael's aggression.

Case 2: Dawn

Children in Dawn's care were very independent, however, children still sent bids to Dawn to let her know they needed her help. These bids were sent in a variety of ways including cries, calls for Dawn by name, glances in her direction, children's actions. Dawn's responses to the children were provided in a uniquely fitting manner when she noticed the children were in need. She first waited to assess the situation and determine if her support was truly needed, and then she would step in to provide helpful care once she better understood exactly what was needed from her. Dawn focused on supporting the children's problem solving skills, while being there to ensure the environment was safe and secure. Six metacodes emerged while analyzing the data informing how children sent bids to Dawn and how she responded to them. Following are the examples of how Dawn and the children interacted with one another when bids for attention were sent and responded to.

Blankets and pacifiers. Children often arrived at school with mom, dad, or grandparents. When the children arrived, they typically came out to the playground without blankets or pacifiers, even if they had walked into the building with these items in hand. As mentioned previously, parents would put the children's belongings in their baskets and then bring the children outdoors to play and explore. Most children were

comfortable with this routine, but some children were not. Some children wanted to keep their blankets and/or pacifiers with them as their parents transitioned away from the daily caring environment. This proved to be quite a challenge for a number of reasons. Some children were used to letting go of their blankets and pacifiers until rest time. Some children wanted to keep their blankets and pacifiers throughout the day, but parents strongly encouraged and requested that their children not have these items with them while they were awake and playing. Other parents did not have a preference with this issue and brought their children to the playground with blankets or pacifiers in tow. Also, since Dawn co-taught, she and her co-teacher had to work out the differences in how they handled this situation in regards to independent conversations with parents and the children's requests. This was especially difficult when bids for these items went out, when other children were seen with their blankets and pacifiers, but Dawn felt a responsibility to be loyal to the parents' requests in not allowing their children to have said items during play or outdoors.

 Play. A majority of the play that occurred at Dawn's school happened outdoors on the playground. On a typical day, children spent approximately an hour playing indoors, and this time includes the time children were playing while they waited to have their diapers changed or were waiting to go back outdoors while other children were finishing snack. Children sometimes helped themselves to markers or puzzles that were near the back door and became upset if they were asked to put the items away before going back outside. If this happened, Dawn would get a basket and bring some of the indoor materials outside for the children to explore on the patio or in the grassy area on

the southwest side of the playground. Play, whether indoors or outdoors, was usually

child-led, unless a provocation had been set up for the children inside.

One morning Jenny and toddler Charlie were pushing cars on the sidewalk near

the grassy area, but were coming back and forth between the ramps as they passed by.

Emily was sitting on the patio, right next to the grassy area with a pile of chalk. Kate

was playing with the ramp materials as she moved in and out of Dawn's lap. While

Kate was rolling objects down a ramp, she fussed as Charlie rode by on a car, got off

and came to move the ramp Kate was using. Dawn responded saying, "Kate is using

that ramp Charlie. Would you like to play with her or would you like to set up a

different ramp?" Charlie looked around at the ramps, let go of the ramp Kate was

using, and moved back to ride on his car.

Up in the sand box there were additional materials to scoop with and also a box

built next to the frame of the sand area. Sometimes children would successfully climb

in the box, typically used to hold the sand materials when not in use, but then the

children were not always successful at climbing out of the box. This would result in

yells or cries of panic, "help me" or shrikes of terror. When Dawn was close by, she

would lean in and calm the children by taking them by arms and helping them climb out

of the box. One day in particular, toddler Hailey had climbed into the box. She started

to get upset as she was having difficulty climbing back out. Before tears appeared,

Dawn moved in close, took Hailey's hands and showed her how to hold onto the edge

and climb out of the box. After Dawn helped Hailey get out of the box with ease,

Hailey climbed in and out of the box a couple of times, very proud of the new skill she

had learned.

Physical interactions of aggression. Most of the children at Dawn's school had the developmental ability to use verbal language to communicate their desires and wishes. Most were able to say "no" or "stop" or "help" depending on the situation, but some still used physical force to stop children from taking items they were engaged with or to let another child they were approaching their space too closely. The playground outdoors was a large space, and even though there were typically at least four caregivers, including the teachers next door, physical interactions sometimes went unnoticed unless a child cried out loud enough to obtain Dawn's or another caregivers attention.

One child in particular, Owen was overly aggressive, usually targeting his aggression at a specific person for a day's time. This child had recently transitioned from being an only child at home to a big brother and the impact of his relationship with peers outside of the home had been greatly affected. In Dawn's opinion, Owen worked extra hard to maintain at least one caregiver's attention at all times; if he was not successful in achieving this goal, he often lashed out in a number of physically aggressive ways to those around him. During the second week of observations, following a meeting with Owen's parents, school administrators, Dawn and her co-teacher, a decision was made to have a substitute come in and shadow Owen to see if one-on-one attention would lessen the aggression Owen engaged in. Other children did engage in physically aggressive actions, but the continual need for Dawn to keep a watchful eye on them was not near as dire of a need.

One morning before lunch Mia was sitting in Dawn's lap while children played nearby. Emily was pushing a dump truck around and Tucker was pushing a car. Owen

started hitting Jacob with a bucket. Dawn spoke up saying, "We do not hurt our friends. Be gentle." Owen stopped hitting Jacob, but grabbed his hand and brought it up to his mouth. Dawn, still watching Owen, quickly moved Mia off of her lap in order to grab Owen's hand to prevent him from biting Jacob, while at the same time saying, "It is never okay to bite our friends, we use our words, we do not bite." Jacob got up and walked away. Dawn diverted her attention away from Owen and back to Mia who had taken her shoes off and needed help putting them back on as she had started to dart off.

Some of Owen's aggression was directed at classmates, while other aggressive interactions were directed at Dawn. One morning at 10:54 a.m. Owen started to hit Dawn. She quickly moved her hands to take his hands in hers and said, "It's never okay to hit a teacher or a friend." Dawn then moved Owen over to the wall by the classroom saying, "you are going to sit here until you find your gentle hands." Dawn stayed near where she had taken Owen to sit while she interacted with Mia, Kate, and toddler Eric. At 10:58 a.m. Dawn told Owen, "whenever you are feeling like your hands are ready to be safe, you may get up." Owen got up, walked away and went to play in the sand area for a bit. Five minutes later, Owen hit Eric. Dawn responded to Owen's aggression saying, "That is not okay, you may not hit my friends. I am going to take you inside to look at books." Dawn picked Owen up, carried him to the classroom door, set him inside after letting her co-teacher know what had happened and that Owen was staying inside, and then she returned to check on Eric and help him wipe his nose.

Owen's aggression was not always directed at Dawn or other children. One morning during provocations, Owen was reading a book and Dawn invited him to come to the natural atelier with the group. Dawn reminded him to "be gentle" as he started

engaging with the materials. As Owen was working he turned and slammed a hanging basket into a window leading Dawn to respond by saying, "remember, if you are not going to have soft hands you can go sit down and read a book." Owen turned away from Dawn and dumped the contents of another basket onto the floor after lifting the basket high into the air. Dawn moved closer in proximity to Owen as she said, "pick that up." When he responded with "no," Dawn moved to kneel next to Owen while saying, "okay, I will help you." Dawn started putting the materials back into the basket. As Dawn was picking the contents of the emptied basket, she encouraged sharing between two girls, "Hailey you have two, can Ashley have one? Thank you." As soon as the comment was out of Dawn's mouth, Owen dumped the contents of a shelf onto the floor. Dawn moved, picked Owen up and said as she carried him to the door, "You are not treating our materials with very much respect. You may go outside and run or kick a ball." Dawn opened the back door and set Owen down outside, and then returned to clean up the materials in the natural atelier that had been dumped on the floor.

One morning before lunch, Dawn, Emily and a group of children were sitting on the patio engaged in a variety of activities. Emily was moving a box around and almost hit a baby from the next door class. Dawn responded saying, "Careful, watch out for the baby." Emily decided not to be careful and started to pull on Dawn's hair. Dawn looked at Emily and said, "I don't like that. If you want to pull, you may go pull grass." Mia approached carrying her shoes and sat down in Dawn's lap. Dawn had started helping her put her shoes back on when Emily came over, sat down on the other side of Dawn's lap and pinched her. Dawn immediately responded saying, "Your friends don't like that. You may go pinch and pull the grass."

Outlier to aggression. Although Owen was often aggressive towards his peers, he was sometimes very gentle while riding bikes and playing outdoors. There were a few much younger children in the class next door that shared the playground space with Dawn's class. On rare occasions, Owen would be barreling down the sidewalk as fast as he could go, but if a baby was sitting in the way he would make his bike come to a screeching halt. During data collection, these interactions were observed three different times, none of which were observed by Dawn. We talked about them each in depth during the final interview and Dawn found them to be quite unusual since the final week of observation the child Owen had targeted his aggression towards was the smallest and youngest girl in the class.

Rest time. Rest time at Dawn's school was initiated by the children finishing their lunches, cleaning up, and transitioning to their rest cots. Some children shifted from the table to their rest cots with little difficulty, while others really struggled to stay on their cots and lie down without touching materials or other friends near them. Rest time often became a power struggle between Dawn and a few of the children, especially Owen, as she attempted to help them settle down for a much needed nap. Dawn, her co-teacher, and sometimes additional staff worked to pat children's backs for up to 40 minutes until they fell asleep.

Owen often struggled to stay on his cot during rest time. Dawn had told me the children did not have to sleep, but she did expect them to stay on their cots with books if they were not going to sleep. One day after Owen had gone to his rest cot following lunch, he continued to get up. Dawn looked in his direction from where she was patting Kate's and Eric's back and said, "Goodnight. Go to your mat." Owen continued getting

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on and off his mat while Dawn was patting backs. At one point, when her back was turned towards him, Owen jumped on her. Dawn responded, "You are hurting me."

Emily sometimes needed to be rocked before she calmed enough to fall asleep. Dawn would pat the other children's backs first, helping to make sure they were asleep, and then she would wrap Emily in her blanket and rock back and forth with her while sitting on the floor, patting and rubbing her back. Throughout this time, Dawn's co-teacher would sit on the opposite side of the classroom patting backs of the children who needed help transitioning to rest time over there. Whoever finished helping the children around them to sleep first typically moved to help Owen calm and settle into his mat, unless a support staff arrived to help.

Typical phrases that Dawn used during rest time to remind the children that it was time to go to sleep were, "lay down on your cot," "good night," "go lay down," "sh, sh, it's time to sleep," "go find a book and go lay down on your cot," or "you don't have to sleep, but you must stay on your cot." These phrases were usually paired with the children's names depending on who Dawn was addressing. Rest time was one of the most stressful times of the day of caring for Dawn. She and her co-teacher were discussing ways to help the children be more successful in their transition from lunch to their cots during the course of observation. They were processing options and considering adjusting their routine to make this time of day a better fit for the children in their care so that rest time was not met with such strong emotions and such intense power struggles.

Un-responded to bids for attention or mismatches in response. The size of the outdoor caring space and the nooks and shelves of the indoor caring space created

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visual difficulty allowing Dawn to see all that went on around her. This problem was mediated by the presence of Dawn's co-teacher, however, observing all interactions at once was sometimes difficult. The toddlers in Dawn's care were quick and all were successful at reaching destinations of choice when they wanted to be somewhere. Since Dawn was not able to be everywhere at once or observe every interaction, she had to respond with limited information to some bids that were sent to her. These responses resulted in mismatches, in addition to some bids simply going unnoticed.

Mia often tried to take her shoes or boots off outside without anyone noticing. She was usually not successful in her attempts to run around without her feet covered. Some mornings Dawn would get Mia's shoes from wherever she had left them and would sit down to help her put them back on her feet. Other mornings, depending on the type of shoe, Dawn would hand Mia her shoes and ask her if she wanted help putting her shoes back on. One day right before lunch when a group of children were coming inside for diaper changes, Dawn had carried Mia in, crying, when she refused to keep her shoes on her feet, after many unsuccessful attempts to take the shoes off and run around the playground without them. Dawn had been able to put Mia's shoes back on her, but about 9:30 a.m., once inside, Mia immediately started trying to get them off again. Mia sent out bids to help get her shoes off her feet crying out phrases such as, "help me, help me," "help me, please, I want my shoes off, help me, off, off," and "help, help, owy, owy, why won't someone help me?" About twenty minutes after Mia continued wailing about her shoes, Dawn had finished changing diapers and preparing for snack. She moved over to Mia, helped her take her shoe off, repositioned her socks

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and then helped her put her shoes back on. Mia then walked to the table and asked for crackers, while she immediately started trying to get her shoe off of her foot again.

Another morning right before lunch, Dawn was changing children's diapers while a small group of children were playing in the classroom waiting on their turns for a new diaper and getting ready for lunch. Jacob walked over to Drew and took the book he was looking at. Dawn did not notice this occur. Drew watched as Jacob walked away with his book, but he did not cry out or communicate to Dawn what had happened. Drew simply walked to the library shelf and picked out a new book to look at. He then returned to the table to wait to have his diaper changed.

One morning while Dawn was sitting with a small group of children, who were coloring near the patio, Owen pushed a dump truck full of sand up to the perimeter of the group. Many children were coming and going and watching from the outside so this was not unusual. Mia was sitting in Dawn's lap as she helped children get new markers, put markers away, and share clip boards with friends as they wanted a turn coloring. While Dawn was distracted helping other children, Owen lifted his dump truck above Ashley who was sitting right in front of him. He dumped the entire bucket of sand onto her head and started laughing when she looked up at him with a blank stare. Ashley started crying and fussing as she attempted to brush the sand off of herself. Owen pushed his dump truck away from the group and Dawn failed to notice the upset Ashley wiping sand out of her hair and off of her body.

Discussion

Bids. As mentioned before, Dawn's children are very independent. They did, however, send bids for support her way when they were in need. In the mornings when

the children arrived, most of the bids for support were emotional in nature. The

children needed help transitioning from their parents to the caring environment with

Dawn. Some children asked for their blankets or their pacifiers. This was a difficult

bid for Dawn to respond to as some parents had requested Dawn not give their children

blankets or pacifiers until rest time. Dawn responded to the children's bids by holding

them and talking gently with them while they calmed and eased into the play space.

Her sensitive nature was very similar to the nature of caregivers observed in Booth,

Kelly, Spieker, and Zuckerman (2003) study who were present to help children feel safe

and consoled when they were in distress. Booth et al.'s study recommends caregivers

respond to distressed children with empathy, sensitivity, and kindness. Those were the

exact characteristics that Dawn displayed when comforting children as they arrived in

the morning.

Some bids that children sent to Dawn when they received aggressive acts from

Owen or other children were missed. Mia was sitting on the ground in a group of

children one morning when Owen dumped a load of sand on her head. Mia did not

immediately cry out, but she did look up at Owen and then towards Dawn. Dawn was

focused on the children around her and she was not aware of Mia's silent sobs when her

distress started to show. De Schipper, Riksen-Walraven, and Geurts's (2006) study

discussed the impact on interactions between children and caregivers when child ratios

increase. Dawn's awareness when Mia received Owen's dump load of sand was limited

due to the increased number of children dividing Dawn physically from Mia. In this

situation, the findings of the present study aligned with the findings of de Schipper et

al.'s study in that teacher-child relationships were impacted when group sizes increased.

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Right before lunch, bids for attention were sent to Dawn in the form of weary children who were increasing the levels of aggression they engaged in with others as well as the amount of tears they shed. As the children grew weary and hungry for lunch, Dawn started a running game around the playground with the children. These daily findings are similar to the actions of caregivers in Jung and Recchia's (2013) study who were attentive to the signals and cues children sent when they became disinterested in materials. When caregivers noticed infants losing interest, they modeled a new way to engage with the toys. Dawn did the same thing while outside; instead of taking the children inside, she introduced a new way for the children to be present on the playground. Rather than sitting down in the sand box, swinging, or playing with the ramps and balls, Dawn would get the children up and would initiate a game of chase, running with the children around the perimeter of the playground. This change of pace and increased movement served to respond to the children's need for more activity. Even though a signaled bid was not sent, visual cues communicated to Dawn that the children needed more movement.

Responses. Dawn approached each child's bid or need with a response that was unique to the child and the situation they were in at the moment the bid was sent or when the need was noticed. One caregiver from Jung's and Recchia's (2013) responded similarly when she noticed infants in need. Dawn, in her interactions with the children in her care, engaged in mental questions before responding to children. Dawn and the caregivers in Jung and Recchia's study were patient and knew the power of control the children had over issues when they solved problems on their own.

Dawn did not see her role as a caregiver to be the children's problem solver. Her responsibility in responding to the children rested in supporting them through all domains of development, at each stage. When the children became stuck in a challenge, she stepped in and provided scaffolding, just as the caregivers in Jung's and Recchia's (2013) studies did. Dawn's responses were not quick and hurried to get her to the next line on the agenda; she did not have an agenda. Each activity served to further the children's cognitive processes in ways that moved them further to successful engagements socially with peers and physically with the objects and materials in the environment. Just as the other caregivers sought to help children move beyond their current level of ability, Dawn also desired to respond to challenges in ways that were not obtrusive to the children's own ability, but supportive and meaningful in ways that would further the children's mental ability to process challenges the next time they arose.

The rest time issues Dawn faced when responding to each child caused great frustration and tension in the caring environment, for Dawn and the children. This was the only time of day when Dawn's responses lacked sensitivity and warmth. Frustration was evident in the way she patted the children's backs and in the way she moved their bodies and covered them up when they would not settle down to rest. Gerber (2005) discusses how important it is for children to learn self-soothing techniques in order for respect and autonomy to grow in caregiving environments. Elam (2005) also discusses how important self-soothing is in order to help children reach the deep, restful, sleep that is missed when rocking calms a child rather than their own state of rest. Observations of Dawn's rest time procedures contradict the recommendations from

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Gerber and Elam, resulting in frustration, tension, and power struggles with the children. Neither physical aggression or any other issue that arose caused as much angst for Dawn as did responding to the numerous bids for support that were required to make it through the first hour of rest time.

Case 3: Jane

The toddlers in Jane's care usually sent bids letting her know they needed her help in just a few ways. Usually the children would cry out yells or shrieks if they were in desperate need of assistance. Other times Jane noticed she was needed through the body language and visual signals of eye contact the children sent her way. One child said Jane's name over and over until she received a response, but this bid was not typical for all the children in Jane's care, just Anna.

Jane's responses to the children's bids were direct and focused on intervention when a child was being harmed by another. Responses also focused on maintaining a consistency in the caring environment where children were expected to keep specific toys in certain centers. An additional purpose of the consistency response was in making sure that no more than three children were at a given center at any time, unless a child was absent and there were only four children attending school that day. Other bids for support were sent Jane's way, but these were the majority of bids and responses that were observed coming from the children and returning from Jane. Five metacodes were discovered during data analysis providing insight into how children sent bids to Jane and how she responded to them. Following are the examples of how Jane and the children interacted with one another when bids for attention were sent and responded to, or when Jane intervened in circumstances to maintain a consistent caring environment.

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Play. Children were expected to return items to their respected places when they were finished using them. If a child was finished looking at a book and Jane noticed the book had been set down, but not returned to the library shelf, she would respond by saying, "go put it on the shelf if you are done with it." The girls in Jane's class were familiar with the expectation of cleaning up after themselves, but they did not always make the choice to do this.

One morning after breakfast, Bella, Tara, and Anna were in the library area looking at books. Tara fussed when Bella reached over and took her book. Jane responded saying, "that's her book, give that back to Tara." After Tara got her book back, she moved away from Bella, but moved to a location too close to Anna and started to sit on her. When Anna felt the weight of Tara on her she commented, "owee." Jane again responded, "Tell her that hurts." Anna looked at Tara and said, "That hurts." Tara did not move causing Jane to get up while saying, "Tara she does not want you to sit on her. I need you to get up." Jane helped Tara move off of Anna's body. All three of the girls then continued looking at books.

During play, Jane sometimes had specific expectations for how the children interacted with materials. One day when the girls first sat to start painting, Tara picked up her sponge and started smearing paint on the table. Even though they had painted on the table the previous week with their fingers, this was not acceptable on this day. Jane responded to Tara saying, "Wait a minute, you need paper. We are not painting on the table today, we will do that another day." Tara then picked up a piece of paper and started painting on the paper as Jane had instructed. A few minutes later, Tara started smearing the paint around with her finger, instead of her sponge. Jane looked her

direction and responded to her actions saying, "We are not finger painting today Tara. I gave you a sponge, use the sponge." Jane wiped Tara's fingers off and gave her the sponge to use while she continued painting.

Jane was consistent in her expectation that only three children play in a center at a time. Jane did not want the children to get crammed into a place causing issues of aggression because of limited space. One morning after coming in from the playground, Jane over heard Anna say, "There are already three." Jane turned and noticed that Anna, Emma, and Molly were all sitting at the table and Bella and Tara were trying to stand and color with the group. Jane responded saying,

> You are right, there are already three. Someone needs to leave. They have the chairs, they were there first. Someone will have to go.

All five of the girls continued working. Jane moved close to the table and helped Bella and Tara put their papers back on the shelf and walk away from the table. Both girls walked towards the library, but continued to watch what the others were doing at the art table.

Physical interactions of aggression. Anytime Jane noticed the children being aggressive, with one another or with materials in the environment, she would respond by saying the child's name and then "Do you need to walk away?" Jane first gave the children an opportunity to stop engaging in aggressive actions, but reminded them that the result of continuing to be forceful, with one another or with objects, would result in being removed from that location. A repeated phrase that Jane used, throughout the course of caring, but particularly during aggressive moments was, "I'm watching, I'm

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always watching." Jane reminded the children that she could see their behaviors and that she would be there to intervene if the need arose.

Bella, Emma, and Anna were all in the library center one day reading books with Jane. Bella bumped Emma with a book and Jane immediately responded, "Bella don't bump friends with books, that hurts. That's not very nice." Bella bumped Emma with the book again. Jane looked at Bella and said, "Bella you don't get to hit her. That's rude" Bella, not acknowledging Jane's words, took the book and hit Anna in the head. Jane responded again, "Bella she does not want you to hit her with that book." Bella stopped bumping and hitting the girls with her book and Jane continued reading a book about leaves. A few minutes later, Bella pulled a page out of a book. Jane looked over and said, "No, we are not going to tear up our books," and took the book from Bella. After getting a second book off the shelf, Bella tore another page out of the book after Jane had started reading again. Jane paused, looked at Bella while taking the book away from her and responded saying,

> You are not just going to tear up our books. You are being rude. You may go play somewhere else.

Jane took Bella's hand, helped her stand up, and moved her out of the library area.

While sitting at the table one morning before lunch arrived, Emma started pushing Tara's chair away from her when she sat down. Jane noticed Emma pushing and commented, "Emma that is Tara's chair, you can walk away if you don't want to be near her." Tara attempted to pat Emma's arm to calm her down and Jane said, "Tara she does not want your love and attention, she is mad." Emma got up, ran from the

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table, and went to lie down in the safe place. Tara continued sitting at the table in her chair while Jane continued preparing for lunch.

A unique response that Jane gave to children when they sat in her lap was, "This is my space, you didn't even ask. I am not a chair." Although the children's movements were not aggressive, if they sat in Jane's lap without asking they were immediately instructed to get up and ask if they still desired to sit in her lap. Very rarely were children observed asking to sit in Jane's lap. They would however lean against her legs sometimes when she was reading books in the library. One time in the gym, when there were two or three classes sharing the play space, Bella approached Jane and reached her arms up towards her. Jane was talking with a nearby caregiver and both teachers were in close proximity to the climbing mats. Jane responded to Bella saying, "well you get up, you try," not realizing that Bella wanted to be held, not placed up on the mats. Bella continued reaching her arms up to Jane, but Jane did not pick her up; she continued talking. Jane was observed sharing hugs at times with children, but few interactions were observed where children were held or seen sitting in Jane's lap.

Rest time. Following lunch, the girls cleaned up their plates, went to their cubbies to get their blankets, and were to then go lie down on their cots that Jane had set out for them while they were eating lunch. This process was different for each child. Anna typically would go get her blanket and lie down on her cot, even though she only sometimes fell asleep. Emma would get her blanket from her cubby, meander through the classroom in and out of walkways and then eventually end up on her cot, where she would move her blanket around, taking it on and off of her body, before settling down

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to rest. Tara would go to her cot, sometimes remembering to get her blanket and sometimes not, then she would toss and turn and wiggle around, but stayed lying down on her cot.

Bella and Molly usually remembered to get their blankets from their cubbies and often even walked to their cots, but then the similarities in resting behaviors stopped. Molly would lie down and reach out for the toys in her surrounding area and would quietly play with the materials around her turning around on her cot depending on what was in the closest proximity to her arms reach. Bella, after getting her blanket, would walk to her cot and sit down. She would then crawl off of her cot to the nearby shelf with baskets of manipulatives. Bella would play with snap blocks and puzzles until Jane noticed, then she would quickly move her body back onto her cot, lie still until Jane continued cleaning up from lunch, and would go back to playing with toys.

During rest time, Jane often had to remind Bella over and over to "get on your bed," or to "rest your body, it is still rest time." Bella usually fell into a deep sleep, snoring sometimes, once she was able to calm her body enough to doze off, but this took many minutes and lots of resistance from Bella before a successful napping state was reached. Even though she was usually the last to fall asleep, Bella was almost always the first to wake up, Bella or Molly.

Jane worked during rest time to clean the classroom toys with sanitizer, once she was finished cleaning up from lunch. After all the toys had been wiped off, Jane sat at her desk and worked on lesson plans or child evaluations. If the girls woke up before 1:45 p.m. Jane reminded them that "[their] friends [were] still resting" and that they needed to "lay down" because "we are not getting up just yet." When Bella and Molly

would start talking to one another, Jane would respond saying, "lay down," or "rest your body, rest your body, it's still rest time." The girls were expected to lie quietly on their cots until Jane turned the lights on, indicating that rest time was over and the children could begin getting up to return their blankets to their cubbies.

      Un-responded to bids for attention or mismatches in response. Even though Jane used the phrase, "I see you, I'm always watching" with the children, she did not witness every interaction nor did she see everything that occurred in the caring environment. Some of the bids the girls sent to Jane were missed and some of the bids that Jane responded to were out of place or mismatches to what had actually occurred.

      One morning after breakfast, Tara and Bella were in the library area with Jane. Tara bumped her chin on the bench, fussed, and looked up at Jane. Jane did not notice Tara looking at her for a comforting response. Tara rubbed her chin and moved away from the library area to work on a puzzle. A moment later, Bella fell and bumped her head. Jane did notice this occur and responded saying, "Oh Bella, I heard you bump your head go bump." Molly and Anna approached to listen as Jane started reading a book. Anna was holding blanket and as Molly sat down she moved to lie on Anna's blanket. Anna fussed, but Jane was so engrossed in the story she did not hear Anna needing help to get Molly off of her blanket.

      On the way outside on a cold day, Jane was by the door with the five girls helping each of them put their coats on. Bella pushed her coat towards Jane who responded by saying, "Say help, you've got to say something, say help." Emma stood nearby repeating, "help please, help please, help please," without receiving any help from Jane. Emma continued saying this phrase as Jane turned in the group to help

Molly and then Tara. As Emma continued asking for help, Jane turned to her and commented "Let me help Anna zip up. She was waiting and she asked first," even though Emma had been asking for "help please" for many minutes.

One mismatched response occurred after Jane brought out a bucket of paper leaves and a rake for the children to take turns using. The girls had been talking about fall and leaves while reading fall books and looking at the leaves outside. In one of the books that Jane had read, the girls observed a group raking leaves and then tossing the leaves around and raking them back up again. When Jane was introducing how to use the rake, she modeled tossing the leaves out and then pulling them back in with the rake. Molly and Bella had used the rake as Jane had modeled, but when Emma started to take her turn, she re-tossed the leaves on the ground and then moved to start raking. Jane noticed Emma tossing the leaves and commented, "Ummm, clean up. You are just throwing the materials and that is not playing." Emma looked confused as she was just beginning to use the rake as Jane had modeled when she moved to take the rake out of Emma's hand.

Outlier interactions. Some of Jane's interactions with the children were unexpected. If Jane had requested that the children stop engaging in an activity or move from a space, she would sometimes take the children by their arms to move them on her expected time schedule rather than waiting on them to move on their own. During some of these transitions, the children were bumped into shelves or their heads hit objects in the classroom when they were taken off balance as Jane moved them. One day after Jane had asked Bella to move away from spilled milk, Jane took her by the hand and

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pulled her to the sink to wash off. Bella tripped and fell, hitting her head on the shelf nearby. Jane looked down and said to Bella, "oh my goodness, be careful."

On another occasion, Jane went to help Emma move her body on her cot. When Jane started to move Emma, she bumped her head into the bench that was next to her rest cot and then said, "you bumped your head, lay down." Emma started fussing and rubbing her head, but Jane had walked away to help Tara get settled on her cot. Jane also picked children up by pulling on the girls' arms and then moved them in ways that looked like she was dragging them because of the way their feet trailed behind them. Jane would do this when helping the girls transition to the restroom if they were taking too long or to the classroom door if it was time to put their coats on and they were not moving quickly enough.

Other physical interactions that were unexpected occurred when Jane moved the second snack and meal table, and then the chairs, back to the space they usually were in by the puzzle table. If the girls were on the floor in the path that Jane used to transition the materials, they were sometimes bumped. Bella's head got bumped one day as Jane was moving a chair, to which she responded, "I know that bumped your head," when Bella cried out. Another time when Jane was moving the table, Molly was bumped and her body fell away from the table. This time Jane said, "I know that hurt your feelings. I'm sorry you fell." Rarely was Jane observed taking responsibility for bumping the children or knocking into them when moving objects.

Discussion

Bids. The children in Jane's classroom sent bids when they were being hurt by others who were acting aggressively towards them, when they needed her help, when

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hungry, or when they wanted her attention. Very rarely did the children send bids

during play routines or other times. The children were very independent and seemed to

fend for themselves the majority of the time. Research discussing the need for care to

be sensitive and the security that accompanies a consistently warm and reliable caring

environment (Honig, 2002; NICHD ECCRN, 2005; Raikes & Edwards, 2009; Richter,

2004) was plentiful. However, no study reported consistency, apart from warmth

accompanying reliability, in the way the findings of this study noted consistency. Most

bids that received a response were bids that Jane noticed needed a response to keep

classroom procedures and routines moving consistently. These findings lead the

researcher to question if the children felt secure enough in the caring environment to

send bids when they were in need, or if they acted independently because of a lack of

sensitivity in caregiver interactions with Jane.

Although the children in this study only sent limited bids for support to Jane,

they did cry out to her when they were in need or hurting. When children needed help

with their coats they sent verbal bids saying, "help me, help me." When Jane noticed

children needed her, she responded by helping them zip up their coats or by helping

them wrap up their baby dolls in the housekeeping center. Bids also were sent in the

forms of cries when the children were receiving physically aggressive interactions from

other children. Jane would respond to the girls' bids by saying, "I see you, I'm always

watching, let go of her," or "I'm watching, do not hurt your friends." Shin's (2010)

study reported caregivers supporting children in social interactions similarly to how

Jane provided support to bids in ways that were specific to the keeping the caring

environment peaceful and safe.

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Responses. As just discussed in the bids section, Jane's responses to children's

bids were primarily focused on maintaining a consistent caring environment.

According to Jane, she responded to bids for support in this way, to show the children

respect and to further them along developmentally. Jung and Recchia (2013) reported

the way that caregivers provided scaffolding for infants' play to assist them as they

worked through challenges. Observations of Jane's interactions do not align with Jung

and Recchia's findings as she responded to children by saying, "fix it" instead of

scaffolding attempts to deal with struggles that arose. As discussed during interviews,

her responses were given in this way in order to help the children gain independence so

that in the future they could complete tasks on their own, or receive help from peers if

she was engaged elsewhere.

When discussing how children struggled with completing puzzles, Jane shared

that she knew some of the puzzles were too hard for the children, but if they selected

those particular puzzles to play with, she expected them to fix them and to put them

back on the shelf completed. This finding contradicts the findings from Jung and

Recchia's (2013) study of sensitive caregivers who analyze situations for children's

ability to solve problems, successfully, on their own, without getting frustrated. When

sensitive caregivers noticed children getting frustrated, they stepped in to model

solutions or they encouraged children in ways that led them to a positive end result.

Jane's interactions with the children in her care report very different findings from those

of Jung and Recchia's study.

A recent publication by Mortensen and Barnett (2015) discussed the importance

of teacher-child interactions in group care settings for infants and toddlers and the lack

of understanding the field of early childhood currently has in regards to consistency's impact on development. They report the way perceptions and beliefs about teacher-child interactions impact the level and delivery of care, with consistency as an overarching standard needs more research. Jane's care was regularly consistent in the way she interacted and responded to the children. The outcomes on development for this dependable care are known to be positive, yet consistency without sensitivity and warmth needs more understanding. Findings from observations of Jane's interactions with the toddlers in her care bring to light a new component of assessing responsive care; is consistency enough, even when sensitivity and warmth are missing?

Cross-Case Analysis

Each caregiver responded to children's bids for support in unique ways, depending on the child and the situation at hand. Beliefs and ideas held by each caregiver about children, their abilities, their needs, and their development impacted the interactions that occurred in the caring environment. Responses were sent to bids out of the notions that caregivers either needed to support the child, be sensitive to the child, help the child work through their distress by observing but not intervening, or by talking to the child about their bid and the circumstance causing trouble in order to lead to a solution. Bids were not always responded to in the same manner.

All three caregivers mentioned providing responses to children that were specific to the moment and the child with the understanding that all children are "unique" and "different." This idea was discussed with all three caregivers during the initial interview, but the ways in which the caregivers responded to children, was sometimes, but not always specific to the moment or to the child in need. Some

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responses were consistent regardless of what was going on at the time. The following

two sections look at the variation in how children sent bids for support when they were

in need as well as similarities and differences in how the caregivers each responded to

bids sent their way.

Language used with children. Just as beliefs about children provide a

foundation for how caregivers responded to bids for support, the language caregivers

used with the children often stemmed from caregivers' beliefs about what children

could process developmentally and what was needed in the moment to move the child

forward. Each caregiver had a unique tone of voice that was used while talking with

children. Discussing how caregivers talked to children without a voice recorder to hear

the tone of voice is difficult, but the children's responses to the caregivers, even if the

same words were used, provides insight into how the interactions with caregivers during

verbal exchanges impacted their relationships and future interactions. Children who

were spoken to in gentle tones were more likely to reach out to their caregivers when in

distress, rather than just cry out with random shrieks of frustration. Children who

received sensitive responses often looked in their caregivers' direction when in need,

awaiting their support rather than attempting to solve challenges on their own.

Language and tone of voice impacted teacher-child interactions at all three sites.

In the same way that Mary stayed near the children while they were playing, but

remained on the perimeter of the play space, Dawn also made herself available to the

children while they were engaged with materials. If a group of children were huddled

in the sand area, Dawn would quietly join them, maybe asking, "Are you scooping

sand?" or "Are you ready to play?" to a child who was approaching the group at the

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same time she did. Dawn followed the children's lead on what they were doing, but was present when a shovel got stuck and a child needed help to pull it out or when a child was being too aggressive and sand was thrown at those sitting nearby.

Jane's language was much more direct and loaded with expectation in comparison to the open ended language that Mary and Dawn used with the children in their care. Jane had specific activities, pre-planned for the children and each center was approached through a methodological process. If Mary's children were playing in the home living space, Mary would sit in the large carpet area and wait to see where the children went next and what they chose to play with. Lisa often walked out with clothes or shoes on carrying an arm full of bags. David enjoyed putting balls in the bags from other play spaces and carrying them around the room to where Michael was playing so they could toss balls back and forth to one another. Mary would comment on what she observed the children doing, saying, "Lisa I see you are wearing the flowery dress today," or "Lisa you are carrying three bags." To Michael Mary might say, "David that bag looks heavy," or "David I see you are walking towards Michael. Are you going to share those balls with him?" Language that Mary used was open and provided for child creativity and choice. Jane's language was often used to guide play in a specific direction.

Dawn also used open ended language while talking with the children. Her school's philosophy of child inquiry and exploration dominated the phrases and comments she used with the children to leave interactions with materials open and free from a specific purpose or agenda. When Dawn opened the loft for the children to explore, there were very few items for them to toss off, because of their weight.

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However, after the first day playing in that space, Dawn put a basket together for the children containing light weight balls for the children to toss off the loft if they wished. Dawn understood that part of cause and effect was learning how far a ball could go when it was thrown, and this was even more fun for the children when tossing balls off of the loft. For safety, the children knew, "balls are for throwing," not other objects. Dawn used language that conveyed support for open ended play, but also provided materials that the children had shown previous interest in.

When Dawn's children were engaged in activities that she did not feel were safe or appropriate, banging on breakable objects for example, Dawn would encourage the children to "find something safe to hit, maybe a drum," instead of asking they stop or quit acting in a certain way. When pinching, Dawn asked the children to, "go pinch the grass" or "pull the grass" instead of pulling someone else's hair. One day while on the playground, Mary responded in a similar way as Michael started to spit on her. Mary told Michael to "go spit in the grass," instead of spitting on her.

Another difference in the language the caregivers used with the children was overheard when children were aggressive with one another or had hurt one another. One day after Lisa, Tara, Molly, and Anna had all been physically aggressive with one another, Jane responded, "I'm watching you. I don't like it when you are rough." Another interaction between Emma and Molly occurred when they were pulling one another's silverware and plates during lunch. Jane responded to their actions with, "You are telling me you are done. Leave her alone." When Michael was aggressively kicking the table at breakfast one morning, Mary got down on his level close to his seat and responded,

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I see you kicking the table. Do you know why? Are you mad? Do you want more to eat?

Mary started by commenting on what she observed and then asked questions to get a response from Michael, whereas Jane gave the girls commands to stop engaging in the behaviors or told them she did not like their actions.

Dawn responded to the aggressive actions of the children in her care in a similar way to how Mary responded to her children. When Drew grabbed Dawn's finger one morning while she was helping to pass out snack, she responded saying, "Ouch Drew, you pinched my finger. Soft hands please." This response communicated to Drew that he had hurt Dawn and she expressed the expectation that he be gentle and soft in their interactions. During rest time when Mia or Owen were rough with Dawn, she would comment, "you are hurting me," to communicate how the children's actions were making her feel. Dawn did use commands with the children when the other children's safety was at risk. During rest time when Owen was throwing objects, Dawn would comment saying, "you may not throw that book" or "you may not throw that car" but she followed her comments up with, "you may take that back to your cot," providing a choice to continue with the materials in a positive way, if desired.

Overly aggressive child. Each caregiver mentioned at least one child in their care being overly aggressive during initial interviews. These children were observed and the physical aggression was documented and discussed throughout the course of data collection. The ways in which the aggressions came out and the ways in which the caregivers responded to specific instances of aggression were quit unique. Even though each caregiver responded to aggressive interactions in different ways, much of their

time was spent intervening in order to stop or prevent aggressive interactions or to respond to the child who had been harmed.

Both Mary and Dawn acknowledged that they had one child who was more aggressive than the other children in their care. The same child who was overly aggressive in their care was also the child who was most in need of their presence. Owen was not as territorial as Rachel was in demanding Dawn's physical closeness, but he was every bit as aggressive as Michael was for Mary. Jane reported that Emma was the most aggressive child in her care, which her aggression did seem more painful and intense when inflicted on the other children, but Lisa and Molly were equally aggressive in their interactions with other children.

When Mary observed an aggressive interaction, her responses were typically calm and factual if the event had already occurred. She would comment,

I see you hit David. Michael, that hurt him. Do you see his tears?

She would then move in to redirect his attention elsewhere, "why don't you go play on the carpet" if inside, or "why don't you find a bike to ride," if outside. Dawn responded differently to Owen's aggression than Mary did to Michael's physical interactions. Dawn would often move in to pick Owen up and say to him, "You may not hit my friends. Let's go sit down together." Dawn would then walk, if outside, to the wall next to the classroom door, with Owen in her arms or holding her hand. If Owen bit a child, Dawn responded in the same way, removing Owen from the location of the incident moving his body to sit by the wall. If inside, Dawn would have Owen move away from the children and go sit by the back door to look at books.

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When asked about these time outs from interactions with others and materials, Dawn said, "We don't use the term time out. I say 'non negotiable' to take a break when Owen hurts another child." Even though Dawn did not use the term time out, when Owen was taken to the wall, he was expected to sit for various periods of time, not interacting with the ramps or balls near him if outside and he could only look at books when he was sent to the wall inside the classroom. Dawn was consistent in removing him from the location of physical aggression. Jane responded in a similar way to some of the aggressions in her classroom. She would request that the children who were aggressive move to the safe place in their classroom, up the ramp, if they were still upset after an aggressive interaction.

When Jane observed aggressive interactions, she typically commented with the phrase, "I see you," followed by "what is going on?" or "I don't know who had that first." Jane would not always move in close proximity to the location of physical aggression if she perceived the tension to be calming. In these moments she would ask, "Do I need to come help you?" and wait to see what the children would do next.

One day Molly started fussing as she walked to the bathroom. Emma was in her path and Molly pushed Emma as she approached. Jane responded to Molly,

It's not a choice. Stop it. We come in here every day. You need to wait.

Another time, Bella and Molly were sitting near one another on the carpet. Molly was holding a baby doll and Bella started fussing. Molly just looked at her and Bella leaned down and bit Molly's baby in the stomach. Jane did not respond to this interaction but continued watching the girls. Molly and Bella got up from where they were and walked towards the cribs in housekeeping. Molly reached down for a blanket and Bella

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grabbed the other end at the same time. Both girls started pulling on the blanket as Jane responded, "Molly let it go. You did not have this." Molly let go of the blanket, but reached to bite it and attempted to take it from Bella as soon as Jane turned her attention away.

Jane's lack of response to physical aggression was not typical, but this did occur depending on what was going on in the classroom, who was involved in the aggressive act, and what the physical marks on the child who received the physically aggressive action looked like. Mary always made comments when she observed physical aggression, but her comments were not always about the aggressive incident. If Michael had hurt another child, instead of giving attention to Michael, Mary would sometimes call Michael over and redirect his attention. If the child who had received his aggressive interaction was still upset, Mary would not respond to Michael, but would go to the child who was hurt and wrap her arms around them and talk gently until they had calmed. Dawn usually chose this path as well, always providing a response, but not always in relation to the physical aggression.

One unique opportunity that Dawn had at her school was to provide "freezies" to children who were biting or who wanted to bite. Freezies were small chewable materials that the children could sink their teeth into without hurting those around them. When Dawn saw that a child was about to bite, she would respond saying, "Let's go get you a freezie." Instead of talking about biting the children around those were attempting to be aggressive, Dawn redirected the children to engage in a positive option. Freezies were kept in the classroom and could be retrieved at any time for the children who were upset. Mary did not have freezies, but she did have rings in the

kitchen that she gave the children when they were mad or when she saw that they were about to bite. Both Mary and Dawn provided the children in their care materials to bite that would protect the other children in their care from being bit. Jane did not have other alternatives for the children in her care to chomp into when they were upset. She simply responded by saying, "stop biting," or "we do not bite."

Discussion

    Bids. When children needed support, bids were sent in a variety of ways to the caregiver. Common bids looked and sounded like cries, yells, name calling of the caregiver, visual glances, or body language and actions signaling a need. Caregivers also responded, whether a bid was sent or not, if they noticed a situation was about to get out of hand, aggressive, inappropriate, or unsafe. Vallotton (2009) investigated the influence that infants had on the quality of care they received, noting communicative signs to be pointing, signaling, or gesturing. The study also noted that caregiver responses were more attentive in nature when infants signaled a need in a novel or rare manner. More often than not, the caregivers observed in this study were drawn to cries or yells.

    Jung's and Recchia's (2013) research focused on the ways caregivers served to scaffold children's play. Bids were not the focus of the study, but a greater understanding of the times of need during infant play, when children needed help to move beyond their present level of engagement was however part of the study purpose. Caregivers observed infants interacting with other children or with materials and found unobtrusive ways to step into the play environment as a facilitator, helping the children build on their present level of play. Caregivers also mentioned the need to be aware of

the children's emotions, to know the child enough to be aware of breaking points and stressors that would lead to blowups or meltdowns.

As in Jung and Recchia's (2013) study which focused on scaffolding infant play, Mary and Dawn both were near their children while they were playing, in case they got stuck. They were present and aware of needs for support to continue digging in the sand box or when help was needed to keep building with blocks successfully. Jane was present during children's play, but scaffolding the children's interactions with materials looked and sounded different than in Mary's and Dawn's caring environment. Jane's usual comment to the children was, "fix it" when they were working on a puzzle. She would put a puzzle piece in the place it belonged and hold it there. Then, if children attempted to move the piece while trying to find places on the board for other puzzle shapes, she would simply keep holding the piece in place, rarely commenting or discussing the reasoning behind the support she provided. If children in Jane's class became frustrated with a puzzle, she would not allow them to leave or walk away prior to "fixing it" because it was their mess. The findings of bids for support in Mary's and Dawn's classrooms more closely resembled the findings from the infant scaffolding study in sensitivity than observed interactions in Jane's classroom.

In the present study, numerous bids for support were noticed and responded to appropriately by all three caregivers. Mismatches in responses did occur as well, and some bids even went completely unnoticed. Shin (2010) also discovered that caregivers could easily miss infant cues for support, hindering further development of the children's play and social interactions. One interaction described in the study documented an interaction where a child spilled sand outside of the sand table when

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attempting to invite another child to engage in the sand area with her. Shin's interpretation of the incident was that the child was simply dumping sand, she missed the social invite directed at the other child. Although, the present study did not have a component of measuring relational development, consequential interactions between the children and the caregivers were observed day after day.

After analyzing the data from this study, it was discovered that Mary's children sent her more bids for support than the children in the other two cases, even though numerous bids were sent across all three caring environments. Mary's children cried out to her or looked her direction anytime an issue arose. Dawn's children were also observed sending bids for support, but their bids were more focused on emotional or social needs, and very rarely physical needs. Independence was a major focus at Dawn's school, and the children played very successfully outdoors and in the classroom. Jane also focused many of the caring procedures on consistency and building independence. One of her reasons for interacting with the children in this way was because she worked alone and could not always respond to five children at one time, if they were all in need. Mary was also interested in helping the children establish independence, but not to the degree of Dawn and Jane. Mary did stand and watch one instance when Michael rode his tricycle off of the sidewalk and started murmuring, "mmmmm, mmmmm." Mary watched, but did not approach. While standing back, Michael was able to get off of his tricycle seat, back the wheels up, and successfully climb back on without any support.

Responses. Findings from this study are congruent to the findings reported by Trawick-Smith and Dziurgot (2011) in regards to supportive and unsupportive

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responses being shared with children when needs arose. Caregivers in both studies were present with children during play routines; the present study also included diapering, feeding, and rest time procedures. Caregivers and teachers were observed making assessments of the actions they saw infants, toddlers, and preschoolers engaging in. Actions which were aggressive in nature towards other children or objects, or cries eluding to the need for emotional security, were responded to in ways that either supported or ignored children's bids for support. In the Trawick-Smith and Dziurgot study, teachers' responses were categorized as good fits or poor fits depending on the observed event. In this study, caregivers' responses were deemed as either appropriate and sensitive to the need of the child, mismatches if the caregiver response was not appropriate to the prior action, or missed altogether if no response was given in return to a bid for support.

Trawick-Smith and Dziurgot (2011) were observing to see if teachers' interactions supported the development of children while they played with objects and others around them during social engagements. Findings from their study pointed to events requiring *much need, some need, and no need* of support from teachers. The present study also had a code for observed events where children sent bids for support, or interactions occurred and support could have been provided, but children were able to successfully work through challenges on their own, without support from a caregiver and in turn the event served to build the child's or children's independence. In both studies, teachers and caregivers were observed providing thoughtful responses to children's play and actions. Caregivers of children in both studies reflected on observed events and discussed responding in ways that were specific to the need. Mary and

Dawn attempted to respond to each child's unique personality and temperament. Jane attempted to make all of her responses consistent and respectful in nature, responding to events the same way instead of responding to specific children first and their actions second.

In this study and Trawick-Smith's and Dziurgot's (2011) study, findings also pointed to responses being persuading, demanding, instructing, or inappropriate in nature. Caregivers were observed persuading children to make better choices after observed incidents of aggression or persuading them to comply with expectations to come to the table for meals or rest on their cots and mats during nap time. Demands were made to stop hurting other children, to be careful with classroom materials, and in some cases to use materials a specific way. Instructional responses were given to guide behaviors in a specific direction or way depending on what types of activities were occurring. Some responses were also considered to be mis-matches to observed events prior to teacher and caregiver response. No teacher in either study was able to engage in good fit or appropriate responses every time they interacted with a child. This finding however did not hinder the observed relationships between children and their caregivers; children continued to send bids for support when they were in need, even if previous bids were missed or ignored.

Vallotton's (2009) study reported similar findings to this research, noting that individual children's bids received varied responses even in quality centers from carefully trained caregivers. This finding was also true in observations of Mary's and Dawn's interactions with the children. Responses were made that were specific to the child who was in need and the event that was signaling support was required. Jane's

responses to the children contradict Vallotton's finding as her responses were consistent to keep the classroom procedures in place and to make sure all happenings were reliable from moment to moment; that toys were put away, that materials were used in the right way, and that the children were not hurting one another.

Another finding from Vallotton's (2009) study that contradicts findings in this study was that as infants got older, they received more responsive care. This finding was not observed at any of the three care sites. Mary, Dawn, and Jane all responded to the children in their care when their bids for support were noticed, no matter what their age was. Jane did mention that the oldest child in the class' bids for attention were sometimes ignored, just so Jane could see if Anna really needed a response or if she would be able to move past the need to be included in Jane's engagements elsewhere in the room with other children. Mary and Dawn shared that much of their time and energy was spent focused on either Michael or Owen, but this was not due to the children's ages. This had more to do with the reality that if these children did not have Mary's and Dawn's attention, other children or materials would be injured or damaged as a result of the boys' aggressive natures.

Summary

Caregivers' ability to know when to step in with supportive responses and when to allow children to struggle while working challenges out on their own was an important factor when examining how interactions occurred. This issue was a major component of this study and many of the research focuses mentioned in this part of the chapter (Jung & Recchia, 2013; Shin, 2010; Trawick-Smith & Dziurgot, 2011; Vallotton, 2009). Not all bids for support needed a response; the opposite was also

found, not all bids that would have benefited from a response received one. Findings

from this and other studies discussed the importance of teacher-child relationships, in

caregivers knowing their children's dispositions, temperaments, and unique needs.

Being available to respond, and stepping in when appropriate, served to provide a

greater depth of understanding, strengthening the relational bond between the caregivers

and children (DaRos-Voseles & Fowler-Haughey, 2007). Sensitivity in caregiver

responses also served to impact the bids that were sent from infants and toddlers.

Chapter 5 will discuss caregiver sensitivity in greater detail. The subsequent part of this

chapter incorporates the nature of care and teacher-child interactions together, and

describes interpretations of these events through the eyes of each of the caregivers.

Part 3: Perceptions of Caring

Caregivers' beliefs about children and their expectations for the caring

environment, as well as their knowledge and understanding regarding wise practices for

young children greatly impact their perceptions of caring for infants and toddlers. This

part of the chapter focuses on the perceptions caregivers hold regarding their

relationships, interactions, and frustrations in regards to providing care. A discussion of

how each of these findings relate to literature in the field about teacher perceptions

occurs after the findings of each caregiver and cross case analysis.

Case 1: Mary

Mary was very positive and honest while sharing her perceptions of providing

care to infants and toddlers. She was honest about the challenges she faced and about

the struggles that arose while working with young children. Mary's perceptions of

caring were discussed briefly during the initial interview and then deeper beliefs about

specific interactions came out during impromptu interviews through the comments she shared following interactions. Two common themes regarding Mary's perceptions of care follow.

Care is rewarding. Mary was very clear that her role as a caregiver of infants and toddlers was first and foremost rewarding, no matter what challenges she faced. The bonds she formed with the children were very important to her, and important to the care she was able to provide in responding to their individual and unique needs. Mary shared how she often prayed for the children on the way to school and how she thought about them when she was shopping and would buy materials she thought they would enjoy with her own money. The assistant caregivers Mary worked with were also a major aspect of the reward of her career; they had all been through really difficult life and personal experiences during their time working together. Mary truly believed the rewards of caregiving outweighed any challenges she faced.

Mary mentioned how very important the "bonds that [she has] with the kids" are to her. "I feel they are so important to me and I take so much interest in them and so much of my time thinking of what I can do for them, and when they show that bond back to me, it's like the best feeling ever." The bonds Mary shared with the children in her care were evident from the first morning of observation when Michael reached out to her and wrapped his whole body around hers and rested his head on her shoulder. Mary invested time early on with each child so that they would know she would be there for them later when they needed her. The bonds Mary shared with the children were not burdensome because she "[loved] the bonds that I have with them."

Mary talked about how important connecting with the children's parents was to the formation of bonds with the children. Mary shared that she didn't "force too much at first" when she first got to know families by saying "we need this and this and this" but that she took time to get to know each family. She wanted parents to see her "hugging on their child and giving little kisses." Mary was "very slow" and patient "[trying] to talk to them a little bit and just ask about their child" at first. "One family took months and months to find a balance, and then there was a situation that happened and I was there to help." Mary mentioned an important aspect of bonding with the families of the children in her care involved "not being here to judge" but to help.

Care is to be sensitive. While reading through the running record, Mary and I discussed how many times interactions required a response from her to maintain a peaceful environment or to support the children in their play. Mary shared that she had "never looked at caring this way" and that "it [was] just so much a part of the day, that no" she had never realized how often she responded to the children. When asked if she ever got annoyed by saying the same things over and over, Mary stated, "I don't think that it's frustrating, it's just them learning." Mary knew that part of being sensitive and responsive to support children's development required her to be consistent and say and do things with the children numerous times before they were able to make meaning of the repeated actions.

Mary also shared that being sensitive to children involved trying "to figure out what it is and what I can do to sooth them" when they were upset. Mary continued on saying, "sometimes it's a blanket, sometimes it is a hug, sometimes it's just

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acknowledging that they need somebody." Mary's care was responsive and unique to each child.

> Michael may scream out, cry, like it's a big show. Lisa may be rubbing her eyes and it's just a quiet, little thing. But, a few of them, it's a loud cry and an 'I need you.' And some say 'help me.'

Being responsive was being in tune with the signals that children sent when they were in need and being adaptable to various situations.

Discussion

Mary's commitment to working with young children and the rewards she believed came with her role of caring are similar to the findings of Mackenzie (2012), who conducted research on the commitment of teachers working with special needs children. Teachers who were committed to their careers because of passion shared an *I can't imagine doing anything else* mentality. Mary shared that she had cared for children from a very young age, even helping her mom in her home day-care when Mary was just a little girl. In Mackenzie's study, job efficacy and resilience were also markers of committed educators. Mary's professional rewards stemmed from the connections she formed with parents and with those she worked with. The resilience all those caring for at risk children must have serves to unite them and create a bond that focuses on helping the children reach developmental goals, no matter what challenges they face together. The findings from evaluating Mary's perceptions and from teachers represented in Mackenzie's study show that caregivers in both research projects were committed to the field of working with special children, who at times need more support than children not living with special needs or coming from poverty.

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A plethora of research has been conducted which focused on the need for sensitive, responsive caregivers to be present during interactions with infants and toddlers (Burchinal, Roberts, Zeisel, Hennon, & Hooper, 2006; Degotardi & Sweller, 2012; Gerber et al., 2007; Hirsh-Pasek & Burchinal, 2006, Vallotton, 2009). Mary's perception that care was to be sensitive aligns with the findings of the above named researchers seeking to gain a deeper understanding of how best to support all developmental domains of young children. The desire to be sensitive and remain in close proximity to Michael, to be available when he needed her, was one way Mary sought to be sensitive and responsive during interactions with the children in her care. Children who have been identified as at risk, or who come from similar environments to those of the children in Mary's care, have benefited greatly from positive teacher-child relationships (Hamre & Pianta, 2005). The protective factors that are established when children attend sensitive and responsive care environments pave a new path to support children academically and emotionally. Mary's belief that her care should be sensitive and responsive served as a protective factor for Michael and all the children in her care as they develop relational bonds in a safe, caring environment on a regular basis through repeated interactions (Bronfenbrenner, 2001).

Findings of Mary's interactions with the children in her care revealed that she was not harsh or intrusive to their play. Instead, Mary was sensitive and gentle, being prompt in her responses when children were in distress. Her responsive interactions with the children are the hallmarks of a caregiver who is attentive and understands the unique communications of an infant in distress (Honig, 2002; Raikes & Edwards, 2009). Mary's interactions with the children were also characterized by warmth and

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encouragement, serving to provide a safe base from which the children in her care could explore and return to when in distress (Davies, 2011; Grossmann et al., 2008).

Case 2: Dawn

Dawn was deeply reflective about her caring practices and considered her role as an influencer of young children's development one of great importance. Dawn worked diligently to make the caring environment a space that was full of rich, meaningful, and safe opportunities for each of the children in her care. From Dawn's very core, she operated under the assumption that children were curious individuals full of great potential that simply need appropriate avenues through which to direct their curiosities and energies. The following two themes were prominent when examining Dawn's perceptions of caring for young children.

High personal expectations. Dawn was very serious about her role as a caregiver. When we first were introduced, we had a meeting with her supervisors to discuss the purpose of this study. Dawn was able to ask questions, and her administrators were able to discuss with her the risk of over analyzing every missed bid we discussed with one another during data collection. Dawn held herself to incredibly high standards, often getting frustrated when issues arose, even if they were completely out of her control. Dawn shared that caring for children "brings great joy and fulfillment" even when working through "knots." Knots being the moments where things did not go as planned or smoothly, requiring one to "calm down and talk it out" and figure out how to "move through it instead of skipping over it or swooping in and removing it." Dawn took personally the challenges that came with caring for toddlers

and she commented often about the need to ask the "right questions" in each moment to know how to handle the knots that arose.

Dawn shared that caring meant being "there to support the children in the place that they were at in that moment, working them through each, sometimes second, of the day." Dawn believed that to be successful when caring for children a one size fits all approach would not "do them justice." Caring for children was viewed as a "journey" that was "neat to watch" and "interesting." When discussing lesson plans and preparation for each day, Dawn mentioned that she preferred being flexible from day to day as "it fits my personality to be able to kinda gage what needs to happen that day and not be so stuck on a plan."

Dawn was honest in that even after developing a relationship with the children, she still could not meet all bids for attention immediately when they were sent her way. "If someone is hurting someone else or hurting themselves, then that is always first." Other children could get by with "visual contact and acknowledging" the need and that Dawn was right there and would be with them as soon as she was done "transitioning" with the child whose need demanded her presence in that moment. "Again, it's all about knowing the children and knowing who needs a particular response."

Dawn shared her "most challenging place" emotionally when caring for children was when "emotions turn to aggression." Dawn said this was particularly "frustrating" because "there are times when the safety of the other children is at hand and that is a very serious thing." Once emotions turn to aggression, "an immediate fix or solution" is not always quickly attainable, and that is "frustrating" for the "children who are getting hurt" and for Dawn. She considered the responsibility of having children "go

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check on one another" to be a very important characteristic of moving past these frustration moments. Each time Dawn saw an aggressive code in the running record she looked to see if she had had the children check on one another. Dawn felt that "following through with checking on them and looking at their face and talking about" negative interactions was one way to help children process how their aggression impacted those around them.

Start fresh with each new encounter. Dawn was very compassionate and gracious with the children she worked with. No matter what situations had occurred during previous interactions, Dawn met each child with a new, fresh start every time she approached them. Dawn hoped and believed the best about the children in her care and she pursued successful interactions with them each time they were together. When asked how she reset mentally after frustrating interactions Dawn said that "walking out of the room will do it…for all our relationship's sanity." Even Dawn's interactions with Owen were met with hope, hope that Owen could successfully interact with the children in the caring environment and with the available materials. "Taking a moment to breath, knowing that yes 'this is frustrating' but five minutes from now [she wasn't] going to be frustrated anymore" was incredibly helpful in letting go of momentary stresses.

One afternoon, following a discussion about responding to a number of specific bids, I asked Dawn about how it felt to see her day of caring typed out the way it was. She shared,

> I think it's good. I think there is so much that happens in every single second, like it's crazy to see it written our like that. I mean this one minute to the next minute and it's interesting to see how fast we move all day long.

Dawn talked about knowing she was tired each day when she went home and how she

usually needed a few hours to process the day, but that she never realized how

approaching each interaction with a fresh start really was exhausting. Dawn also shared

that she hoped "all the green moments" were enough "to make up for the red moments"

in the day, when bids for attention were missed.

Dawn shared one reality of starting fresh with the children was in knowing how

to move forward taking "preventative steps" to avoid "more chaos from happening."

When "crowded spaces" or "hot pockets" of tension were building, with lots of

children all crowded together, Dawn knew that in order to support current interactions

to bring about more positive outcomes, that she needed to act quickly to prevent

"somebody from getting bit," or another catastrophe from occurring. Although this

caused her to remember the past, her reflections were not binding children to previous

interactions and therefore expecting similar results, but instead setting up opportunities

for new, more positive interactions that would lead to success instead of frustration.

Even though Dawn approached each interaction with a fresh start, she was

honest about days where she "felt yucky." One afternoon she shared that, "I was not in

a good mood starting out today." Moments in the day felt yucky to her and were met

with unexpected tensions with the children and with co-workers. Interactions like these

seemed to work to maintain "a bad mood" mindset rather than helping transition into a

"normal mood" state of thinking. Dawn said that some days she just felt "in a bad

mood" and on days like that it was "such a struggle" to get out of the crazy thinking

patterns. Days like those made keeping a fresh start way of thinking a challenge.

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One of the ways Dawn was able to keep the fresh start mentality going was through "find[ing] joy in working with children every day." She did this through "seeking to further [herself] for the children" as the rewards of caregiving "always come back to the children" and were "very personal" because Dawn always wanted "to be better for them." Dawn shared that caregiving was not just a job for her, but "her life" and this life fulfilled her "mentally, physically, and emotionally" in many ways. Caring "can stress me out very much," Dawn said, but she also got "very excited about great things going on" in regards to documentation and creating new environments for the children to explore, like the peacock house. The role of caring is a "place that fulfills each level of need that [Dawn has] personally." With this attitude at the forefront of her beliefs, Dawn was able to approach each day, each hour, and each interaction with the children through a fresh start viewed as a new encounter.

Discussion

Dawn's high expectations of her caregiving practices and interactions with children were processed through hours of documentation and reflection of the time she spent caring. These findings were supportive of the report Meier and Stremmel (2010) gave after examining early childhood teacher researchers after personal reflection of their work with children. Teachers noted the value of documenting narratives of their play and routine actions with children to be beneficial in helping to reflect on past events, and in preparing for future interactions. Dawn held very high standards for herself, and was often critical of her interactions with children. Some of the teachers in Meier and Stremmel's study were this critical as well, but not all.

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One way Dawn found to be successful in meeting children right where they were was through documentation of their interactions with one another. Pushor and Clandinin (2009) found that educators were successful in both focusing on change and in spurring new actions when they engaged in narrative inquiry and documented past actions. Just as Dawn sought to provide enriching and cognitively transformative experiences for her children, so did teachers who reflected on their practices with children and invested time in processing ways to improve previous interactions and experiences.

Findings of Dawn's ability to begin each interaction with children from a fresh vantage point, when focusing on the children in her care as unique individuals are consistent with findings from many other studies (Curtis & Carter, 2000; Hatch & Grieshaber, 2002; Jablon, Dombro, & Dichtelmiller, 2007; Monti & Crudeli, 2007). Caregivers who know their children, who have spent time in play and caring routines, learning children's preferences and building relationships with them, develop insightful interpretations about interactions during each relational interchange. Degotardi (2010) also found a strong correlation in caregiver interpretation of interactions and sensitivity with infants during play and routine care when the effect of practitioner qualifications was controlled for, greater knowledge about the developmental needs of young children was found to increase sensitivity. In Degotardi's study, interactions of gentleness and warmth were often rooted in positive beliefs about children, a similar idea to Dawn's start fresh mentality.

One contrasting finding of Degotardi's (2010) study to the findings from Dawn's case was in observed interactions with children during eating routines. Dawn

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was present and interactive with children while preparing meals, while serving meals, and while the children were eating. Degotardi found low levels of practitioner interaction with children during the context of mealtime. These findings were concerning to Degotardi in light of the importance routine caring events have on the formation of early learning and relationships between young children and caregivers. Additional studies have pointed to the significance of routines being an integral part of a sensitive caregivers' day (Greenman, Stonehouse, & Schweikert, 2008; Gonzalez-Mena & Eyer, 2007; Hallam et al., 2014; Smith, 1999).

Findings from discussions with Dawn align with the body of knowledge regarding the importance of caring routines on all aspects of care, including play and routine interactions (Berthelsen & Brownlee, 2007; Degotardi, 2010; Elam, 2005; Gonzalez-Mena & Eyer, 2007; Money, 2005). Caregivers who were reflective and engaged in documenting narratives of their interactions with young children received much benefit from the process of examining actions and planning future events from previous knowledge and interactions (Meier & Stremmel, 2010). Dawn also found reflection and documentation techniques to be crucial in furthering her understanding of where the children were developmentally and how she could provide appropriate supports to continue spurring their development on.

Case 3: Jane

When Jane discussed her role of working with children, her perceptions focused on "caring for them, meeting their basic needs and beyond." She tried to "meet all their needs, to make sure that they are attended to, and encouraged in their development." In a recent survey, Jane responded to a question asking if she felt like she had

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accomplished something by coming to work. "I do," Jane said, and continued with, "sometimes it depends on the children, some days I don't feel like I did anything and nobody learned anything," but a lot of times she looked back and realized, "they learned a lot about different things, about sharing or taking turns." Jane considered social skills more valuable and "important than saying abc's." Jane also shared that she was doing "some small part in the world by doing [her] job… most days, going home feeling pretty good." Two themes stood out when examining Jane's perceptions of caring for young children.

Care is to be consistent. Jane said she operated under the belief that children "aren't all the same" and that she "think[s] of them as little people that are learning." Jane said she highly valued, "treating them with respect just like you would any other person." One way Jane modeled and taught her children respect was through consistent caring practices, in the classroom, during transitions, while playing in centers, and interacting with one another to support "independence." She shared early on, "I'm pretty consistent here in the things that we do." Jane often was heard saying phrases like, "I am watching. We do the same thing every day," or "We have not changed. We do this every day." The children knew exactly what to expect from Jane as she was reliable in her interactions with them. One way to show respect, in Jane's eyes, was being predictable for the children in her care, as well as having a dependable caring environment to play in.

Jane was consistent in her actions with the girls and in the language she used with them. When discussing the phrases "rude," and "not very nice," Jane said,

It just comes out I guess. I want them to be aware that there are some behaviors that aren't very nice, when it's just flat out deliberate. I'll be like 'that was just rude,' you know…it depends on the situation.

Jane shared that part of the reason she used this language was "to help them acknowledge the rude behavior" because they would not like it if someone acted that way to them. Jane also commented,

I know that is not a word that everybody uses, so it helps them understand it. Even though it's not nice, it's age appropriate to hit. If their behaviors are rude, or if they did that on purpose, I say 'that was being rude.'

Consistency at rest time was an important component for Jane "especially because I'm just one person." Jane shared, "I know it sounds mean, but I don't start off patting them or rocking them because I've got other things to do." When children would try to get off their cots or talk during rest time, while Jane was cleaning, she said she typically "just kept laying them down and saying 'it's rest time and we lay on our cots and usually they get used to it." Jane did say that sometimes she had to "stop what she is doing and move to sit by one" and remind them "it's rest time and you need to rest your body." This consistent expectation was observed on a daily basis when Jane would clean up from lunch and start cleaning the classroom manipulatives while telling the girls to "lay on [their] cots" or "rest [their] bodies."

There were a variety of puzzles, all at different difficulty levels in a box for the children to play with. Jane commented, "I know that they can't do all of the puzzles," but if they start one "I'll tell them to fix it and even try to help a little bit." Jane said her "main goal is trying to see if they are even trying to fix it or if they are just dumping it out." When talking about Bella dumping the Dora puzzle, Jane said, "I know she can't

do that one yet, but if I'm busy I'll try to remind her 'keep working on it' while I'm

doing something else."

> Being the only one is hard, so I'll say, 'try to fix that, this is still your job, you took it apart, put it back' but it's difficult. I like to think there is a reason for what they are doing other than to annoy me, but you never know, some of them they do it to annoy me because they are looking right at me when they do it, and it's like, thanks.

Jane shared that for this reason when children dumped puzzles she told them to "fix

them" until they were put back together to be consistent with every child.

Minimizing drama. Jane noticed that in a classroom of all girls "everybody is

emotional." She tried hard to "make them aware of the other one's feelings" when

challenges arose between the children. Jane said when the girls would make comments

like, "I don't want to play with you" or when the children would allow one girl to play

and not another she would respond by saying, "Look at her face. You made her sad

because you don't want to play with her." Jane talked about needing to have these

conversations, especially with such a small group, only five girls, in case the favored

friend was absent one day. Jane shared that she tried to help the children think, "oh, it's

not just about what I want," and instead she tried to foster thoughts along the lines of, "I

want to play with everybody."

Even though Jane rarely engaged in physical interactions with the girls, she

encouraged them to love on one another and give hugs and provide comfort when they

wanted to share hugs or receive hugs, because as Jane put it, "they do try to console one

another." Jane was very matter of fact during these encounters, often encouraging the

girls to "ask if you can have a hug" or "ask if you can give her a hug" because

"sometimes they don't want you to do that" and the children needed Jane's guidance in

knowing when it was the right time to show love by sharing hugs. Hugs were typically

shared in the morning during group time or during the day if someone was hurt or sad.

Jane shared that she did not "have a lot of challenges" when considering how

she supported the children's emotional development because she "just [talks] with them

and [helps] them get through it." Jane was very direct about issues that arose in the

classroom and she discussed challenges with the children in a factual way, saying "oh

that hurt you" if a child was pinched, or "I see that you are upset today. We have our

safe place for that." Jane mentioned "different techniques" such as discussing, "what's

going on in your feelings" or being understanding and saying, "it's okay, we can work

through this together."

Most of the techniques Jane used to support the children's emotional

development were to deal with interactions in a factual way. Jane would sometimes

have the children go to the safe place to "work through" their emotions if a discussion

carried on with crying or strong emotions. Anna and Bella had been fighting over a toy

one Monday morning and as Jane reflected on her responses to the girls, she

commented, "it seems like she forgets how to play with friends and what we do

throughout the week…when we play with friends we need to ask 'can I play.'" Jane

continued talking about how important it was for the girls to not just act out to get

other's attention, but to talk to them and voice their desires to play with one another, or

share toys. When Bella was upset that she did not get to have the toy Anna was using,

she was told to go to the safe place until she was ready to "play another game."

When asked what her perceptions were of the children being bumped into

objects when she helped move them or move materials, Jane said,

I hate it when that happens. It's just like, I didn't push you, I didn't shove you, I didn't fling you across the room. It seems just like about every other time usually you help them do something they stumble over and I'm like 'I'm so sorry' or I'll move something and then thump them in the head and I'm like 'I'm so sorry, I didn't mean to bump you in the head.'

Jane said she tried to "acknowledge that, like I'm sorry I didn't mean to hit you, but sometimes you're just moving and in the moment and I'll forget." Jane also said that sometimes when children fell she would respond saying, "'I didn't do that, I just moved you,' so that they are aware that I am aware of what I did, and I didn't do that." Jane also said since she was in a classroom by herself it was important to talk about what happened because, "people perceive things different ways."

Discussion

Similar to Jane's desire to impart knowledge and support cognitive development to the children in her care, five out of twenty one caregivers also reported the importance of children attaining particular cognitive skills while under their influence (Berthelsen & Brownlee, 2007). These caregivers valued a focus on specific skills, such as colors or phrases that would further children's understanding about the spoken world around them. Duncan's (2010) study recorded images teachers had regarding children's cognitive development where children were viewed as empty vessels or consumers of information rather than co-constructors of knowledge with reflexive ability to make meaning. Jane's perceptions of her role in supporting children's development align more with the five caregivers from the Bethelsen and Brownlee (2007) study who viewed children as empty vessels waiting to be filled with information.

Since there were only five children in Jane's class, she worked to support peaceful relationships among the girls during their interactions with one another. Gloeckler and Cassell (2012) report the importance of caregivers who are present during problem solving interactions with toddlers. Caregivers who engaged in problem solving *with* children were found to be more supportive of self-regulation outcomes than caregivers who solved social struggles *for* the children. Jane's observed practice was to step in and provide directive statements when dealing with social problems, contradicting being present to help with challenges in ways that provided support for the children to work successfully through issues

One way Jane determined to be successful in supporting children's development was by being consistent and predictable in her care routines. Some of Jane's consistent caregiving practices contradict current recommendations to be sensitive to children's needs and their bids for attention (Degotardi & Sweller, 2012; Gerber et al., 2007). When Jane consistently sought to minimize drama in the girls' interactions with one another, she was not heeding recommendations to help children learn to regulate their emotions or find appropriate ways to express and communicate their feelings (Davies, 2011). Instead, Jane was expecting intense emotions to be shut down and turned off if the children desired to remain with the group, or they were expected to go to the safe place in the classroom, alone, to work out their emotions.

Many studies discuss the variation in caregiver approaches to classroom routines, transitions, play, and interactions with children, but few approach caregiving practices with the rigidness to be consistent in the way that Jane sought to be reliable to the children in her care (Elam, 2005; Gonzalez-Mena & Eyer, 2007; Greenman et al.,

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2008). Jane's belief that respectful care be consistent and the same for all children while diapering and using the restroom, at meal times, and when laying down for naps further contradicts Gonzalez-Mena's and Eyer's (2009) curriculum of respectful and responsive care for infants and toddlers. Rather than making care the exact same, respectful care is to be provided through meaningful, slow and patient, gentle, and trusting interactions. The security of care that develops overtime is not a consistent care of rigid sameness, but one of gentle and warm responsiveness that can be depended on (Davies, 2011).

Findings from Jane's perceptions and observations bring to light new issues in regards to responsive care. The expectation that children complete tasks during play, no matter what developmental level they were, at contradict recommendations of appropriate interactions (ZERO TO THREE, 2007). Jane was dependable in expecting children clean up after themselves during play, but this requirement was not sensitive to the children's individual ability. Also, the issue of Jane's movements and her perceptions of materials or children bumping into objects or being bumped with table legs or chairs was not found in any discussions from the research on teacher-child interactions (Belsky, 2009; Cheshire, 2007; Vandell et al., 2010).

Cross-Case Analysis

Although the caregivers observed for this study were observed working with similar age groups, they each held to a very unique mindset when discussing their perceptions of caring for young children. The perceptions they held regarding interactions were different, even when similar patterns of child behavior were observed between sites. The following four sections provide deep insight into the difference of

perceptions held by Mary, Dawn, and Jane regarding their care for and time with infants and toddlers in group care settings.

Working with co-workers vs. independently. This study was designed with the purpose of gaining deep insight into the interactions of lead teachers with the children in their care. This study did not look at how other caregivers interacted with children, just the lead teachers' interactions were observed. This focus did not allow for documentation of other caregivers who were working alongside lead teachers and therefore impacting their caring interactions with the children. A very important reality surfaced when comparing how co-workers impacted the care provided to children, and also the relationship and tensions that can exist when different individuals are trying to provide care to the same group of children. Co-worker relationships can bring peace or chaos to the caring environment. Working independently from co-workers also has an impact on caregiving perceptions.

Jane was the only teacher in her caring environment. Only a few times did Jane comment that working with another adult would be helpful. One day while she was cutting pumpkins for the children to decorate, while the children were waiting at the table, Jane said aloud, "I wish someone else was here to help with this." Another time, Jane shared that taking all the children into the bathroom at the same time was challenging because the children didn't always have to go when they went as a group and she didn't like how long they all had to wait on one another to transition to the next activity. She said having another caregiver with her would have really helped with bathroom routines. Jane also shared that there were some activities she would have like

to have done with the children, but that those "were impossible to do when [she was] working alone."

Jane made other comments about working alone, but these comments were in favor of working independently. Jane shared that it was "easier to be the only one in charge" of her classroom because "I don't have to explain why I only have three chairs at that table," even though it was sometimes "wearisome" or "stressful" being the only adult. Jane had preferences and expectations for the environment that she did not have to discuss or work out with another teacher. Jane was annoyed by other teachers when she went on breaks and returned to circumstances in her environment that were different for the children than what they were used to when she was there, but she quickly resolved the changes and returned her caring space to her liking when those teachers left the room.

Mary worked with two other caregivers who she said were "awesome," and her friends outside of work. Mary talked about how working with such great women was helpful to her as she was trying to respond to multiple bids for attention at once. During rest time in the afternoon, the caregivers would all sit together on the stage or in the kitchen area while the children were resting and share stories or talk about their weekends. Dawn had a different experience working with her co-teacher. She said that even though they had known one another prior to the start of the year, she did not consider her co-worker to be a close friend. Dawn said when she came to work she came to focus on the children and not on making friends or developing a relationship with the adults. She said this was nothing personal against the people, just not her priority.

The difference in caregiver interactions between one another made a difference in how Mary and Dawn worked with and responded to the children in their care. Mary could look across the room at one of her caregivers, they would exchange glances in a particular location's direction, and right away one would respond and the other would remain where she was engaged. This was helpful as the caregivers could compare quickly who needed to respond in moments of need and who could stay interacting with the children they were with. Dawn did not have this interactive support with her co-teacher. They were often on opposite sides of the playground or one was working with small groups inside while the other had a group of children outside. Mary had a network of support that she relied on to successfully get through a day of caring.

Dawn and her co-teacher often responded in different ways to the children's needs. If Dawn had told a child "no" in response to getting their blanket or pacifiers down, her co-teacher may respond positively to the same request. This change in response would not be to spite Dawn, but would occur because the two were not on the same page regarding all of the decisions made about blankets and pacifiers, nor were they always aware that a different response had been given by the other. This was one area that Dawn mentioned during interviews being something that she wanted to work on with her co-teacher. The two caregivers had different perspectives and approaches when responding to children's bids for attention. Even though they had planning time together each week and time to work together during rest time, the two had documentation requirements and daily postings they needed to create, making discussing diversity in responses take a back seat to the responsibilities they needed to accomplish.

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Highs and lows of care. At the end of each week, caregivers were asked what their highs and lows of providing care were. Some weeks were more difficult than others for the caregivers to respond to this question. Responses to this topic were also unique depending on the caregivers' perceptions of the interactions they had engaged in with the children.

One week, Mary reported her high as being the morning she had experienced with the children because "this time was so relaxed really and [they] just wanted to play." The children had been calm and Mary was pleased with how very little aggression the children had had with one another, and how engaged they were while playing. Just as Mary acknowledged a personal high for her was when the children were less aggressive with one another, Dawn shared that a personal low was when her children were overly aggressive with each other. When week's "feel a little crazier than normal…it adds a little exhaustion to everybody…I don't feel like I can ever fully engage…everyone feels a little unsettled." Dawn said weeks like this cause her to "go home at night and just worry" when issues "weigh a little heavy on [her] heart."

Mary's consistent low was "not having enough people" to meet child ratio laws in the room across from hers. Mary respected the caregivers she worked with and she did not like having to be pulled away from her caring space to support another classroom because a teacher had not communicated a planned absence. Mary also struggled when she had to switch shifts because she "didn't feel like [she] was a part of [what had been] going on" in the children's morning. Dawn also shared how hard it was for her when she was pulled away from her children for meetings. "They are my favorite part of the job" and "there is this control freak in me who is like…who is going

to make sure that this gets done?" Jane, however, did not like missing her planning time on Wednesday afternoons because it was "stressful" to her when she "was not able to get [her] lesson plans finished" or child documentation entered into the system that communicated to parents how their children were progressing.

Jane's all time low was the day "when Emma was in the bathroom pulling poop out of her diaper." She shared that she was like "oh gross, why do you have to do this?" when she saw Emma's hand full of poop. Jane explained that she had been helping another child on the toilet and turned around to Emma saying "poop, poop" as she "reached back and pulled it out" of her diaper. Jane said later, after moments like this are over, that she "can look back and laugh" but in the moment all she could think was "gross."

Dawn shared one of her highs was "having really good morning drop offs." She explained this occurred, "when the children are able to transition from their parents to the playground without struggle." This was one of the only highs that Dawn could come up with when put on the spot. Jane also struggled with deciding on a particular high each week. All three caregivers mentioned enjoyable or rewarding aspects of care during other conversations, but when asked for specific examples of *highs* and *lows,* Dawn and Jane struggled to come up with weekly responses.

Frustrations and annoyances. All three caregivers used the terms "frustrated" or "annoyed" at some point during the course of data collection. Their frustrations were in some instances similar and at other times very different depending on what they personally considered challenging, in regards to working with young children. The

ways in which Mary, Dawn, and Jane responded to or moved past these frustrating times also varied.

The biggest frustration Mary expressed was dealing with a staff member who was unsupportive of her caregiving ability. Mary hardly every became quiet or unresponsive to the children, but one morning she looked at her co-workers and commented "I need a break." Mary walked out of the caring environment and went to stand in a quiet location for a bit. She was followed by a parent and by a child, so was therefore not able to take a true break, but she did remove herself from the one situation where she was observed getting upset. This was not Mary's only frustration, but this circumstance was the only observed grouping of interactions that resulted in Mary removing herself from the caregiving environment.

When discussing how quick some interactions occurred, Dawn shared, "I feel like the day goes so much better when we are in sync and when we slow down. So those days when we are constantly putting out fires everywhere are frustrating." Dawn was a very calm and patient person. When the day become chaotic and stressful, she commented that these moments were frustrating for her and hard for her to transition out of, especially on days when Owen continued to engage in physically aggressive interactions, harming the children around him. Dawn acknowledged that Owen was the source of most of her frustration; one because she could not come up with adequate solutions to meet his needs, but also because responding to him required so much of her attention and energy.

Jane's most frustrating moments came when her routines and the consistency in the environment were interrupted or adjusted. Jane was very upfront early on

regarding how dependable she attempted to keep the caring space and procedures for the children. She shared, "I'm pretty consistent here in the things that we do," and when this consistency was thrown off, Jane experienced great frustration and stress.

Mary shared there were times when she was interacting with the children when they started crying and she could not figure out what is wrong. She said these moments were frustrating to her because she wanted to come up with a quick solution, but she knew it was better to be patient, and be available while children worked out their anger. Mary knew to "try [her] hardest to be patient" in those trying moments because she did not want to push children into "screaming it out fits on the floor, kicking and everything." Opposing situations that were also frustrating to Mary occurred when children had calmed, but continued to need her undivided attention, keeping her from interacting with other children. Mary's examples of this were when Michael continued to need her to be near even after he had engaged in a new activity and when she needed to respond to the baby and continue to rock her to help her stay asleep. Mary said these moments were stressful to her because she did not feel like she was "being enough help." Dawn also found similar moments to be stressful and frustrating when multiple children were sending her cues, requesting her support, but she could not be present with them all at the same time. Both Mary and Dawn found moments like these to be somewhat overwhelming.

Dawn considered it frustrating at times when she was inside with the children trying to engage in provocations that seemed to be going nowhere. She found it more conducive to help the children engage while outside than staying inside during these frustrating moments. Mary also shared that having to be inside, cooped up, sometimes

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was frustrating to her when she had a pounding headache and could not come up with opportunities to help the children engage. During moments like these, Mary and the other caregivers worked together to transition the children outside to the playground adjacent to their classroom. Once outside, Mary said she "could feel the tensions releasing."

Mary only used the word annoyed to describe how hard it was for her one afternoon when Michael would not settle down for his nap. Mary commented, "I will tell you he usually goes and lies down and passes out." That week, however, Michael needed lots of support to lie down at nap time and Mary was annoyed because even after staying with him and helping him transition to a state of restfulness, he woke up early and was grumpy and aggressive with the other children. Mary could not figure out why Michael was having so much trouble going and staying asleep, and it annoyed her that she could not come up with an answer to help him. Dawn also found it frustrating when she could not come up with a solution to help Owen stay on his cot. She was not as concerned with him sleeping as she was with him injuring those around him, her, or materials in the classroom. Jane was not frustrated when the children struggled lying down for rest time, but her nap frustration was that children woke up before rest time was over, interrupting her only daily planning time.

Jane also considered it annoying when she perceived the children's actions to be done on purpose. When children dumped out puzzles and looked in her direction, or when they emptied out the contents of baskets onto the floor and looked her way, Jane considered these actions to be purposeful, with the intent of annoying her. She shared that these moments were frustrating to her because when these things occurred she was

usually engaged in an activity with another child and she had to interrupt what she was doing to go and take care of an annoying behavior.

Discussion

Findings of Mary's and Dawn's cases revealed very different outcomes when looking at co-workers' ability to support one another and be there to provide help when multiple children were in need or when issues arose. Dawn did not feel the connection with her co-worker that Mary felt with hers. Elliot's (2002) study aligned with the findings of Mary's positive perceptions that supportive relationships with co-workers made all other relationships in the caring environment feel easier. Jane acknowledged similar frustrations to those of Dawn being an issue when interacting with other caregivers who were with her children while she went on breaks due to the differences in responses to children. Elliot's findings noted that not only do caregivers need to provide a nurturing environment for children, but those they work with as well, valuing their co-workers and finding it an essential need to work collaboratively while providing care to infants and toddlers.

In the same way that Dawn reported having similar philosophies of education, yet different caregiving styles and different responses to children's bids for attention when working alongside her co-worker, Elliot's (2002) participants also noted these same issues when working in groups. Despite unique personalities, both Dawn and Elliot's caregivers were willing to communicate with one another when differences arose. Mary, unlike Dawn and Elliot's participants, reported not only similar approaches with her co-teachers, but also friendships that existed beyond the walls of the caring center.

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Through data base searches, literature was sparse when seeking information on caregiver's specific weekly highs and lows. However, job benefits and rewards were discussed in a few studies. Mackenzie (2013) noted teachers who worked with special needs children found satisfaction in their commitment to the vocation of caring through emotional rewards of relationships, and in whole class teaching. The findings of whole group teaching are similar those of Jane who greatly valued sharing information with the children in her care. Mary, Dawn, and Jane all three mentioned the reward to forming bonds with children as well. Mackenzie's teachers noted that making a difference was important and rewarding, similar to Mary's feelings of working with at risk children.

Mary understood that making a difference and building relationships with children and families often took a great deal of time and patience, the benefit of bonds being well worth the wait. Elliot (2002) also found this to be true from caregiver's reports of working with infants, toddlers, and their families. Berthelsen and Brownlee's (2007) study revealed that 11 out of 21 caregivers reported the importance of not only building relationships with children, but with families as well. Both Mary and Elliot's teachers confirmed a major factor in forming bonds with children's parents was in not judging them, not evaluating their lives and providing quick ways to improve circumstances, but in sharing in the role of caregiving and being there as a listening ear when parents wanted to discuss challenges.

Mackenzie (2012) and, Malloy and Allen (2007) both reported the commitment of teachers working with special needs children or with children in rural areas who often deal with high teacher turnover. All three caregivers in the present study

mentioned their commitment to caring for children and the benefit of working in the field of early care and education. Mary and Dawn each reported struggling with having to be pulled away to accomplish tasks or to get paperwork finished, as they felt these times away from the children were an interruption in the dependability of their care. Jane, who relied on her planning time and desperately needed moments away from the children to accomplish lesson plans and documentation requirements, was very committed to her role as a caregiver, having already served the field for fifteen years.

All three caregivers mentioned various characteristics of caring for infants and toddlers being frustrating. Caregivers of infants and toddlers in Elliot's (2002) study mentioned tensions being embedded in their work. One caregiver of infants shared the challenge of being pulled between multiple babies at one time. This finding was similar to comments made by Mary, Dawn, and Jane. Mary and Dawn struggled when so much of their time was devoted to just Michael or just Owen in order to protect other children. They did not feel as if they could ever fully engage elsewhere for fear that the boys would engage aggressively with other children. Jane also shared that her classroom procedures were set in place because she was just one person providing care to a group of young children.

Elliot's (2002) participants also shared the need to ask for help during frustrating situations. These caregivers called their challenges tensions, but just like they experienced episodes when they needed help, so did Mary and Dawn. Mary reported needing to step away from the caring environment when she became frustrated. Dawn also reported needing extra help during rest time to provide support to all of the children in her care.

Summary

Perceptions held by caregivers in regards to developmental abilities and what is considered respectful and nurturing to infants and toddlers greatly impacts the types of interactions that occur in group care settings. Each of the cases reported in this section represented a wide variety of caregiver perspectives in regards to what was considered a benefit or a frustration when caring for young children. One of the caregivers was much harder on herself when reflecting on her day and the interactions she had had with the children than the other two caregivers were. Another caregiver valued consistency in her caring procedures above all else, in an effort to show respect to the children in her care. Each of the caregivers held various beliefs about the time they spent with the children and the time they had to plan and document their interactions.

Chapter 5: Conclusions

The overall purpose of this study was to examine, explore, and describe the interactions that occur in group settings between infants, toddlers, and caregivers. Specifically, this study sought to examine (1) the nature of the lived experience for infants and toddlers in high quality group care settings, (2) the ways in which infants and toddlers sent bids for support to their caregivers, (3) the ways in which caregivers responded to the bids from infants and toddlers when they were in need of support, and (4) how caregivers perceived the nature of their interactions and experiences with infants and toddlers. These research objectives were rooted in Leavitt's (1994) report of the power and emotion she observed in group care settings for infants and toddlers. Since 1994, few studies have sought to describe the interactions of infants, toddlers, and caregivers with as much detail and depth as Leavitt. This study went to great lengths to fill this gap of understanding in order to provide a more up to date description of what is taking place daily in group child care settings for infants, toddlers, and caregivers.

This study was framed within Bowlby's attachment theory (1988). Sensitive caregivers who create safe and secure environments for young children to explore were sought out to be focus participants. Bronfenbrenner's Bio-ecological theory (2001) also provided theoretical grounding for this research through the specific focusing on relationships and repeated interactions between caregivers of infants and toddlers. Proximal processes, serving to fuel young children's development across all developmental domains, were examined during observations in group care settings. The interactions these caregivers had with the children in their care, when bids for support were sent, served as the primary phenomenon under investigation. The nature

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of the lived experience of infants, toddlers, and caregivers, as well as caregiver

perceptions were also explored and discussed.

Analysis of the data for this study (observations, interviews, and a field

notebook) revealed rich insight regarding the nature of the lived experience of infants,

toddlers, and caregivers in high quality group care settings. Based on detailed

descriptions of the individual cases in the Findings and Discussion chapter, this chapter

presents the significant contributions this study makes to the field of early care and

education. The remaining part of this chapter provides implications for practice,

limitations of the study, recommendations for future research, and some final thoughts.

Significance of the Study

Following are the most significant overall findings of the present study. In this

field of research, no other literature has addressed the significance of these issues and

the impact they had on the caregivers or the children in their care. Issues raised in this

section provide the major contributions this study makes to the field of early care and

education for infants and toddlers in group care settings.

Aggression's Domination

Overly aggressive children's interactions with caregivers and the other infants

and toddlers dominated the findings chapter, as their need for caregiver support required

so much of the caregivers' time and attention. All three caregivers mentioned during

initial interviews how important it was for them to keep their eyes on the aggressive

children in their classrooms in order to protect other children from getting hurt and to

keep caring environment materials from getting broken when an aggressive child

became upset. Caregivers also mentioned feeling divided in their ability to provide

quality care to all children, when they were away from the aggressive child, for fear that at any moment the child may engage in aggressive acts. Caregiver bodies were physically present elsewhere, but their minds were attune to the aggressive children in other parts of the caring environment, just in case issues arose that required their support and attention.

Gloeckler and Cassell (2012) discuss this responsive, preventative approach to observing interactions as one that is typical for effective caregivers. They do not, however, discuss problem prevention in the way responses to aggressive behaviors were noted in this study. Aggression dominated caregiver time and attention. Instead of simply providing support to children who were engaged in social conflicts, as Dombro, Jamblon, and Stetson (2011) suggest, Mary, Dawn, and Jane all had to be attentive to the caring environment as a whole. They needed to be aware at all times of where aggressive children were and what they were doing in order to be present and effective in minimizing acts of aggression.

Caregivers were aware that aggressive children's actions and emotions could erupt at any given moment in the caring environment. Another child's actions could upset them if they walked by too close or bumped a spoon at the table or a toy during play. Changes in activity could cause them to panic and lash out pushing or kicking those around them if they did not want the change to occur. Sometimes aggressive children simply walked by others and pulled their hair, for apparently no reason whatsoever. These types of actions caused responsive caregivers to continually be on edge about what may or may not happen next to the children and materials in their care. Gloeckler and Cassell (2012) discuss the importance of responsive caregivers being

present to provide social emotional support as children learn how to interact with those around them. Also of importance, is the type of scaffolding teachers provide to children while they interact with others and the level of independence they can reach in order to reach desired developmental outcomes.

The aggressive children's ability to dominate the caring environment was addressed at the beginning of the study, but not in a negative way by any of the caregivers. Caregiver comments were factual that one or two children in their care were particularly aggressive, and that during the course of interviews I would probably be able to figure out who the aggressive children were. Over time, usually within the first few hours of observation, the aggressive children did stand out from the others. This finding is significant for a number of reasons. If caregivers are focusing the majority of their attention, whether they are physically present with the child or not, on those who are continually aggressive, what does this do to their ability to respond appropriately to the other children in their care? How can a caregiver provide sensitive care to all the children in her caring environment if one child needs her to be present so much of the time? What impacts on developmental domains for the other children do aggressive children have on the context of care?

This finding was significant in regards to how aggressive children impact all other teacher-child interactions and relationships. The issue raised by aggressive children's ability to dominate so many caring routines and procedures needs to be further investigated for impacts on the development of other infants and toddlers in group care settings. Additional matters of importance when looking at how aggressive children impact the caring environment include, but are not limited to questions about

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screening children upon entry into group care settings. Should children be screened and

not allowed in if problems are detected, or should the screening occur to be a

preparation for the caregivers, to get ready for the incoming child and the requirements

their unique characteristics will demand? Is group care really the best environment for

every child, and if not, what other options exist for children needing care while parents

or primary caregivers are at work or elsewhere? Would more caregivers in the

environment make a difference when one child demands the majority of the attention?

What impact would training make on caregivers' ability to respond to aggressive

children, and how or could aggression even be redirected to more positive interactions?

Finally, what impact does this issue have on families? How are they connected or

disconnected from caregivers and/or their child when these types of issues arise? All of

these are questions in need of further investigation.

Time Away for Planning and Breaks

Caregivers have numerous behind the scene responsibilities that impact their

interactions with children in the caring environment. The amount of time caregivers

must devote to accomplishing paperwork, planning tasks, and going on breaks often

interrupts their time caring for children. Lesson plans and reflective documentation of

previous events are important components to care, but when these tasks remove

caregivers from time interacting with their children, infants and toddlers experience a

level of distress.

Each caregiver needed to step away from the caring environment at least once, if

not multiple times during observations. The children would watch the caregivers go

and respond in a variety of ways. Some children cried, some children walked to the

door or gate the caregiver walked out of, and some children appeared to ignore the caregiver's absence, but would glance in their direction after they had turned to leave. Children were never left unattended, but the caregivers who stepped in to replace Mary, Dawn, and Jane did not know the children in the same ways that their primary caregivers knew them and the new caregivers responses and expectations of the children were different than those of the caregivers they were used to interacting with.

Jane had fifteen minute morning and afternoon breaks. She did not know exactly when her breaks would occur and she had to take them when a staff member came to give her a break, otherwise she may not be able to take it at a later time. Jane's breaks were never at the same time, but they were usually within an hour or an hour and a half of one another. The randomness of the time her break was given made it difficult for Jane to engage in activities with the children because she never knew when she would be allowed to step away from the caring environment, thus leaving an event she had purposefully planned. One day, Jane had cut a pumpkin open and was sitting on the floor with the children when a staff member came to give her a break. When the staff member saw Jane with the children she simply turned around and said that she would try to come back later, that she was not going to engage in that activity with the children. This was the only day that Jane prepared a special activity for the children to explore. This makes one wonder what else Jane would do with her infants and toddlers if she had a more consistent schedule and was not always wondering when she would be pulled away from the classroom.

One caregiver was pulled from her classroom three afternoons a week for meetings, some lasting just thirty minutes and some over two hours. The meetings

started about the time children were transitioning from lunch to their rest cots. Observations stopped when the caregiver left the room, but discussions occurred during interviews about the struggle she faced leaving her children, knowing rest time was such a frustrating and challenging time of the day for her, her co-worker, and for the children. She commented that she often felt as if she was abandoning the children to go to her meetings. Meetings were not optional and served as crucial times for accomplishing documentation and planning future activities and provocations with supervisors.

Although planning is important, more thought needs to be given to how and when caregivers are pulled from their caring environment, especially those who work with infants and toddlers. Continuity of care has been characteristic of high quality caring environments for quite some time (Barnas & Cummings, 1994; Cryer et al., 2005; Hedge & Cassidy, 2004; Howes & Hamilton, 1992; Lally, 1995a; Raikes, 1993), but the issue of continuity of being a daily or hourly issue, not just an age or yearly issue, also needs attention in order to better understand the developmental impact caregiver's separation from infants and toddlers in group care have on the children. These findings raise the question of whether caregivers should be pulled away from children during regularly scheduled caring hours, and if so for how long and during what periods of the day. Further discussions on this issue need to be had with administrators and policy makers who have influence on caregiver breaks, required responsibilities, and daily schedules.

Sensitivities Impact on the Number of Sent Bids

At first, this issue was not as apparent as aggression's domination or the time planning required caregivers to be away from the children, yet the impact caregiver sensitivity had on the number of bids they received from infants and toddlers in their care became evident during cross-case analysis. Not only were the number of sent bids significantly different, the types of bids that children sent to Mary, Dawn, and Jane also differed. When children received sensitive, supportive responses to their challenges, they seemed to send more bids to the caregivers when they experienced troubling situations.

Children in Jane's care rarely sent bids for support, unless they were being physically harmed or unless they needed specific help. Anna did call Jane's name, but this was to gain her attention and be included in activities she was engaged in elsewhere in the classroom with other children. Rarely did the girls ask Jane for help during play routines. They worked through issues on their own, similar issues that the children in Mary's and Dawn's caring environments would have asked for help with.

When children in Mary's and Dawn's care got stuck building with materials or playing in the sand, they would pause their movements, look up at their caregiver, and send bids through visual glances indicating a need existed. Both Mary and Dawn were available to provide sensitive and warm support to children and they received bids for support throughout much of the day of caring. Mary helped children reposition blocks while building when they would not fit on structures, while at the same time talking the children through why turning them would help them to fit better. Likewise, Dawn sat on the ground with the children, digging and pouring scoops of sand into containers.

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When shovels were stuck, Dawn noticed children's grunts of frustration and she would move her hands, modeling how to dig the shovels out, so that the children would see her actions and understand how to get objects unstuck.

Jane did not respond to the children's bids for support in this manner. When children experienced struggles putting puzzles back together she would tell them to "fix it" that the puzzle was "your mess" and that they needed to clean it up. Jane also had specific expectations for how materials were to be used, and children typically only played in a few spaces of the caring environment. Children colored at the table with markers or manipulated play dough, they looked through books in the library, they dumped puzzles on the floor, and they sometimes played in housekeeping. When Jane was reading books to the children, if they came and went from the library area, she would stop reading and announce that she could not continue unless the children were going to sit and listen. Her interactions with the children were consistently focused on maintaining order, not allowing more than three children in a play space at a time, and making sure materials were played with for the purposes she intended them to be used for.

Jane was consistent in her care to the children, but the children hardly called to her unless they were in desperate need. Mary's and Dawn's children were frequently observed leaning on their bodies while reading books or playing, sitting in their laps, and sharing hugs. Feelings of warmth and closeness were often sensed during interactions between the infants and toddlers in Mary's and Dawn's caring environments, but this sensitivity was not as evident in Jane's interactions with the children in her care. With attachment theory in mind and the knowledge that sensitive

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care is a critical component in supporting developmental outcomes, this is an important issue (Bowlby, 1988; Thomason, 2011), since most favorable developmental outcomes occur when secure emotional bonds have been created between young children and their caregivers (Ainsworth 1973; Bowlby 1969; Davies, 2011; Shonkoff & Phillips, 2000).

Additionally, Jane was often observed minimizing or rejecting the children's emotions when they became distressed during play or social interactions. Cassidy's (1994) research documents how important caregivers are in providing a sense of comfort and serving as a safe base when an apparent need for support arises. Jane, although consistent, was not sensitive or available to children to help them regulate their emotions. Instead, Jane minimized strong emotions by telling children to go work their anger out in the safe place. This repeated response, rejecting toddlers' emotional distress, could have been a factor in the decreased amount of bids Jane received from the children in her care in comparison to the bids observed being sent to Mary and Dawn.

These findings are also significant, because although Jane's children were independent in their play, there were times they did not engage in higher level cognitive activities, they simply continued with the same materials in the same way they had during previous observations. Burchinal and Cryer (2003) discovered a similar finding in that sensitivity and child engagement went hand in hand when predicting quality and cognitive outcomes for young children. Issues raised by this finding point to developmental concerns for children who do not engage in higher cognitively complex or challenging activities, possibly because they are not comfortable or willing to ask for help when needs arise. If appropriate scaffolding would not be available, does this

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inhibit a child from trying something new for fear of failure? How does caregiver sensitivity impact the decisions infants and toddlers make to ask for help or to work through struggles on their own? This aspect of teacher-child relationships is critical and needs to be further studied in order to gain a better understanding of how sensitivity within caregiver-child interactions impacts development.

Implications for Practice

The findings and discussion of this research support the significance of teacher-child interactions for infants and toddlers and the many contextual factors that impact their quality. Growth in developmental domains is facilitated during regular, repeated relational exchanges with caregivers, leading to several implications for practice. Previous studies have shown caregiver interactions with young children that are rooted in warmth and sensitivity have been noted to support self-regulatory skills of higher self-control, self-reliance, and engagement when caregivers provided emotional support (NICHD ECCRN, 2002; Rimm-Kaufman & Wanless, 2012). Caregivers should keep in mind the significant impact their interactions, specifically the responses caregivers provide to children when they are in need, have on the relational bond they form with each child in their care. Relationships are a major component of practice. Children need caregivers who can individualize learning experiences to meet the unique needs of each of the children in their care. All children benefit from responsive, sensitive, warm, and consistent interactions that occur in one-on-one and group settings.

To support caregivers in providing high quality care to infants and toddlers, administrators and policy makers also need to be aware of the important impact repeated, relational interactions have on the development of infants and toddlers so that

they can better facilitate this in their classrooms. Relationship based approaches to caring systems need to be established that take priority over curricular and planning tasks. Responding in the moment to a child in need is of utmost priority to maintain a safe and secure caring environment. Caregivers should promote cultures of honest communication and relationship building interactions with children that promote respecting individual differences. There are many ways this can be done. For example, one way to improve group care settings is to lower the number of infants and toddlers each caregiver is responsible for; lowering teacher-child ratios improves caregiver interactions and supports building strong relationships (Gerber et al., 2007; Phillips et al., 2000). Another way is to foster collaborative relationships between caregivers and the children's parents and/or primary caregivers outside of the school (Park, Yang, & Wee, 2014; Plotnik, 2013). When caregivers partner with young children's parents to discuss developmental milestones and progress, unique interests and curiosities can be furthered explored, investigated, and most importantly supported while at school and while away from the school environment.

Relationship based practices are of the highest priority when providing care to infants and toddlers. Designing a sensitive, responsive context of care promotes all developmental domains for young children. Safe and secure teacher-child relationships in every caring environment contribute to ensuring high quality care for infants and toddlers in group care settings. Findings from this study point to the need for greater practitioner support in regards to teacher training, building respect in the workplace, and policies that impact teacher-child interactions. Numerous factors reaching beyond classroom walls impact interactions that occur between caregivers and young children.

Implications for practice are not limited to caregivers and practitioners alone, but include environmental characteristics which influence caregivers as well.

Limitations of Study

A potential limitation of the present study was the lack of sufficient evidence to generalize the findings to the general population of early childhood caregivers of infants and toddlers (Merriam, 1998). This study focused on three particular caregivers in high quality settings and the interactions those caregivers had with the specific infants and toddlers in their care. Thus, it cannot claim that the observed interactions in three caregiving environments were in any way typical to those of another classroom. However, in order to maximize diversity in describing caregiver interactions, three caring environments were included and numerous hours were spent observing and exploring the interactions that occurred in daily caregiving routines. An additional limitation of this study was that videotaped observations were not taken to clarify any interactions I was not attuned to. Thus, there was the risk of missing some bids for attention as multiple bids for attention were sent out at the same time. However, rich descriptions that come from this study serve to provide a foundation for other caregivers and early childhood experts to transfer the findings to their own situations and care experiences.

Repeated observations of teacher-child interactions in the caring environment established partial evidence of internal validity for this study (Merriam, 1998). By collecting data over a period of time, I was able to gain a glimpse into the holistic nature of how caregivers responded to infants and toddlers bids for attention in each phase of caring in group settings. Morning routines, meal times, changing procedures, napping

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and waking encounters as well as outdoor play exchanges were all observed and documented over a twelve week period of time. Reliability for the study was threatened by researcher bias. To counter the effects of researcher opinion, member checking occurred with each of the caregivers in the study following initial and impromptu interviews. Also, colleagues familiar with data analysis procedures at this level of research assisted in examining data.

Although, limitations existed in this study, findings from this research add to the literature by supporting the current gap of understanding related to the nature of teacher-child interactions by providing rich descriptions of observed methods of caregiver responses to bids of infants and toddlers for support.

Recommendations for Future Research

As an indicator of quality, teacher formal education is not reliable when assessing infant and toddler care environments (Bardige, 2005; Clarke-Stewart et al., 2002; Vernon-Feagans et al., 2007). Additionally, many universities focusing on early childhood do not devote ample time to discussions of relational bonds supporting attachment and safe caring environments, nor do they convey the stark differences in need that infants and toddlers have compared to school age children (Honig, Kim, Ray, & Yang, 2013). Training prior to entrance into classrooms that focus on caring for infants and toddlers greatly impacts caregiver beliefs and perceptions (Riojas-Cortez et al., 2013). More studies are needed which look at the classes and components of time devoted to preparing early childhood or early care professionals for work with infants and toddlers, especially in regards to how aggression impacts caregiving. This is a huge issue that currently is rarely being addressed in teacher educator programs (Brownlee et

al., 2009; Hamre, Pianta, Downer, & Mashburn, 2007; Riojas-Cortez et al., 2013).

Research is also needed that examines the attitudes that caregivers hold when

interacting with young children, as the mindsets they hold about children greatly impact

their interactions and expectations, and if education or training impact attitudes or

mindsets.

Studies addressing the need for sensitive and responsive caregivers are plentiful

(Berk, 2008; Gerber et al., 2007; NICHD ECCRN, 2005; Ota et al., 2006; Richter,

2004; Vallotton, 2009). Previous research has shown the connection between warmth

in caregiver interactions being crucial in supporting all domains of infant and toddler

development (Frank Porter Graham Child Development Institute, 2012; Heckman &

Masterov, 2004; Yazejian & Bryant, 2010; Zaslow et al., 2011; ZERO TO THREE,

2007). A sparse amount of literature exists providing documentation around teacher-

child interactions qualitatively, as this study does. Numerous quantitative studies exist

which have categorically addressed the impacts of teacher-child interactions and the

quality of care provided to young children (Downer et al., 2010; Martinez-Beck, 2011;

NICHD ECCRN, 2005; Webb, 2011). However, limited studies exploring and

describing the details behind quantifications are available to provide insight in relation

to what is occurring during repeated interactions on a daily basis.

Future research should build on the findings of this study in order to provide the

field of early childhood education with a greater understanding of what actually takes

place when infants and toddlers interact with caregivers. Daily routines are known to

be crucial components for caregivers to form relational bonds (Gonzalez-Mena & Eyer,

2009), and therefore need to be discussed and presented to those making policy

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decisions regarding child ratios and the amount of time caregivers interact with children, especially infants and toddlers.

The findings of each of these caregivers point to one, if not all, of the characteristics considered significant for high quality care for caregivers of infants and toddlers. Mary, Dawn, and Jane all interacted with children in ways that were responsive, warm, sensitive, consistent, and/or reliable (Honig, 2002; NICHD ECCRN, 2005; Raikes & Edwards, 2009; Richter, 2004). Future studies should examine the impacts when one or a few, but not all, of these predictors of quality are present during teacher-child interactions. Is one characteristic of greater importance, or does one have a stronger impact when looking at developmental outcomes? Children in Jane's care counted on her consistence and reliability, but her responses were rarely warm and sensitive. Research agendas seeking a deeper understanding of the development of young children should examine this issue in regards to how interactions impact development. This issue is one of utmost importance in light of recent studies indicating how vital teacher-child relationships are to all domains of development for infants and toddlers in group care settings (Frank Porter Graham Child Development Institute, 2012; Heckman & Masterov, 2004; Yazejian & Bryant, 2010; Zaslow et al., 2011; ZERO TO THREE, 2007).

Conclusions

This research study had an overall goal of better understanding teacher-child interactions in infant and toddler caring environments. Data analysis revealed striking similarities and differences in the nature of the lived experiences across all three infant and toddler caring environments. The nature of sensitivity differed at each site. The

ways children sent bids to their caregivers and the responses children's bids received also varied. Caregiver perceptions of care played a significant role in impacting the interactions Mary, Dawn, and Jane had with infants and toddlers.

While findings indicate that there were components of warm, responsive caregiving interactions present across all three caring environments, certain patterns and procedures of care may be considered more relationally supportive than others when looking at how interactions support development. Through repetitive interactions over time that become patterns of behavior, children learn how to gain the attention of sensitive caregivers when in need of support (Hamre et al., 2013; Morris, Denham, Bassett, & Curby, 2013). Caregivers also learn what the children in their care need in regards to timely and situation specific responses. These interactions act to bond infants and toddlers to their caregivers in ways that establish the caring environment as safe and secure, promoting outcomes for young children. Or these interactions communicate to children that they are on their own to work challenges out independently, without support and guidance (Booth et al., 2003; Edwards & Raikes, 2002; Sroufe, 2005; Weinfield et al., 2008).

Additionally, there were specific perceptions that impact teacher-child interactions. Consistent care is reliable, but not always sensitive to the unique needs of each child. When caregivers responded to children who were upset or in need in sensitive, responsive, and predictable ways, they created an atmosphere that served as a safe and secure base from which children could explore. When children trusted their caregivers would be there to provide support when bids were sent for help, children were free to investigate the environment, leading them to make meaningful connections

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about the world around them through increasingly higher and more complex interactions with materials.

One of the greatest outcomes of this study is the recognition of the importance of caregivers repeated interactions in regards to the responses they provide infants and toddlers to bids sent during times of stress. Missed bids, or mis-matches in responses did occur, but these responses were not the norm for most sent bids. More research is needed in regards to caregiver-child attachment in order to understand why some children continued to call out when they were in need and others simply continued in predictable play, not calling out unless being harmed or in distress. The field needs a greater depth of knowledge regarding what happens when caregivers' responses are not appropriate and do not support the establishment of a safe and secure caring environment. This study suggests that the sensitivity of caregivers' reciprocal interactions with infants and toddlers makes a difference in the bids children send when they are in need.

Future possible directions in the field of early care and education research are tremendous as more knowledge is gained and more is understood about the impact sensitive care has on the development of infants and toddlers. This was one of the first studies in over two decades that sought to provide an in depth qualitative glimpse into the nature of the lived experience of infants, toddlers, and caregivers in group care settings. Many more studies are needed to better understand the inner workings caregiver relationships have on young children. Child care as a setting for studying children and caregiver behaviors, and the influence sensitive and dependable interactions have on all aspects of development is a rich and under-explored territory.

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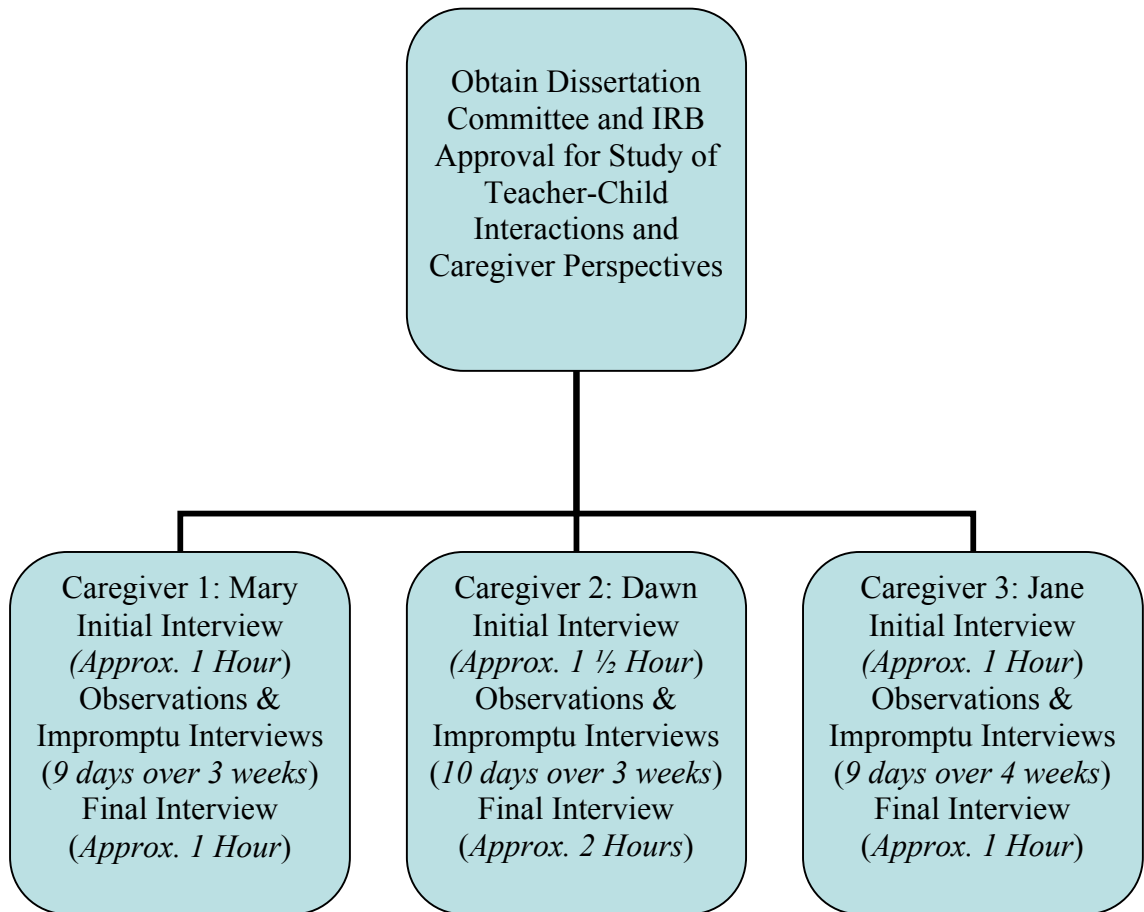
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Appendix A: Teacher Interview I

Interview Questions:
1. Tell me what you do in your role as a caregiver of young children.
2. Tell me how you feel about your role as a caregiver.
3. Tell me about the practices you use to encourage or support young children's development.
4. Tell me how you know a child needs your support to handle emotional challenges.
5. Tell me how you respond to a child who is upset.
6. Is there anything about caring for children's emotional development that is challenging for you? If yes, please explain.
7. Tell me what you wish society knew about your role as a caregiver.
8. Tell me what you find most rewarding as a caregiver.

Appendix B: Data Collection Diagram

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┌──────────────────────────────┐
│   Obtain Dissertation        │
│   Committee and IRB          │
│   Approval for Study of      │
│   Teacher-Child              │
│   Interactions and           │
│   Caregiver Perspectives     │
└──────────────────────────────┘
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| Caregiver 1: Mary Initial Interview *(Approx. 1 Hour)* Observations & Impromptu Interviews *(9 days over 3 weeks)* Final Interview *(Approx. 1 Hour)* | Caregiver 2: Dawn Initial Interview *(Approx. 1 ½ Hour)* Observations & Impromptu Interviews *(10 days over 3 weeks)* Final Interview *(Approx. 2 Hours)* | Caregiver 3: Jane Initial Interview *(Approx. 1 Hour)* Observations & Impromptu Interviews *(9 days over 4 weeks)* Final Interview *(Approx. 1 Hour)* |

Appendix C: Caregivers' Demographic Data

	Mary	**Dawn**	**Jane**
Age in years	28	31	34
Race/Culture	Caucasian	Caucasian	Native American
Level of Education	BA/BS	BA/BS	BA/BS
Degree Received	Child and Family Services	Childhood Development	Early Childhood Education
Years Working in the Field	3 ½ years	7 years	15 years
Hours Worked each Day	7:00 a.m. – 3:30 p.m.	7:00 a.m. – 3:00 p.m.	8:00 a.m. – 4:00 p.m.

Appendix D: Children's Demographic Data

	Mary's Caring Environment	**Dawn's Caring Environment**	**Jane's Caring Environment**
Ages of Children	Wk 1: 7-25 months Wk 2 & 3: 6 weeks – 25 months	16-26 months	16-32 months
Number of Children Currently in Care	Wk 1: 7 Wk 2 & 3: 8	19 total Mon – Tues: 12 Mon – Wed: 13 Thurs – Fri: 12	5