INTRODUCTION

Mentoring in childcare has been documented in the literature (Breunig & Bellm, 1996; Fenichel, 1992) and has demonstrated to be an effective mode of training/technical assistance (Breunig & Bellm, 1996). However, in the majority of studies conducted there are few, if any, demonstrations that utilize a randomized trial design (Breunig & Bellm, 1996). Many studies track the progress of the intervention group, some studies have comparison groups, but few, if any, have employed a randomized design. This research describes the pre-test and post-test data collected as part of a study that employed a randomized design.

The majority of research (Clarke-Stewart, 1987; Goelman & Fencer, 1987; Howes, 1987; Phillips, 1987; Kontos & Fiene, 1987; Galinsky, Howes, Kontos, & Shina, 1994; Scarr, Eisenberg, & Deater-Deckard, 1994; Lutcovich, Fiene, Johnson, Koppel, & Langan, 1997; Helburn, 1995; Fiene, 1995, 1996; Jords-Bloom, 1988; Love, Schochet & Meckstrom, 1986) completed on early childhood quality was focused on preschool programs, with infant toddler programs rarely as the central focus of the research. The research completed in infant toddler programs clearly documented the mediocre level of care provided to children in these programs (Lutcovich, Fiene, Johnson, Koppel, & Langan, 1997).

This study focuses on the first three years of life, which includes describing a child care mentoring project designed to improve the quality of infant and toddler child care programs in South Central Pennsylvania. All programs were child care centers licensed by the Department of Public Welfare. Seven of the sites were accredited by the National Association for the Education of Young Children. The self-selected group of programs and caregivers were randomly assigned to one of two groups, which consisted of either the mentoring group or the comparison non-mentoring comparison/control group. Intervention model mentoring group received intensive mentoring from a seasoned early childhood professional (minimum of 5-7 years of experience in the early childhood field as both a director and teacher) from September to December 2000. The mentoring model consisted of a problem solving approach in which the mentor spent a good deal of time observing in the beginning weeks in order to develop a trusting relationship with the protégé. Once both the mentor and protégé felt comfortable then suggestions could be entertained by the mentor.

METHODS

This study involved a randomized design 52 caregivers from 27 sites in South Central Pennsylvania. All programs were child care centers licensed by the Department of Public Welfare. Seven of the sites were accredited by the National Association for the Education of Young Children. The self-selected group of programs and caregivers were randomly assigned to one of two groups, which consisted of either the mentoring group or the comparison non-mentoring comparison/control group. Intervention model mentoring group received intensive mentoring from a seasoned early childhood professional (minimum of 5-7 years of experience in the early childhood field as both a director and teacher) from September to December 2000. The mentoring model consisted of a problem solving approach in which the mentor spent a good deal of time observing in the beginning weeks in order to develop a trusting relationship with the protégé. Once both the mentor and protégé felt comfortable then suggestions could be entertained by the mentor.

The comparison group did not receive the mentoring intervention and only had the regular workshop type variety training available to them but they did receive mentoring from March to June 2003. Interestingly, this study determines how much the two groups had improved from the pre-test data collection because they were essentially equivalent at that point on all measures.

Programs were recruited by the Capital Area Early Childhood Training Institute, a broad based community focused training institute. Program directors were invited to attend a meeting describing the mentoring project. Of those attending, 95% agreed to participate in the project. Fifty two caregivers started the project, 14 caregivers dropped out of the project between pre-test and post-test. There was an intentional dropout rate from both the mentoring and the control groups. Data from the four quality measures used for all the programs are presented in Table 1. The four measures of quality were the Infant Toddler Environment Rating Scale (ITERS), the Arnett Caregivers Observation Scale, the Knowledge of Infant Development (KIDD), and the Bloom Scales of Organizational Climate.

RESULTS

Both the mentoring and comparison groups were tested for equivalence at the beginning of the project in the pre-test data collection phase. There were no statistically significant differences on any of these measures at the pre-test. When the programs and caregivers were measured at the post-test, positive changes occurred although none were found to be statistically significant. In the aggregate the improvement found continued with the mentoring project showed improvements in the overall quality of care.

The pre-test and post-test data for the intervention and control groups is shown in Table 2. These results indicate that the mentoring group showed increases on the program quality scales (ITERS and Arnett). This increase was especially noticeable on the ITERS. There was a decrease in program quality with the control group, going from a score of 137 to 132. On the Arnett scale the mentoring group increased greater than the control group (11 point increase versus a 7 point increase).

Although the above results did not reach statistical significance, when specific subscales are analyzed several show significant differences (see tables 3 and 4). Several of the subscales on the ITERS and Arnett reached statistical significance with positive changes in routines (greeting/departing, meals/snacks, nap time, diapering/toileting, health/safety practice/policy) learning activities (eye-hand coordination, active physical play, books, pretend play, cultural awareness), sensitivity, and appropriate discipline for the mentoring group. The only statistically significant finding with the control group was in a negative change in interactions in which the scores decreased from pre-test to post-test. Paired t-tests were used in all of these analyses in tables 3 and 4.

DISCUSSION

This study demonstrates that the sites that were mentored improved on the ITERS and the Arnett. This is an encouraging result in that the intervention was only 4 months long. It is an important finding because the majority of mentoring projects in the past have utilized anecdotal evidence to demonstrate their effectiveness. Very few programs have conducted randomized trials of their interventions.

It is clear from the data that training/technical assistance interventions are needed in infant toddler programs because of the low scores on various program quality measures. It is also discouraging in that the control programs did not improve in which the ITERS went from 137 (pre-test) to 132 (post-test). This is a finding that will be monitored over time to see if this trend continues. Hopefully this was just an aberration in the data however there does seem to be support when these data are compared to other studies (Lutcovich, Fiene, Johnson, Koppel, & Langan, 1997).

The public policy implications are that an intensive mentoring intervention of only four months can produce positive, although not statistically significant, changes in the overall quality of child care programs both globally and with caregiver interactions. Previous research (Johnson, 1994) has indicated that increasing the number of hours of training provided may have a more definitive influence on child appropriate behaviors in child care staff. Mentoring this model because it is an intensive one-on-one intervention in which the mentor and protégé are engaged in problem solving activities to improve the overall quality of the interactions and environment of the child care programs.

REFERENCES


