Child Care Professionals Focus Group Results: Missouri

Teacher vs. Provider

Participants in Missouri preferred the term “teacher.” The word provider was associated with directors, administrators, and rule makers—NOT the person in the classroom working directly with the children.

“When I think of providers, I think of the head that comes down that tells us what to do. So you’re the provider that tells us what to do. ... [W]hen you say providers, I think of the head, because everything comes from them. They are the providers.”

Nutrition

Participants agreed with the message that they have a strong role to play in helping children learn good nutrition habits. Participants also agreed that standards would help all teachers make healthy foods available.

Group members spoke to challenges within centers, specifically from administrators and decision makers on issues like procurement of supplies that help teachers build healthy habits, restrictions on activities (class trips into the community) and food procurement itself. There was a sense that standards may help teachers directly, by shaping what they are required to do, and that standards would additionally spur action from the larger for-profit centers to make some impactful changes.

Some respondents in this group also mentioned one particular challenge that possibly reflects a greater need to think through the impact of regulations on specific ethnic communities. Keeping a kosher kitchen often requires more labor and/or equipment to maintain, and meat and other foods that are part of a kosher diet can be more expensive. This is an example of where it can be critical to think of food preparation practices for different cultures when considering cost and the practical impacts of change.

“The first thing that comes to my mind is disappointment in my center, because we should be at this level where we are getting the fresh fruits and fresh vegetables so that I can show them [to the children]. I’m a teacher; I’m supposed to be teaching them. But if you’re giving me this poison, basically, you’re only two and I’m giving you all this sugar and processed meats and everything. I’m not teaching you. I’m just basically the middle man.”

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Nutrition  (Continued)

“So we can’t do field trips, so we can’t go to the grocery store, but we bring the grocery store to us by setting up our centers and things like that. It’s expensive, but to me, I’ve always been one of them teachers, my paycheck is worth spending back on my babies. It’s just worth it.”

“I went and spent my own money, I got the regular spoons from the dollar store and the little bowls from the dollar store. I only had to come up and spend $6 to $8 and it was worth it. And when our classroom did that, then my boss came and said, can you buy bowls for everybody? I’m like, yeah, if you pay for it. So she paid for it because she saw how easy it was in my classroom.”

“I would like to see collaboration. Not think of the dollar.”

Active Play

The group agreed with the message that active play is important, but stressed that there are barriers to carrying it out—usually at the center level. They requested that messages be created that target administrators, owners, and center directors.

The group reported that an hour per day for active play, structured and unstructured, is important. There was confusion around the definition of active play—whether we were referring to dramatic play or gross-motor play indoors. Participants asked that more specifically describe what type of movement is encouraged.

“Having some unstructured time and some structured time is a meaningful thing along with having enough materials.”

“And we’ve had children come to us two years old, 50 pounds, so you know that child never did anything. But now, those children can find that monkey bar, they are everywhere, and they’re pulling and everything. But it had to take teachers to encourage it, to promote it, and to make the child feel comfortable. ... If we hadn’t put them in the position and helped them get there, they might be 70 pounds and three years old. And that’s not what we want.”

“We have a lot to do. I have arthritis in my knees, but I’m outside moving with these kids. And when I get tired or start hurting, I’ll go lean up against the fence. They know this. Miss Joyce, you hurting? Yeah, I hurt right now, but I’m going to be back over there.”
Respondents felt that children get too much time with screens and they did not respond favorably to the message that some screen time is good.

While the initial response to the “some screen time is good” statement was negative, there was consensus that technology in child care settings can be used well for educational purposes. The group stated that if technology is available and used, content should be limited to educational content.

The respondents feel that having guided screen time or guided interactions with TV or tablets as part of the learning experience is important for child care settings and requested that messages indicate such.

“They can’t tell how a dolphin swims from a picture. So when you pull the iPad out and you show them a two-minute clip, and it’s being used like that with a lesson, I think it’s very useful. But I’m not saying, sit the child in front of the TV or just have them hold the tablet and stare at it. But I think, within that context, I think it’s a great teaching tool. Although, it should be very limited.”