ACCREDITATION FACILITATION PROJECTS: SUPPORTING HIGH QUALITY EARLY CHILDHOOD EDUCATION AND CARE

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Dissertation Prepared for the Degree of

DOCTOR OF EDUCATION

UNIVERSITY OF NORTH TEXAS

May 2013

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Reinke, Stephanie L. Accreditation Facilitation Projects: Supporting High Quality Early Childhood Education and Care. Doctor of Education (Early Childhood Education), May 2013, 99 pp., 9 tables, 1 figure, references, 87 titles.

High-quality early childhood education and care (ECEC) are linked to positive developmental outcomes for children. Systems have been created to define, measure and promote high-quality ECEC. National accreditation status is deemed the gold standard of a high-quality program, yet many centers are unable to achieve this without assistance. With the help of Accreditation Facilitation Projects (AFPs), many low-income centers are able to achieve accreditation. Centers collaborating with an AFP reap many benefits including financial support, ongoing training and mentoring, and guidance through the accreditation process. AFPs invest greatly in the centers they collaborate with and the longer the center takes to achieve accreditation, the more resources an AFP must expend.

The purposes of this study were to understand if the educational level of center director, the total enrollment of a center, or the percentage of children receiving government subsidies could predict the time it takes for a center to complete the accreditation process while receiving assistance from an AFP, and to determine if there are differences in attitudes about program accreditation between center directors and early learning specialists who serve as accreditation mentors to the directors.

Findings revealed that a) the higher educational level of program directors is associated with a quicker time to program accreditation, b) both the total enrollment of the center and the percentage of children receiving government subsidies do not predict time to accreditation, c) the number of total staff in a center is associated with a quicker time to accreditation, and d)

there is no significant difference between the directors' attitudes and early learning specialists' attitudes toward accreditation and accreditation facilitation projects.

AFPs looking to streamline their accreditation process and provide accountability to their stakeholders regarding their investments over time can use these findings to choose to collaborate with centers that have directors who have at least a bachelor's degree in order to shorten the time to accreditation.

ACKNOWLEDGEMENTS

To my husband Ron for his unwavering support, words of encouragement and belief in me. To my daughter Emma for inspiring me to achieve my dreams. To my parents Karen and Jimmy for picking me up when I needed to be carried

This achievement would not have been possible without the encouragement, guidance and support of many people. I gratefully acknowledge Dr. George Morrison for his mentorship and guidance through this journey. His support was most helpful and appreciated. I am forever grateful for the continued support, words of wisdom, and gentle guidance that I received from my dissertation committee, Dr. Carol Hagen, Dr. Bert Hayslip, Jr. and Dr. Arminta Jacobson.

Special thanks to all of my family who helped me in so many ways over the years to make this achievement a possibility. I especially thank my husband, Ron, who has stood by my side throughout this entire process, to my darling Emma who truly gives the work I do meaning, and to Dr. James Vredenburgh for helping me still be here to see this dream come true.

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ACCREDITATION FACILITATION PROJECTS

Introduction

Early childhood education centers with national accreditation status provide children and families high quality care (Dinehart, Manfra, Katz, & Hartman, 2012). Research links high quality early childhood education and care with positive child developmental outcomes (Dennis & O'Connor, 2013; Li, Farkas, Duncan, Burchinal, Lowe, & Vandell, 2012; Mashburn, Pianta, Hamre, Downer, Barbarin, Bryant, Burchinal, Early, & Howes, 2008; Pinto, Pessanha, & Aguiar, 2013). Achieving accreditation, a desirable and important goal that many centers strive to attain, exemplifies the important link between high quality early childhood education experiences and positive childhood outcomes. Accreditation is a voluntary process that early childhood education and care (ECEC) programs pursue in order to implement higher quality programs based upon a professionally agreed upon set of program standards (Buettner & Andrews, 2009). Through a rigorous self-evaluation and self-improvement process, these centers achieve accreditation. Despite the widely agreed upon importance of accreditation, there are less than 10% of all child care centers in the United States with accreditation (National Association of Child Care Resource and Referral Agencies, 2007; Neugebauer, 2009).

The time consuming and costly accreditation process results in some centers opting to forgo the process altogether (Galuski, 2005). The accreditation process involves a self-study period through which program staff identify areas needing improvement, a team of trained volunteers visits the site to validate program information, and a national commission of recognized experts judge whether the program is in substantial compliance with accreditation criteria. This process typically takes up to 24 months to complete. Several accreditation

facilitation projects (AFPs) emerged in order to increase the number of accredited programs nationwide. Accreditation facilitation projects are programs that attempt to increase opportunities for young children to experience a high quality early childhood education. They do this by supporting ECEC programs that are seeking national accreditation. Accreditation Facilitation Projects motivate and support programs through the accreditation process via multiple avenues including individualized support to ECEC programs, group-focused support and access to resources and other supports (Means & Pepper, 2012).

Theoretical Framework

Both the definition of and measurement of quality as related to ECEC have an increased importance. Organizations, such as the National Association for the Education of Young Children (NAEYC) and the Association for Early Learning Leaders, formerly the National Association of Child Care Professionals (NACCP), assess quality in ECEC settings in order to award or deny accreditation status. Indicators of quality from both of these organizations are consistent with the dominant philosophy surrounding best practices for children. Additionally, 49 of the 50 United States have adopted, or are in the process of formulating, a quality rating and improvement system (QRIS) to ensure that young children receive quality care (www.childcareaware.com). Often times QRIS systems are tied to accreditation as well. For example, if a program center is accredited, in some states the QRIS system would automatically award the center its highest quality level rating.

In the 1980s, as many ECEC programs attempted to understand the accreditation criteria, they recognized the importance of defining appropriate practices. Accreditation at that time required practitioners and their child care environments to follow "developmentally

appropriate" guidelines. The creation of the 1987 document entitled *Developmentally Appropriate Practice in Early Childhood Programs from Birth through Age 8* formalized the developmentally appropriate practice (DAP) (Bredekamp, 1987). This research-based teaching approach on how children develop and learn is effective in early education instruction (http://www.naeyc.org/files/naeyc/file/positions/PSDAP.pdf). The work of Jean Piaget, Lev Vygotsky and information-processing theory support the theoretical backgrounds of these approaches. Developmentally appropriate practice has the following three core considerations: knowing about child development and learning, what is individually appropriate, and what is culturally acceptable (Bredekamp, 1987). High quality care inextricably links these core considerations to educating young children. Accreditation and QRIS both require the utilization of DAP.

Quality in Early Childhood Education

Quality, originally present in the business industry, is relatively new in the ECEC field; its current conceptualization emerged in the early 1980s. In the early childhood field, quality is linked to the notion of conforming to specific requirements. The evaluation of a "quality"service is one that demonstrates high conformity to specified norms in terms of structure, process, or outcomes. There is a widely accepted definition of what quality means in the United States' early childhood education field (Sims, 2007). This definition emphasizes a child-centered approach in which caring, gentle, kind adults raise children rather than with a harsh and restrictive approach. These adults provide children a wealth of experiences while protecting their health and safety (Fenech, 2011).

The characteristics of quality may be either structural or process (dynamic). Structural quality contains characteristics that create the framework for the processes that children actually experience (Fenech, 2011). The children and also the environment that surrounds the setting, such as the center or the community, use these characteristics. Examples of structural quality include adult-child ratios, education and experience of the teachers or the director, and measures of group size. Process quality consists of those aspects of an ECEC setting that children actually experience in their programs, including teacher-child interactions, handling of personal care routines such as meals, toileting, or rest, and the types of materials and activities in which they are engaged. The prevailing belief is that these processes influence the well-being and developmental outcomes of children who directly experience them.

Licensure

Ongoing attempts at measuring and ensuring quality programs existed prior to accreditation as a marker of quality in early childhood education. Professional licensing standards for child care programs were available in the 1950s and 1960s. Research shows that regulated features of ECEC relate to later child outcomes (Clarke-Stewart, Vandell, Burchinal, O'Brien, & McCartney, 2002). The focus of these features was often based on the fundamental elements of safety and health. Earlier licensing standards are considered low according to today's expectations of quality care, but nonetheless, were an initial effort to indicate quality (Neugebauer, 2009). However, there were many gaps in the way the application of these standards specifically related to family child care, after school programs, part day programs and church-operated programs. These programs were either exempt or ignored in many licensing standards (Neugebauer, 2009). Currently, licensing requirements vary from state to state, but

typically include ratios of care providers to children, sanitation requirements, and space requirements (Buettner & Andrews, 2009). Overall, licensing standards set a minimal standard of care that reached adequate numbers of providers to assure affordable access.

Accreditation

The National Association for the Education of Young Children (NAEYC) has roots that extend to the 1920s when professional researchers and educators began organizing nursery schools for young children. A multidisciplinary group of 25 individuals led by Patty Smith Hall became concerned about the quality of the programs that were proliferating and convened a public conference in 1926 to discuss the need for a new association. By 1929, the group was formally organized as the National Association for Nursery Education (NANE) and they soon published their first book, *Minimum Essentials for Nursery Education*. Since this time, NAEYC has become the world's largest organization working on behalf of young children (www.naeyc.org). In the 1980s, NAEYC initiated a new approach to quality, its Early Childhood Program Accreditation project. This system of quality assurance in ECEC remains the gold standard for high quality early childhood education programs. Beginning in 1985, and for the duration of a decade, NAEYC accreditation was the only established accreditation system in place in the United States (Neugebauer, 2009). There is no central database that lists all of the early childhood accrediting agencies in the United States. A research report from 2009 found reference to over twenty early childhood accreditation systems (Neugebauer, 2009).

The accreditation process is time-consuming, costly and difficult for many programs to navigate (Neugebauer, 2009). Many ECEC programs work with AFPs to assist them through the accreditation process. By 1990, the first accreditation facilitation projects emerged

spontaneously across the country. Strong support for the accreditation process from early education leaders nationwide resulted in grassroots efforts to find avenues to assist programs choosing to pursue quality improvement through the accreditation process. Using the framework of NAEYC early childhood program standards and accreditation criteria, quality improvement efforts primarily built AFPs; yet they remain independent from NAEYC. As of January 2013, 107 AFP projects in 40 states and the District of Columbia were registered with NAEYC (http://www.naeyc.org/academy/afp/finder www.naeyc.org).

Quality Rating Systems

There is a nationwide emergence of individual states using the strategy of quality rating improvement systems (QRIS) to improve quality early childhood care and education (Buettner & Andrews, 2009). Most states developed rating systems using a set of quality standards that range from meeting basic requirements (often licensing standards) and progress toward the highest standards (often national accreditation). Forty-nine states currently have, or are in the process of developing, quality rating systems (www.childcareaware.org). Individual states establish standards that early childhood programs must meet in order to get a QRIS rating. Often times, these standards refer to the individual state's early learning guidelines. Early learning guidelines for preschool vary from state to state, but generally describe expectations about what young children should know and be able to do during specified age ranges.

Empirical research studies establish a link between high quality early education and care with positive developmental outcomes (Dennis & O'Connor, 2013; Li et al., 2012; Mashburn et al., 2008; Pinto et al., 2013). Over the last three decades, accreditation systems have designed, defined, supported, and assessed a higher level of quality in ECEC. In the United States,

accreditation systems and QRIS are currently the two primary ways to promote high quality ECEC (La Paro, Thomason, Lower, Kitner-Duffy & Cassidy, 2012; Surr, 2004). Accreditation facilitation projects that support ECEC programs through the accreditation process are an important component of promoting high quality care. AFPs are accountable to their stakeholders and need research studies to support their efforts. In order to get continued financial support and to streamline their efforts, AFPs need to get a clear picture of what is working, and what is not working with their programs. The longer a program takes to achieve accreditation, the more resources that an AFP must invest. Because of this, some AFPs are choosing to shorten their accreditation process. One such AFP, Educational First Steps, recently launched its Four Steps to Excellence 2.0 program, which shortens the accreditation time to 40 months from the 60-month average their centers were taking to achieve accreditation (Hendricks, 2012).

Research studies that provide AFPs with informative data help them make decisions that guide them with issues such as the best placement of their money and support, and what centers they should or should not be targeting to assist. Educational First Steps recently reformulated its training process to create a more structured, streamlined approach that will ultimately accelerate the accreditation process. Accreditation can be done in less than two years, but centers collaborating with EFS took an average of 5 years to complete the process. This research study examined the characteristics of centers that are taking a longer time to achieve accreditation. By being able to predict if a center will take a longer time, AFPs and their stakeholders can strategize ways to streamline the process, provide extra resources, or

ultimately decide if it is worth the additional resources needed for a longer accreditation process. Centers that take longer to achieve accreditation drain resources of AFPs.

Methods

The first purpose of this study was to understand the characteristics of ECEC programs that are taking longer than the average two-year standard to go through the accreditation process while receiving assistance from an AFP. A secondary purpose of this study was to determine whether there was a statistically significant difference between the means of both the director's and early learning specialist's (ELS) attitudes toward the accreditation process while working collaboratively on accreditation.

Participants

Educational First Steps (EFS) is an accreditation facilitation project located in Dallas, Texas. Established as one of the first AFPs in the country, EFS began as an agency committed to early childhood education programs serving children from low-income families. Their Four Steps to Excellence program establishes collaborations between its in-house early childhood experts and early learning teachers and directors. On-site and in-classroom mentoring, as well as formal training and enrichment, fosters this relationship. The ultimate goal of the Four Steps to Excellence program is accreditation through either National Association for the Education of Young Children (NAEYC) or the National Accreditation Commission (NAC). A joint study conducted between EFS and the Dallas Independent School District demonstrated the outstanding outcomes of EFS' Four Steps to Excellence program. This study elicited positive, measurable outcomes of participants documented through at least third grade (Scotch, 2013).

EFS is currently assisting 90 child care centers in North Texas, representing over 5,500 children and 1,000 teachers.

The sample for this study consisted of the 90 directors of the ECEC programs that were currently working towards accreditation with EFS. The sample also included the 15 early learning specialists from EFS that mentor the directors and staff of the 90 programs. The early learning specialists are employees of Educational First Steps. They are well-trained as mentors who guide the low-income ECEC programs toward national accreditation in all areas of their programs at their own facilities and classrooms.

Procedures

There were two procedural components of this research study. The first component was a review of archival data housed at Educational First Steps. The study included a review of both electronic and paper archival data on-site at Educational First Steps located at 2300 Swiss Avenue in Dallas, Texas. EFS granted permission to review archival data on the 33 centers they have assisted in achieving accreditation. Data collected included the educational level of the director, the percentage of children receiving government subsidies, the total enrollment of the center, type of accreditation achieved, ethnicity of both children and staff of the centers and the length of time it took the center to achieve accreditation. This data provided the basis to establish what characteristics of low-income ECEC programs that utilize an AFP can best predict the length of time it takes to achieve accreditation.

The second procedural component of this study involved the administration of the Accreditation Facilitation Questionnaire (AFQ) instrument. The AFQ was given to the 15 early learning specialists that are employed by EFS and serve as mentors to low-income centers

currently going through the accreditation process. The AFQ was also mailed to each of the 90 directors that were currently collaborating with EFS in the Dallas-Fort Worth area.

Measures

The study utilized a 33 item self-completion, mixed-methods questionnaire entitled the Accreditation Facilitation Questionnaire (AFQ). Twenty-five items were closed-ended questions presented in a Likert scale format. The Likert-type frequency scale for the AFQ ranged from SA for *strongly agree* to SD for *strongly disagree*. The remaining eight open-ended items allowed the directors and early learning specialists the opportunity to speak to the accreditation process as it pertains to their individual selves. The overall internal consistency (reliability) of the AFQ, as measured by Cronbach's alpha, was .73.

I trained professionally as a national accreditation validator through the Association for Early Learning Leaders, formerly the National Accreditation Commission for Early Care and Education Programs in 2010. Through this training, I conducted on-site classroom observations and reviewed documentation in order to validate early child care centers accreditation criteria. As a professional consultant, I worked closely with administrators of early childhood education programs seeking national accreditation. The material for the questionnaires designed for this study, resulted through these professional experiences as well as graduate coursework.

Human Subjects Protection

Prior to the study, the consent form and questionnaire instrument were submitted to the University of North Texas Institutional Review Board (IRB) for human subject protection and to assure compliance with the University's ethical standards. Approval was granted on September 25, 2012 for this research study. Participants were not excluded based on ethnicity,

gender, or socioeconomic status. Participants were informed that their involvement was voluntary. A modification to the original questionnaire was made which required a request to be submitted to the International Review Board on February, 6, 2013. The IRB modification was approved on February 8, 2013.

Data Analysis

Data were gathered and analyzed as a whole at the end of the data collection process and were assigned a number (1-33) for purposes of data entry, ensuring confidentiality. IBM SPSS Statistics 20.0 was utilized to perform all statistical analyses related to this study.

To answer the first research question, in order to understand the predictive nature between the education level of the director, percentage of children receiving government subsidies, and total enrollment of the center with the length of time it takes a center to go through the accreditation process, a regression analysis was performed. The educational level of the director, percentage of children receiving government subsidies, and total enrollment of the center were the predictors and the independent variables in this analysis. The length of time it took a center to achieve accreditation was the dependent variable. Regression analysis allowed the researcher to determine whether the educational level of the director, percentage of children receiving government subsidies, or total enrollment of a center best predicted the length of time a center takes to achieve accreditation.

The second research question involved the use of the AFQ which was a mixed-methods 33-item questionnaire yielding both quantitative data and qualitative data. Twenty-five items on the AFQ were closed-ended and written in a Likert scale format. The questionnaires were given to both the 90 directors and the 15 early learning specialists and education managers at

EFS. While 14 of the 15 AFQs were returned by the early learning specialist, only 18 of the 90 were returned by the directors. Utilizing IBM SPSS Statistics 20.0, a Cronbach's alpha was conducted to measure internal consistency (reliability) of the AFQ. Once internal consistency reliability was established, a one-way analysis of variance (ANOVA) was performed to determine whether there were any significant differences between the AFQ means of the directors and the ELSs.

The last eight items on the questionnaire were open-ended and allowed the respondent to speak to the accreditation process as it pertained to them as individuals. There was no statistical analysis run on the last eight questions of the questionnaire. The purpose of adding a qualitative component to the questionnaire was to reflect and give more meaning to the survey questions.

The first research question of this study explored the predictive nature of specific ECEC program characteristics with the length of time it takes to achieve accreditation. The first predictor was the educational level of the director. I assumed that the higher the educational level of the director, the shorter the length of time to achieve accreditation. This assumption was based upon the belief that the more educational experience a director has, the more exposure she has had about the accreditation process. This increased exposure would give her more background knowledge going into the accreditation process than directors who have not had as much educational experience.

The second predictor that was analyzed was the percentage of children who receive government subsidies. I assumed that the higher the percentage of children receiving government subsidies, the longer it would take a center to go through accreditation. This

assumption was based upon the belief that a center that has a large number of children receiving government subsidies has an overall lower level of income. Because accreditation is a costly process, centers with little money would not necessarily view accreditation as a possibility preventing most centers to not seek out information about accreditation. In addition, because centers working with AFPs benefit in the form of monetary rewards such as materials, facility improvements, and teacher education, it is possible that stretching out the accreditation process would give these lower-income centers access to benefits they might not otherwise have.

The third predictor was the overall attendance of the ECEC program. I assumed that the higher the number of children in the program, the longer it would take the center to go through the accreditation process. This assumption is based upon the belief that when a center has a higher number of students enrolled, there is less time to dedicate to the accreditation process. The accreditation process takes time away from teaching and other administrative duties, and centers with higher enrollments might not have the staffing resources to run the center properly while also going through the accreditation process.

I believed that all three of the described predictors may contribute to some extent to the length of time it takes to complete the accreditation process. Statistical analyses were run to determine which one of the predictors, director's education level, percentage of children receiving government subsidies or total enrollment is the best predictor of the time it takes centers to achieve accreditation while working with an AFP.

The second research question of this study was mixed methods in nature and was designed to examine differences between the director's and the early learning specialist's

perceptions toward accreditation using quantitative (a measure of attitudes toward accreditation) and qualitative (open-ended questions regarding accreditation) data.

The directors and ELS' work closely together throughout the accreditation process. Allowing both of them to speak to the accreditation process as it pertains to them as individuals could elicit powerful information. This information could be utilized by AFPs to help strengthen the collaboration between the directors and the ELS'. Strengthening the collaboration could help shorten the length of time it takes a center to become accredited. In order to gather this information, both the 15 ELS' and the 90 directors were asked to answer a self-completion questionnaire called the Accreditation Facilitation Questionnaire (AFQ).

Results

Research Question 1: Archival Data – Predicting Time to Accreditation

Frequency distributions of major variables of interest in this study are displayed in Tables C2, C3 and C4. The first research question asked what variables could best predict the length of time it took a center to achieve accreditation (total enrollment of the center, educational level of the director, or percentage of children receiving government subsidies). In order to answer this research question, a regression analysis (n = 33) was performed. The dependent variable for this analysis was the time to accreditation, initially coded as a continuous variable based on the number of months it took a center to achieve accreditation. Independent variables for this analysis were the following: percentage of children receiving government subsidies, the total enrollment of the center, and the educational level of the director. The regression analysis showed that none of the independent variables predicted the length of time to accreditation;

$p > .05$ in all cases. Thus, the hypothesis for Research Question 1 was not supported via this analysis.

Pearson correlations were then computed utilizing time to accreditation as a continuous variable. Statistically significant ($p < .05$) correlations were found between the total number of staff and both the director's level of education and the time it takes to achieve accreditation. The time to accreditation was negatively correlated with the total number of staff $r = -.42$, $p < .05$ indicating that the less number of staff, the longer it takes a center to achieve accreditation. The educational level of the director was positively correlated with the total number of staff $r = .48$, $p < .05$. This result indicates that the higher the educational level of the director the larger number of staff the center has. Tables C5 illustrates the Pearson correlations described above.

Both the length of time to accreditation and the educational level of the director were then coded as dichotomous variables to further explore their relationship. Time to accreditation was dichotomized based upon the median time to accreditation which was 70 months into a "slower" group and a "quicker" group, with those taking 70 or more months to achieve accreditation belonging to the "slower" group ($n = 17$) and centers taking 67 or less months to achieve accreditation in the "quicker" group ($n = 16$). The director's educational level ranged from a high school diploma through a doctoral degree. The educational level of the director was separated into two groups based upon whether ($n = 17$) or not ($n = 16$) the director had a college degree.

In order to explore the relationship between a director's level of education and time to accreditation, having dichotomized these two variables as described above, a chi square analysis crossing these two variables indicated that if a director was degreed, time to

accreditation decreased, while if a director was not degreed, time to accreditation increased, $X^2_{1} = 5.54$, $p < .05$. Table C6 illustrates this cross tabulation.

Further exploratory analyses were performed to indicate if there were any additional relationships among the data collected. When examining the type of accreditation a center achieved, NAC (0) or NAEYC (1), both the percentage of children receiving government subsidies and the percentage of minority children statistically differentiated centers by accreditation type. A one-way analysis of variance (ANOVA) demonstrated that, $F_{1,31}=6.76$, $p < .05$, partial $eta^2=.18$, for the percentage of children receiving government subsidies, the effect of accreditation type was significant and resulted in means of .47 for NAC accreditation and .17 for NAEYC accreditation. A second one-way ANOVA indicated that, $F_{1,31}=4,74$, $p < .05$, partial $eta^2 = .13$, regarding the influence of accreditation type on the percentage of minority children (grouped as all categories other than Caucasian) was significant, and resulted in means of .78 for NAC accreditation and 1.10 for NAEYC accreditation. Table C7 displays the results of these analyses based upon the one way ANOVAs performed.

Research Question 2: Comparing Director's and Early Learning Specialist's Attitudes Toward Accreditation

Research Question 2 asked what difference, if any, existed between director's and early learning specialist's attitudes toward accreditation. Data for this question was collected via the AFQ which both the directors (n = 18) and early learning specialists (n = 14) completed. Data was coded on a 5-point Likert-type scale with higher scores indicating a more positive attitude towards accreditation and accreditation facilitation projects. In order to establish the internal

consistency reliability of the AFQ, a Cronbach's alpha was computed utilizing SPSS, resulting in a reliability index of .73.

Once data was coded and entered, a one way ANOVA was conducted to determine the differences, if any, between the means of the directors and the means of the early learning specialists. Results indicated that the two groups were not statistically different, $F_{1,30}=.31$, $p > .05$. The mean of the directors was 85.72, *SD* = 9.07 and the mean of the early learning specialists was 81.64, *SD* = 13.29. Table C8 illustrates the comparison of means between these two groups.

Discussion

The purpose of this research study was to understand the characteristics of low-income ECEC programs that are taking longer than the average two-year standard to go through the accreditation process while receiving assistance from an AFP. Data was collected and analyzed to promote understanding of what types of center characteristics might promote a center to go through the accreditation process faster or slower than the average 24 months. Focus was placed on the educational level of the director, the number of children receiving government subsidies, and the total enrollment of the center. Additional data was collected including the type of accreditation a center achieved as well as the ethnicity of both the children and the staff of each center in an effort to add further depth and analysis to the study. This study was also designed to determine if any differences existed between the directors of the centers and the early learning specialists who serve as mentors to the directors in regard to their attitudes towards accreditation and accreditation facilitation projects in general.

The purposes described above evolved into two research questions which were analyzed through a mixed-methods paradigm. The first research question for this study was: Does the educational level of a director, percentage of children receiving government subsidies, and the total enrollment of a child care center predict the length of time it takes a center working with an AFP to go through the accreditation process? The second research question for this study was: What is the difference, if any, between directors and early learning specialist's attitudes about accreditation?

Findings from the analyses indicate that certain characteristics might influence the speed at which a center achieves accreditation with the help of an accreditation facilitation project, while other characteristics have no significant impact. Whether or not a center has a director that holds at least a Bachelor's degree was shown to relate to the quickness in which that center is able to achieve national accreditation. This correlation indicated that if the director had a Bachelor's degree or higher, the time to accreditation decreased and inversely, if the director did not hold at least a Bachelor's degree, the time to accreditation increased. Neither the total enrollment of the center nor the percentage of children receiving government subsidies had a significant effect on time to accreditation.

Further analyses showed statistical significances between the total number of staff and both the time to accreditation and the educational level of the director. The negative correlation between total staff and time to accreditation indicated that the less total staff, the longer the time to accreditation. The positive correlation between total number of staff and the educational level of the director indicated that the higher the level of education for the director, the larger number of total staff.

The centers analyzed in this study achieved either NAC or NAEYC accreditation. The type of accreditation achieved was reviewed and analyzed for each center against other center characteristics. Analyses indicated that both the percentage of children receiving government subsidies and the percentage of minority children (grouped as all categories other than Caucasian) statistically differentiated centers by accreditation type. The mean differences indicated that centers with a higher number of children receiving government subsidies achieved NAC accreditation, while centers with a higher number of minority children achieved NAEYC accreditation.

There was no statistical difference in regards to attitudes towards accreditation and accreditation facilitation projects between the directors of the centers and the early learning specialists who mentor the directors through the accreditation process. Although not statistically significant, there were differences between the means indicating the early learning specialists had a slightly more positive view towards accreditation and AFPs than did the directors.

Impact of the Educational Level of the Director on Time to Accreditation

It was hypothesized that the educational level of the director, total enrollment and the percentage of children receiving government subsidies would have some influence on the time it took a center to achieve accreditation. The initial primary analysis done through multiple regression produced results that did not support this hypothesis, and it wasn't until secondary analyses were conducted that significant relationships emerged. The small sample size (n = 33) could have contributed to the lack of findings in this initial analysis. This small sample size could have presented statistical power issues in this study.

Once the primary analysis was conducted and the research hypothesis was not supported, further manipulation of the variables and secondary analyses were performed. The time to accreditation and the director's level of education were dichotomized into quick/slow and degreed/non-degreed respectively, and then were cross tabulated through a Chi Square analysis. This analysis showed that the director's level of education was significantly related to the time it takes to achieve accreditation. This finding was not surprising as it was believed that the higher the level of education a director had, the more knowledge she would have about the accreditation process from the beginning which in turn would help facilitate the accreditation process. This assumption was based upon the belief that the more educational experience a director has, the more exposure she has had about the accreditation process. This increased exposure would give her more background knowledge going into the accreditation process than directors who have not had as many educational experiences. Additionally, her higher level of education could shorten the length of time to accreditation because she might have more skills and knowledge about accessing the resources needed to navigate through the accreditation process. The less amount of education a director has, the fewer opportunities she would have had to be exposed to the concept of accreditation and how it is achieved resulting in an increased learning curve and time to accreditation. Furthermore, with less educational background, the director might not have been taught ways to utilize existing or how to access beneficial resources to aid in the accreditation process, again lengthening the time to accreditation. The fact that this finding emerged once the time to accreditation had been categorized as either quick or slow, made more sense; allowing groups that were more alike than different in terms of time to accreditation to be grouped together. For example, there

would not really be much difference in terms of time to accreditation between a center that achieved accreditation in 70 months or 72 months, yet there would be more of a difference in the center that took 70 months and a center that took 30 months.

Impact of the Total Number of Staff on Time to Accreditation

Additional correlations were found to exist after additional analyses were conducted which included the relationship between the total number of staff and both the time to accreditation and the educational level of the director. The less staff a center had, the longer it took the center to achieve accreditation. Accreditation is a time-consuming group effort involving the director, staff, parents, children and early learning specialists if an AFP is involved. As one director wrote in her questionnaire, "It takes a village", while another director elaborated, "It is extremely important that everyone be equally engaged in achieving accreditation for a program to be successful". Going through the accreditation process can take staff away from their normal daily routines and sometimes requires the addition of substitute teachers in the classrooms in order to successfully complete all of the requirements of the accreditation process. The larger the number of staff a center has, the more the accreditation workload can be distributed and completed, resulting in a quicker time to accreditation. The fewer staff on hand, the longer it would take to go through the accreditation process because more work will be required of each staff member.

Along those same lines, the total number of staff was positively correlated with the education level of the director indicating that the higher the education level of the director, the larger the number of staff. Directors with a higher level of education might easier identify staffing needs of a center and hire accordingly. Directors with higher levels of education might

also be more likely to work in larger centers which require a larger number of staff. When reflecting upon the correlations found above, one can see that the higher the educational level a director has, and the larger the total staff, the faster a center achieves accreditation. Again, the importance of the educational level of the director rings prominent.

Influence of Type of Accreditation Achieved

The type of accreditation achieved was not a primary variable of interest in this study yet it yielded some statistically-significant results related to the composition of the children attending the center. Both NAC and NAEYC have similar philosophies regarding best practices for early childhood education and care and are fairly similar in the accreditation process as well. Some believe that NAC is a little more "user-friendly", less time consuming and is not quite as expensive as NAEYC. For those reasons, some centers opt to pursue NAC accreditation instead of NAEYC. The centers analyzed in this study were given the option by their AFP, Educational First Steps (EFS), to choose to pursue either NAC or NAEYC accreditation. Of the 33 centers examined, 20 centers achieved NAC accreditation and 13 achieved NAEYC accreditation. Results of this study indicated that the centers who achieved NAC accreditation had on average a higher number of children who received government subsidies. It is possible that centers with higher percentages of children receiving government subsidies have a lower overall income than centers with a lower number of children receiving government subsidies. The cost of NAEYC accreditation could have seemed out of reach for the lower-income centers causing them to opt for NAC accreditation. One of the ways, EFS assists the centers in achieving accreditation is helping with the cost of accreditation fees. If EFS did pay for the accreditation

costs, the lower income center might have still chosen the cheaper alternative, NAC, because they were already more familiar with it.

Responses to the AFQ survey revealed that many directors and early learning specialists believe that low-income ECEC programs are the types of programs that would benefit the most from collaborating with an AFP during the accreditation process. In response to a question asking what types of centers benefit most from utilizing an AFP to go through the accreditation process, one director wrote, "I believe programs that truly want to improve, but can't afford the financial aspect of accreditation". In response to this same question, a majority of the early learning specialists remarked that all centers would benefit from this collaboration, but several reflected the same opinion as the above director writing, "centers who do not have the money or support to go through the process" would benefit the most.

Additionally, the type of accreditation was significantly related to the total percent of minority children in the center. Centers with a higher percentage of minority children were more likely to have achieved NAEYC accreditation than NAC accreditation. The National Association for the Education of Young Children (NAEYC) has made very visible attempts at encouraging appropriate responses to both linguistic and cultural diversity. They also have recognized the difficulties in engaging families from ethnically diverse families. The directors in this study reported the importance of engaging families during the accreditation process, with one director writing, "committed teachers and parents" are the best contributors to achieving high quality ECEC. To this extent, NAEYC has created programs such as its Engaging Diverse Families Project (EDF) that helps ECEC programs develop strategies to work with and engage linguistically and ethnically diverse families. The National Accreditation Commission (NAC) has

not been around as long as NAEYC and has not received the same national platform as NAEYC to this point. It is possible that the centers reviewed in this study have had more exposure to the NAEYC's platform on embracing diversity and therefore the centers with more ethnic diversity opted to go through NAEYC accreditation.

Director's and Early Learning Specialist's Attitudes towards Accreditation

Analysis of the AFQ indicated that there was not a statistically significant difference between the director's and early learning specialist's attitudes about accreditation and accreditation facilitation projects. Overall, both groups had a positive attitude towards accreditation and the work AFPs do. The means for the directors was slightly higher than for the early learning specialists indicating a more favorable attitude towards accreditation. Due to the small sample size (*n*=32), some sampling bias was possible and issues of statistical power could have been factors. Had the sample size been larger, the contrast in means might have become statistically significant.

Professionals in the early childhood field are taught early, through books, classroom education, professional development trainings and a variety of other ways, about the benefits of a high-quality ECEC program for children. Practitioners learn about best practices in both how to provide a high quality environment and how to teach children (DAP). The early childhood professional community often espouses the importance of achieving accreditation and how accreditation is an indicator of a high-quality program. In the AFQ surveys, several directors and early learning specialists responded similarly when asked what constitutes high quality in early childhood education. Responses tended to involve phrases such as "developmentally appropriate practice", "teaching to the whole child", "being accredited",

"having a well-educated and trained staff", "parent involvement" and "safe and clean environment". All of these ideas reflect the dominant ideology on what constitutes high quality ECEC. Therefore, it was not surprising that both directors and early learning specialists hold positive views toward accreditation and see it as a desirable goal to achieve.

The AFQ respondents could have sample bias in the fact that the directors surveyed had already chosen to collaborate with an AFP to go through the accreditation process, indicating that they already had a positive attitude towards accreditation and how an AFP might be able to assist the center. In addition, the early learning specialists are employed by an AFP indicating that they are in alignment with the philosophy of the AFP in regards to the importance of accreditation and the values of a center utilizing an AFP to assist them through the process. When asked about ways in which AFPs help ECEC programs going through the accreditation process, there were consistent responses between both the directors and the early learning specialists. Directors viewed AFPs as a strong support system to their centers that serve as a source for trainings, funding, mentoring, and accountability. The early learning specialists mirrored these responses stating that they view AFPs, which they work as an employee of, as assisting ECEC programs through guidance, support, training, financial assistance, and motivation. Both directors and early learning specialists held the opinion that AFPs are a source of expert knowledge regarding what constitutes high quality early childhood education and care as well as the accreditation process.

Implications for Research

In 2006 research study, Peggy Apple claimed that "there is no published research that assists AFPs in explaining to funders the variations in time or levels of support (i.e., funding,

human capital, materials and equipment, etc.) needed to achieve accreditation from program to program and from state to state" (Apple, 2006, p. 537). The review of literature conducted for this research study did not uncover any recently-published research to assist in this explanation either. This research study focused on specific center characteristics that might or might not offer an explanation of why certain centers take longer to achieve accreditation than others; specifically, the educational level of the director, total enrollment of the center, and the percent of children receiving government subsidies. Findings from this study indicated that of the variables examined, the educational level of the director is in fact related to the time to accreditation. Because the importance of an ECEC director on the accreditation process, as described in this study, it would be prudent to continue researching additional director characteristics, such as years of experience, personality traits, and background knowledge on the accreditation process.

Additionally, there are several other possible variables that could influence the time to accreditation that were not explored in this study that could assist in better understanding what factors contribute to the variation in time it takes a center to achieve accreditation when collaborating with an AFP. Some of the variables that could be researched include characteristics specific to the AFPs themselves. For example, examining factors related to the mentors that work for the AFP and in the individual centers (educational level, years of experience, and personality), the resources that the AFP is providing to the centers and the types of accreditation the AFP is assisting the center in achieving.

Furthermore, researching existing variables specific to the center itself might aid in a better understanding in the variation of length to time to accreditation. Some of these

variables could include the following: current level of quality in the center going through accreditation, teacher characteristics (education level, experience, and personality), staff turnover, and composition of the families the center serves.

Implications for Practice

Results from this study reveal the importance the director has in influencing the time it takes an ECEC program to go through the accreditation process with an AFP. Accreditation Facilitation Projects provide a variety of resources to centers they collaborate with including monetary assistance, human capital in the form of trainings, on-site mentoring and assessments and materials and equipment. All of these resources are given in an effort to help the center achieve accreditation. When a center takes longer to achieve accreditation, the more resources must be expended. It would be advantageous for AFPs to help streamline the accreditation process for the centers they collaborate with to shorten the time to accreditation. Shortening the time will allow the AFPs resources to be distributed to more centers hoping to achieve accreditation. With the knowledge that the higher the educational level of the director, the quicker the center will go through the accreditation process, AFPs might choose to work with centers that have Bachelor's degrees or above or utilize some of their resources to facilitate higher education experiences for the directors. The AFPs might also consider providing more one-on-one director training to bring directors without college degrees "up to speed" on all aspects regarding accreditation. Additionally, knowing that the total number of staff is correlated with the time to accreditation, AFPs will know from the onset that the more staff on hand, the quicker the time to accreditation. Guidance can be given to directors on the staffing needs to get through the accreditation process.

Understanding that both directors and early learning specialists have similar attitudes towards accreditation and accreditation facilitation projects can serve to strengthen the collaboration. The early learning specialists work with the centers is reinforced by knowing that the directors have the same common goals, optimistic outlook and motivation to succeed at the process. Management level staff at AFPs will benefit from knowing that their staff is succeeding in their jobs in regard to motivation, support, and training efforts. Ninety-four percent of the directors who responded to the AFQ, reported that they would recommend working with an AFP to early childhood education directors who are considering going through the accreditation process.

Low-income centers working with AFPs to achieve accreditation view achieving national accreditation as their ultimate goal; yet these centers reap many benefits from this collaboration. Educational First Steps spends approximately $15,000 annually per center, not to mention hours of invaluable training, and mentorship. Many directors of these centers report that they would not be able to go through accreditation without this support. With these low-income ECEC programs receiving all of this support, it becomes prudent to consider what the center's incentive might be to hasten its time to accreditation. Furthermore, are these centers truly invested in the importance of achieving accreditation or for the support and benefits they receive from the AFP? Do some centers purposely stretch out the time to achieve accreditation to extend the time they are receiving support from an AFP? Centers working with Educational First Steps have taken an average of 70 months to achieve accreditation. At $15,000 a year, these centers have benefited on average, $87,000 during the collaboration, not including the countless human hours invested. Additionally, could the benefits the centers

receive have influenced their responses to the AFQ survey by eliciting a more positive response? It is worth considering that some low-income centers choose to go through the accreditation process with an AFP because of the financial benefits that they receive and not primarily for the end result of being accredited. Perhaps AFPs could provide more incentives to the centers to achieve accreditation quicker, or lessen the benefits they receive after a certain amount of time.

Limitations of the Study

The concept of quality in the early childhood education field is not only a timely discussion, but one that experts and practitioners across disciplines view as a crucial component to our country's success (Resmovits, 2013). The growth of accreditation agencies across the country is an indicator of the importance of establishing high quality care for children. Forty nine of the fifty states have established and implemented quality rating systems for ECEC since 1990. Federal policies, programs, and incentives provide assurance that quality remains at the forefront of all concerned with early childhood education and care. One example of this is the 2011 introduction of the Race to the Top-Early Learning Challenge. President Obama's Administration announced the distribution of $500 million dollars in grant monies to states that worked to encourage increased access to quality early learning programs for low-income and disadvantaged children. Since its inception in the 1980s, accreditation remains the gold standard for measuring quality. Despite its widely-accepted importance, studies on accreditation are somewhat limited. Research examining the accreditation process, how it has evolved into the definition of quality, and how the process affects all involved, are areas that warrant further investigation.

This study was limited by the small number of data. Data collected on low-income centers that had successfully achieved accreditation with the assistance of Educational First Steps resulted in only 33 cases to review. This sample was limited not only by the AFP they utilized, but by their geographic location and their status as low-income programs. Further research is warranted that expands to other AFPs, additional areas of geographic locations and centers that have a variety of socioeconomic statuses.

This research study was also limited by the small number of AFQ surveys that were returned by the directors. While 14 of the 15 AFQ's were returned by the early learning specialists, only 18 of the 90 were returned by the directors. The low response rate could be attributed to the fact that the AFQ was a mail questionnaire, which tend to have a lower response rate or the fact that many directors are overworked and simply could not take the time to complete the survey. Because the surveys returned showed little difference between the attitudes between the directors and the early learning specialists toward accreditation and AFPs (both being quite positive), it is important to consider that those not returning the surveys, could have more negative attitudes. These negative attitudes towards AFPs could have contributed in them not returning the surveys.

APPENDIX A

EXTENDED LITERATURE REVIEW

Emergence of Quality in ECEC

Literature connected to quality in early childhood education and care is relatively new and its present conceptualization can be traced back to the early 1980s. Although quality is a relatively recent construct in the field of early childhood, the notion itself emerged six decades prior in the 1920s, appearing first in private manufacturing during that decade (Mäntysaari, 1997). It gained a second momentum in that sector following the Second World War when Japan utilized the concept of quality in repairing its devastated economy. In the business arena, quality has been primarily associated with the two ideas of customer satisfaction and conformity to defined standards or norms (Moss, 2005). It is the latter of those two ideas that is the most influential in the early childhood field. Therefore, the concept of "quality" in early childhood services has been more about "conformance to requirement". A "quality" service is one that has been evaluated as demonstrating high conformity to specified norms whether these are defined in terms of structure, process, or outcomes (Dahlberg, Moss, & Pence, 1999). The first wave of ECEC research explored the effects of maternal and non-maternal childcare on children's development. The increased use of childcare during this time was the impetus for this research. The majority of the research focused on whether childcare was harmful to children (Scarr, 1997). Research during this time did not give consideration to the quality of care the children were receiving.

The following wave of research in ECEC addressed this limitation and began examining the importance of quality in the ECEC setting. In an effort to understand what aspects of the ECEC environment facilitated developmental outcomes for children, research began to examine what characteristics comprised 'quality'. It was during this wave of discovery that researchers

developed the most prominent observational rating instrument, the Early Childhood Environment Rating Scale (ECERS), and its counterpart for younger children, the Infant/Toddler Environmental Rating Scale (ITERS), which were both later revised.

The third wave of ECEC studies expounded on the research on quality and extended it in an acknowledgement that additional factors, including family environment and individual child characteristics, impacted child developmental outcomes. This research is grounded in an ecological framework that has a triad-approach (impact of childcare, the family, and the child) to children's developmental outcomes (Fenech, 2011). A notable example of this wave of research is the National Institute of Child Health and Human Development's Longitudinal Study of Early Child Care and Youth Development (National Institute of Child Health and Human Development Early Child Care Research Network, 2005).

Current Conceptualization of Quality in ECEC

The study of quality continues to be a major focus of research in ECEC, although defining and measuring this construct, presents challenges to the field (La Paro et al., 2012). Some researchers have conceptualized ECE quality in terms of global quality with two primary components – "structural" and "process" quality. Indicators of process quality focus on the dynamic aspects of early childhood education, including human interactions occurring in the classrooms, such as teacher-child and peer-to-peer interactions. Indicators of structural quality include classroom materials, teacher education, curriculum, and teacher-child ratios. Structural indicators are often the regulated aspects of early childhood education programs (Cassidy, Hestenes, Hedge, Hestenes & Mims, 2005). Those with differing ideas and perspectives are likely to challenge any definition of quality. Although there are multiple visions of ECE quality,

the majority of them share the same basic tenets. The core elements, recognized as essential for children's positive development, are as follows: safe care, healthful care, developmentally appropriate stimulation, and positive interactions with adults, promotion of individual emotional growth and promotion of positive relationships with other children (Cryer, 1999).

Many research studies have been conducted that report correlations between variables of structural, process, and global quality (Burchinal, Cryer, Clifford & Howes, 2002; Phillipsen, Burchinal, Howes & Cryer, 1997; & Phillips, Mekos, Scarr, McCartney & Abbott-Shim, 2000). The examination of both structural and process quality has provided essential information in the understanding of early childhood classrooms; yet, some researchers claim that global measures of quality also present an additional set of problems. Broadly focused global measures do not reflect the experience of the individual child and may actually understate the relationship between the quality of the experience and outcomes (Layzer & Goodson, 2006).

In its current conceptualization, researchers have not captured the multi-dimensional nature of quality, and it is likely that one all-encompassing or "global" term cannot represent such definition. Lee and Walsh's (2005) qualitative study examined the cultural context, underlying ideology, and dominant discourses of American childcare and development, and its linkage to the concept of quality. The authors argue that although many policy makers, scholars and evaluators reduce the dynamics of quality into manageable and measurable indices, we need to recognize that quality is actually a value-laden and context-bound concept.

Fenech (2011) problematizes the narrow approach and understandings of quality in early childhood education and care with an analysis of the conceptualization of quality through empirical research in the past years. She applied Foucault's notion of critique to 338 peer-

reviewed journal articles in which she uncovered the following six interconnected truths: (1) quality is an objective reality, (2) quality enhances children's optimal development (3) quality is the domain of science/psychology, (4) quality can be known from researchers' perspectives, (5) quality can be understood using an ecological framework that is limited to child, familial and childcare variables, and (6) quality early childhood education and care is more pertinent to preschoolers than babies and toddlers. This vast review of literature concerning quality in ECEC demonstrated how researchers have articulated quality in a very limited fashion. According to Fenech's analysis, the majority of research studies (70.4%) conducted in the United States has overwhelmingly been constructed within a positivist paradigm (83.7%) and primarily conducted using quantitative methods (87.3%). Her analysis suggests that this dominance of positivist research has narrowed the lens through which we think about quality ECEC.

Alternative perspectives on quality and its relevance in the early childhood field are present in the literature as well. Fenech's study in 2011, described above, offers a post-structural lens through which to view quality. Postmodern perspectives argue that an overview of the existing research literature in early childhood education and care shows the heavy influence of science as a way of 'knowing' the child. Steeped in developmental psychology are concepts such as best practices, developmentally appropriate practice, notions of the whole child, what a child care provider should look like, how child care providers can expect children to develop and what constitutes quality child care. Early childhood educators base their daily practices on developmental truths which they use to normalize, label, and group young children. These conceptualizations have framed early childhood education within a contextual

development where young children are constantly being monitored in order to identify developmental variances from the norm (Mac Naughton, 2005).

Quality and Developmental Outcomes for Children

Several research studies have shown a relationship between high quality preschool classrooms and child developmental outcomes (Burchinal, Howes, Pianta, Bryant, Early, Clifford & Barbarin, 2008; Cunningham 2010; Early, Maxwell, Burchinal, Bender, Ebanks, Henry, Iriondo-Perez, Mashburn, Pianta, Bryant, Cai, Clifford, Griffin, Howes, Jeon, Peisner-Feinberg, & Vandergrift, 2007). Cunningham's study (2010) explored the relationship between the quality of the literacy environment and public preschool children, as well as the literacy quality environment variability on the literacy development of preschool children. Results of this study indicate that there is a strong relationship between global classroom quality and literacy environment. The researcher also found a relationship between literacy environment quality and children's literacy scores. Results also showed that the higher the classroom quality, the higher the children's literacy scores. Findings of this study led the author to conclude that high-quality learning environments in preschool, specifically those that support language and literacy development, can promote the successful development of readers and writers.

A separate, but related, study conducted in 2013 by Pinto, Pessanha and Aguiar, examined the effect of center-based child care quality on children's language, communication, and early literacy development. The level of preschool quality had a positive association with children's language and early literacy skills, but not communication skills. Findings further support the existence of a detrimental effect of low preschool quality on children's language and early literacy outcomes.

Additional child outcomes that have a relationship to high quality ECEC are social competence and academic achievement. A 2009 study conducted by Curby et al. suggests that children benefit from Pre-K programs and the quality of the interactions that teachers have with students can predict growth in both social and academic skills. A separate study conducted in 2012 utilizing data from the National Institute of Child Health and Human Development (NICHD), and the Study of Early Child Care and Youth Development compared the cognitive, language, and pre-academic outcomes of children with different combinations of child care quality during the infant-toddler and preschool periods. Researchers from the University of California, Irvine, found effects of quality for both the infant-toddler period as well as in the preschool period. High quality care in the infant-toddler period was associated with higher cognitive development scores. Children who received high quality child care in the pre-school period obtained higher language, reading and math scores at 54 months of age (Li et al., 2012). Long-term positive child outcomes have been demonstrated through the research of programs such as the Abecedarian Project and the Perry Preschool study (Schweinhart, Montie, Xiang, Barnett, Belfield, & Nores, 2005; http://projects.fpg.unc.edu/~abc/#home).

In addition to the study of the impact of overall ECEC quality on child developmental outcomes, several studies have explored specific components of quality and its relation to positive outcomes (Dennis & O'Connor, 2013; Early et al., 2007). A 2007 study conducted by Early, et al., considered the link between teacher's education, classroom quality and a child's academic skills in the year before kindergarten entry. Because there are policies pushing teacher education as means to improve classroom quality, these researchers sought to explore this connection. They utilized data sets from seven large research studies and conducted a

replicated secondary data analysis. Their findings demonstrated that teacher education alone does not indicate a high quality classroom and that there are multiple other components of the early care and education system that impact the effect of teacher quality on classroom quality and child outcomes. A 2008 study conducted by Burchinal et al. looked at the association between child outcomes at the end of kindergarten, and pre-kindergarten teacher-child interactions and instructions. Their findings support a predictive link between sensitive and stimulating interactions with the teacher and the instructional quality aspects of the pre-k room with the acquisition of language, pre-academic, and social skills through the end of kindergarten.

Researchers from the University of Virginia conducted a study in 2010 that acknowledged the impact of high-quality teacher-child interactions within ECEC on children's academic, socio-emotional and self-regulatory growth. However, the study points out that often times the major domains of interaction – emotional, organizational, and instructional- are examined only independently, in connection with conceptually aligned developmental outcomes. The authors claim that these approaches limit the opportunity of researchers in the early childhood fields to better understand how these domains of interaction may jointly contribute to different aspects of children's development, the direct and indirect means by which classroom interactions lead to child outcomes, and how teachers and children reciprocally influence one another (Downer, Sabol, & Hamre, 2010).

Studies have shown correlations between additional aspects of quality that may influence children's development that are not currently reflected in many assessment tools. Emotional climate (Howes, 2000; Raver, 2004; Raver, Garner & Smith-Donald, 2007) as well as

outdoor learning environments (Chakravarthi, 2009) are two examples of components of quality that are not thoroughly assessed by the Early Childhood Environment Rating Scale-Revised (ECERS-R), the primary measurement tool used to assess quality in ECEC. Despite the multiplicity of quality, many researchers continue to utilize the global definition of quality in their research. By doing so, researcher's results may not provide the level of specificity required to do things such as inform policy or contribute to quality initiatives (La Paro et al., 2012).

Quality and Developmental Outcomes for At-Risk Children

According to the Children's Defense Fund, almost 1 in 13 children living in the United States – 5.8 million- live in extreme poverty. A family of four was extremely poor in 2008 if their household income was below $10,600 or half of the official poverty line. Young children are more likely than school-age children to live in extreme poverty (http://www.childrensdefense.org/child-research-data-publications/data/state-data-repository/census/census-2007-child-poverty-data.pdf). Children who live in poverty are considered at-risk. Because there is a strong link between ECEC classroom quality and positive effects on at-risk children, many research studies have been conducted in this area (Schweinhart et al., 2005; Burchinal et al., 2008; McCartney, Dearing, Taylor, & Bub, 2007).

The High Scope Perry Pre-school Study is a landmark long-term study that looks at the effects of high quality ECEC on low income three- and four-year olds. The late David P. Weikart, founder of the High Scope Educational Research Foundation, conducted this study over four decades ago, along with Larry Schweinhart, High Scope's current president, and their colleagues. In this study, 123 children born in poverty were randomly assigned to receive either

the High Scope Perry program or to receive no comparable program, and then were tracked throughout their lives until age 40. Among the study's major findings in the educational area are the following: 1) more of the group who received high-quality early education graduated from high school than the non-program group, 2) fewer females who received high-quality early education than non–program females required treatment for mental impairment or had to repeat a grade, and 3) the group who received high-quality early education on average outperformed the non-program group on various intellectual and language tests during their early childhood years, on school achievement tests between ages 9 and 14, and on literacy tests at ages 19 and 27 (Schweinhart et al., 2005).

Another landmark study that shows the effects of high quality ECEC on the positive developmental progress of low-income children is the Abecedarian Project led by the FPG Child Development Institute at the University of North Carolina at Chapel Hill. High-risk infants were enrolled in a longitudinal prospective study that looked at the benefits of early childhood education within a child care setting. These children from low-income families received full-time, high-quality educational intervention in a childcare setting from infancy through age 5. Major findings from this study include the following: children who participated in the early intervention program had higher cognitive test scores from the toddler years to age 21, academic achievement in both reading and math was higher from the primary grades through young adulthood, children with interventions completed more years of education and were more likely to attend a four-year college, children with interventions were older, on average, when their first child was born, the cognitive and academic benefits from this program are stronger than for most other early childhood programs, enriched language development

appears to have been instrumental in raising cognitive test scores, mothers whose children participated in the program achieved higher educational and employment status than mothers whose children were not in the program (http://projects.fpg.unc.edu/~abc/#home).

More recent studies also examine the link between high quality ECEC and low-income children. In a 2012 study, results indicate that children in child welfare who attend accredited Early Childhood Education (ECE) centers have significantly better developmental and early academic outcomes than children enrolled in unaccredited centers. This study also notes that although children in child welfare have better outcomes if they attend an accredited ECE center, these children are far less likely to attend them than their non-child welfare counterparts (Dinehart et al., 2012). This study used accreditation as a proxy for quality.

A 2007 study conducted by McCartney, Dearing, Taylor, & Bub examined two pathways through which child care may serve as a naturally-occurring intervention for low-income children: a direct pathway through child care quality to child outcomes, and an indirect pathway through improvements in the home environment. Their findings indicated evidence for both pathways. Specifically, there were significant interactions between higher quality child care and income-to-needs for all three outcomes: School Readiness, Receptive Language, and Expressive Language. Children from low-income families in higher quality child care performed better than children in lower quality child care and children in no formal child care arrangements. Findings from this research study suggest that higher quality child care can buffer young children from the negative effects of poverty.

Research has established a strong association between high quality ECEC and positive developmental outcomes for low-income children; yet, many programs are too expensive for

low-income families to afford. In order to increase the opportunities for low-income children to attend high quality preschools, the federal government has enacted programs such as child care subsidies that help pay the cost of child care (Ertas & Shields, 2012). Child care subsidies are mostly in the form of vouchers for low-income families and it is estimated that federal expenditures for child care subsidies in FY 2012 was $5.7 billion dollars (Haskins & Barnett, 2010). Child care subsidies are the most widely used form of child care assistance, but the percentage of parents who use them varies widely from state to state (Ertas & Shields, 2012). A recent study found that increased funding was associated with the likelihood that a child will attend a center-based program over less-formal types of care arrangements (Greenberg, 2010).

Operationalization and Measurement of Quality in ECEC

Systems are in place to measure norms and the operationalization of quality indicators. The most widely-used tool to measure quality in early childhood education is the Early Childhood Environmental Rating Scale (ECERS) which was revised in 1998. The ECERS-R was designed to assess group programs for pre-school-kindergarten aged children, and from 2 through 5 years of age. The total scale consists of 43 items which are broken into the following seven categories: 1) Space and Furnishings, 2) Personal Care Routines, 3) Language-Reasoning, 4) Activities, 5) Interactions, 6) Program Structure, and 7) Parents and Staff. The Infant/Toddler Environment Rating Scale-Revised which was revised in 1990 was designed to assess group programs for children from birth to 2 ½ years of age. The total scale consists of 39 items which are organized into the following 7 subscales: 1) Space and Furnishings, 2) Personal Care Routines, 3) Listening and Talking, 4) Activities, 5) Interaction, 6) Program Structure and 7) Parents and Staff. Lastly, the Family Child Care Environment Rating Scale-Revised was designed

to assess family child care programs conducted in a provider's home for children from infancy through school-age. The total scale consists of 37 items organized into the same 7 subscales as the ITERS-R described above. The fact that these scales were originally developed in the United States, but are currently used world-wide as a definitive global measure of quality in the education and care of children is significant as evidenced by the fact that ECERS-R has been used in research studies and program improvement efforts in many other countries including Canada, Germany, Italy, Sweden, Russia, Iceland, Portugal, England, Spain, Austria, Singapore, Hong Kong, Korea, Hungary and Greece (Franklin Porter Graham Child Development Institute, 2013).

In an effort to provide a self-assessment tool for programs and to identify program strengths and weaknesses for continuous quality improvement, the original version of the Early Childhood Environment Rating Scale-Revised (ECERS-R) was developed. Over time, the ECERS-R has become the primary measurement tool used in research to assess quality in ECEC and inform policy and programmatic decisions (La Paro et al., 2012). Large-scale national studies such as the Cost, Quality, and Child Outcomes in Child Care Centers study (CQCO; Helburn, S., 1995) and the National Child Care Staffing Study (NCCSS; Whitebrook, Howes, & Phillips, 1989) utilized ECERS-R as a means of operationalizing child care quality. The findings of these studies, have significantly informed policies and influenced the development of child care programs. More recent large-scale studies, such as the Study of State-Wide Early Education Programs (SWEEP), and NCEDL's Multi-State Study of Pre-Kindergarten, also use the ECERS-R as their primary measure of quality. According to the Frank Porter Graham Child Development Institute (2013), the ECERS-R is currently used in several major studies, including the Early Head Start

Study (Mathematica Corporation), and Welfare, Children and Families: A Three City Study (Columbia University, University of Chicago, and Harvard University). The original ECERS was used in the Head Start FACES study in which over 400 classrooms nationwide are included. The preliminary results in all these current studies show that the ECERS and the ECERS-R are performing very well.

A majority of the literature examines quality as a quantifiable construct that can be measured through the use of the ECERS-R (Cassidy et al., 2005; Hofer, 2010; Sakai, Whitebook, Wishard, & Howes, 2003; Warash, Ward & Rotilie, 2008). There is some research that introduces the concern of how ECERS-R might or might not be culturally relevant (Lee & Walsh, 2005; Pan, Liu & Lau, 2010; Pence, 2008; Riley, Road, Adams & Edie, 2005; Sheridan & Schuster, 2001). However, even the research that questions the cultural sensitivity of the ECERS does so in a way that acknowledges the concern, but still utilizes the tool as a definitive measure.

Researchers in 2012 conducted a review of early childhood research studies that used the ECERS-R from 2003-2010. The study was conducted to see how current research using the ECERS-R was operationalizing quality. The analysis of the 76 studies indicates that a wide variety of definitions are used to both conceptualize and operationalize quality. Quality was defined in at least 10 different ways in the studies examined, even though the same primary measure (ECERS-R) was used as a measurement tool. The majority of the research studies (23.6%) conceptualized quality as being ECERS-R and 18.42% defined quality as "classroom quality". The authors of the ECERS stated, "Our scales are designed to assess, and process quality in an early childhood or school age care group" (Frank Porter Graham Child Development Institute, 2013); yet that definition provided by the authors (i.e. "process

quality") was rarely used in the research. Implications from this study promote the use of a multidimensional perspective on quality and refined conceptualizations in additional research efforts (La Paro et al., 2013). Researchers should consider alternative measures, including the possibility of a "toolkit" approach, to measuring child outcomes and depth of quality.

Much of the research conducted in pre-school classrooms relies on measures of classroom quality that were developed in the 1980s and based on theory and data available at that time (Dickinson, 2006). Existing tools have served the field well, but changes in the policy climate, shifts in views of the nature of development, and an awareness of the early roots of academic skills have created the need for tools that better link pre-school experiences to later academic successes. David Dickinson of Vanderbilt University (2006) argues that in addition to the continued need for rating tools, varied kinds of tools hold promise. He suggests the "toolkit" include measures that describe classrooms broadly, that focus on different content areas, and still others that examine fine-grained details of teacher-child interaction.

Utilizing the ECERS-R as a training tool to improve ECEC quality is evident in the literature as well (Clark & Stroud, 2002; Mathers, Linskey, Seddon & Sylva, 2007; Warash, Markstrom & Lucci, 2005). The belief that the ECERS-R can essentially define and describe quality is present. In the Warash et al. study in 2005 researchers utilized the ECERS-R as a training tool for child care providers in an effort to determine if attending this training might lead to increased quality in their classrooms. This study assumes the idea that the ECERS-R is an accurate way to measure quality. A six- hour workshop was given to 35 Pre-K teachers in West Virginia; one of the ECRES-R co-authors led the workshop. Six months after the training, each participant received an email questionnaire, of which only 11 were returned. The

questionnaire was designed to discover if the ECERS-R training had led the teachers to make changes in their classrooms. Based on the questionnaire responses, the researchers claim that teachers who attended a 6-hour workshop on the ECERS-R improved the quality of their classrooms and made changes to meet the ECERS-R measures of what quality means.

One study that examines cultural relevance when it comes to quality and does not contradict itself in regards to utilizing the ECERS-R as a measurement tool is a study that Joseph Tobin did in 2005. In Tobin's study, he critically looks at how the notion of quality in early childhood education and care, based on U.S. standards, was constructed and treated as applicable universally. He argues that quality should not cross cultural divides and instead take into account local values and concerns. He states that conversations in local communities with early childhood educators and parents should inform the definition of quality. The author gives examples of his work in France and Japan and illustrates that if we were to impose the U.S's notion of quality on their pre-schools, they would not meet our standards due to their larger staff to child ratios, lack of intervention when children have physical altercations, as well as a lack of focus on multicultural education. Tobin (2005) views this, not as Japan and France being of a lesser quality, but perhaps our taken-for-granted assumption that quality standards are universal, generalizable, and non-contextual. The author recommends that quality should be a process rather than a product and that we might consider rethinking the term "standard" when talking about quality as it implies a one-size-fits-all mentality.

Licensure

State child care regulations are mandatory and non-mandatory rules set by a state authorized body or legislature for state-licensed ECEC programs (Apple, 2006). Local and state

governments licensure systems are established to assure the quality of care provided to children. The focus of licensure is often on the basic elements of safety and health. Every state has minimal requirements for licensure; yet, these requirements vary greatly from state to state by both scope and coverage (Buettner & Andrews, 2009). States also vary in their requirement of which providers require licensure. Licensure has evolved as an effort to protect children from harmful care and to assure parents that basic levels of safety are met. Parents often do not understand licensure requirements and assume that all early childhood settings are licensed and inspected regularly (Buettner & Andrews, 2009).

State agencies are established to create, enact and enforce licensing regulations. For example, in Texas, the Texas Child Care Licensing Office (CCL) was created and is responsible for the following: 1) the regulation of all child-care operations and child-placing agencies to protect the health, safety, and well-being of children in care, largely by reducing the risk of injury, abuse, and communicable diseases, 2) establishing and monitoring operations and agencies for compliance with licensing standards, rules, and laws, 3) informing parents and the public about child care and about the histories of specific homes, child care operations, and child-placing agencies in complying with minimum standards of care, and 4) providing technical assistance to providers on meeting licensing standards, rules and laws (http://www.dfps.state.tx.us/child_care/).

Licensing standards set a minimal standard of care that can be reached by enough providers to assure affordable access, but do not necessarily create greater availability of the highest level of care (Buettner & Andrews, 2009). These standards serve as the foundation for more rigorous measurements of quality, including accreditation standards and quality rating

systems. The National Association for the Education of Young Children (NAEYC) conducted a study in 2006 to examine the relation between state-defined child care regulations of early childhood education and care quality and NAEYC's voluntary accreditation criteria. Regulations vary from state to state, but overall have tended to serve as a way to regulate a minimum health and safety standard that is aimed at harm-prevention in out-of-home care. In contrast, the voluntary process of accreditation, specifically NAEYC, provides more quality criteria than minimum standards. This study's researcher utilized descriptive statistics to determine the nature and strength of the relation between state regulations and voluntary accreditation in the 50 United States and the District of Columbia. The results indicate that as the stringency of state child care regulations increases, so does the number of ECEC programs engaged in the NAEYC accreditation process within a state. The findings of this study suggest that policies that support stringent childcare regulations will assist programs in achieving accreditation (Apple, 2006).

Accreditation

Accreditation in ECEC is a voluntary process that provides family child care homes, centers and school-age programs the opportunity to examine their services based on a recognized standard of high quality. The purpose of accreditation is to offer professional recognition to providers who meet these high standards of quality care. The process involves a self-study period through which program staff identifies areas needing improvement, a team of trained volunteers visit a site and validate program information, and a national commission of recognized experts judge whether the program is in substantial compliance with accreditation criteria. If so, programs are granted accreditation. Accredited centers agree to follow up the

commissioner's suggestions regarding areas of marginal compliance and to submit annual written reports documenting improvements and continued compliance.

The National Association for the Education of Young Children (NAEYC) launched the first system of accreditation for ECEC in 1985 and for a decade, it remained the only accrediting agency in the field. Centers across the country began achieving NAEYC accreditation in great numbers, and it became the Good Housekeeping Seal of Approval for early childhood programs (Neugebauer, 2009). Although there are currently around 20 different accrediting systems across the country, NAEYC remains the most visible and has the largest number of accredited programs. NAEYC currently has 6,754 accredited programs covering the fifty United States, the District of Columbia, as well as international and military programs. These accredited centers are currently serving 593, 960 children (http://oldweb.naeyc.org/academy/summary/center_summary.asp). Despite the large number of NAEYC accredited centers in the United States, data collected and reported by the Child Care Information Exchange have shown a decrease in the percentage of centers achieving accreditation through NAEYC (Surr, 2004).

When choosing what accreditation program to utilize, centers must consider several factors. Programs must choose an accreditation agency that they can afford, one that is consistent with its own philosophy of quality, the reputation of the accrediting agency, and the level of work that is involved in the accreditation process. NAEYC, although viewed as the gold standard, began to seem unattainable for some centers, leaving directors to choose alternative accrediting agencies or forgo the process altogether (Galuski, 2005). A research study conducted in 2005 in New York, looked at ECEC directors who had decided not to pursue NAEYC

accreditation. The Galuski's 2005 study focused on putting a voice to the experiences of program directors as they struggled with accreditation. The researcher interviewed eight program directors who had withdrawn their center from the accreditation process. Through these interviews, the researcher determined four notable influences directors consider when deciding whether or not to pursue accreditation: personal experiences, the fees attached to the process, the pressure the process causes their staff, and the lack of information (Galuski, 2005).

Some centers are opting for alternative national accrediting agencies such as the National Accreditation Commission for Early Care and Education Programs (NAC). There are currently 820 NAC accredited programs in 30 states and the District of Columbia, in addition to 3 international military child development centers. Like most other accrediting systems, NAC involves a three step process: 1) self-study, 2) on-site visit by a validator, and 3) accreditation decision set by commission rules. Costs for the accreditation process vary among systems. Current costs reflected on their websites indicate that NAEYC's enrollment, self-assessment and validation site visit fees for a child care center with a licensed capacity for 100 children totals $1,750, where NAC's fees for the same items total $1,375. These fees are not inclusive of the whole accreditation process, as there are additional fees for annual reports and other components specific to the program's needs. Data collected on NAC offers the following reasons why programs should choose their accreditation system: the format is easy to use; it is approved in several states for funding; it has an optional faith-based component; and it does not dictate a particular curriculum or philosophy, only that optimal child development

standards are met

(http://www.earlylearningleaders.org/displaycommon.cfm?an=1&subarticlenbr=404).

Accreditation in ECE is typically a three-step process that the administrator of the program leads. Once initiated, this process can take up to two years to complete. The three components of accreditation are the self-study, on-site validation, and the commission decision. The self-study is the most lengthy and time-consuming portion of the process. Program administrators collect baseline information about their centers through a review of administrative practices and documentation, a self-report classroom observation for each classroom, and both a parent and teacher-staff survey. With all of this information in hand, the director is able to identify strengths and weaknesses in the program and develops a plan of improvement. The entire teaching and administrative staff work together to make the improvements needed to meet accreditation standards. Once the program makes the improvements, the administrator completes a report, the program repeats the classroom observations, the parent and teacher staff complete the surveys, and results are tallied. Once completed, this data is sent to the accreditation agency for review.

Once received and reviewed by the accreditation agency, a validator is assigned to the program. The validator visits the program and an on-site observation takes place over a one or two day period. During this visit, the validator observes inside the classrooms, visits with the director and teachers as needed, and reviews required documentation. The validator sends the information gathered from the visit to the accreditation agency for final review.

A commission considers the validator's report in a blind review and makes a decision on whether the program should receive accreditation status. Programs can be granted full

accreditation, if they are in compliance with the accreditation criteria. If not enough of the criteria are fully met, a program may be awarded deferred accreditation, which gives a program a specific amount of time to fall into compliance and receive full accreditation status. If programs do not meet the majority of the accreditation criteria, they may be denied accreditation altogether. Accreditation status is awarded for different lengths of time, depending on what agency the program is using.

Accreditation is now synonymous with quality in ECEC, resulting in some researchers' use of accreditation as a proxy for center quality in their studies. Dinehart, Manfra, Katz and Hartman conducted a study in 2012 that examined the associations between center-based care accreditation status and the early educational outcomes of children in the child welfare system. They chose to use accreditation as a proxy in this study for the following two reasons: 1) accreditation provides consumers, including parents, caseworkers, and policymakers, with generalized information about the quality of care provided at an ECE center, and 2) requiring children in welfare to attend an accredited center has become policy in some states and locales (e.g., Our Kids, Inc., 2010). The results of this study demonstrated that attending an accredited ECE center results in better developmental outcomes for all children in the child welfare system, children in the welfare system are less likely to attend accredited child care centers than their non-welfare counterparts, and children in the child welfare system have poorer performance at the end of pre-k than children not in the child welfare system (Dinehart et al., 2012).

Quality Rating and Improvement Systems (QRIS)

In addition to accreditation as a measure of quality in ECEC, the turn of the 21st century showed an emergence of Quality Rating Systems (QRS), which, across the country, are also referred to as Quality Rating and Improvement Systems (QRIS). The development of these rating systems was a way to identify and promote higher quality early childhood care. Quality Rating Improvement Systems are similar to other consumer rating systems, in that they "rate" goods or services in order to provide customers with a better understanding about the quality of that item. Currently 41 states and the District of Columbia have adopted a quality rating system, which is up from 14 in early 2006. Eight states are currently in the process of creating and implementing a QRIS system, leaving only South Carolina with no QRIS in place or in process (www.childcareaware.org). Each QRS defines quality standards, educates consumers and providers on program quality, and provides incentives and support for quality improvement (Zellman & Perlman, 2008). The use of some sort of symbol typically indicates the level of quality. For example, the QRS in Tennessee, The Star-Quality Child Care Program, utilizes a star as a level of quality. Centers receive a rating from one star to three stars based on assessments of the following standards: program assessment, director's qualifications, professional development, parent/family involvement, staff compensation, ratio and group size, and developmental learning. These standards are specific to Tennessee's QRS, as each state creates its own areas of evaluation.

Research is limited on QRS and evaluations on these rating systems generally have focused on the relations between the ratings and the environmental rating scales (ERS) utilized to assess the validity of the rating system (Zellman & Perlman, 2008). According to a 2008

RAND report, establishing a relationship between QRS and child outcomes has seldom been attempted. This research study evaluated Colorado's QRS, Qualistar Program. Researchers for the study found that no relationships between overall star ratings and child outcomes existed (Zellman, Perlman, Le & Setodji, 2008).

Quality Rating and Improvement Systems (QRIS) are a growing quality initiative that evaluate and observe, recognize and reward, and support early childhood program quality improvement, with a strong emphasis on continuous quality improvement. The first QRIS was implemented in Oklahoma in 1998. Since that time, forty nine states have either adopted a QRIS or are in the process of establishing one. QRIS is a market-based approach to improving quality in ECEC. Although the design of QRIS programs varies from state to state, most include the following five basic elements: standards, accountability, parent outreach, provider outreach, and support and quality improvement (Satkowski, 2009).

The standards that are a central component of most QRIS are widely accepted, research-based indicators of quality in ECEC. These standards are designed to supplement existing child care licensing requirements. Structural quality mandates minimum teacher-child ratios and teacher education levels as well as basic requirements to ensure children's health and safety. In some states, procedural indicators are included. Procedural indicators measure the quality of teaching and emotional support in early education settings (Satkowski, 2009). This is also referred to as process quality. These global measures are often measured using the ECERS-R tool (Tout, Zasklow, Halle, & Forry, 2009). A recent analysis found that about half of statewide QRIS refer to the state's Early Learning Guidelines (National Center on Child Care Quality Improvement, 2011).

Quality Rating and Improvement Systems often use a simple three-or four-star rating to summarize information on quality in multiple domains such as child/staff ratios and teacher credentials, and present it in formats, such as interactive websites that parents (the consumers) can easily access and understand (Satkowski, 2009). This is an important component of QRIS that neither accreditation nor licensing standards provide. Research has shown that parents may not be able to distinguish high-quality care from moderate- or poor-quality care; the determining features for high-quality care may not be obvious to parents (Zellman & Perlman, 2008).

Child care providers and programs also benefit from these systems in multiple ways. Some states provide financial incentives in the form of scholarships, enhancement grants to programs, compensation awards, quality bonuses and tiered reimbursement for subsidies (McDonald, 2010). Because accreditation can be a financial burden for many ECEC programs, QRIS is an appealing alternative. In addition, there are non-financial incentives and supports that include outreach staff and mentoring and coaching orientation sessions for providers, college courses, distance learning and linkages with Accreditation Facilitation Projects (AFPs) (McDonald, 2010).

Funding for QRIS comes from a variety of sources, including federal funds from the Child Care and Development Block Grant (CCDBG), Temporary Assistance for Needy Families (TANF), and the Individuals with Disabilities Act (IDEA), as well as general state revenues and private donations (Satkowski, 2009). On April 1, 2009, states began receiving education and child care funds appropriated under the American Recovery and Reinvestment Act (ARRA, or "the

stimulus"). Many child care advocates in several states have urged policymakers to use some of the stimulus funds to launch or expand statewide QRIS (Satkowski, 2009).

In 2009, the Admiration for Children and Families' Office of Planning, Research and Evaluation published a brief that described challenges that are facing QRSs. Challenge number one is that small, but meaningful differences in the structure and design of QRSs, and the lack of research on the implications of these differences, make it difficult to synthesize lessons learned across programs. The second challenge is that in the programs that QRSs target, while they recognize and address the needs of diverse subgroups (such as home-based providers), available resources limits their scope. QRSs are recognized for their potential to serve as a hub for quality improvement, but this goal requires extensive coordination across agencies, services and data systems; this comprises the third challenge. Lastly, the authors of this brief state that the fourth challenge is that with an increasing focus on accountability of public programs, QRSs must manage goals, time frames, and expectations for change (Tout et al., 2009).

Accreditation Facilitation Projects (AFPs)

Empirical evidence has been given that indicates providing children, especially those from low-income backgrounds, a high-quality early childhood educational experience will increase their positive developmental outcomes. Research has linked high quality ECEC with positive outcomes including cognitive, socio-emotional, and academic skills. Systems have been put in place to encourage high quality ECEC, such as state licensing regulations, voluntary accreditation systems, and quality rating and improvement systems. Of these systems, the perception of the national accreditation status is that it's the gold standard of high quality; although achieving accreditation can be a costly and difficult process, leaving low-income

centers with little possibility of achieving this status on their own. Accreditation Facilitation Projects (AFPs) were created and designed to help centers achieve accreditation.

Shortly after NAEYC created the first national system of accreditation in 1985, AFPs emerged as a grassroots effort to help centers through the accreditation process. Early education leaders at that time saw the value of accreditation as an avenue to quality improvement in ECEC (Means & Pepper, 2010). These same leaders saw the need for additional support and encouragement to achieve accreditation. Facilitation projects were established and grew independently over the years with no formal ties to specific accreditation systems. Despite their supporting role, the work of AFPs aligns with the vision of NAEYC's accreditation system, which states, "NAEYC Accreditation shall be established as a leading force for changing children's well-being and early learning by improving the quality of early childhood programs serving children birth through kindergarten" (NAEYC Program Standards and Accreditation Criteria, 2007, 6). This is a similar vision shared with other accreditation systems as well.

The number of AFPs and the range of their supports have grown greatly over the years. As of January 2013, 107 AFPs in 40 states and the District of Columbia were registered with NAEYC. Both public and private means fund these projects. These programs typically offer assistance through coaching, training, and on-site consultation to support and motivate programs that strive to achieve accreditation. Some AFPs offer financial assistance to the centers they work with. In-kind donations of materials to centers, scholarships for teacher education and training and funds for costs associated with the accreditation process provide such monetary-based assistance. In addition to any financial assistance, AFPs support centers through individualized support which focus on the specific needs of an individual program;

group-focused support which address the needs of multiple programs together and foster peer support; and access to resources and other types of support. In turn, by registering the AFP with NAEYC, the projects receive support in the form of an online community that allows AFPs to share ideas and to discuss facilitation strategies, to purchase discounted self-study kits, receive monthly conference calls, face-to-face meetings at the NAEYC Annual Conference, and feature a listing as a local support for early childhood programs in their area (support for AFPs on website).

To be deemed successful, AFPs often must present evidence that programs achieve accreditation in a specified amount of time (Apple, 2006). In order to maintain funding, AFPs need to be able to explain to funders the variations in time or levels of support that centers need to achieve accreditation from program to program and from state to state. Currently, there is no published research that either offers this explanation or provides data for future research related to establishing measureable benchmarks for accreditation self-study process and what constitutes effective communication between funders and the AFPs they are supporting (Apple, 2006).

As one of the first AFPs, Educational First Steps (EFS) in Dallas, Texas is approaching its silver anniversary in 2015. This facilitation project works with low-income centers in the Dallas-Fort Worth area. Its Four Steps to Excellence 2.0 program is their reformulated accreditation process of higher quality, accelerated progress, more robust student outcome measurement and deeper community partnerships. EFS tracks the persistence of the program's benefits through kindergarten and beyond in conjunction with local independent school districts. A joint study conducted with the University of Texas at Dallas, EFS's benefits to children have shown an

impact to kindergarten and beyond. Data was analyzed from standardized tests, including the Iowa Test of Basic Skills (ITBS), Logramos (the Spanish version of ITBS) and the Texas Assessment of Knowledge and Skills (TAKS) which revealed the following findings: compared to similar peers, EFS students are 28% more likely to pass tests of limited English proficiency, 16% less likely to experience grade retention through each of the first three grades, and more successful in both literacy and numeracy in kindergarten through second grade (Scotch, 2013).

Implications for the ECEC field

The availability of high quality early childhood education centers, especially for children from low-income families, is a priority at the local, state and federal level. Providing financial support to low-income families to assist in their ability to access quality care may be an effective way to increase these opportunities (Lipscomb, 2013). Without this support, low-income families appear unable to purchase and continue to pay for their children to attend quality care programs. Efforts, such as the Child Care and Development Fund (U.S. Department of Health and Human Services, 2011) and the Race to the Top Early Learning Challenge grants, prioritize access to quality early care and education experiences for children with high needs, including those from low-income families (U.S. Department of Education, 2011).

Because of this strong investment in early care and education programs with an explicit goal of improving developmental outcomes and school readiness for low-income children, researchers conducted a meta-analysis of studies published in peer-reviewed journals or evaluations reports in order to examine the strength of these relationships across multiple studies (Burchinal, Kainz, & Cai, 2011). The review of literature analyzed in the analysis identified 20 early care and education projects that reported 97 associations between widely

used measures of quality and child outcomes. Key findings indicated that children in higher-quality early care and education programs tended to have modestly higher academic and language outcomes and better social skills. Analyses support the premise that measures of specific practices are slightly better predictors of the outcomes of children than are global quality measures. Analyses also suggest that, at least for those who are from low-income families, children benefit from higher-quality care overall in both their language and social skills.

Based on the research evidence about the importance of a high quality early childhood education for children from low-income families, it is important to see what characteristics of low-income ECEC programs contribute to the timely completion of accreditation. This research study is designed to examine what characteristics of low-income centers can predict the time it takes a center to achieve accreditation with the support of an AFP. The length of time to accreditation is important to understand because AFPs are accountable to many stakeholders who need to see results from their efforts and monies. The longer an ECEC program takes to achieve accreditation, the more an AFP must invest. Providing evidence of the extent that certain characteristics, such as the educational level of the director, percentage of children receiving government subsidies, and total enrollment of children in the center predicts the length of time to achieve accreditation while working with an AFP, may assist AFPs in multiple ways. Accreditation Facilitation Projects could use this information to recruit and collaborate with centers that might need extra support through the accreditation project and to demonstrate to funders what types of centers their efforts are best supporting and where to best direct their funds. An investment in programs that serve low-income children and to assist

in their achievement of national accreditation through the use of AFPs will ultimately result in better outcomes and achievement for children who otherwise might not do as well.

APPENDIX B

DETAILED METHODOLOGY

Description of the Sample

The study reviewed archival data on 33 low-income child care centers in the Dallas-Fort Worth area that achieved accreditation with the assistance of the AFP, Educational First Steps. Information was gathered on the total enrollment of the centers, the number of children receiving government subsidies, the educational level of the directors, the type of accreditation achieved and the ethnicity breakdown of both children and staff.

Archival data was reviewed on 33 low-income centers who successfully achieved national accreditation while collaborating with the AFP, Educational First Steps. All 33 centers were located in Dallas County. The total enrollment of the centers ranged from a minimum of 18 students to 110 students with a mean of 56, (*SD*=27.05). The number of children receiving government subsidies ranged from 0 to 60 with a mean of 16.85, (*SD*=16.47). The time to accreditation took centers a minimum of 13 months to a maximum of 205 months with a mean of 69.9 months, (*SD*=38.12). Of the 33 centers, 20 centers achieved NAC accreditation and 13 centers achieved NAEYC accreditation. The educational level of the director ranged from a high school diploma through a doctoral degree, with categories defined as (high school diploma=0, associate's degree=2, bachelor's degree = 3, master's degree = 4, and doctoral degree =5). Table C1 illustrates the characteristics of the archivally-based data in terms of center and staff characteristics.

Early childhood education centers that achieve national accreditation status are viewed by stakeholders as offering a high-quality experience for young children (Dinehart, Manfra, Katz, & Hartman, 2012). Young children who have high quality early childhood education experiences have been shown time and again to exhibit positive developmental outcomes.

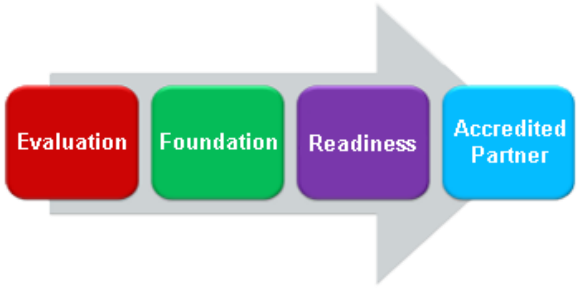
Because the accreditation process is difficult and costly, many programs either opt to forgo the process altogether or collaborate with an AFP. Accreditation Facilitation Projects assist programs with the accreditation process. Low-income ECEC programs can benefit greatly from the collaboration with an AFP because of the increased training opportunities they offer, financial contributions in form of materials or facility improvements and the scholarship/education assistance given to caregivers. The longer an ECEC program takes to go through the accreditation process with an AFP, the more resources are drained. This research study used a multiple paradigm approach (Teddlie & Tashakkori, 2009).

Participants

Educational First Steps (EFS) is an accreditation facilitation project located in Dallas, Texas. Established as one of the first AFP's in the country, EFS began as a committed agency to early childhood education programs serving children, particularly those challenged by poverty. Educational First Steps is currently assisting 90 low-income child care centers through the accreditation process in the Dallas-Fort Worth area. Eighty-three of these centers are located in Dallas County and 7 of them are located in Tarrant County. In order for a low-income center to qualify to work with EFS, they must meet the following criteria: 1) they must serve at least 20 children aged zero to five, with the potential for enrollment growth, 2) benefit children from low-income families, indicated most strongly by the percentage receiving Child Care Management Services (CCMS), 3) feed demonstrably under-performing public schools, and 4) be led by directors and teaching staff who are enthusiastic about the path to accredited excellence and likely to succeed in the Four Steps to Excellence program. Over 5,500 children and 1,000 teachers are represented through the 90 centers EFS is currently working with.

Educational First Step's Four Steps to Excellence 2.0 program establishes collaborations between its in-house early learning specialists (ELS) and the director and staff of low-income ECEC programs. The early learning specialists serve as mentors to the directors and staff of the ECEC programs working with EFS. The relationship between the ELS' and the directors and staff is fostered through on-site and in-classroom mentoring as well as formal training and enrichment. The ultimate goal of the Four Steps to Excellence 2.0 program is accreditation through either National Association for the Education of Young Children (NAEYC) or the National Accreditation Commission (NAC).

The current ECEC programs will be in various stages of the Four Steps to Excellence 2.0 process. The figure illustrates the Four Steps process.



The evaluation step is targeted to last approximately 4 months and includes an evaluation of the director, staff and center. Baseline assessments are done by an EFS education quality assurance specialist that offers a starting point from which to measure the center's progress. Step 2 is the foundation step that lasts 24 months. During this competency phase, programs receive training on health and safety, curriculum, and interactions specific to the

early childhood years. During the third step, programs achieve accreditation status through either NAEYC or NAC. Once a program makes it to step 4, it must sustain its accreditation status and is considered an accredited partner with EFS. These centers benefit not only from the comprehensive training and ongoing assessments that EFS provides, but from approximately $15,000 annually in the form of materials, scholarships for teacher development, and accreditation fees.

The sample for this study consists of the 90 directors of the ECEC programs that are currently working towards accreditation with EFS. The sample also includes the 15 early learning specialists from EFS that mentor the directors and staff of the 90 programs. The early learning specialists are employees of Educational First Steps. They are well-trained as mentors who guide the low-income ECEC programs toward national accreditation in all areas of their programs at their own facilities and classrooms.

Instruments

I designed a 33 item self-completion questionnaire entitled the Accreditation Facilitation Questionnaire (AFQ). Twenty-five items (alpha =.73) are closed-ended questions presented in a Likert scale format. The following directions appear prior to theses 25 questions:

In the following 25 questions, you are presented with a statement. You are being asked to indicate your level of agreement or disagreement with each statement by indicating whether you: Strongly Agree (SA), Agree (A), are Undecided (U), Disagree (D), or Strongly Disagree (SD). *(Please indicate your level of agreement by circling the appropriate response)*

Two examples of the 25 closed-ended items are the following:

1. Early childhood education centers that work with an accreditation facilitation project (AFP) like Educational First Steps are more likely to be successful at achieving accreditation than centers that do not work with an accreditation facilitation project.

SA A U D SD

2. The higher the educational level of a center director, the quicker their center will go through the accreditation process.
   SA A U D SD

In addition to the 25 closed-ended items, there are eight open-ended questions. Two open-ended questions were placed at the beginning at the AFQ to help prevent the questions on the AFQ from biasing their responses. Prior to the first two open-ended questions, the following directions appear:

Please answer the following questions in your own words:

Following the 25 closed-ended items, there are an additional five open-ended questions with the same instructions *(Please answer the following questions in your own words*). Two examples of the open-ended items are the following:

1. Why do you think early childhood education centers choose to work with an AFP to go through accreditation?
2. Please describe the ways in which AFPs help early childhood education centers go through the accreditation process:

Because the AFQ has both closed- and open-ended items, it is considered a mixed methods questionnaire. The AFQ was designed to not take a respondent more than 30 minutes to complete.

The researcher was aware of both the pros and cons of utilizing a self-completion postal questionnaire. Some advantages of choosing this type of instrument are the absence of interviewer effects, no interviewer variability as well as the convenience for respondents to complete the questionnaire when they want and at the speed they choose. In addition, working with directors of low-income ECEC programs invites the possibility of social desirability bias. Utilizing the self-completion method will eliminate the possibility of this bias that could

affect the respondent's answers. On the other hand, utilizing a self-completion questionnaire does not allow an interviewer to prompt or probe the subject for further detail or explanation. Additionally, self-completion postal questionnaires tend to have lower response rates (Bryman, 2008).

Procedure

Educational First Steps provided the researcher with the names of the 90 ECEC program directors that are currently working with EFS as well as the addresses to their centers. The researcher mailed the AFQ, a cover letter, consent form and a self-addressed stamped envelope to all 90 directors. I hand-delivered the 15 questionnaires to the EFS Early Learning Specialists to their home office in Dallas, Texas when she went to review data. A cover letter, consent form and self-addressed stamped envelope were attached to the AFQ. In total, 105 AFQs were distributed. I requested the AFQ be completed and returned within two weeks from the date the participants receive it. In an effort to increase the response rate, a cover letter was co-written by the Director of Early Learning Programs at EFS and me. The directors who were sent the AFQ were already familiar with the Director of Early Learning Programs and it was believed that this approach might promote them to respond in a timely manner. Two raffle drawings were offered to all directors who completed and returned the AFQ within the requested time. One raffle item was provided by EFS and the other was provided by the me. The AFQ was designed in an easy to read and follow manner and is relatively short in order to reduce respondent fatigue.

I was granted permission by EFS' Director of Training and Programs, with the approval of the Executive Director, to review archival data on the 33 ECEC programs that successfully

achieved accreditation while working with EFS. Educational First Steps collected and maintains both electronic and paper archival data which is located in a secure location in their Dallas, Texas office. I had consent from EFS to visit their Dallas office and review this demographic data. The archival data that was reviewed covered ECEC programs that are no longer working with EFS. The 33 programs that were reviewed, successfully achieved accreditation while working with EFS. The specific archival data that was reviewed included the educational level of the center director, the number of children receiving government subsidies, the total enrollment of their center, the type of accreditation received, the ethnicity of both the children and the staff and the length of time it took the center to achieve accreditation.

Definition of Terms

Accreditation – a voluntary system that has set professional standards for early childhood education programs, and helped families identify high-quality programs for their young children.

Accreditation Facilitation Project – a project that supports quality improvement efforts of child care centers, preschools, and other early childhood programs in many local communities and states and, in an effort to raise program quality, provides technical assistance and support to programs working on accreditation.

Accreditation Facilitation Questionnaire (AFQ) - a 30-item mixed methods questionnaire designed by the researcher that is administered to 90 directors and 15 early learning specialists.

Administrator – a child care director who is responsible for overseeing the staff and the day-to-day operations of an early childcare education center or daycare facility.

Association for Early Leading Learners - Formerly known as the National Association of Child Care Professionals (NACCP), the Association for Early Learning Leaders is the nation's leader among associations serving child care owners, directors, and administrators. The organization's goal is to enhance the knowledge, skills and abilities of the people who lead the child care industry by providing membership services and benefits. Early childhood education programs can receive accreditation through its National Accreditation Commission (NAC).

Attitude- for purposes of this study, attitude is defined as an opinion or general feeling about something (specifically regarding accreditation and accreditation facilitation projects).

Developmentally Appropriate Practice – (DAP) is an approach to teaching grounded in the research on how young children develop and learn and in what is known about effective

early education. Its framework is designed to promote young children's optimal learning and development.

Early Childhood Education and Care (ECEC) - goes by many names: child care, day care, nursery school, preschool, pre-kindergarten, and early education. It is delivered in many settings: center-based, home-based or at the local public school, in urban, suburban and rural communities. Some programs are part-time, part-year, while others offer full-day, full-year services. They can be privately run, either non-profit or for profit, or they can be operated by the local school system or by a federally-funded program such as Head Start.

Early Learning Specialist (ELS) - trained professionals in early childhood education that are employed by Educational First Steps. They work as mentors to low-income centers that are going through the accreditation process.

Educational First Steps- (EFS) is an accreditation facilitation project located in Dallas, Texas designed to improve the quality and availability of early childhood education for economically-disadvantaged children.

Environmental Rating Scales (ERS) - scales designed to assess process quality in an early childhood environment.

Government Subsidies – a form of financial aid for eligible families (typically moderate- or low-income families) either through vouchers or contracted slots with childcare providers.

National Accreditation Commission – The national accreditation component of the Association for Early Learning Leaders.

National Association for the Education of Young Children (NAEYC) – the world's largest organization that works on behalf of young children.

Perception- for purposes of this study, perception is defined as an attitude or understanding based on what is thought (specifically regarding accreditation and accreditation facilitation projects).

Positivist Paradigm – a research paradigm based in positivism which is a philosophy of science that assumes that there is valid knowledge (truth) only in scientific knowledge. Obtaining and verifying data that can be received from the senses is known as empirical evidence.

Quality – a widely agreed-upon definition of quality early childhood program is one that provides a safe and nurturing environment while promoting the physical, social, emotional and intellectual development of young children.

Quality Rating Systems- individual state's systems designed as a mechanism for identifying and promoting higher quality care for children.

Validator - trained early care and education professionals who conduct on-site classroom observations and review documentation in order to validate a program's reporting on accreditation commission criteria.

Research Questions

Question 1: Does the educational level of a director, percentage of children receiving government subsidies, and the total enrollment of a child care center predict the length of time it takes a center working with an AFP to go through the accreditation process?

Question 2: What is the difference, if any, between director's and early learning specialist's attitudes about accreditation?

APPENDIX C

COMPLETE UNABRIDGED RESULTS

Table C1

Summary of Descriptive Statistics

Descriptive Statistics

	N	Range	Minimum	Maximum	Mean	Std. Deviation
TotalEnrollment	33	92.00	18.00	110.00	56.0000	27.05319
Subsidies	33	60.00	.00	60.00	16.8485	16.46800
TimetoAccreditation	33	192.00	13.00	205.00	69.9091	38.11854
LatinChildren	33	106.00	.00	106.00	25.6970	30.63748
CaucasianChildren	33	64.00	.00	64.00	7.3636	15.51374
AsianChildren	33	13.00	.00	13.00	.9697	2.45567
AfricanAmericanChildren	33	69.00	.00	69.00	20.2121	19.47395
LatinStaff	33	19.00	.00	19.00	3.2121	4.44942
CaucasianStaff	33	29.00	.00	29.00	2.2424	5.50017
AsianStaff	33	5.00	.00	5.00	.3030	1.04537
AfricanAmericanStaff	33	13.00	.00	13.00	5.3333	4.62106
percentsubsidies	33	1.00	.00	1.00	.3515	.34945
totalstaff	33	32.00	1.00	33.00	11.0909	7.08592
percentminoritykids	33	2.48	.30	2.78	.9065	.42951
percentminoritystaff	33	.99	.01	1.00	.8193	.32838
AccreditationType	33	1.00	.00	1.00	.3939	.49620
DirectorEducation	33	4.00	1.00	5.00	2.5758	1.22552
Valid N (listwise)	33					

Table C2

Frequency Distribution by Accreditation Type

Accreditation Type

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00*a*	20	52.6	60.6	60.6
	1.00*b*	13	34.2	39.4	100.0
	Total	33	86.8	100.0	
Missing	System	5	13.2		
Total		38	100.0		

Note: *a*. NAC accreditation
b. NAEYC accreditation

Table C3

Frequency Distribution by Director Education

Director Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00*a*	10	26.3	30.3	30.3
	2.00*b*	3	7.9	9.1	39.4
	3.00*c*	12	31.6	36.4	75.8
	4.00*d*	7	18.4	21.2	97.0
	5.00*e*	1	2.6	3.0	100.0
	Total	33	86.8	100.0	
Missing	System	5	13.2		
Total		38	100.0		

Note: *a*. High School Diploma
b. Associate's Diploma
c. Bachelor's Degree
d. Master's Degree
e. Doctoral Degree

Table C4

Frequency Distribution by Total Enrollment

Total Enrollment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18.00	2	5.3	6.1	6.1
	21.00	1	2.6	3.0	9.1
	28.00	1	2.6	3.0	12.1
	31.00	1	2.6	3.0	15.2
	33.00	3	7.9	9.1	24.2
	34.00	1	2.6	3.0	27.3
	37.00	1	2.6	3.0	30.3
	39.00	1	2.6	3.0	33.3
	40.00	1	2.6	3.0	36.4
	41.00	1	2.6	3.0	39.4
	45.00	1	2.6	3.0	42.4
	47.00	1	2.6	3.0	45.5
	48.00	1	2.6	3.0	48.5
	50.00	1	2.6	3.0	51.5
	54.00	3	7.9	9.1	60.6
	57.00	1	2.6	3.0	63.6
	58.00	2	5.3	6.1	69.7
	70.00	1	2.6	3.0	72.7
	74.00	1	2.6	3.0	75.8
	83.00	1	2.6	3.0	78.8
	90.00	3	7.9	9.1	87.9
	100.00	1	2.6	3.0	90.9
	104.00	1	2.6	3.0	93.9
	106.00	1	2.6	3.0	97.0
	110.00	1	2.6	3.0	100.0
	Total	33	86.8	100.0	
Missing	System	5	13.2		
Total		38	100.0		

Table C5

Pearson Correlation between the total staff and time it takes to achieve accreditation/director's level of education

		Total Staff
Time to Accreditation	Pearson Correlation	-.423
	Sig. (2-tailed)	.014
	N	33
Director's Education	Pearson Correlation	.476
	Sig. (2-tailed)	.005
	N	33

Table C6

Chi Square Analysis

Quickness of accreditation

		1.00*a*	2.00*b*	Total
Level of education	1.0*c*	3	10	13
	2.0*d*	13	7	20
Total		16	17	33

Note: *a.* less than 67 months

b. more than 70 months

c. no college degree

d. college degree or beyond

Table C7

One Way ANOVA

Accreditation Type		Mean	Std. Deviation	N
Percent Subsidies	.00*a*	.4688	.28753	20
	1.00*b*	.1709	.36942	13
	Total	.3515	.34945	33
Percent Minority Kids	.00*a*	.7823	.25743	20
	1.00*b*	1.0976	.56723	13
	Total	.9065	.42951	33

Note: *a.* NAC Accreditation

b. NAEYC Accreditation

Source	Dependent Variable	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power
Accreditation Type	percent subsidies	.014	.179	6.756	.712
	Percent minority kids	.037	.133	4.742	.560

Note: Observed Power computed using alpha = .05

Table C8

One Way ANOVA

Dependent Variable: attitude

Staff Type	Mean	Std. Deviation	N
1.00*a*	85.7222	9.07359	18
2.00*b*	81.6429	13.2874	14
Total	83.9375	11.1092	32

Note: *a.* directors

b. early learning specialists

APPENDIX D

OTHER ADDITIONAL MATERIALS

UNT

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Office of the Vice President of Research and Economic Development

September 25, 2012 OFFICE OF RESEARCH SERVICES

George Morrison
Department of Teacher Education and Administration
University of North Texas

Re: Human Subjects Application No. 12424

Dear Dr. Morrison:

As permitted by federal law and regulations governing the use of human subjects in research projects (45 CFR 46), the UNT Institutional Review Board has reviewed your proposed project titled "Accreditation of Early Childhood Education Centers: Examination of Characteristics of Centers that Successfully Achieve National Accreditation Status." The risks inherent in this research are minimal, and the potential benefits to the subject outweigh those risks. The submitted protocol is hereby approved for the use of human subjects in this study. **Federal Policy 45 CFR 46.109(e) stipulates that IRB approval is for one year only, September 25, 2012 to September 24, 2013.**

Enclosed is the consent document with stamped IRB approval. Please copy and **use this form only** for your study subjects.

It is your responsibility according to U.S. Department of Health and Human Services regulations to submit annual and terminal progress reports to the IRB for this project. The IRB must also review this project prior to any modifications. **If continuing review is not granted before September 24, 2013, approval of this research expires on that date.**

Please contact Shelia Bourns, Research Compliance Analyst, or Boyd Herndon, Director of Research Compliance, at extension 3940, if you wish to make changes or need additional information.

Sincerely,

Patricia L. Kaminski, Ph.D.
Associate Professor
Department of Psychology
Chair, Institutional Review Board

PK/sb

UNIVERSITY OF NORTH TEXAS
1155 Union Circle #305250 Denton, Texas 76203-5017
940.565.3940 940.565.4277 fax http://research.unt.edu

University of North Texas Institutional Review Board

Informed Consent Notice

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of the Study: Accreditation of Early Childhood Education Centers: Examination of Characteristics of Centers that Successfully Achieve National Accreditation Status

Student Investigator: Stephanie Reinke, Doctoral Candidate at University of North Texas (UNT) Department of Teacher Education and Administration

Supervising Investigator: Dr. George Morrison, UNT Department of Teacher Education and Administration.

Purpose of the Study: You are being asked to participate in a research study which aims to examine characteristics of early childhood education centers that are either currently going through a national accreditation certification or who have completed the accreditation process. This study aims to understand the perceptions of Directors and Mentors about the accreditation process.

Study Procedures: You will be asked to complete a survey consisting of 15 questions pertaining to your experiences and feelings about the accreditation process. This survey should take approximately 15-20 minutes.

Foreseeable Risks: No foreseeable risks are involved in this study.

Benefits to the Subjects or Others: This study is not expected to be of any direct benefit to you, but we hope to learn more about characteristics of centers that are achieving accreditation as well as Directors and Mentors perceptions and feelings about the accreditation process and its importance.

Compensation for Participation: None

Procedures for Maintaining Confidentiality of Research Records: The confidentiality of your individual information will be maintained in any publications or presentations regarding this study. Surveys will be coded to protect any identifying information on yourself or your child care center. Surveys and all data collected will be secured in a locked filing cabinet of which only the investigator has access.

Questions about the study: If you have any questions about the study, you may contact Stephanie Reinke at [redacted] or Stephanie.Reinke@unt.edu.

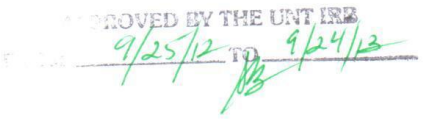
Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board 9IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

APPROVED BY THE UNT IRB
FROM 9/25/12 TO 9/24/13

Research Participants' Rights:

Your participation in this survey confirms that you have read all of the above and that you agree to all of the following:

- **Stephanie Reinke** has explained the study to you and you have had an opportunity to contact him/her with any questions about the study. You have been informed of the possible benefits and the potential risks of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You understand you may print a copy of this form for your records.



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Office of the Vice President of Research and Economic Development
OFFICE OF RESEARCH SERVICES

February 8, 2013

Supervising Investigator: Dr. George Morrison
Student Investigator: Stephanie Reinke
Department of Teacher Education and Administration
University of North Texas

Institutional Review Board for the Protection of Human Subjects in Research (IRB)
RE: Human Subject Application #12424

Dear Dr. Morrison,

The UNT IRB has received your request to modify the study titled "Accreditation of fEarly Childhood Education Centers: Examination of Characteristics of Centers that Successfully Achieve National Accreditation Status." As required by federal law and regulations governing the use of human subjects in research projects, the UNT IRB has examined the request to change the title of this study to "Accreditation Facilitation Projects: Supporting High Quality Early Childhood Education and Care" and to review the data collection instrument. The noted modifications to this study are hereby approved for the use of human subjects. **Federal Policy 45 CFR 46.109€ stipulates that IRB approval is for one year only, September 25, 2012 to September 24, 2013.**

Enclosed is the consent document with stamped IRB approval. Please copy and use this form only for your study subjects.

The IRB must review this project prior to any other modifications.

Please contact Shelia Bourns, Research Compliance Analyst, at (940) 565-3940 if you wish to make changes or need additional information.

Sincerely,
Brad Herden for PLK

Patricia L. Kaminski, Ph.D.
Associate Professor
Chair, Institutional Review Board

PK/sb

UNIVERSITY OF NORTH TEXAS
1155 Union Circle #305250 Denton, Texas 76203-5017
940.565.3940 940.565.4277 fax http://research.unt.edu

University of North Texas Institutional Review Board

Informed Consent Notice

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of the Study: Accreditation Facilitation Projects: Supporting High Quality Early Childhood Education and Care

Investigator: Stephanie Reinke, Doctoral Candidate at University of North Texas (UNT) Department of Teacher Education and Administration under the supervision of George Morrison, UNT Department of Teacher Education and Administration.

Purpose of the Study: You are being asked to participate in a research study which aims to examine characteristics of early childhood education centers that are currently going through a national accreditation certification with the assistance of an accreditation facilitation project. This study aims to understand the perceptions of Directors and Mentors about the accreditation process.

Study Procedures: You will be asked to complete a survey consisting of 30 questions pertaining to your experiences and feelings about the accreditation process. This survey should take approximately 20-30 minutes.

Foreseeable Risks: No foreseeable risks are involved in this study.

Benefits to the Subjects or Others: This study is not expected to be of any direct benefit to you, but we hope to learn more about characteristics of centers that are achieving accreditation as well as Directors and Mentors perceptions and feelings about the accreditation process and its importance.

Compensation for Participation: None

Procedures for Maintaining Confidentiality of Research Records: The confidentiality of your individual information will be maintained in any publications or presentations regarding this study. Surveys will be coded to protect any identifying information on yourself or your child care center. Surveys and all data collected will be secured in a locked filing cabinet of which only the investigator has access.

Questions about the study: If you have any questions about the study, you may contact Stephanie Reinke at [redacted] or Stephanie.Reinke@unt.edu.

Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board 9IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

APPROVED BY THE UNT IRB
FROM 9/25/12 TO 9/24/13

Accreditation Facilitation Questionnaire

Please answer the following questions in your own words:

1. In your opinion, what constitutes high quality early childhood education?

   _____
   _____
   _____
   _____

2. In your opinion, what best contributes to achieving high quality early childhood education and care?

   _____
   _____
   _____
   _____

In the following 25 questions, you are presented with a statement. You are being asked to indicate your level of agreement or disagreement with each statement by indicating whether you: Strongly Agree (SA), Agree (A), are Undecided (U), Disagree (D), or Strongly Disagree (SD).

(Please indicate your level of agreement by circling the appropriate response)

1. Early childhood education programs that are accredited are higher quality than centers that are not accredited.

   SA A U D SD

2. Early childhood education centers that work with an accreditation facilitation project (AFP) like Educational First Steps are more likely to be successful at achieving accreditation than centers that do not work with an accreditation facilitation project.

   SA A U D SD

3. The higher the educational level of a center director, the quicker their center will go through the accreditation process.
   SA A U D SD

4. The higher the total enrollment of a center, the longer it will take a center to go through the accreditation process.
   SA A U D SD

5. The higher the number of children that receive government subsidies in a center, the longer it will take the center to go through the accreditation process.
   SA A U D SD

6. Early childhood education centers work with accreditation facilitation projects (AFPs) like Educational First Steps because of the monetary incentives (examples: new materials, scholarships for teachers).
   SA A U D SD

7. Early childhood education centers work with accreditation facilitation projects (AFPs) like Educational First Steps because of the training opportunities they provide (examples: on-site trainings, group trainings provided at EFS).
   SA A U D SD

8. Early childhood education centers work with accreditation facilitation projects (AFPs) like Educational First Steps because the AFP knows more about the accreditation process.
   SA A U D SD

9. The **director** of an early childhood education center that is going through accreditation with an accreditation facilitation project like Educational First Steps has to do the majority of the work during the accreditation process.
   SA A U D SD

10. The **teaching staff** of an early childhood education center that is going through accreditation with an accreditation facilitation project like Educational First Steps has to do the majority of the work during the accreditation process.
    SA A U D SD

11. The **children** who attend an early childhood education center that is going through accreditation with an accreditation facilitation project like Educational First Steps have to do the majority of the work during the accreditation process.
    SA A U D SD

12. The **early learning specialists** employed by an AFP working with an early childhood education center that is going through the accreditation process have to do the majority of the work during the accreditation process.
    SA A U D SD

13. The **parents of the children who attend an early childhood education center** that is going through accreditation with an accreditation facilitation project like Educational First Steps have to do the majority of the work during the accreditation process.
    SA A U D SD

14. I would recommend working with an accreditation facilitation project such as Educational First Steps to early childhood education directors who are considering going through accreditation.
    SA A U D SD

15. Early childhood education centers that choose to not go through the accreditation process choose not to do so because accreditation is **too expensive**.
    SA A U D SD

16. Early childhood education centers that choose to not go through the accreditation process choose not to do so because **they do not have enough time**.
    SA A U D SD

17. Early childhood education centers that choose to not go through the accreditation process choose not to do so because **they do not think accreditation makes them higher quality**.

SA A U D SD

18. Early childhood education centers choose to go through the accreditation process with an AFP in order to increase the overall quality of their program.
    SA A U D SD

19. Early childhood education centers choose to go through the accreditation process with an AFP in order to increase their student enrollment.
    SA A U D SD

20. Early childhood education centers that work with an AFP on the accreditation process are more likely to be successful in achieving accreditation than centers that do not work with an AFP.
    SA A U D SD

21. Once an early childhood education center achieves accreditation, it is the **children** who attend the center that benefit most.
    SA A U D SD

22. Once an early childhood education center achieves accreditation, it is the **directors** who benefit most.
    SA A U D SD

23. Once an early childhood education center achieves accreditation, it is the **teachers** who benefit most.
    SA A U D SD

24. Once an early childhood education center achieves accreditation, it is the **accreditation facilitation project, like Educational First Steps,** who benefits most.
    SA A U D SD

25. Early childhood education centers that serve children from low-income families benefit more from a center being accredited than centers that serve children that are not from low-income families.
    SA A U D SD

Please answer the following questions in your own words:

1. Please explain how accreditation is related to high quality early childhood education:

   _____
   _____
   _____
   _____

2. Please describe the ways in which AFPs help early childhood education centers go through the accreditation process:

   _____
   _____
   _____
   _____

3. What types of early childhood education centers benefit most from utilizing an AFP to go through the accreditation process?

_____
_____
_____
_____

4. Once a center is accredited, who do you feel like benefits the most and why?

_____
_____
_____
_____

5. Why do you think early childhood education centers choose to work with an AFP to go through accreditation?

_____
_____
_____
_____

6. To what extent do you think directors, teachers, parents and early learning specialists need to work together to achieve accreditation?

_____
_____
_____
_____

Please indicate what your job title is: _____

Thank you!

COMPREHENSIVE REFERENCES

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