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## Childcare Center Principals' Decision-Making Regarding Participation in a Quality Assurance Program

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# Walden University

College of Education and Human Sciences

This is to certify that the doctoral study by

Rosa Maria Galvan-Flores

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2024

Abstract

Childcare Center Principals' Decision-Making Regarding Participation in a Quality

Assurance Program

by

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MA, Capella University, 2011

MA, Texas A&M International University, 1999

BS, Texas A&M International University, 1992

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Early Childhood Education

Walden University

May 2024

## Abstract

Although quality assurance programs may improve the curricula and outcomes of early childhood programs, some U.S. childcare principals are reluctant to participate in these initiatives. The purpose of this basic qualitative study was to explore the motivation that guides Texas childcare principals' decision-making regarding participation in the Texas Rising Star (TRS) program. The study was underpinned by the self-determination theory of Ryan and Deci, which describes the major drivers of human motivation. The study's three research questions concerned decisions regarding TRS participation, intrinsic and extrinsic motivation, and the desire to retain personal autonomy. Interviews of 10 childcare center principals and five principals of licensed childcare homes provided the data for the investigation. Thematic analysis yielded four themes: benefits and barriers to personal autonomy, elements of TRS, extrinsic benefits and barriers, and intrinsic benefits and barriers. Findings suggest that childcare principals make decisions guided by intrinsic and extrinsic motivation benefits and barriers, including monetary support and support for quality, but also feelings of stress with the TRS process and perceptions of lost time, costs, and loss of staff. Barriers to autonomy were triggered by feelings of interference and lack of guidance. Recommendations for future research include replicating this study in other states of the United States. Implications for practice include adjusting the benefits offered to TRS participants and aligning mentoring and assessment processes. The study may promote positive social change by identifying strategies for increasing childcare principals' receptiveness to quality measures, which, if implemented, may lead to better care and learning success for children.

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## Dedication

I would like to dedicate this dissertation to my family, beginning with my father, Juan V. Galvan Jr., who passed away before I finished this degree. He was and will always be the motivation for my pursuit of higher education. My father always said, “That piece of paper (degree) will make a difference in your life, and it is something no one will ever take away from you.” I miss you, Daddy, and hope you can be proud of me for accomplishing this goal. To my husband, Ricardo, for always being my support through all my frustrations. To my kinder, Rebecca, Julissa, Ricardo “Pappas,” and Favoylli, you inspired me to finish what I started and to become a better mom to you all. I love you with all my heart. To my grandson, Ramon “Sharkie” Ramos, this one is for you too. I hope I will be a role model for you to accomplish your goals. To my mom, Rosa, and my sisters, Diana and Dora, thank you for your love and support. To my staff and children at Right Start Childcare 1 & 2, you all motivated me to do better in my everyday life. To everyone else who has helped, supported, and encouraged me to finish this degree, THANK YOU! Love you all very much.

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## Chapter 1: Introduction to the Study

The topic of this study was how childcare facility owners and directors make a decision about participation in a state quality assurance program. Research shows that quality childcare affects children's education by providing developmentally appropriate curriculum and safe, nurturing environments in which they can learn. For this reason, administrators' decision about whether to participate in a quality assurance program may have a direct impact on children. This study may inspire positive social change by providing insight on administrators' decision-making, so factors affecting their decisions may be applied to how a quality assurance program is presented to directors and owners. This study ultimately may result in greater participation in quality assurance programs and in greater quality for children enrolled in childcare. In this chapter, I will describe the problem, purpose, and conceptual framework of the study; present the research questions (RQs); and discuss the possible significance of the study, along with assumptions and limitations inherent in this research.

### **Background**

The focus of this research was motivational factors affecting childcare owners' and directors' participation in a state program intended to increase quality in early childhood programs. Early exposure to quality early childhood programs helps students to excel both cognitively and socially in kindergarten, and the effects of early learning extend into the elementary school years (Bakken et al., 2017). However, participation in quality assurance initiatives is uneven across the United States (Archambault et al., 2020). Children from disadvantaged backgrounds are underrepresented in quality early

childhood education and care programs (Archambault et al., 2020), so lack of participation in quality initiatives may affect these children more than other children.

U.S. childcare facilities are governed by state agencies and must fulfill certain requirements before opening. Many states have age and educational requirements. In the state of Texas, a person needs to be the permit holder if they wish to open a childcare center. The permit holder is responsible for developing the daily operational policies needed to run the childcare center. Personnel policies, parental handbooks, and all other necessary documentation are the permit holder's responsibility. The permit holder can designate someone as the director, or they will be permit holder and director. The director must be at least 21 years of age, have a high school diploma or equivalent, and meet other educational requirements (Texas Health and Human Services, 2022).

Quality assurance programs began to take shape in the United States in the early 1970s with the implementation of federal standards for quality childcare. The quality assurance program in Texas, the study state, is Texas Rising Star (TRS; Texas Health and Human Services, 2022). The TRS program is voluntary and is implemented in home-based or center-based childcare facilities. The leaders of these facilities provide access to quality services and programs by using a research-based reading curriculum, providing needed supplies and materials, and providing professional development for teachers working in the childcare facilities. In 2013, TRS updated its program so that childcare facilities that are TRS certified and accept subsidies children will be reimbursed by their stars rating—that being two, three, or four stars (TRS, 2022) The TRS program mirrors the National Association for the Education of Young Children (NAEYC) guidelines as

both focus on relationships, curriculum teaching, health, staff competencies, families, community, and leadership management (Allvin, 2019).

Childcare facility owners and directors make decisions regarding daily operations, participation in programs, and accommodation to parents of children enrolled in the facility (Garrity et al., 2019). Directors' daily routine consists of observing teacher—child interactions, providing feedback or information to parents on their child and giving direction to staff (Andreyeva et al., 2021). Owners and directors also handle the facility's finances and employee payroll. Owners and directors leadership is a key indicator of their ability to engage in different programs (Lin, 2018). Owners' and directors' performance in their facility's daily operations is a key indicator of how successful their program is (Cascio, 2022). Childcare facility owners and directors are leaders of change for their organizations, and their decisions regarding quality assessment have ramifications for the childcare experience of children. A gap in practice existed in the study state of Texas in that only 1,841 of the state's 14,452 childcare facilities participated in the state's quality assurance program. This study was needed to understand childcare owners' and directors' decision-making regarding their participation in the TRS program.

### **Problem Statement**

The problem that was the focus of this study was that many directors and owners of childcare facilities in Texas have decided not to participate in the TRS program. TRS is a voluntary program offered to home-based or center-based childcare facilities that participate in the Texas Workforce Commission-subsidized childcare program (TRS, 2022). TRS provides access to a research-based curriculum for all age groups, provides

needed supplies and materials, and offers professional development for teachers working in childcare facilities that participate in the program. However, of the 14,452 home-based and center-based childcare facilities in Texas (Texas Health and Human Services 2020) only 1,841 were TRS certified (TRS, 2022). The years from birth to age 5 are critical periods for the development of the linguistic, cognitive, social, emotional, and regulatory skills that will predict functioning in many domains (Bakken et al., 2017). Early exposure to quality early childhood programs helps students to excel both cognitively and socially in kindergarten and beyond (Ansari et al., 2019). Bernal and Ramirez (2019) stated that participation in quality assurance initiatives is uneven in the United States, including in the study state of Texas, indicating a gap in practice. The lack of participation in TRS represents the problem that was the basis of this study.

### **Purpose of the Study**

The purpose of this basic qualitative study was to explore the motivation that guides childcare center owner and director decision-making regarding participation in the TRS program. I interviewed childcare providers to increase understanding of factors that encourage or inhibit them from participating in TRS. Childcare quality is supported by participation in programs like TRS (Gobena, 2020). The decision to participate or to decline to participate in a program like TRS can influence the quality of childcare facilities and the value of their programs to the children they serve.

## **Research Questions**

Three questions underpinned this study. I based these questions on the study's conceptual framework of self-determination theory (SDT). The questions address intrinsic and extrinsic motivation, and the motivation to retain personal autonomy.

RQ1: How do childcare facility owners and directors describe the influence of intrinsic motivational factors in their decision about participating in TRS?

RQ2: How do childcare facility owners and directors describe the influence of extrinsic motivational factors in their decision about participating in TRS?

RQ3: How do childcare facility owners and directors describe the influence of their desire for autonomy in their decision about participating in TRS?

## **Conceptual Framework for the Study**

The theory that formed the framework for this study was SDT, which describes the major drivers that trigger human motivation. According to Rigby and Ryan (2018), SDT implies that individuals, although they are motivated to act, need desired conditions to be met before they can take action. Rigby and Ryan proposed that both intrinsic and extrinsic motivators influence an individual's decision to take action. Extrinsic motivators include rewards for completing a task or fear associated with not completing the task (Lumpkin & Achen, 2018). Extrinsic motivators may be material, like a bonus or a cut in pay, or intangible, such as an opportunity to impress peers or achieve recognition or the threat of a public reprimand. Intrinsic motivators include a desire for competence, which Lumpkin and Achen (2018) defined as the desire to feel effective in managing the environment associated with the task, and a feeling of autonomy. Rigby and Ryan



characterized autonomy as the opportunity to decide the method and the time for accomplishing tasks or responsibilities. In addition, Deci et al. (2017) included relatedness as an intrinsic motivator that responds to the human need for being part of a social group.

SDT formed the framework for this study because the purpose of this study was to explore how motivation contributes to participation in the TRS program. SDT helped me answer the RQs about motivating factors that may affect decisions by a childcare facility owner or director about participating in the TRS program. SDT focuses on leadership and the reasons for serving and caring for others, motivation, trust, relationships, and respect (Lumpkin & Achen, 2018). SDT supported my analysis of data by providing a lens through which I applied codes and derived themes. STD theory provided a foundation for this study and supported my purpose in determining why owners and directors might decline to participate in TRS.

### **Nature of the Study**

The design for this study was a basic qualitative design featuring interviews. According to Edley and Litosseliti (2018), interviews are an appropriate method in studies in which the purpose is to attempt to explore the phenomena and understand the perspectives of the participants of a study. By interviewing childcare owners and directors, I sought to learn what contributed to their decision-making regarding participation in the state's childcare quality assurance program, TRS. The key concept I studied was the decision-making of childcare owners and directors regarding participation in TRS.

The interviewees included childcare owners and directors in one town on the southern border of Texas. At the time of this study, there were 108 childcare facilities in this town, including 81 childcare centers and 22 licensed childcare homes. I interviewed 10 directors of childcare centers and five owners of licensed childcare homes, for a total of 15 interviews. These childcare center owners or directors were invited at random from a list of licensed childcare homes and a list of center-based childcare facilities provided by the local workforce childcare division (CCS). The list provided by CCS included facilities that followed TRS guidelines, in that facilities held a permanent (non-expiring) license or registration from childcare licensing (CCL), had at least 12 months of licensing history with CCL, were not in corrective action or on freeze with workforce commission, and were regulated by and in good standing with the U.S. military (TRS, 2022). These are the criteria used to determine whether a childcare center or childcare home can qualify to participate in TRS. I selected owners and directors from the list by choosing every fifth facility on the list until I reached 10 childcare centers and five licensed childcare homes. I contacted the owners or directors of these facilities using contact information from the CCS directory.

I interviewed participants by telephone and recorded the conversations. I then transcribed the interviews to create Microsoft Word documents for analysis. I used open coding as the data analysis process for this study. According to McGrath et al. (2019), open coding using participants' own words demonstrates the credibility of information and increases transferability of the results.

## Definitions

*Autonomous motivation:* Engagement in a behavior because it is perceived to be consistent with intrinsic goals or outcomes and emanates from the self (Rigby & Ryan, 2018).

*Childcare center:* A place where children ages birth to 13 are cared for by a caregiver in different classrooms separated by ages; this facility serves working parents (Chari & Valli, 2021).

*Childcare center director:* A person who supervises and leads their staff, designs program plans, oversees daily activities, and prepares budgets (U.S. Department of Labor Statistics, 2020).

*Extrinsic motivation:* A drive to behave in certain ways based on pressure or encouragement from external sources and expectations for rewards delivered by those external sources (Ryan & Deci, 2017).

*Intrinsic motivation:* A drive to do something based on internal desire, resulting in personal satisfaction, irrespective of any external rewards (Rigby & Ryan, 2018).

*Licensed childcare home:* Childcare provided in an individual's private home, usually to small groups of children of various ages (Park & Min, 2019).

*Quality childcare:* A partnership with a child and the educator to provide a safe, caring, nurturing, and educational environment (NAEYC, 2020).

*Texas Rising Star (TSR):* A voluntary rating system of childcare providers participating in the Texas Workforce Commission's subsidized childcare program (TRS, 2022).

### **Assumptions**

One assumption I made in this study was that interview participants would answer the questions honestly and truthfully. Another assumption was that childcare owners and directors were aware of the existence of the TRS program and had a perspective on the program that might have shaped their decision regarding participation in TRS. These assumptions were necessary because an interview-based study depends on the truthfulness and understanding of informants about the problem under study (Ravitch & Carl, 2020).

### **Scope and Delimitations**

The scope of this study was the decision-making of childcare center owners and directors regarding participation in the TRS program. I chose this focus because quality care is essential for a child's growth and development and could have positive outcomes for a child. The center may also benefit from having participation in a quality assurance program through additional funding, professional development, and extra support from TRS to stay open and maintain quality at their center. Participating in a quality assurance program takes away the stigma that childcare facilities are only babysitting services and not a learning environment.

The study was limited to 15 childcare center owners and directors from a single city on the southern border of Texas. I included principals of childcare facilities that participated in the CCS program, whose programs had been granted permanent license or registration by CCL and had at least 12 months' history with this agency, who were not in any sort of corrective action with the CCS and were in good standing with the U.S.

military as a childcare provider. I excluded childcare owners and directors from other towns and those that were not part of CCS, whose facilities were unlicensed or had held their license for less than 12 months, or who were under corrective action by CCS or were not approved by the U.S. military as a childcare provider. I conducted my study in English or Spanish, depending on the preferred language of the participant, and so included participants who speak and read either English or Spanish. The delimitations of this study may affect its transferability (see Ravitch & Carl, 2020). For example, findings may not transfer to other states with different quality assurance programs.

### **Limitations**

A possible limitation of this study was that, because of the COVID-19 pandemic, interviews were conducted by telephone instead of in person, which may have limited my ability to interpret nonverbal cues like facial expressions and gestures (see Keen et al., 2022). In addition, adjustments to the conduct of childcare operations during the pandemic may have affected the participants' ability to focus on quality improvement issues and may also have affected the state's ability to support quality improvement (see Markowitz & Bassock, 2022).

Another limitation was my personal perspective from my role as childcare owner and director. I came to this study with a strong belief in quality childcare and have myself participated in quality assurance programs. To limit the influence of my personal biases, I took care to use reflexivity, as described by Ravitch and Carl (2020), to monitor my thoughts and opinions, and to reduce their effect on study results. In addition, as described in Chapter 3, I used member checking of interview transcripts to limit the

influence of my biases on study data. The interview questions (IQs) were reviewed for validity by an expert practitioner (see Chapter 3's Instrumentation subsection); doing so, I believe, reduced the influence of my biases on the data.

### **Significance**

This study may be significant because it may increase the understanding of the motivation that informs the decision-making by childcare owners and directors regarding participation in programs like TRS. Following the SDT proposed by Rigby and Ryan (2018), TRS administrators may be able to apply innovations described in this study to increase their participation in TRS, based on understanding of motivational factors that inhibit or encourage owners' and directors' participation. Increased participation in TRS may result in positive social change by increasing childcare quality and contributing to positive outcomes for children.

### **Summary**

In Chapter 1, I discussed the need for more research on the motivational factors underlying childcare facilities' owners and directors' participation in quality assurance programs like TRS. The problem was that many directors and owners of childcare facilities in Texas decide not to participate in TRS. The study's three RQs focused on childcare facility owners' or directors' intrinsic, extrinsic, and autonomy motivation, based on the conceptual framework of SDT. The purpose of this study was to explore the motivation that guides childcare center owners' and directors' decision-making regarding participation in the TRS program. To address the study purpose, I conducted interviews, the data from which I subjected to thematic analysis. In Chapter 2, I describe the

framework of SDT in greater detail, and I present a review of the literature regarding quality assurance programs and participation in such programs in early childhood facilities.

## Chapter 2: Literature Review

The problem that was the focus of this study was that many directors and owners of childcare facilities in Texas decide not to participate in TRS. This qualitative study aimed to understand childcare center owners' and directors' decision-making regarding participation in the TRS program. The program is voluntarily offered to home-based or center-based childcare facilities participating in the Texas Workforce Commission subsidized childcare program (TRS, 2022). In this chapter, I describe how I searched the literature, provide a detailed description of the study's conceptual framework, and present current literature relevant to the topic of this study. The literature review explores and examines relevant professional and academic sources related to the topic. The literature review is vital in showing the existing body of knowledge and identifying gaps in research that justify further research.

### **Literature Search Strategy**

For the literature search, I used Walden University Library, Google search, and Google Scholar to find relevant information for this study. I used the following search terms: *accreditation, childcare center directors, childcare center owners, child development, director qualifications, early childhood education, leadership, managers, motivation, NAEYC accreditation policy, quality, quality assurance programs, quality care, quality childcare, quality rating and improvement, and Texas Rising Star*. My search for literature on SDT included search terms of *autonomous motivation, extrinsic motivation, and intrinsic motivation*. In addition, I found additional search terms through an iterative process, by which I searched key terms and ideas that surfaced in articles.



Terms that emerged in this iterative process include the *director's motivation, attitude, and policy*.

### **Conceptual Framework**

The purpose of this basic qualitative study was to explore the motivation that guides childcare center owner and director decision-making regarding participation in the TRS program. This basic qualitative study was based on SDT. This was a theory of human motivation that was developed by Deci and Ryan (2017), and expanded by subsequent researchers (Lumpkin & Achen, 2018; Rigby & Ryan, 2018; Ulstad et al., 2019). SDT suggests that individuals make decisions that will fulfill their needs for autonomy, competence, and connection and so relies on the influence of intrinsic motivation on behavior (Ryan & Deci, 2019). According to Ryan and Deci (2019), SDT links optimal functioning, human motivation, and personality. By applying SDT to a target situation one can increase the level of knowledge related to individual motivations and circumstances (Ryan & Deci, 2017).

According to Rigby and Ryan (2018), autonomy is the need to control aspects of one's life, there is taking responsibility under individual supervision, strengthening individual decision making, and achieving the required goals through autonomy. Competence is embodied in the need to be effective in one's environment (Ryan & Deci, 2017). To be competent is to master key skills, which enable greater self-determination. According to Lumpkin and Achen (2018), competence is associated with a desire to feel effective in achieving the outcome associated with a task. Connection is the need to have support through close relationships (Ryan & Deci, 2019). Through connection, there is

focusing on personal connectedness and belonging with others. The connection people have with others builds the confidence they have over what they do. There is an understanding of an individual's goals through connection, which makes them navigate towards achieving what others have already achieved. The connection that people create when caring about others makes it possible for the development of self-determination. Often in work, the employers and the employees need to have a positive connection to achieve the desired outcome of achieving the personal goals. The availability of connection in people strengthens the requirements from different individuals, ensuring proper managing of the result (Ryan & Deci, 2019). Being positive towards others makes them increase their capabilities in achieving their goals, which can be achieved by helping them. Connection is intrinsically intertwined because of the outcome, such as improved skills from others who have more skills. The desire for self-determination motivates an individual to adopt a form of behavior that will satisfy needs for autonomy, competence, and connection.

In addition to the three intrinsic needs SDT addresses, Ryan and Deci (2019) identified three forms of causality orientations, autonomous, controlled, and impersonal that also affect motivation. Autonomous causality orientation refers to when all three needs which are autonomy, competence and relatedness or connection are met. Controlled causality orientation occurs when competence and relatedness are satisfied but autonomy is not. Finally impersonal causality orientation refers to a situation where none of the three basic needs is satisfied.

SDT helps in understanding the intrinsic motivators that influence the choices people make (Deci & Ryan, 1985). This approach was therefore applicable in studying motivation that influences decision making (Ulstad et al., 2019). The need for growth changes a leader's behavior which might trigger new experiences or exploration to do something better (Legault, 2017). The theory emphasizes on the importance of autonomous motivation which is motivation without influence from external forces and also shows that individual's need for growth shapes behavior (Ryan & Deci, 2019). In leadership decision making, there are both intrinsic and extrinsic motivators, for instance, intrinsic motivators such as personal values and extrinsic motivators such as organizational structure. STD is a suitable choice of framework for the purpose of this study.

### **Literature Related to Key Concepts and Variables**

Childcare facilities vary from city to city and are very different from each other within cities. The differences between childcare facilities may affect childcare center owner and director decision-making regarding participation in the TRS program. In this section, I will describe the diversity of childcare in the United States, childcare quality in the United States, early childhood quality assurance programs, and childcare director decision-making.

#### **Childcare in the United States**

The majority (59%) of U.S. families make use of care outside the home for children ages birth to 5 (National Center for Education Statistics, 2022a, 2022b). There are many options parents have when choosing childcare outside the home. The most

common types of such childcare are childcare centers, preschool programs, and licensed childcare homes (Child Care Aware of America, n.d.-b).

### *Childcare Centers*

Childcare centers in the licensing guidelines of the target state are defined as facilities serving the care and educational needs of young children in a non-residential location, such as a storefront, space in an office building, or space in a place of worship or community center. These centers are regulated by the state's department of health and human services. Childcare centers typically enroll many children, usually in age-graded groups, such as infants under 1 year, toddlers, young preschool children, older preschool children, and prekindergarten children (Office of Childcare, 2020). In the United States, all states have various regulations for the operation of childcare centers, including standards for teacher preparation, classroom size, and teacher-child ratios, and childcare centers must meet minimum licensing standards. In the target state, all centers are licensed (Office of Childcare, 2020).

Most childcare centers in the United States enroll children full-time, Monday through Friday, from as early as 6 a.m. to as late as 7 p.m. Some childcare centers offer overnight or weekend hours, to serve parents whose work schedules require childcare outside the usual timeframe (Sanders, 2022). Preschools typically enroll only preschool children, ages 2 to 5, and offer morning or afternoon programs or programs on alternate days of the week. Preschools therefore are suitable for parents whose work schedules do not require full-time childcare (Cun, 2020).

Childcare centers are differentiated by their source of funding and governance.

Some centers are tax-supported, including Head Start centers and prekindergarten programs run by school districts (eXtension Alliance for Better Child Care, 2019). Some childcare centers are owned by national corporations, such as KinderCare and Bright Horizons; these typically are funded by parent-paid tuition sometimes supplemented by a sponsoring company that offers the center as an employee benefit (eXtension Alliance for Better Child Care, 2019). Other childcare centers are small businesses local to the region in which they operate and are usually funded by childcare subsidies and by parent-paid tuition (Chari & Valli, 2021).

Head Start centers are funded by the federal government, and follow guidelines and curriculum established by the Office of Head Start as part of the U.S. Department of Health and Human Services (Sanders, 2022). State prekindergarten programs are funded by state departments of education, and follow guidelines and curriculum established by those departments and by state boards of education (Kelty & Wakabayashi, 2021). Center and program directors in Head Start centers and state prekindergarten programs typically do not make independent decisions regarding quality assurance program participant; Head Start and state prekindergarten have their own quality assessment and provide training and support for program and center leaders (Delaney & Krepps, 2021).

Therefore, this study of owner and director decision-making regarding participation in state quality assurance initiatives will not include directors or program leaders of Head Start centers or state prekindergarten. It will include owners of licensed family childcare homes, which are described next.

### *Licensed Childcare Homes*

Childcare in a licensed childcare home is distinct from that in childcare centers because a licensed childcare home is located in an individual's private residence. Licensed childcare homes often provide service to a small group of children, often across a range of ages, with a single teacher or one teacher and an assistant. Because licensed childcare homes by definition are located in the owner's residence, overhead costs are usually lower than the overhead costs of a childcare center, so childcare in a licensed childcare home may be more affordable for parents than center care (de Souza et al., 2020). In addition, because licensed childcare homes enroll children of different ages in the same small group, siblings can remain together during the childcare day. These qualities of licensed childcare homes can make it seem more homelike than center care (Paschall & Tout, 2018). Licensed childcare homes may seem more responsive to particular parents' needs for their children, in that hours and days of operation may vary according to family needs. Many licensed childcare homes provide late or early hours and weekend care (Park & Min, 2019).

In the target state there are three types of childcare homes: licensed childcare homes, registered childcare homes, and listed family homes. A licensed childcare home is limited to no more than 12 children at a time. A registered childcare home can care for up to six children unrelated to the caregiver, while a listed family home can care for three children unrelated to the caregiver. These types of home care allow owners to care for their own children as long as they are within the capacity limits for their childcare type (Texas Health and Human Services, 2022).

Licensed and registered home childcare primary caregivers must be 21 years of age, have a high school diploma or equivalent, be certified in CPR and First Aid to begin caring for children (Texas Health and Human Services, 2022). These home care facilities must also follow the state's minimum standards. A licensed home is inspected by the state every 10 to 12 months and a registered home is inspected every one to three years (Paschall & Tout, 2018). A listed home does not need to follow minimum standards and the primary caregiver may be as low as 18 years of age. All these types of licensed childcare homes are not required to have liability insurance.

Licensed childcare homes are funded by parent paid tuition, which may also be supplemented by the targeted state's childcare subsidies; this type of childcare is run by individuals as sole proprietors and licensed homes are classified as small businesses (Chari & Valli, 2021). For a licensed childcare home to receive childcare subsidies they usually must be registered or licensed, although a listed family childcare home can qualify for subsidies by following target state workforce guidelines. Subsidy levels depend on the type of licensed childcare home, in that licensed homes are eligible for a higher rate of subsidy than registered and listed family childcare homes.

In this study, I will interview owners of licensed childcare homes and directors or owners of independently funded childcare centers. These individuals have discretion over their decision to engage in a quality assurance program. It is these owners and directors of these childcare facilities that are likely to choose not to follow the TRS quality assurance program (Jenkins et al., 2021). Their motivation to participate or not in TRS is a focus of this study, and that motivation includes perspectives on childcare quality.

## **Childcare Quality in the United States**

NAEYC (n.d.) defined quality childcare as a program designed to provide young children with a safe, healthy, caring place to learn and grow. Although many quality indicators are regulated by state licensing agencies, NAEYC (2019) pointed out that high-quality childcare facilities exceed their state's minimum licensing standards. According to Aguiar (2020), quality care indicators in childcare facilities include positive teacher-child interactions, small group size, staff education and continuous training. How childcare quality is defined, however, varies in context, and may contribute to principal's motivation to participate in quality assurance programs.

### ***Definition of Childcare Quality***

According to the California Department of Education (2000), quality as an independent variable, is described as the level or degree of excellence of an outcome. In the context of childcare, quality refers to childcare practices whereby a parent believes that their child is in a safe, stimulating, and loving environment (Jenkins et al., 2021). Together, these outcomes promote mental, emotional, and physical growth (Boo et al., 2021). Participation in high-quality early childhood education programs enhances a child's early learning, social-emotional growth and literacy development (Jung et al., 2016).

In practice, however, childcare quality is an elusive concept. Individual organizational factors, such as class size, which varies by the age of the child, and center total enrollment (Busse & Gathmann, 2020); teacher training or level of experience (Delaney & Krepps, 2021); and staff retention (Boyd-Swan & Herbst, 2020), are all



considered quality indicators. Djonko-Moore (2020) suggested that childcare teachers should have formal training in the development of infants and young children and in principles of early childhood education. Although wages are not regulated by CCL agencies, when teachers are well compensated teacher turnover is low (Birch et al., 2019). Low teacher turnover and low child-teacher ratios enable teachers to react to the needs of children on an individual level to promote quality interactions (Hooper et al., 2019).

In addition, factors intended to promote and protect children's health are included in definitions of quality childcare (Chan et al., 2020; Soliday et al., 2019). These factors include classroom square-footage per child, safety of indoor and outdoor spaces and equipment, quality of any nutritional program offered, cleanliness of surfaces, and personal hygiene of staff and children (Chan et al., 2020). Factors relevant to children's health and safety are regulated by state licensing authorities (Child Care Aware of America, n.d.-a). Each state CCL division is different but has similar steps to become a licensed center. Each state requires a person to complete an application, background check on staff, and pass a CCL inspection (Child Care Aware of America, n.d.-a). This inspection focuses primarily on provisions for maintaining children's safety and health and on record-keeping systems needed to verify compliance with regulations. Once an interested party completes these requirements then they can operate a childcare center or licensed childcare home.

Quality is also indicated by the appropriateness of the curriculum offered to children, based on research, to respond to children's development, culture, and language

(Barnett et al., 2018). The curriculum is essential since it helps teachers plan their day rather than just starting a day without anything specific to achieve. According to Masnan et al. (2018), the curriculum also enables the children to learn new things progressively and to be reminded of what they learned, which are important for brain development. When staff are trained in how to use the program's curriculum, it helps them decide, plan, teach and reach each child's educational needs (Whitebook et al., 2018). The curriculum should also consider young infants and toddlers by ensuring they have toys and games designed to sharpen their cognitive skills (Boyd-Swan & Herbst, 2020). According to Coleman et al. (2020), having a high-quality curriculum also helps caregivers with organizational skills when planning activities for a lesson. When caregivers have materials curriculum and support it helps them enhance the learning environment giving their students opportunities to grow and develop their cognitive, social-emotional and overall growth and development positively (Coleman et al., 2020).

Positive teacher-child interactions are essential to program quality. According to Egert et al. (2020), the cultivation of positive relationships between caregivers and children is a quality indicator, because such relationships contribute to building trust, attachment, positive social interactions, and overall development of the child. A child's ability to trust their caregiver, to develop positive self-esteem, and to cultivate their own social awareness are fostered through positive interactions between the child and caregiver (Karajalainen et al., 2019). Building trust between caregiver and child helps give children a sense of security and belonging, forming a bond which has a long-term effect on the child's sense of self and relationships with others (Recchia et al., 2018).

Children engage trusted caregivers in enjoyable two-way exchanges on purpose and seek out these individuals when they need direction or assistance (Tsoi et al., 2020).

Emotionally supportive learning environments for children build on the foundation of consistent adult support through pleasant interactions (Rodriguez-Carrillo et al., 2020).

Through social connections children learn to treat others with kindness and understanding (Haslip et al., 2019). The extent to which caregivers foster positive social interactions and shared problem solving is a determinant of childcare center quality (Tilbe & Gai, 2022).

Positive social connections help a student's learning process.

Young children experience childcare for many waking hours during their parents' workweek, and the quality of childcare influences the growth and the development of the child (Zangger & Widmer, 2020). Because many young children regularly are placed in non-parental care, the quality of childcare programs has significant effect on children's education, emotional well-being, and skill development (King & Newstead, 2022).

Quality assessment of childcare offered to young children is essential to ensuring children's optimal health, growth, and development (T. R. M. Thomas & Rajalakshmi, 2020). Because there is no fixed definition of quality in childcare, there is not a fixed tool for measuring its quality (Hooper et al., 2019).

### ***Measurement of Childcare Quality***

The quality of childcare in the United States can be gauged in several ways, such as through teacher and parent questionnaires, classroom observations, and standardized test scores for young children (Araujo et al., 2019). According to Hooper et al. (2019), none of these techniques paints a whole picture of quality. Parents can be polled on a

variety of topics related to their child's experience at the center, such as the quality of the food, the cleanliness of the facility, the interactions with the caregivers, and the child's development, such as whether or not they are gaining new knowledge, making new friends, and behaving appropriately (Tang et al., 2020). Overall, parents are generally content with their child's childcare placement, according to Navarro-Cruz and Luschei (2020), regardless of objective quality metrics. Parent surveys are often unstructured and done by the owner or director, which can introduce rater bias (Hollingsworth et al., 2021). Trained observers, usually from the state licensing agency, can evaluate a childcare center's quality by observing the classroom's physical environment, caregivers' interactions with children, and the nature of the activities provided (Eckhardt & Egert, 2020). Such an observational assessment is conducted infrequently. Therefore, the picture it paints of day-to-day activities may be inaccurate (McHale & Dickstein, 2019). Difficulty with observations by trained persons arises from the fact that making observations takes time and the number of impartial observers is limited (Lyon et al., 2019).

The Early Childhood Environmental Rating Scale (ECERS), Infant-Toddler Environmental Rating Scale (ITERS), and Family Child Care Environmental Rating Scale (FCCERS) are observational tools used to evaluate elements of a childcare center, including classroom space and furnishings, personal care routines, language-reasoning, activities, interactions, program structure, parent-center interactions, and staff (Buckley et al., 2020). Teachers in a childcare center or licensed childcare home can use one of these tools for self-evaluation purposes to better the learning environment in their classroom, or

an outside observer can give the assessment (Eckhardt & Egert, 2020). Since their inception in the 1980s, the ECERS (Miller et al., 2020), ITERS (Tovar et al., 2020), and the FCCERS (Tovar et al., 2020) have been used by over 400 childcare facilities as well as over 300 distinct organizations (Tovar et al., 2020).

As described by Miller et al. (2020), another tool used to measure childcare quality is the Classroom Assessment Scoring System (CLASS). The purpose of a CLASS observation is to gain an understanding of how well the structure of the physical environment supports children's meaningful development and learning, the nature of the relationship between caregivers and children, the efficiency with which routines are implemented, and the efficacy with which language is used (Slot, 2018). Preschool directors and staff use the CLASS to produce written documentation of the quality of care that each classroom offers to children (Black & William, 2018). A CLASS observation is made by an outside visitor (a supervisor, a consultant, or an observer), typically trained by the provider (Bratsch-Hines et al., 2020). All CLASS observations focus on the structure and supportiveness of the environment, relationships between children and caregivers, and routines and language (Fabiano et al., 2018). The difference between a CLASS observation and an ECERS observation is that in a CLASS observation, the observer looks at how well a program delivers what it says will work at such things as program quality (Herman et al., 2022).

The National Institute of Child Health and Human Development (NICHD) offers childcare providers information and guidance to help them better serve the children in their care (Bratsch-Hines et al., 2020). Quality measurement is done through observations

made as part of scheduled visits to both in-home and center-based childcare providers (Pastore & Andrade, 2019). These facilities are selected through a rigorous random sampling process, stratified by region (Burchinal, 2018). The process supports the importance of independent and reliable observations, which constitute the core part of quality measurements. After each visit, researchers assess the facility's compliance with quality measures that NICHD has established for all childcare facilities (Bratsch-Hines et al., 2020; Goldenberg et al., 2020). Twelve quality indicators of NICHD include child abuse reporting and clearances; immunizations; staff-to-child ratio and group size; director and teacher qualifications; staff training, supervision, and discipline; fire drills; medication administration; emergency planning; playground safety; toxic substance control; and hand washing and diapering procedures (Tang et al., 2020). The NICHD Metrics were developed to assess and compare childcare programs throughout the United States and to help improve the quality of care offered by different setting types (Bratsch-Hines et al., 2020; Tang et al., 2020).

BUILD Initiative, Early Learning Challenge Collaboration, and Child Trends collaborated in developing the Quality Rating and Improvement System (QRIS) assessment (Ferguson, 2018). QRIS assessment standards have been developed to evaluate, enhance, and effectively communicate the quality of early childhood education facilities (Walthery & Chung, 2021). The quality of programs is determined by evaluating them based on various criteria, and ratings are typically given on a scale ranging from one to three or one to five. However, there is not a single QRIS used throughout the United States; instead, each state develops its own QRIS to reflect the

state's priorities and the context in which it operates (Birch et al., 2019). Many QRIS integrate environmental observation scoring systems like ECERS or CLASS as part of their evaluation activities (Birch et al., 2019). Activities geared toward engaging families, evaluations of children, and effective program management may also be included in the grade (Walthery & Chung, 2021). Some QRIS automatically waive specific standards for programs that have received national accreditation (Tovar et al., 2020), such as the accreditation program offered by the NAEYC, a nonprofit organization. Some states require participation in QRIS to receive childcare subsidies (BUILD Initiative & Child Trends, 2019). In other states participation is voluntary.

The NAEYC accreditation program is a voluntary procedure that enables Childcare providers to demonstrate to prospective and current parents that their programs have met and exceeded the standards established by state childcare regulators and that these programs have achieved a high level of quality. Accreditation from the NAEYC assists parents in locating programs that provide their children with the highest quality early childhood education. This program was established in 1967 and is the nation's oldest and most prestigious accreditation program for childcare providers. Accreditation is earned through an exhaustive process of self-evaluation and peer review. It is evaluated by a team of educators and professionals in the same field, who take into consideration the mission statement of the institution, course offerings and availability, faculty credentials, student services offered, student-to-faculty ratios, facilities, and more (Kumar et al., 2020). However, every accreditation review includes several aspects, such as an evaluation of the learning environment, the interactions between the teachers and the

child, how the staff are qualified, attention to development of the profession, and how families are engaged, among other things (Makhoul, 2019).

Finally, assessing individual children's development is another technique used to gauge childcare quality (Andreani et al., 2020). Assessments of this kind are sometimes conducted by the children's care program with select children and preschoolers when there is reason to suspect that they have special educational requirements (Tovar et al., 2020). To establish whether or not a child is ready for kindergarten, it is customary to undertake a comprehensive evaluation of the child's development and academic skills before the child enrolls in kindergarten (Hollingsworth et al., 2021). The children, not the childcare center, are the focus of most readiness and special needs screenings (Polzoi et al., 2021). Such assessments may suggest poor childcare program quality only if a pattern of child assessment failure emerges that cannot be attributed to other limiting social factors (McMullen et al., 2020). This is not to say that childcare quality in the United States is high. One of the reasons why quality assurance programs are important is the low quality of many childcare programs in the United States.

### ***Factors That Affect the Quality in U.S. Childcare Programs***

Many parents do not have the right information concerning quality care (Gordon et al., 2021). Parents mostly seek care that will cater to their working schedules (Drange & Rønning, 2020). Parents also look for childcare that matches their expectations for convenient location, hours and days of operation, cost of meals and snacks, and the cost of tuition and fees (Busse & Gathmann, 2020). Some parents research different childcare facilities by looking at the state's licensing website to review the latest state's inspections



but many are oblivious to this information available to the public ((Texas Health and Human Services, 2022). Families also seek caring teacher-child interactions, and a loving and caring environment (Degotardi et al., 2018). Elements of quality, such as teacher qualifications and training, health and safety provisions, positive child guidance techniques, and use of a developmentally appropriate curriculum, may be invisible to parents or overlooked by them, if cost, convenience, and their personal impression of a teacher are positive (Bayly et al., 2021).

Teacher qualifications affect childcare quality. According to Anderson and Mikesell (2019), using qualified staff is the most important aspect of quality childcare. Anderson and Mikesell asserted that directors and owners should ensure that childcare workers have high levels of education, including child development training, a minimum level of experience, and good leadership skills. Highly qualified teachers are difficult to find because most teachers hired have minimal early childhood education degrees or training (Boyd-Swan & Herbst, 2020). Childcare administrators must provide training for newly employed teachers and continue yearly professional development, which can be expensive and difficult to acquire, especially in rural areas or small towns (Egert et al., 2020).

Costs associated with childcare lead to many families being unable to afford quality childcare services. Because many parents are unable to afford childcare services in general, they look for childcare options that are less expensive. Seeking out cheaper options means that, in some cases, the child is exposed to less than favorable conditions that are not conducive to their growth and development (Hooper et al., 2021). In addition,

the cost burden affects the nature of the service that the childcare provider renders (Hooper et al., 2021). Some childcare providers choose to lower their tuition and fees to help parents afford childcare but at a cost to quality (Pekkurnaz et al., 2021). Many states and some employers offer subsidies to help parents alleviate costs associated with childcare, but many parents do not qualify for this assistance, or it is not available to them (Slicker & Hustedt, 2022). Some states, like Pennsylvania, require childcare facilities to participate in quality assurance programs to accept state-subsidized children; this requirement may provide an incentive to increased quality but also may be a disincentive to participate in subsidy programs (Gordon et al., 2021).

Quality childcare is not available in all areas and to all parents. Because of the costs associated with high quality, and the difficulty in finding high quality staff, few centers and licensed childcare homes offer high quality care, especially in areas distant from major cities (Gould et al., 2019). Enrollment in high quality care is limited, so that even parents who recognize high quality and are able to afford it may not find a placement for their child (Alexandersen et al., 2021). Many parents do not understand how quality is measured or are primarily concerned with issues of cost and convenience (Hooper et al., 2019), and owners and directors must balance the monetary cost of providing high quality with the ability of parents to pay (Pekkurnaz et al., 2021). In the end, childcare is a business and must make a profit. These factors create the result of generally low quality in U.S. childcare and verify the importance of childcare quality assurance programs.

## **Childcare Quality Assurance Programs**

Quality assurance programs in childcare centers and licensed childcare homes help children succeed and are a benefit to society (Boo et al., 2021). Despite this, many childcare facilities in the United States are still of low quality (Gordon et al., 2021). According to the National Center for Education Statistics (2022b), 67% of the available center-based childcare is of low or medium quality, and 94% of home-based care is low to medium quality. The fact that the majority of childcare in the United States fails to provide high quality care is attributable to several issues. Specifically, childcare is of low quality in the United States because of inadequate information about quality, insufficient childcare teacher training, the high cost of quality care, and the scarcity of quality programs.

Quality assurance in early childhood education was established to provide better care and education for the children enrolled. Research suggests that children who attend a quality childcare program benefit not only in their younger years but also in the future as adults (Perlman et al., 2020). For this reason, the low rate of participation in quality assurance initiatives in Texas is important to investigate. In this section, I will describe the history and current use of quality assurance programs in childcare settings, quality assurance programs in Texas, and participation in quality assurance programs.

### ***History and Current Use of Childcare Quality Assurance Programs***

Quality assurance programs started in the 1990s with the Child Care Development Fund (CCDF; Hill et al., 2019). The CCDF program was developed as a partnership between the federal government and the states to assist low income families have access

to childcare so parents could go to school or find employment (Fraga & Girouard, 2022). Parents who apply for CCDF childcare tuition assistance in each state may receive a subsidy that enables their children to attend childcare at minimal or no cost (Guzman, 2019). CCDF also provides for childcare teachers to help build quality care and achieve higher standards (National Center on Early Childhood Quality Assurance, n.d.). In 2014, Congress established the Child Care and Development Block Grant (CCDBG) Act to continue to provide funding for improving the quality and safety of childcare services. Starting in October 2018, it became mandatory for every state to report every three years to CCDF on what changes have been made and if there is a need for additional funding (Minton et.al., 2020). States that do not report or are noncompliant are placed on corrective action and may lose funding (Child Care Aware of America, n.d.-a). This reporting mandate has led many states to require childcare providers to become part of the state's quality assurance programs if they enroll subsidized children (Minton et al., 2020).

The CCDF is the principal national program that helps families afford childcare while giving states resources to raise standards (Herrmann et al., 2019). The CCDF receives funding from the federal and state governments, and it has three different types of funding: mandatory, matching, and discretionary. Section 418 of the Social Security Act mandates appropriation of federal dollars and mandates matching funds from the states (Finn-Stevenson, 2018). Federal funding of the CCDBG is a discretionary part of CCDF, which Congress must fund annually; however, the Child Care Entitlement to States (CCES) is a required part of CCDF and is exempt from the annual appropriations

process (Finn-Stevenson, 2018). A total of \$9,700,000,000 was allocated to the CCDF in Fiscal Year 2022, with \$6,200,000,000 going to CCDBG and \$3,500,000,000 going to CCES (BUILD Initiative & Child Trends, 2019).

The level of state funding is frequently affected by the economic health of the state (Ghandour et al., 2018). The fiscal climate of local governments can be affected by several variables, like income, level of education, occupation, industry, prestige, and geography. There are two significant ways economic downturns impact local budgets like tax revenue could fall, notably income and sales taxes, which are more volatile than other forms of government income (Whitaker et al., 2022). Intergovernmental help to local government agencies may decrease during a recession since state and federal revenues are typically affected by inflation making it difficult for municipalities to predict their income and spending (Guzman, 2019). The number of children needing childcare also influences state funding. With a larger population comes economies of scale, which leads to lower per-unit prices as fixed costs are spread out among more people (Whitaker et al., 2022). Communities with dwindling populations must reduce spending as tax revenue drops short of covering costs. The fourth factor is demographic and social changes. A rise in individual disposable income positively impacts municipal spending plans but an increase in low-income households frequently results in increased requests for assistance from the state (Finn-Stevenson, 2018). States must apply for funding from the federal government by submitting grant requests to Washington. State and municipal governments receive billions of dollars in federal grants annually, intended to address a range of issues, including health care, education, social services, infrastructure, and

public safety (Ghandour et al., 2018). Childcare assistance is just one of these funded issues.

With the enactment of the CCDF many states required state agencies to oversee the daily operations of a childcare center. These states typically require childcare facilities to comply with certain requirements like consumer education, CCL, and professional development of the childcare workforce (Herrmann et al., 2019). These requirements apply to teachers and policies affecting all children who attend a childcare center or licensed home care whether they receive childcare subsidies or not (Herrmann et al., 2019). Rating systems were developed to better document and enhance the quality of early learning programs as part of specific federal funding initiatives, such as the Race to the Top-Early Learning Challenge award program (Sparks, 2019). Herrmann et al. (2019) found in states that adopted a tiered quality rating and improvement system that most programs did not improve their ratings from low to high, and higher ratings were not consistently associated with better child development outcomes.

### ***Childcare Quality Assurance Programs in Texas***

One example of a state early childhood quality assurance program is the Texas Early Childhood Quality Rating System (TECQRS). The Texas Department of Family and Protective Services, in partnership with the Texas Education Agency and other state partners, developed this program in 2014 (Merrill et al., 2020). TECQRS is a voluntary quality rating and improvement system for early childhood programs for children aged from birth to five. Programs participating in TECQRS are given a star rating based on their adherence to program requirements (Texas Early Childhood English Learner

Initiative, 2021). These standards cover a range of areas, including staff qualifications, program environment, health and safety, and curriculum. Programs that receive a five-star rating are eligible for financial incentives, such as increased reimbursement rates from the state (Texas Education Agency Early Childhood Education in Texas, 2023). According to Dooley et al. (2021), Texas was the first state in the United States to implement a quality assurance program for early childhood education and care. This program was developed to boost the quality of care and education for young children by providing financial incentives to childcare providers that met specific requirements and were deemed to have met those criteria. The requirements for the standards included education and training for the employees, as well as an understanding of child development and health and safety measures (Dooley et al., 2021).

New guidelines and recommendations have enabled TRS to certify a childcare provider by evaluating their facility, following required participation in a mentoring program (TRS, 2022). Once the mentoring process is concluded, the childcare provider then applies to TRS for evaluation by an assessor. The evaluation is organized into four categories including director and staff qualifications and training, teacher-child interactions, program administration, and indoor and outdoor environments. According to TRS (2023), each evaluated section consists of structural measures (met and not met) or point based measures (0-3 points). Depending on the outcome of the assessment the childcare provider is designated a TRS 2-, 3-, or 4-star facility (TRS, 2022).

### *Participation in Childcare Quality Assurance Programs*

All states have a CCL division but not all states have a QRIS program. In the United States, 41 of the states have some type of QRIS program and seven are developing or piloting a QRIS program and two states Mississippi and Wyoming have no QRIS program (BUILD Initiative & Child Trends, 2019). According to Texas Workforce Commission (2022), there were 6,058 licensed childcare centers in Texas, in year 2018 of which 30.6% participated in TRS and 69.4% did not. Licensed childcare homes in Texas totaled 648, with only 16.2% participating in TRS. Childcare providers can choose to participate in quality assurance programs, but many do not (Jenkins et al., 2021). A state's CCL regulates all types of childcare facilities, and some providers might feel that provides enough oversight to ensure quality care for children (Rucker et al., 2022); however, in Texas, as in other states, a CCL indicates compliance with only the minimum standards guideline and ensures only minimal provisions for care (Ulrich et al., 2022). Childcare providers have many benefits if they become TRS, but many feel it is not worth the extra work (Cascio, 2022). Providers feel that becoming part of TRS will require them to purchase additional equipment, toys, and supplies to foster quality care (Cascio, 2022). Childcare providers often have been in the childcare industry for many years and feel they have their own standards for their facilities and those are validated by evidence of the facility's positive impact on their students (Schilder et al. 2022). In the state of Texas, participation in the QRIS program TRS is voluntary. Beginning in October 2022, childcare providers in Texas that want to continue to receive childcare subsidies, but are not yet participating in TRS, automatically become initial TRS



participants and have a 24-month period to attain at least a 2-star level or lose eligibility to receive childcare subsidies in 2024 (Texas Workforce Commission, 2022).

In the United States, participation in quality assurance programs is low. According to the National Center on Early Childhood Quality Assurance, 2019, only 10 states (Colorado, Illinois, New Hampshire, New Mexico, North Carolina, Oklahoma, Oregon, Pennsylvania, Tennessee, and Vermont) have 90% to 100% participation in their quality assurance programs. Twelve states (Arkansas, Delaware, Florida, Indiana, Kentucky, Maine, Maryland, Michigan, Ohio, Rhode Island, South Carolina, and Wisconsin) have participation rates ranging between 89% and 50%. In 16 states (Alaska, Arizona, California, Georgia, Idaho, Iowa, Massachusetts, Minnesota, Montana, New Jersey, New York, North Dakota, Texas, Utah, Virginia, and Washington), quality assurance program participation includes fewer than half of childcare facilities and in some states, participation is in the single digits. In the target state of Texas, only 19% of facilities participate in TRS. Quality assurance participation levels are not available at all for 12 states (Alabama, Connecticut, Hawaii, Kansas, Louisiana, Mississippi, Missouri, Nebraska, Nevada, South Dakota, West Virginia, and Wyoming). These figures suggest that participation in quality assurance programs in the United States is far from commonplace. This indicates that the decision to participate is also an unusual one and may be constrained by multiple factors.

## **Childcare Principal'' Decision-Making Related to Participation in Quality**

### **Assurance Programs**

Like their counterparts in other industries, administrators in the field of early childhood education must make a wide range of essential choices. Choices range from subtle tweaks to the lunch menu to substantial changes in staffing (Tang et al., 2020). Principal administrators, including facility owners and their directors of day-to-day center management, make decisions about childcare center operations alone or in collaboration with a board of directors or other group to achieve effective outcomes (Tang et al., 2020). An autocratic management system empowers the principal to make all the decisions without consultation with others, while in a shared decision-making governance system, the principal practices a democratic management style and seeks input on decisions from other people in the organization (Yildiz, 2020).

In managing early childcare facilities, principals face the challenge of settling on decisions that consider individual and group requirements and the needs of children, staff, and families. Decisions that change normal operations usually involve adverse reactions from these various stakeholders and participants (Honig, 2019). As a result, the decision-making process involved in running a childcare facility is often very difficult for owners or directors (Walthery & Chung, 2021). In making decisions for childcare facilities, principals strive to make decisions that contribute to the organization's financial health and alignment with core values but make these decisions in such a way that they satisfy all constituencies (Walthery & Chung, 2021). To do this, the principal must engage the stakeholders or at least be mindful of their interests. At the same time, the principal is

constrained from making decisions that do not conform to the mission and vision of the childcare center or that negatively affect its financial stability (Honig, 2019).

The leadership of a principal is essential to the success of childcare facilities and is focused on the effective development and progress of children at the childcare center (Araujo et al., 2019). Principals influence the organizational system to achieve the desired outcome in the learning and development process of the children (Cascio, 2022). They are, therefore, responsible for setting objectives for the childcare facility and driving the management of resources and staff supervision toward achieving these objectives. Practical principals target fostering an environment that is favorable and conducive to children's learning and development. They are in charge of ensuring that schedules are adequate and there is effective adherence to them to ensure quality service at the childcare center (Walthery & Chung, 2021).

Although the principal is the prominent leader of the childcare facility, decisions that are made depend on and affect some other people affiliated with the childcare center (Merrill et al., 2020). Some decisions must involve the consent of parents and must be approved by external evaluators to be put into effect. Among the stakeholders affected by principal' decisions are teachers, parents, and the children themselves. (Cornelissen et al., 2018). Because quality childcare services involve teacher qualifications, training, and professionalism, adjustments on these by decisions made by principals to ensure quality in the central services directly affect the teachers present (Ward, 2018). Programs aimed at involving parents call for reactions from parents, and changes in the schedules of activities at the center affect the children directly (Alexandersen, 2021).

These day-to-day complexities may interfere with principals' ability to focus on issues of quality in a holistic sense. Similarly, a focus on daily tasks may contribute to a lack of objective planning in the organization (Kopaneva & Sias, 2015). Organizations without set plans and objectives to be achieved within a given time often fail to be concerned about benchmarks that may lead to the significant achievement of goals (Mishra & Schmidt, 2018). In addition, the lack of a well-structured and effectively communicated mission or vision may result in organizational leaders discounting the value of participation in a quality assurance program; leaders may not be fully aware of how quality rating systems can align with organizational goals (Kantabutra, 2020). The multiple facets of everyday business in the childcare setting, with a variety of stakeholders and regulatory requirements to serve, may distract a principal from appreciating the long-term importance of participation in a quality assurance program.

Poor leadership may contribute to lack of concern for participation in quality assurance programs. Typically, in the cases where childcare management is poorly organized, it is rarely concerned about meeting its obligation to provide quality care while maintaining the standards and the reputation of the childcare facility (Hou et al., 2016). Leadership typified by poor communication, particularly when an owner or board president is unclear about the importance of quality assurance to the organization or implies lack of support for the time and effort quality assurance program participation will require, may create challenges for directors who may not be proactive in demanding such participation. Usually, for any organization to successfully participate in a quality assurance program, organizational leadership must set clear and well-structured

objectives and goals to be achieved within a given time, as part of the assessment process (Dao, 2015).

Leadership that is unable to invest in formulating long-term plans, for whatever reason, is unlikely to participate in a program that depends on long-term plans, particularly when leadership assumes it is already providing sufficient quality to children. Principals may conflate quality assurance with their existing responsibilities to meet state licensing standards and local regulations necessary to keep the business in compliance with these organizations (Schilder et al., 2022). In Texas, administrators of childcare facilities must maintain the state's minimum standards for childcare, comply with rules established by local departments regarding fire safety, public health, and environmental quality, and relevant zoning regulations. Many principals are overwhelmed with their day-to-day responsibilities such as hiring, firing, financial management, problems with the facility building, problems with stakeholders, and issues surrounding individual children (Elomaa et al., 2020). To the extent that directors and owners find participation in quality assurance programs both burdensome and unnecessary, they seem unlikely to engage in such programs or do the work to achieve a high-quality rating (Schilder et al., 2022). The purpose of this basic qualitative study is to explore the motivation that guides childcare center owner and director decision-making regarding participation in the TRS program in particular, in the hope that understanding their thinking more completely can lead to greater participation in the future and higher childcare quality.

## **Summary and Conclusions**

In summary, participation in quality assurance programs has been low even though research showed that participation in quality early childhood programs helps children. The federal government has enacted laws to help provide funding to states quality assurance programs, but participation in such programs remains low in most states. Participation is voluntary; non-participation may reflect a perception that quality assurance programs are burdensome, given the already complex work of running a childcare facility, and not important, because states require compliance with minimum licensing standards. Some states, including the study state of Texas, are trying to increase participation in quality assurance programs by tying eligibility to receive childcare subsidy reimbursement to facilities' quality assurance program participation.

In Chapter 3, I describe the method by which I conducted this qualitative research study. I will explain my role as the researcher, my process for recruiting interview participants and for data collection methods and analysis, and my response to issues of trustworthiness and ethical protection of participants.

## Chapter 3: Research Method

The purpose of this basic qualitative study was to understand the motivation that guides childcare center owner and director decision-making regarding participation in the TRS program. In this chapter, I describe the study's research design, my role as researcher, and the methodology by which I conducted the study. I address also issues of trustworthiness and ethical protection of participants.

### **Research Design and Rationale**

Three RQs underpinned this study. These questions were based on the study's conceptual framework of SDT and addressed intrinsic and extrinsic motivation and addressed the motivation to retain personal autonomy.

RQ1: How do childcare facility owners and directors describe the influence of intrinsic motivational factors in their decision about participating in TRS?

RQ2: How do childcare facility owners and directors describe the influence of extrinsic motivational factors in their decision about participating in TRS?

RQ3: How do childcare facility owners and directors describe the influence of their desire for autonomy in their decision about participating in TRS?

Qualitative researchers seek to understand a problem by observing, interpreting, and questioning the meaning of a phenomenon in a natural setting (Connelly, 2016.) The phenomenon of interest in this study was the decision-making of childcare facility owners and directors regarding participation in a quality assurance program. Possible methods for collecting data for qualitative research included conducting interviews, observing the target phenomenon, and analyzing documents (Saldana & Omasta, 2018).

Following a basic qualitative design, as described by Caelli et al. (2003), I used only interviews to explore the decision-making of childcare owners and directors regarding participation in the TRS quality assurance program. Observations would not have been useful in fulfilling the study's purpose because observations would have provided my own firsthand account of the phenomena (Merriam & Tisdell, 2016), but to fulfill the study's purpose I needed the firsthand account of owners' and directors' views on their motivation regarding their decision to participate or not in TRS. Similarly, document analysis would have been inappropriate for this study because that relies on relevant written records (Mackieson et al., 2019,) but there is no history on owners' or directors' TRS decision-making. A quantitative method, such as a survey, would have permitted me to gather data from a large number of participants, but a survey may be answered by someone other than the designated person and questions may miss elements of participants' experience; in addition, surveys do not let a researcher notice other clues, like body language, hesitations, and tone of voice (Braun et al., 2021). Interviews were the most appropriate method by which to further this study because they allowed me to engage in a conversation with childcare facility owners and directors on their motivation or lack of motivation for participation in TRS (see Merriam & Tisdell, 2016).

### **Role of the Researcher**

My role as a researcher was as an observer. During the interview process my interest was the childcare owners' and directors' decision-making regarding their participation in TRS. As a childcare owner and director for the past 22 years, providing quality care is of utmost importance to me because it counters the popular assumption



that childcare providers are just babysitters and not early childhood educators. My work as a teaching adjunct at a local college has provided me with insight into how college students, for example, view the role of a childcare teacher; many students have told me childcare is just babysitting and that the teachers do nothing but play with the children. Childcare providers play an important role in the education of young children, if childcare is backed with high quality.

My study was conducted in my hometown where many of the childcare facility owners and directors are my acquaintances. At the time of the study, I held no supervisory or mentoring role with any of these colleagues and friends; my college students were not eligible to participate in the study. At the same time, because the facility at which I am director participates in TRS and had recently completed the TRS re-evaluation process, others may regard me as an advocate for TRS. I guarded against revealing my opinions about TRS and quality assurance programs in general and tried to help participants feel comfortable in talking with me; I validated their opinions, even if those were different from mine. My experience with TRS helped me because I knew first-hand the feelings, fears, limitations, and hesitations that accompany participation in the program.

## **Methodology**

### **Participant Selection**

In this study, the population under study was principal decision-makers in childcare facilities. The principal decision makers in a childcare facility are owners and directors, who hereafter are referred to as the principal of their center. In some facilities

the owner was also the director. I explored the owners' and directors' decision-making regarding their participation in the TRS program.

I used purposeful sampling to identify prospective participants. Purposeful sampling was suitable in this study because I could choose participants who were able to provide the most relevant information for my study (see F. B. Thomas, 2022). Eligibility criteria included prospective participants were an owner or director of an independently funded childcare facility in Texas that held a permanent license from Texas Department of Health and Human Services Childcare Licensing Division, had at least 12 months of licensing history, and listed center directors who were registered with the Texas Early Childhood Professional Development System Texas Workforce Registry. These criteria for participation in the study were described in materials used to recruit participants, and in the study's consent form. I included principals of both childcare centers and licensed childcare homes. I interviewed 10 directors or owners of childcare centers and five directors or owners of licensed childcare homes, for a total of 15 participants. According to Aspers and Corte (2019), 15 participants were sufficient to generate data necessary to fulfill a qualitative research agenda.

On the Texas CCL website, a search of the names of childcare providers can be delimited to any specified city in Texas. A list of childcare centers and licensed childcare homes in the city that was the focus of this study was printed and numbered along with the names and contact information of the owners or directors of each facility. At the time of this study in this city there were 88 childcare centers and 19 licensed childcare homes (Texas Health and Human Services, 2022). From this list, I excluded persons whom I

considered friends or colleagues, or who were former students of mine. I then contacted the remaining childcare providers via telephone, calling every fifth person on the list, to describe my study and ask for their participation in an interview. I emailed a consent form to participants who expressed interest in participating, with the request that they reply to my email with the words “I consent” if they decided to volunteer. I continued to call every fifth name on the list until I had secured consent from 10 owners or directors of childcare centers and five owners or directors of licensed childcare homes. As individuals replied to the consent form email with “I consent,” I scheduled in-person interviews.

### **Instrumentation**

I asked 10 IQs (see Appendix) to answer the study’s three RQs. IQs 1 and 2 provided me with participants’ baseline knowledge about TRS. These questions helped identify any misconceptions about TRS. IQ3 asked for information about the facility’s participation in TRS and divulged if their facility participated in TRS or did not. Follow-up questions to IQ3 about the history of the facility’s participation and about the current thinking in the facility about TRS participation revealed something of the process behind decision-making surrounding TRS. IQs 4 and 5 asked about the perceived benefits and barriers the participant attached to participation in TRS. IQ6 applied specifically to RQ1 about a person’s extrinsic motivation in TRS decision-making, and IQ7 explored intrinsic motivation relevant to RQ2. Question 8 applied to RQ3 about autonomy. IQs 9 and 10 were designed to wrap up the interview process and provide additional information I had not asked about before. I am fluent in English and Spanish; I conducted the interviews in either English or Spanish, based on the preferred language of each participant.

The validity of the RQs was supported by the opinion of a doctoral-level practitioner, who reviewed the questions considering the study's purpose and RQs. This expert practitioner found that the study was interesting and agreed that looking at intrinsic and extrinsic factors might be useful in understanding principals' motivation surrounding participation in TRS. The expert practitioner offered no changes to the IQs. In addition, prior to conducting any interviews, I pre-tested the questions with my own center directors, as suggested by Dzwigol (2019). People who assisted me with pretesting of the interview as subject matter experts did not participate in the study and their answers were not included in the data set.

### **Procedures for Recruitment, Participation, and Data Collection**

I applied to the Walden University Institutional Review Board for approval to conduct my study. After obtaining approval (no. 06-09-23-0749227), I began recruiting participants. The recruitment for participants took place in one city in Texas. I emailed local childcare center owners or directors from a list derived from a public website of the Texas Department Health and Human Services Childcare Division, which enabled search for childcare facilities using a variety of criteria. The list could be modified to only include licensed childcare centers or licensed childcare homes, and it included the operation number of the facility, its address and phone number, type of facility, licensing status (full or initial), and the date the license was issued. Using this resource, I was able to focus only on childcare facilities that were eligible to participate in TRS. I went through the list of childcare centers and called the principal of every fifth center until I had a pool of about 10 principals who agreed to let me send them the consent form. I also

did the same for principals of licensed childcare homes until I had about five participants who agreed to be sent a consent form. I awaited response to the consent form as a reply email with the words “I consent.” I had a pool of 10 childcare center principals and five licensed home principals. When I received emails from consenting volunteers, I scheduled a telephone interview with them, to be conducted at their convenience.

As appointments were scheduled, I started interviewing participants. Each interview took approximately 15 to 20 min to conduct. I used an app called iCall on my cell phone to record the interview calls. When each interview session was done, I thanked the participants for their time and responses. I downloaded the audio file of each interview, and then used an automated service, Sonix, to transcribe the interviews. Because automated transcription may include errors, I reviewed each transcript while listening to the audio file and made corrections. After this process I emailed each transcript to the participants so that they could review the transcript for accuracy. None of the participants responded to the email, making me believe the transcripts were fine and no changes were needed.

### **Data Analysis Plan**

After emailing participants their interview transcripts, I waited for a week for them to respond with corrections. None of the childcare principals responded so the assumption was that they did not need changes. Data analysis began by reading again all the transcripts. F. B. Thomas (2022) suggested to read all the data, including my notes, several times to get an initial impression of the perspectives offered by participants. I assigned each participant a code name that included a numeral and an indicator of their

facility type; for example, the first participant who was a principal at a childcare center was coded CP1, for “center principal 1,” and the first participant who was a principal of a licensed childcare home was coded LHP1, for “licensed home principal 1.” Coding for center and licensed childcare home principals continued numerically. I kept the document that connected each person’s name with their code name separate from other data files in this study and from this point forward refer to participants only by their code names.

I prepared each transcript for analysis by removing my own words and any unrelated parts of the conversation, such as comments about the weather. I separated the transcript into individual sentences, so that each sentence began on its own line. Each line of data was aligned with the left margin of the transcript file in Word, and not indented. These files were used in the next step of organizing the data in Microsoft Excel.

Next, I organized the data in an Excel spreadsheet, using three columns. This process of *in vivo* coding, followed by axial coding, was described by Saldana (2021), with the addition of a spreadsheet as an organizing tool. Column A on the Excel spreadsheet was reserved for participants’ code names, Column B for transcripts, and Column C for category labels. I transferred the first transcript to Column B; because of how I separated the sentences in Word, Excel automatically placed each sentence on a separate row. These rows are represented *in vivo* codes. I then inserted the participant’s code name on every row of Column A, matching the number of rows used by the transcript in Column B. In this way, every part of the participant’s transcript was represented in Column B and every sentence was attributed to the participant who spoke it. I continued in the same fashion with the remaining transcripts, inserting the transcripts,

one after the other, in Column B and making sure that every row of Column B was properly attributed to participants in Column A.

When the data were all organized, I reviewed the codes in Column B. Some sentences needed to be separated into multiple rows when a statement included more than one idea. Some sentences were eliminated when they repeated a previous sentence or seemed irrelevant. In addition, I replaced words that could reveal someone's identity (such as the name of a colleague) with a descriptor. At this time, I added to Column C a single word or short phrase that represented the gist of what was said on each line of Column B. These became categories, and I reused categories throughout this process, rather than making every category entry unique.

The next step was to apply axial coding by grouping together rows that seemed to be part of the same category. I used Excel's data-sort function to do this, sorting by Column C. I reviewed the results of this sorting, making amendments to category labels as needed to make them consistent, combining categories that included few codes, and breaking up very large categories into smaller, more refined groups. I resorted to the data as needed during this process. Finally, I grouped categories into themes by moving around entire categories and their rows of data to form fewer groups of big ideas. These themes formed the basis for description of the results of the study and connected to the RQs. The data analysis process created a funnel effect in which a very large number of codes were grouped into a smaller number of categories, which then were grouped into a still-smaller number of themes. No discrepant data were detected in this process.

## **Trustworthiness**

Credibility, transferability, dependability, and confirmability are considered the four vital characteristics of research studies (Simon & Goes, 2016). This is because qualitative research measures trends and issues that numbers cannot define (Adler, 2022). In most instances, they identify and relate these trends in identifying conclusions for study. In this case, data must be trustworthy, including being credible, dependable, transferable, and of high quality (Korstjens & Moser, 2018).

According to Stahl and King (2020), credibility is when the researcher identifies truth in the research findings. Credibility is the confidence that is placed and achieved through patience during data collection and analysis, guaranteeing accurate interpretation of data to fill in gaps required in the interviews (Ravitch & Carl, 2020). Researchers are always required to demonstrate how they ended up with their findings, following the collection and analysis of data in qualitative research (Sinkovics & Alfoldi, 2012). Credibility also requires researchers to link and prove the truth in their findings, hence guaranteeing the trustworthiness of the research study (Pietilä et al., 2020). In this study, credibility was established by transcribing all interview responses, reading the transcripts, re-read the transcripts and compare with my footnotes and providing a copy of the transcripts to the participants to ensure what was interpreted was the same as their responses or thoughts.

Another important consideration that supports the validity of a study was transferability. Transferability is when the research results can be applied effectively to another setting with different participants (Korstjens & Moser, 2018). Transferability was



established by the reader, who interprets the researcher's thick descriptions of the interview process in the context of their own situation (Connelly, 2016). Transferability was supported because I described the context of this study in as much detail as possible. I also described the criteria by which participants were invited to take part in this study.

Dependability is needed to establish trustworthiness by having the study consistent and repeatable (Kemperaj & Chavan, 2013). The results of the study should be stable over time. An audit trail, which is a description of the steps taken from the beginning of research to the conclusion of the study, helps to develop dependability by providing details of the study from the beginning to the end (Korstjens & Moser, 2018). In this study my audit trail included a detailed explanation of my actions from the beginning of the research process until the end to support the study's dependability.

Confirmability in qualitative research refers to the degree which the findings of the research study could be validated by future research studies. Confirmability in this study was established by creating an audit trail, and by providing details in the process of collecting data, data analysis, and interpretation of the data (see Elo et al., 2014). Confirmability in this study was supported by reporting that was consistent with facts derived from the data and not by my views and beliefs.

### **Ethical Procedures**

Before undertaking research activities, I obtained approval from Walden University's Institutional Review Board. Once approved, I began the recruitment of childcare facility owners and directors, who were participants for this study. I secured the written consent of those who expressed interest in being interviewed. The consent form

described an explanation of the study, the risks and benefits of participation, and processes in place to protect individuals' privacy and their freedom to withdraw from the study at any point.

Data collected from respondents will be kept securely stored on my password-protected personal computer located in my home office. Only I know the identities of participants. Raw data will be shared with no one outside my dissertation committee. All data will be kept for 5 years, after which time paper files will be shredded and digital files will be wiped from my computer using a tool such as Eraser.

### **Summary**

Procedures to conduct this study were explained in Chapter 3. Participants were childcare facilities owners and directors who were interviewed to understand their feelings towards TRS. The methods described for conducting recorded interviews by telephone or Zoom, and for analysis of the data aid in establishing the trustworthiness of this research study. Procedures for ethical practices and protection of participants in this study were described. In Chapter 4, I will present the results of this study.

## Chapter 4: Results

The purpose of this basic qualitative study was to explore the motivation that guides childcare center owner and director decision-making regarding participation in the TRS program. The RQs were

RQ1: How do childcare facility owners and directors describe the influence of intrinsic motivational factors in their decision about participating in TRS?

RQ2: How do childcare facility owners and directors describe the influence of extrinsic motivational factors in their decision about participating in TRS?

RQ3: How do childcare facility owners and directors describe the influence of their desire for autonomy in their decision about participating in TRS?

In this chapter, I described the setting at the time of data collection, and how the data were collected. Next, I describe my process of data analysis and results of the study. In this chapter I will demonstrate key points and evidence of trustworthiness.

### **Setting**

The setting for this qualitative study was a small city in south Texas. At the time of data collection, many owners and directors were not able to participate because they were preparing for their center to be evaluated for TRS, which was the focus of this study, or other official reviews, including Child and Adult Food Program audits. There was great difficulty finding owners or directors willing to participate. Some participants, after agreeing to participate, did not respond to my calls. At first, the outreach was successful but at the time for interview was to be conducted participants, were not available, or recanted their participation. One participant could not participate because

she was hospitalized, another had a death in their family, one had her home damaged with a storm that happened in our area. Dangerous weather over the summer, as data were being gathered, precluded participation by at least one person. All interviews were completed within 10 weeks. The majority of the participants were Hispanic women. Some of the participants responded in both English and Spanish, which complicated interview transcription.

### **Data Collection**

After receiving approval from Walden University's Institutional Review Board (no. 06-09-23-0749227), I began the recruitment process. At first there was no difficulty finding childcare center owners and directors willing to participate and my target number of volunteers from 10 childcare centers and five licensed childcare homes was reached within 2 weeks. I retained volunteers from five additional childcare centers and licensed childcare homes just in case any of the existing volunteers would not be able to participate or withdrew from my study. Two weeks after recruiting and scheduling appointments for calls, I started the interviews and that was when I ran into difficulty.

Of the 10 childcare center directors who originally agreed to participate only four kept their appointments, seven rescheduled, and nine would not answer my calls. Of the five directors who rescheduled three kept the new appointment and provided an interview. All five owners of licensed childcare homes rescheduled the interview call; of these all five eventually participated. I started calling new participants because I was missing eight interviews of childcare center owner or directors because of those who chose not to participate. Having participants schedule a time in the future and not

immediately changed my recruitment process. Instead of waiting a day or two for the interview I asked if they had time for the call right then and there. Many of them did and I was able to do two interviews. A local college held a childcare conference at this time and at this conference I was able to speak in-person to six childcare center directors and schedule interviews with them to complete the interview process. After 10 weeks, all interviews were completed, with 10 childcare center directors and five owners of licensed childcare homes.

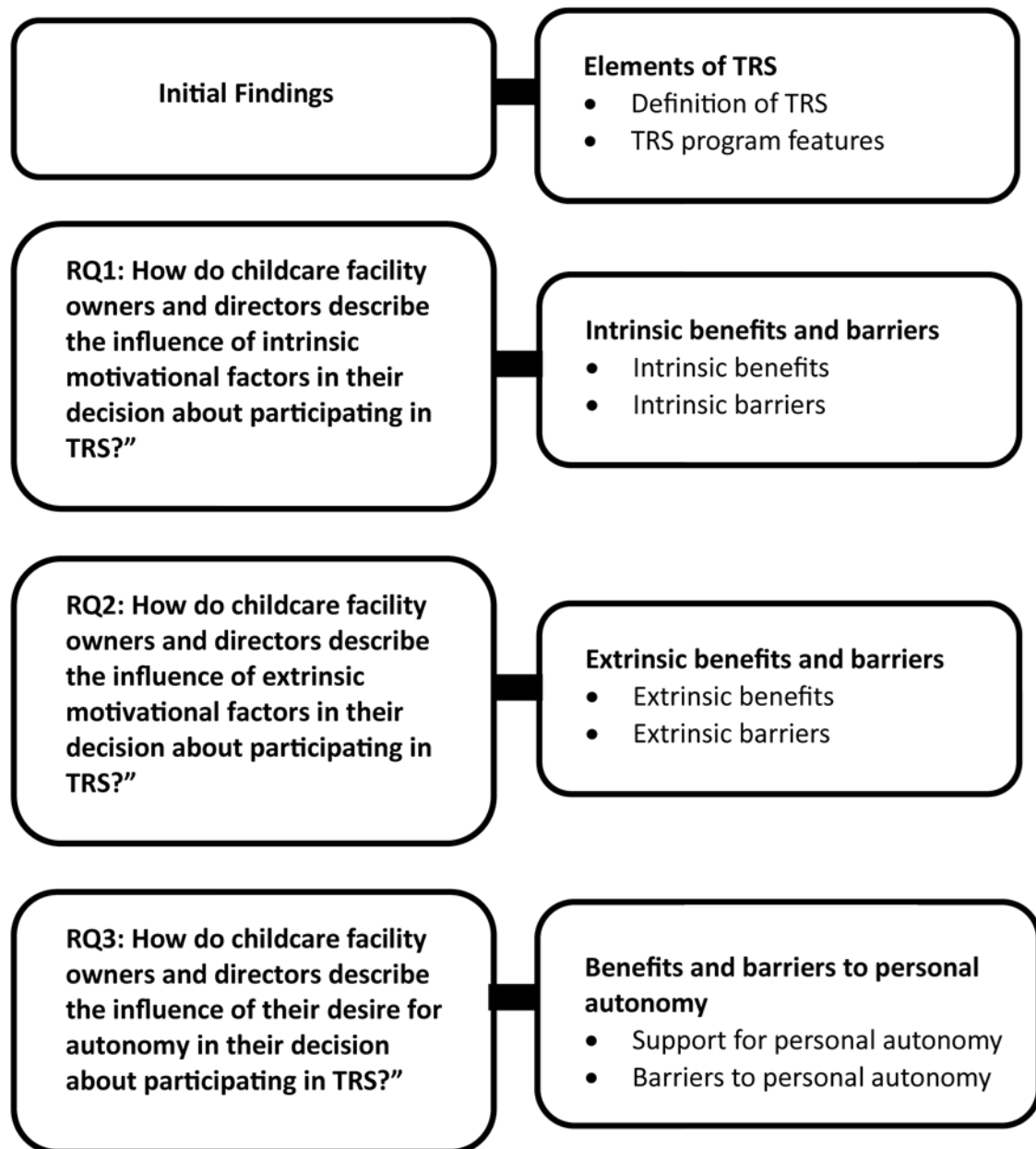
All calls were made at the participants' discretion. I made calls from my private office, and participants received my call at work or at home. Participants choose to have interviews during naptime hours, their lunch break, or after working hours. The duration of the interviews ranged from 15 to 40 min. Some participants seemed nervous and although I tried prompting them to add more information, the participants froze. Even in these short interviews I was able to collect interesting and useful data. On two interviews I forgot to press record and realized after I had finished the call the mistake I had made. I did not call those directors back to re-do the interview. Two calls got dropped during the interview, but I was able to call them back and complete the interviews.

I recorded each interview using my cellphone's iCall Recorder, an application found on iPhone app store. After completing each recorded phone interview, I transferred the recordings from my iPhone to a Dropbox file because call recorder did not have the option to use a pin drive to store calls. Then I downloaded the interviews from Dropbox file to Sonix, a digital transcribing tool, and converted the transcripts to a Microsoft Word document. I printed the interviews and listened to each audio file while reviewing the

transcripts to check for clarity and make corrections. For example, “TRS” was transcribed to “terrorist,” so that required correction each time it occurred. Once I finished correcting the transcripts, I emailed a copy to the participants. Some participants responded with an “Ok” or “they look good,” but some did not respond. No changes were made to interview transcripts, because participants who responded confirmed that the transcripts were accurate. Each interview participant was assigned an alphanumeric pseudonym if they were a childcare center director (CP1-CP10) or if they were an owner of a licensed childcare home (LHP1-LHP5).

### **Data Analysis**

I followed the plan for data analysis described in Chapter 3. I found 309 codes and organized them into eight categories. These categories were barriers to personal autonomy, definition of TRS, extrinsic barriers, extrinsic benefits, intrinsic barriers, intrinsic benefits, support for personal autonomy and TRS program features. I grouped them into these categories into four themes including benefits and barriers to personal autonomy, elements of TRS, extrinsic benefits and barriers, and intrinsic benefits and barriers. The theme of benefits and barriers to personal autonomy includes categories of support for personal autonomy and barriers to personal autonomy. Similarly, the themes of extrinsic benefits and barriers and intrinsic benefits and barriers, each include categories that describe the benefits and barriers of these two types of motivation. The theme of elements of TRS includes categories of definition of TRS and TRS program features. The relationship between categories, themes, and RQs is illustrated in Figure 1.

**Figure 1***Research Questions and Associated Categories and Themes*

*Note.* RQ = research question.

## Results

### Initial Findings: Elements of Texas Rising Star

Participants in this study demonstrated that they could define TRS and were able to describe key features of the TRS program; these abilities were themes that emerged in the data. These findings regarding participants' understanding of elements of TRS are helpful in interpreting results relevant to each RQ, but they are not associated with any particular RQ. For example, participants were able to define TRS. CP1 said, "[TRS] is a program that benefits the children and families in the center." CP2 further stated, "It is a program that assists the childcare providers to enhance the quality services for the children." Then LHP1 said, "It's a program where we're trying to implement more educational things for the kiddos so they can be more prepared when they go to school. That's what I understand."

Participants also were able to describe program features. CP2 said, "The Texas Rising Star categories, regulations, guidelines have changed and that as of September of 2024, all childcare providers should be enrolled in the process of a certification with Texas Rising Star." Then, CP1 stated, "[TRS] makes sure that [centers] have everything appropriate for their ages and materials as well as their cultures and having them experience different types of cultures." CP4 added.

[TRS] it's a quality rating and improvement system. Like they are two star or three star or four star is for childcare programs participating in the Texas Workforce Commission. And Texas Rising Star Certification is available to



licensed centers, registered childcare for facilities that meet the certification of the criteria.

Furthermore, CP5 said,

It's a program. It's a state program that helps childcare to help develop the classrooms. And I know it's more educational for the kids and it gives them assistance in teaching them more, like being better prepared for school.

Finally, LHP2, stated “Well, we know that it's a program that it's going to help us with the quality of the childcare.” These initial findings provide insights regarding the knowledge childcare principals had about TRS.

### **Results for Research Question 1**

RQ1 asked, How do childcare facility owners and directors describe the influence of intrinsic motivational factors in their decision about participating in TRS? To answer this question, I used Interview Questions 3, 5, 7 and 9. The themes that applied to this question were the intrinsic benefits and barriers participants felt about joining the TRS program.

To begin, an intrinsic benefit of TRS participation that participants demonstrated was the value the TRS program provided to their centers. CP1 stated, “They've seen other centers that have it [TRS] and see the difference. And how they how they change with the program.” CP2 agreed, saying “Centers who are participating in TRS are going above and beyond minimum standards and that to me is an initiative to better the program, better the quality services for the children.” In addition, CP4 said, “If you really love working with

children and if it's for the better of them, like to follow all the routine and everything and it's going to be easier for the staff. I think I do like it.” CP5 described it this way:

I think it's a good program. I think it better prepares the kids for when that way they're adapted for when they go into school and it starts from the baby room all the way up to the preschool room. So I feel like they're learning since they're babies, which is a good thing because that's what they really need right now. Like they need that that independence and the social skills and everything that a lot of people and a lot of kids that are having trouble with that right now. And I think it's good to have it here where they're here most of the day.

Next LHP1 added,

Well, the benefits would be that TRS could help us out with a lot of new things that are coming in. I think that they're more innovating system and that is helpful not only to us as mentors, but also to the kids. It's very important to them.

Also LHP5 described being happy to be part of TRS, saying,

Yes, we are part of TRS We just began a couple of months ago. We were monitored and then we became a TRS, for which was we were so excited. We thought we were not going to make it this time. But yes, we did.

Participants described liking their participation in TRS, and feeling that it was good for their center or licensed childcare home to be part of the program.

Another intrinsic benefit participants demonstrated was the value they saw for their staff. LHP2 said, “We want the teachers to feel smart about teaching the children and doing a lot more stuff for them.” CP7 stated, “The teacher can learn, grow with

experience through somebody from the field of teachers letting us know your weakness, but your strength and let's try to work on this, constructive criticism.” CP5 found TRS value for teachers translated into value for children:

Well, the same thing I was saying. Like it helps the kids prepare like better for when they go out on their own. Like with my kids, since they're the preschool class, like I'm trying to get them ready with all the potty training and the letters and kind of being more independent for themselves so that they can once they go off to school where they have to be completely independent, they're ready for that.

Also, CP2 said, “The teachers are receiving professional development, which is helping them enhance their child development skills.” This intrinsic motivation benefit projected the benefits to be value for families.

Another benefit to intrinsic motivation was the value of participation in TRS for families. CP1 stated, “I've experienced there with the program and I like how they help the families and keep them involved.” Also, CP5 said,

I think it's a good idea because you know that the facility where you're putting your child is going to prepare them for later on in life. It's going to help them. It's going to teach them like it's not just how people say. It's not just babysitting all day, like they're actually learning through the whole program.

Furthermore, LHP1 stated, “[TRS] are trying to get kids to be more prepared and they're helping us out with a lot of information, some meetings, some stuff that we need to that we've been learning.”

The intrinsic benefits of participating in TRS helped many childcare centers and home centers want to join the program to benefit their program, their staff, and their families. These intrinsic benefits were described to those who worked in licensed childcare homes as well as those who worked in childcare centers. Although participants described intrinsic benefits, they also described intrinsic barriers to participation in TRS.

One of the barriers associated with intrinsic motivation for participating in TRS were the feelings that TRS mentors did not help. CP1 stated “Well, at the beginning I felt like there wasn't much help or like a lot of people, wouldn't reach out for it.” CP2 added, “We are part as an entry level, but we haven't received any support from them (TRS) yet.” CP6 commented, “We have been contacting other centers so that they could help us but it's really hard because a lot of people don't want to share their policies the mentors just give you like a basic kind of thing.”

Besides feeling that participants felt they had no help from TRS, other principals got a feeling of being overwhelmed and stressed at the process to become part of TRS. First, LHP4 stated,

The stress. Do you know how stressful it is to be preparing for this stuff and it's like, you know, we have it. We have everything that they want. We all get nervous this girl shredding us to pieces. Although she didn't say anything, but just the look, how the look she gave my infant teacher when she was feeding him [the child] the bottle, I mean. Okay? She doesn't talk to him. Okay, fine but come on, you don't have to be that judgmental. Your face said it all.

Secondly, CP6 added,

That right now, since we're in the process of becoming TRS, it's hard because they're always on our on our backs. And it's like, very stressful. Like, I'm stressed. My staff is stressed because we just have to be looking, you know, are we doing things right or are we doing things wrong? And that's kind of scary because you're trying to do your best. And it's very hard because you have all these people coming into your center and looking at what you're doing and you're doing it right, wrong. So it's kind of like stressful. So yeah, right now we know that they're trying to get us to do better, but still, it's very stressful. Yes, it is. It's very hard to have people like.

Further CP7 said, "It's overwhelming, especially as a director, as an owner, that has to do everything else and to top it off, it's just too much. It's too much for what we're going to get which is just a rating. Another factor that participants felt was an intrinsic barrier was the feeling of being rushed. CP3 said, "Well, to me, I felt like I was pressured, like, hurry, hurry, hurry. You need to get it done because we need to get this done like ASAP."

The purpose of RQ1 was to determine childcare facility principals' feelings of intrinsic motivation when becoming part of TRS. Many participants reflected on their personal motivation in regard to benefits as to increase their facilities program value reflected on their centers, families and staff. The principals also faced barriers such as nervousness, stress to prepare for evaluation, and receiving no help or monitoring from the TRS mentors to prepare for their TRS assessment.

## Results for Research Question 2

RQ2 asked, How do childcare facility owners and directors describe the influence of extrinsic motivational factors in their decision about participating in TRS? To answer this question, I used Interview Questions number 4, 6 to help find the participant's extrinsic motivation. The themes that applied to this question were the benefits and barriers of extrinsic motivation to participate in TRS.

Extrinsic benefits named by participants included receiving classroom resources and materials, having access to approved curriculum, opportunities for professional development, and enhanced reimbursement rates for subsidized children. Participants were excited to be receiving benefits which consisted of educational supplies and materials. CP2 said, "We were able to receive educational materials for the classrooms, for the outdoor play a lot of positive experiences." CP4 stated, "They give us books, magazines, puppets and different kind of other stuff." Furthermore, CP7 mentioned, "We are getting resources, a lot of resources that we are not capable of getting or financially we're not equipped for that. So that's a plus for us." Also, LHP4 said,

The reason we started with this program was because of all the benefits that we were going to get. We really looked into it, I'm not going to lie, because we thought, is it really worth it? Is it worth going through all that stress? But. Yes, you get benefits, you get a lot of benefits.

Finally, CP9 said, "We are getting resources, a lot of resources that we are not capable of getting or financially we're not equipped for that. So that's a plus for us."

Another extrinsic motivation factor identified by participants was access to approved curriculum. For example, LHP2 stated, “Other child care directors, said they gave them a curriculum. Frog Street actually. So we would like to have that because we don't have a curriculum.” CP7 said, “Like I said, the curriculums are so expensive and yet we're getting the curriculum.” In addition, CP6 stated,

The benefits would be like extra pay, extra holidays, paid curriculum because we don't have a curriculum cause they're super expensive to buy and they're telling us the mentor was trying to get a curriculum for the classroom. So that would be the benefit too, they're very expensive and we really can't afford it.

Finally CP2 reaffirmed, “Curriculum is very expensive and just having a partnership with the Texas Rising Star gave us the resources of them buying curriculums for those classes that were participating.”

Another extrinsic motivator participants associated with participating in TRS was getting professional development. CP7 stated, “It's not a mandatory thing, but yet it's a good thing because like I said, it also provides us with incentives, trainings for the staff, just more reinforcement for the girls as well as for anybody else.” Further CP9 said, “I think it's a good idea because, you know, as a owner we have to fork over money for those trainings.” Finally LHP2 said, “ Well, besides getting curriculum and maybe training, having TRS provide professional development is beneficial.”

The last extrinsic benefit participants discussed was enhanced reimbursement rates for subsidized children and monetary incentives for staff. CP2 said,

I'm talking about money so that that funds that extra funding that is provided through the TRS. It can always help to retain staff or incentives for the staff to help, for us to retain them and for them not to leave and to or leave to other centers that are able to pay them a little bit more.

Further, CP3 said,

At the beginning was yes, they were all excited because of the funds that were coming in. Of course, being more funds plus, of course there's more pay than their wages or there's higher wages for them. So of course, they were all excited and they were on board about it and they actually do like that.

In addition, LHP4 said,

You get benefits like you get extra pay when it comes to each child. Once you get to even the two, I believe it's a 5% increase that they give you, which is good. But then when if you become a three, you have a 7%, but if you get a four, you get 9%. and 12 paid holidays.

Also, LHP5 said

The positive is the benefits that we've had with them. And that's pretty neat. I already have gotten my first check with the new rates and it's like, wow, it made a difference. I was so ecstatic to find, you know, that extra money. So it was like, wow, that was that was the positive thing

Additional CP6 stated, "It's because it's a benefit we're going to be getting things depending on our star level, we'll get paid more." Moreover, CP7, said "You're getting



your perks as a resource, the pay rate goes up and three additional paid days does help a lot.”

Although many participants talked highly about getting the extrinsic benefits of participating in TRS many also expressed their issues with extrinsic barriers to their motivation to participate in TRS. Extrinsic motivation barriers included start up requirements, the time TRS consumes, and financial burdens. CP1 described difficulty in getting started with TRS, saying, “I feel like it's overwhelming in the beginning with everything that they require.” CP6 focused on paperwork and filings of complicated documents:

It's really hard to organize and try to make it seem like if it's legal what if we just put things that are not right, I don't know if teachers checks it, but I'm in the process of that and it's a lot of work all the paperwork is kind of like, scary to say, but I'm I think we could do it, but it's just the organization and the stress of putting everything together.

Finally CP2 said, “It demands a lot of work I said, they're above minimum standards.”

Another factor was that it was how time-consuming it was to become part of TRS, including the time spent waiting for a response from TRS. LHP1 said,

I have just finished my all the paperwork. We send it in, and we haven't had the mentors come back to us yet. But I guess it's going to take a little time. You know, there's a lot of people applying right now or doing different things, but I guess it's just normal for them to take their time, But like I said, we we've already

done all the paperwork, we've sent everything in and so we're just waiting on them.

CP6 agreed, saying,

It's just that we need to get everything organized and that's it's time consuming.

You know, we have the work, and sometimes when staff doesn't come, we have to take the responsible one to take over when, when we're short staffed and that causes, a lot of time like, and when we get home it's hard because I have my children too to tend to too and my house too.

Finally, LHP2 stated, “We first had to wait a year because that's one of the requirements, then we had some violations that delayed the process because of that violation that they found.”

Another extrinsic barrier was the financial burden centers encountered in participating in TRS. CP3 stated, “[The financial burden was] what kept us from not joining. So at the beginning, it seemed to be something very unattainable only because I go back to the same thing because of funds.” CP7 said,

It cost me an arm and a leg. A lot of sweat, a lot of sleepless nights, a lot of trying to do everything, you know, beyond what they asked, more than minimum. And yet, yes, you know, my outside was great to both mentor and facilitator that came in great. You know, I did have to go a lot to San Antonio, buy a lot of resources and stuff because back then we did not have the resources from CCS. So yes, technically we had to purchase all these items that were requested by them. Yes.

It's very overwhelming. It's exhausting. But I can say I can actually accomplish it and I'm ready.

Finally, CP9 stated not having the proper educational supplies and materials TRS requires was a barrier to joining TRS and said, "I guess maybe not having the materials. I guess that would be a barrier. If you don't have the materials, how could you have everything ready?" These were the extrinsic benefits, receiving classroom resources and materials, having access to approved curriculum, opportunities for professional development, and enhanced reimbursement rates for subsidized children and barriers, start up requirements, the time TRS consumes, and financial burdens the participants spoke about when conducting the interviews.

### **Results for Research Question 3**

RQ3 asked, How do childcare facility owners and directors describe the influence of their desire for autonomy in their decision about participating in TRS? To answer this question, I used IQs 2, 8, and 9 to help determine the participant's feelings of autonomy. The theme that applied to this question were the benefits and barriers of autonomy as influences of a decision about participating in TRS.

Having personal autonomy brought affirmation from center directors in their chosen profession. CP7 stated,

So, like I said, a [TRS rating] star a star is just another little extra on top of it. It's exactly a bonus. I think if you're in this field, it's because this is your passion, your passion about, you know, children, their well-being, their upbringing, their education. You know, that to me is what an educator should always focus on. Not

so much, Oh, I have a star or I don't have a star or you're a four and I'm a three. I don't think that should define the person because the person can still be a four, but yet they might lack a lot of the stuff that actually is required from an actual educator or a director, you know, somebody to have the passion for, for the children.

Further CP8 said,

No, I don't feel different. I've always been who I am and I think I'm a professional. I'm educated and everything, and we've always provided quality care. So to me, I don't feel anything. I mean, it's just like a new requirement for a center. Change is good, we're all for better quality care. But no, I mean that it makes me feel different. No, no, I don't feel like. Oh, my God. Like I feel like a professional now. No, I always felt professional. re. I'm a professional, whether I'm in Texas Rising Star or not.

Additionally, LHP2 added.

Professionalism doesn't matter if you're a TRS or not. I think it's just you. I think it's how you see yourself. I know that childcare centers are not regarded as professional because they just see us as babysitters. But. No, I don't think being part of anything will make you feel more professional. I think your professionalism stands with you, with who you are.

Then LHP4 said,

Well, professionalism is not determined by a certificate or by TRS. You're professional. You don't need anybody to tell you it's your the way you were

brought. Your work ethics, your passion, your love for what you do. That's your professionalism. Not a little title saying you're a TRS to TRS three or a TRS four - no. That has nothing to do with it. I am a professional because I take to heart what I do. So that's what it is. So professionalism is the passion that you have for your profession. Not a title, not a certification.

Moreover, LHP5 stated,

We are a center that provides quality care for the children with the rating or without it. So I don't feel the need that we had to do this. But in order to have the subsidized children, we needed it. So we just did it, but that it was going to change our thinking of becoming a less quality? No, in fact, we are one. Well, I'm going to brag. We could say that we're one of the best centers because we do provide quality care for the children.

Finally LHP3 stated, "Professionalism is not gotten by the things you have I feel professionalism is something that is in you, not a program, not a degree but who you are." These childcare principals expressed confidence in their ability to determine for themselves what is good and valuable about their professional practice. They did not believe TRS participation validates their professionalism, but also did not describe feeling their feeling of autonomy was hindered by TRS.

Others, however, saw interference by TRS with their ability to act with autonomy.

For example, LHP2 stated,

It's funny because now we're going to have to participate in it whether we want to or not. So I think that's helping a lot of people change the way they think and

maybe just decide that, yes, they're going to be part of TRS because they want subsidized children. Otherwise, I don't think a lot of people would do it. What I've heard is that. Some people refuse to become TRS, so when that mandate starts, they're going to close up shop. So. Let's see how that goes for them.

Secondly, LHP5 reported:

Like I said, that mentor didn't help us. So like. If I were going to have outside help or somebody coming and critiquing your way of doing things, they need to be educated in early childhood. You're not going to have a mechanic come and tell us what to do here, because that's not your occupation. That's not what you do. So this person was our mentor. Her background was not early childhood. It was, I believe, biology. She had. She was a director of a center in Corpus, but many moons ago. And yet she. I don't think she even knew what she was doing because of how she mentored us. Like it was like, no, it was not developmentally appropriate.

CP10 said, "I don't agree with it. I think it's kind of crazy because it's like I don't know. I feel like we're discriminating or something." Further, CP2 stated, "When I first started on board with childcare there was a conflict of interest between the providers and the mentors." Finally CP3 said, "It's everybody's choice. Like everything else, it should be each and everyone's choice if they want to or not. Everybody should have the option to say yay or nay."

In summary, participant responses suggested that participation in TRS was not necessary for them to feel professional or autonomous. In fact, participants reinforced

their feelings of autonomy by suggesting that TRS requirement and oversight infringed on their independence and professionalism. Some childcare principals hesitated over getting involved with TRS by reiterating that they did not need a certification or validation to define their professionalism.

### **Summary of Results**

The results of this basic qualitative study were presented in the form of four themes with two categories each serving to answer the three RQs. One of the themes was used for initial findings to determine if the participants were knowledgeable about the TRS Program. Many of the participants were aware of the definition and program features of TRS.

A key finding in this study was that extrinsic benefits are the source of motivation for most of the participants. The majority of the participants were motivated to become TRS because of the curriculum, extra paid holidays and higher reimbursement rate for childcare subsidized children they had enrolled. The extrinsic motivation helped the participants become excited about receiving curriculum for their centers because the cost made it impossible for them to purchase it on their own.

The second key finding was that participants had a great sense of autonomy. They believed that they did not need the TRS program for them to feel they had a quality center. Many participants understood that their center was of high quality because of the response they had with their clientele. Autonomy did not appear to benefit from participating in TRS for these participants, because they believed they knew their centers were quality centers.

The third key finding was that some participants were disappointed at the lack of assistance and support from TRS mentors when pursuing certification. This posed a barrier to intrinsic motivation for some, because, without TRS program mentors' support, participants felt overwhelmed, nervous, and stressed. Several participants reported they were ready to begin the process of being mentored in the TRS process, but TRS mentors were not available to guide them. Additionally participants stated that the mentoring they received was not aligned with how the assessor evaluated them, making them score lower than what they were told by their mentor to expect. These intrinsic barriers inhibited participation in TRS.

### **Evidence of Trustworthiness**

In Chapter 3 trustworthiness was discussed; according to Elo et al. (2014), the aim of trustworthiness is to support the argument that the inquiry's finding is "worth paying attention to" (p. 2). To demonstrate trustworthiness, I used strategies of credibility, transferability, dependability, conformability. Credibility was established by recording the interviews and confirming their accuracy by sending participants a copy of the transcripts of their review. Transferability was supported by reporting and documenting the details of how participants were invited to participate in this study, and the study setting. Dependability was developed by explaining the details of this study, so the study can be replicated by other researchers. Finally, confirmability was established by basing findings on the process of collecting data, data analysis, and an interpretation of the data, and not by my views and beliefs.



## Summary

Chapter 4 presented the results of data analysis and how the analysis connects to the RQs and demonstrates the consistency of the analysis with basic qualitative study. Participants were childcare facilities owners and directors who agreed to participate in this study. Overall, 18 participants were interviewed for this study but only 15 were recorded because of mistakes when recording. The IQs were structured to understand what factors in the decision to participate or not in the TRS program contributed to a childcare principals' intrinsic motivation, extrinsic motivation, and sense of autonomy. Many of the participants had mixed emotions regarding their intrinsic or extrinsic motivation to participate and how TRS affected their feelings of autonomy. How these findings reflect the current literature, and recommendations and implications for practice that result from these findings, are presented in Chapter 5.

## Chapter 5: Discussion, Conclusion, and Recommendations

The purpose of this study was to explore the motivation that guides childcare center owners' and directors' decision-making regarding participation in the TRS program. Participants' perspectives of the intrinsic and extrinsic motivation provided by TRS and how TRS participation affected their feelings of autonomy were used to determine how these motivational factors contribute to childcare owners' and directors' decision about participating in TRS. Many of the childcare principals had mixed feelings about the intrinsic, extrinsic, and autonomy benefits and barriers associated with participation in TRS, suggesting that the decision about participation was complex.

### **Interpretation of the Findings**

A key finding in this study was that participants were happy at the rewards given to their facilities by TRS. According to Walthery and Chung (2021), principals strive to make decisions that contribute to the organization's financial health and alignment with core values. Many principals stated that getting the curriculum as part of TRS was a financial burden taken off their hands. CP2 reaffirmed, "Curriculum is very expensive, and just having a partnership with the Texas Rising Star gave us the resources of them buying curriculums for our classrooms." Professional development was also an incentive to being part of TRS. Dooley et al (2021) stated that one of the requirements for quality assurance programs was that employees would receive education and training and an understanding of child development and health and safety measures. Another benefit was an enhanced reimbursement rate for subsidized children enrolled at the participant's facility. LHP4 said, "You get benefits like you get extra pay when it comes to each

child.” According to Pekkurnaz et al. (2021), owners and directors need to balance the monetary cost of high quality by getting compensated as a quality program.

The second finding was that many principals did not need a label or star to tell them they were a quality childcare center. Rigby and Ryan (2018) characterized autonomy as the opportunity to decide the method and the time for accomplishing tasks or responsibilities. Childcare center and licensed childcare home principals stated they were part of TRS only because it would be a requirement but that they felt participation was otherwise unnecessary for them. CP8 said, “I’m a professional. I’m educated and everything, and we’ve always provided quality care. So to me, I don’t feel anything. I mean, it’s just like a new requirement for a center.” CP7 stated, “Like I said, a [TRS rating] star is just another little extra on top of it. It’s exactly a bonus. I think if you’re in this field, it’s because this is your passion.” According to Schilder et al. (2022), principals who feel that participation in quality assurance programs are unnecessary or burdensome will not engage in programs like TRS because they believe their centers are quality centers without the label.

Another finding was that principals felt overwhelmed, nervous, and stressed by participation in TRS. According to Cascio (2022), childcare providers have many benefits if they become TRS, but many feel it is not worth the extra work. LHP4 stated, “The stress. Do you know how stressful it is to be preparing for this stuff and it’s like, you know, we have it.” CP6 said “I’m stressed. My staff is stressed because we just have to be looking, you know, are we doing things right or are we doing things wrong? And that’s kind of scary because you’re trying to do your best.” According to Elomaa et al. (2020),

many principals are overwhelmed with their day-to-day problems with the facility building, staff, and families. According to Waltery and Chung (2021), childcare principals' decision-making process is very difficult for them because they need to align their core values which need to satisfy all constituencies.

This study's findings validate SDT as Rigby and Ryan (2018) described, which formed the conceptual framework. In my study, the SDT extrinsic motivators were why many participants wanted to join the TRS program. Getting the curriculum, extra paid holidays, and enhanced reimbursement rates for subsidized children motivated the principals to initiate the process of participating in TRS. A sense of autonomy was evident when principals felt they did not need to be part of the TRS program because they felt they provided quality care to their clientele and did not need a label or star to let them know they provided quality care. Principals' need to feel competent was reflected in their issues with intrinsic motivation: principals felt that they did not have enough support from TRS to help them become good enough to be part of the program. Many felt stressed, nervous, and unsupported by the TRS mentors. SDT helped answer the RQs about a childcare facility principal's decision to participate in the TRS program.

### **Limitations of the Study**

A limitation of this study was that the interviews were conducted by telephone because of COVID-19. Having telephone interviews instead of face-to-face conversations affected my ability to see how a person responded with their body language and facial expressions to the IQs; being able to see these would have given a better insight of their true feelings and motivation when collecting data. Another limitation arose because

several participants' scheduling and canceling of interviews. Some principals were not available at their scheduled interview time. After several attempts to reach them to no avail, those principals were dropped from the list of potential principals to be interviewed. Although this did not affect the data collecting process, it did cause an issue because the interview process took longer than expected. Another limitation was that during three interviews I did not follow the procedure of the iCall program to record the interviews and data were completely lost. I did not ask those participants to re-do the interviews because I felt it would not be authentic.

### **Recommendations**

Several recommendations emerged for future research as a result of this study. First, I recommend this study be repeated within the entire state and not just in one small community. Conducting this research in the entire state of Texas would give a broader view of principals' motivation towards participation in the TRS program because Texas is very large and communities differ. In addition, expanding this study to all states, especially where participation in quality assurance programs is not required or part of the state's future or present initiative, would provide more insight into principals' motivation to participate in quality assurance programs.

Secondly, conducting this research study in a state where participation in quality assurance programs is voluntary and not part of the state's initiative, for example in Mississippi or Wyoming, might provide data not compromised by knowledge that refusal to participate in a quality assurance program presents a problem for a center's viability. Without the implied threat to their centers that principals in this study might have

experienced, given the fact that TRS participation was to become mandatory in 2024, participants may have felt more free to be honest with their actual motivational factors for participating or not participating in a quality assurance program. In the findings of this research study, some participants only became part of TRS because, in the near future, participation would be mandatory.

Third is a recommendation to interview childcare facilities staff. In most cases, deciding the star level relies heavily on the staff's interactions, lesson plans, and room environment. If the childcare facility staff are not educated on quality care, they will not know how to help the centers earn the desired star level. In Texas, a caregiver or teacher only needs a high school education and be 18 years old to qualify for a teaching position at any childcare center, so complete understanding of quality childcare and what quality assurance means might not be part of staff makeup. The success of quality assurance programs depends on how individual teachers enact quality practices, so exploring teachers' perspectives on quality and quality assurance program participation might help understand the effort to which principals must go to develop a center-wide culture of quality that supports participation in quality assurance programs.

Another recommendation is to interview the mentors and assessors to determine what quality means to them. Some principals stated that the mentor and the assessor differed when determining which star rating the center was likely to achieve. Different views on quality childcare have caused some facilities not to reach the star level estimated by their mentor. A study of the perspectives of mentors and assessors might reveal the source and extent of these reported disconnects and may contribute to changes

that increase facility principals' motivation to participate in quality assurance programs. Having TRS mentors and assessors in agreement about star ratings will help create transparency when mentoring and evaluating childcare facilities.

Last, there needs to be more knowledge of how other constituencies, such as parents, the local workforce board, and state politicians and policymakers, conceptualize childcare quality and the value of a quality assurance program. Greater understanding of how childcare quality is regarded by stakeholders outside of facility administration will provide a view of what is needed to support improvement in childcare quality and facilities' participation in programs like TRS. Educating parents, the local workforce, and our state's politicians could lead to changes to rules and regulations regarding developing and funding quality assurance programs.

### **Implications**

One implication arising from this study is the need for TRS mentors and assessors to receive collaborative training to serve childcare principals better when preparing to become participants in TRS. Many of the childcare principals expressed frustration with lack of alignment between the mentor's recommendations and the star rating awarded by the TRS assessor, causing many of them to feel disappointed with their rating. Many childcare principals felt prepared to be assessed because their mentors stated they were ready to become a 4-star certified center. The disappointment the childcare principals felt when their rating was less than a 4-star certification made many feel betrayed by their mentors. The childcare principals understood that the staff would get nervous and could affect the assessed outcome, but when evaluations of even static factors, like the

classroom physical environment, differed from what the mentor had led the principal to expect, principals were unhappy with the entire quality assurance rating system. Having TRS mentors and assessors receive professional development regarding mentoring and assessing childcare programs preparing to become part of TRS will bring some transparency to this process.

Another implication arising from this study was that TRS offer extrinsic benefits by star level. Extrinsic rewards for participation in TRS were motivating for most of the principals interviewed but many childcare principals felt it was unfair for everyone who was TRS certified to get the same benefits regardless of star level. Currently, extrinsic benefits include 12 paid holidays, access to the Frog Street Curriculum, free professional development, and free access to a resource room. The only extrinsic benefit that differs by star level is the increase in reimbursement rate depending on star level: two stars is reimbursed at 5% of tuition, three stars at 7%, and four stars at 9%. Many childcare principals suggested changing the number of paid holidays to reflect star levels, with only ten paid holidays offered to 2-star facilities, the current 12 paid holidays to 3-star facilities, and an increase to 15 paid holidays for facilities that earned four stars. Extra paid holidays by star level might motivate childcare principals and their staff to work harder to achieve a higher star rating.

The last implication that emerged from this study is with regard to autonomy motivation, was that several childcare principals said they did not need a star to prove their centers were high-quality centers. To support principals' feelings of autonomy, TRS administrators could assign childcare principals as mentors to help guide new center or



existing principals with the process of becoming TRS. This program, TRS-Peer Partnership was introduced to some childcare principals in 2022 but was short lived. I was invited to become one of those mentors and it did empower me to believe that I was more than qualified to help other childcare principals with the process of becoming TRS. The program included having childcare principals become mentors whose childcare facilities were TRS 3 and 4 Star and meet the guidelines provided by TRS. This program began in August of 2022, and we stopped receiving notifications of this program by December 2022. If TRS administrators brought back this program it would help support childcare principals' personal autonomy and engage them meaningfully with TRS. Having this program will help future TRS participants feel more supported by childcare principals who are mentors because those principals will have gone through the process and know how to support a new childcare principal.

### **Conclusion**

In this study, I explored childcare principals' motivational factors towards becoming TRS and found that many were motivated by factors described by Rigby and Ryan's (2018) self-determination theory. Findings suggested that childcare principals have intrinsic motivation for quality assurance programs, including motivation to become better childcare providers and bring value to their centers. They also experienced intrinsic barriers that made childcare principals feel stressed and overwhelmed with the process of becoming TRS. Extrinsic benefits of TRS participation were especially salient, with childcare principals noting the value of getting curriculum, professional development, paid holidays, and extra reimbursement childcare rates for subsidized children. Principals

also noted extrinsic barriers in the form of lost time, costs, and the loss of staff. Several childcare principals were motivated by feelings of autonomy in rejecting participation in TRS, saying that they did not need TRS to know they were high-quality childcare centers. The autonomy motivational barriers were that some childcare principals felt TRS mentors would interfere in their centers and would not provide guidance to become TRS. Recommendations for future research include replicating the study across the entire state of Texas and other regions of the United States. Implications for practice include adjusting to benefits offered to TRS participants and how the mentoring and assessment processes are aligned.

To bring positive social change, TRS administrators and childcare principals need to work hand in hand to improve childcare quality. High-quality childcare facilities are needed to promote a magnitude of change in young learners. Having high-quality childcare centers will help educate the future community leaders by providing them with a positive learning environment. Having young children interact positively with their caregivers and peers may help promote trust within their childcare facilities. Positive learning environments may increase a child's cognitive abilities and promote language development, which is needed when students take standardized tests (Araujo et al., 2019).. Giving young children the opportunity to learn, play, imagine, create, socialize, and share, and making them feel that they belong, through the support of high-quality childcare that is informed by quality assurance programs like TRS, may create positive social change.

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## Appendix: Interview Questions

1. Tell me what you know about TRS, the Texas Rising Star program.
  - a. What else do you know?
  - b. Have other colleagues or your staff, owner, director, or parents talked about TRS?
2. What sort of experiences have you had with TRS, positive and negative?
3. Tell me about your facility's participation in TRS.
  - a. What can you tell me about the history behind that?
  - b. What can you tell me about the thinking currently about TRS?
4. What do you think are the benefits to a childcare facility like yours to participating in TRS?
5. What sorts of barriers or concerns do you have about TRS that get in the way of participating?
6. What do you think about letting only TRS participating facilities get child subsidies and other benefits?
7. Some people have told me they like being part of TRS, because it makes them feel more professional. Others tell me participating in TRS doesn't affect their feelings of being professional. Tell me what you think about that...
8. Some people have told me they don't like TRS looking over their shoulder or telling them what to do. Others tell me they like having outside input into their work. Tell me what you think of that....
9. What changes would help people who are not part of TRS decide to participate in it?
10. What more can you tell me about your thinking about TRS?