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Perspectives of Childcare Center Directors Regarding Barriers to NAEYC Accreditation

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This is to certify that the doctoral study by

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Walden University
2025

Abstract

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MA, St. Mary's University of Minnesota-Minnesota, 2015

BS, Brigham Young University - Idaho, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

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Abstract

The National Association for the Education of Young Children (NAEYC) accreditation is a hallmark of quality in early learning and lack of accreditation suggested a gap in practice. The problem and focus of this research is that only 12% of early childhood center-based programs in the United States are accredited by NAEYC. The purpose of the study was to explore perspectives of childcare center directors regarding NAEYC accreditation. Knowles's adult learning provided the conceptual framework for this study and guided 3 research questions about directors' perspectives of barriers, benefits, and the necessary support they associated with NAEYC accreditation. A basic qualitative design directed interviews of 7 childcare center directors with at least 1 year experience who worked in 1 state in the western United States. Data were analyzed using open and axial coding. Themes of barriers, benefits, and supports associated with NAEYC accreditation emerged, along with additional findings that suggested lack of awareness of accreditation. Results reflected indifference to the value of accreditation and barriers including limited assistance from NAEYC, high cost of accreditation, time constraints, and the complexity associated with achieving NAEYC accreditation. Some directors described NAEYC accreditation as providing little benefit to successful childcare centers. Recommendations for future research included a larger sample and in different regions of the United States and interviews of directors already engaged in the NAEYC accreditation process. This study contributed to the research literature regarding quality improvement efforts in childcare. When barriers to accreditation are reduced, including increasing the number of fully accredited childcare centers in the United States, families and society will benefit from higher quality care for children, thereby translating to positive social change.

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Dedication

I dedicate this research first to the Almighty God. The Lord has carried me through my darkest hours and out into the bright sunlight; I am truly blessed. I also want to thank my husband, Seth, because without him none of this would be possible. He led the way by finishing his own doctorate in record time, supported me from the start, and believed in me when I didn't believe in myself. I will always be grateful for the countless hours he sat with me as I wrote just so I wasn't alone during those late nights or early mornings. Thank you for being my best friend and biggest supporter! I also want to thank my delightful children, Gabriel, Aliyah, and Michael, for your patience and understanding because sometimes I missed bedtime stories, soccer practices, or other important activities with each of you because I was working on my doctorate and you have all been wonderfully kind and supportive, often reminding me to take breaks and enjoy life. You are the lights of my life! I also want to thank my father-in-law, Joseph, who kept reminding me, "Don't give up, your miracle is on the way!" and the refrain to Jimmy Cliff's classic song, "You can get it if you really want it!"-well I have "Succeeded at last"! Thank you for your encouragement and guidance though these many years. Finally, I would like to thank my mother, who for my whole life thought that I could accomplish anything I set my mind to, was proud of me no matter what, and has been my incredibly supportive cheerleader along the way. This road has not been easy, but it has paved with perseverance and the kindness of my family. This work would not have been possible without each of you; I love you all!

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Chapter 1: Introduction to the Study

The National Association for the Education of Young Children (NAEYC) verifies the quality of early childhood education (ECE) programs for children from birth to 5 years old and is the most widely recognized organization that does so (NAEYC, 2022). Some states in the United States have limited participation in NAEYC accreditation. For example, only 5% of center based ECE programs in one state in the western United States are accredited by NAEYC, compared to the nationwide average of 12% (Childcare Aware, 2022). Furthermore, only 1% of small childcare facilities run out of family homes are NAEYC accredited. Because these childcare centers lack NAEYC accreditation, the childcare staff may miss some short- and long-term benefits associated with childcare NAEYC accreditation. Program NAEYC accreditation measures quality in delivery of such program elements as providing social-emotional, physical, cognitive, and nutritional support to children birth to 5 years old.

I used a basic qualitative research design to explore the perspectives of childcare center directors regarding ECE NAEYC accreditation and quality improvement practices. In Chapter 1, I discuss the background of my study including highlighting research related to childcare. Then I outline the problem statement and discuss the purpose of the study. I will also review the conceptual framework, the basic qualitative study focusing on the contextual lens of the adult learning theory. Next, I describe the limitations of the study related to the design, including transferability, define any biases that might influence the study outcomes, and describe the reasonable measures taken to address any

limitations. The results of this research may lead to positive social change by enhancing childcare center directors' understanding of the benefits of childcare NAEYC accreditation which may lead to an increase in the number of NAEYC accredited childcare centers; this, in turn, could lead to an increase in the quality of care for young children. Finally, I will include relevant definitions, limitations, and the significance of the study.

Background

Young children who are provided with cognitive stimulation and social support have better developmental outcomes than their peers, with higher intellectual function, increased language and number skills, and greater success in formal education (Harrist et al., 2007). Many families access childcare during these critical years of development; thus, it is imperative that childcare be of the best quality. However, quality can be difficult to define. Mashburn et al. (2008) described ECE childcare quality with reference to program design and the overall atmosphere in which children are placed. Harrist et al. (2007) studied what parents and caregivers' thought were important aspects of childcare quality and found the following six variables: staff training, smaller staff to child ratios, adherence to health and safety guidelines, a nurturing atmosphere, sensitive caregiving, and developmentally appropriate practices.

Hong et al. (2019) defined quality ECE based on the safe and supporting relationships adults provide to children, which is aligned with attachment theory (see Bowlby, 1982). For the purpose of this study, quality will be defined as what is measured

through the NAEYC accreditation process. According to NAEYC (2022), through accreditation childcare centers are confirmed to provide best practices and maintain high quality early learning.

Gormley et al. (2018) found that quality ECE programs provide long-term benefits to children, which can be discernible into middle school. For example, short- and long-term achievement in academic and social-emotional outcomes were documented (Vandell et al., 2020). Young children are at a unique age to make great strides developmentally, academically, and emotionally; this presents a unique and timely opportunity for childcare centers to bolster their practices and provide high quality care and education (Woodburn et al., 2021). The use of NAEYC accreditation can improve the quality childcare programs can help narrow school readiness gaps (Gormley et al., 2018). Gormley et al. found that quality ECE programs provide long-term benefits to children.

States use multiple methods to evaluate quality childcare programs. The most recognized national accreditation program is offered through NAEYC (Childcare Aware, 2022). NAEYC accredited childcare programs typically uphold a high standard of care, by implementing evidence-based practices in staff hiring and training, the physical environment, social-emotional support for children, and a responsive curriculum (NAEYC, 2022). The NAEYC accreditation process is voluntary and aims to assist childcare programs in exceeding the minimum state standards of quality (Federal (National Center on Early Childhood Quality Assurance, 2023). NAEYC accreditation includes an internal assessment of program practices and validation by a third-party

source that the program has met the required standards (National Center on Early Childhood Quality Assurance, 2023). The problem is that only 12% of early childhood center-based programs in the United States are accredited by the National Association for the Education of Young Children (NAEYC) so getting access to quality child care can be challenging (Childcare Aware, 2022). NAEYC accreditation are a hallmark of quality in early learning. Consequently, lack of accreditation suggests a gap in practice, and evidence-based quality standards.

Problem Statement

The problem that was the focus of this research is that only 12% of early childhood center-based programs in the United States are NAEYC accredited (Childcare Aware, 2022). Of the nearly 700 center-based childcare programs in the study state, only 5% of childcare centers are NAEYC accredited (Childcare Aware, 2022). Although well-established research, including that of Rodriguez-Carrillo et al. (2020), supported the value of accreditation, there are few childcare centers that are NAEYC accredited. NAEYC accreditation is voluntary and assists programs in exceeding the minimum state standards of quality (National Association for the Education of Young Children, 2022).

Compared to other programs, quality childcare programs often have more highly trained staff, increased staff education, higher staff salaries, higher teacher-child ratio, smaller group size, increased staff stability, safer sleep practices, more parent accessibility, and more sensitive teachers (Jenkins et al., 2021). Although NAEYC is a national leader regarding childcare accreditation that confirms high childcare quality,

most childcare centers in the United States are not accredited. In this study, I explored the perspectives of childcare center directors regarding the barriers, benefits, and supports needed to encourage greater participation in NAEYC accreditation.

Purpose of the Study

The purpose of this study was to explore perspectives of childcare center directors regarding barriers to program NAEYC accreditation, the benefits they associate with NAEYC accreditation, and the support they need to achieve NAEYC accreditation. NAEYC accreditation is one important step childcare centers can take to improve quality. More in-depth information about childcare center directors' perspectives is needed to understand why NAEYC accreditation is not more widely sought. In the state in the western United States that was the focus of this study, only 5% of center based childcare programs are NAEYC accredited compared to the nationwide average of 12% (Childcare Aware, 2022). A basic qualitative method was used to explore this topic.

Research Questions

RQ1: What are the childcare center directors' perspectives regarding barriers to childcare NAEYC accreditation?

RQ2: What are childcare center directors' perspectives regarding benefits they associate with childcare NAEYC accreditation?

RQ3: What are childcare center directors' perspectives of the support they need to achieve childcare NAEYC accreditation?

Conceptual Framework

The conceptual framework for this study was adult learning theory (ALT) as described by Knowles (1984), which states that adult learners self-select what they choose to learn more about according to what they think will enhance their lives. Adult learners usually have the following goals: (a) to increase the learner's capacity; (b) to use their self-knowledge of history, wants, and needs to understand new concepts; and (c) to increase social action to transform and enhance their situation (Knowles, 1984). A logical connection between the framework presented and my study is that childcare center directors choose whether their program will engage in the learning process required to receive NAEYC accreditation. One of the main aspects of adult learning theory is autonomy or being able to self-direct what one would like to learn (Knowles, 1984). According to Knowles (1984), adults learn best when the learning is self-directed, learning utilizes background experience and knowledge, what is learned is relevant to the learner's current roles, the process of learning is problem-centered, and the topic is something learners are motivated to learn. ALT relates to the interview questions I asked in this study. ALT supports ECE administrators' choice in pursuing NAEYC accreditation. A more in-depth explanation is provided in Chapter 2.

Nature of the Study

I used a basic qualitative design to explore the perspectives of childcare center directors in one state in the western United States regarding the barriers, benefits, and supports needed when seeking program NAEYC accreditation. I held interviews with

childcare administrators to uncover information about their opinions, attitudes, and perspectives (see Brickman & Kvale, 2018). A basic qualitative design was appropriate for this study because such a design permits the researcher to better understand how people think and feel about their own experiences (Merriam & Tisdell, 2016). Merriam and Grenier (2019) stated that qualitative research aims to understand the experience of the occurrence. The key concept I investigated was to the childcare perspectives of childcare center directors in one Western state regarding NAEYC accreditation.

Although there are numerous ways to collect data, semistructured interviews provided me with the opportunity to explore childcare center directors' perspectives regarding the barriers, benefits, and necessary supports associated with childcare accreditation. Other qualitative designs I could have chosen to use but rejected included observation. Observation relies on visible evidence (Creswell & Poth, 2018), and a person's perspectives are not observable. An observation might have indicated the level of quality in a particular center but would not have helped me fulfill my study for the purpose of exploring administrative perspectives. I decided against using a quantitative method, such as survey design, because while surveys are known to gather large amounts of data quickly, they would not have been ideal for the purpose of my study because surveys limit the response of the participants and would not have allowed me to gather personal thoughts of the participants (Creswell & Poth, 2018). Conducting interviews using Zoom interviews with the childcare directors provided insight into the barriers and

benefits childcare center directors associated with NAEYC accreditation and the support they need to achieve this accreditation.

The study methodology included seven participants who were childcare center directors, who had at least 1 year of childcare center leadership experience in a western state in the U.S., and whose center was not NAEYC accredited at the time of this study. All interviews were completed via Zoom and transcribed using transcription software. I used Braun and Clarke's (2006) six-phase thematic analysis method to analyze the data I collected during the interviews. Open coding was used to look for repetitions, groups, and patterns to identify themes within the study.

Definitions

The following key terms are found throughout this study. Definitions allow all readers a similar understanding of the key terms.

Accreditation: A voluntary, non-governmental, typically peer-reviewed process by which educational programs strive for quality control and accountability (Sanyal & Martin, 2007).

Early childhood education (ECE): A program that serves young children, typically birth to age 8 (NAEYC, 2022).

Assumptions

Merriam and Tisdell (2016) explained that research assumptions are aspects of a study that are likely true but that cannot be controlled by the researcher. I assumed that participants would provide perspectives based on their experiences and knowledge. I also

assumed that childcare center directors were complete and truthful in what they told me, and that their centers were representative of childcare centers generally. The reason these assumptions were necessary in the context of my study was because if the participants were not being truthful, it would have affected the quality of the data, and if the childcare centers were not a good representation of other centers the data from those centers' directors be a good representation of childcare centers overall.

Scope and Delimitations

The scope of this study was childcare center directors' perspectives regarding the barriers, benefits, and supports associated with childcare accreditation. The program offered by NAEYC was the accreditation of focus, because NAEYC offers a nationally recognized accreditation program for which nationwide statistical data were available. Included as participants in this study were childcare center directors who worked in the focus state and whose childcare centers were not NAEYC accredited at the time of this study. Excluded were childcare teachers and staff, owners and directors of family childcare homes, directors of centers that are NAEYC accredited, and those who lived and worked outside the study state. Also excluded were directors of centers that had an exclusively therapeutic focus (such as centers for the hearing-impaired) and centers that were run by school districts or other government agencies, which typically have their own accreditation systems. Transferability of this study's results may be affected by my inclusion criteria and the exclusions just noted. Transferability is for the reader to

determine as they make possible connections to applicable life experiences (Merriam & Tisdell, 2016).

Limitations

Research limitations can be defined as factors not in the researcher's control and typically stem from the chosen methodology or chosen population (Creswell & Poth, 2018). The limitations in this study may affect the other contexts to which the results might transfer.

The residual effects of COVID-19 created some of the limitations of this study. COVID-19 had a devastating effect on the childcare industry, with many centers having to close their doors during periods of lockdown, or even permanently (Yamoah et al., 2023). Many centers struggled to retain teachers (Yamoah et al., 2023). The silver lining of the COVID-19 pandemic on childcare was that it gave awareness to the fact that childcare is an essential service and core infrastructure (Yamoah et al., 2023). COVID-19 may have affected the level of funding, staffing, or time available to pursue NAEYC accreditation.

Researcher bias was another potential limitation in this study. I acknowledged my personal support for childcare center accreditation, and my belief that NAEYC accreditation contributes to high levels of childcare quality. Because I was the only one who interviewed the participants, analyzed the data, and presented the findings, I guarded against the intrusion of my biases. I avoided choosing any participants with whom I had a working or professional relationship, or who directed centers with which I had an

association. To further reduce biases, I followed the advice of Saldana (2021) and kept a reflective journal and recorded my thoughts as they came up during the interview and analysis process. Participants were encouraged to review their interview transcripts for accuracy, which may have reduced potential biases within the study. Despite several limitations, the findings of this study provide valuable insight on the perspectives of childcare center directors on barriers, benefits, and supports they associate with accreditation.

Significance

This study may be significant because it highlighted the perceived barriers, benefits, and supports needed by childcare center directors regarding NAEYC accreditation. The findings may promote positive social change by informing NAEYC or other quality improvement and accreditation entities of the barriers, benefits, and supports that influence decision-making about accreditation by prospective accreditation clients. The potential implications for positive social change for this study depend on the possibility of enhancing the quality of childcare for children and promoting evidence-based practices in the childcare environment. Previous research suggested that NAEYC accredited childcare programs uphold the highest standards, such as deploying evidence-based practices that promote positive childhood development and increase quality outcomes among young children, especially those living in poverty (Bichay-Awadalla & Bulotsky-Shearer, 2022). Consequently, the information provided by this study can be

used to help early childhood policy leaders if they consider requiring a quality improvement process like the NAEYC accreditation.

Summary

In summary, in Chapter 1 I introduced my topic of NAEYC childcare accreditation and provided a background on the literature on the benefits of high quality ECE and the potential positive outcomes of childcare accreditation through NAEYC. Only 12% of early childhood center-based programs in the United States are accredited by the National Association for the Education of Young Children (NAEYC) so getting access to quality child care can be challenging (Childcare Aware, 2022). Of the nearly 700 center-based childcare programs in the study state, only 5% of childcare centers are NAEYC accredited (Childcare Aware, 2022). This study of childcare center directors' perspectives of the barriers, benefits, and necessary supports associated with NAEYC accreditation was guided by a conceptual framework of ALT, as described by Knowles (1984). This study followed a basic qualitative design using semistructured interviews of seven center directors in one state in the western United States. In Chapter 2, I provide an in-depth review of the literature on the topic and a more detailed explanation of the framework.

Chapter 2: Literature Review

The problem that was the focus of this study was that only 12% of early childhood center-based programs in the United States are NAEYC accredited (Childcare Aware, 2022). The purpose of this study was to explore perspectives of childcare center directors regarding barriers to program NAEYC accreditation, the benefits they associate with NAEYC accreditation, and the support they need to achieve NAEYC accreditation. I used a Western state as the location of the study and an example of the larger problem. NAEYC accreditation can lead to quality measures that extend to early childhood teachers and the children they serve (Jenkins et al., 2021). NAEYC accreditation measures quality in ECE programs. More information was needed about NAEYC accreditation from the perspectives of childcare center directors whose centers are not currently NAEYC accredited.

Chapter 2 includes a review of the research on early childcare and the pursuit of quality and factors that relate to NAEYC accreditation such as staff development and training, the role of leadership positive leadership practices, staff education and training, a discussion around why early childhood is such a critical time period, and researched benefits to quality childcare. I describe my search strategies for the literature review, such as what databases and key terms were used. Then, I explain the conceptual framework of the adult learning theory from Knowles (1984), which was the foundation to understand the reasons why adults, particularly childcare directors, choose to engage in NAEYC program accreditation or not and their motivations. Afterward, I review current and

relevant literature related to childcare quality and NAEYC accreditation and end this chapter with a summary and conclusions.

Literature Search Strategy

I used peer-reviewed journal articles and internet sources for this literature review to research NAEYC accreditation and quality of childcare. I used the Walden University library and several databases such as EBSCO, ERIC, Sage Journals, and Google Scholar. I focused on childcare center directors, childcare quality, and early childhood educators. I used the following keywords when searching for applicable, peer-reviewed research articles: *leadership/administration, childcare/childcare/ daycare and early education for infants and toddlers, NAEYC accreditation, quality childcare,* and *childcare educators.* I knew I had reached the point of saturation when I kept finding the same articles despite using the various search terms. Most of the research articles I found were published recently except for seminal research and theoretical work.

Conceptual Framework

I used the ALT to explore the perspectives of childcare center directors regarding the barriers, benefits, and support needed of seeking program NAEYC accreditation in a Western state. In the following section, I explain the theory's origins, constructs, and how it supported the study.

Adult Learning Theory's Origin

The theory of andragogy originated in the 1920s and was based on behavioral psychology. Knowles (1984) defined *andragogy* as "the art and science of helping adults

learn" (p. 43). The five broad adult learning theories are humanistic, cognitive, behavioral, social, and constructivist (Merriam, 2001). In this study, I will focus on the humanistic category of adult learning. Humanists assume that individuals naturally desire to learn and grow and seek more learning opportunities to strive for a better world (Merriam, 2001). Adults can choose what to learn and spend their time on. Typically, adults have three goals when they are learning: (a) to increase the learner's capacity; (b) to use their self-knowledge of history, wants, and needs to understand new concepts; and (c) to increase social action to transform and enhance their situation (Merriam, 2001). Therefore, adult learning theory can be used to understand how ECE professionals seek out new learning opportunities, such as participating in professional development and training opportunities.

Adult Learning Theory's Assumptions

Merriam (2001) reported that here are six main constructs in Knowles's (1984) adult learning theory (ALT). The first construct of ALT is self-concept (Knowles, 1984). Early childhood professionals lead their organizations and overcome obstacles to take advantage of learning opportunities, such as NAEYC accreditation. Leadership is defined as the ability to influence and inspire others to contribute toward the success of an organization (Northouse, 2021). The self-concept of a childcare administrator is typically a business leader who are intent on nimbly solving problems and keeping things running smoothly for the families by providing high quality care and education.

The second construct of ALT is purposeful driven learning (Knowles, 1984). Galustyan et al. (2019) assert that learners seek out education to solve specific everyday problems. Using ALT construct, learners are typically not concerned with theoretical ideas but are more purpose-driven by seeking out ways to solve the social issues around them (Galustyan et al., 2019). ALT states that learning is inherently social and involves a group to test out the knowledge and facilitate discussions between the learners (Hurt, 2012). This social approach to learning fits with the approach NAEYC accreditation programs take by engaging the whole agency in quality improvement activities and learning to combat any unsatisfactory practices or issues and to work on continuous quality improvement.

Readiness to learn is the third construct of ALT (Merriam, 20201). Adults seek out learning because they are focused on problem solving and are self-directed in their approach (Knowles, 1984). Childcare center directors wear many hats and often have limited time and resources so when thinking about solutions to problems it is helpful to refer to learning such as case studies or other real-life experiences. A fourth construct of ALT is orientation to learning (Merriam, 2001). In ALT learners rely on the expertise and experience of the teachers which means that teachers must be highly educated or knowledgeable (Galustyan et al., 2019). Adult learning theory differs from pedagogy because the learner is the center of the education, so educators are encouraged to facilitate learning instead of teaching (Knowles, 1984). Adult learners process information based on their experiences and prior knowledge (Knowles, 1984). Childcare

administrators rely on their background knowledge to manage the various aspects of the center.

ALT includes the construct of motivation to learn (Knowles, 1984). ALT has been used by researchers in industries that involve higher education or continuous quality improvement (Hurt, 2012). The last assumption of ALT is needed to know, which is explaining the reasons why learning is important (Merriam & Caffarella, 1999). Childcare administrators are self-directed and seek answers to issues in their business, so the product of their learning provides the reasons why the learning is essential.

Applying Adult Learning Theory in this Study

Childcare centers directors are accustomed to the various changes in education requirements, work schedules, pay, and early child development best practices. Competitive markets necessitate adapting and continuous quality improvement. Knowles' concept of ALT is focused on self-directed learning and solves issues related to everyday activities (1984). Using the adult learning theory, I discovered the perspectives of childcare center directors regarding the barriers, benefits, and supports needed of seeking program NAEYC accreditation in a Western state. I asked the directors what they perceived as the benefits of being NAEYC accredited, such as its quality and usefulness in early childhood practice overall. I asked about the barriers to becoming NAEYC accredited and what would change their mind about pursuing NAEYC accreditation and, finally, what support they needed to seek NAEYC accreditation in their childcare center.

Literature Review Related to Key Variables and Concepts

In this literature review, I explored the research using peer-reviewed journals. I examined topics related to my problem and purpose. During the literature search I found limited information regarding childcare NAEYC accreditation and other quality assurance programs, specifically perspectives from childcare center directors. These following sections explore what the literature says about childcare quality and the level of quality in American childcare, factors that affect childcare quality, childcare quality and children's wellbeing, childcare quality and children's academic success, benefits of childcare quality for American families, and childcare accreditation.

Childcare Quality

Children receive childcare services in a variety of settings, such as with a family member, non-family member, small childcare homes, and large childcare centers (Ferguson et al., 2022). The need for childcare arrangements has increased dramatically in the last 30 years (Tekin, 2021). An estimated 12.5 million children in the United States are cared for by a non-parent at least once each week (National Center for Education Statistics, 2019). In 2019, 62% of children attended childcare, while 38% of children were cared for by a family member, and 20% of children were cared for by a non-relative (National Center for Education Statistics, 2019). In this section I focus on the quality of childcare centers. There is mounting evidence that childcare, whether in or out of the home, is linked to positive social and cognitive outcomes for children (Zero to Three, 2017). Researchers and policy makers have shown increased interest in the potential of

childcare to support positive development and in the need to standardize quality in childcare settings (Tekin, 2021). Childcare services are essential for parents, their children, and the economy (Ferguson et al., 2022).

Childcare quality is not a unitary concept. For example, states determine licensure requirements not all assess levels of quality; and if they do it is done using different measures (Schilder et al., 2019). Parents and caregivers have differing priorities when it comes to what constitutes quality, such as cost, location, friend or family member recommendation, and hours of operation (Gordon et al., 2021). In contrast, a childcare center directors' priorities for quality may include things such as fulfilling licensing regulations, reducing teacher turnover, and setting staff salaries (Ferguson et al., 2022). State licensing boards, childcare center administrators, and parents all view childcare qualities differently.

The quality of U.S. early childcare centers is not regulated by the federal government; thus, states are left to establish their own minimum quality standards for a childcare centers (Hotz & Wiswall, 2019). Childcare licensing requirements vary state to state (Elicker & Ruprecht, 2019). State childcare licensing agencies monitor and enforce baseline regulations (Elicker & Ruprecht, 2019), including their minimum requirements primarily for elements that ensure child safety, such as fire code compliance, staffing levels, and cleaning practices (ChildCare.gov, 2024). In most states, childcare facilities are exempt from licensing if they are governed by another authority, such as a public school district; some states include centers operated by religious organizations as exempt

from state licensing (Childcare.gov, 2024). Nonexempt childcare facilities that do not meet the minimum state standards are not permitted by state authorities to operate or may have an existing license revoked (ChildCare.gov, 2024). In the target state, nonexempt childcare facilities may operate without a license if the facility serves fewer than 12 children, or that provide only informal or occasional care.

According to the department that regulates childcare services in the target state, over 5,000 licensed childcare providers operate in the state and adhere to the foundational standards set forth by the state's administrative code. Three different types of child care programs require licenses in the target state: family childcare homes serving up to 12 children in a private residence, childcare centers serving children birth through 12 in a non-residential space, and school-age programs serving children ages 5 to 12 in a non-residential space during the hours when children are not attending school. The state provides licensing guidelines for each of these three program types, each set of guidelines extending over many pages and going into detail regarding staff requirements, site parameters, teacher-child ratios, and rules for health, nutrition, and equipment safety. Not included in these guidelines are directives for child guidance, classroom management, or curriculum, all of which, according to Boyd-Swan and Herbst (2020) are elements of high-quality childcare. Without guidelines from the state, childcare directors may be poorly equipped to create quality settings for children.

Parents and caregivers also may lack the information needed to assess childcare quality because it is often difficult to find and not published in a way that is accessible to

the average parent (Gordon et al., 2021). Bassok et al. (2019) reported that parents' perspective of quality does not equate with various traditional quality measures. For example, parents often look at cost, convenience of location, and the reliability of the hours of operation in determining what they consider a quality childcare center (Herbst, 2018). Similarly, Ferguson et al. (2022) found that parents who were wealthier and educated prioritized learning, social development, and high quality care which aligned more with higher quality childcare centers. Families with lower incomes, larger families, and less education chose home-based childcare and relative care settings (Weber et al., 2018).

These practical aspects of childcare weigh heavily on the day-to-day aspects of family life. Childcare priorities of parents are personal but are embedded in larger systems of demographics, economics, and values (Ferguson et al., 2022). For example, many parents who choose to have their child in a center verses in-home care believe that it will foster their child's social development and their ability to make friends due to the large playgroups (Sluiter et al., 2023). Another factor that makes center-based care more appealing is that care is that qualified staff are available during holidays (Sluiter et al., 2023). Lee (2021) found that quality childcare, as determined by parents, was based on adult-to-child ratio and teachers' training and education, all of which have shown a positive effect on the quality of care provided to children. Gordon et al. (2021) used a randomized audit design to explore the factors that influence parents' childcare decisions for in-home childcare: affordability (price per hour), quality (caregiver experience and

education), and convenience (caregiver car ownership and availability). Gordon's results were consistent with other research on the subject, concluding that low-quality childcare in the US is due to a lack of affordability or the informational resources to identify quality childcare centers for parents (Gordon et al., 2021).

Quality is measured differently by different sources. Childcare licensure is the baseline standard for the operation of most childcare centers and parents assume that a center that is in operation meets those baseline standards. Federal legislation supplies the Child Care and Development Funds (CCDF), relayed to states who distribute the funds to childcare providers, to improve the care and safety of providers and subsidize the costs of low-income families (Gordon et al., 2021). The CCDF funds are provided by the federal government to all 50 states, territories, and tribes (Administration for Children and Families, 2021).

The CCDF Block Grant subsidizes the cost of higher-quality early care for low-income families for more than 2 million children (Burchinal et al., 2022). CCDF are direct funds and do not require a state monetary match but must be used in accordance with the terms and conditions of the grant which includes allocating a portion of their funds to be used for quality improvement (Administration for Children and Families, 2021). Sates, territories, and tribal grantees are required to submit programmatic reports on the use of funds and their progress on quality provision of services each year, as evidence of meeting CCDF requirements and quality improvement activities (Administration for Children and Families, 2021). The CCDF Plan is used by states and

territories as the application for the Child Care and Development Block Grant (CCDBG) by outlining the childcare program plan and services available to all eligible families and is also the mechanism by which the Administration of Children and Families monitors state and territory compliance (Administration for Children and Families, 2021). The CCDF Plan is required to address the following categories: leadership and funding, family engagement, equal access to childcare for low-income families, health and safety standards, recruitment and retention, continuous quality improvement, and program integrity and accountability (Administration for Children and Families, 2021). These standards are the goals for a childcare system for low-income and working families and suggest what the Administration for Children and Families regards as indicators of quality. CCDF funds are used to increase the quality of ECE programs, such as providing full-day care while publicly funded childcare centers may not offer full day hours (Burchinal et al., 2022).

The Quality Improvement Rating System (QRIS) is another method by which childcare quality is measured (Jenkins et al., 2021). QRIS is used by states to evaluate the quality of early and school aged care and education programs and provide activities for continuous quality improvement (National Center on Early Childhood Quality Assurance, 2023). Each state develops standards and criteria for at least two levels of quality beyond that of foundational state licensing requirements, in doing so there are three levels of quality achievement for the childcare centers within the state such as: Level One/Foundational, Level Two/Progressing, and Level Three/Achieved (National Center

on Early Childhood Quality Assurance, 2023). In an effort to avoid redundancy, QRIS state standards usually use the state licensing requirements as a foundation to build further specific quality metrics (National Center on Early Childhood Quality Assurance, 2023).

QRIS standards vary widely from state to state, although each are based on research, evaluation, and promising practices to determine the standards that childcare programs must achieve to move from one level to the next although the most common QRIS quality indicator categories include staff qualifications, environment, program administration, health and safety, curriculum, family partnerships, child assessment, and interactions (National Center on Early Childhood Quality Assurance, 2016). QRIS ratings are posted on the state's childcare websites to provide information about childcare programs quality for families and the public (National Center on Early Childhood Quality Assurance, 2016). Research suggests that toddlers who receive care from caregivers employed at centers rated the highest by QRIS and with caregivers who obtained higher levels of education met developmental trajectories and saw improved cognitive and emotional outcomes (Elicker & Ruprecht, 2021).

Most states use funding set aside from the CCDF to support the implementation of QRIS (National Center on Early Childhood Quality Assurance, 2023). The Build Initiative & Child Trends (2019) identified 42 states that use a QRIS system to evaluate and work to improve childcare quality. States began incentivizing providers in the 1990s to fill the gap between the basic state licensing requirements and the more rigorous

quality components of accreditation programs such as QRIS, which organizes quality factors into one usable system (National Center on Early Childhood Quality Assurance, 2023).

Another well-known and widely used tool used to assess childcare quality is the Early Childhood Environment Rating Scale (ECERS). The ECERS-Revised and the ECERS-Third Edition are the tools most used worldwide to assess early childhood learning environments (Sluiter et al., 2023). ECERS has seven subscales to evaluate foundational quality measures including space and furnishings, personal care routines, language-reasoning, activities, interaction, program structure, and parents and staff (Sluiter et al., 2023). According to the ECERS authors, the cores are developed after a 3-hour administration period and each area is rating on a 1-7 scale with 7 being excellent quality (Sluiter et al., 2023).

High quality is well established as one of the most important descriptors of settings in which early learning and development take place; however, administrators of many childcare settings have difficulty establishing quality because of ambiguous definitions of quality and the variety of ways quality is measured (Burchinal et al., 2022). Various grants, standards, and administrative tools are intended to raise the quality of childcare programs, inform parents and caregivers about program quality and implement requirements for improving childcare quality (Neitzel et al., 2019). Nevertheless, due to the variation in childcare ratings, the level of childcare quality in the United States differs greatly across facilities. Many children still attend low-quality childcare centers (Gordon

et al., 2021). For working parents' childcare is an essential service that provides a safe environment for their children, but childcare in any form can sometimes be hard to find, without even considering its level of quality.

Factors that Affect Childcare Quality

The participation of mothers in the labor force, particularly those with preschool aged children, has grown by nearly 40% in the last in the last 40 years (U.S. Bureau of Labor Statistics, 2022). Two thirds of parents who have children who are 5 years old and younger are in the workplace, so childcare services are particularly important (Kids Count Data Center, 2019). Due to the significant increase of mothers in the workforce there has been a rapid increase in childcare settings over the last 40 years (Tekin, 2021). Childcare programs have continued to adapt to families' changing needs, with some offering extended hours and weekends (Chaudry & Sandstrom, 2020). The need for childcare has increased (Ligon et al., 2021), but access to childcare was disrupted during the COVID-19 pandemic (Yamoah et al., 2023). The increase in demand for child care along with many ECE centers closing or reducing staff contributed to a decline in the quality of care that was provided to children and families (Lee & Parolin, 2021).

During the COVID-19 pandemic, childcare centers adapted by creating smaller group sizes, using more personal protection equipment, and instituting elaborate safety routines (Ligon et al., 2021). Unfortunately, these extra precautions and adaptations were costly, with an estimated average increase in center costs of 33% (Ligon et al., 2021). Such cost increases typically trickle down to families, which can cause hardship (Yamoah

et al., 2023). Many childcare centers had to close permanently because of financial issues caused by the pandemic (Ligon et al., 2021). Childcare unavailability, before, during, and after the pandemic, contributed to parental unemployment and disrupted the economy (Lee & Parolin, 2021). Childcare deserts, areas without sufficient childcare supply, predominantly in rural areas with lower income, continue to pose problems for working parents and disproportionately affect black and Latino families (Lee & Parolin, 2021). When childcare options are few, childcare quality may decline (Lee & Parolin, 2021).

Cost is another factor that affects childcare quality, often with a differential effect based on family income. The cost of keeping an infant in a high-quality childcare center can be more expensive than college tuition, so cost is a barrier for many families seeking access to high quality childcare (Ferguson et al., 2022). Childcare costs are particularly burdensome on single-parent households, causing some single parents to decline full-time work (Gordon et al., 2021). Cost and care inequalities were worsened during the coronavirus pandemic of 2019 during which non-white families were more likely to be affected by childcare closures (Lee & Parolin, 2021).

Middle-class families often face more difficulties finding access to affordable quality childcare because they make just a little bit too much income to qualify for childcare subsidies but not enough to pay for programs with high quality on their own (Landivar et al., 2022). However, there are target preschool programs for lower-middle class families in the realm of publicly funded childcare such as Early Head Start and publicly funded preschool (Landivar et al., 2022). Publicly funded ECE programs in

general are created to boost school-readiness skills among families with a lower socio-economic status (Bailey et al., 2020). Head Start programs are offered traditionally from 8 am to 3 pm which puts families working traditional hours to 5 pm or beyond at a disadvantage (Burchinal et al., 2022). Working parents who have irregular schedules are unlikely to be covered by public or community funded programs (Burchinal et al., 2022). There is limited research on the negative effect of one size-fits-all approach of ECE care to low-and middle-class children and their parents (Burchinal et al., 2022).

Childcare Quality and Children's Wellbeing

In this section I discuss the effects of childcare quality on children's wellbeing, including their health and development. The benefits of quality care and education can be extended to different aspects of development such as physical, social, and emotional competence, all of which extend into later life (Hindman & Bustamante, 2019; Hotz & Wiswall., 2019; Vandell et al., 2020). Burchinal et al. (2022) termed the extensive body of research on how ECE promotes child development, the "promise" of ECE. Vandell et al. (2020) reported that children who spend time in quality childcare have lasting benefits in cognitive, language, emotional, and social skills. Additionally, Hindman and Bustamante (2019) noted long-term benefits for children in quality childcare settings include higher educational attainment and higher earnings as adults. Given that early childhood is such a special period of development and potential (Vandell et al., 2020), childcare centers and their qualified staff play a crucial role in providing a quality setting that supports child wellbeing with qualified childcare staff, and attention to child

nutrition, health, and safety (Burchinal et al. (2022)). These essential functions are typically what state-level childcare licensing offices regulate.

Given the fact that states monitor physical indicators of health in childcare centers and home care, Rucker et al. (2023) found that policy stringency in childcare licensing has a direct effect on the educational attainment, early childhood certification, and professional development of the early childhood workforce. Thus, childcare licensing policies influence the quality of the ECE workforce; more qualified staff lead to better outcomes for children (Rucker et al., 2023). Rucker et al. (2023) found that all 50 states regulate at least one qualification type for lead teachers (certification, education, professional development, or experience). Qualified ECE teachers offer specific characteristics that can affect positively child development (Boyd-Swan & Herbst, 2020). Research supports that early educators are most effective when they have an in-depth understanding of child development (Souza et al., 2019). Despite this, there are varying levels of ECE teacher requirements. While highly qualified teachers are correlated with higher quality early childhood outcomes, not every ECE teacher is considered “highly qualified” (Manning et al., 2017).

Quality nutrition is another guideline for childcare licensing. Ensuring the provision of healthy foods creates a foundation for wellness and health so children have optimum nutrition to learn and grow (United States Department of Agriculture [USDA], 2023). Programs like the federal Child and Adult Care Food Program (CACFP) work to improve the nutritional quality of food used in childcare settings by providing a grant to

cover the cost of food for the children childcare facilities serve (Kenney et al., 2023). CACFP is a nutrition support program offered to all licensed childcare centers who qualify, targeting low-income populations for those children who need it most; it is used over half of all childcare centers in the United States (Kenney et al., 2023). The CACFP is overseen by the United States Department of Agriculture (USDA) Food and Nutrition Service (USDA, 2023). If a program is eligible for the grant, they are required to abide by the nutrition and food handling standards and policies (USDA, 2023). Guidance and technical assistance for childcare programs are also available for ongoing professional development (USDA, 2023). For childcare programs that do not use grant funding from CACFP, each state has various rules on meal preparation, portion sizes, milk requires, and overall nutritional requirement of all their licensed childcare centers.

Childcare centers also focus on children's health and safety. All 50 states have vaccination requirements for children attending childcare facilities to prevent communicable diseases from spreading (Centers for Disease Control and Prevention [CDC], 2017). Vaccinations are one tool used to control vaccine-preventable diseases; CDC's recommended vaccination schedule helps to prevent up to 14 deadly diseases by the child the child reaches two years old (CDC, 2017). Vaccination requirements and exceptions vary by state (CDC, 2017). Maintaining child safety is also something childcare center staff are trained in.

Childcare staff are mandated reporters for abuse and neglect (Extension Alliance for Better Childcare, 2017). The state that was the focus of this study has regulations that

licensed childcare center directors are required to follow, including following evidence-based research related to childcare practices, having a background check for all staff; providing technical assistance for all staff, complying with scheduled monitoring for health and safety hazards, and offering support and technical assistance for licensing professionals.

Another aspect of childcare licensure is emotional health. Literature supports those young children enrolled in high quality early have an advantage socially (Oksman et al., 2019). A growing body of research has outlined the benefits of early childhood care and education have on brain development, thus changing children's developmental trajectories (Bassok et al., 2019). Using a longitudinal population sample of children 3-6 years old in childcare arrangements and associating their self-reported level of sociability between the ages of 20 to 35 years, Oksman et al. (2019) found that enrollment in quality early childcare is associated with individuals' greater social competence later in life. Children who learn the skills of socialization early in life have more inclination to associate with people, build relationships, and create attachments with them later in life than do children who do not master these skills (Oksman et al., 2019). This is just one example of skills learned in early childhood persisting into adulthood.

Social emotional skills and the origin of socially desirable traits such as socialization and compassion begin early in life, whether in the home or in childcare settings (Mashburn et al., 2008). Socializing with other children early in life can yield a positive benefit for children and the benefits extend into later life (Vandell et al., 2020).

Many states use QRIS to monitor and improve children's physical, developmental, and even mental health while they are at childcare (Hutchins et al., 2023). Hutchins et al. (2023) found that of the 41 states that currently use QRIS, 39 included had least one indicator related to mental health promotion such as consistent communication with parents and guardians and resource sharing, and early identification of developmental delays all of which foster better mental health. Other studies have found evidence that emotional and behavioral support was greater in home-based care than childcare centers (Sluiter et al., 2023).

Limited physical movement is a major health concern (CDC, 2020), but positive habits can be established at a young age when children are encouraged and scheduled to be physically active throughout the day while limiting sedentary behaviors (Piercy et al., 2018). Sluiter et al. (2023) determined that quality childcare centers have a higher quality physical environment than do home-based programs due to their variety of age-appropriate toys, materials, and scheduled physical play times. Physical development is also a key indicator of overall wellbeing. Physical activity and play can support the foundation of healthy routines that can continue into adult hood (Williams et al., 2021). Researchers have found a correlation between participation in childcare and an increase in physical activity for young children (Bruening et al., 2022).

In summary, childcare quality matters because it supports children's physical, social, and emotional wellbeing in ways that low-quality childcare cannot (Yamoah et al., 2023). Quality childcare accomplishes this support better than does childcare of lower

quality, as indicated by the focus of state regulatory agencies on these basic child supports. In addition, childcare supports children's academic development, as will be presented next.

Childcare Quality and Children's Academic Success

Well-established research has established a variety of positive outcomes with high-quality child care participation (Yamoah et al., 2023). Advances in neuroscience have brought more awareness around the importance of early experiences, particularly between young children and their environment (Spreckelsen et al., 2019). Short term benefits of cognitive and school readiness skills are well documented (Zero to Three, 2017). Longer-term benefits include health, educational level, and income (Campbell et al., 2012; Gordon et al., 2021). High quality early education can narrow the achievement gap, and even boost children's earnings later in life (Hindman & Bustamante, 2019)

Education at all levels is a worthy goal, but the stakes are higher in early childhood because the achievement gap is at its narrowest point (Dimond et al., 2020). There is pressure to ensure early childhood care and education are superior to help children achieve their potential (Hindman & Bustamante, 2019). Early support with foundational academic skills can prepare children for the rigors of academia in elementary school. Daily exposure to literacy concepts and reading when children were two improved children's math and literacy scores by 4 years old (Lombardi et al., 2021). Young children from low-income families continue to experience low academic achievement, but there is evidence that quality preschool programs can help bridge the

achievement gap (Hindman & Bustamante, 2019). The achievement gap is a chasm of skills that increases with age and grade level and is often related to parental socioeconomic status and education level (Lombardi et al., 2021). Lombardi et al. (2021) goes on to argue that a small portion (7%) of the achievement gap can be explained by early reading and exposure to literature.

Vandell et al. (2020) studied the effects of high-quality early childcare and found that it was linked to greater academic success in the teen years. Although quality is often relative, Burchinal et al. (2022) defined high quality childcare as a place where a child receives care that is supportive from caregivers who are emotionally connected to children and who provide a cognitively stimulating environment. These high-quality environments are associated with improved preacademic skills including reading, math, and improved vocabularies prior to entering kindergarten (Burchinal et al., 2022). Children in childcare who have interactions with staff who have training math and use more math vocabulary had an increase in early numeracy skills (Spreckelsen et al., 2019). Quality early environments include variables such as learning opportunities, educational language, and staff-led teaching (Spreckelsen et al., 2019). Hong et al. (2019) studied data from six ECE studies to discern quality based on children's language, literacy, mathematics, and social outcomes and found that the quality of teacher-child interactions, curriculum, and teacher and director education resulted in some small gains in preschoolers' positive outcomes.

Burchinal (2018) examined research on measuring quality ECE programs and found a strong association between the curricula and type of ECE and positive early childhood outcomes. Burchinal found inconsistent associations of quality measures in early childhood quality programs. Burchinal (2018) draws essential connections between quality curriculum and well-trained staff to create thriving environments for children. Lead teachers in infant/toddler classrooms often hold only a high school diploma (Whitebook et al., 2018). Lin and Magnuson (2018) examined teacher qualification, classroom quality, and children's outcomes in community childcare centers and found a lack of association between teacher levels. Gormley et al. (2018) found enduring positive long-term outcomes for children who received quality childcare, such as mathematics achievement, honor course enrollment, and higher grades into middle school. There is evidence that quality early childcare and organized learning activities during K-5 are related to higher reading comprehension and math scores at age 15 (Vandell et al., 2020).

Further evidence of the importance of early childcare and positive long-term benefits exists. For example, Domond et al. (2020) tested the associations between the beginning of formal childcare during infancy or early childhood and its association with high school graduation and wages from ages 18 to 35. Domond et al. (2020) used a 30-year cohort study and found evidence that proper childcare was associated with several benefits for boys, including higher high school completion. Reynolds et al. (2018) used a cohort study that followed 1398 children from preschool to third grade to evaluate if preschool participation was associated with midlife educational attainment. Preschool

participation was associated with midlife outcomes, including an increased year of education (Reynolds et al., 2018). Comprehensive interventions such as early childhood care and education can promote positive long-term educational outcomes that increase physical and economic health (Reynolds et al., 2018).

Policymakers have been encouraged by evidence that expanding preschool programs can increase preschool readiness and quality but still struggle with budgetary constraints (Bailey et al., 2017). Expanding the quality of early childhood may lead to lasting positive outcomes for children, particularly those in poverty (Hindman & Bustamante, 2019). However, there is a need for more research to demonstrate the effectiveness of quality early learning and if it is cost-effective and leads to positive, long-term outcomes (Reynolds et al., 2018). Varying levels of qualified early educators contribute to difficulty in establishing consistent positive outcomes for children.

In addition, some studies have shown that early childcare and education develop social-emotional skills in young children, particularly self-regulation (Holochwost et al., 2021). Holochwost et al. defined self-regulation as "…the ability to control one's emotions, thoughts, and behaviors, abilities that are essential for school readiness and early school success" (p. 1). It has been demonstrated that self-regulation happens when children have relationships with safe and caring adults who can support children when they are dysregulated (Holochwost et al., 2021). Children from families who live in poverty naturally experience higher levels and stress and deregulation. (Hindman & Bustamante,

2019). Quality early care and education programs are essential in helping children develop self-regulation and reach their full potential (Holochwost et al., 2021).

Quality improvement systems can be used to promote staff's social and emotional competencies and reduce the number of preschool children expelled (Clayback & Hemmeter, 2021). Clayback and Hemmeter (2021) surveyed 345 childcare center directors in Pennsylvania and used negative binomial regression to examine predictors of exclusory discipline based on childcare center directors reporting. The US Department of Education Office for Civil Rights (2014) found that exclusionary practices occurred in childcare centers and preschools. Black children represent 18% of childcare enrollment, while 48% are suspended more than once in the United States. Quality improvement programs can help to reduce the frequency of exclusory discipline (Clayback & Hemmeter, 2021).

Numerous studies highlighted how quality early childhood education benefits extend to later life (Boyd-Swan & Herbst, 2020). Researchers found that quality early care and education programs protect children against poverty's short- and long-term adverse effects on young children's development (Hindman & Bustamante, 2019). Numerous experimental studies support that for children growing up in poverty, the potential positive effects of quality ECE included increased social-emotional and academic skills (Bayly et al., 2021; Holochwost et al., 2021). Early childhood is a period of tremendous growth and development. This period is unique and precious, in which children can build a solid foundation of developmental skills before they enter the school

system (Paulk et al., 2017). Early childhood care and education encompass these early years and must be of the utmost quality to support children in this vital time of neurodevelopment (Dimond et al., 2020; Holochwost et al., 2021).

The early years comprise a particular time of life where the percentage of brain development and plasticity will never again be at a higher rate, as evidence shows that neural connections decrease with age (Dimond et al., 2020). Childcare centers with ambitious standards can positively affect young children, particularly concerning school readiness (Hindman & Bustamante, 2019; Paulk et al., 2017). However, many children still experience low-quality care (Hindman & Bustamante, 2019). Nearly 13 million US children under 6 access childcares weekly in a nonparental care arrangement (National Center for Education Statistics, 2019). Because childcare reaches a substantial portion of young children, childcare must be to the highest standards.

Benefits of Childcare Quality for American Families

Quality childcare benefits children, parents, caregivers, staff and the community as core infrastructure (Yamoah et al., 2023). Childcare is an investment that provides families, communities, and industries the support to continue thriving. Since the 1980s, America's children and their earliest educational and care experiences have become a focus for U.S. policy (Hotz & Wiswall, 2019). According to Gordon et al. (2021), many well-established researchers have found that high quality childcare benefits society by increasing children's social and cognitive skills, therefore improving their performance in school and thus in the labor market. The main objectives of this focus on early care in

education, according to Hotz and Wiswall (2019), are threefold: improving cognitive and social outcomes, increasing employment for mothers, and lessening poverty and its effects. Much research (Bayly et al., 2021; Gordon et al., 2021; Hindman & Bustamante, 2019; Holochwost et al., 2021) supports that investing in early childhood care and education pays dividends now and in the future. The effects of quality childcare extend beyond just children, benefiting the families, staff, community and increasing economic opportunities (Yamoah et al., 2023).

When assessing the importance of childcare in the United States it can be valuable to look at the effects when childcare is unavailable. Childcare access was unstable during the COVID-19 pandemic, and millions of families across country were left without childcare (Yamoah et al., 2023). Approximately 20% of US households experienced disruptions in childcare between April and July 2021 (Sappenfield et al., 2023). Lee and Parolin (2021) estimated that nearly 70% of childcare centers closed in April 2020, with 30% remaining closed in April 2021. Among those who experienced disrupted childcare, low-income and people of color were affected the most (Lee & Parolin, 2021).

Due to the unavailability of childcare, 25% of US households related that it affected their employment (Sappenfield et al., 2023). One in five households that experienced inadequate childcare during 2021 reported related employment loss (Yamoah et al., 2023). Disruptions in childcare caused a ripple effect on families, with many having to work while supervising children, taking unpaid leave, and cutting hours at work to watch their children (Sappenfield et al., 2023). Childcare is an important industry that

supports the employment of caregivers and families that rely on childcare, and when it is disrupted, familial, societal, and economic domains are affected.

Research has documented the benefits of quality childcare; however, many young children are still enrolled in low-quality ECE programs (Gordon et al., 2021). Policymakers are now recognizing and explicating investing in quality childcare programs throughout the US. However, the excessive cost of quality childcare is one of the main barriers for families (Gordon et al., 2021; National Center for Education Statistics, 2019). Income inequality, particularly in the US, where the income is distributed more unequally, can translate to child development disparities, especially if a family has limited other resources (Bradbury et al., 2019). Affordability and availability of out-of-home childcare are important considerations for parents seeking childcare programs. The cost can deplete the family's budget for other expenses (Bradbury et al., 2019; National Center for Education Statistics, 2019). High quality or accredited childcare programs can be even more costly. Prohibitive cost is cited as the main barrier among families who report having difficulties finding adequate childcare (National Center for Education Statistics, 2019).

The Annie E. Casey Foundation, Kids Count Data Center estimated that for children living in households below the poverty line, access to quality childcare in the U.S. alleviated short- and long-term effects of poverty for 20% of children and parents, particularly single mothers who live below the poverty line. Yamoah et al. (2023) interviewed parents and childcare staff regarding their thoughts on what ways childcare

benefits children and found that childcare provides a safe space for children, supports child development, promotes education, provides routine and structure, and affords caregivers access to childcare professionals. Some parents related that providing the safe space for their child, such as eliminating a setting that could be potentially harmful was the most helpful (Yamoah et al., 2023).

Childcare Accreditation and Childcare Quality

Studies from outside the United States indicate a movement towards tracking childcare performance and establishing quality indicators**.** For example, Togher and Fenech (2020) interviewed educators involved in Australia's quality rating program entitled 'Working Towards' Analysis and found varying understanding of quality standards in educators' interpretations of the National Quality Standard and their assessment of barriers to quality improvement practices (Togher & Fenech, 2020). Similarly, Gobena (2020) found that in Turkey large class size, low salaries, lack of well-trained staff, and limited applicable curriculum all have a negative influence on ECE quality.

The United States does not regulate the quality of childcare services, rather it is up to the states to impose regulation standards which vary greatly between the states (Hotz & Wiswall, 2019). Each state has regulations regarding structural quality which include the labor constraints of providing care, qualifications of staff regarding training and education, health and safety parameters, and compliance with inspections (Hotz & Wiswall, 2019). Within the childcare and educational realm, the baseline standard is

licensing. ECE licensing protects children by ensuring policies and procedures are in place to prevent the spread of disease, safety hazards, and injury and ensure adequate supervision and services (National Center on Early Childhood Quality Assurance, 2016). In 2019, 10 million children (about half the population of New York) were served in licensed childcare centers. Licensing is the bare minimum of child care standards and does little to address quality. With the quality of childcare centers being largely unregulated it is up to each center to determine what efforts to make in maintaining and striving for quality; one quality improvement mechanism is NAEYC accreditation.

Boyd-Swan and Herbst (2020) found that quality-focused credentialing programs such as the state QRIS initiatives and that offered by NAEYC are the most established and well-used programs for improving quality. QRIS systems vary from state to state (Jenkins et al., 2021). But, according to Boyd-Swan and Herbst, NAEYC's accreditation program is well-established nationwide. NAEYC estimates that over 10,000 ECE programs participate in the accreditation process, and over one million children benefit from the system (National Association for the Education of Young Children, 2022). The NAEYC accreditation system consists of 10 research-based standards which go through a rigorous vetting process by other educators (National Association for the Education of Young Children, 2022).

The 10 standards include emphasis on positive interactions between children and adults, teaching that addresses child development across all domains, teaching that recognizes and accommodates the diversity of learners, culturally sensitive use of

assessments to guide learning, promotion of health and nutrition of children and staff, hiring of educated and experienced teachers and providing for their ongoing professional development, encouraging cooperative interactions with parents, collaboration with partners in the community, providing for clean and safe classrooms indoor and outdoor spaced, and providing quality-based policies and processes to support the work of Teachers and other (National Association for the Education of Young Children, 2022). While state QRIS programs are often offered at no charge to participating childcare centers (Jenkins et al., 2021).

NAEYC's program costs vary by the number of children in the program but from are between $1,500 to 3,000 to seek their initial accreditation during the four-step process (NAEYC, 2022). Additional fees are required annually to maintain accreditation is just under $1,000 per year (NAEYC, 2022). NAEYC accreditation is awarded for a term of 5 years, after which programs are required to meet submission deadlines and if they meet standards they will enter into a new 5-year cycle and are only charged the annual fee but not the four step accreditation process fees. (NAEYC, 2022).

Some states use monetary incentives to encourage childcare centers to seek quality accreditation. For example, Lee (2021) explored a tiered reimbursement system that incentivizes childcare centers in Maryland to increase their quality. Lee (2021) found that the directors' decisions regarding the QRIS rating were not motivated by incentive payments but rather by intrinsic motivation to increase the quality of childcare. Something not found in the research are long-term studies documenting the benefits to

children and to childcare centers themselves of NAEYC accreditation or the perspective of childcare providers on commitment to the financial and time requirements of NAEYC accreditation. Over 25 states have chosen to create a tiered reimbursement program that is linked to NAEYC accreditation, which means the child care programs who are NAEYC accredited are approved for a higher reimbursement rate (NAEYC, 2022).

Summary and Conclusions

I reviewed the existing literature about the childcare quality and the level of quality in American childcare, factors that affect childcare quality, childcare quality and children's wellbeing, childcare quality and children's academic success, benefits of childcare quality for American families, childcare accreditation and childcare quality. Literature has been published on the positive outcomes of quality early childhood care and education (Domond et al., 2020; Tran et al., 2017; Vandell et al., 2020). Numerous studies have identified that early childhood quality can have short- and long-term effects on children. It has been demonstrated that quality ECE can lessen poverty's effects on young children's development (Hindman & Bustamante, 2019; Holochwost et al., 2021). Preschool participation is associated with increased achievement in mathematics in middle school and some midlife outcomes such as greater education attainment (Reynolds et al., 2018).

One study found evidence that children enrolled in quality Head Start Programs showed increased self-regulation, executive functioning, and overall achievement (Watts et al., 2018). While many studies have been done on the benefits of ECE, research is

needed to include information about the effects of childcare NAEYC accreditation and quality rating standards in a Western state. Increasing the quality of ECE centers could be addressed by participating in an NAEYC accreditation program. I designed this study to explore the perspectives of ECE directors regarding the barriers, benefits, and supports needed to seek NAEYC accreditation in a Western state. In pursuing quality ECE center-based programs for children who are birth to 5 years old, there are limited NAEYC accredited childcare programs in a Western state (Childcare Aware, 2022). Several studies have identified that ECE program NAEYC accreditation positively influences the overall quality of the program (Garrity & Longstreth, 2020; Rodriguez-Carrillo, 2020).

In Chapter 3 of this study, I explain the research design and rationale for my decision to conduct semistructured interviews to explore the perspectives of the childcare center directors related to ECE childcare NAEYC accreditation programs. I provide an in-depth explanation of the methodology regarding the study participants' criteria. Next, I discuss the trustworthiness related to credibility, transferability, dependability, and confirmability, as well as the ethical procedures for the study. Finally, Chapter 3 concludes with a summary of the chapter.

Chapter 3: Research Method

The purpose of this study was to explore perspectives of childcare center directors regarding barriers to program NAEYC accreditation, the benefits they associate with NAEYC accreditation, and the support they need to achieve NAEYC accreditation. The major sections of this chapter include describing research design and its rationale, the role of the researcher, the methodology used, exploring issues of trustworthiness, and an explanation of ethical procedures that were used to ensure the treatment of human participation is aligned with ethical standards. Finally, this chapter ends with a summary.

Research Design and Rationale

The research questions that guided my study were:

RQ1: What are the childcare center directors' perspectives of the barriers to childcare NAEYC accreditation?

RQ2: What are childcare center directors' perspectives of the benefits to seeking NAEYC accreditation?

RQ3: What are childcare center directors' perspectives of the support they need when seeking NAEYC accreditation?

The central concept of my study included the barriers and benefits childcare center directors associate with seeking NAEYC accreditation. This was a basic qualitative study using interviews to gain information regarding the lived experiences of participants (see Aspers & Corte, 2019). Qualitative design was the best choice for this study because I intended to obtain information from ECE program directors about their

perspectives on the target phenomenon. Qualitative research is the optimal tool to get as close as possible to a phenomenon, resulting in a deeper understanding of the topic area instead of breadth (Aspers & Corte, 2019). Qualitative research best captures the lived experiences that are difficult to capture using quantitative numerical data (Merriam & Grenier, 2019).

Other methods were considered for use in this study, such as grounded study; however, they were disregarded because the research generated from this study is not intended to generate a new theory (see Creswell & Poth, 2018). I considered but did not use the quantitative approach due to the strengths of the qualitative approach in identifying themes from participants' perspectives (see Aspers & Corte, 2019). Quantitative designs are best used when quantifying data and using variables (Creswell & Poth, 2018). Interviews were conducted via Zoom with seven childcare center directors from across a Western state, who had at least 1 year of leadership experience.

Role of the Researcher

My role in this study was as an observer-participant. Merriam and Tisdell (2016) explained that to be considered an observer-participant, the researcher role should be fully engaged in the social context, in this case early childhood. Using qualitative research, the observer is in a unique position to study things in their natural setting and make sense of the world around them using approaches like interviews (Creswell & Poth, 2018).

Prior to beginning this study, I had been working in the early intervention and education field for 14 years. At the time of this study, I was working for a state on their early intervention leadership team supporting programs statewide by providing technical assistance, contract management, quality improvement support, and program compliance and monitoring with federal and state regulations.

My early intervention work was with children and families; I did not work with childcare providers or have interactions with them, so there was no conflict of interest in interviewing childcare center directors. I did not have a personal or professional relationship with any of the study participants. I ensured accuracy and credibility through the member-checking of interview transcripts, and by sending participants a summary of the study results so they could comment and reflect (see Creswell & Poth, 2018).

Methodology

I used qualitative methodology to explore the perspectives of childcare center directors regarding the barriers, benefits, and support needed of seeking program NAEYC accreditation in a Western state. One strength of the qualitative approach is that it focuses on the lived experiences of the study participants (Mattimoe et al., 2021). I examined the interview transcriptions to find common perspectives about childcare NAEYC accreditation and find themes or frequently used words used to describe their perspectives about the NAEYC accreditation process.

Participant Selection

The population of interest in this study included directors of childcare centers that were not accredited by NAEYC. I used purposeful sampling, as described by Creswell and Poth (2018), to identify prospective participants. Criteria that informed sampling included that participants were childcare center directors who worked in the focus state, who had been in a leadership position (i.e., director or assistant director) in a childcare center for at least 1 year, and whose childcare centers were not NAEYC accredited at the time of the study. I excluded directors of centers that were run by school districts or other government agencies, which typically have their own accreditation systems. Childcare center directors were an appropriate population of focus in my study because they have experience monitoring the staff, management practices, and all policies and procedures for childcare, which influence the quality of the care provided to the children.

I intended to interview 12 to 15 directors. In qualitative research, the sampling is often small because researchers are focused on understanding the participant's experiences and perceptions of the topic to yield rich, detailed data (Merriam & Tisdell, 2016). Determining the appropriate number of study participants can be challenging due to the complex nature, and many researchers have differing views on the minimum number of participants needed (Aspers & Corte, 2019). Despite this, the general rule is to interview enough participants needed to understand the phenomenon adequately (Aspers & Corte, 2019), which Merriam and Grenier (2019) suggested is between 8 and 15 participants when conducting qualitative research. Unfortunately, I was only able to

recruit seven participants, which is fully explained in Chapter 4 and addressed in Chapter 5.

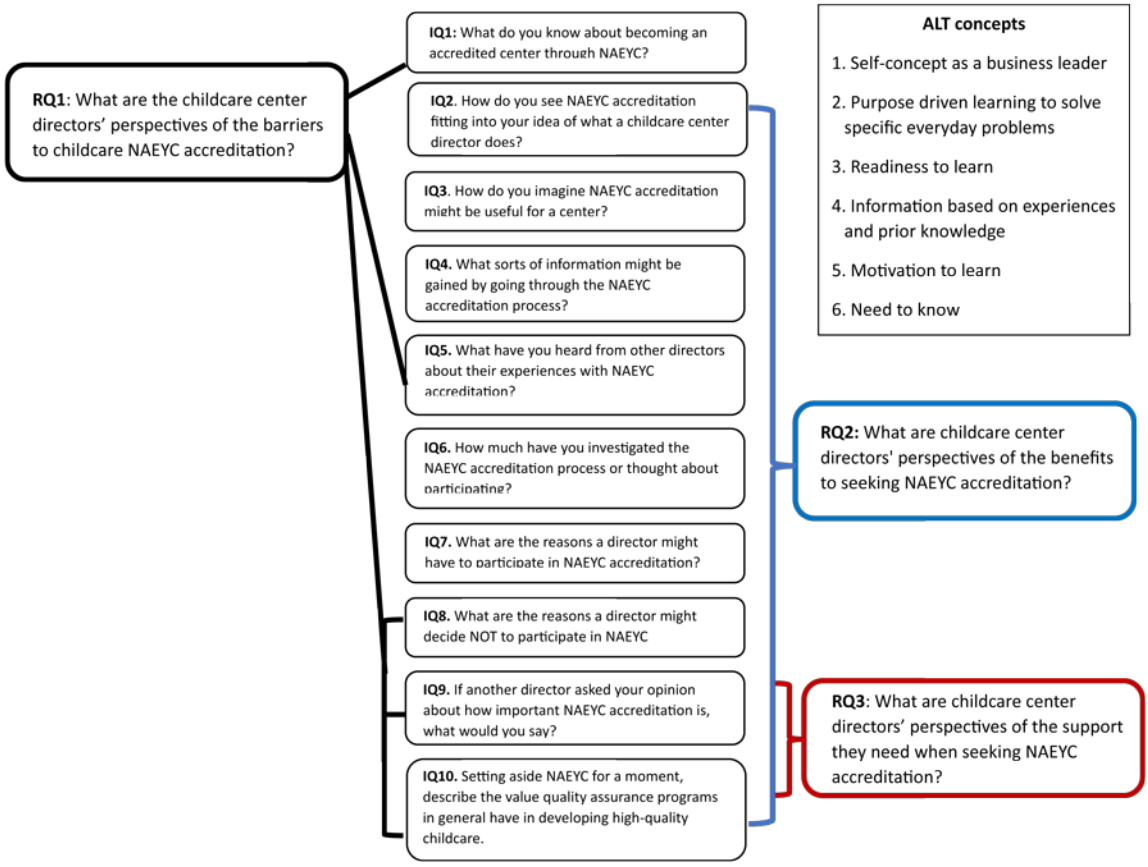
I identified prospective participants to contact using a publicly available online database of childcare centers provided by the department in the target state that regulates childcare centers. I emailed directors of these centers using a recruitment letter to let them know about the research opportunity. The criteria for participation in the study were specified in the recruitment message and in the consent form to help ensure volunteers meet the criteria before beginning the study. The consent form was emailed to prospective participants at the same time as the recruitment letter.

Instrumentation

Ten interview questions were based on the six constructs of ALT and were associated with the study's three research questions about childcare center directors' perspectives of the barriers to childcare NAEYC accreditation, their perspectives of the benefits to seeking NAEYC accreditation, and their perspectives of the support they need when seeking NAEYC. Interview questions 1, 5, 8, 9, and 10 were associated with RQ1. Interview questions 2, 3, 4,5, 7, 8, 9, and 10 were associated with RQ2. Interview questions 3, 9, and 10 are associated with RQ3. Research questions are presented in the Appendix. The relationships among interview questions, ALT constructs, and research questions are illustrated in Figure 1.

Figure 1

Interview questions associated with RQs



The questions were open-ended to allow participants to expand on their perspective and experiences around the topic and provide detailed responses (see King et al., 2018). As an additional step to address content validity, I piloted the questions with a peer before I conducted the first interview. I asked the questions in the same order to maintain consistency and asked follow-up questions when appropriate to ensure participants were fully understood. The location of the data collection was on Zoom with

childcare providers from the focus state in the western U.S. The interview schedule and duration depended on directors' availability. The data collection was anticipated to take place over about 2 months but stretched to 6 months because of difficulty in getting my target number of participants. Interviews were audio recorded using Zoom and transcribed using the REV app in Zoom. After transcribing and editing each interview for clarity as needed, I emailed the transcripts to each participant so they could make any changes they believed were necessary. I thanked participants for their time.

Procedures for Recruitment, Participation, and Data Collection

I applied for approval to conduct my study from Walden University's Institutional Review Board (IRB). After I received IRB approval (06-14-24-0980323), I identified childcare centers to contact through a public site that lists all the childcare centers in the target state. On that list I excluded those that were listed as NAEYC accredited. Once I identified childcare centers in the western state that were not NAEYC accredited I selected every fifth center until I had 150 centers identified and I emailed the director of these selected western state childcare providers the recruitment letter with the consent form attached. As volunteers respond by email with the words "I consent," I scheduled each interview at the convenience of each volunteer.

I conducted interviews in a private office and asked participants to participate in a location that was comfortable and convenient for them and was likely to be free from interruptions. Interviews were scheduled outside working hours, in the evenings and on weekends. I continued interviewing until a level of saturation is reached, in which I

obtain a depth of understanding of the subject (Merriam & Grenier, 2019). Saturation was reached when I did not find any outlying ideas during the final interviews. I sent an email the day before each interview to remind the participant. Once the interview began, I reminded the participant that the interview was recorded and asked them if they had any questions before the interview commenced. When the interview was over, I asked the participants if they had any other questions. I ended the interview by thanking them for participating and providing them with my contact information. I kept a reflexive journal during the interview to help mitigate any potential biases I may have had.

The last step of the interview was to transcribe the audio recording using the Otterai. This created a written transcription of each interview including the interviewer and interviewee. I downloaded the transcription and saved it as a Word document then reviewed and edited each document several times for clarification and accuracy. All transcriptions were saved on my personal computer which was protected by a password. I used participant member-checking by inviting each participant to review their emailed transcript for accuracy, which ensured the participant's experiences surrounding the phenomenon were accurately captured and increased the study's trustworthiness. Each process was documented to maintain consistency in the study.

Data Analysis Plan

Qualitative data analysis entails the study of an individual's lived experience to discover their situation's 'how' and 'why' (Mattimoe et al., 2021). I immersed myself in the interview transcriptions by organizing and preparing them as I conducted the

qualitative analysis following Saldana (2021). Saldana (2021) encouraged qualitative researchers to remain objective and pragmatic in selecting the right coding method that matches the research. I began by coding the interviews with first cycle coding, often referred to as “open coding” (Saldana, 2021). Coding is typically done in several cycles, with each cycle getting closer to meaning of words or phrases that best describe the data collected (Saldana, 2021).

I read the transcriptions and used open coding to create codes based on the keywords and phrases within the transcripts. Open coding was used to summarize participants' experiences and find meaning within the transcription data by looking for patterns and frequency of an idea or word shared by the participant (see Creswell & Poth, 2018). Gathering the rich data hidden within the words obtained from the study participants can be difficult because researchers must be comfortable with subjectivity as they analyze the data (Mattimoe et al., 2021).

My procedure for open coding was (1) pre-code by first becoming familiar with the data, (2) begin initial coding, (3) identify categories by grouping similar codes, and (4) organize data categories into themes (see Saldana, 2021). During the first phase of the data analysis, I captured the thoughts of the study participants during the Zoom interview by taking notes and checking for accuracy by comparing the written transcriptions generated by Zoom with the audio recording of the interviews. I became familiar with the data by reading them or listening to them several times. Then I input the transcription into an Excel spreadsheet; this was helpful in identifying codes and finding similarities in the

phrases of participants. I conducted precoding by highlighting moments or quotes that were important to note (see Saldana, 2021).

In phase 2, I conducted an initial coding by going sentence by sentence or paragraph by paragraph to generate the initial codes (see Saldana, 2021). I kept a journal recording my impressions of the tone, similarities among the data and differences, and any repeated words or phrases between the transcripts while reading through the transcript. I then assigned codes to each cluster of data. Creswell and Poth (2018) indicated that a researcher can begin with hundreds of codes but should reduce them to about 20 categories with seven or fewer themes. I used deductive and inductive strategies while analyzing the data to ensure that I made associations with the conceptual framework (see Bingham & Witkowsky, 2021). Bingham and Witkowsky (2021) suggested that using inductive and deductive strategies can increase the trustworthiness of data analysis. In phase 3, I uncovered themes, topics, and patterns within the qualitative data. Immersion in data analysis is paramount in uncovering the themes within the data (Mattimoe et al., 2021). After I organized the codes into categories I grouped the categories into themes.

I also looked for any discrepant cases throughout the data analysis. If discrepant findings were identified I would need to do additional analysis by sending an email to participants with clarifying questions and then including them in my final analysis. Merriam and Tisdell (2016) explained that including discrepant cases is essential because doing so creates a complete picture of the findings. Diverse perspectives outside the

researcher's expectations reinforce that the data are complete (Creswell & Poth, 2018). I did not find any discrepant cases that required further analysis.

Trustworthiness

Trustworthiness is defined as the confidence one can have in the study (Lincoln & Guba, 1985). While quantitative research trustworthiness is measured in reliability, validity, and objectivity, the trustworthiness of a qualitative study is founded on the values of credibility, transferability, dependability, and confirmability, which will be outlined in the sections below.

Credibility

Credibility is also referred to as internal validity and can be measured by how well the research results align with the real-world results (Merriam & Tisdell, 2016). I supported credibility by using member checking to confirm authenticity and accuracy of the data. I sent each participant a copy of their transcript so they could confirm its accuracy. I managed my personal bias by acknowledging it to mitigate it and to maintain uniformity. Personal bias can contaminate objective data, thus should be managed (Creswell & Poth, 2018). I used a reflective journal to record my thoughts during the interview. Comparing my notes to the participants' responses helped to eliminate biases. Creswell and Poth (2018) recommend using an expert reviewer to check for bias.

Transferability

I supported transferability by providing the reader with enough information to make connections from my study to their own life. Transferability is measured by how

well the research findings can be applied to other situations so readers can understand and relate to the study (Merriam & Tisdell, 2016). I included a detailed description of the participants and their selection criteria along with the setting so that readers may decide for themselves if my findings are transferable to their own situation and context. I included definitions, and descriptions of the type of study, methodology, participant selection, data analysis and methods used for my study.

Dependability

Dependability refers to the researcher's ability to remain consistent in their methods and procedures used during the data analysis (Ravitch & Carl, 2016). To support dependability, I followed the data analysis plan and referred to it often to ensure I was following the steps consistently.

Confirmability

For a research study to attain confirmability, the results must be objective and based on the collection of the data and not the biases of the researcher (Ravitch & Carl, 2016). I kept a reflective journal to document my thoughts and assumptions and avoid embedding them within the study and the results. I also conducted member checking by asking participants to review their interview transcript so they could confirm that I captured their perspectives correctly. Member checking ensures that variations within the study are addressed, and that the data is complete and precise (Creswell & Poth, 2018). I generated data based only on participants' actual words, not on my interpretation of those words.

Ethical Procedures

Before the study began, I received permission to conduct my study from Walden University's IRB. After permission was granted, I recruited participants in a non-coercive manner, and I only interviewed participants who provided written consent. During the interviews, I let the participants know they could discontinue the interview or decline to answer a particular question without any fear of prejudice or penalty. I used pseudonyms to identify participants in recording data and in writing the results, to protect the privacy of all the research participants. Finally, I and my dissertation committee will be the only individuals who will have access to this secure data. I have encrypted all digital documents with a password. Any printed materials will be kept in a locked file cabinet. After 5 years following this study's completion, all data will be deleted from my computer using a tool to wipe digital files and any paper copies will be shredded.

Summary

In this chapter, I described the research design and rationale and identified my role as the researcher in exploring perspectives of childcare center directors on NAEYC accreditation. used purposeful, stratified random sampling to select potential participants that meet the criteria to be interviewed for the study. I used open coding by first becoming familiar with the data, then identifying categories and themes. I to steps to ensure trustworthiness of the study by following my established procedures, keeping a journal to limit bias, allowing participants to review their interview transcripts, and complete my study in an ethical manner. In Chapter 4, I present the results of this study.

Chapter 4: Results

The purpose of this basic qualitative study was to explore childcare center directors' perspectives regarding NAEYC accreditation and quality improvement practices. The research questions that guided this study concerned barriers, benefits, and support needed to seek NAEYC accreditation. In this chapter I will present a discussion of the study setting, data collection methods, my data analysis, and study results.

Setting

Some organizational conditions that influenced the participants' perspective or responses at the time of this study. Two of the participants related that they had been experiencing staffing challenges, and two other participants noted that their center was at full capacity with a waiting list over a month long. These organizational conditions may have influenced my research participants and thus affect interpretation of the study results. As in many childcare centers, enrollment in many participants' centers is at capacity and staff are difficult to retain; these challenges may have affected the interpretation of the study results. Because of these stresses among center directors, it took several months to gather participants, so I offered flexible meeting times and gave the option of holding the interviews over Zoom, as well as being flexible to accommodate their schedules.

Only seven administrators who met the criteria participated, instead of the 10 participants I had anticipated as my minimum number of interviewees. I suspended recruitment after 6 months and after using multiple avenues in attempting to reach

prospective participants. Despite the small number of participants, data saturation was achieved in that no new data were gathered in the final interviews.

All seven participants were childcare administrators in childcare centers working in the west. One had experience working at a childcare center in a university. Two had previous experience with working in a childcare center that was NAEYC accredited. Three participants worked in other states in the past. Three participants had master's degrees, and four had bachelor's degrees. All participants were female, held a bachelor's degree, and had experience teaching in a childcare center.

Data Collection

I collected interview data from seven childcare center administrators. All interviews were conducted by Zoom from the privacy of my home office. I followed the data collection process described in Chapter 3, and there were no unusual circumstances during the data collection process. Interviews lasted between 20 and 30 minutes. Three potential participants no showed the interview, two rescheduled for a more convenient time. There were no issues with Zoom connectivity during the interviews. The interviews were conducted in my home office and there were no interruptions on my end, though one participant needed to step away for a few minutes to help a family member. Interviews were recorded using Zoom and transcribed using Otter.ai.

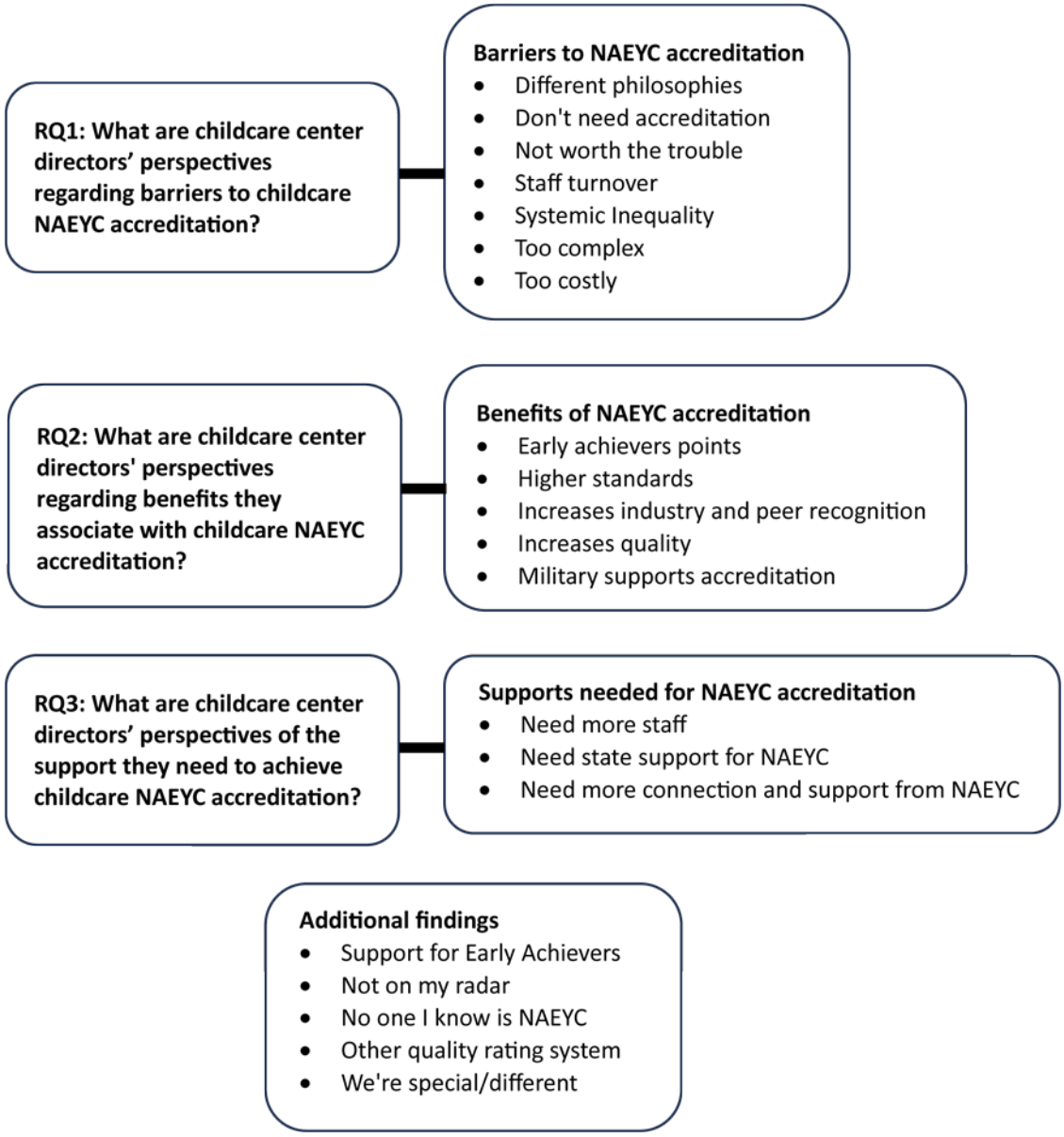
Data Analysis

According to Saldana (2021), coding requires examining relationships between codes and then linking the data to the conceptual framework. I made a list of initial codes when I narrowed as I looked for redundancies. I identified 165 individual codes. These codes were grouped into 20 categories. The categories were as follows: *different philosophies; don't need accreditation; state child care quality points; higher standards; increases industry and peer recognition; increases quality; military supports accreditation; need more staff; need state support for NAEYC; no one I know is NAEYC; not on my radar; not worth the trouble; other quality rating system; praise for state quality improvement program for child care; requires more connections and support; staff turnover; systemic inequality; too costly*; and finally, *we're special/different*

After the open coding, I reviewed my Excel sheet and grouped the 20 categories into four themes: *barriers, benefits, support needed*, and *other*. I grouped the categories by looking for similar meanings between them. Then I reviewed the data and categories to ensure that they fit into the themes to which I assigned them. I continued to refine the themes so that they could be applied to the research questions. I applied the theme *barriers* to RQ1, the theme *benefits* to RQ2, the theme supports needed to RQ3 and associated the theme *other* with Additional Findings. These linkages are illustrated in Figure 2.

Figure 2

RQs with Associated Themes and Categories



Results

In this section, I present the results derived from the data, as associated with each of the three RQs. I include an additional group, labelled Additional Findings, that describes results that did not fit into any RQ but seemed important to include. Evidence of these results is provided through verbatim quotes from participants.

Results for RQ1

RQ1 asked, "What are the childcare center directors' perspectives regarding barriers to childcare NAEYC accreditation?" To answer this question, I used participant responses from interview questions 1,5, 8, 9, and 10. The theme of Barriers included the following seven categories*, don't need accreditation, not worth the trouble, staff turnover, too complex/time consuming*, *too costly, different philosophies, and systemic inequality*

The first barrier that emerged was that administrators feel they do not need accreditation and that it is not worth the trouble. According to several participants, NAEYC was not needed because they are already providing high quality services using other tools including state support. P6 stated:

> If I'm looking at what increases quality, I feel like with me, my lens has always been to increases quality. When I was looking into doing NAEYC accreditation around 2012, I was asking our education Executive Director, and she said that I was already doing everything. She told me that there was no point in doing it right now.

P6 also spoke how the level of quality in their child care center is already high quality, “I feel like I'm already producing enough quality so but no, I haven't really reached out to anybody at NAEYC.” P1 summed it up by saying:

> Honestly, I just took everything from the DEC standards, the state standards, the NAEYC standards, and then our own internal practices here, and I put them into one document. There are so many standards that you have to abide by. I don't know if NAEYC accreditation raises the quality of care overall.

P1 was involved in NAEYC accreditation of another child care center in a different state and had this to say,

> So I've been in child admin since 2007 one of my centers back in 2013 in [other state] was see accredited. I got to see, really the kind of tail end of that process. But it's a pretty daunting process. It felt like a lot of like time, money, and effort into getting the accreditation. And it is one metric of measuring quality.”

P5 also shared similar thoughts about not needing accreditation to be considered of good quality as they seek out practical advice from other centers going through similar struggles,

> No, not really [I haven’t considered NAEYC accreditation]. What we've been doing more of is actually just going and touring other child cares, getting ideas from them. So it's kind of nice to do that, to walk into a place and go, Oh, what do you do? What have you been able to how have you been able to build up your quality? What kind of here's certain areas we're struggling with, what you guys do

> in this situation, and then it's it gives us sort of a visual, like, it's more hands on than just reading something in a book.

P1 went on to discuss the results of being previously accredited saying,

> It was a great pride point for us, but the reality is that not a lot of families or community members really understand the gravity behind it, so it didn't really move the needle for us, it didn't really change anything as far as attracting more families or attracting more staff or anything like that.

P3 had similar thoughts about accreditation and how the process and benefits associated with accreditation are not widely understood by the community or parents, stating that:

> I don't think it's like, restaurants and things, you know, where people really look for those ratings like they do look at Yelp reviews and Google reviews. Typically, you have a few savvy parents that will actually look at your license and see what kind of dings you have. But it's very rare that I get somebody who walks in the door already knowing what quality assurance in early learning looks like.

P3 went on to say,

> I probably did hundreds of tours every year, and maybe 5% of parents would ask about any kind of like Early Learning Quality Standards like NAEYC. Unless you're really connected heavily with the field, you don't really understand the gravity of what that means or how much work goes into it.

The next several that emerged with regard to RQ1 were barriers related to programmatic logistics which include staff turnover, the complexity and time-consuming

nature of being accredited, and the cost. The first idea that emerged was staff turnover, which can make it difficult to keep up with the daily demands of running a child care business and leave little time for exploring accreditation. P7 stated,

> When I was younger, I worked at a center that we were starting to do that accreditation process. But then the director had some health issues and thought she would have to take a break; because of that, we had to hold off because they didn't want any management changes or anything. And so, it's really hard, especially in childcare, when you have lots of staff turnover to get accredited through that whole process.

P1 said that during the pandemic it was especially difficult to keep staff so seeking additional accreditation was out of the question stating, "Staff turnover among our professional staff is typically about 10% and the year after the vaccines were available, professional staff turnover went up 50%". Staff turnover poses a significant hurdle for child care centers struggling to keep enough teachers in their classrooms; accreditation becomes something to address at a later time when staffing levels are more stable. P7 also spoke about the need to prioritize staff getting their degrees before digging into the accreditation:

> Well, I think the barrier is I need to have a good set of staff. Some have been here for the majority of time, while half of them are fairly new. Just different reasons. People move on and I would love to get more teachers through their schooling,

> and have their ECE state credential, or their AA and ECE, before we move forward with that step [accreditation].

The next idea that emerged from the data was the complexity and time-consuming nature of seeking accreditation. According to several participants, the process of becoming accredited is a large barrier. P7 said, “It's too strict to go through that accreditation process; like they want staff to stay the same. They want everything., but we're just not at that point yet...” Several childcare directors believe NAEYC accreditation takes a long time and is too difficult when paired with their day to day challenges in the classroom. P6 stated:

> The first thing that comes to my mind is that it's a lot of work, and that sometimes it's impossible to get a high score based on some building structural requirements. So, for example, my building is a commercial space. So based on the building space that we have here, it would be very tough for us to maybe get a high score.

P1 mentioned being involved in a previous child care center seeking NAEYC accreditation and that the process was time consuming, P1 said:

> Some of it [the barriers to accreditation] was the extra work. Some of it was still writing the new policies. I think it [the NAEYC portfolio] was a couple 100 pages. Maybe I did it wrong, like, maybe there's a way to do it that's easier, but based on my understanding of what the standards were, that that was how to do it.

P7 mentioned that logistical barriers were to blame with so much time being devoted into growing their centers that not much time was left to consider quality accreditation

programs like NAEYC, “And so with us just opening a 3rd center and getting ready to. We need to get it up and going before we can step into that [NAEYC accreditation] realm.”

When asked if they talked with others about NAEYC accreditation P7 said,

> Another director asked me about NAEYC, I said that we all know about NAEYC resources already. I don't know what to say other than that because I haven't talked much about it [accreditation] with my staff yet. Because we're not at that level.

Participants were disheartened by the time that NAEYC accreditation would take with P1 said that, “I started working on our NAEYC portfolios, and then there was a pandemic. It actually took four years to complete our portfolios. We are really focused on increasing the quality of care, and it still took four years.” P6 mentioned the complexity of structural building and playgroup requirements that could cause a lower score:

> I personally have not looked into diving into the NAEYC, but I heard that it's a lot of work, and it could be that we can maybe score less based on the building that we have, because we don't have a playground.

Changing the building layout or adding a playground is costly and time consuming. The next category that emerged with regard to program logistics is cost. P2 said, “I think, just from my limited understanding, I think cost is probably a big thing [barrier].” P5 shared budgetary concerns is a driving force of whether or not centers consider accreditation, remarking:

> Honestly, a lot of the quality came down the income and what we could afford to do. We did the best that we could on a shoestring budget at first, and the more we were able to afford, the better quality we were able to get.

Smaller, non-chain childcare centers with lower budgets might find it difficult to pursue NAEYC accreditation. P3 agreed by saying:

> I would think cost would be a barrier for many. I mean, we're lucky enough to be a nationwide cookie cutter childcare chain, but we are a large local company, and we're part of a larger care system, so have, you know, we have HR and payroll and all of those types of supports."

The next category in RQ1is perspective differences. Several child care providers shared their areas of focus and were misaligned with NAEYC accreditation. P7 cited that the relationships teachers had with students being more valuable that seeking accreditation, "The environment to me isn't necessarily everything that has to be quality. It's more of your interactions that make and break the way the children are going to learn." P5 spoke about how there is a flood of information available online, there is less of a need to seek accreditation:

> In 2016 the resources were minimal, and now they're everywhere; so, I love that! But then I also think that we have a generation of people who get so much information. So that's probably my biggest struggle right now is just getting staff to do the things that they're learning about.

Participant 6 spoke about receiving a different type of accreditation and concerns about a possible difference in philosophy:

> I'm in the middle of accreditation already, and I don't know how long NAEYC takes. No, I think just the last thing is that we're a Reggio inspired like 80%- 90% ratio. So, I don't think I know if I it would clash a lot with the NAEYC accreditation.

The seventh and final category that emerged regarding RQ1 around barriers was systemic inequality, meaning that only certain child care centers were able to seek accreditation. Based on what the participants said, these centers typically include those that are larger, more affluent, and sometimes associated with a higher education institution. P1 said of NAEYC accreditation and inequitable barriers,

> Yes, it [NAEYC accreditation] is so detailed; I don't know how anybody who speaks English as foreign language would ever get accredited. I don't know how anybody who reads at a high school level would ever get accredited. There's little stuff like, if it says "show" and "demonstrate", or "show" and "give an example" where one of them that you had to take a screenshot, and one of them meant you had to just, like, tell a little story. But there's, like, these code words in it that you can't just give an example when they want you to show a screenshot, you know. So there's a lot of stuff like that, and it's so detailed.

P3 agreed, discussing that only more affluent parents might know about NAEYC, “So I think for a very narrow [group of parents] were well educated about early learning standards and NAEYC.” P2 furthered the conversation about this issue by saying,

> It seems like the time the cost was kind of prohibitive sometimes, and I do think too in some sense, some centers who do take on a lot of subsidized families, the ability to think more broadly can be really challenging because of all of the demands that are happening in your center. It's hard to like, oh, I should go get accredited. Like, when you're thinking, what sort of resources can I find for this family who's living in a tent? Oh, somebody came and told me that they were sexually assaulted, we have to deal with this like there's a lot of those things, so we're dealing with that stuff. I don't think other centers necessarily deal with by given the difference in class. And I don't know if that makes sense. I don't mean to feel like judgmental. It's just sort of the reality of different centers, like there's a certain status that you have, you have to have if you're able to afford $2,800 a month for your child care, than if you can't. And there's a lot of different issues and problems that come along with that the center are being dealt with that other centers don't even have to think about.

Along the same lines P3 stated, “If I was a director of a smaller program and trying to do literally all the things, and trying to attract staff, and trying to keep enrollments up, to put that extra time and money that just doesn't exist into NAEYC accreditation wouldn't make sense to me.” In summary P3 continued,

> There's a bit of a disconnect as far as I don't want to say it's like a class thing, but that's almost what it feels like, like a status thing where there's a certain kind of childcare providers that really are NAEYC focused. It's not generally the folks that run on a weekly basis or serve in a rural county. and feel like a lot of NAEYC focus and funding again, to go to conferences and things, because if you don't go to the NAEYC trainings and conferences, then you really don't feel connected to it, but it always comes with a cost. So, I think generally, the more affluent areas in the country have more access and awareness of NAEYC.

In summary, the purpose of RQ1 was to determine what barriers child care administrators perceived as significant enough to not pursue NAEYC accreditation. As a result of the data analysis, I found that many child care providers thought they simply didn't need NAEYC accreditation to be considered high quality because they were already doing activities that contributed to credibility. Child care providers cited several program logistics that contributed to the barrier, including frequent staff turnover, the complexity and time-consuming nature of the NAEYC accreditation process, and the cost were all prohibitive. Finally, the data analysis uncovered perspective differences amongst child care administrators such as different philosophies about what contributes to the best outcomes for children and the systemic inequality of certain larger, more stable, and affluent providers having more access to NAEYC accreditation.

Results for RQ2

RQ2 was, “What are childcare center directors' perspectives regarding benefits they associate with childcare NAEYC accreditation?” The theme was benefits. To answer this question, I used participant responses from interview questions 2-10. There were five categories under this theme including: *increased quality, higher standards, increased industry and peer recognition, military supports accreditation, and state quality improvement program for child care points.*

The first idea that emerged regarding RQ2 Benefits, is enhanced educational quality which is centered on positive child outcomes through higher standards. Several participants remarked that NAEYC accreditation would add increased quality to their already thriving program. P6 stated, “I would say that it [NAEYC accreditation] can add another layer of like validation for families and for the staff. After researching NEAYC accreditation, it seemed like, yes, it would provide that increased quality.” Along those same lines, P3 said, “NAEYC accreditation is the icing on the cake!” P1 said upon researching NAEYC,

> There was never anything in it that I found, there's nothing in it that I objected to it. It was all about increased quality. But there is an added element of professionalism within NAEYC accreditation demands, right? Because you have to produce these documents. I think it's a good thing to have. I don't think we'll regret it.

P2 spoke about their first job in child care and experience with NAEYC accreditation saying:

> I don't remember exactly, but the first center that worked out was NAEYC accredited. So my first like introduction to the industry was really incredibly positive. The environments were a higher quality in that things were newer. There were more like STEM toys and things. Also, if something was broken, it could be replaced.

P7 said being NAEYC accredited would support teachers due to lower class sizes as required by NAEYC,

> There's a little bit higher standards that than what the state requires. And I know [NAEYC] accreditation is so important. I would love to do that eventually here. I think it would help [being NAEYC accredited], and especially with the older children, classrooms with the ratios being smaller and a little more support for teachers.

Some of the participants commented that they hoped their child care center would become NAEYC accredited in the future. P6 commented, “It's a great opportunity to look into in the future. I know there's a little bit more benefits that come with it.” P4 agreed saying, “What I know is that it can be a great opportunity to learn more”.

The next category related to RQ2 benefits is improved institutional reputation and credibility. According to several participants, NAEYC accreditation increases industry and peer recognition. P1 remarked:

> I got a nice increase in industry and peer recognition from the college, because I don't think childcare directors always get recognized as professionals. So that felt actually pretty validating. Like that felt really good to be recognized from my peers.

P7 remarked, “I think there's more training opportunities for teachers, such as more classes [when you become accredited]. I think teachers would feel more like it's a professional job, than just a childcare job.” NAEYC is known in the early education field as a measure of quality. P1 went on to say:

> The National Accreditation Commission is just a different it's just a different accrediting body. My colleagues who have completed it say it is a far more manageable process [than NAEYC accreditation] but it doesn't carry the same weight as NAEYC, because it is the gold standard.

Some of the positive effects of accreditation even trickle into the community because of commitments the child care centers make. P2 stated what they knew about NAEYC accreditation, saying:

> It feels like ethics and accountability to your community to be accredited though NAEYC. It feels like there's more commitment to like your personhood being part of developing young children and their families and stuff. It seems like it's more like benchmarks that you meet your center, community wide when you become accredited. Then you, like, follow these guidelines, and I think there's like some

> kind of promise like, we promise to sort of be a good person and not be discriminatory and practice these in our center and in the community at large.

P3 also spoke about industry recognition saying of a previous center she worked at that was NAEYC accredited:

> It definitely made the higher-ups happy that we were NAEYC accredited! Well, I mean, I feel like most folks in early childhood, it's not that we don't agree with NAEYC. Like I reference NAEYC a lot; anytime I'm looking for staff development resources or making policy changes and things like that, I definitely refer to them. So they're definitely a recognized expert and probably the most public facing nationwide early childhood expert. So, I try to have my curriculum somehow tied in with NAEYC standards.

P2 said:

> What I've heard from my peers is that it's [NAEYC accreditation] pretty prestigious, and it's also like a great way to signal to people like in the industry that, like, we're serious about this, we're serious about helping children, we're serious about doing what's right for ourselves and for the people that we serve in our community, which I think is really great. I've never heard anybody talk negatively at all about NAEYC. It's always like, hey, did you read this part? I got it from NAEYC.

The final categories related to RQ2 benefits included military support and state quality improvement program for child care points. These categories center on access to

funding and resources. Several participants cited how several organizations provide extra funding if a program is NAEYC accredited, such as the military and a statewide quality improvement initiative. P7 discussed support from the military:

> The military will tell parents to look for a NAEYC accredited center first, so you need to try that first, and then I'll tell my clients when there's not one in their area, that they will approve it to come to our center.

P1 said, “I have assumed or surmised that there will be increased opportunities for state funding [if our center is NAEYC accredited] and that may be the case similar to like a level four or five of our [state child care quality improvement program]”. P7 agreed, saying:

> I'm hoping that it kind of aligns with our state quality improvement program for child care quality ratings and would be just a step up from that. We can shoot as high as a four plus. we're currently as a three. We're getting re-rated right now in that process. So we're hoping to get at least four this time around, but I don't know.

In summary, the purpose of RQ2 was to determine what the benefits were of NAEYC accreditation. According to the data analysis, providers felt that NAEYC accreditation would increase the overall quality of the child care center for children and staff by requiring higher standards. I also found that administrators believed accreditation would increase their industry and peer recognition. Finally, several administrators cited

that the military and statewide child care quality improvement program support funding for NAEYC accredited child care centers.

Results for RQ3

RQ3 asked, “What are childcare center directors’ perspectives of the support they need to achieve childcare NAEYC accreditation?” To answer this question, I used participant responses from interview questions 9 and 10. The theme associated with this question was supports needed. There were three categories identified under supports needed for NAEYC accreditation: *need state support for NAEYC, need more connection and support from NAEYC and need more staff*. For some centers, state funding makes up a majority of their budget and the state priorities translate into funding. P7 stated, “The only downfall to me right now, as that is, I only have, like 5 paying parents in my whole facility. The rest are all state covered, and the state doesn't think that way, valuing NAEYC accreditation.” P1 suggested there is need for more support to complete the NAEYC process:

> It is so detailed and is duplicative or redundant with state licensing standards, but you still have to go find it. So for instance, you have to show that every group of children has somebody CPR certified. Well, that's a requirement for state licensing. I'm not the kind of director who's going to come in and write a portfolio on the week, for weeks, or, you know, months, until it's complete. Well, each classroom must have a portfolio. The classroom portfolios are a lot smaller, but the teachers had to do theirs, and it takes a lot of time.

Participants cited a need for increased information and support from NAEYC. P4 said simply:

> My curiosity is gonna be like, how much benefits I can get from [NAEYC]. And then, when I say benefits, I mean can it get me in touch with other resources that can improve my work and make it easier or to provide better opportunities for continued learning?

P5 suggested more general information was needed around the accreditation process, "I will definitely be looking into it more, but I really don't understand what goes into it. I need more information or to have peers suggest it to me."

In summary, the purpose of RQ3 was to determine what supports were needed for child care administrators to seek NAEYC accreditation. After reviewing the data analysis, I discovered that providers need more state support for NAEYC, more childcare leadership backing, and more connection from the NAEYC organization as many providers didn't know where to start with the accrediting process.

Additional Findings

There were five additional categories identified that did not fit under the research questions and themes. These categories include *praise for state's quality improvement program, no one I know is NAEYC, not on my radar, other quality rating system,* and *we're special/different.* The first idea in this theme, praise for the target state's quality improvement program was described by P3, who pointed out the process and monetary benefits of the state childcare quality improvement program:

> So if you're a licensed center, you have to participate in [state child care quality improvement program]. You have to commit to the rating, or the re-rating every three years. It includes a coach that's assigned to your center to help you meet your goals, your growth goals. There are scholarship opportunities that our staff can use at the local community college to get their continuing education for free. We get a yearly stipend. And I don't know what level five is, honestly, but you get this stipend money as sort of a reward for going through the rating and for your ongoing growth.

Several participants indicated that the target state's quality improvement program was a helpful partner. P3 noted, "So between the coaching the partnership, it doesn't feel adversarial at all. It feels truly like a partnership, where this person walks alongside you and really works to build to your program strengths." P5 agreed saying:

> And they completely redid their program, so now they (State quality improvement program for child care) really are just about supporting what we do, and it's wonderful. I love it that basically we have an state quality improvement program for child care coach that visits us at least once a month. She's available to us anytime we need her, but she will make a point to be with us at least once a month. And then we just talk about, where are our struggles and ask what are we needing help with.

P5 remarked that the target state's quality improvement program was especially helpful to learn new skills to support children with special needs:

> If we have children, specific children that are really challenging, she'll come in and do an observation of that child, talk with the teachers about some different ways that they can work with that child, and then provide resources for working with them going forward, which has been immensely helpful, because, you know, we're not trained in special needs, so if there's kids that have kind of some extra sensory issues, or might be on the spectrum, or, you know, anything that you can think of, they help us retain those kids, because we then have the tools to do that. So that's been extremely helpful.

The next two categories under additional findings were similar: *no one I know is NAEYC* and *not on my radar*. P6 said of the accreditation process:

> I feel like I'm already producing enough quality so but no, I haven't really reached out to anybody at NAEYC. I feel like the last time I had a conversation with somebody about NAEYC was back in like 2012-2013. I don't know anyone who is NAEYC accredited here.

P7 agreed by saying, "I have not heard much about NAEYC from other directors. One director got their accreditation last month, but we haven't gotten a change to hear much about it yet." P4 furthered this idea by stating:

> To be honest, I do not know too much about NAEYC. I have been a director for three years. The best that I know is that they provide training for childcare centers, directors, teachers, so that we can have more knowledge about early childhood education. Yeah, it's basically what I know. I knew about them first,

> when I was taking my bachelor's degree classes. So, it's something that you learned about in your studies and something that your professor referred to when talking about policies and quality and things.

The last two categories under the theme of additional findings were: *other quality rating systems* and *we're special/different*. Several child care center directors indicated that they were working on other quality rating programs or had a wealth of education and experience, so accreditation was not necessary. P6 remarked:

> I have my Master's in education, and my assistant director does too. And then my colleague, who we were part of a consortium, there's eight different centers, and with that, one of our biggest values is figuring out how we can increase quality through a culturally diverse lens. And my colleague, which her center is less than a mile south of me. She has a doctoral in ECE, and we so we are very big into, like, education always being innovative.

P7 suggested that their management style is an additional barrier to seeking accreditation:

> I work my schedule around trying to accommodate same with tours, you know. If parents call and schedule a tour I will be available for that but majority of the time I'm hanging out in classrooms interacting with my staff with the other children, supporting teachers any way that they need to. So we run our centers that we're mainly on the floor.

Another contributing factor is that many centers have a solid history of success so there is not a need to seek accreditation. P7 said:

> I'm a mid-sized center. The capacity I can take is 86. I have 7 different classrooms in my facility. And we have been operating since 2016 at this location. The companies doing good. And we're getting ready to open a 3rd location.

P1 also suggested that NAEYC accreditation could not increase enrollment in their center:

> My supervisors, who do not work in childcare, have assumed or surmised that there will be increased opportunities for grant funding, That may be the case similar to like a level four or five [in the target state's quality improvement program for child care]; it makes the program more popular, right? But we're already clear full, I mean, sometimes not unheard of for [parents] to wait 12 to 18 months to get in.

Regarding other quality rating programs, P3 said, "So I know every state has a QRIS, but they all vary widely. I think some are better than others." P7 agreed saying "We use other tools to measure quality like the [Early Childhood Environment Rating Scale]."

In summary, the additional findings included praise for state run quality improvement programs, which is run by the state child care licensing program. Several participants noted that because of the support, training, and incentives they are receiving and through the state quality improvement program and the use of other quality rating systems they had not considered pursuing NAEYC accreditation. Participants also spoke about the low frequency of NAEYC accreditation among their peers. Finally, some

participants felt that they did not have a need to seek additional accreditation because their center was specialized or they had staff with advanced degrees or experience.

Summary of Results

In summary, child care directors indicated that the main barriers to NAEYC accreditation program included indifference, not having enough information about it, and concern about the program's complex and costly nature. Some directors described NAEYC as not relevant to them because of the uniqueness of their center, such as being very small and not having the time or budget to pursue NAEYC. Other participants remarked about their center having highly qualified staff with specialized training, so accreditation did not feel relevant. Finally, participants noted that they used other quality rating tools, or their state child care quality improvement system was top tier and thus there was not a need for additional accreditation.

In terms of the potential benefits of NAEYC accreditation, directors expressed appreciation for NAEYC because it increases educational quality and improves child outcomes with participants citing that "NAEYC is the gold standard." Other participants noted that accreditation increases industry and peer recognition and creates more opportunities for increased funding saying, but that your center had to be already performing at a high level in which case, "NAEYC accreditation was sort of the frosting on the cake."

Childcare directors also revealed that support needed to achieve NAEYC accreditation include increased support and resources from their state and staff to pursue

NAEYC. Participants cited not enough staff, funding challenges, and conflicting priorities such as helping families navigate homelessness or other issues rank higher than working on accreditation. Participants also suggested that the NAEYC organization increase their outreach efforts to small, low-budget, or rural child care centers. Directors remarked that they would like more information regarding how to get connected or find out more details about the accreditation process. Directors suggested that NAEYC accreditation is more accessible to larger, more lucrative centers. Additional findings include directors relying on other centers for ideas and guidance, and that the State quality improvement program for child care program was extremely helpful in providing support and resources for challenging situations.

Additional findings included appreciation for state quality improvement systems for childcare and suggested there was not a need for NAEYC accreditation because of the high-quality guidance, coaching, and support they were already receiving. Other participants expressed that NAEYC accreditation was not well known among their peers, while others spoke remarked that it was not something they had thought about doing. Some participants noted that because their staff was highly qualified or their center was specialized, they did not see a need for further accreditation.

Evidence of Trustworthiness

Credibility in qualitative research refers to the extent to which the findings accurately represent the participants' experiences and perspectives (Merriam, 2009). To enhance internal validity, I implemented several procedures aimed at ensuring the

authenticity of the data. Prior to data collection, I employed a peer-review process in which colleagues with expertise in qualitative methodology and education evaluated the interview protocol. This step helped confirm that the questions aligned with the research purpose and supported content validity. During the data collection phase, member checking was utilized to further establish credibility. Each participant received a copy of their interview transcript and was invited to verify the accuracy of the transcription. All participants confirmed that their transcripts accurately reflected their perspectives on the barriers, benefits, and supports needed to seek NAEYC accreditation.

Transferability was supported using rich descriptions, which allow readers to assess the applicability of the findings to their own settings (Johnson & Christensen, 2008). Detailed descriptions of the interview process, participant characteristics, and contextual factors were provided to enable this form of judgment. I also maintained a reflective journal throughout the study, which captured my observations, insights, and decision-making processes. This journal contributed to the depth of contextual information included in the narrative and reinforced the transferability of the findings.

To establish dependability, I engaged in continuous reflexivity, examining my own assumptions and positionality as an early educator and how these factors could influence the research process (see Merriam, 2009). Reflexivity was documented using a reflective journal. In this journal, I recorded analytic decisions, procedural changes, and reflective notes throughout both data collection and analysis. By providing a transparent audit trail, I aimed to ensure that another researcher, given the same context and

participants, could replicate the study and achieve similar results (Johnson & Christensen, 2008). This process supported the consistency and reliability of the study's outcomes.

Confirmability addresses the objectivity of the research and the extent to which findings are shaped by the participants rather than researcher bias (Creswell & Poth, 2018). To reduce the influence of my personal perspectives, I refrained from offering commentary during interviews and limited follow-up questions to clarifications. Member checking was again used post-interview to verify transcript accuracy before data analysis commenced. To further establish objectivity, I conducted three rounds of coding, spaced two weeks apart, and compared the results for consistency. This approach supported intra-coder reliability and confirmed that the themes were consistently identified. Additionally, direct quotations from participants were used to substantiate findings, ensuring that interpretations remained grounded in the data.

Summary

In Chapter 4, I began by describing the setting and conditions at the time of the study and presented demographics and characteristics of the7 child care center director participants from the western U.S. who were not yet NAEYC accredited, who were involved in the study. I described in detail the data collection process and how I grouped codes into themes that aligned with the three research questions (R1: Barriers to accreditation; R2: Benefits to accreditation; R3: Supports needed for accreditation) and then created categories of similar data under each theme. The similarities found among the coded units led to the development of 20 categories grouped under the research

questions/themes. I found that while NAEYC accreditation is considered to increase quality for staff and children it is also out of the reach of smaller, lower-budget centers that are busy working on the day-to-day concerns of running a childcare center and do not have the time or resources needed to devote to the accreditation process.

Other findings include the need for more support from state child care licensing and the need for additional child care staff to share the load when pursuing NAEYC accreditation. Administrators also noted that they would appreciate more information and support from the NAEYC organization about the process, with some participants citing they had not heard about NAEYC since their time in college, which raises questions about inadequate marketing and the need for improved outreach to build awareness of NAEYC accreditation for child care providers. I concluded this section by discussing the results of the data analysis as it related to the research questions and provided evidence of trustworthiness. In the remaining chapter, I summarize the findings, discuss recommendations, and describe the potential impact for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to explore perspectives of childcare center directors regarding barriers to program NAEYC accreditation, the benefits they associate with NAEYC accreditation, and the support they need to achieve NAEYC accreditation. A basic qualitative method was used to interview seven child care center directors from one state in the western United States and data were analyzed using open coding and axial coding. The administrators described the main barriers to accreditation which were indifference and limited buy-in from child care administrators. Other participants expressed concerns about programmatic logistics such as not having enough staff to complete the NAEYC process, it being too complex, time-consuming, and costly. Regarding benefits, participants revealed that NAEYC is a gold standard of early childhood education which increased outcomes and standards as well as improving institutional reputation and credibility, and in some cases increased access to funding. Participants indicated that the support needed includes additional assistance from the NAEYC program to understand the accreditation process, as well as state child care licensing support and more staff to complete the process. In this chapter I will present an interpretation of these findings, limitations of the study, and my recommendations for future research and implications for applying these findings in the field.

Interpretation of Findings

The first key finding that emerged in this study was that NAEYC accreditation was recognized by participants as an indicator of high quality and provided credibility for

administrators and their staff. Participants further suggested that NAEYC accreditation would allow the center to improve policies, practices, and systems that would benefit the whole center such as lowering the class size for each teacher, providing enhanced professional development opportunities, and increasing knowledge regarding best practices for young children. Many participants praised NAEYC for providing relevant and timely online resources related to child development and best practices in the classroom. P1 asserted, “NAEYC is just the gold standard.” P3 agreed stating, “Those of us in the field who recognize NAEYC and all of its standards, we were proud of it and its metric of measuring quality.” This finding aligns with the second construct of ALT, which is centered around the idea that learners seek out knowledge to solve the social and problems they are confronted with daily (Galustyan et al., 2019). Increasing the quality of the program through accreditation fits with this theory because the process of improvement is inherently social and would involve the entire center to improve policies and practices to meet NAEYC standards.

The second key finding that emerged in this study was that participants remarked about how NAEYC accreditation could potentially provide a competitive advantage to other centers because the quality of training and services provided to children and families would set them apart from other centers. This advantage may also provide provided an increased access to funding and opportunities such as being a preferred childcare provider of military families who are encouraged to seek out NAEYC

accredited child care centers first. P3 noted, “Those of us in the field who recognize NAEYC and all of its standards, we were proud of it and its metric of measuring quality.” This finding reflected the fact that NAEYC’s accreditation program is well-established nationwide and over 10,000 ECE programs participate in the accreditation process, and over one million children benefit from the system (National Association for the Education of Young Children, 2022). NAEYC’s 10 standards of quality are the basis of the accreditation program and include social emotional learning, child development courses on each domain, diversity, assessment use, health and nutrition, hiring practices, indoor/outdoor regulations, and quality-based policies that support administration and staff to serve children (National Association for the Education of Young Children, 2022).

The third key finding that emerged in this study was statewide child care quality improvement programs were effective and efficient, leaving little need for additional accreditation. This finding expanded upon what I found in the literature review regarding the fact that childcare licensing requirements and quality improvement programs vary state to state (Elicker & Ruprecht, 2021) and states are left to determine their own minimum quality standards for childcare centers (Hotz & Wiswall, 2019). It was interesting that many participants remarked of the quality of support they were receiving from the state program, which went above and beyond minimum requirements and included things like one-on-one coaching for difficult or unique situations, training in the most current research in child development, and an overall responsive attitude when centers reached out with questions. P4 described the state quality improvement program

this way, “I remember them [discussing NAEYC] in school. But yeah, we probably do not like think about that too much, because we do have state quality improvement program.” P5 remarked similarly, “The state quality improvement program has been a huge help to us!”

The fourth key idea that emerged was that some participants did not perceive the benefits of NAEYC accreditation as meaningful or relevant to them. Participants expressed a lack of awareness of the NAEYC accreditation process and benefits. They did not see accreditation as relevant to them because they did not fit in the more traditional demographic because they were a small, non-franchised centered that struggled with enrollment, budget, and staffing. NAEYC accreditation was just one more thing to add to their growing list of demands, many of which centered around keeping families safe, provided child care, and housed. This confirmed what was found in the literature review**.** This barrier was noted in the literature, in that childcare center directors’ priorities for quality may include things such as fulfilling licensing regulations, reducing teacher turnover, and setting staff salaries and additional accreditation may not fit into this list of priorities (Ferguson et al., 2022). This also aligns with the third construct of ALT, readiness to learn, which is centered on a learner seeking out solutions to the issues that arise most frequently. Childcare directors wear many hats, and their priorities are often divided; directors must at times prioritize their staff and the day-to-day tasks of the center. NAEYC accreditation is a huge time commitment and significant cost, especially for smaller, rural, unincorporated centers. P1 agreed, saying, “One of my

centers back in 2013 in [other state] was see accredited. It's a pretty daunting process. It felt like a lot of like time, money and effort into getting the accreditation." Thus, directors may have limited time and resources to put towards quality improvement practices such as NAEYC accreditation.

The fifth and final finding was the lack of awareness of the benefits of NAEYC both by directors and parents. Directors emphasized that while NAEYC may be mentioned in some college classes, they had not thought about becoming accredited or heard about their peers seeking NAEYC accreditation. Participants expressed a lack of relevancy when it came to NAEYC, suggesting it would not increase their competitive advantage with other centers. P4 said, "I don't know what the process is for becoming accredited. My curiosity is going to like, how many benefits can I get from being NAEYC accredited?" Similarly, participants remarked that most parents do not understand quality rating systems for child care centers so being NAEYC accredited was likely to go unnoticed by the community. This matched what I found in the literature review, in that parents' priorities do not always align with child care center priorities or with ideas what constitutes quality care along with cost (Gordon et al., 2021). P3 remarked, "Unless you're really connected heavily with the field, you don't really understand the gravity of what that means or how much work goes into it."

In summary, what I found was that my findings were not distributed evenly across my themes, with more than seven categories of barriers, five categories of benefits, three categories of support needed, and five additional findings. Based on the data,

administrators had more concerns about barriers to NAEYC accreditation. The concerns centered on the perceived high cost of accreditation, resource allocation challenges, time constraints, and administrative burden. The benefits participants discussed included enhanced credibility and trust, improved quality of care and child outcomes, and enhanced access to funding and resources.

Limitations of the Study

I collected interview data from seven childcare center administrators throughout the Western United States who were not yet NAEYC accredited and who had at least 1 year of leadership experience. The interviews were conducted over Zoom and lasted between 20 and 30 minutes. I followed the data collection process described in Chapter 3, and there were no unusual circumstances during the data collection process. A potential limitation of the study is the small sample size; although I hoped to interview 10 to 15 administrators and tried various ways to reach out to them over the course of 6 months it became apparent that seven interviews were the limit I could achieve. The topic may have been off-putting to directors, who may not have wanted to discuss why their centers were not NAEYC accredited, or they simply may not have been interested at all in accreditation. Despite the small sample, I gathered rich data and appear to have achieved data saturation, because no new information emerged in the final interviews.

Recommendations

A recommendation for future research is to expand the participants to include a sample of child care directors who are going through the process of receiving their

NAEYC accreditation or are already accredited to examine if they are receiving the benefits of accreditation they anticipated. The study could also explore the barriers directors experienced when going through the accreditation process, and the support they would have appreciated having when going through the accreditation process. A study such as this would provide important information about the accreditation process and give macro-level information of what child care providers need to overcome barriers to NAEYC accreditation, including the support and benefits needed.

Another recommendation is to replicate this study with a larger sample size because this study only had 7 participants. A larger sample size across the United States would increase the understanding and use of NAEYC throughout diverse centers. Also, conducting a survey instead of interviews would provide more information from a larger number of participants and would give participants anonymity, which might help if people were shy about talking with a principal investigator about why they are not accredited.

Future studies could also include examining the influence of state and local regulatory systems on child care center practices. This study could compare practices across different states to assess how regulatory, licensing, and quality improvement systems influence the quality of care in the centers. This study could highlight the most common quality improvement systems and accreditation practices and the variation in performance and consistency of practices within various states.

Finally, a study focused on the NAEYC organization to find out if they are concerned about accreditation not being perceived as important to child care directors, or the impression that accreditation benefits the most affluent centers and might harm the smaller ones because of negative comparisons would be an interesting perspective to investigate.

Implications

An implication for practice that emerged from this study is that NAEYC consider stackable pathways to accreditation. Currently, the NAEYC accreditation is a one-size-fits-all process. As described in the data, many participants said that accreditation was time consuming, complex, expensive, and because of those factors, it is less accessible to certain populations. The quality of child care centers is important to all, thus NAEYC could enhance their accreditation pathways by creating by making it more individualized to the provider by understating the center's particular area of focus, how many staff would have dedicated to the task, while considering funding.

NAEYC could also expand their public awareness by conducting research on which states have the least accreditation and then making a concerted effort to improve awareness and resources. Also making it more accessible to all populations by offering grants to under-served populations to meet the needs of all child care centers. Particularly focusing on low-income, rural child cares centers who serve under-represented populations.

NAEYC may consider increasing their partnership with state child care licensing agencies. Collaboration with state child care licensing would allow agencies to work on quality improvement measures that aligned with NAEYC standards and eliminate duplication of monitoring similar standards. NAEYC could conduct research with several states to find out which of their standards are alignment and what seems superfluous to reduce the complexity of the process and narrow the focus of NAEYC to what providers feel is most important and what would create the best outcomes for children. States could provide fiscal incentives for the completion of NAEYC accreditation.

Overall, NAEYC can ameliorate barriers by increasing support and providing multiple pathways to accreditation, improving awareness, reducing accreditation costs, and improving relevance by working in partnership with state childcare licensing agencies to assist in quality improvement efforts statewide to appeal to more childcare directors. Positive social change may result when accreditation and quality support are used in every childcare center, including the very small ones, so that all children attend high quality centers and have the benefit of teachers who are informed of best practices.

Conclusion

The problem that is the focus of this research is that only 12% of early childhood center-based programs in the United States are NAEYC accredited (Childcare Aware, 2022). Of the nearly 700 center-based childcare programs in the study state, only 5% of childcare centers are NAEYC accredited (Childcare Aware, 2022). The purpose of this study is to explore perspectives of childcare center directors regarding barriers to

program NAEYC accreditation, the benefits they associate with NAEYC accreditation, and the support they need to achieve NAEYC accreditation. NAEYC accreditation is one important step childcare centers can take to improve quality. This study of childcare center directors' perspectives of the barriers, benefits, and necessary supports associated with NAEYC accreditation is guided by a conceptual framework of ALT, as described by Knowles (1984). This study will follow a basic qualitative design using semi structured interviews of 12 to 15 center directors in one state in the western United States

Childcare directors were indifferent, describing limited resources and information from NAEYC, high cost associated with accreditation, lack of organizational alignment and priorities, time constraints, and complexity associated with getting NAEYC accreditation, including having alternative quality tools that did not make NAEYC accreditation appealing to pursue. Thus, some directors described NAEYC as providing ancillary benefits to already successfully performing child care organizations. Furthermore, the directors suggested that state-level support and resources are needed to overcome some barriers to attaining NAEYC accreditation, including NAEYC improving their outreach efforts to small, low-budget, or rural-run child care centers. Finally, although most directors agreed that NAEYC accreditation is the gold standard, increased barriers, inadequate support, and insufficient resources made the valuable benefit of attaining the NAEYC accreditation unprioritized.

Additional support is needed from the state child care licensing office to incorporate NAEYC into their quality improvement process such as financial incentives

or support to offset costs. The NAEYC program could consider providing additional flexible pathways for smaller centers with smaller budgets, increasing their outreach to targeted populations like small, rural child care centers, and increasing the overall awareness of NAEYC accreditation benefits for all centers. NAEYC should also consider streamlining the process of accreditation, as many participants remarked that the processes were daunting and complex.

References

Administration for Children and Families. (2021). *Care and development fund programs-Supplemental terms and conditions.* https://www.acf.hhs.gov/sites/default/files/documents/TC%20CCDF%20General%20Supplemental_Final%20%285-2021%29.pdf

Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research. *Qualitative Sociology, 42*, 139-160. https://doi.org/10.1007/s11133-019-9413-7

Bassok, D., Gibbs, C. R., & Latham, S. (2019). Preschool and children's outcomes in elementary school: Have patterns changed nationwide between 1998 and 2010? *Child Development*, *90*(6), 1875–1897. https://doi.org/10.1111/cdev.13067

Bailey, D., Duncan, G. J., Odgers, C. L., & Yu, W. (2017). Persistence and fadeout of the impacts of child and adolescent interventions. *Journal of Research on Educational Effectiveness*, *10*(1), 7–39. https://doi.org/10.1080/19345747.2016.1232459

Bailey, D. H., Jenkins, J. M., & Alvarez-Vargas, D. (2020). Complementarities between early educational intervention and later educational quality? A systematic review of the sustaining environments hypothesis. *Developmental Review, 56*. https://doi.org/10.1016/j.dr.2020.100910

Bayly, B. L., Bierman, K. L., & Jacobson, L. (2021). Teacher, center, and neighborhood characteristics associated with variations in preschool quality in childcare centers.

Child & Youth Care Forum, *50*(5), 779–803. https://doi.org/10.1007/s10566-021-09599-0

Bichay-Awadalla, K., & Bulotsky-Shearer, R. J. (2022). Examining the factor structure of the classroom assessment scoring system toddler (CLASS-T) in Early Head Start and subsidized childcare classrooms. *Early Education and Development*, *33*(2), 309–325. https://doi.org/10.1080/10409289.2021.1887700

Bingham, A. J., & Witkowsky, P. (2021). Deductive and inductive approaches to qualitative data analysis. In C. Vanover, P. Mihas, & J. Saldaña (Eds.) *Analyzing and interpreting qualitative research: After the interview*. (pp. 133–148) SAGE Publications.

Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry, 52*(4), 664–678. https://doi.org/10.1111/j.1939-0025.1982.tb01456.x

Boyd-Swan, C., & Herbst, C. M. (2020). Influence of quality credentialing programs on teacher characteristics in center-based early care and education settings. *Early Childhood Research Quarterly*, *51*, 352–365. https://doi.org/10.1016/j.ecresq.2019.12.013

Bradbury, B., Waldfogel, J., & Washbrook, E. (2019). Income-related gaps in early child cognitive development: why are they larger in the United States than in the United Kingdom, Australia, and Canada? *Demography (Springer Nature)*, *56*(1), 367–390. https://doi.org/10.1007/s13524-018-0738-8

Brickman, S., & Kvale, S. (2018). *Doing interviews.* SAGE Publications.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bruening, M., Nadalet, C., Ashok, N., Suh, B. C., & Lee, R. E. (2022). Preschoolers' parent and teacher/director perceptions of returning to early childcare education during the COVID-19 pandemic. *BMC Public Health, 22*(1), 2270. https://doi.org/10.1186/s12889-022-14409-w

Burchinal, M. (2018). Measuring early care and education quality. *Child Development Perspectives*, *12*(1), 3–9. https://doi.org/10.1111/cdep.12260

Burchinal, M., Whitaker, A. A., & Jenkins, J. M. (2022). The promise and purpose of early care and education. *Child Development Perspectives, 16*(3), 134–140. https://doi.org/10.1111/cdep.12463

Campbell, F. A., Pungello, E. P., Burchinal, M., Kainz, K., Pan, Y., Wasik, B. H., Barbarin, O. A., Sparling, J. J., & Ramey, C. T. (2012). Adult outcomes as a function of an early childhood educational program: An Abecedarian Project follow-up. *Developmental Psychology, 48*(4), 1033–1043. https://doi.org/10.1037/a0026644

Centers for Disease Control (CDC). (2017). *School Vaccination Requirements and Exemptions*. https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/requirements/index.html

Centers for Disease Control and Prevention. (2020). *How Much Physical Activity Do Children Need?* https://www.cdc.gov/physicalactivity/basics/children/index.htm#print

Chaudry, A., & Sandstrom, H. (2020). Childcare and early education for infants and toddlers. *Future of Children*, *30*(2), 165–190. https://doi.org/10.5206/eei.v30i3.13379

Childcare Aware. (2022). *Child Care Data Center & State Fact Sheets* https://www.childcareaware.org/our-issues/research/ccdc/

ChildCare.gov. (2024).What is childcare licensing. https://childcare.gov/consumer-education/child-care-licensing-and-regulations#:~:text=Requirements%20include%20the%20following%3A%201%20Criminal%20background%20check,continues%20to%20meet%20all%20health%20and%20safety%20requirements

Clayback, K. A., & Hemmeter, M. L. (2021). Exclusionary discipline practices in early childhood settings: A survey of childcare center directors. *Early Childhood Research Quarterly*, *55*, 129–136. https://doi.org/10.1016/j.ecresq.2020.11.002 https://doi.org/10.1016/j.ecresq.2018.09.004

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design choosing among five approaches.* (4th ed.). Sage Publications. https://doi.org/10.1016/j.jneb.2019.09.011

Dimond, D., Rohr, C. S., Smith, R. E., Dhollander, T., Cho, I., Lebel, C., Dewey, D., Connelly, A., & Bray, S. (2020). Early childhood development of white matter fiber density and morphology. *NeuroImage*, *210*. https://doi.org/10.1016/j.neuroimage.2020.116552

Domond, P., Orri, M., Algan, Y., Findlay, L., Kohen, D., Vitaro, F., Tremblay, R. E., & Côté, S. M. (2020). Childcare attendance and educational and economic outcomes in adulthood. *Pediatrics*, *146*(1), e20193880. https://doi.org/10.1542/peds.2019-3880. https://childcare.extension.org/guidelines-for-child-care-providers-on-how-to-report-suspected-abuse-or-neglect

Elicker, J., & Ruprecht, K. (2019). Child Care Quality Rating and Improvement Systems (QRIS) national experiment for improving early childhood education quality. In C. P. Brown, M. B. McMullen, & N. File (Eds.) *The Wiley Handbook of Early Childhood Care and Education*, 515-536. Wiley.

Ferguson, J., Lampkins, C., Moody, B., & Shpancer, N. (2022). Careful choices: Parents reflect on their childcare decisions. *Child Care in Practice*, *28*(3), 368–380. https://doi.org/10.1080/13575279.2020.1765147

Galustyan, O. V., Borovikova, Y. V., Polivaeva, N. P., Bakhtiyor, K. R., & Zhirkova, G. P. (2019). E-learning within the field of andragogy. *International Journal of Emerging Technologies in Learning (iJET)*, *14*(9), 148–156. https://doi.org/10.3991/ijet.v14i09.10020

Garrity, S. M., & Longstreth, S. L. (2020). Using the teaching and guidance policy essentials checklist to develop culturally and linguistically appropriate behavior guidance policies. *Early Childhood Education Journal*, *48*(1), 71–77. https://doi.org/10.1007/s10643-019-00978-w

Gobena, G. A. (2020). Factors influencing participation in early childhood education: its implication to quality-education. *International Online Journal of Education and Teaching*, *7*(1), 355–371. https://eric.ed.gov/?id=EJ1244251

Gordon, J. A., Herbst, C. M., & Tekin, E. (2021). Who's minding the kids? Experimental evidence on the demand for childcare quality. *Economics of Education Review*, *80*. https://doi.org/10.1016/j.econedurev.2020.102076

Gormley, W. T., Jr., Phillips, D., & Anderson, S. (2018). The effects of Tulsa's pre-k program on middle school student performance. *Journal of Policy Analysis & Management*, *37*(1), 63–87. https://doi.org/10.1002/pam.22023

Harrist, A. W., Thompson, S. D., & Norris, D. J. (2007). Defining quality child care: Multiple stakeholder perspectives. *Early Education and Development*, *18*(2), 305–336. https://doi.org/10.1080/10409280701283106

Herbst, C. M. (2018). The impact of quality rating and improvement systems on families' child care choices and the supply of child care labor. *Labour Economics, 54*, 172–190. https://dx.doi.org/10.2139/ssrn.2879790

Hindman, A. H., & Bustamante, A. S. (2019). Understanding well-being among teachers in early childhood settings: Challenges, supports, and implications for children's

development. *Journal of Applied Developmental Psychology*, *61*, 1–3. https://doi.org/10.1016/j.appdev.2019.03.005

Holochwost, S. J., Gomes, L. A., Propper, C. B., Brown, E. D., & Iruka, I. U. (2021). Childcare policy as an anti-poverty strategy: The need to address neurophysiological self-regulation. *Policy Insights from the Behavioral and Brain Sciences*, *8*(2), 208–216. https://doi.org/10.1177/23727322211031579

Hotz, V. J., & Wiswall, M. (2019). Child care and child care policy: Existing policies, their effects, and reforms. *The ANNALS of the American Academy of Political and Social Science,* 686(1), 310-338. https://doi.org/10.1177/0002716219884078

Hong, S. L. S., Sabol, T. J., Burchinal, M. R., Tarullo, L., Zaslow, M., & Peisner-Feinberg, E. S. (2019). ECE quality indicators and child outcomes: Analyses of six large child care studies. *Early Childhood Research Quarterly*, *49*, 202–217. https://doi.org/10.1016/j.ecresq.2019.06.009

Hurt, A. C. (2012). Uncovering the process of adult computer software training. *Business Journal for Entrepreneurs*, *2012*(4), 120-137. https://files.eric.ed.gov/fulltext/ED504840.pdf

Hutchins, H., Abercrombie, J., & Lipton, C. (2023). Promotion of early childhood development and mental health in quality rating and improvement systems for early care and education: A review of state quality indicators. *Early Childhood Research Quarterly, 64*, 229–241. https://doi.org/10.1016/j.ecresq.2023.03.006

Jenkins, J. M., Duer, J. K., & Connors, M. (2021). Who participates in quality rating and improvement systems? *Early Childhood Research Quarterly*, *54*, 219–227. ScienceDirect. http://dx.doi.org/10.1016/j.ecresq.2020.09.005

Johnson, R. B. and Christensen, L. B. (2008). Educational Research Quantitative, Qualitative, and Mixed Approaches. 3rd Edition, Sage Publications, Inc., Los Angeles.

Kenney, E. L., Tucker, K., Plummer, R. S., Mita, C., & Andreyeva, T. (2023). The Child and Adult Care Food Program and young children's health: A systematic review. *Nutrition Reviews, 81*(11), 1402-1413. https://doi.org/10.1093/nutrit/nuad016

Kids Count Data Center. (2019). Children under age 6 with all available Parents in the labor force in the United States. https://datacenter.aecf.org/data/bar/5057-children-under-age-6-with-all-available-parents-in-the-labor-force?loc=1&loct=2#2/2-11/true/1729/any/11473

King, N., Horrocks, C., & Brooks, J. (2018). *Interviews in qualitative research* (2nd ed.). Safe Publications Limited.

Knowles, M. S. (1984). *Andragogy in action: Applying modern principles of adult learning*. The University of Michigan.

Landivar, L. C., Scarborough, W. J., Collins, C., & Ruppanner, L. (2022). Do high childcare costs and low access to Head Start and childcare subsidies limit mothers' employment? A state-level analysis. *Social Science Research, 102*, 102627. https://doi.org/10.1016/j.ssresearch.2021.102627

Lee, E. S. (2021). A mixed-methods study of Maryland's monetary incentives to improve the quality of childcare centers. *Early Childhood Research Quarterly*, *55*, 349–362. https://doi.org/10.1016/j.ecresq.2021.01.002

Lee, E. K., & Parolin, Z. (2021). The care burden during COVID-19: A national database of child care closures in the United States. https://doi.org/10.1177/23780231211032028

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Thousand Oaks, CA: Sage.

Ligon, K., Neugebauer, R., & Peckham, T. (2021). Status report on for-profit childcare: Navigating the pandemic. *Exchange (19460406)*, *257*, 76–80. https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=eue&AN=147960761&site=eds-live&scope=site&custid=s6527200

Lin, Y.-C., & Magnuson, K. A. (2018). Classroom quality and children's academic skills in childcare centers: Understanding the role of teacher qualifications. *Early Childhood Research Quarterly*, *42*, 215–227. https://doi.org/10.1016/j.ecresq.2017.10.003

Lombardi, C. M., Fisk, E., & Cook, K. D. (2021). Do child care characteristics during toddlerhood explain income-based gaps in reading and math skills at preschool? *Children & Youth Services Review, 131*. https://doi.org/10.1016/j.childyouth.2021.106285

Merriam, S. B. (2009). Qualitative research: A guide to design and implementation. San Francisco, CA: Jossey-Bass

Merriam, S. B., & Caffarella, R. S. (1999). *Learning in adulthood. A comprehensive guide.* Jossey-Bass.

Manning, M., Garvis, S., Fleming, C., & Wong, G. T. W. (2017). The relationship between teacher qualification and the quality of the early childhood education and care environment. *Campbell Systematic Review*, *13*(1), 1–82. https://doi.org/10.4073/csr.2017.1

Mashburn, A. J., Pianta, R. C., Hamre, B. K., Downer, J. T., Barbarin, O. A., Bryant, D., Burchinal, M., Early, D. M., & Howes, C. (2008). Measures of classroom quality in prekindergarten and children's development of academic, language, and social skills. *Child Development*, *79*(3), 732–749. https://doi.org/10.1111/j.1467-8624.2008.01154.x

Mattimoe, R., Hayden, M., Murphy, B., & Ballantine, J. (2021). Approach to analysis so qualitative research data; A reflection on the manual and technological approaches. *Accounting, Finance & Governance Review, 27*(1), 1-16. https://doi:10.52399/001c.22026

Merriam, S. B. (2001). Andragogy and self-directed learning: Pillars of adult learning theory. (No. 89, 3–13). https://doi.org/10.1002/ace.3

Merriam, S. B., & Grenier, R. S. (2019). *Qualitative research in practice: Examples for discussion and analysis.* John Wiley & Sons.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design, and implementation.* Wiley.

Northouse, P., G.(2021). *Leadership: Theory and practice* (6th ed.). Sage Publications.

National Center on Early Childhood Quality Assurance. (2023). *QRIS Resource Guide.* https://ecquality.acf.hhs.gov/resource-guide/standards-and-criteria

National Center on Early Childhood Quality Assurance. (2016). *Indicators of Quality Ratings QRIS 2016 Fact Sheet*. https://childcareta.acf.hhs.gov/sites/default/files/newocc/resource/files/qris_indicators_quality_2016.pdf

National Association for the Education of Young Children. (2022). *NAEYC Higher Education NAEYC accreditation Standards*. https://www.naeyc.org/accreditation

National Center for Education Statistics. (2019). *Early Childhood Program Participation Survey of the 2019 National Household Education Surveys Program (ECPP-NHES:2019).* U.S. Department of Education. https://nces.ed.gov/pubs2020/2020075REV.pdf

Neitzel, J., Early, D., Sideris, J., LaForrett, D., Abel, M. B., Soli, M., Davidson, D. L., Haboush-Deloye, A., Hestenes, L. L., Jenson, D., Johnson, C., Kalas, J., Mamrak, A., Masterson, M. L., Mims, S. U., Oya, P., Philson, B., Showalter, M., Warner-Richter, M., & Kortright Wood, J. (2019). A comparative analysis of the Early Childhood Environment Rating Scale–Revised and Early Childhood Environment Rating Scale, Third Edition. *Journal of Early Childhood Research, 17*(4), 408-422. https://doi.org/10.1177/1476718X19873015

Oksman, E., Rosenström, T., Gluschkoff, K., Saarinen, A., Hintsanen, M., Pulkki-Råback, L., Vilkari, J, Raitakari, O., Keltikangas-Järvinen, L. (2019). Associations between early childcare environment and different aspects of adulthood sociability: The 32-year prospective Young Finns study. *Frontiers in Psychology, 10*(2060). https://doi.org/10.3389/fpsyg.2019.02060

Paulk, A., Seaton, K., & Yuille, A. (2017). Does childcare quality matter? A comparison of children's developmental outcomes across classrooms with different quality standards. *Child & Youth Services*, *38*(3), 196–208. https://doi.org/10.1080/0145935X.2017.1297203

Piercy, K. L., Troiano, R. P., & Ballard, R. M. (2018). The physical activity guidelines for Americans. *JAMA,320*(19),2020–2028. https://doi.org/10.1001/jama.2018.14854

Ravitch, S., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological.* Sage Publications. https://doi.org/10.4236/blr.2018.92015

Reynolds, A. J., Ou, S.-R., & Temple, J. A. (2018). A multicomponent, preschool to third grade preventive intervention and educational attainment at 35 years of age. *JAMA Pediatrics*, *172*(3), 247–256. https://doi.org/10.1001/jamapediatrics.2017.4673/1350293X.2020.1783925

Rodriguez-Carrillo, J., Merida-Serrano, R., & Gonzales-Alfaya, M.D. (2020). A teachers' hug can make you feel better: Listening to U.S. children's voice on high-quality

early childhood teaching. *European Early Childhood Research Journal, 28*(4), 504–518. https://doi.org/10.1080/1350293X.2020.1783925

Rucker, L., Zajicek, A., & Kerr, B. (2023). How policy can help prepare early childhood teachers: The alignment between state childcare licensing policy and teacher qualification attainment. *Journal of Early Childhood Teacher Education, 44*(3), 553–576. https://doi.org/10.1080/10901027.2022.2125461

Saldana, J. (2021). *The coding manual for qualitative researchers* (4th Edition). *Sage Publications.* https://doi.org/10.4236/me.2020.111002

Sanyal, B. C., & Martin, M. (2007). Q*uality assurance and the role of accreditation: An overview.* Report: Higher Education in the World 2007: Accreditation for Quality Assurance: What is at Stake?. http://hdl.handle.net/2099/8095

Sappenfield, O. R., Leong, A., & Lebrun-Harris, L. A. (2023). Prevalence, sociodemographic and household characteristics, and impacts of disrupted child care due to the COVID-19 pandemic in the US, April-July 2021. *Children and Youth Services Review,* 149, 106859. https://doi.org/10.1016/j.childyouth.2023.106859

Schilder, D., Broadstone, M., & Smith Leavell, A. (2019). Characteristics of early care and education collaboration associated with success. *Early Education and Development*, *30*(8), 1029–1044. https://doi.org/10.1080/10409289.2019.1653732

Sluiter, R. M., Fekkes, M., & Fukkink, R. G. (2023). Comparing center-based with home-based child care: type of care moderates the association between process quality

and child functioning. *Early Childhood Research Quarterly, 62*, 102-114. https://doi.org/10.1016/j.ecresq.2022.07.017

Souza, N., Pereira, L., Silva, S., & de Paula, W. (2019). Surveillance and stimulation of growth and child development. *Journal of Nursing UFPE / Revista de Enfermagem UFPE*, *13*(3), 680–689. https://doi.org/10.5205/1981-8963-v13i03a238634p680-689-2019

Spreckelsen, M., Dove, E., Coolen, I., Mills, A., Dowker, A., Sylva, K., Ansari, D., Merkley, R., Murphy, V., & Scerif, G. (2019). Let's talk about maths: The role of observed "maths-talk" and maths provisions in preschoolers' numeracy. *Mind, Brain, and Education, 13*(4), 326–340. https://doi.org/10.1111/mbe.12221

Tekin, E. (2021). An overview of the child care market in the United State. National Bureau of Economic research. https://www.nber.org/sites/default/files/2021-10/White%20Paper-Tekin-101.06.21_revised.pdf

Togher, M., & Fenech, M. (2020). Ongoing quality improvement in the context of the national quality framework: exploring the perspectives of educators in "working towards" services. *Australasian Journal of Early Childhood*, *45*(3), 241–253. https://doi.org/10.1177/1836939120936003

The Build Initiative & Child Trends. (2019). Comparison of quality rating and improvement systems (QRIS) [Data System}. http://qriscompendium.org

Tran, T. D., Luchters, S., & Fisher, J. (2017). Early childhood development: Impact of national human development, family poverty, parenting practices, and access to

early childhood education. *Childcare Health Development*, *43*(3), 415–426. https://doi.org/10.1111/cch.12395

U.S. Bureau of Labor Statistics. (2022). Labor force participating of mother and fathers little changed in 2021 remains lower than in 2019. https://www.bls.gov/opub/ted/2022/labor-force-participation-of-mothers-and-fathers-little-changed-in-2021-remains-lower-than-in-2019.htm#:~:text=The%20labor%20force%20participation%20rate%20for%20all%20mothers,%2892.3%20percent%29%20but%20down%20from%202019%20%2893.3%20percent%29.

United States Department of Agriculture (USDA). (2023). Food and Nutrition Service: Nutrition Standards for CACFP Meals and Snacks. https://www.fns.usda.gov/cacfp/nutrition-standards

U.S. Department of Education Office for Civil Rights. (2014). Civil Rights Data Collection: Data Snapshot (School Discipline). Vandell, D. L., Lee, K. T. H., Whitaker, A. A., & Pierce, K. M. (2020). Cumulative and differential effects of early childcare and middle childhood out-of-school time on adolescent functioning. *Child Development*, *91*(1), 129. https://doi.org/10.1111/cdev.13136

Watts, T., Gandhi, J. , Ibrahim, D., Masucci, M., & Raver, C. (2018). The Chicago school readiness project: Examining the long-term impacts of an early childhood intervention. *PLoS ONE*, *13*(7), e0200144–e0200144. https://doi.org/10.1371/journal.pone.0200144

Whitebook, M., McLean, C., Austin, L. J., & Edwards, B. (2018). The early childhood workforce index 2018. https://cscce.berkeley.edu/projects/early-childhood-workforce-index-2018/

Williams, B. D., Sisson, S. B., Dev, D. A., Lowery, B., Horm, D., Campbell, J., Finneran, D., Graef-Downard, J., & Whaley, L. (2021). Associations between community built environments with early care and education classroom physical activity practices and barriers. *International Journal of Environmental Research and Public Health, 18*(12), 6524. https://doi.org/10.3390/ijerph18126524

Woodburn, M., Bricken, C., Zhengwang, W., Li, G., Wang, L., Lin, W., Sheridan, M. & Cohen, J.. (2021). The maturation and cognitive relevance of structural brain network organization from early infancy to childhood. *NeuroImage*, *238*(118232). https://doi.org/10.1016/j.neuroimage.2021.118232

Weber, R. B., Grobe, D., & Scott, E. K. (2018). Predictors of low-income parent childcare selections. *Children and Youth Services Review*, *88*, 528–540. https://doi.org/10.1016/j.childyouth.2018.04.001

Weber-Mayrer, M., Piasta, S. B., & Yeager Pelatti, C. (2015). State-sponsored professional development for early childhood educators: Who participates and associated implications for future offerings. *Journal of Early Childhood Teacher Education*, *36*(1), 44-60. https://doi:10.1080/10901027.2014.996927

Yamoah, O., Balser, S., Ogland-Hand, C., Doernberg, E., Lewis-Miller, C., & Freedman, D. A. (2023). “A win-win for all of us”: COVID-19 sheds light on the

essentialness of child care as key infrastructure. Early Childhood Research Quarterly, 63, 113–120. https://doi.org/10.1016/j.ecresq.2022.12.001

Zero to Three. (2017). *Investments in quality child care secure the future: Infant-toddler child care fact sheet*. Zero to Three. https://www.zerotothree.org/resources/2012-infant-toddler-child-care-fact-sheet.

Appendix: Interview Questions

These questions are grounded in the 6 key constructs of Adult Learning Theory:

1. What do you know about becoming an accredited center through NAEYC?
2. How do you see NAEYC accreditation fitting into your idea of what a childcare center director does?
3. How do you imagine NAEYC accreditation might be useful for a center?
4. What sorts of information might be gained by going through the NAEYC accreditation process?
5. What have you heard from other directors about their experiences with NAEYC accreditation?
6. How much have you investigated the NAEYC accreditation process or thought about participating?
7. What are the reasons a director might have to participate in NAEYC accreditation?
8. What are the reasons a director might decide NOT to participate in NAEYC accreditation?
9. If another director asked your opinion about how important NAEYC accreditation is, what would you say?
10. Setting aside NAEYC for a moment, describe the value quality assurance programs in general have in developing high-quality childcare.

Possible follow up prompts:

- *What did you mean by...?*
- *You mentioned... Tell me more.*
- *What did you mean by...?*
    - *Please give me an example of when that ... worked/did not work...*