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Wisconsin's Quality Improvement Initiative for Childcare Programs: A Case Study

Betty Jane Bohleber
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Walden University

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Abstract

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by

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MA, University of Wisconsin, 1975

BA, Concordia Teacher's College, 1970

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Early Childhood Education

Walden University

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Abstract

Wisconsin's Quality Rating and Improvement System (QRIS) was implemented in 2010 to improve quality of care for young children enrolled in childcare programs. Due to the recent initiation of the state's QRIS, empirical evidence on the effectiveness of the initiative to improve quality care for young children is limited. This qualitative case study explores childcare stakeholders' perceptions on the effectiveness of Wisconsin's QRIS as a quality improvement program. Bronfenbrenner theorized that exosystems such as state governments impact early childhood environments and the development of young children through initiation of programs. The research questions address the efficiency of the state's QRIS and the effects of the program on children, parents, and providers. Data sources included interviews exploring stakeholders' perceptions (n = 8), analysis of documents, and observations of childcare teachers (n = 2) for substantiation of effects. Using NVivo to aid in coding and theme development, the data showed that childcare stakeholders had positive and negative viewpoints on the expectations and effectiveness of the QRIS. Stakeholders acknowledged that the initiative enhanced the quality of programming for young children. Due to increased formal education requirements for caregivers and classroom expectations, the participants responded negatively about the effects of the QRIS on childcare staff. To improve the state's QRIS, stakeholders suggested that all state licensed childcare providers be mandated to participate, formal raters assess the quality in accredited and city certified childcare programs, and frequent communications between officials to eliminate misinformation. The recommendations may help the initiative operate more efficiently and effectively, thereby improving the quality in childcare programs and enhancing the development of young children.

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Chapter 1: Introduction to the Study

Quality of childcare affects the development of young children (Fenech, Sweller, & Harrison, 2010). Moreover, studies have shown that higher quality early childhood programs enhance the development of young children, and because of enhanced development, young children make greater gains in academic readiness for formal schooling (Burchinal, Vandergrift, Pianta, & Mashburn, 2010; Cunningham, 2010; Fontaine, Torre, Grafwallner, & Underhill, 2006; Ponitz, Rimm-Kaufman, Grimm, & Curby, 2009). Although researchers have shown that quality of care influences children's development, experts rate the majority of nonrelative provider care as mediocre in quality (Leana, Appelbaum, & Shevchuk, 2009).

To combat the negative effects of low or mediocre quality of childcare, legislative leaders from the state of Wisconsin approved a Quality Rating and Improvement System (QRIS) for childcare programs (Wisconsin Department of Children and Families, 2010). With the enactment of the QRIS, political leaders in partnership with childcare stakeholders attempt to raise the bar on quality within childcare programs throughout the state. Because the QRIS initiative is a relatively new program, research on the initiative's success rate for improving and sustaining quality within early childhood programs is nonexistent. As a result, there is a gap in the research literature on the effectiveness of the recently initiated QRIS.

For children from low-income families, the significance of a quality early childhood experience is crucial. Due to limited family resources, children from low-income families generally lag behind their counterparts in academic skills and readiness for elementary schooling (Burchinal et al., 2010; Leana et al., 2009; Magnuson & Shager,

2010). More discouraging, young children who begin formal schooling with delays generally continue to experience academic delays throughout their school years (McCartney, Dearing, Taylor, & Bub, 2007), and Barnett, Carolan, and Johns (2013) stated that an achievement gap is more difficult to close than to prevent. Despite the detrimental effects of poverty, higher quality of care boosts the development of young children living in poverty and diminishes the gap in academic skills between children of poverty and families of higher socioeconomic status (Burchinal et al., 2008).

The remainder of the chapter introduces the study proposal on Wisconsin's quality improvement efforts for childcare programs. Beginning with the background for the study, empirical evidence substantiates the importance of quality programs for the optimal development of young children. Although early childhood experts rate many childcare programs as low to mediocre in quality of care, Wisconsin stakeholders are trying to alleviate lower quality of care with the initiation of a QRIS. However, as revealed in the chapter, a problem exists, which is a lack of confirmation that Wisconsin's QRIS is effective in improving childcare quality. Consequently, the purpose for the current qualitative case study was to explore the perceptions of childcare stakeholders on the effectiveness of Wisconsin's QRIS. Also detailed in Chapter 1 are the limitations or weaknesses of the study, my assumptions about the participants and their responses, and the delimitations that define the boundaries of the study. Finally, in the significance section, I proposed that exploring the effectiveness of Wisconsin's QRIS through the perceptions of childcare stakeholders may generate improvements that could benefit young children, childcare providers, families of young children, and taxpayers.

Background

To effectively research the characteristics of quality programming and quality improvements, experts and researchers in the field of early childhood require an operational definition of quality. Consequently, to make the meaning of quality functional, experts use indicators of quality as observed within early childhood programs (Harms, Clifford, & Cryer, 1998). Using quality indicators for reference, experts and researchers examine and compare environments for young children and make inferences for quality improvements.

Indicators of Quality in Childcare Programs

Indicators of quality are characteristics of an early childhood program that determine quality. To simplify research on quality, experts in the field of early childhood have divided indicators into two dimensions, structural and process dimensions. The structural dimension of quality refers to the measurable aspects of an early childhood program, for example, teacher qualifications, staff-child ratios, and group sizes (Bigras et al., 2009; Ishimine & Wilson, 2010; Magnuson & Shager, 2010; Vu, Jeon, & Howes, 2008). The other dimension, process quality, comprises the day-to-day experiences of young children in provider care. Process dimensions of quality include the teacher-child interactions, peer interactions, accessible learning materials, and the curriculum used by the provider (Vu et al., 2008).

Researchers have conducted studies correlating teacher qualifications with quality of program. Although Early et al. (2007) had inconclusive results, the research teams of Saracho and Spodek (2007) and Kelley and Camilli (2007) concluded from their meta-analyses that teacher qualifications influenced the quality of an early childhood program.

Vu et al. (2008) also had research findings linking teacher qualifications with quality of program. Noting the research on teacher qualifications, Wisconsin's QRIS includes standards addressing teachers' education qualifications for attainment of higher quality levels (Wisconsin Department of Children and Families, 2010).

As another indicator of quality, researchers have also conducted studies on the process dimensions of quality, notably teacher-child interactions. In fact, researchers have noted a link between emotionally and instructionally supportive interactions between the teacher and young children and the social and cognitive development of children. After dividing teacher-child interactions into five different profiles, Curby et al. (2009) studied the relationship between teacher-child interactions and the development of young children. Curby et al. found that children in classrooms where teachers engaged the children in more instructional interactions showed greater gains in academic achievement. Likewise, in classrooms where the teacher-child interactions showed consistent emotional support, the children made gains in social competence based on teacher ratings such as "assertiveness, peer social skills, task orientation, and frustration tolerance" (Curby et al., 2009, p. 358). In sum, researchers has shown that the quality of the interactions between teacher and child influences the quality of the child's experience and the academic and social development of the young child.

Short- and Long-term Outcomes

Studies correlating quality with positive short- and long-term outcomes validate the impact of quality on the development of young children. Researchers have found that quality programs enhance the social and cognitive development of young children thereby influencing children's readiness for formal schooling (Fontaine et al., 2006). Also

inspirational and influential have been the longitudinal studies correlating outcomes of young children who attended early childhood intervention models with quality of program. Researchers who have done studies on intervention models or programs of the highest quality have found positive long-term results for participants as children and as they reach adolescence and adulthood.

Three classic longitudinal studies on intervention models that have shown positive short- and long-term results are the Carolina Abecedarian Project, the Chicago Parent-Child Centers Study, and the Perry Preschool Project. In common, the purpose of the intervention projects was to improve the academic readiness of children living in poverty (Barnett, Young, & Schweinhart, 1998; Campbell et al., 2012; Ou & Reynolds, 2006). Along with short-term positive effects such as improved academic readiness, longitudinal studies of children who received treatment showed benefits to both the individual and society extending beyond the short-term effects (Belfield, Nores, Barnett, & Schweinhart, 2006; Campbell et al., 2012; Ou & Reynolds, 2006). For example, the researchers of the longitudinal studies found that more adolescents from the treatment group versus the non-treatment group graduated from high school with some even attending schools of higher learning and achieving higher degrees. Additionally, the researchers established that the adolescents and adults who received treatment were involved in fewer criminal activities and showed less reliance on the government for financial support (Belfield et al., 2006). In other words, the interventions or high-quality programs created cost-benefits to society as well as developmental gains and higher achievements for individual participants.

Quality Rating and Improvement Programs

Heeding the results from research studies on the short- and long-term outcomes of quality programs and using the advice of experts in the field of early childhood, government officials in a number of states have initiated programs designed to improve the quality of care for young children. The quality improvement programs were brand-named Quality Rating and Improvement Systems (QRIS) or sometimes shortened to Quality Improvement Systems (QIS). The programs have a dual purpose. One function of the QRIS is a quality rating system that assists parents in finding appropriate provider care for their child (Wisconsin Department of Children and Families, 2010). The second function is channeling the early childhood programs toward quality improvements (Zellman & Perlman, 2008). Typically, the QRISs have tiered quality levels along with monetary incentives corresponding to the quality levels (Tout, Zaslow, Halle, & Forry, 2009). However, as noted by Zellman and Perlman, past reports showed that incentives were not as effective without expert guidance toward quality improvements. For that reason, the officials organizing the QRISs began utilizing technical consultants to assist childcare providers toward improving and sustaining quality.

Although limited, researchers of empirical studies on quality improvement programs have shown QRISs as effective in improving and sustaining quality within childcare programs. At the county level, Ma et al. (2011) studied the efficiency of the QIS of Palm Beach County, Florida. Ma et al. concluded that the QIS implemented by Palm Beach County in Florida was effective in improving quality within the early childhood programs in that region of Florida. Furthermore, Ma et al. noted that as the

quality improvement program became more efficient, the number of childcare programs attaining higher levels of quality increased at a faster pace.

Recently, to combat the negative effects of low or mediocre quality care, Wisconsin initiated a QRIS, which is the focus of the current study. Similar to other states, Wisconsin's QRIS is a tiered system with quality ratings manifested as a range of stars and financial incentives linked with the tiers or star ratings (Wisconsin Department of Children and Families, 2010). In addition to ratings and financial incentives, the quality improvement system utilizes technical consultants to guide the early childhood programs toward quality improvements and mini-grants to help alleviate the costs associated with improvements.

Comparable to other states with a QRIS, state leaders from Wisconsin hope to improve the quality of care for young children enrolled in childcare programs (Wisconsin Department of Children, 2010). However, because of Wisconsin's recent initiation of the QRIS and changes in the monetary incentives corresponding to quality levels, empirical evidence on the efficiency of the program in improving quality is, thus far, nonexistent. In other words, there is a gap in the literature validating the effectiveness of the state's QRIS in improving and sustaining the quality of provider care and in understanding the effects of the recently revised monetary rates on improving childcare quality. Additionally, although childcare stakeholders are directly involved or associated with the QRIS, exploration of childcare stakeholders' perspectives on the efficiency of the state's QRIS is minimal.

Because quality of a program affects the development of young children, evidence from knowledgeable individuals directly affiliated with Wisconsin's quality improvement

initiative is significant. As links in the early childhood infrastructure, childcare stakeholders work directly with the initiative in establishing and maintaining quality improvements (Azzi-Lessing, 2009). In Wisconsin, researchers have not fully explored the perspectives of childcare stakeholders on the state's QRIS, and a thorough exploration of perspectives may be the impetus for constructive adaptations in the operation of the initiative. In other words, childcare stakeholders' perspectives may bring about supplementary ideas for improving and sustaining quality within childcare programs, ideas for improving the efficient operation of the initiative, and cost savings for taxpayers. Furthermore, participants' perspectives about Wisconsin's QRIS may provide information to readers who want to advocate for a quality improvement system or make modifications to the quality improvement system in their state.

Problem Statement

Quality of care within early childhood programs is significant for the optimum development of young children (Fenech et al., 2010). For young children and primarily for low-income children, researchers report a significant relationship between quality of early childhood programming and children's social and cognitive development (Burchinal et al., 2008). Quality of programming reduces the gap in academic preparedness between children from underprivileged homes and children who have had added social or economic advantages during their early years (Burchinal et al., 2008; Leana et al., 2009; Magnuson & Shager, 2010). Nevertheless, despite the research showing the positive effects of high-quality on development, many early childhood programs provide a low to mediocre level of childcare (Leana et al., 2009).

To minimize the negative effects of poorer quality of early childhood programming, political leaders from Wisconsin approved the initiation of a QRIS. With the enactment of the quality improvement program, leaders in partnership with childcare stakeholders attempt to improve the quality of early childhood programs in the state of Wisconsin. Because Wisconsin's QRIS initiative is a relatively new program, research on the program's success rate for improving and sustaining quality is, thus far, nonexistent. In other words, there is a gap in the literature validating Wisconsin's QRIS as an effective and efficient program for improving quality within childcare programs. Although similar to the QIS in Palm Beach County, Florida, which Ma et al. (2011) found to be effective in improving quality, Wisconsin's QRIS may have different policies, procedures, and leaders that influence the effects of the initiative on childcare programs. For example, in Wisconsin the monetary incentive plan corresponding to the quality levels differs from the incentives of Palm Beach County's QIS. Because Wisconsin does not have empirical evidence on the effectiveness of their quality improvement program, state officials are uninformed about the effects of the QRIS on early childhood programs, and ultimately, the influence that the initiative has on the development of young children. Additionally, knowing that the QRIS improves working conditions for childcare employees and helps families find suitable childcare for their children would also be beneficial.

Purpose of the Study

The current study is a qualitative case study of Wisconsin's recently initiated QRIS. The purpose of the research study was to explore childcare stakeholders' understandings of the procedures and benchmarks of the QRIS. Furthermore, a second purpose was to explore the perspectives of childcare stakeholders on the effectiveness of

Wisconsin's QRIS in improving and sustaining quality within childcare programs.

Childcare stakeholders included childcare administrators, childcare teachers, parents who have young children enrolled in childcare programs, and a technical consultant who helps facilitate quality improvements. Because of their unique experiences and association with the state's QRIS, childcare stakeholders understand the strengths and weaknesses of the initiative. Their perspectives may bring about adaptations to the QRIS that could help the initiative operate more efficiently and effectively.

Research Questions

Four research questions guided the current case study of Wisconsin's QRIS. The research questions are:

1. According to childcare stakeholders who have experience with Wisconsin's QRIS, what do stakeholders understand to be the fundamental principles and benchmarks of the QRIS for improving and sustaining the quality of care within group childcare programs? How do childcare stakeholders recognize the principles and benchmarks as effective in improving the overall quality of group childcare programs?
2. According to childcare stakeholders who have experience with Wisconsin's QRIS, what effects does the QRIS have on young children attending group childcare programs?
3. According to childcare stakeholders who have experience with Wisconsin's QRIS, what effects does the QRIS have on childcare employees working in group childcare settings or parents of young children who are enrolled in group childcare facilities?

4. According to childcare stakeholders who have experience with Wisconsin's QRIS, what components of the QRIS do childcare stakeholders recognize as effective in improving and sustaining quality within childcare programs? How do childcare stakeholders determine that the components of the QRIS are helping to improve and sustain quality?

Theoretical and Conceptual Framework

A conceptual framework consists of ideas, beliefs, theories, and assumptions that support a research study (Maxwell, 2005). Three beliefs supported by research and augmented through the researcher's experiences as an early childhood teacher in combination with the ecological theories of Bronfenbrenner and Garbarino frame the present research study on childcare stakeholders' perceptions of Wisconsin's QRIS, a government initiated program designed to improve the quality of care within childcare centers.

Beliefs Framing the Study

According to Maxwell (2005), beliefs and assumptions help to define a research study. One belief held by professionals in the field of early childhood and noted by the researcher from her experience as an educator is that stimulating learning activities and supportive teacher-child interactions influence the development of young children (Fenech et al., 2010). Furthermore, for young children who are at risk of failure because of poverty or developmental delays, quality programming is imperative; quality programming reduces risk factors, for example, inferior language skills, inferior social skills, and delayed readiness for formal schooling (Burchinal et al., 2008). The literature

review, which includes research studies linking quality programming and young children's development, elaborates on this assumption.

Another belief is that government programs can, in fact, improve and sustain the quality of provider care. Encouraged by professional organizations interested in the welfare of young children, the state's legislature initiated the QRIS to improve and sustain quality within early childhood programs in Wisconsin (Wisconsin Department of Children and Families, 2010). State legislators, experts in the field of early childhood, and childcare stakeholders assume that with the benchmarks as an incentive and the principles in place for quality improvements, Wisconsin's QRIS will improve the quality of childcare for young children.

A third belief is that childcare stakeholders who directly experience the QRIS are powerful advisors to the program. Childcare stakeholders include childcare administrators, childcare teachers, parents of young children who attend a childcare facility, and technical consultants that assist childcare centers toward quality improvements. Because of their direct association with the QRIS, childcare stakeholders understand the effects and disadvantages of the initiative. As the researcher has also noted from her experiences, childcare stakeholders are generally forthcoming about programs that affect their workplace or, if parents, the quality of provider care for their young children.

A qualitative case study approach is an in-depth study of a program (Creswell, 2007). As a qualitative case research study, the present study explored participants' perceptions on Wisconsin's QRIS. Childcare stakeholders who have direct experience with the QRIS have viewpoints on how the quality improvement program is operating.

Through one-to-one interviews with the researcher, the participants voiced their opinions on the efficiency of the QRIS and disclosed their viewpoints on how the initiative affected young children, childcare staff, and parents of young children. Because of their close association with the quality improvement program, childcare stakeholders had beliefs on ways to improve the program, and they wanted to voice their recommendations for improvements. Consequently, questions on the interview protocol probed participants to express their views on ways the state could improve the QRIS and the effects of the program on children, families, and childcare workers.

Theories Framing the Study

Also contributing to the conceptual framework are the theories of Bronfenbrenner and Garbarino. Bronfenbrenner (1979) described his theories as the ecological systems theories of human development and metaphorically compared his theories to a Russian nesting doll. Garbarino, Bronfenbrenner's understudy, approved and expanded on Bronfenbrenner's systems theories.

Mindful of the environmental effects on children, Bronfenbrenner (1979) posited that there are four systems interacting in varied degrees with a child's development. To aid readers with comprehension of the connection between the four systems and a child's development, Bronfenbrenner illustrated the systems as concentric circles with proximate systems nested within outer systems, similar to his Russian doll analogy. According to Bronfenbrenner, the inner circles or systems were the most influential on a child's development in contrast to the outer circles or distal systems, which were the least influential. Bronfenbrenner (1979) labeled the four systems from proximal to distal as the microsystem, mesosystem, exosystem, and the macrosystem.

As noted by Bronfenbrenner (1979), the innermost circle and the most influential on a child's development is the microsystem. The microsystem includes the child's immediate environments, for example, the home, the school, and the childcare setting. Even prior to extensive empirical evidence, Bronfenbrenner warned that children's experiences could be either detrimental or advantageous to a child's development depending on the degree of stimulation within the immediate environment and the quality of the caregiver-child relationship.

The next concentric circle or system as part of Bronfenbrenner's ecological systems theory is the mesosystem. Bronfenbrenner (1979) described the mesosystem as the interrelatedness between the microsystems such as the home, school, and childcare provider. As Bronfenbrenner suggested, when there is agreement and encouragement between the microsystems, a child's development is positively affected. However, in contrast, when there is disagreement, the mesosystem has a harmful effect on a child's development.

The exosystem is next in the concentric circle scheme. According to Bronfenbrenner (1979), although the exosystem does not directly influence a child's development, the exosystem may indirectly affect a young child's immediate environment and thus the child's development. Ironically, the influence of the exosystem on a child's development is generally through other individuals associated with the child. For example, although families and teachers have a more direct effect on a child's development, professional organizations, state governing bodies, and family work settings indirectly affect a child's development through the creation of policies and programs, and the allocation of resources. An example of an exosystem is Wisconsin's

QRIS, which because of public policy indirectly influences a child's development.

Garbarino (1995) commented that often the quality of childhood and children's experiences are the result of political decisions and the people who have the power to make decisions.

Lastly, the outer circle of Bronfenbrenner's illustrated ecological theories is the macrosystem. Bronfenbrenner (1979) posited that the macrosystem is the culture or subculture that manipulates the young child's environment. Manipulation of a child's environment happens when a dominating culture or subculture with its unique values, beliefs, and priorities influences public policy. Although influential, the fourth system, the macrosystem, asserts the least effect on the developing child (Bronfenbrenner, 1979).

As the outermost system of Bronfenbrenner's concentric circles, the macrosystem or dominating culture within Wisconsin starts the domino effect on quality of care for children. When relating the macrosystem to Wisconsin's QRIS, one notes that the dominant culture within the state values all young children, their quality of life, their academic readiness, and their optimal development. Those values upheld by the culture sway public policy, and in turn, policy makers dictate priorities to providers caring for young children. In that way, the macrosystem enhances a child's development.

Garbarino agreed with Bronfenbrenner's systems theories and added his own beliefs. In harmony with Bronfenbrenner, Garbarino (1992) noted that even though the microsystem is the most critical on a child's development, each part of the system affects a child and his/her development. Garbarino (1995) used the term *environmental press* in reference to the collective effect of the environment and development in shaping an individual. Simply stated, *environmental press* means that all the forces within an

environment are at work on an individual's development. Bronfenbrenner stated the same belief in a different way. Bronfenbrenner (1979) posited that everything within a child and everything within a child's environment affects the growth and development of a child. Chapter 2 expands on the ecological systems theory of human development.

Linking Systems Theories to the Research Study

Bronfenbrenner and Garbarino's systems theories helped frame the present research study. In alignment with the systems theories of Bronfenbrenner and Garbarino, the state as exosystem indirectly affects the development of young children through the initiation of programs, policies, and allocation of resources. For example, through the recently approved QRIS, the goal of Wisconsin's legislature is to raise the quality of care provided by childcare programs in the state of Wisconsin (Wisconsin Department of Children and Families, 2010). Because of the QRIS and the policies associated with the initiative, the state as exosystem affects change in the quality of early childhood programs, and in turn, the development of young children. Because Bronfenbrenner and Garbarino theorized that governing bodies could indirectly influence a child's development through the creation of programs, policies, and allocation of resources, the current research explored the responses of childcare stakeholders on the success of the state's QRIS as a quality improvement and sustaining program. The researcher also explored the perceptions of childcare stakeholders on the effects of the initiative on young children, childcare staff, and families who have children enrolled in group childcare centers.

Nature of the Study

The current research study is a qualitative case study using multiple cases in multiple contexts on childcare stakeholders' perceptions of Wisconsin's quality improvement initiative. Defined by Creswell (2007), a case study is a careful and thorough investigation of a case, which could include an in-depth research of a program, a project, or two or more individuals. Yin (2009) explained a case study as the study of a bounded, contemporary issue through which the researcher asks *how* and *why* questions. In the present case study, I conducted an in-depth exploration of the perceptions of eight childcare stakeholders within the context of three different group childcare centers on a contemporary phenomenon, Wisconsin's QRIS, a quality improvement program for childcare centers.

Rationale for Qualitative Design

The case study research concerning Wisconsin's QRIS provided information-rich data on the effectiveness of the initiative based on the perceptions of childcare stakeholders. Because technical consultants, childcare directors, childcare practitioners, and families of young children have direct experience with the QRIS, information-rich data from childcare stakeholders could provide diversity in perspectives on the strengths and weaknesses of Wisconsin's QRIS as perceived by the childcare stakeholders associated with three settings. Although an experimental study would provide statistical evidence of young children's developmental gains linked with a quality program, an experimental study does not offer in-depth perspectives on the QRIS from individuals directly associated with the quality improvement program. Galletta (2013) stated simply that a qualitative study allows the researcher to search for depth in meaning, in other

words, the significance, understandings, effectiveness, and implications of a phenomenon.

Methodology

For the case study research, three data collection sources from eight childcare stakeholders provided information-rich data on Wisconsin's QRIS. Childcare stakeholders included childcare administrators, childcare teachers, parents of young children who attended a group childcare center, and a technical consultant who helps childcare centers attain quality. One data source was semi-structured interviews with childcare stakeholders. The second data source was documents that verified the benchmarks and principles of the QRIS and helped identify quality improvements within childcare centers. Finally, the third data collection source was observations of childcare teachers and their classroom environments.

One-to-one interviews. Interviews with childcare stakeholders provided in-depth data for the research study. Using an interview protocol for direction, my goal for the one-to-one interviews was to acquire saturation of data that illuminated the interviewees' perceptions on the effectiveness of the state's QRIS. Finally, data analysis of the interviews included clustering of similar concepts that became evident through the interviews into themes for the final report on childcare stakeholders' views on Wisconsin's QRIS.

Documents. Another data source for the case study was document analysis. I began by collecting documents from childcare programs and from the state's QRIS website that included information about the initiative. The documents from the website helped explain the initiative and presented statistics that verified that childcare programs

were achieving higher quality levels. Documents from the childcare centers such as center newsletters and classroom lesson plans showed how the QRIS impacts the children, the childcare staff, and the parents. During data analysis, I examined the documents for information provided about the QRIS and documentation that the QRIS is effective in improving quality.

Observations of childcare teachers. The third data source was observations of teachers in their classrooms. Using observation protocols for consistency in observations, I observed two childcare teachers employed by group childcare centers. The observations helped gauge quality within the childcare classrooms, and during data analysis, I compared the quality indicators in each of the classrooms with what early childhood experts deem to be quality environments.

Sampling. Sampling is a crucial part of methodology for a research study. From the outset, my prearranged sample size was eight childcare stakeholders associated with three different group childcare centers. The sampling included three childcare administrators, each from a different group childcare center, two childcare teachers who were supervised by a childcare administrator that was also a participant, and one technical consultant who assisted two of the three centers. Two parents from separate family units with an infant, toddler, or preschool child enrolled in one of the three centers were also included in the sampling. Accordingly, to attain a sample size of eight childcare stakeholders, I used purposeful sampling.

Childcare stakeholders who were knowledgeable about the state's QRIS provided the information-rich data for the study. Because childcare stakeholders work directly with the QRIS, they understand the shortcomings and strengths of Wisconsin's QRIS. In

particular, childcare administrators are representative participants because of their direct involvement with the QRIS through completing forms and supervising improvements. As a direct result of their responsibilities associated with the QRIS, administrators gain expertise on the initiative, and thus, they were able to provide information rich data for the case study. For variance in perceptions, I interviewed two childcare teachers who volunteered to participate, two parents who had children that attended a childcare facility and volunteered to participate, and one technical consultant employed by the QRIS who guides childcare providers toward quality improvements. Because the goal of the case study was an in-depth understanding of the state's QRIS, if I would have had gaps in the data or if I had not achieved saturation of information, I planned to revisit the participants or seek information-rich data from additional childcare stakeholders. However, I did not have to revisit the participants or pursue additional stakeholders for data since information-rich data were acquired during the data collecting process.

Definition of Terms

The following is a list of words used in the document along with operational definitions of the words:

Book-related utterances: Book-related utterances are interactions between the teacher and the children in the classroom related to a book that the teacher is reading to the group. During book reading sessions, the teacher asks the children questions about the book, defines words that may be new to the children, and adds to children's knowledge by expanding on a topic introduced in the book (Gerde & Powell, 2009).

Childcare: A broad definition of childcare is non-maternal care for infants, toddlers, and young children consisting of more than 10 hours a week for care (Belsky,

Burchinal, McCartney, Vandell, Clarke-Stewart, Owen, & the NICHD Early Child Care Research Network, 2007).

Childcare centers: Childcare centers are facilities licensed to provide non-parental care to young children. A childcare facility operates for 10 hours or more per day with a government organization regulating how the childcare center operates. Staff members who meet qualification expectations outlined by the regulating organization provide care in childcare centers (Ishimine, Wilson, & Evans, 2010). I used the terms childcare center, childcare program, and early childhood program interchangeably throughout the document.

Components of a QRIS: The components are the broad categories of a QRIS that indicate quality. Two examples of QRIS components are staff qualifications and the child's learning environment (Lahti, Elicker, Zellman, & Fiene, 2015).

Credentialing: A credential is a recognized achievement given to a teacher after the teacher has completed training requirements and practical experience. Upon receiving a credential, in specified states, the teacher may teach in a state-funded preschool program (Vu et al., 2008).

Developmentally appropriate practice (DAP): Developmentally appropriate practices are care and educational strategies that are appropriate for young children. A care and educational program using developmentally appropriate practices is age appropriate, individually appropriate, and culturally appropriate for the young children in the program. In other words, when planning a program for a young child, the program considers the age of the child, the needs and interests of the child, and the cultural background of the child (Bredekamp, 1987).

Early Childhood Environment Rating Scale (ECERS): The Early Childhood Environmental Rating Scale is an instrument that rates the global quality of an early childhood program. After observations by experts using the ECERS, the scale gives stakeholders information on where quality improvements are required. Some states use the ECERS instrument as part of their QRIS to rate early childhood environments on quality and monetarily reimburse childcare programs (Fontaine et al., 2006).

Early Childhood Environment Rating Scale-Extension (ECERS-E): The Early Childhood Environmental Rating Scale-Extension is an observational instrument that measures curricular quality. The ECERS-E observational instrument uses four subscales to measure the curricular quality of an early childhood program. The four subscales are literacy, mathematics, science/environment, and diversity (Sylva et al., 2007).

Ecology: Ecology is a science that looks at how an organism responds to the environment. The ecological approach focuses both on the immediate and more distal environments of an organism (Garbarino, 1992).

Ecology of human development: The ecology of human development is the reciprocal relationship between a changing, growing individual and the immediate environment within which the individual lives. The ecology of human development also considers the extended environments that are influential in the individual's development (Bronfenbrenner, 1979).

Externalizing behaviors: Externalizing behaviors are problematic behaviors in which young children's actions are aggressive and/or destructive (Lemay, Bigras, & Bouchard, 2015).

Infant/Toddler Environment Rating Scale-Revised (ITERS-R): The ITERS-R is an instrument that measures the global quality of environments for young children from birth through 30 months (Harms, Cryer, & Clifford, 2006).

Internalizing behaviors: Internalizing behaviors are problematic behaviors in which young children act in an anxious and/or withdrawn manner (Lemay et al., 2015).

Global quality: Global quality is the combining of structural and process dimensions of quality (Hestenes, Cassidy, Hegde, & Lower, 2007). The Early Childhood Environment Rating Scale-Revised (ECERS-R) developed by Harms et al. in 1998 is one instrument that measures global quality (Clawson & Luze, 2008).

Intervention model: An intervention model is a high-quality and intensive intervention program for young children with the goal of improving the academic readiness of children from low-income families. Intervention models provide educational support to children at risk for failure, and they provide support services to the families of the young children at risk (Reynolds & Temple, 1998).

Quality environment: A quality environment for young children is one that includes developmentally appropriate activities, supportive and positive adult-child interactions, and an environment that assures the safety and health of the children (Cunningham, 2010).

Process quality: Process quality is a dimension of quality that involves the children's day to day, direct experiences in an early childhood setting. Direct experiences comprise interactions between teachers and children, children's interactions with their peers, learning activities, and the materials available to the children to explore and experience (Kelley & Camilli, 2007).

Preschool and early childcare: Preschool or early childcare is care and education for young children before the child reaches kindergarten age. It is usually not in the home of the child (Rimm-Kaufman & Ponitz, 2009).

Quality indicators of a QRIS: Quality indicators are the numbers that define the standards of a QRIS. One example of a quality indicator of a QRIS is over half of the staff or over 50% of staff have received 30 hours of training on developing goals using state standards as a guide (Lahti et al., 2015).

Standards of a QRIS: Standards of a QRIS are the determinants of quality as listed under each component. An example of a standard is staff having training in developmentally appropriate practices, which would be listed under the component for staff qualifications (Lahti et al., 2015).

Structural quality: Structural quality is a dimension of quality that includes the controlled characteristics of a program, for example, the level of formal training that is required for a teacher, staff-child ratios, and group size (Vu et al. 2008).

Sustained shared thinking: Sustained shared thinking means that the teacher engages in conversations with a young child with the goal of extending the thinking and learning of the child (Sylva et al., 2007).

Teacher-child interactions: Teacher-child interactions are interactions between teacher and child through words and actions in which the teacher offers behavior guidance, instructional support, language facilitation, and sensitive emotional support (Thomason & LaParo, 2009).

Assumptions

The current research study is a case study on Wisconsin's QRIS. Two assumptions permeated the research. Because I interviewed childcare stakeholders familiar with the state's QRIS, my first assumption was that the childcare stakeholders would respond to the interview questions truthfully based on their authentic viewpoints and knowledge. In other words, I assumed that my presence as interviewer would not influence the participants' responses. When stakeholders respond truthfully, their views and opinions might offer constructive adaptations that would increase the effectiveness of the QRIS. My second assumption was that the childcare stakeholders were knowledgeable about Wisconsin's recently initiated QRIS, and they would provide information-rich data needed for theme development. Childcare stakeholders' experiences and familiarity with the state's QRIS would provide straightforward perspectives on the initiative as effective in improving quality in childcare centers and provide suggestions that would help the QRIS operate more efficiently. Their perspectives could also become a reference for officials from other states who want to improve their state's QRIS.

Scope and Delimitations

Wisconsin's QRIS is a recently initiated quality improvement program focusing on the enhancement of quality within childcare centers. Because of the recent initiation of the program, empirical evidence that the state's QRIS is efficient and effective in improving quality in childcare centers while positively affecting young children is, thus far, nonexistent. A research study exploring the viewpoints of childcare stakeholders may provide state officials associated with the QRIS with responses that would improve the

operation of the initiative thereby improving conditions for young children enrolled in childcare centers.

While planning the methodology for the research, I delimited the research. To begin, I delimited the research study by scope. To delimit by scope, I explored the views of childcare stakeholders on the effectiveness of the state's quality improvement initiative rather than investigating the measured outcomes or the developmental gains of young children as related to the QRIS. While exploring perceptions, participants might have expressed the developmental gains of young children that were observed or improved child outcomes due to the implementation of the QRIS. However, measuring outcomes or developmental gains was not within the scope of the study. Additionally, although Bronfenbrenner (1979) deemed that positive communications between a child's immediate environments were significant, studying the quality of the communications between families of young children and the childcare programs caring for the children was also not within the scope of this study.

Along with delimiting the scope of the research study, I delimited the participants of the study. As planned, participants were childcare stakeholders employed by group early childhood programs participating in the state's QRIS or childcare stakeholders associated with group early childhood programs participating in Wisconsin's QRIS. Participants included childcare administrators, childcare teachers, families with young children who attended group early childhood programs, and a technical consultant employed by the state who guides group childcare facilities toward quality improvements. All childcare administrators, childcare teachers, and consultants had a minimum of one year's experience with the state's QRIS. Parents who were participants

had at least one year of association with a childcare center that participated in the state's QRIS. In other words, their child attended a group childcare center that participated in the state's QRIS and the child had attended the center for at least one year. Because the policies and procedures of Wisconsin's QRIS directly affect childcare stakeholders, the study participants recognized the effects of the quality improvement program and provided information-rich data.

The third delimitation of the study was the star quality level of the participating childcare centers. Star quality levels of Wisconsin's QRIS range from one star to five stars with one star at the lowest quality level and five stars indicating the highest level. Accordingly, I delimited the study to early childhood programs that had earned a star quality level above the base level of one star. Childcare centers assigned one star have not met safety and health regulations mandated by the state, and therefore, the state prevents centers assigned one-star from participating in the QRIS. Consequently, I excluded from participation childcare directors, childcare teachers, and families of children involved with early childhood programs that were assigned one star.

According to the policies of the state of Wisconsin, state officials mandate that childcare providers that take part in the state's childcare subsidization program participate in the QRIS. For childcare providers not enrolling children needing childcare subsidies involvement in Wisconsin's QRIS is optional. Because of these policies, I delimited the research study to childcare stakeholders and early childhood programs participating in Wisconsin's QRIS.

Along with delimiting the scope, the participants, and the star quality levels of the early childhood programs, I delimited the study by regional area. Although the QRIS

applies to all childcare programs in Wisconsin that accept children needing subsidized care, I had planned to delimit the study to three childcare centers located in the south central region of the state. The south central region includes a large urban community with active early childhood professional groups and a plethora of early childhood group facilities located in both rural and urban settings. Due to the delimitation of the research study by regional area, star quality levels, and participants, transferability of information to the general population of childcare stakeholders and to other childcare settings within the state may be limited.

Limitations

As with all research studies, limitations also existed in the current study. One limitation was the reliability of the participants' interview responses. Instead of answering candidly, participants might have responded untruthfully. In other words, participants might have responded to interview questions with answers and concerns that they anticipated would appeal to me, the interviewer, or answers that would mask their true viewpoints. To control this limitation, I assured the participants both in an initial letter and at the beginning of each interview that they could be candid with their responses, because I would be confidential with all personal identities and all data.

Another possible limitation of the research study was stakeholder and researcher bias. In other words, childcare center administrators and childcare teachers might respond with biased statements on the quality of their program. To reduce stakeholder bias, I emphasized that the focus of the study was on the QRIS especially the efficiency of the QRIS to affect the quality within group childcare centers and not on the quality of individual programs. Finally, to minimize researcher bias, I wrote in a journal about my

experiences with participants and about the research process. As I wrote in the journal, I was alerted to my feelings and biases, and to alert readers of my biases, I identified those biases in the document.

A third limitation was the small regional area in which I conducted the study. During data collection, I contacted participants from one region of the state. Because the participants came from one region of the state, transferability of the participants' perspectives on the state's QRIS to other regions within the state or other states is limited.

Significance

The responses of administrators, technical consultants, childcare providers, and families about the initiative as a quality improvement and sustaining program was significant for understanding the effectiveness and efficiency of the initiative. Currently, research on Wisconsin's recently approved QRIS is nonexistent so exploring the responses of childcare administrators, childcare providers, technical consultants, and families on the effectiveness of the initiative provided additional understanding to the early childhood field. Furthermore, the comments of childcare stakeholders are potentially important because their comments might support constructive adaptations that could enhance the efficiency of the recently initiated quality improvement program, for example, savings on state funds budgeted for the program or time allotted for busy childcare stakeholders working on state requirements. Likewise, participants' views might persuade political leaders and influence childcare stakeholders about the value of the quality improvement program resulting in additional aid targeted for quality, teacher professional trainings, or technical support leading to quality. Foremost, the comments of administrators, teachers, consultants, and families could provide further improvements to

childcare programs resulting in the enhanced development and academic readiness of young children (Burchinal et al., 2008; Fenech et al., 2010).

Summary

Quality within early childhood programs enhances the development of young children. Short- and long-term studies on quality early childhood programs validate the effectiveness of quality on the development of young children. In short-term studies, researchers have shown the positive outcomes for young children who attend quality programs in both the social and cognitive domains, which leads to academic readiness for formal schooling (Burchinal et al., 2008; Fenech et al., 2010). Using longitudinal research studies, researchers have shown benefits to both individuals who were participants in high-quality early childhood programs and to society (Barnett et al., 1998; Campbell et al., 2012; Ou & Reynolds, 2006). For example, in longitudinal studies, individuals who attended intervention models and were part of the treatment group attained more years of schooling and retained their academic advantage over the control group. Societal benefits include reduced crime rates and less dependency on government programs for support (Belfield et al., 2006; Campbell et al., 2012; Ou & Reynolds, 2006).

Heeding the advice of experts and observing the outcomes from research studies on quality, many states have initiated quality improvement programs for childcare centers. Although empirical studies are few, studies on quality improvement programs show that QRISs have been effective in improving and sustaining quality within early childhood programs (Ma et al., 2011). Further research ensures that the different policies and variances in Wisconsin's QRIS, such as differences in tiered economic reimbursements, are still effective in producing positive results for young children.

Taxpayers would also be interested in the efficiency and effectiveness of the state's quality improvement program since their tax dollars help fund the initiative.

Because the current research study is a qualitative case study on the effectiveness of Wisconsin's QRIS, I looked for information-rich data by using interviews, analysis of documents, and observations of childcare teachers. Through interviews with childcare stakeholders, I gathered information-rich data describing the principles and benchmarks of the QRIS and data on the effectiveness of the state's QRIS in improving and sustaining quality. Analysis of documents and observations of childcare teachers provided additional data on the effects of the initiative on young children, parents of young children, and childcare staff.

In Chapter 1 of the proposal, I stated that there is a lack of empirical evidence that Wisconsin's QRIS is effective in improving quality within childcare programs. Quality within early childhood programs positively affects young children's development and accentuates their academic readiness. In Chapter 2, the literature review, I synthesized and compared research studies on stakeholders' perceptions of quality, indicators of quality, short- and long-term outcomes of quality, and research studies on quality improvement programs. In other words, Chapter 2 of the proposal presents a background for the present study that substantiates the need for increased understanding of Wisconsin's QRIS and quality improvements in early childhood programs. Chapter 3 describes the methodology in detail, and Chapters 4 and 5 explain the data analysis process and the results of the study.

Chapter 2: Literature Review

Quality of care enhances the development of young children (Fenech et al., 2010). Studies have shown positive developmental outcomes for children attending higher quality childcare programs (Fontaine et al., 2006). More notably, researchers have shown developmental gains for young children from low-income families attending quality early childhood programs thereby making school readiness more similar between children from low-income families and children growing up with socioeconomic advantages (Burchinal et al., 2010; Leana et al., 2009; Magnuson & Shager, 2010). However, despite the positive connection between developmental gains and quality of childcare program, many childcare providers continue to provide care of low-to-mediocre quality (Leana et al., 2010).

To combat the effects of lower quality care, state and local governments have initiated childcare quality improvement programs with the purpose of improving provider care. Through the recently initiated QRIS, the state of Wisconsin plans to improve and sustain the quality within childcare programs throughout the state (Wisconsin Department of Children and Families, 2010). Nevertheless, empirical evidence that Wisconsin's QRIS is effective in improving and sustaining quality within childcare centers is nonexistent.

The literature review expands on the purpose for the QRIS; high-quality childcare programs enhance the development of young children. Consistent with that knowledge, the literature review begins with various descriptions of quality and studies on indicators of quality. Next, researchers who studied the short- and long-term outcomes resulting from quality early childhood programs show the effects of quality. Additionally, a review

of classic research studies on intervention models that correlate quality with positive outcomes accentuates the long-term effectiveness of quality programs. Included in the literature review are research studies on organization and government initiated programs that promote quality care. Finally, a description of Wisconsin's QRIS, which is the focal point of the research study, completes the chapter.

Literature Search Strategy

To find information on my topic, I used primarily two search engines. Using the Walden University Library as one search engine, I found information in the education and psychology databases of the library. The education and psychology databases used were ERIC, Education Research Complete, PsycARTICLES, and PsycINFO. I also used multidisciplinary databases such as Academic Search Complete, SocINDEX, and ProQuest Central. To find additional information on my topic, I used the search engine Google Scholar. The search terms used to locate information in all of the chosen databases included *quality, childcare, early childhood, quality improvement, classroom quality, low quality, accreditation, outcomes, professional training, and early childhood education*. Besides using the library databases, I perused the reference lists of research articles for further sources pertaining to my topic.

Theoretical Foundation

Theorists like Bronfenbrenner and his understudy, Garbarino, understood the influence of environment on the development of young children. In his ecology of human development theory, Bronfenbrenner (1979) included government and professional organizations as indirectly influential in improving the quality of early childhood

programs and, in turn, the development of young children. Garbarino agreed with Bronfenbrenner's theories on human development and added his own observations.

Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner advanced his ecological systems theory to explain how different systems influence the development of children. Graphically, Bronfenbrenner (1979) simplified his ecological systems theory for readers using a diagram consisting of concentric circles representing the various systems with the innermost systems nested within the outer systems. Garbarino (1992) supported the ecological theories of Bronfenbrenner and expanded on the theories.

Bronfenbrenner's illustration of his theory as concentric circles helped others to understand his ecological systems theory. According to the ecological systems theory, Bronfenbrenner equated the innermost circle with a child's immediate environments, which includes family, friends, and school. He labeled this system the microsystem, and because children have direct contact with family, friends, and school, Bronfenbrenner (1979) posited that the microsystem had the greatest influence on the development of a child. The next circle as theorized by Bronfenbrenner was the mesosystem, which Bronfenbrenner described as the interactions between the child's immediate environments. Examples of the mesosystem are interactions between school personnel and family or interactions between childcare providers and family. Bronfenbrenner postulated that when collaboration exists between the units within the mesosystem, a child benefits. However, when there is discord, the child is negatively affected. The third circle in Bronfenbrenner's concentric circle diagram was the exosystem, and Bronfenbrenner posited that the exosystem indirectly influenced a child's development.

To illustrate, professional organizations and federal, state, and local governments influence a young child's environment through their funding, policies, and programs, which eventually affects the operation of a childcare program and the child's development. Finally, according to Bronfenbrenner, the outermost circle in the concentric circle diagram or the system that has the least influence on a child's environment is the macrosystem. As explained by Bronfenbrenner, the macrosystem is the culture of the child and what that culture deems significant. For example, when a culture values quality of care for young children, society makes efforts to sanction those priorities.

To Bronfenbrenner (1979), the microsystem had the greatest influence on the development of the young child. Bronfenbrenner theorized that if a young child does not have quality experiences as an infant and young child, the lack of quality could have negative effects on the child's development. In addition, the bonding between the child and caregiver, whether parent or childcare provider, is especially significant and can have positive or negative effects on a dependent child.

Although the microsystem directly affects the development of a young child, Bronfenbrenner (1979) posited that the exosystem indirectly influences development. The exosystem includes professional organizations and government agencies at all levels. True to Bronfenbrenner's theories, professional organizations affect the quality of an early childhood program through their proposal of quality standards, and governments affect the quality of an early childhood program through their allocation of funds and initiation of policies.

Garbarino's Theories

Like Bronfenbrenner, Garbarino also noted the relationship between environment and the individual child's development. Garbarino (1992) stated that there is continual interplay between society and biology. Mirroring Bronfenbrenner's theories on the ecological systems, Garbarino stressed the influential effects of parents and primary caregivers and urged quality of care. He extended Bronfenbrenner's beliefs by noting that boards of education also influence a child's school environment through their policies and actions. In addition, Garbarino posited that apart from parents' employers, the most influential ecosystems are governments at all levels.

Linking Theories with Research Study

The theories of Bronfenbrenner and Garbarino are evident in the recently approved QRIS of Wisconsin. In alignment with the systems theories of Bronfenbrenner and Garbarino, government agencies within Wisconsin or the exosystem, as categorized by Bronfenbrenner (1979), indirectly affect the development of young children through programs, policies, and allocation of resources. Also in accordance with Bronfenbrenner's and Garbarino's theories, in a study of childcare programs in Palm Beach County, Florida, Ma et al. (2011) observed the influence of the local government and the government initiated QIS on quality improvements in childcare centers. Although similar to the QIS of Palm Beach County, the goal of Wisconsin's QRIS is to improve the quality within childcare programs through policies initiated at the state level (Wisconsin Department of Children and Families, 2010). Furthermore, the state as exosystem affects change in the quality of early childhood programs and, in turn, the development of young children through the allocation of resources such as mini-grants, financial incentives, and

the quality improvement recommendations of technical consultants. Since Bronfenbrenner and Garbarino theorized that governing bodies could indirectly influence a child's development through the creation of programs, policies, and allocation of resources, the current research explores the responses of childcare administrators, childcare teachers, consultants, and families on the success of the state's QRIS as a quality improvement and sustaining program.

Quality within Early Childhood Programs

Quality within early childhood programs is an ambiguous construct. In other words, the opinions of experts and childcare stakeholders on what constitutes quality within early childhood programs are not always well-defined. Families of young children, experts in the field of early childhood, government leaders, early childhood care directors and teachers, as well as other stakeholders, describe quality of care differently. Consequently, generating indicators or characteristics of a quality childcare program is helpful for clarity in identifying quality.

Describing Quality

Researchers use indicators of quality to make quality of care more well-defined. Indicators of quality include developmentally appropriate practices as endorsed by the National Association for the Education of Young Children (NAEYC), structural dimensions of quality, and process dimensions of quality. Global quality, another term used to describe a quality program, is the blending of structural and process dimensions of quality into one construct (Hestenes et al., 2007).

Developmentally appropriate practices. Professionals in the field of early childhood frequently associate the term developmentally appropriate practices (DAP)

with excellence of programs for young children. As editor of a book outlining developmentally appropriate practices, Bredekamp (1987) described DAP as practices that are age appropriate, individually appropriate, and culturally appropriate. More specifically, an early childhood program employing developmentally appropriate practices uses pedagogical strategies that are appropriate for the age of the child, strategies that meet the developmental needs and interests of the individual child, and strategies that respect the child's culture.

Structural and process quality. Some researchers and experts in the field of early childhood describe quality indicators that go beyond developmentally appropriate practices. To put quality of program in practical terms, researchers and experts have separated indicators of quality into two dimensions, structural and process quality. Vu et al., (2008) explained structural quality as the controlled characteristics of a program. As described by Magnuson and Shager (2010), the structural dimensions of a program are straightforward and measureable. Bigras et al. (2009) classified structural quality as the state regulated components of an early childhood program, and Hestenes et al. (2007) noted that structural dimensions of quality indirectly affect child outcomes. Examples of structural quality include staff to child ratios, teacher qualifications, group sizes, and the safety and health components of the environment (Bigras et al., 2009; Ishimine & Wilson, 2009; Magnuson & Shager, 2010; Vu et al., 2008).

In a comparative study on the quality of care provided by various caregivers, Leach et al. (2013) found a statistically significant relationship between a structural dimension of quality namely adult-child ratios and higher quality of care. With a sample of 307 infants aged 10 months and 331 infants aged 18 months, the researchers studied

the quality of care young children received from nursery caregivers, nannies, child-minders, and grandparents. Using instruments to observe the quality of care provided by the different caregivers, the results showed that the quality of care was lowest in the nursery setting. The researchers also found that when adult-child ratios were lower, the quality of nursery care for infants increased. The reverse was also true. As the ratio of infants to adults increased, the quality of care for the infants declined. Leach et al. concluded that some structural dimensions of quality affect quality of care for young children.

The second element of quality as labeled by researchers and experts in the field of early childhood is process quality. Like structural quality, process quality has various descriptions. Magnuson and Shager (2010) described process quality as the type of practices that children experience on a daily basis. Vu et al. (2008) explained that teacher-child interactions, peer interactions, staff-parent interactions, accessible learning materials, and daily learning experiences are examples of process quality. Bredekamp (2011) stated that the quality of the relationships between each child and their teacher in addition to the “appropriateness of the materials, learning experiences, and teaching strategies” also defines process quality (p. 14). Moreover, Ishimine et al. (2010) stated that according to research, process quality is significant for the optimal social and cognitive development of young children. Although experts in the field of early childhood stress the significance of process quality and teacher-child interactions on quality of program, Ishimine and Wilson (2009) stated that the two dimensions of quality, structural and process, are interrelated, and “strength in one dimension is regarded as

insufficient to foster children's overall development" (p. 20). Stated differently, Zellman, Perlman, Le, and Setoji (2008) argued that structural quality drives process quality.

In a research study on toddler care, Thomason and LaParo (2009) found a relationship between structural and process quality. Thomason and LaParo researched the correlation of structural dimensions of quality: teachers' education level, classroom group size, teacher-child ratios, and the quality of the teacher-child interactions with toddlers. Using an adaptation of the Classroom Assessment Scoring System (CLASS) to assess classroom quality, Thomason and LaParo observed 46 toddler caregivers in 30 different classrooms. The study showed that structural dimensions, in particular classroom group size, teacher-child ratios, and teacher education level, correlated with the quality of interactions between the teacher and child (Thomason & LaParo, 2009). As concluded from the study, both structural and process dimensions influenced the quality within the toddler classroom.

Other descriptions of quality. Authorities in the field of early childhood use a number of other descriptors to explain quality. Harrison (2008) described a quality early childhood program as one that promotes the learning and development of young children. Similar to Harrison's description, Brownlee, Berthelsen, and Segaran (2009) described a quality program as a program that provides experiences that have a beneficial effect on the development of young children. Fontaine et al. (2006) were more explicit. They stated that a quality childcare program is a program that offers appropriate learning experiences for young children. In addition, Fontaine et al. (2006) described caregivers in quality childcare programs as sensitive, responsive, and supportive of the needs of young children. In agreement, Cunningham (2010) summed a quality environment by stating

that a quality program includes developmentally appropriate activities, supportive and positive adult-child interactions, and an environment that attends to the safety and health of the children enrolled in the program.

Different cultural groups also have their unique descriptions of quality. In a study by Ikegami and Agbenyega (2014), early childhood educators at the Sapporo Soka kindergarten in Japan shared their perspectives on quality for early childhood programming. The Soka Gakkai International (SGI) is a Buddhist organization that “focuses on peace, culture and education” (Ikegami & Agbenyega, p. 47). In their research, Ikegami and Agbenyega found that based on the Soka beliefs, the educators equated happiness to quality programming for young children. In other words, finding out what makes each child happy in his/her educational setting is significant, because according to the educators’ beliefs, happiness fosters the development of each child’s inner strengths.

Qualitative studies on descriptions of quality. To understand school stakeholders’ explanations of quality, Ho (2008) explored the meaning of quality to school stakeholders using an approach similar to the methodology of the present research, a qualitative case study approach. For Ho’s study, the cases were two high-quality early childhood programs located in Hong Kong, one a kindergarten program and the other a childcare center (Ho, 2008). According to Ho, Hong Kong is highly influenced by the developmentally appropriate practices endorsed by NAEYC, and Ho wanted to explore if school stakeholders’ views of quality included perspectives beyond developmentally appropriate practices.

To acquire information-rich data for analysis, Ho interviewed school stakeholders from each case. School stakeholders included school governors, school principals, teachers, support staff, and parents of young children. Using semi-structured interviews with individuals and groupings of parents, Ho interviewed one governor or school coordinator from each school, a principal from each school, 9-11 teachers from each school, 3-4 support staff, for example, clerical and housekeeping staff, and 3-5 member groups of parents. Ho reasoned that using a diverse population of participants added validity to the results of the research study.

During analysis, four themes describing a quality program emerged. The themes supported Ho's belief that stakeholders equate quality with practices that go beyond the developmentally appropriate practices endorsed by NAEYC (Ho, 2008). Mirroring the principles of Bredekamp on developmentally appropriate practices, the participants agreed that a quality program is stimulating, motivating, and considers the individual differences and interests of the children attending the program. The second theme that emerged reiterated the beliefs of Fontaine et al. (2006) and Cunningham (2010); school stakeholders considered friendly teacher-child interactions to be quality experiences. The third theme, not as frequently communicated in experts' beliefs about quality indicators, was the value placed on open communication between the parents of children and school personnel. Finally, school stakeholders stated that quality goes beyond the classroom. In other words, school stakeholders in Hong Kong considered support of families and families' needs to be a significant predictor of a quality program.

Also using a qualitative approach, Banu (2014) used interviews to explore school stakeholders' beliefs on quality prekindergarten programs. However, unlike Ho who used

different populations for data collection, Banu used one population, namely teachers working in preschools in Bangladesh. Also in variance from Ho's study, the stakeholders' beliefs on quality in Banu's research study ranged sharply from the stakeholders' beliefs in Ho's study.

For data collection, Banu (2014) used interviews to explore teachers' perspective on a quality program. Nine preschool teachers from three preschools in Bangladesh volunteered to participate in the study exploring their perceptions of quality programs. From the interviews, Banu found two themes that dominated the teachers' beliefs. For one, the teachers believed that a quality program was one that fulfilled "the requirements to the textbook" (p. 40), and secondly, the teachers' believed that a quality preschool program was one that enabled the young children in their classrooms to pass their examinations, which makes the next step in their education, a better primary school, a probability. To exemplify the themes, the teachers in the Bangladesh preschools believed that children should memorize the content in textbooks, and they believed that they had provided a quality program when at the end of the school term the textbook requirements were accomplished and the children passed their examinations. Consequently, in contrast to the developmentally appropriate practices that the stakeholders endorsed in the study by Ho (2008), the teachers in Bangladesh endorsed a direct teaching approach rather than a play-based or child-directed approach to learning, rote learning in contrast to problem solving or promoting higher order thinking skills, and curriculum content based on examinations (Banu, 2014). Banu concluded that the preschool teachers in the research study believed that a quality program was evident through the product or tangible results of their preschool program and not in the process through which the children learned.

Parents and stakeholders' explanations of quality. In addition to Ho, other researchers have studied families' understandings of quality. As consumers of early childhood services for their child, parents need to be knowledgeable about quality and the effects of quality on the development of their child. In contrast, parents are often uninformed about what constitutes a quality program and unfamiliar with indicators of quality. Instead of selecting a childcare center for its quality program, Noble (2007) stated that some families choose early childhood programs because of convenience in location or demographics, for example, the family's ethnicity and culture.

Because families often have mistaken understandings of quality, one of the goals of the QRIS initiated in Wisconsin is to educate parents on childcare quality (Wisconsin Department of Children & Families, 2010). Through the website and ratings aligned with staff education, curriculum, business practices, and health and safety standards, the QRIS informs parents on the quality of childcare programs in the state. Consequently, equipped with knowledge on quality programs, families of young children can make appropriate decisions about childcare based on the needs of their children and family circumstances.

Studies on parents' understandings of quality. Despite the advantages of knowing what constitutes a quality early childhood program, studies on families' awareness of quality indicators show that families are generally unaware of how to judge quality. Leach et al. (2013) found that mothers' satisfaction with provider care in a childcare setting was unrelated to the observed quality within the center. As Leach et al. explained, it is difficult for mothers to judge the quality of care within childcare settings, because they are generally at the center only at arrival and departure times. Similar to the findings of Leach et al., when Pope, Denny, Homer, and Ricci (2006) interviewed

childcare providers, the providers stated that they felt that parents and members of the community were unaware of the state's initiatives to improve quality within childcare centers.

In another study, Fenech, Harrison, and Sumsion (2011) also studied parents' understandings of quality indicators. After selecting 139 parents of children enrolled in childcare programs, Fenech et al. explored if parents' awareness of quality coincided with measured quality from observation instruments. The children of the participants attended one of six early childhood programs rated as high-quality based on scores from the ECERS, the ITERS, and the accreditation rating scale used in Australia.

Fenech et al. (2011) found some consistencies in parental awareness of quality indicators. Using a questionnaire with open and closed questions, Fenech et al. (2011) found that the majority of parents rated their child's provider as high in quality, which was consistent with prior ratings from observation instruments. Also consistent with experts' ratings, participants acknowledged the significance of process quality factors such as teacher-child interactions and nurturing care. When responding to questions on the learning process, parents acknowledged a child-centered approach as ideal and agreed that stimulating experiences were essential. Finally, respondents also identified open parent-staff communications as a quality indicator. Despite parents' overall awareness of the process components of quality, Fenech et al. (2011) found that parents were unaware of the structural aspects of an early childhood program that contribute to quality. For example, parents were unaware of staffing features or the undetected attributes of a quality program such as staff-child ratios and teacher qualifications.

In a similar study, Weaven and Grace (2010) compared the perceptions of both parents and childcare staff on quality. The findings of Weaven and Grace were similar to the findings of Fenech et al. Interviewing 21 childcare staff employed in childcare centers and 20 parents of children enrolled in childcare programs, Weaven and Grace found that parents did not identify the significance of the structural elements of an early childhood program. Instead, parents tended to equate quality with the more observable aspects of a program.

In contrast to parents' perceptions, staff of childcare programs identified improved structural elements of a program as adding to the quality of childcare. Weaven and Grace (2010) found that staff members mentioned structural quality indicators such as staff qualifications and staff-child ratios more than parents did. Nevertheless, as noted by Weaven and Grace, one of the weaknesses of the study was the lack of parents' direct experience with childcare centers operating under different auspices such as profit, nonprofit, independent-private, and corporate chain childcare centers.

Despite parents' unawareness of the structural dimensions of quality, consistent with the Fenech et al. (2011) study, parents in the study by Weaven and Grace (2010) recognized the process indicators of quality. Weaven and Grace (2010) stated that one of the emerging themes from interviews with parents was that they considered interactions between staff and children to be significant for learning. Parents also believed that interactions between staff and children should be warm and responsive, and both parents and staff equated provider responsiveness with quality. A qualitative approach such as the research study conducted by Weaven and Grace allows the researcher to explore the

understandings of parents on quality of programming and explore beliefs on how quality affects their child's development.

Stakeholders' understandings of quality. In a study with similar findings to Fenech et al. (2011) and Weaven and Grace (2010), the researchers, Harrist, Thompson, and Norris (2007) found that childcare stakeholders' understandings of quality mirror those of parents and staff members. As an alternative to interviews and questionnaires for data collection, Harrist et al. used focus groups. Using a diverse sample for credibility, the focus groups included three groups of owners and directors of early childhood programs, three groups of parents, three groups of childcare providers, one group of policy makers, and one group of social service providers all of whom were from the same metropolitan area. As in the research of Fenech et al. and Weaven and Grace, the stakeholders in the Harrist et al. study perceived communication and rapport between care providers and parents as significant. Likewise, Harrist et al. found that stakeholders perceived caregivers' practices and staff characteristics as vital to the quality of the childcare program. However, in the study by Harrist et al., three themes not included in the Weaven and Grace and Fenech et al. studies emerged. Within the focus groups, the childcare stakeholders also discussed financial and resource concerns, visibility and involvement, and professionalism as affecting quality of program (Harrist et al., 2007). The stakeholders felt that increases in financial resources improved the quality of a program. Secondly, the stakeholders felt that caregivers and parents should be visible as proponents of quality in both school settings and in the community, and finally, the stakeholders stated that provider professionalism helps to improve society's opinions of childcare providers.

In a unique study, Harcourt and Mazzoni (2012) explored the opinions of young children on quality. To obtain information-rich data, Harcourt and Mazzoni interviewed 40 preschool children who attended an inner city childcare program and 21 preschool children who attended an urban state-operated program. Similar to the parents' perceptions of quality, the children stated that respectful and sensitive relationships between them and their teachers were important. The children also wanted their teachers to be fair meaning that they equated justice with quality. When asked about the teacher as an authority figure, the children responded that they wanted the teacher to maintain authority, but they felt that shouting to control the behavior of children was inappropriate.

Research Studies on Indicators of Quality

Within the last decades, research on structural and process dimensions of quality has increased. The increase is due in part to the expansion of government programs for young children and the demand for evidence that early childhood programs are effectual and use government resources efficiently. However, questions continue on which dimension of quality, structural or process quality, is more effective in enhancing the quality of a program. Noting the significance of process quality, researchers have studied teacher-child interactions and the day-to-day experiences of young children in early childhood classrooms. In the realm of structural quality and often with conflicting results, researchers have studied teachers' level of formal education and professional development in correlation with quality.

Studies on teacher qualifications and quality. As evident from interviews with childcare staff, providers felt that the structural dimensions of quality influenced quality of program. Structural dimensions include measureable elements such as staff-child

ratios, group size, and teacher qualifications (Bigras et al., 2009; Ishimine & Wilson, 2009; Magnuson & Shager, 2010; Vu et al., 2008). For the past decades, the number of research studies on structural dimensions of quality, concentrating mainly on teacher qualifications, have increased. Using teacher educational level and quality of program as variables, the studies have had contradictory findings.

Focusing on the association between teacher education and quality of program, Vu et al. (2008), Kelley and Camilli (2007), and Saracho and Spodek (2007) found a positive relationship between the percentage of teachers with four-year degrees and the quality of their programs. In contrast, Early et al. (2007) had indecisive results when the researchers studied the relationship between education and quality of program.

Using meta-analysis, Early et al. (2007) examined the relationship between teacher education level and quality of program. Analyzing seven studies on the relationship of education and quality, Early et al. determined the results of the study to be inconclusive. Two of the studies showed a positive correlation between quality and educational level, one showed a negative correlation, and the remaining studies did not show a statistically significant effect between quality of program and teacher's education level. Speculating on the results, Early et al. explained that multiple variables, not just teachers' education levels, affect the quality of an early childhood program. Moreover, when considering policies for early childhood programs, Early et al. argued that job requirements based primarily on level of teacher education are inadequate.

Although the research teams of Saracho and Spodek and Kelley and Camilli also conducted meta-analyses, they had different results from those of Early et al. Based on examination of 40 research studies, Saracho and Spodek (2007) found a relationship

between level of education and teacher sensitivity and responsiveness within the classroom. Likewise, Kelley and Camilli (2007) compared 33 studies on the relationship between teacher education and quality of program. They found that children who had teachers with higher education levels showed significantly better developmental outcomes than children who had teachers with lower education levels.

Vu et al. (2008) collected primary data from a sample in California to study the correlation between teacher qualifications and quality of program. Using two observational instruments to rate the quality within 279 early childhood classrooms, Vu et al. compared teachers with bachelor's degrees and teaching credentials and teachers who had only teaching credentials with quality of program. Comparative results showed that early childhood teachers with a bachelor's degree in addition to a credential who worked in for-profit, nonprofit, and Head Start programs had higher quality classrooms than teachers working under the same auspices who had only credentials. Teachers' interactions with children were also more stimulating and responsive when the teachers from for-profit, nonprofit, and Head Start programs had higher degrees (Vu et al., 2008). Unexpectedly, early childhood programs sponsored by the California public school system did not show a significant difference in quality of classroom when teachers had a bachelor's degree plus a teaching credential or only a credential. Vu et al. hypothesized that the lower education levels of teachers do not affect quality in programs sponsored by the public school systems because of the strong support system within the school districts.

In a study focusing on teachers' education and children's oral vocabulary gains, Gerde and Powell (2009) studied book-related utterances. Gerde and Powell used a

sample of 60 Head Start teachers and 341 Head Start children to study book-related utterances and the relationship of utterances to teacher education and, in turn, to children's vocabulary gains. Using the Peabody Picture Vocabulary Test-III, Gerde and Powell measured the children's vocabulary at the beginning of the school year to establish a baseline and then at the end to document vocabulary gains. Gerde and Powell also measured teachers' book-related utterances at the beginning of the school year and again at the end of the year. In addition to measuring instruments, participants completed questionnaires requesting information on education background. Findings from the study showed that children who had teachers that engaged in more book-related utterances during large group sessions made greater gains in receptive language than children who had teachers who engaged in fewer book-related utterances. Gerde and Powell also found a relationship between teachers' quantity and quality of book-related utterances and their education background. When teachers had a higher education level, they participated in more book-related utterances during group sessions and asked questions to increase learning. Moreover, teachers with specialized training in early childhood education increased the quantity of book-related utterances as the school year progressed.

Although Guo, Sawyer, Justice, and Kaderavek (2013) studied quality within inclusive special education classrooms, the researchers found similar associations between teacher education and quality. Using a sample of 54 preschool teachers and 439 children, Guo et al. investigated how classroom and teacher factors interact to produce a quality literacy environment. Even though the results showed that the structural and instructional elements within the classrooms were of low to moderate quality, the results

showed a positive association between the quality of the instructional literacy environment and teacher education.

Realizing the effects of teacher education on quality, early childhood care providers and teachers have stated their position on the education background of childcare providers. Using a qualitative approach, Logan and Sumsion (2010) explored the views of childcare providers on staff qualifications and quality of program. During in-depth interviews, six participants who were also early childhood providers agreed, “that qualified teachers were the key to quality” (Logan & Sumsion, 2010, p 46). In another qualitative study conducted by Davis et al. (2010), twenty participants, directors and staff members of long day cares in Australia, agreed with the participants of the Logan and Sumsion study. Furthermore, the participants stated that more training would help them understand and support the social and emotional wellbeing of young children. In a position statement, the National Association of Early Childhood Teacher Educators (NAECTE) commented on the advanced education of early childhood teachers. As the voice of early childhood teachers, the leaders of the organization stated that teachers with certification or licensure to teach young children understand the developmental needs of young children and children’s unique learning characteristics (NAECTE, 2009).

Early childhood teachers have noted the positive relationship between teacher qualifications and quality of programming, and also adhering to a relationship between qualifications and quality, the QRIS of Wisconsin has as one of their standards the education level of the childcare teachers (NAECTE, 2009; Wisconsin Department of Children and Families, 2010). However, vexed by the Early et al. research study,

questions still continue concerning teachers' level of education and the influence of education on quality within early childhood programs.

Studies on professional development and quality. Along with level of formal education, researchers have conducted studies correlating professional development with quality of program. Cain, Rudd, and Saxon (2007) conducted a study on the effects of professional development on the joint attention engagement of caregivers with children aged 10 months through 18 months. All 48 caregivers who received the professional training and agreed to be participants were from low-quality childcare centers. Following training of the treatment group on Focus-Follow-Talk, a professional development training designed to enhance language development, Cain et al. used measuring instruments to assess the association between training and an increase in providers' joint attention engagement with toddlers. After analysis, Cain et al. noted more instances and longer durations of joint attention engagement between toddlers and providers who had received the training compared to caregivers in the control group who had not received the language enhancement training.

In similar studies, other researchers have found a correlation between professional development and quality of care. Rudd, Cain, and Saxon (2008) found that professional development increased the number and length of joint attention episodes between childcare providers and young children aged 14 - 36 months. However, when assessed, the young children did not show significant language gains. In a research study investigating the effects of professional development that was intense and continuous over an eight month period, Zan and Donegan-Ritter (2014) found a significant and positive effect on teacher-child interactions between the treatment group, which consisted

of both degreed and non-degreed teachers, and the comparison group. Similarly, Downer, Kraft-Sayre, and Pianta (2009), established that ongoing, web-based professional development accentuating enhanced teacher-child interactions helped teachers improve their teacher-child interactions thereby promoting the social and cognitive development of young children. In a meta-analysis on caregiver professional development, Fukkink and Lont (2007) found that specialized training had a significant effect on the competencies of childcare providers. After professional development trainings, the meta-analysis showed that childcare providers improved their skills, attitudes, and knowledge in the field of childcare. However, similar to the meta-analysis of Early et al. (2007) relating education levels of teachers with quality of program, Fukkink and Lont found that not all interventions or trainings were equally effective. In fact, results of some studies from Fukkink and Lont's meta-analysis were null or negative.

Although indirectly related to education level and professional development of early childhood teachers, one interesting research finding related to quality of program was teachers' rates of pay. St. Clair-Christman, Buel, and Gamel-McCormick (2011) found that when teachers' rates of pay were higher, the quality of the program in the domains of language and reasoning were higher.

Studies on teacher-child interactions and quality. Along with structural dimensions of quality, researchers in the field of early childhood have studied the process dimensions of quality. Process quality includes teacher-child interactions, peer interactions, and day-to-day experiences of young children in an early childhood environment (Vu et al., 2008). Although studies on the relationship of structural dimensions of quality, in particular, teacher qualifications or training and quality of

program have been inconsistent, there has been a consensus on the relationship of the process dimensions and quality of program. Layzer and Goodson (2006) stated that the caregivers' behaviors are critical to children's quality of experiences. In particular, a caregiver's interest, affection, responsiveness to needs, and positive guidance all affect the quality of experience for the young child.

Noting the significance of interactions, researchers have done comparative studies on teacher-child interactions and quality of program. In a study by Sylva et al. (2007), the researchers observed children's daily happenings within their early childhood environments. Acknowledging that one observation was insufficient for an accurate assessment, trained researchers watched the interactions between target children aged three and four and their teachers during 20 minute cycles and for a duration of one week. The observations showed that interactions occurred more frequently in the good quality programs than in the adequate quality programs. Furthermore, children and staff in quality programs engaged in more sustained shared thinking than children and staff of programs assessed as adequate.

Researchers have also studied the effects of teacher-child interactions on the socio-emotional and cognitive development of young children. Ponitz et al., (2009) studied interactions in kindergarten classrooms and found that higher quality classrooms, which included positive interactions between teacher and child, improved the behavioral engagement of the kindergarten children. In turn, the improved behavioral engagement led to reading gains. Using the same kindergarten children as they advanced to the next grade, Curby, Rimm-Kaufman, and Ponitz (2009) found a positive relationship between quality of teacher-child interactions in the emotional domain and children's growth in

sound awareness. In other words, when teachers' interactions were emotionally supportive, the children experienced a faster rate of growth in phonological awareness. Curby et al. reasoned that teachers' emotional support helps a child feel connected with school, and thus, the child feels motivated to learn. Also speculating, Curby et al. hypothesized that a sensitive teacher, attentive to a child's struggles, provides more support to help the child overcome weaknesses.

In a different study investigating teacher-child interactions, Curby et al. (2009) had similar positive results. After separating teacher-child interactions into five different profiles, Curby et al. studied the effects of the different interaction profiles on the development of young children. Findings from the study showed that children who were in an early childhood classroom where teacher-child interactions stressed concept development showed significant gains in academic achievement. A second finding was that children in classrooms where observers rated the teacher-child interactions high in emotional support made significant gains in social competence.

With similar results, Howes et al. (2008) investigated the relationship between structural and process quality indicators and academic gains in state-funded kindergarten programs. Using secondary data from two prior studies, Howes et al. found a link between process quality indicators namely the interactions between teacher and child and children's gains in language development. Furthermore, the intimacy of the teacher-child relationship correlated with gains in literacy skills, and as the teacher indicated a warmer relationship with particular children, the children demonstrated better social skills and fewer behavioral problems. Finally, according to Howes et al., children who received

instructional support or enhanced learning through the teacher-child interactions made cognitive developmental gains.

Consistent with the studies reported above, other researchers have found a positive relationship between teacher-child interactions and child outcomes. Burchinal et al. (2008) and Mashburn et al. (2008) researched the relationship of quality on the development of young children and found that instructionally and emotionally supportive interactions enhanced the academic, language, and social development of young children. Furthermore, the children retained the gains until the end of kindergarten (Burchinal et al., 2008). Palermo, Hanish, Martin, Fabes and Reiser (2007) established that when the teacher-child relationship was positive, the child showed academic readiness for kindergarten. Conversely, when the teacher-child relationship was negative, the child showed insufficient academic readiness for kindergarten.

As an alternative to researching academic outcomes in relationship to teacher-child interactions, Curby, Grimm, and Pianta (2010) examined instructionally and emotionally supportive interactions and how those categories of interactions affected classroom organization. They found that in classrooms with a higher quality of emotional interactions the teachers had better classroom organization. Stated differently, in classrooms that had caring and positive atmospheres where the teachers used emotionally supportive interactions, the same teachers had superior classroom organization. Accordingly, due to better classroom organization, Curby et al. noted that in a well-organized classroom, the teacher is able to have more time for positive interactions with the children. Disappointingly, in a research study on types of interactions, Early et al. (2010) found that teachers used more didactic interactions than scaffolding interactions in

their communications with young children despite scaffolding interactions being the more effective approach for enrichment of learning.

In contrast to placing singular emphasis on teacher-child interactions as effecting positive changes, Lemay et al. (2015) argued that process quality is multidimensional and other elements of process quality combine with teacher-child interactions to affect young children's childcare experiences and outcomes. Rather than researching only teacher-child interactions, Lemay et al. investigated the effects of quantity, type, and quality of childcare on the externalizing and internalizing behaviors of children at 36 months of age. The researchers found that other features of the process dimension of quality such as schedule, learning materials, and teacher's approach affected the behaviors of children. For example, the schedule, materials available, the activities, the intervention techniques used by the teacher, and the communication supports of the teacher strongly influenced the externalizing behaviors of the young children who were participants in the study. For children with challenging internalizing behaviors, the quality of the schedule and the intervention techniques were influential.

Studies on day-to-day experiences and quality. Along with positive interactions, process quality includes the day-to-day experiences of young children. Besides studying teacher-child interactions, Sylva et al. (2007) also studied the curricular differences between good quality and adequate quality programs. Sylva et al. examined the daily activities of 121 target children attending one of 10 childcare programs. According to Sylva et al., children in high-quality programs spent more time engaged in literacy, mathematical, and investigative activities than children who attended an adequate quality program. Sylva et al. also noted that the method of learning in high-

quality programs contrasted with methods in adequate programs. In high-quality programs, children were involved in small group activities more than in lengthy large group activities.

Cunningham (2010) had similar results. However, instead of studying the curriculum in a quality classroom, Cunningham studied the quality of the literacy environment. Cunningham found a relationship between the overall quality of a program and the quality of the literacy environment in a classroom. Furthermore, according to Cunningham's research, the overall quality of the program had a domino effect on the quality of the literacy environment, which ultimately, enhanced the children's language and literacy development. Cunningham predicted that a quality literacy environment would positively affect the literacy scores of children at risk for reading failure.

Bierman et al. (2008) did a study on the Head Start REsearch Based, Developmentally Informed (REDI) program. Head Start officials implemented REDI as an enrichment program to supplement the High/Scope and Creative Curriculums already in use by Head Start programs. Using "hands on" extensions for learning and research-based instructional practices, the purpose of the Head Start REDI was to enhance language and socio-emotional skills because, as noted by Bierman et al., those skills are foundational for school success.

To determine the effectiveness of the REDI enrichment program, Bierman et al. conducted a longitudinal study. Bierman et al. (2008) enlisted 356 young children enrolled in 44 Head Start programs as participants. The researchers used true experimental methodology to examine dissimilarities in outcomes. Consequently, some children were included in an intervention group and other children comprised the

control/comparison group. Accordingly, the intervention group received the customary instruction with the addition of the enhanced REDI program, and the comparison group received instruction as was customary. Using standardized instruments, teacher ratings, and parent ratings to evaluate children's cognitive and socio-emotional gains, Bierman et al. assessed the children at the beginning of the school year and again at the end of the year with the purpose of linking gains to the REDI program. Along with the standardized testing and questionnaires, trained researchers observed the social interactions of the children. Bierman et al. evaluated the Head Start REDI participants on developmental gains and found that the intervention group achieved significantly higher scores in emergent literacy, language skills, social problem solving skills, prosocial behavior, emotional understandings, and learning engagement than the comparison group. In a subsequent study on child outcomes associated with the REDI program, Nix, Bierman, Domitrovich, and Gill (2013) found that the socio-emotional gains of the preschoolers who were participants in the REDI program continued to influence the reading achievements and learning commitment of the children during their kindergarten year.

Other studies have shown a relationship between curriculum and children's academic gains. In a study of over 2000 four and five year olds that attended Boston Public Schools, Weiland and Yoshikawa (2013) noted the effects of programs with planned curricula. Mirroring the results of the study by Bierman et al., the children who attended the prekindergarten programs in Boston made significant gains in language, literacy, numeracy, and mathematics from the fall testing period to the spring testing period. Similarly, in a longitudinal study, Welsh, Nix, Blair, Bierman, and Nelson (2010) found that the emergent literacy and numeracy skills of low-income prekindergarten

children were significantly related to their academic achievements in kindergarten, suggesting that the curriculum in the children's early childhood settings supported their reading and math successes during kindergarten.

Short-term and longitudinal studies on the quality of the learning environment experiences showed a correlation between daily experiences and children's developmental gains (Bierman et al., 2008; Cunningham, 2010). Conclusively, quality childcare programs provide stimulating learning experiences that prepare young children for future challenges (Cunningham, 2010; Sylva et al., 2007).

Studies on individual experiences and quality. Along with evaluating group experiences, researchers have examined the individual experiences of young children attending quality programs. Research literature has claimed that even though a child attends a quality program, individual children may not have quality experiences (Clawson & Luze, 2008). Because many early childhood classrooms are inclusive, the quality experiences of individual children are a particular concern for children with disabilities. Given the importance of quality on a child's development, it is important for early childhood programs to offer a curriculum that provides for the needs of all children, even children with disabilities (Clawson & Luze, 2008).

To address concerns on individual experiences, two studies investigated the individual experiences of young children in early childhood settings. Conducting their research in programs rated as high in global quality, both Jeon et al. (2010) and Clawson and Luze (2008) studied the individual experiences of young children. Although both studies researched individual experiences in early childhood settings, Clawson and Luze (2008) investigated the individual experiences of young children with disabilities in

contrast to Jeon et al. (2010) who researched the school readiness of individual children attending programs rated as high in quality.

Despite the difference in participants' characteristics, Jeon et al (2010) and Clawson and Luze (2008) had similar results. In the study by Clawson and Luze (2008), the researchers found a strong relationship between global quality and individual children's experiences. In fact, Clawson and Luze reported that global quality was the "strongest predictor of the quality of individual child's experience" (p. 143). However, Clawson and Luze also noted that the teacher-child relationship influenced the quality of an individual child's experience. Mirroring results from the study by Clawson and Luze, Jeon et al. (2010) also noted that the child's relationship with the teacher correlated with the quality of the child's individual experience. In their conclusions, Clawson and Luze, and Jeon et al. agreed that even though observers rate an early childhood setting high in global quality, the high-quality rating does not ensure that individual children will have quality experiences.

Along with studying individual experiences within the classroom, Jeon et al. (2010) and Clawson and Luze (2008) found similar causal links between individual children's personal characteristics and the children's individual classroom experiences. Clawson and Luze found that although quality of individual experience correlated with the global quality, when children had problem behaviors the quality of individual experiences was less positive. In fact, Clawson and Luze reported that difficult behaviors influenced the quality of individual experiences more than disabilities did. Similarly, Jeon et al. found a link between children's social skills and their relationship with the

teacher and suggested a need for further investigation on the relationship between children's self-discipline and social competence and quality of individual experiences.

In review of the research on dimensions of quality, researchers have conducted studies with the goal of finding which dimension has the greatest influence on the quality of program for young children. Although disparity exists from studies on structural dimensions of quality particularly teachers' educational background and professional development as related to quality, studies on the process dimensions of quality have been unwavering. (Early et al., 2007; Fukkink & Lont, 2007; Kelley & Camilli, 2007; Saracho & Spodek, 2007; Vu et al., 2008). Concentrating on teacher-child interactions, researchers have found that positive interactions between teacher and child enhances the cognitive and social development of young children (Curby et al., 2009; Mashburn et al., 2008; Sylva et al., 2007). Findings from studies also show that although structural and process dimensions of quality work together to make a quality program, the process dimensions of quality, expressly interactions between teacher and child, are an essential element in quality experiences for young children (Howes et al., 2008; Thomason & LaParo, 2009).

Outcomes of Quality Early Childhood Programs

A high-quality early childhood program often leads to favorable outcomes for young children. According to the research literature, attending a quality early childhood program enhances the cognitive and social development of children (Fontaine et al., 2006). As evidence, in a meta-analysis of 123 studies on early childhood interventions, Camilli, Vargas, Ryan, and Barnett (2010) concluded that "preschool intervention programs provide a real and enduring benefit to children" (p. 602). To support the

conclusion, Camilli et al., found that the effect sizes in the cognitive domain for young children that attended intervention programs were significant. Conversely, Keys et al. (2013), using secondary data from four recent and large-scale studies, found that the quality of an early childhood program had insignificant effects on children's outcomes in language and mathematics.

Despite the differing results on intervention programs, for young children from low-income families that lack the resources to provide a more stimulating environment, quality early childhood programs are particularly beneficial (Dearing, McCartney, & Taylor, 2009; Magnuson & Shager, 2010). Children from low-income families generally lag behind other children academically, and according to the research literature, young children who begin school with delays in readiness continue to have delays throughout their school years (Jeon, et al, 2010; Magnuson & Shager, 2010; McCartney et al., 2007). However, risks associated with poverty diminish when children from low-income families attend a high-quality early childhood program (Burchinal et al., 2008).

Along with children from low-income homes, young children who have disabilities or developmental delays also benefit from quality early childhood programs. For example, Fontaine et al. (2006) stated that children with disabilities showed improved adaptive behaviors when they attended quality early childhood programs. Knowing that quality makes a difference in outcomes accentuates the importance of high-quality programs for young children.

Short-term Outcomes of Quality Programs

Because of the significance of quality on development, researchers have conducted studies correlating quality of program with outcomes. There have been studies

relating quality to school readiness, academic gains, and improved social competence. Researchers have even shown in studies that a quality program offsets the effects of a difficult temperament.

Short-term outcomes in socio-emotional development. As already stated, researchers have shown that young children who experience an emotionally supportive classroom make gains in social competence (Curby et al., 2009). Two studies relating quality with positive socio-emotional outcomes are studies done by Curby, Rudasill, Edwards, and Perez-Edgar (2011) who studied quality as a buffering effect for children with difficult temperaments and Ishimine et al. (2010) who researched the relationship between quality programs and social competence.

Hypothesizing a link between quality of program and positive socio-emotional outcomes, Ishimine et al. (2010) researched the effects of a quality program on the social competence of young children across different socioeconomic regions. Using a mixed methods approach, Ishimine et al. wanted to determine which components of a quality program had the greatest impact on the social development of young children. With a sample of 138 preschool children, Ishimine et al. used two observational instruments, the ECERS-R and the ECERS-E, to rate classrooms on quality of program. Additionally, the researchers interviewed the teachers within the classrooms, and the same teachers completed a social competence instrument on each target child. Ishimine et al. (2010) reported results from the research study that were unexpected. After analyzing data from the ECERS-R, a social/interactional measure, and data from the ECERS-E, an academic curriculum measure, the researchers found that the independent scores from the ECERS-R and the ECERS-E did not show significant correlations between quality of program

and enhanced social skills. In contrast, when the researchers combined the scores from the two instruments, the total score showed a correlation between quality and outcomes in social development. Consequently, Ishimine et al. concluded that a quality program, one that combines academic stimulation with attention to social competence, results in positive outcomes for young children.

Another study similar to the study conducted by Ishimine et al. also measured the relationship between quality of program and socio-emotional development. Focusing on children with difficult temperaments, Curby et al. (2011) researched the effects of program quality on the socio-emotional development of difficult children and showed that positive teacher-child interactions and a positive classroom environment moderated the negative effects of a difficult temperament. Consequently, Curby et al. suggested that children with difficult temperaments placed in classrooms where teachers provide emotional support will have more social and academic success.

Although the majority of studies on outcomes show a significant correlation between quality of program and developmental gains, Weiland, Ulvestad, Sachs, and Yoshikawa (2013) had opposing results. Using a sample of 414 children enrolled in a prekindergarten program in the Boston Public Schools, Weiland et al. employed three data sources: quality rating scales, executive functioning measures, and language assessments, to determine the association between quality and developmental gains. Weiland et al. found that quality predictors had a non-significant or null association with the language and developmental outcomes of preschoolers. Speculating on results, Weiland et al. reasoned that the instruments used to measure quality may “not be strong measures of the classroom quality factors that improve children’s academic outcomes”

(p. 207). The researchers also reasoned that one-time observations of classrooms to determine quality factors were not enough; quality is a complex and comprehensive construct.

Short-term outcomes for children from low-income homes. Socioeconomic deprivation has a hindering effect on the development of young children. Poverty often impedes the developmental progress of children because of the families' lack of material resources for stimulating development (Dearing et al., (2009). In contrast to low-income families, children from families with the economic resources expose their children to book readings, visit museums, and visit the library, leading to developmental gains and academic readiness for their children (McCartney et al., 2007). Poverty has the greatest impact on children during their preschool years with cognitive development and achievement gains of young children experiencing poverty lagging behind those of children who have had more economic advantages (McCartney et al., 2007). Because children from low-income environments lag behind their counterparts, catching up with their classmates is difficult, and high-school graduation is more remote, especially for children experiencing poverty as young children (McCartney et al., 2007).

For children from low-income homes, the type of childcare often varies and depending on the kind of care provided may have positive or negative developmental effects on the young child. Dowsett, Huston, Imes, and Gennetian (2008) found that children from the higher income brackets attended more childcare centers, which generally have staff that have state regulated education and training requirements. In contrast to children from higher income brackets, Dowsett et al. found that children from the lower income brackets were more likely to receive care from relatives. Barnett et al.

(2013) also presented statistics indicating that more African American children attended low quality early childhood programs than other ethnic groups. Conversely, Iruka and Morgan (2014) found that the majority of African American children who received care through childcare programs in the state of Florida attended higher quality care programs signifying that African American children from low-income families in Florida received moderately high quality care. However, Iruka and Morgan also found that 13 percent of children from this ethnic group still attended programs rated as low in quality.

Winsler et al. (2008) investigated early childhood settings and the beneficial effects of the settings on the development of young children from low-income families. Using a sample of ethnically and linguistically diverse prekindergarten children from Miami, Florida, Winsler et al. (2008) studied the short-term outcomes for children from low-income families who attended a variety of early childhood programs. Participants included a sample of over two thousand children who attended a variety of settings, which included community childcare programs via subsidization, Title I public preschool programs, or fee-supported preschool programs.

The findings from the Winsler et al. (2008) study showed the effects of prekindergarten programs on the development of children from low-income families. Using standardized instruments, Winsler et al. measured cognitive gains, language and fine motor gains, and socio-emotional development during the children's prekindergarten year. Teachers and parents also responded to surveys on participants' behaviors. Winsler et al. (2008) reported that children who had attended a community childcare program began the school year with readiness scores below the national average but made gains in cognitive and language development and ended with scores at or around the national

average. Children who attended Title I public prekindergarten programs also began the school year with cognitive and language scores below the national average but ended the year with readiness scores at or above the national medium. Finally, children who attended a fee-supported preschool program, which generally includes children from higher socioeconomic situations, began the year with scores at the national average and increased their scores during the school year.

Winsler et al. (2008) also compared the total gains of the children in the different programs. The children that attended the Title I public school programs achieved greater gains than those who attended a community childcare program. Because Title I preschool programs require more stringent teacher qualifications and a developmentally appropriate curriculum, Winsler et al. speculated that the Title I public preschool programs had a higher quality program based on the disparity of developmental gains. However, Winsler et al. concluded that even though community childcare programs are generally mediocre in quality, the early childhood programs still act as a defense against the negative effects of poverty.

Similar studies of young children from low-income families also showed positive outcomes for children attending high-quality programs. McCartney et al. (2007) found that young children from low-income situations who attended a high-quality childcare program had higher scores on school readiness tests than children attending lower quality childcare programs or children who received maternal care. Dearing et al. (2009) studied outcomes in the domains of reading and mathematics. The findings of Dearing et al. mirrored those of McCartney et al.; higher quality childcare positively affected the school readiness of young children from low-income families. In a study, McCarthy and Morote

(2009) found a link between the graduation rate of African American males and preschool attendance. Implications from studies on poverty and quality of program indicate that a quality program protects children in low-income families from the adverse effects of poverty.

Long-term Outcomes of Quality Programs

The majority of studies on the short-term outcomes of quality programs have shown positive outcomes. Fewer in number, most longitudinal studies suggest that participants who attended a high-quality program as a young child benefited through childhood and into adulthood. On the other hand, findings from longitudinal studies of intervention models differ in results concerning the beneficial effects for participants particularly on attainment of higher education, income status, and criminal activity.

Several recent longitudinal studies have shown the effects of higher quality of care. Using standardized measuring instruments and 1,073 children who were involved in the original NICHD Study of Early Child Care and Youth Development (SECCYD), Belsky et al. (2007) found that children who attended higher quality childcare programs before 54 months of age had higher vocabulary scores in fifth grade than children who had attended lower quality programs. In addition, children who had attended a higher quality childcare program also had significantly higher literacy skills. However, the reading advantage for participants who attended higher quality programs diminished at first grade and by fifth grade the reading advantage was quite small.

Vandell, Belsky, Burchinal, Steinberg, Vandergrift, and the NICHD Early Child Care Research Network (2010) also found an association between quality early childhood programs and positive cognitive-academic outcomes. Using a sample of 958 youths who

were participants in the original NICHD SECCYD study, Vandell et al. found that quality of childcare affected outcomes at age 15. The children who experienced high-quality early childcare had significantly higher cognitive-academic achievement scores. Along with associating cognitive-academic scores with higher quality care, Vandell et al. found a link between quality of care during preschool and externalizing behaviors at age 15. The adolescents who experienced more non-relative care during their early childhood years reported more risk-taking behaviors and impulsivity at age 15. However, as observed at age 15, children who received a higher quality of care during early childhood showed fewer externalizing behaviors. Speculating about the relationship between externalizing behaviors and quality, Vandell et al. hypothesized that childcare quality during the early years affected the child's performance upon school entry, which extended into adolescence.

Intervention models. Intervention models have garnered a wealth of interest as model programs for young children. The Perry Preschool Project, the Carolina Abecedarian Project, and the Chicago Child-Parent Center Preschool Program are well-known intervention models whose leaders focused on improving the academic outcomes of low-income children (Campbell, Ramey, Pungello, Sparling, & Miller-Johnson, 2002; Ou & Reynolds, 2006; Schweinhart & Weikart, 1997). To achieve their goals of higher academic achievement for low-income children, intervention models normally had lower staff-child ratios, well-trained teachers, parent participation, and a child-centered curriculum (Barnett et al., 1998; Ou & Reynolds, 2006). Classic studies on the intervention models have illuminated the short and long-term positive outcomes of young children who attended the high-quality preschool intervention programs.

Studies reviewing the short-term outcomes of intervention models have shown positive effects, such as academic readiness for low-income children (Campbell et al., 2002; Ou & Reynolds, 2006; Schweinhart & Weikart, 1997). Along with short-term results, when researchers revisited the children as they became adolescents, young adults, and middle-aged citizens, the longitudinal studies showed that the positive effects of attending quality programs continued as the children matured.

The Carolina Abecedarian Project. The Carolina Abecedarian Project began in 1972 as an investigation on the effects of early childhood intervention for low-income children (Campbell et al., 2002). Along with low-income, Campbell et al. reported that the children had other risk factors that might result in academic failure such as teen mothers or mothers with low education achievements. Although similar to the other intervention models that targeted children from low-income situations, the Carolina Abecedarian Project contrasted because it recruited young children during infancy. To ensure proper development beginning at the early stages, the Carolina Abecedarian Project provided for some of the nutritional needs of the infants along with health care for the participants (Campbell, Pungello, Burchinal, Kainz, & Pan et al., 2012). As the participants developed into preschoolers, the intervention provided a high-quality educational program for the young children. For some participants, the intervention continued into the primary elementary years with consultants advising families on strategies to help their children achieve academic success. The short-term results from the study showed that the program positively affected children from low-income environments by enhancing their development, which helped the children attain academic readiness for school.

The Chicago Parent-Child Center. Another intervention program similar to the Carolina Abecedarian Project was the Chicago Parent-Child Preschool Program. Like the Carolina Abecedarian Project, the Chicago Parent-Child Preschool Program targeted young children from low-income homes who were at-risk for school failure (Reynolds et al., 2003). However, in contrast to the Carolina Abecedarian Project, which started with children during infancy, the participants in the Chicago Parent-Child Program began as preschoolers, and for some participants, intervention extended into the elementary years. Similar to the Carolina Abecedarian Project, the Chicago Parent-Child Program provided a high-quality educational program for the young children. In addition, parents were required to allocate volunteer time in their child's classroom. Mirroring the results from the Carolina Abecedarian Project, the Chicago Longitudinal Study showed improved academic readiness for the young children who attended the program (Ou & Reynolds, 2006).

The Perry Preschool Project. From 1962-1965, one hundred and twenty-three children from low-income situations participated in the Perry Preschool Project and Longitudinal Study (Barnett et al., 1998). Similar to both the Abecedarian Project and the Chicago Parent-Child Project, all of the children that participated were children from low-income families, many of whom also had developmental delays. Due to the children's low-income status and delays, the researchers considered the children to be at risk for school failure (Barnett et al., 1998). Duplicating the other intervention models, the Perry Preschool Project provided a high-quality educational program for preschool children, and as with the other intervention models, the researchers reported short-term benefits for young children attending the program. According to Barnett et al., one result

was a boost in the intelligence quotients (IQ) of the participants, which resulted in improved academic gains. At the beginning of the intervention, the treatment group and the control group were comparable in measured intelligence quotients (Barnett, 2011). However, at the end of the intervention, the treatment group's measured intelligence quotients were 0.87 standard deviation higher than the control group's IQs. Although the intervention was effective for all participants in the treatment group, Barnett et al. reported that the preschool program was more successful in enhancing the cognitive development of young girls than boys.

Long-term outcomes for participants in the intervention models. Researchers interested in the longitudinal outcomes for participants in the intervention models revisited them several times during their child and adult years. Campbell et al. (2002) reported positive effects of the Carolina Abecedarian Project into adulthood. Likewise, longitudinal studies of participants who attended the Chicago Parent-Child Preschool Centers and Perry Preschools also showed long-term benefits (Barnett et al., 1998; Reynolds, Ou, & Topitzes, 2004). However, despite similarities in short term gains, the long-term outcomes of the participants differ in adolescent and adult educational attainment, income status, and criminal activity.

Long-term academic gains. To investigate longitudinal academic gains, researchers tracked participants who attended the intervention models, first as children, then as adolescents and finally, as adults. In a follow-up study of the original participants, Campbell et al. (2002) reported that the treatment group of the Carolina Abecedarian Project maintained their academic advantage over the control group when measured at age seven, age 10, and age 15. As the children reached young adulthood or age 21,

Campbell et al. reported that the treatment group, a sample of 53 participants, still maintained an academic advantage. Furthermore, their general mathematics scores were significantly higher than the scores of the young adults from the control group. Reflecting the results of the Carolina Abecedarian Project, the Perry Preschool Study showed that the preschool program improved the cognitive development of children involved in the program and the children maintained a cognitive advantage into adulthood (Barnett et al., 1998). In fact, according to Barnett et al., longitudinal studies showed that fewer children in the treatment group of the Perry Preschool Project required special education services during their elementary school years. The long-term study findings showed that children that participated in the intervention models as part of the treatment group maintained a cognitive advantage over the participants in the control group well into their adult years (Barnett et al., 1998; Campbell et al., 2002).

Educational levels of participants. Along with maintaining a cognitive advantage, children who participated in the preschool intervention models attained higher levels of schooling than the control groups. In a follow-up research study at age 30, Campbell et al. (2012), using semi-structured interviews and questionnaires for data collection, found that the adults who were part of the Abecedarian Project treatment group attained more years of schooling than the control group. The treatment group had completed an average of 13.46 years of education compared to 12.31 years of schooling for the control group. In addition, the majority of the treatment group had graduated from high school and 23% had earned a bachelor's degree or higher. Likewise, Pungello et al. (2010) found that as the participants became young adults, despite the challenge of early

risk factors, the treatment group of the Abecedarian Project attained more years of schooling than the control group.

The Chicago Child-Parent Project had similar findings on education as the Abecedarian Study. Like the participants of the Abecedarian study, the treatment group of the Chicago Child-Parent Study also had a higher percentage of young adults that graduated from high school compared to the control group (Ou & Reynolds, 2006). Interestingly, using school records for studying education attainment, Ou and Reynolds compared gender differences on high school completion, and they found that the success rate was higher for male participants than for female participants. On the other hand, the researchers noted that more females who attended the intervention programs attended college after high school graduation than females from the control group.

Longitudinal studies of the Perry Preschool Project had similar results to both the Chicago Longitudinal Study and the Abecedarian Study. Research studies of the Perry Preschool Project showed that the treatment group attained higher educational levels at age 27 than the control group and then again at age 40 (Belfield et al., 2006). Similar to the results from the Chicago Longitudinal Study, the males that attended the Perry Preschool Project were “more likely to graduate from high school” and some participants from the treatment group attended schools for higher learning (Belfield et al., 2006, p. 165). Likewise, Belfield et al. (2006) reported that the females of the treatment group were three times more likely to graduate from high school and attend higher learning institutions than the control group.

Income levels of participants. Longitudinal studies showed that the treatment groups from the intervention projects contrasted in income levels. For the Abecedarian

Project, Campbell et al. (2012) reported that at age 30 the average ratio of income-to-needs did not differ significantly between the treatment group and the control group. Nevertheless, Pungello et al. (2010) found that as young adults, the treatment group in comparison to the control group acquired skilled employment despite risk factors in early life, and Campbell et al. (2012) found that the treatment group remained employed for significantly longer periods than the control group. In contrast with the Abecedarian Longitudinal studies on income-to-needs, the Perry Preschool Project showed that their treatment group had a better average income than the Abecedarian treatment group (Campbell et al., 2012). Furthermore, the treatment group from the Perry Preschool Project also showed higher labor market benefits (Belfield et al., 2006). In other words, the higher educational levels and increased skills of the treatment group manifested into higher earnings and increased benefits to both the individuals and society. Earnings for the treatment group were 11% to 34% higher than earnings for the control group. The treatment group from the Perry Preschool Project also showed less reliance on public welfare programs.

Socio-emotional outcomes of participants. Besides investigating the long-term educational and economic achievements of the treatment groups, researchers investigated the long-term socio-emotional outcomes of adults who were involved in the intervention models. One of the positive long-term outcomes of enhanced socio-emotional development was the reduction in criminal activity. However, unpredictably, according to a longitudinal research study of the Abecedarian Project participants, no evidence emerged that there was a significant difference in criminal activity between the treatment and the control groups (Campbell et al., 2012). In contrast, a longitudinal study of the

Perry Preschool Project participants reported a reduction in criminal activity for the participants in the treatment groups, which also comprised the greatest cost-benefits for society (Belfield, et al., 2006). Compared with the control group, the treatment group of the Perry Preschool Project showed fewer criminal infractions when measured at age 19, age 27, and age 40 (Belfield et al., 2006). Campbell et al. (2012) argued that the difference in criminal activity between the participants of the Abecedarian Project and the Perry Preschool Project might be due to the degree of involvement of the participants' families during the intervention period. Both the Perry Preschool Study and the Chicago Longitudinal Study had parent programs as part of their intervention project in contrast to the Abecedarian Project, which did not include parent programs (Reynolds, Temple, & Ou, 2003).

Added to other benefits of the intervention program, studies from the Chicago Parent-Child Project also showed improved long-term emotional effects for adolescents. Niles, Reynolds, and Roe-Sepowitz (2008) studied the emotional outcomes of adolescents that attended the Chicago Parent-Child Centers as young children. The results from the study showed that attending the intervention preschool program in Chicago had beneficial effects on the social and emotional development of the children as they reached adolescence (Niles et al., 2008). Nevertheless, the researchers noted that the effect size was modest.

Cost-benefits analysis. Because society was concerned about the costs versus benefits of the intervention models, researchers conducted cost-benefit analyses. Belfield et al. (2006) conducted an analysis of the costs and benefits of the Perry Preschool Project as participants attained the age of 40. Lower crime rates, higher earnings, and

lower welfare costs for the participants contributed to the cost-benefit returns. At age 40, Belfield et al. estimated the cost-benefit returns of the Perry Preschool Project to be \$12.90 for each dollar initially spent on the participants of the intervention.

Likewise, researchers conducted a cost-benefit analysis of the Chicago Child-Parent early childhood program. Reynolds, Temple, White, Ou, and Robertson (2011) analyzed the cost-benefits of the intervention program as the participants of the Chicago Longitudinal Study reached age 26. In 2007 dollars, Reynolds et al. estimated the total cost per preschool child who participated in the intervention program for 1-3 years to be \$8512.00 and the economic returns to society to be a total of \$92,220.00 for each individual.

Reynolds et al. based their estimated cost-benefit amounts on increased tax revenue, less criminal activity and substance abuse, and a reduction in costs for special education.

Although the cost-benefit amounts for the intervention models vary, the benefits to society were similar. Both the Perry Preschool Project cost-benefit analysis and the Chicago Child-Parent early childhood program cost-benefit analysis showed economic and safety benefits to society (Reynolds et al., 2011). These benefits included lower crime rates, higher tax revenue due to higher educational attainments, less expenditures for special education needs, fewer costs related to substance abuse and depression, and less federal and state expenditures on social welfare funds (Reynolds et al., 2011).

Reynolds et al. reported that males had higher cost-benefit returns than females. In addition, the participants with more risk factors for failure had greater benefits from the preschool intervention programs than the children who had fewer risk factors. In conclusion, evidence from research studies showed that there are positive short- and

long-term benefits for participants and society when young children attend a quality early childhood program.

Quality Improvement Programs

Results of studies on the short-and long-term outcomes from the intervention models have increased societal interest in quality within childcare programs. Consequently, professional organizations have developed stringent standards for early childhood programs with the hope that achievement of standards will lead to accreditation, improved quality of program, and continued maintenance of quality. State and local governments have become concerned with quality of childcare, and therefore, many state and some local governments have initiated programs designed to improve and sustain quality within early childhood programs.

Accreditation for Quality Improvements

As Bronfenbrenner theorized, professional organizations that support accreditation systems influence the quality within early childhood programs. After researching accreditation systems and their links to professional organizations, Neugebauer (2009) found 20 different systems of diverse recognition. However, most early childhood practitioners acknowledge the NAEYC as the most renowned of all accreditation systems (Neugebauer, 2009).

Although similar in goals, accreditation systems differ in policies and practices. For example, accreditation systems differ in costs for the accreditation process, standards for accreditation, the type of program that the system accredits, and the system's accreditation procedures (Neugebauer, 2009). Neugebauer commented that the states that accept the various accreditation systems as part of their quality assurance initiatives also

vary. Florida approves 14 different accreditation systems in their tiered quality improvement program. On the other end of the spectrum, Pennsylvania accepts only four accreditation systems and some states recognize only three systems.

Begun in 1985, NAEYC remains the most recognized of the accreditation systems (Neugebauer, 2009). However, costs for becoming accredited and recent revisions in the standards make it more difficult for early childhood programs to achieve NAEYC accreditation. Although it remains the most recognized of all the accreditation systems, in a survey of early childhood program directors, the directors criticized the accreditation system for not being visible or identifiable to families of young children as a means for improving quality of childcare (Neugebauer, 2009). Despite criticisms, NAEYC accreditation continues to be a gateway to higher quality for early childhood programs.

Although accreditation was originated to increase the quality of childcare centers, a study by Winterbottom and Piasta (2015) revealed no significant difference in outcomes of young children from accredited or high-quality centers and nonaccredited childcare programs. Using a sample of 4,322 childcare facilities from 61 counties in Florida, Winterbottom and Piasta compared the kindergarten readiness rates of children who had attended an accredited pre-kindergarten program with the kindergarten readiness rates of children who had attended a nonaccredited pre-kindergarten program. Except for the year 2007, Winterbottom and Piasta found that the readiness test scores of children who had attended an accredited childcare center and children who had attended a nonaccredited center were nearly the same. The researchers speculated that accreditation improves the structural quality of a childcare program. On the other hand, the process dimension of

quality, which enhances cognitive and language development improves the school readiness of young children.

Quality Rating and Improvement Systems

As posited by Bronfenbrenner (1979), governments affect the quality of early childhood programs through initiation of programs, policies, and allocation of funds. Within the last decade, state or local governments have initiated QRISs as a means for improving quality within childcare programs. To achieve and maintain quality in early childhood programs QRISs utilize rating levels from low to high based on quality standards established by the QRIS. However, in efforts to improve the effects of the QRISs, officials and early childhood experts realized that a tiered quality rating was not sufficient incentive to improve quality (Zellman et al., 2008). Consequently, experts in the field of early childhood speculated that providers needed financial support and a knowledge base in addition to the rating levels to improve the quality of their program. As a result, along with quality rating levels, QRISs have added technical support and financial incentives corresponding to the programs' quality ratings and improvement needs to promote quality (Zellman & Perlman, 2008). Although studies on the efficiency of the quality improvement systems are limited, recent studies show positive effects resulting from the QRISs.

Studies on quality improvement initiatives. Because state and local quality improvement programs are a relatively new initiative, empirical evidence on the effectiveness of the initiatives is limited. In one empirical research study, Ma et al. (2011) investigated the effects of a county initiated quality improvement program on childcare centers in Palm Beach County, Florida.

Ma et al. (2011) described the QIS as a two-fold improvement plan. Like QRISs in other states, the QIS included a rating scale and financial incentives for level achievements. Based on star levels with five stars being the highest, a childcare program in Palm Beach County would receive a quality rating along with monetary rewards for reaching a higher star level. In other words, childcare programs that improved the quality of their program went up the quality tiers, and the childcare program received increased childcare subsidy reimbursements for the higher quality of care.

The study by Ma et al. showed that the QIS of Palm Beach County had a positive effect on quality improvements of childcare programs. The researchers began data collection with a baseline assessment of each childcare center upon initial entry into the county's quality improvement system (Ma et al., 2011). To obtain a baseline, the researchers used an environmental rating scale that assessed global quality. After 13 months of quality improvements, the researchers again evaluated the childcare center using the same environmental rating scale. Ma et al. noted an increase in quality scores and concluded that the quality improvement program initiated in Palm Beach County was effective in improving and maintaining quality within childcare programs. Ma et al. noted one factor as the QIS became more effective. During the initial years of the QIS, the quality improvements of providers from baseline to later assessments were minimally significant. However, as the quality improvement initiative became more efficient, the childcare programs achieving higher quality levels escalated to higher levels at a faster rate. Despite programs improving their quality of programming, the researchers make no mention of child development outcomes.

Roach, Kim, and Riley (2006) also conducted a study on quality improvements within childcare centers. Whereas Ma et al. investigated the intentional effects of a county initiated quality improvement program, the study by Roach et al. was more inadvertent. Initially, supported with state funds, the state selected childcare centers as part of a pilot experimental study for beginning a quality improvement program. When the state reduced funds for the program, Roach et al. focused their study on the maintenance of quality improvements within the selected childcare centers. Roach et al. found that the childcare centers maintained their quality improvements despite reduction of funds. On the other hand, although the program maintained physical quality, the researchers noted that the childcare staff became less sensitive and less child-centered. Roach et al. speculated that due to staff turnover, childcare providers need repeated and consistent staff development trainings to maintain the philosophies predictive of a quality program.

Pope et al. (2006) studied the effectiveness of the QRIS of Tennessee. Pope et al. stated that the purpose of the study was to explore the positive and negative aspects of the QRIS to find out what was working, and what was not working. Pope et al. interviewed 50 childcare providers, 24 field staff, and 18 organizational administrators. Along with interviews, 75 childcare providers completed surveys on the quality initiative. The majority of the participants felt that the QRIS was effective in improving the quality of care for young children in the state of Tennessee. The participants also felt that the QRIS support system helped the childcare providers make positive changes such as improving their knowledge of young children's development and improving teaching strategies that

support young children's development. On the negative side, the providers questioned the fairness of the observations conducted by QRIS staff.

In a more recent study, Karoly, Zellman, and Perlman (2013) investigated variations in the classroom quality of early childhood programs with multiple rooms of same aged young children. Using the administrative database from Colorado's quality improvement program, Karoly et al. compared the variations of Environmental Rating Scale (ERS) classroom scores of programs that have multiple infant/toddler classrooms and multiple preschool classrooms. Karoly et al. found that 26% to 28% of variances in ERS scores occurred within centers rather than between centers. In fact, the differences between the lowest and highest ERS scores in preschool classrooms housed within the same center averaged a difference of 0.6 scale points. For example, if a classroom with the lowest ERS score had a rating of 3.5, the classroom with the highest ERS score would have a rating of 4.1, which could put the classrooms in different quality tiers. The infant/toddler classrooms had a slightly higher variance between the lowest and highest scores. On average, there was a variance of 0.8 scale points between the lowest and highest scores in the infant/toddler classrooms. Although data were collected from only one state, Karoly et al. concluded that to obtain a more accurate center-wide quality rating, QRIS officials should conduct more rather than fewer observations of classrooms within each early childhood program.

Instead of conducting a research study, Lahti et al. (2015) presented a framework for validation of QRISs. Their comparison of the validation process of two states, Indiana and Maine, may help guide other state or local governments that want to validate their quality improvement programs. According to Lahti et al., validation is a multi-step

examination to evaluate if the standards and ratings of a QRIS are accurate indicators of quality within childcare programs and if the quality improvement process is accurately measuring the childcare programs on quality. Moreover, a validation of a QRIS shows key stakeholders how well the quality improvement program is operating. To validate a QRIS, Lahti et al., suggested using four approaches. The four approaches include investigating the components, standards, and quality indicators to determine if they are actually related to quality, examining the psychometric measures and measuring techniques used to help determine the quality ratings within a childcare program, studying the rating outputs or the patterns of ratings to determine if quality levels are distinct from each other, and researching the relationship of quality levels with child outcomes.

Lahti et al. (2015) found that although the states had similar QRIS programs, their validation processes were dissimilar. For example, both Indiana and Maine used literature reviews to develop their standards and quality indicators. Likewise, Lahti et al. reported that Indiana and Maine both used the ERS to determine the level of quality within a childcare program. However, Indiana used an additional measure, the Caregiver Interaction Scale (CIS). Another difference, Indiana used several measures to determine children's outcomes in relationship to quality levels, and Maine does not measure children's outcomes. Despite differences in validation methods, Lahti et al. had suggestions for states that want to validate their QRIS. For one, those validating a QRIS must remember that validation is an ongoing process and not a one-time investigation, and an examination of the system should begin with examining the components, standards, and quality indicators. Other implications include measuring child outcomes

after the quality improvement system is established and focusing professional trainings on standards shown to be weaker in childcare facilities or standards that are harder to launch and improve (Lahti, et al.).

Environmental rating scales. To rate the quality within childcare programs and illuminate areas marked for improvements, many of the QRISs throughout the USA use an environmental rating scale. Wisconsin also uses the ERS developed by Harms, Clifford, and Cryer as the measuring instrument for assessing quality and determining needed improvements within early childhood programs (Wisconsin Department of Children and Families, 2010).

Intended to measure global quality, Harms, Clifford, and Cryer developed four environmental rating scales each designed for a different age group served or a different setting (Clifford, Reszka, & Rossbach, 2010). The ITERS-R measures the quality of programs serving infants and toddlers. The School Aged Environment Rating Scale (SACERS) rates the environment of children who have reached elementary school age. Another widely used scale developed by Harms, Clifford, and Cryer is the ECERS-R, which assesses early childhood providers serving preschool aged children. Finally, the Family Child Care Environment Rating Scale-Revised (FCCERS-R) is a rating scale for providers who offer childcare in their homes.

The most widely used of the environmental rating scales is the ECERS-R. It has seven subscales that measure the quality of an early childhood setting in different domains. The subscales include space and furnishings, personal care routines, language and reasoning, activities, interaction, program structure, and parents and staff. Despite its extensive use, some experts in the field of early childhood criticize the content of the

ECERS as focusing on structural quality and not consistently focusing on process quality (Layzer & Goodson, 2006). The same early childhood experts argue that the emphasis on structural quality produces an imbalance in measurement.

Besides using the scale as an assessment tool, various political regions have used the scales for other purposes. In China, evaluators of the kindergarten public programs in Beijing, China used the ECERS-R to evaluate their early childhood programs (Hu & Szent, 2009). Based on the observations and scores from the ECERS-R, the evaluators in China made recommendations for improvements. In the United Kingdom, the different areas within the country used the rating scales to meet their varying needs (Mathers, Linskey, Seddon, & Sylva, 2007). For example, one region used the measuring instrument to make quality improvements in childcare programs, another region used the ECERS-R to identify areas in which providers needed more training, a third region used the instrument to determine funding, and a fourth region used the scale for action planning.

Reliability and validity of the ERSs. According to Clifford et al. (2010), the reliability and validity of the ERSs remain high. Along with claims of reliability in the USA, Clifford et al. claimed that the Environmental Rating Scales are reliable and valid in other countries by means of translation changes and minor adaptations. Clifford et al. even claimed that reliability of the ECERS-R scores is consistent over time when staff members within the classrooms remain stable. Furthermore, according to Clifford et al., higher scores on the ECERS correlate with higher scores on other measuring instruments such as the Woodcock-Johnson-R, Oral Expression Scale, and the Peabody Picture Vocabulary Test.

However, despite the claims of Clifford et al. (2010), questions about the reliability of the ECERS-R have surfaced. When Lambert, Williams, Morrison, Samms-Vaughan, Mayfield, and Thornburg (2008) tested the language-reasoning subscale of the ECERS-R, they did not support the creators' claims of unidimensionality. Instead of unidimensionality, Lambert et al. claimed that the language-reasoning subscale consisted of two concepts, namely language and reasoning activities and language and reading materials. In addition, the indicators of quality within the language-reasoning subscale were less reliable when measuring quality on the upper end of the construct. Also questionable, Lambert et al. argued that it was not accurate for the instrument developers to give each indicator of quality on the ECERS-R equal value.

Gordon, Fujimoto, Kaestner, Korenman, and Abner (2013) agreed with Lambert et al. Their analysis of the ECERS-R also suggested that the ECERS-R was not a reliable measure. Gordon et al. stated, "The category ordering assumed by the developers of the scale is not consistently evident" (p. 7). Furthermore, Gordon et al. claimed that disorder results because one item on the scale assesses multiple dimensions. According to Gordon et al., there is one item displacement in each of the 36 indicators of quality. Gordon et al. also reported that the ECERS-R shows few associations between scores and outcomes for children. In fact, after correlation with other measures, Gordon et al. found no significant association between the ECERS-R ratings and the reading and math scores of young children. In conclusion, Gordon et al. claimed that the ECERS-R was not an appropriate measure for developmental research, and the measuring instrument revealed weak psychometric associations.

Other experts in the field of early childhood have criticized the use of the Environmental Rating Scales as measurement instruments. Lemay et al. (2015) claimed that the Environmental Rating Scales do not measure “practices recommended in educational programs, such as observation and planning practices” (p. 149). LaParo, Thomason, Lower, Kintner-Duffy, and Cassidy (2012) criticized the overuse of the ECERS-R for assessing quality often leading officials to make unnecessary policy and programmatic changes. Moreover, LaParo et al. contended that the ECERS-R is a global quality measure, and it provides lower quality programs with “only global recommendations about improvements” and nothing specific for making improvements (p. 7). LaParo et al. concluded that the ECERS-R measures the breadth of program quality and does not touch on the depth of quality or what childcare workers need to know about programming that will affect positive child outcomes.

Studies on the ERSs. Besides using environmental rating scales as assessment tools, researchers have studied the environmental rating scales when used for other purposes. A study by Warash, Ward, and Rotilie (2008) compared the effects of training focused on the ECERS-R and teacher reported classroom changes. Three months after a professional training on the ECERS-R, Warash et al. mailed 35 questionnaires to the attendees with 11 attendees responding. In the questionnaire, the teachers reported the positive changes they had made to their classrooms after determining from the training sessions the changes needed for a higher quality classroom. Results of the study showed that the professional training helped the classroom teachers become aware of necessary changes for improving their classroom. As reported by Warash et al., there are 43 items on the ECERS-R and teachers made changes to 36 of the items on the subscales. The

Spaces and Furnishings subscale showed the highest rate of changes, and the interactions subscale showed the lowest rate of changes. Positive changes reported by the teachers included more free playtime allowed in the daily schedule and more provisions for diversity. Although the number of respondents was small and the results possibly biased because of self-reporting, the ECERS-R training produced positive effects on teachers' assessments of their classrooms as shown through their implementation of improvements.

Wisconsin's quality rating and improvement system. Beginning in 2006, the state of Wisconsin began the process for initiating a quality rating and improvement system (Wisconsin Department of Children & Families, 2010). The Wisconsin Department of Children and Families activated the state's QRIS in 2010 with the goal of improving and sustaining quality within the childcare programs in the state. The QRIS has several elements designed to improve quality and help families find appropriate childcare.

The state's QRIS uses incentives and coaching to accomplish quality improvements. Wisconsin's governing board mandates that all childcare providers serving families that receive childcare subsidies take part in the QRIS (Wisconsin Department of Children & Families, 2010). Participating childcare providers receive a quality rating based on predetermined standards. In accordance with the provider's quality rating, childcare providers receive subsidies; higher rated providers receive more compensation than providers with lower ratings. In this way, increased subsidies and higher quality ratings given to childcare centers continue to be incentives for improved childcare quality. Another element of the QRIS includes the technical consultants who provide coaching and support to childcare providers for quality improvements.

In addition to incentives and support, the QRIS provides information to families on a childcare program's quality rating via their website (Wisconsin Department of Children and Families, 2010). With information on childcare programs available to families, families can make informed decisions on childcare based on the needs of their child. As shown on the website, Wisconsin's QRIS rates childcare providers on four domains. The four domains are educational qualifications of staff members, curriculum and quality of the learning environment, professional practices of the program, and the health and well-being practices implemented by the provider (Wisconsin Department of Children & Families, 2010). Childcare providers receive points for standards attained in each category. The points transfer to star ratings, which range from one star, the lowest quality rating, to the highest quality rating of five stars.

Comparing and contrasting Wisconsin's QRIS with other QRISs.

Wisconsin's QRIS is similar to the quality improvement program initiated by Palm Beach County, Florida. Mirroring the quality improvement program in Palm Beach County, the QRIS of Wisconsin also has star levels associated with level of quality rating (Ma et al., 2011; Wisconsin Department of Children and Families, 2010). Also similar to the Palm Beach County QRIS, Wisconsin's quality improvement program uses tiered childcare subsidy reimbursements as monetary incentives for higher quality of care or higher star ratings.

Like the state of Wisconsin, other states have initiated QRISs. As of December 2011, twenty-five states have initiated a QRIS to improve the quality of childcare programs in their states (Dickman, Peterangelo, Schwabe, & Henken, 2011). Some of the states have similar policies and procedures as those of Wisconsin's QRIS policies and

other states have different policies and procedures. Similarities include comparable quality standards for the tiered levels, financial incentives, and information for parents on quality ratings generally through the states' QRIS websites. Despite differences, Tout et al. (2009) noted that states' QRISs are similar in their goals of trying to improve quality within early childhood programs.

Although similar in goal, dissimilarities exist in the various states' QRISs. Contrasts exist in the measuring instruments used for quality assessments, requirements for meeting the tiered quality levels, dollar amounts of the financial incentives, and variations in the different program types allowed as participants in the QRIS (Tout et al., 2009). The QRISs of states also contrast because some states have voluntary participation in the program while in other states, participation is mandatory (Dickman et al., 2011). For example, Wisconsin mandates that childcare programs that enroll children from low-income families and receive childcare subsidies participate in the QRIS (Dickman et al., 2011; Wisconsin Department of Children & Families, 2010). Unique in assessment procedures, Texas has implemented a QRIS that employs both a facility evaluation and a school readiness assessment as part of their quality rating system (Williams, Landry, Anthony, Swank, & Crawford, 2012). As already emphasized, despite differences, all QRIS systems unite in their goals for improving quality within early childhood programs.

Summary and Conclusions

Quality within early childhood programs stands out as a significant factor in enhancing the development of young children. Indicators of quality include responsive and sensitive teachers, activities and materials that are stimulating and developmentally appropriate, a curriculum that is appropriate for the age and development of the children,

interactions between teacher and child that are warm and supportive, and improved teacher qualifications (Bredekamp, 2011; Cunningham, 2010; Fontaine et al., 2006; Harrison, 2008; Wisconsin Department of Children and Families, 2010). Research has shown that quality of program promotes positive short and long-term outcomes particularly for children from low-income families (Burchinal et al., 2010; Cunningham, 2010; Fontaine et al., 2006; Ponitz et al., 2009). To realize the benefits of quality, professional groups and governments strive to improve and maintain the quality within childcare programs. Professional organizations develop higher standards for childcare programs seeking accreditation, and state and local governments initiate programs and policies such as QRISs to support and sustain quality within early childhood programs. However, empirical evidence supporting quality improvement programs as effective is limited, and the claim that increases in teacher qualifications are positively related to quality of program is problematic (Early et al., 2007).

In 2006, Wisconsin's Joint Committee on Finance approved a QRIS for that state (Wisconsin Department of Children & Families, 2010). Similar to other quality improvement programs in other states, the purpose of Wisconsin's QRIS is to improve and sustain the quality of childcare programs and to educate families on early childhood programs that meet the needs of their child (Dickman et al., 2011). However, because of the recent implementation of the quality improvement program, research on the efficiency of the initiative is nonexistent. Additionally, childcare stakeholders who have direct experience with Wisconsin's QRIS have not been queried on the initiative as a quality improvement program. The present study will inform readers on the viewpoints of stakeholders concerning one state's QRIS, which will provide additional literature on

perspectives for improving quality of care and effects of the program on children and childcare providers.

The present research is a qualitative case study on Wisconsin's QRIS. Chapter 3 outlines the methodology and analysis plans of the case study. Methodology as described in Chapter 3 included interviews with childcare stakeholders, analysis of documents, and observations of classrooms. Through interviews with childcare stakeholders, the stakeholders described the quality initiative as they recognized it and stated their perceptions on the QRIS as a quality improvement and maintenance initiative. Analysis of documents and observations of classrooms helped substantiate quality improvements. With data on the state's QRIS from stakeholders who have had direct experience with the initiative, the present study provides information on Wisconsin's quality assurance initiative and fills the existing gap on stakeholders' perceptions of the state's QRIS as a quality improvement program.

Chapter 3: Research Method

The following chapter details the research methodology used for the study. Included is the research design along with the rationale for choosing a qualitative case study, my role as the researcher, and any potential biases that could influence interpretation of the data. Continuing in this chapter is a discussion of the methodology for the research study including the participants selected and the sample selection process, the data collection methods, and the data analysis plan. Finally, since trustworthiness and ethical issues influence study results, I disclosed my plans to ensure the trustworthiness and ethical integrity of the research study.

The purpose of the present research study was to explore the perceptions of eight childcare stakeholders associated with three different group childcare centers on a contemporary phenomenon, Wisconsin's QRIS. The perceptions of the childcare stakeholders on the procedures and benchmarks of Wisconsin's QRIS and aspects of the initiative that lead to quality improvements may help government officials, early childhood professionals, families of young children, and taxpayers recognize the QRIS as a program that can impact the quality of care for young children. Research has shown that quality within early childhood programs enhances the development of young children, which affects children's readiness for formal schooling and helps reduce the gap between children at risk for failure and children who have had more advantages during their early years (Burchinal et al., 2010; Cunningham, 2010; Fontaine et al., 2006; Ponitz et al., 2009). To understand Wisconsin's QRIS as a quality improvement initiative, childcare stakeholders directly associated with the QRIS, which includes childcare administrators,

childcare teachers, parents of young children, and a technical consultant, described and explained the initiative and, finally, expressed their viewpoints on the program.

Research Design and Rationale

According to Maxwell (2005), a research design must harmonize with the questions that the researcher is seeking to answer. Four research questions directed the exploration of viewpoints regarding Wisconsin's QRIS. The four questions are:

1. According to childcare stakeholders who have experience with Wisconsin's QRIS, what do stakeholders understand to be the fundamental principles and benchmarks of the QRIS for improving and sustaining the quality of care within group childcare programs? How do childcare stakeholders recognize the principles and benchmarks as effective in improving the overall quality of group childcare programs?
2. According to childcare stakeholders who have experience with Wisconsin's QRIS, what effects does the QRIS have on young children attending group childcare programs?
3. According to childcare stakeholders who have experience with Wisconsin's QRIS, what effects does the QRIS have on childcare employees working in group childcare settings or parents of young children who are enrolled in group childcare facilities?
4. According to childcare stakeholders who have experience with Wisconsin's QRIS, what components of the QRIS do childcare stakeholders recognize as effective in improving and sustaining quality

within childcare programs? How do childcare stakeholders determine that the components of the QRIS are helping to improve and sustain quality?

The central phenomenon of the research study was Wisconsin's recently initiated QRIS. In 2006, the state of Wisconsin began implementation of a QRIS with the goal of improving the quality within the state's childcare programs (Wisconsin Department of Children and Families). Additionally, to ensure that young children from economically disadvantaged homes receive higher quality of care, state officials mandated the participation of all childcare programs enrolling children whose families receive childcare subsidies. Features of the QRIS include benchmarks or star ratings that rate the quality of the childcare program, monetary incentives that correspond with the star ratings, and a mini-grant that helps finance quality improvements. Technical consultants working for the state guide childcare centers toward attaining quality improvements.

To conduct research on a current phenomenon, a researcher could choose either a quantitative or a qualitative approach. To study stakeholders' views on Wisconsin's QRIS, I chose a qualitative approach. Creswell (2009) described qualitative research as "a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem" (p 232). In contrast, a quantitative approach investigates relationships between variables using measuring instruments to quantify the data collected and statistical procedures for data analysis (Creswell, 2009). In other words, if I had used a quantitative approach, I could have investigated the relationship between the quality tier levels of childcare programs and the developmental gains and the academic readiness of the young children in their care. However, because I planned to do an in-depth study exploring the perspectives of childcare stakeholders on the QRIS, a

qualitative tradition in which I collected information-rich data on perceptions of stakeholders was the more appropriate choice. The perspectives of stakeholders could provide insights into cost savings for the initiative or additional quality improvements that would benefit children, their families, childcare workers, and taxpayers.

According to Creswell (2007), the five main qualitative approaches are a phenomenology, a narrative research, a grounded theory, ethnography, and a case study. The present study is a case study exploring the perceptions of eight childcare stakeholders from three different group childcare centers on the effectiveness of Wisconsin's QRIS as a quality improvement and sustaining program.

Merriam (1998) and Hatch (2002) proposed that qualitative research, regardless of design, draws from the philosophical roots of phenomenology where there is an emphasis on interpretation and understanding. A phenomenological study, however, focuses on the essence of an experience or a shared experience. Additionally, there are no bounds with a phenomenology, and a phenomenology could be limitless in terms of the population proposed for study. Conversely, the present study has boundaries, which were the situations of eight childcare stakeholders from three childcare sites, and while the researcher used some of the tools of a phenomenological study, a case study design was more appropriate for this study.

Likewise, a case study has other features that distinguish it from the other leading qualitative approaches. Creswell (2007) stated that a case study or multiple cases is a bounded system of time and place, and the topic of the research might be an event, a project, a program, or a study of two or more individuals. Yin (2009) explained a case study as a bounded system on a current phenomenon in which the study seeks to answer

how and why questions. Consistent with Creswell's and Yin's definitions of a case study, the present research was an in-depth study on the perceptions of childcare stakeholders associated with three childcare centers on a recently initiated quality improvement program. In this study, I limited the case or unit of analysis to stakeholders' perceptions of a current phenomenon within three childcare settings. Moreover, I sought answers to *how* and *why* questions concerning Wisconsin's QRIS by exploring the perceptions of childcare stakeholders within the context of three childcare centers.

Role of the Researcher

My role as researcher of the study was that of observer, interviewer, and reviewer of artifacts. More specifically, I interviewed childcare stakeholders, reviewed documents for data analysis, and observed childcare teachers. Although my background includes work experiences in the field of early childhood, I did not have a professional or supervisory relationship with the participants of the study. Prior to the research, the participants were unknown to me.

Because of my background as an early childhood teacher and administrator of a childcare center, I have developed biases related to level of quality in early childhood environments. One bias is the view that many early childhood programs do not provide the high-quality programs essential for young children's optimum growth and development. Second, considering my biases about the QRIS, I felt strongly that the quality improvement initiative could contribute to improving the quality of childcare in group centers throughout the state. Despite my biases, I also acknowledged that not all childcare stakeholders would feel as optimistic about the state's QRIS or have the same

perspectives on the initiative as I had, and not all childcare stakeholders are motivated to provide a higher quality of care.

Because of the potential effects on interpretation of meanings due to researcher bias, I decided to use several strategies to manage my biases. First, I used an audio recorder while interviewing the participants. Using an audio recorder assured participants and readers that I had obtained the precise words and viewpoints of the interviewees and that the participants' perspectives and not the researcher's understandings prevailed. Additionally, after completion of the results section of the research, I asked participants to peruse the results to ensure that I had accurately communicated their perspectives on Wisconsin's QRIS. Moreover, to manage researcher bias, I wrote in a journal to document my research experience. Miles and Huberman (1994) advised having a written record of all actions and revisions of the research process, which the authors referred to as an audit trail. Using an audit trail helped to alert me of my biases and reflect on them. Also suggested for managing bias, Miles and Huberman advised researchers to write memos in the margins of collected data and on note cards. Along with noting relationships for theme development, the memos that I wrote in the margins also made me aware of biases that could potentially influence the results of the research.

Methodology

Methodology for a qualitative case study generally proceeds from choosing a population for a research study to collecting data from the sample and then analyzing the data for the final report (Creswell, 2007). By describing the methodology of a study in detail, other researchers wanting to conduct similar research can replicate the study.

Participation Selection Logic

Because the study explored the perceptions of stakeholders associated with childcare, I decided to use childcare stakeholders connected with group childcare centers as my population. For the study, childcare stakeholders included childcare administrators, childcare teachers, parents of young children who attended a group childcare center, and a technical consultant who was employed by Wisconsin's QRIS with the role of guiding childcare programs toward quality improvements. Childcare stakeholders were directly associated with the state's QRIS. Consequently, they provided information-rich data regarding their understandings of the state's QRIS.

The state's quality ratings range from one star to five stars with five stars being the highest quality rating. At the lowest level, a center that has received a one-star rating has not upheld basic safety and health regulations as recommended for young children resulting in the center's operating license being suspended or revoked. Accordingly, the state of Wisconsin does not permit programs with a one-star rating to participate in the QRIS because of the center's negligence in complying with the compulsory rules and regulations of the state. For that reason, I did not recruit participants from childcare centers that had a one-star rating. Instead, I tried to recruit participants from childcare centers that were rated at the two-star, three-star, four-star, or five-star quality levels.

Sample size and rationale. Qualitative research is an in-depth study about a phenomenon so beginning with a small sample size is appropriate. According to Creswell (2007), qualitative research is also an iterative process. Consequently, when doing a qualitative research study, it is also appropriate to recruit additional participants as needed to achieve saturation of data if the original sample size does not provide the

information-rich data needed for the study. For the present research study, the sample size was small and included eight childcare stakeholders of which three were childcare administrators, two were childcare teachers, two were parents from separate family units who had children enrolled in a childcare center, and one was a technical consultant. With a smaller sample, in-depth exploration of participants' perceptions and understandings of the QRIS was possible.

Sample and rationale for sample. Because of their association with Wisconsin's QRIS, childcare stakeholders, also referred to as the sample, could provide information-rich data for the study on the quality improvement initiative. For example, childcare administrators complete forms required by the QRIS, meet with the technical consultants to determine quality improvement needs, initiate the quality improvements suggested by the technical consultants and staff, and supervise staff members who help implement quality improvements. Consequently, childcare administrators have extensive knowledge on the QRIS and the quality improvement process, and they are able to provide information-rich data concerning the program. Because of their extensive involvement with the state's QRIS, I included three childcare administrators as participants with each administrator supervising a different childcare facility. Likewise, the administrators were managers of childcare programs that participated in Wisconsin's QRIS, and they had managed their childcare centers for more than one year.

Childcare teachers are also directly connected with the QRIS. However, childcare teachers are not involved with the improvement process to the extent that childcare administrators are involved. Generally, childcare teachers must implement the quality improvements; childcare teachers develop lesson plans that show developmentally

appropriate practices, compile a portfolio for each child to show developmental growth, and create a stimulating environment for young children that corresponds to the standards of the QRIS. Accordingly, childcare teachers understand the QRIS from the perspective of an employee rather than as one who supervises or initiates improvements. Because a difference in viewpoints on the QRIS improves the trustworthiness of a study, enlisting two childcare staff members as participants was appropriate. The childcare teachers were employed in a childcare center that participated in Wisconsin's QRIS, and like the administrators, the childcare teachers had been employed at their centers for more than one year.

Parents of young children attending childcare centers participating in the QRIS are indirectly associated with the quality improvement program. Because of their children's enrollment in a childcare center, parents may be aware of Wisconsin's QRIS and understand the benchmarks, benefits, and challenges associated with the quality improvement program. Although not as involved in the initiative and with different perspectives from childcare administrators and childcare staff members, their views and understandings add variance or diversity to the data, and as mentioned previously, diversity in collected data is advantageous for trustworthiness in interpretation of meanings. Because their involvement with the QRIS was more as an observer of the initiative, enlisting two parents as participants from different family units was suitable and provided variation in perspectives. Similar to the childcare administrators and teachers, the parents had children who were enrolled in a childcare center that participated in Wisconsin's QRIS, and their children had been enrolled for more than one year.

Like administrators and childcare teachers, technical consultants are directly involved with the QRIS. Technical consultants are employed by the state to guide and coach childcare centers toward quality improvements. Because of their close association with the initiative and their interactions with other state officials, technical consultants are comprehensively knowledgeable about the state's QRIS. However, although technical consultants are knowledgeable, their employment with the state could influence their perceptions on the QRIS. For that reason, including one technical consultant as a participant provided variance of data and bureaucratic viewpoints on the topic. Similar to the other participants, the technical consultant had worked for the state as consultant and advisor to childcare centers that participated in the QRIS for more than one year.

Instrumentation

According to Patton (2002), data collection instruments provide the consistency and accuracy needed for data collection. Three data sources, which were one-to-one interviews, analysis of documents, and observations, provided the data for analysis for the present research study. Accuracy of data collected from the sources was significant for effective interpretation of meanings. For that reason, I created an interview protocol to provide consistency in questioning for the one-to-one interviews. To ensure accuracy of participant responses during the one-to-one interviews, I used another instrument, an audio recorder. Finally, an observation protocol, which included a list of quality indicators for noting the quality within the observed environments, was beneficial for consistency in the observations. The third data source, documents from childcare centers and the QRIS website, helped authenticate the quality improvement claims of childcare stakeholders; however, document analysis did not require an instrument for data

collection. Collectively, the data sources provided the information needed for describing the initiative, exploring the perceptions of childcare stakeholders concerning Wisconsin's QRIS, and answering the research questions.

Researcher-developed interview protocol. As mentioned above, one researcher-developed instrument was the interview protocol. Because of his extensive experience as a qualitative researcher and interviewer, Patton (2002) provided me with the guidance needed for the researcher-developed interview protocol. Along with a scripted introduction and departure, the researcher-developed instrument included open-ended interview questions and suggested probes. The interview protocol is included as Appendix A.

According to McKenzie, Wood, Kotecki, Clark, and Brey (1999), content validity is the degree to which the items on the data collection instrument are representative of the phenomenon under study. To ensure content validity of the interview protocol, I began with a review of the study's research questions, the purpose for doing the study, the research problem, and the conceptual framework. After reviewing the major components of the research study, I created interview questions that addressed the research questions and coincided with the conceptual framework and research problem.

Although not a researcher-developed instrument, an audio recorder ensured accuracy in the recording of participants' responses during the one-to-one interviews. Before interviews began, a testing of the recorder helped to guarantee that the instrument was functioning properly. Additional batteries that were immediately available to the researcher prevented the possibility of a gap in information if the batteries in the recorder failed. Before audio recording began, I assured participants that all information would be

confidential. Participants also gave their permission to be audio recorded during the interview by signing a Consent Form.

Researcher-developed observation protocol. Another researcher-developed instrument was the observation protocol. Modified from two published instruments, the observation protocol helped to ensure consistency in the classroom observations. The published instruments that guided the content for the observation protocol were the ECERS-R, which was adapted for observations of preschool childcare teachers, and the ITERS-R, which I adapted for observations of infant and toddler childcare teachers.

The ECERS-R and the ITERS-R are published observation instruments developed by Harms et al. (1998) and Harms et al. (2006). I adapted portions of the published instruments and generated a list of quality indicators for the observation protocols. As observation instruments, the ECERS-R and the ITERS-R measure the global quality of early childhood settings. When an observer completes an observation using the ECERS-R or the ITERS-R, the instruments help the observer establish a quality rating for the early childhood setting. Ratings range from one as the lowest to seven as the highest (Harms et al., 1998; Harms et al., 2006). The ECERS-R has seven subscales. The seven subscales include space and furnishings, personal care routines, language reasoning, activities, interactions, program structure, and parents and staff. The ITERS-R also has seven subscales, which are similar to the subscales in the ECERS-R. However, in the ITERS-R, the authors have replaced language reasoning with a more developmentally appropriate section labeled listening and talking. Because Wisconsin's QRIS endorses increased language-literacy development, developmentally appropriate activities, and improved teacher-child interactions as a way to improve program quality, the criteria from

comparable subscales of the ECERS-R or the ITERS-R comprised the observation protocol.

Referring to Creswell (2007) for guidance in development of the protocols, each observation protocol had two sides, a column for describing the observations and a column for the researcher's reflections. Consequently, on the left side of the observation sheet, I wrote a detailed description of my observations of the preschool or infant/toddler classroom teachers, and on the right side, I wrote my reflections on the observations. To make childcare teachers aware of my documentation procedure, I explained the observation sheets to the teachers by showing them an incomplete observation form. I have included the observation protocols as Appendices B and C.

Procedures for Recruitment, Participation, and Data Collection

Three data collection methods comprised the data collection process. The data collection methods were one-to-one interviews, analysis of documents from childcare centers validating quality improvements and general information from the QRIS website, and observations of childcare teachers. Using three data collection methods allowed triangulation of data, which contributed to the trustworthiness of the research study. Additionally, the data collection methods helped to answer the research questions regarding Wisconsin's QRIS. To collect data on the state's QRIS, I recruited childcare stakeholders as participants for the study.

Procedure for recruitment of participants. For the research study, my methodology plan included eight childcare stakeholders as participants. The eight childcare stakeholders comprised three childcare administrators, two childcare teachers,

two parents with young children who attended childcare centers, and a technical consultant employed by the QRIS.

To attain a sample size of eight childcare stakeholders, I used purposeful sampling. To begin the recruitment process, I consulted Wisconsin's QRIS website for a list of childcare facilities within the south central region of the state. From the list, I selected childcare centers that had quality ratings of two stars, three stars, four stars, and five stars as listed on the website. As mentioned previously, the state's quality ratings range from one star to five stars with five stars being the highest of the quality ratings.

After selecting childcare centers from the qualifying star rated programs listed in the QRIS website, I began identifying potential participants. To begin the process, I contacted childcare centers by telephone and asked to speak to the childcare center's administrator who also managed the state's QRIS program. While speaking with the childcare administrator, I explained the purpose for the telephone call and briefly explained the research study. After each childcare administrator agreed to be a participant, we decided to meet so I could explain the study more thoroughly and the administrator could sign a letter of cooperation. After the administrator signed a letter of cooperation, I proceeded to recruit other participants as volunteers.

To obtain the other participants, I sent flyers to all the families who had children enrolled in the centers and to the lead teachers employed by the centers. The flyers explained the purpose of the research study, asked the families or teachers if they would want to participate in the study, and requested contact information should they volunteer to participate. Administrators also provided the names of their technical consultants who were employed by the state. From this list of potential participants, I made requests for

participation. To ensure variance in viewpoints and trustworthiness of data, I recruited eight participants from three childcare centers that were listed as two-star, four-star, and five-star rated programs. As planned, each administrator managed a different childcare center, and the childcare teachers, parents, and technical consultant were also associated with one of the three childcare centers that were involved in the study.

Because of their understandings and perceptions about the state's QRIS, childcare stakeholders provided information-rich data for the research study. Childcare stakeholders work directly with the QRIS or experience the effects of the QRIS through their child's attendance in a childcare center. Because of their experiences with the QRIS, childcare stakeholders have both positive and negative perspectives on the initiative especially childcare administrators who because of their position within childcare centers work more directly with the QRIS than other stakeholders. In addition, data collection from two knowledgeable childcare teachers managed by the childcare administrators, two parents of children who attended a childcare facility, and one technical consultant employed by the state to guide childcare providers toward quality improvements added variance in perspectives on the benefits and shortcomings of the QRIS. Because the goal of the case study was an in-depth understanding of Wisconsin's QRIS, if gaps in the data had occurred or saturation of information was not evident, I had planned to revisit the participants or seek information-rich data from additional childcare stakeholders.

Data collection. Data collection from interviews, observations, and analysis of documents followed the recruitment process. A prepared interview protocol ensured consistency and reliability in the recording of information during the one-to-one interviews. The interview protocol included a scripted introduction, 18 open-ended

interview questions with space between each question for note taking, and a scripted departure. The scripted introduction included telling the interviewees about their autonomous rights as participants, the purpose of the study, and confidentiality procedures. The scripted departure comprised my personal information should participants have questions or concerns and asked the participants' approval for a revisit if clarification of responses or additional information was needed. As the sole researcher, I conducted all of the one-to-one interviews with the participants.

The interview protocol concentrated on all of the research questions. During the interviews, the participants were asked to describe Wisconsin's QRIS, state their views on the effects that the QRIS has on young children, childcare teachers, and parents of young children, and voice their opinions on the effectiveness of the program. Each one-to-one interview was planned to be approximately 45 minutes in length. Along with the interview protocol, audio recording of the interviews ensured accuracy in data collection. Subsequent to each interview, I completed a Contact Summary Form as advised by Miles and Huberman (1994), which helped with documentation of the interview and helped me review salient points. Finally, after completing the interviews, I transcribed the interviews from audio to text form, and I entered the transcribed interviews into the NVivo software program for data analysis.

Qualitative research is an iterative process. I had planned to interview each participant one time. However, if the data collected had been incomplete, I would have contacted other childcare stakeholders from the list of childcare centers on the QRIS website and resumed the process of enlisting more participants for the study. Likewise, if I had required clarification of data or needed additional data, I would have contacted the

participants a second time, explained the purpose of the research study again, and asked permission for a revisit. The iterative process, which is characteristic of qualitative research, provides the researcher with flexibility in data collection. However, during the data collecting process, revisits were unnecessary, because I had gathered information-rich data from the participants and clarification of data was not needed. Likewise, because I had eight stakeholders who volunteered to participate, I did not need to seek additional participants.

Another data collection method for the present research study was the collection and analysis of documents. As administrators were contacted asking for their participation in one-to-one interviews, I also asked them to contribute documents that would verify quality improvements, for example, newsletters to families informing families of quality improvements and activities the children had participated in at the center, lesson plans created by childcare teachers, forms required by the QRIS, or documentation of purchased materials for quality improvements. The documents helped establish the effects of the QRIS on children and parents and helped stakeholders determine if the QRIS was effective in improving quality. Data collection also included documents that officials have made public through the state's QRIS website. Documents from the QRIS website provided information describing the initiative and statistics confirming that childcare centers throughout the state were progressing from lower star ratings to higher star ratings. After documents was collected, a Document Summary Form replicating one created by Miles and Huberman (1994), substantiated the receipt of the documents and helped with analysis of the documents' contents and pertinence to the study. Along with using a Document Summary Form, Creswell (2007) suggested a data

matrix to help track collected data and the data source, which I had planned to do. However, I found a matrix unnecessary because of my organizational methods and because of the small number of participants. Because some documents contained private information, I assured the childcare administrators that all documents were confidential material, and consequently, I stored the documents in a locked file.

The third data collection source was classroom observations of childcare teachers. The observations answered the research question on the effects of Wisconsin's QRIS on young children and childcare workers. Upon contact with childcare teachers for interviews, I requested their permission to observe them in their classrooms. Along with the request for an observation, I informed the participants of the length and purpose of the observations, which helped participants understand the particulars of the fieldwork. I informed the childcare teachers that the observations would be approximately two hours in length and would occur in their classrooms one time only during the morning hours. I also told the childcare teachers that I would use an adapted form of an environmental rating scale. Furthermore, telling childcare teachers that the focus of the observations would be on classroom activities, facilitation of language development and emergent literacy, and interactions with the children in the classroom helped them understand my approach to the observations.

In a book written by Patton (2002), I acquired the guidance I needed for the observations and the observation protocol. As advised by Patton, under each quality indicator as listed on the protocol, I wrote a detailed description of what I had observed. Patton advised that during observations the researcher should describe the setting, the activities, the people participating in the observations, and the perspectives of the

individuals under observation in detail. Also recommended by Patton, the researcher should reflect on how the observations affected him/her with reflections written adjacent to observations.

As data collection for the research study ended, participants were debriefed. During the debriefing process, I reminded participants of the rationale for the study, gave participants my personal information should they have questions or concerns, and asked if I could revisit them if there were gaps in the data or if I needed clarification of data. I also informed the participants that when the data analysis was completed I would send each of them a copy of the research study results via e-mail. As I had instructed the participants during the debriefing, after reading the study results the participants would verify that my interpretations of their perceptions about Wisconsin's QRIS were accurate, and they would inform me if I had misinterpreted them. Finally, I thanked them for their participation in the research study. To show my appreciation for the participants' contributions and cooperation, I mailed each participant a \$5.00 gift card from McDonalds upon completion of the research study.

Data Analysis Plan

Typical of qualitative research, data analysis begins with coding of data and ends with reporting the results. To begin, the researcher codes the data by common content (Maxwell, 2005). After coding of data, Maxwell instructed that coded text be clustered into themes. Following theme development, the researcher reports his/her interpretation of meanings in the results section of the research study.

Data analysis of one-to-one interviews. Maxwell (2005) described data analysis as fragmenting the data and then connecting the fragmented segments of data to make a

whole. Consequently, one of the first steps in data analysis is fragmenting the transcribed interviews by common concepts and then coding or categorizing the fragments. Miles and Huberman (1994) advised researchers to begin analysis with pre-existing codes or codes created before beginning fieldwork, which was my initial plan. However, along with using pre-existing codes, I also used an inductive approach to analysis and developed codes after field work had begun.

Maxwell (2005) asserted that “analysis strategies have to be compatible with the questions you are asking” (p.99). Accordingly, the interview questions created for the one-to-one interviews helped address the research questions for the case study. Compatible with the research questions and upon reflection of their experiences, participants described Wisconsin’s QRIS and explained the benchmarks associated with the QRIS. Other interview questions related to the research questions included questions on how the QRIS affected childcare staff members, parents of young children, and children enrolled in childcare centers. Finally, participants commented on the elements of the state’s QRIS that they perceived as encouraging or weakening quality improvements.

Analysis began with transcription of interviews and becoming familiar with the content of the interviews. To stay organized, I documented each contact using a Contact Summary Form similar to one created by Miles and Huberman (1994). Because the form required that the researcher summarize salient points from the interviews, utilization of the Contact Summary Form helped me begin to notice patterns and themes. Next, repeated readings of the transcribed interview data as suggested by Patton (2002) familiarized me with the content of the transcribed interviews and made coding less cumbersome. Along with repeated readings, writing memos in the margins of the

transcribed text assisted me in detecting patterns, reflecting on biases, and noticing connections in meanings.

The next phase of data analysis was giving code names to concepts within the transcribed interviews. To begin, I segmented the text according to common content using the computer program NVivo to assist me with the segmentation and the sorting of segments into the pre-existing codes. Along with the pre-existing codes that I had entered into the NVivo program, I supplemented with additional codes, because the pre-existing codes did not adequately relate to some of the data collected from participants. According to Miles and Huberman (1994), the segmented text may be coded using one word, an expression, a sentence, or a group of sentences. For the code names, I used a word or phrase related to the fragmented text. NVivo presented a master coding list that helped me begin to notice patterns and similarities in perceptions.

After coding the data from the interviews, the process of connecting the fragmented text began. According to Miles and Huberman (1994), clustering is “trying to understand a phenomenon better by grouping and then conceptualizing objects that have similar patterns or characteristics” (p. 249). Using the qualitative computer software program, NVivo, I clustered and organized the codes for further data analysis. More specifically, the computer program helped me to notice commonalities in codes so that I could initiate theme development. With the research questions as my guide, I gave the groupings of codes a theme name.

At times, participants discussed Wisconsin’s QRIS and had views that contrasted with my viewpoints or the perceptions of the majority. Researchers label data that deviates from the expected as negative or discrepant cases. Maxwell (2005) stated that

identifying and including negative cases generally enhances the validity of the study. Consequently, I included the negative cases.

Data analysis of documents. Analysis of documents collected from childcare centers and the QRIS website was also a part of the data analysis process. Documents addressed research questions related to quality improvements in childcare centers and positive effects of the QRIS on young children and childcare stakeholders. To begin analysis of documents, I completed a Document Summary Form, a form created by Miles and Huberman (1994), for individual documents or groups of documents from the same center that were similar, for example, lesson plans for preschool classrooms or lesson plans for school-age classrooms. Utilization of the Document Summary Form included writing down the type and name of the document plus a brief summary of the contents of the document. As collection of documents progressed, I wrote memos in the margins of the documents. The memos helped me reflect on how the documents verified the quality improvement claims made by participants and helped me make connections with other data sources, for example, observations that showed the childcare teachers' understandings of developmentally appropriate practices or state standards.

Data analysis of observations. The third data collection source was observations of childcare teachers within their classrooms. Observations of childcare teachers answered the research question that asked how Wisconsin's QRIS affects young children. To begin data analysis of observations, I transcribed the notes from the observations and my reflections into text form. As I had done with the other data sources, I wrote memos in the margins noting links between quality indicators within the classroom and other data collected from childcare stakeholders on quality improvements. The observations

helped substantiate the claims of quality improvements in classrooms resulting from the initiation of Wisconsin's QRIS.

Issues of Trustworthiness

Credibility, Transferability, Dependability, and Confirmability

Miles and Huberman (1994) defined a credible research study as one that “makes sense” and a study with an “authentic portrait” (p. 278). Since credibility helps readers recognize the authenticity of a study, credibility is significant to maintaining trustworthiness. Accordingly, to ensure credibility of information, I used several strategies. First, using three data collection methods helped ensure credibility. Often referred to as triangulation, multiple data collection methods help to make the research study credible when the conclusions from the data methods are comparable (Miles & Huberman, 1994). Another strategy, member checking, also ensured credibility (Creswell, 2009). When the data analysis was completed, I asked participants to review the results to ensure that my interpretations of their perceptions on the effectiveness and efficiency of Wisconsin's QRIS were accurate.

Transferability is associated with trustworthiness. Miles and Huberman (1994) stated that to ensure transferability the researcher must determine if the conclusions of the research under study are “transferable to other contexts” (p. 279). To ensure transferability, it helped me to use strategies as suggested by experts in the field of research. First, when reporting conclusions, I used thick description to support the results. According to Creswell (2007), thick description is a detailed description of the research study. Secondly, I used variations in both sample and context to ensure transferability. Variation of sample involved interviewing a variety of participants for diversity in

perceptions and experiences. For example, I interviewed childcare administrators, childcare teachers, parents of young children enrolled in childcare centers, and a technical consultant working with childcare centers for quality improvements. Data from participants associated with childcare centers rated at different quality levels also ensured transferability. Since Wisconsin's QRIS has five quality levels, interviews and documents from participants associated with childcare centers at level two, level four, and level five in the tiered ratings added variance to the results.

According to Miles and Huberman (1994), a dependable research study is “stable over time and across researchers and methods” (p 278). As advised by Miles and Huberman, an audit trail, meaning a thorough record keeping of research actions, provided dependability to the study. Miles and Huberman emphasized that a good research study “requires careful record keeping as a way of connecting with important audiences” (p 280). Consequently, to ensure dependability, I wrote in a journal about research actions and modifications concerning the research study. Furthermore, journaling about biases on the phenomenon under study and the sample participating in the study helped ensure the dependability of the study. Along with using an audit trail to document research activities, I used triangulation of data collection methods to guarantee dependability. Triangulation of data included open-ended interviews with research participants, analysis of documents verifying quality improvements, and observations of participants in their classrooms.

Confirmability of a research study also ascertains trustworthiness. To establish confirmability, the researcher must be explicit about his/her own biases and give a detailed account of the research and analysis process (Miles & Huberman, 1994).

Consequently, when reporting the research study, I gave a detailed account of the data collection and analysis process. Along with journaling about biases, I explicitly stated my biases in the research study. According to Miles and Huberman, another strategy that the researcher can use to establish confirmability is to question if other conclusions other than the conclusion established by the researcher are possible. To further establish confirmability and confirm that the conclusion was correct, I linked data collected to the conclusions.

Ethical Procedures

There are ethical considerations that must precede research. First, the university's IRB committee must approve all aspects of the research before interviews, observations, or document analysis can begin. The IRB approval number for this research study is 10-10-14-00056073. Second, each administrator must sign a letter of cooperation to indicate that the administrator who manages the childcare center will support the research study by allowing me to recruit participants and collect data. Third, each participant must sign a participation agreement form or Consent Form indicating that he/she is a willing contributor to the case study research. The letter of cooperation is listed as Appendix E. Finally, starting with the initial contact and as stated in the agreement form, I reminded all participants that data obtained through interviews, documents, and observations was confidential information. To preserve confidentiality, as advised by Creswell (2007), I used numbers and a letter as participant identifiers rather than names or initials. For added security, I identified nonpublic documents with a number followed by a letter, and I stored all data in a locked file case or in a computer that could be accessed with a key code.

Before beginning recruitment of parents and lead teachers as participants, I altered my original plans. I had originally planned to have the administrators of the childcare centers select parents and lead teachers associated with their childcare centers as potential participants. However, because the potential participants that the administrators would have selected may have felt coerced to participate, I sent flyers to parents and lead teachers requesting volunteers for participation.

As data collection proceeded, I continued to follow ethical procedures. For example, before beginning the interviews or collecting the documents I informed participants that they had the right to answer only the questions they felt comfortable answering. If a participant had refused to participate or had withdrawn from the research study, I would have respected the participant's decision and would have sought an alternate participant. However, all participants in the study felt comfortable answering all of the interview questions and the participants contributed data until the data collection was completed.

For added organization and confidentiality purposes, I have been storing transcribed interviews and field notes from observations in my computer with an additional copy stored in a binder. To ensure that I am the only individual who has access to the data, the binder with research data inside is stored in a locked file case, and my computer has a passcode known only to me. When five years has elapsed after completion of the study, I will delete the transcribed interviews and observation field notes from my computer. Finally, using a paper shredder, I will discard the collected data kept in the binder.

Summary

In this section, I communicated the methodology plans for the present research study. Consistent with my plans, I used a qualitative research approach and a case study design to explore childcare stakeholders' perceptions on Wisconsin's QRIS. Coinciding with a qualitative case study design, I used open-ended interviews with childcare stakeholders, document analysis, and observations of childcare teachers as my data collection methods. An interview protocol and observation protocol developed by me, the researcher, ensured consistency in data collection. To ensure accuracy of information, I audio recorded the responses of childcare stakeholders. Data analysis comprised coding of transcribed interviews, collected documents, and documentation of childcare teacher observations, which led to theme development and research results based on interpretation of meanings. For trustworthiness, I followed ethical procedures by obtaining IRB approval, informing participants of the purpose of the research study and their rights as participants. Lastly, throughout the research study, I have kept all data confidential, and after five years, I will discard all collected data.

Chapter 4 describes the research in depth. The chapter includes the data collection process and the data analysis in more detail. In addition, the next chapter defines the themes that emerged from the research along with examples from the data that exemplify each theme.

Chapter 4: Research Results

The fourth chapter presents details on the research process and the results of the study. The purpose of the study was to explore childcare stakeholders' views on Wisconsin's QRIS as a quality improvement program for childcare centers. Wisconsin's QRIS is a recently initiated program developed to improve the quality of care for young children enrolled in childcare centers. Because the initiative was recently implemented in Wisconsin, empirical evidence on the state's QRIS as a quality improvement program is nonexistent. The data collected through the present research study provided information on stakeholders' perceptions of the initiative as effecting change and also answered the four research questions regarding Wisconsin's QRIS. The four research questions are:

1. According to childcare stakeholders who have experience with Wisconsin's QRIS, what do stakeholders understand to be the fundamental principles and benchmarks of the QRIS for improving and sustaining the quality of care within group childcare programs? How do childcare stakeholders recognize the principles and benchmarks as effective in improving the overall quality of group childcare programs?
2. According to childcare stakeholders who have experience with Wisconsin's QRIS, what effects does the QRIS have on young children attending group childcare programs?
3. According to childcare stakeholders who have experience with Wisconsin's QRIS, what effects does the QRIS have on childcare employees working in group childcare settings or parents of young children who are enrolled in group childcare facilities?

4. According to childcare stakeholders who have experience with Wisconsin's QRIS, what components of the QRIS do childcare stakeholders recognize as effective in improving and sustaining quality within childcare programs? How do childcare stakeholders determine that the components of the QRIS are helping to improve and sustain quality?

Chapter 4 details the organization of the research process. In the chapter, the setting and the demographics of the participants that are relevant to the study are described. Data analysis follows with a synopsis of the coding process and a review of the emergent themes that evolved from analysis. Strategies employed for trustworthiness are revisited, and following the data analysis process is the results section complete with the themes that evolved and quotes from participants to support the themes. Finally, I responded to the research questions using the data collected from childcare stakeholders and the QRIS website.

Setting

The settings for the research study were three group childcare centers each participating in Wisconsin's QRIS, which is commonly known in the state as YoungStar. Each childcare center was a partner in the research study, which meant that the administrator had signed a letter of cooperation agreeing to support the research study by permitting me to recruit participants and gather data at the childcare site. One of the settings was a childcare center that had earned enough points to rate as a five-star provider in the state's QRIS program, which is the highest possible rating. The participants interviewed at this setting were determined to maintain their status as a high quality childcare center, and one participant expressed anxiety about upholding the five-

star status each year. At the time of the interviews with the childcare participants from the five-star rated center, the participants were anticipating the impending renewal date for review of their star status followed by an observation of classrooms and environment rating score by a formal rater. Consequently, the participants were reflecting on and evaluating their classroom environments, classroom procedures, and business practices more intensely as the date approached.

Another childcare center was located in a small, rural community. It is a large center that is licensed for children from infancy to school-age, and consequently, there is a large staff serving multiple children. This second setting was listed as a four-star rated program on the QRIS website when I began the research. However, the center's administrator had decided that for the welfare of her staff, the center would drop to a three-star rating for the upcoming year instead of trying to maintain a four-star rating. The administrator explained that the staff at this center had felt the pressures associated with attaining a four-star rating status, and the pressures had resulted in a staffing turnover with experienced childcare teachers leaving the center to find other employment. This childcare center is also a private center owned and operated by the administrator, and she informally commented that the costs associated with the successful operation of a sizable center are immense. Because of the anxieties associated with staffing concerns and the costs of operating a center with additional expenses also needed for the quality improvement initiative, the administrator had negative opinions of Wisconsin's QRIS.

The third childcare center was sponsored by a religious organization. In other words, officials from the religious organization controlled the spending budget for the center and managed the intake and distribution of funds. At the time of the research, the

center was a two-star rated childcare center that exuded a relaxed and welcoming atmosphere. The childcare employees that were interviewed stated that they strive to provide a caring, affectionate, and safe childcare experience for the children in their care, and although not stated, the participants from this setting conveyed a composed and nonchalant attitude about the state's quality improvement program.

Demographics

For data collection, eight childcare stakeholders associated with the three group childcare centers volunteered to participate in the research study. The eight childcare stakeholders included three childcare administrators, two childcare teachers, two parents, and one technical consultant. Seven of the childcare stakeholders were directly associated with one or another of the three group childcare facilities through management, employment, or having children enrolled in the center. The technical consultant who was a participant was employed by the state of Wisconsin and was a quality improvement consultant for two of the childcare centers that were involved in the present research study.

As stated in the previous paragraph, the three directors of the childcare centers volunteered to participate in the research study. One of the center directors managed a two-star rated center located in an urban area that operates under the auspices of a religious organization. The childcare center is a smaller center with a licensing capacity of 49 children, and according to the director at the time of the research study, served two children that needed subsidized care. The director stated that she was hoping that the center would receive a three-star rating following their annual review since she has recently completed requirements for a bachelor's degree. She has been the director of the

childcare center for several years. Another director that was a participant in the research study owned and operated a private childcare center situated in a rural area. She commented that she has owned and operated the facility for nearly 20 years. The facility is newer having been built within the last five years, and it is large with a licensing capacity of 135 children serving children from infancy to 12 years of age. During her interview, she had commented that approximately 11% of the children enrolled at the center receive subsidized care. Although the center had been a four-star rated center at the beginning of the research study, the administrator had decided to rate at the three-star level when the date for the center's annual review occurs. The third administrator was the director of a nonprofit, five-star rated childcare center that was housed within a religious building but operated independent of the organization. The childcare center is located in an urban area. It is licensed for 98 children, and the director commented that the center has many educators' children enrolled in the facility. However, she also mentioned that the childcare center has children enrolled who need subsidized care. Under the director's management, the childcare center has attained a five-star rating for the last few years even though the center is not NAEYC accredited.

The two childcare teachers that volunteered to participate in the research study worked under the direction of one of the three directors. One childcare teacher was the lead teacher of an infant room in the two-star rated facility. She has a bachelor of science degree although her degree is not in the field of early childhood. The second childcare teacher worked under the management of the administrator of the five-star rated facility. She was the lead teacher of the preschool classroom, and she also had her bachelor's

degree. The two childcare teachers have been employed at their corresponding childcare centers for over two years.

There were two parents who had volunteered to be participants of the research study. They each had children enrolled in one of the three childcare centers involved in the research study. The parents had four-year degrees in the medical field, with one of the parent participants having an advanced degree. One parent had her three children enrolled in the childcare center that had a two-star rating, and the other parent had her two children enrolled in the childcare center that had a four-star rating and was undergoing organizational changes. Both parents have had their children enrolled in their corresponding childcare facilities for several years.

Finally, the technical consultant who volunteered to participate works for the state of Wisconsin as consultant and advisor to childcare providers. She has worked as a technical consultant since the state first implemented the QRIS, and as a technical consultant she makes official visits to childcare programs and advises both group childcare and family childcare programs. During her annual visits to childcare centers, she reviews and tabulates the points that a provider has earned, which are based on the education and training of staff members, business practices, curriculum and educational practices, and health and safety compliance. She also advises the staff of childcare facilities on quality improvements and offers informal professional development trainings for staff members. During our interview, she mentioned that in the past she had owned and operated a childcare facility.

Data Collection

The data collected for the research study emanated from three sources: interviews, observations, and documents with interviews as the main data collecting process. I conducted one-to-one interviews with the eight participants. Additionally, I observed two childcare teachers who were part of the teaching staff from one of the three childcare centers, and third, I collected documents for analysis from the three group childcare centers and also from Wisconsin's QRIS website.

After receiving the IRB approval number, I began the recruitment of participants. To begin the process, I consulted the QRIS website for a list of licensed childcare providers in the Southern Wisconsin region. Recorded by county, the website lists licensed childcare centers, family care providers, and after-school care providers. As a convenience for parents looking for childcare, the website includes the name of each facility, hours and months of operation, licensing capacity, name of contact person, star level, and contact information such as address and telephone number. Based on the methodology plans for the research study, I selected and listed group childcare centers from which I could obtain potential participants. From the list of group childcare centers, I contacted the facilities using the telephone numbers as provided on the website. Upon contact, I asked to speak with the administrator who was responsible for QRIS requirements. As I spoke with each administrator, I explained the purpose for the telephone call and briefly explained the research study. Finally, I asked each administrator if he/she would be willing to participate in the study. If the administrator agreed to become a participant, we arranged a day, time, and place to meet so that I could explain the research more thoroughly and the administrator could sign a letter of

cooperation allowing me to collect data and recruit participants at the childcare center. After I had ascertained an agreement to participate from the three childcare administrators who managed centers with different star quality levels, I stopped calling the other childcare facilities on the list.

Data collection began with the directors. Each director and I arranged to meet for a one-to-one interview. Because directors work directly with Wisconsin's QRIS and network with other childcare providers, they are knowledgeable about the initiative. Their interviews ranged in length from 25 minutes to 45 minutes. I interviewed two of the directors in their private offices and one director in a private conference room within the center. During one interview, the audio recorder was intentionally stopped and started six times so the interviewee could greet parents through the intercom system on her desk and release the lock on the exterior door allowing admittance into the building. The interruptions caused a slight discontinuity in the interviewee's thoughts. I garnered comprehensive, information-rich data during their interviews that did not need clarification. Consequently, I was able to meet with each director one time. Before conducting the interviews, all three directors had signed a Consent Form permitting me to interview them and allowing me to audio record the interviews.

The methodology plan also included interviews with parents, childcare teachers, and a technical consultant and collecting data from documents and observations. Accordingly, I explained to the administrators that I would be seeking childcare teachers and parents as participants, which included distributing flyers to all lead teachers and to all parents with children enrolled in the facility. I also inquired about the center's technical consultant. Because document analysis was also included in the methodology

plan, I asked the directors for documents that they could provide for analysis such as classroom lesson plans, newsletters to families, and quality improvement plans. I also reminded the administrators that I would be observing lead teachers who volunteered to be participants.

Before beginning the data collection process, I had decided to modify my approach for pursuing parent and childcare teachers as participants. Originally, I had planned to have the directors who volunteered to participate suggest parents and childcare teachers who were knowledgeable about Wisconsin's QRIS as participants. However, because parents and childcare teachers might feel coerced to participate using this approach, I used a different strategy to find parent and teacher participants; I distributed flyers to all the parents with children enrolled in each of the childcare centers and the lead teachers requesting their participation.

After each administrator had signed a letter of cooperation, I began seeking parent participants. I began by distributing flyers to all the parents of enrolled children in each of the childcare centers. The flyers explained the research study and the potential participants' involvement, listed my contact information and blanks for their contact information, invited the parents to participate in the research study, and requested that the potential participants, if willing to participate, return their flyer with contact information in an envelope to a designated location within the childcare center. Two parents each associated with a different childcare center returned a flyer volunteering to become a participant. Using the contact information that the parents provided on the flyers, I contacted the parents by telephone, and each parent and I agreed on a location and time for an interview.

The one-to-one interviews with parents varied in length and location. Because the parent participants did not have direct experience with Wisconsin's QRIS, their knowledge of the quality improvement program was more limited than that of childcare workers. Consequently, the interviews with the parents were shorter with each interview being less than 30 minutes. I met with one parent at a coffee house near the site of her children's childcare center. The other parent and I met at a local library near her residence. Both parents signed a Consent Form before the interviews began, which allowed me to conduct and audio record the interviews. I interviewed each parent one time.

The recruitment procedure for the lead teachers was nearly the same as it was for the parents. I distributed flyers to the lead teachers at the childcare centers. Similar to the parent flyers, the flyers for the teachers explained the study and the teachers' involvement, listed my contact information as well as requesting their contact information, invited them to participate in the study, and requested that the potential participants return the flyer to a designated location at the childcare center if they chose to become participants. In contrast to the parent flyers, the flyers for the lead teachers stated that along with an interview, I would also conduct a two-hour observation of each potential participant in his/her classroom. Two teachers from separate childcare centers volunteered to participate in the research study. I contacted each of the childcare teachers to arrange a day, location, and time for their interviews.

The interviews with the childcare teachers were longer than the interviews with the parents. Interviews with the lead teachers were 40 minutes for one and 50 minutes for the other teacher. I interviewed one teacher after her work hours in the childcare center's

main office, and after the interview, the teacher and I scheduled an observation for the following week. The other teacher and I met in a private conference room within the center and an observation was scheduled for two days later. Both teachers had signed a Consent Form allowing me to interview them and audio record the interviews. Because their responses were comprehensive, I interviewed each teacher one time.

The research methodology plan also included an interview with a technical consultant. I had contacted the technical consultant via e-mail using the contact information from a business card. Since she was knowledgeable about the QRIS and tried to advocate for the program, the interview with her was 50 minutes in length. The technical consultant and I arranged to meet at her office building, and I conducted the interview in a private conference room within the building. Since I had received comprehensive, information-rich data from her, I interviewed her one time. She also signed a Consent Form allowing me to interview her and audio record the interview.

Interviews with the research participants garnered information-rich data. Before beginning the interviews, I had developed an interview protocol using Creswell (2007) as a guide for the protocol and Patton (2002) as a guide for the open-ended interview questions. Along with the interview questions listed on the protocol, I used probes to garner more information or to clarify the responses of the participants.

The second data collection method included observations of two childcare teachers. The childcare teachers were observed in their classrooms within the childcare centers. Based on the activities in the classrooms at specific times during the day, both childcare teachers chose the optimum times for the observations. One observation was of an infant teacher in her classroom. She had four infants on the day of the observation, and

all the infants were napping when I first arrived at the facility. The observation was scheduled from 10:00 a.m. until 12:00 p.m. In the methodology plans, I had stated that each observation would be two hours. Since the infants were napping when I first arrived, I stayed an additional 20 minutes to continue observing the environment while the infants were actively engaged in play and I could observe the childcare teacher interacting with them.

The second observation of a childcare teacher was conducted with the lead teacher of a preschool classroom. She had seven children in the classroom on the day of the observation. I had also scheduled two hours for the observation with her, which was from 8:00 a.m. until 10:00 a.m., which included a large group time, a small group activity with free-play happening simultaneously, and snack time followed by large motor play.

For both observations, I recorded observations and reflections on an observation protocol. The left column of the observation protocol listed quality indicators appropriate for each age group, which I had developed using the infant-toddler and preschool environmental rating scales created by Harms et al. (1998) and Harms et al. (2006). Consequently, on the left column I objectively recorded the available materials, interactions, and activities happening in the room related to the quality indicator. In the right column of each observation protocol, I wrote my reflections on the observations. Prior to each observation, I had given the childcare teachers a copy of the observation protocol that was appropriate for their age group. Initially, I had not planned to give the childcare teachers a copy, but because observations are stressful for those being observed, I wanted the teachers to be aware of the quality indicators that I would be observing.

The final data collection method was document analysis using documents from the three childcare centers and from the QRIS website. I had asked the directors for documents representing quality, documents signifying quality improvements, or documents discussing the quality improvement program, for example, newsletters to families, notes from staff meetings in which Wisconsin's QRIS was discussed, and classroom lesson plans. I had also asked for quality improvement plans. However, the administrators were unwilling to relinquish copies of their improvement plans because of confidentiality.

The administrators of the childcare centers offered a variety of documents. The lead teacher and the director from the five-star rated center contributed four weeks of recently written lesson plans and four classroom newsletters. Another director provided three monthly newsletters, two weeks of lesson plans for the toddler room, seven weeks of lesson plans for the preschool classroom, and seven weeks of lesson plans for the school-age classroom. I also received notes from a staff meeting during which the quality improvement program was discussed. From the third director, I received a recent monthly newsletter in which each of the lead teachers had contributed a short summary of the subsequent month's classroom activities. The director also contributed four weeks of lesson plans for an infant or toddler room, four weeks of lesson plans for a group of younger preschoolers, and four weeks of lesson plans for older preschoolers.

Along with documents from childcare centers, I obtained public documents from the QRIS website describing the goals, benchmarks, principles, and expectations of the quality improvement program. Along with general information about the QRIS, I had

gotten statewide monthly and yearly statistics from the website specifying the number of childcare centers that had advanced from lower quality levels to higher quality levels.

Upon completion of each one-to-one interview, I had asked the participants if I could send the results of the study to them via e-mail so they could examine the results for errors in my interpretation of their viewpoints or errors in quoting them. This process is called member checking and ensures that the research is credible (Creswell, 2009). Consequently, after the results were written and edited, I e-mailed the participants the results of the study for them to inspect for accuracy. After reading the results, the participants sent return e-mails commenting that they had approved the results.

Data Analysis

Data analysis included analyzing the three data collection sources, which included interviews, documents, and observations. I used the NVivo qualitative software program for storing the collected data and for data analysis.

Data analysis proceeded recurrently after the completion of each interview. Following each interview, the audio recordings were transcribed into text form, the contact information and salient points from the interview were recorded on a Contact Summary Form, and the transcribed text was entered into the NVivo qualitative software program for coding and theme development. The coding process began with the segmentation of the interviews into nodes based on commonality of concepts as discussed during the interviews. However, even before beginning the segmentation process with NVivo, I had begun the analysis process by developing a list of 16 pre-existing codes that I had created after examining the interview questions and the research questions. The initial codes were listed on a master code list using the first three letters of a concept for

identification. Nevertheless, as analysis of each interview continued, some of the original codes were not appropriate or functional, and I began using the NVivo software program for segmentation and coding. As the research progressed, I added more parent nodes and child nodes to the code list as additional concepts developed from the interviews. In total, I had segmented the data from the interviews into 40 parent and child nodes with some data included in a third tier, a grandchild node. After scanning the codes for commonalities, I looked for patterns and reoccurring topics.

To aid in the analysis of the documents, I used two strategies. For one, I had completed a Document Summary Form as recommended by Miles and Huberman (1994). On each Document Summary Form I described the document or group of similar documents, summarized the contents of the document, and listed its significance. To also help with analysis, I had written brief memos in the margins of the documents alerting me to possible connections with other data. Maxwell (2005) described memos as a useful tool for putting down thoughts. As I perused the forms and memos, I noted connections between the documents and other data sources. The documents substantiated the responses of participants and supplemented the data included under nodes such as “expectations” and “effects on children”.

Analysis of the observations was similar to that of the documents. First, I transcribed my reflections into text form and entered the documents into the NVivo software computer program. Next, I examined the observation protocols and my reflections on the observations as written on the protocols. I had also written memos in the margins of the observation protocols to make connections between data from the interviews and other data sources. Again, I noted the correlations and how the

observations substantiated the responses of participants and offered additional information for theme development.

During data analysis, I identified reoccurring patterns and codes from the collected data. Those codes were summarized into themes, and accordingly, five themes emerged during data analysis. The five themes were childcare stakeholders' descriptions of Wisconsin's QRIS, challenges associated with Wisconsin's QRIS, strengths of Wisconsin's QRIS, effects of Wisconsin's QRIS, and viewpoints on improving Wisconsin's QRIS.

As mentioned in the previous paragraph, one theme that evolved from the collected data was stakeholders' descriptions of Wisconsin's QRIS. Lending to the theme "descriptions of Wisconsin's QRIS" were categories such as purpose for the quality improvement program, ideologies of the program, and benchmarks.

Another theme that emerged from the interviews with childcare stakeholders was the stakeholders' views on challenges associated with Wisconsin's QRIS. Participants' responses concerning challenges associated with Wisconsin's QRIS included concepts such as the time and effort needed to complete required forms and maintain quality standards, the costs associated with the initiative, the changes resulting from the implementation of the quality improvement program, the miscommunications that emanated between care providers and the QRIS officials, and the stringency of the new standards.

Along with the challenges associated with Wisconsin's QRIS, the participants commented on the strengths of the program, which evolved as a third theme. The concepts leading to this theme included the support system both financial and advisory

resulting because of Wisconsin's QRIS and the expectations or standards for excellence associated with the initiative.

A fourth theme that advanced during data analysis was the effects of Wisconsin's QRIS. The theme "effects of the QRIS" included concepts such as effects on the children enrolled in childcare programs, effects on childcare stakeholders, and effects of the initiative on childcare centers. When the participants responded about the effects of Wisconsin's quality rating system on children, participants clearly understood the benefits of the program.

The fifth theme evolving from the analysis was viewpoints on ways to improve Wisconsin's quality improvement program. Participants' ideas for improving Wisconsin's QRIS centered on ways to improve compulsory forms, making the program mandatory for all licensed providers, ideas for formal raters and technical consultants, thoughts on the education of childcare teachers, and ways to improve communication between providers and QRIS officials. Wisconsin's QRIS is mandatory for childcare centers that enroll children whose families receive childcare subsidies. Accordingly, participants expressed their viewpoints on improving the program by making the initiative mandatory for all licensed childcare providers.

There were two discrepant cases. Both discrepant cases were factored into the analysis under the appropriate codes, and details describing the cases are included in the results section.

Evidence of Trustworthiness

Credibility

According to Miles and Huberman (1994), a credible research is one that is realistic and a truthful account of participants' viewpoints. To ensure credibility, I stated in Chapter 3 that I would use two strategies. First, to guarantee reliability of data, I used multiple data collection methods or triangulation as referred to by Miles and Huberman. The three data collecting methods, which included one-to-one interviews with childcare stakeholders, observations of childcare teachers, and analysis of documents from childcare centers, provided credibility to the research study. After collecting data, I compared the data sources for effects of Wisconsin's QRIS on the quality of childcare centers such as teachers' understanding of developmentally appropriate practices and teachers' use of standards to improve the quality of their program. The second strategy, member checking, was also used to ensure credibility. Member checking involves asking the participants to review their comments for accuracy of interpretation (Creswell, 2009). Accordingly, I asked the participants to review the results section (a draft of the section below) for accuracy in my explanations and descriptions of their viewpoints on Wisconsin's QRIS.

Transferability

Transferability or determining that other childcare stakeholders associated with childcare facilities will have similar viewpoints also ensures that the research is trustworthy. As suggested by Creswell (2007), one approach that ensures transferability is to use thick description when reporting the analyses and conclusion. Consequently, I

used detailed descriptions of the settings, demographics, data collection, data analysis, and results to ensure transferability.

Another method I used to help ensure transferability was to describe in detail the diverse settings and the sample used in the research study. With a detailed description of the settings and the sample, the reader can make comparisons and determine if the study is transferable to other settings and samples (Miles and Huberman, 1994).

Dependability

Miles and Huberman (1994) advised that a research study should be dependable or “stable over time and across researchers and methods” (p. 278). According to Miles and Huberman, an audit trail or a thorough record keeping of research actions and modifications helps make a research study dependable. Because dependability is necessary, I kept a journal that recorded aspects of the research process and any modifications of plans. To journal, I wrote about the research process on the left side and on the right side of the journal I wrote about my biases or concerns that I encountered on the sample, topic, or research process.

Along with journaling, to sustain dependability I kept accurate records of all research data that I collected. By using a Contact Summary Form as suggested by Miles and Huberman, I kept a record of my contacts. Miles and Huberman also advised researchers to complete a Document Summary Form for accurate record keeping of documents. Along with being advantageous for record keeping, the Document Summary Form helped me determine the significance of each document. To preserve the dependability of the research study, I also kept a record of the observations of childcare teachers. As suggested by Creswell (2007), the observations were recorded on an

observation protocol with the left column comprising details of the observations and the right column reserved for reflections on the observations. All Consent Forms, Contact Summary Forms along with transcribed interviews, observation protocols, and Document Summary Forms accompanied by the documents were organized in a three-ring binder and separated according to childcare center.

A third strategy that I used to ensure dependability was triangulation of research methods that I have detailed in a previous paragraph. Although Creswell (2007) advised using a matrix to record the data that was collected, I found the matrix to be unnecessary because of the other organizational and record keeping methods that I used.

Confirmability

Finally, confirmability ascertains the trustworthiness of the research study. According to Miles and Huberman (1994), in a study that shows confirmability, the researcher has fully explained his/her biases and is fully aware of the biases so that the results of the study relate the participants' descriptions and perceptions and not the researcher's conclusions. To establish confirmability, Miles and Huberman advised that the researcher ask himself/herself if all aspects of the research study are "described explicitly and in detail" and to reflect on his/her own "assumptions, values and biases, affective states" and how those views could affect the research results (p. 278). Consequently, to ascertain trustworthiness, I audio recorded the one-to-one interviews so that participants' viewpoints were obvious in the results and conclusion of the research. Furthermore, to be vigilant about my biases so that participants' viewpoints dominated, I noted my biases in a journal and have explicitly stated my biases in the research study.

Results

After transcription of the interviews and analysis of the data into codes, five themes emerged. The five themes that developed from the research were descriptions of Wisconsin's QRIS, challenges associated with Wisconsin's QRIS, strengths of Wisconsin's QRIS, effects of Wisconsin's QRIS, and viewpoints on improvements for Wisconsin's QRIS.

Themes from Interviews

Descriptions of Wisconsin's QRIS. Of the five emerging themes, stakeholders' responses on descriptions of Wisconsin's quality improvement program were the most harmonious. Included in stakeholders' descriptions were viewpoints on the purpose for the initiative, the ideologies of the program, and the benchmarks for the program. When asked to describe Wisconsin's QRIS, the directors, childcare teachers, and technical consultant responded with answers that showed awareness of the philosophies and standards of the program. They established that the purpose for Wisconsin's QRIS was to improve the quality of care for children enrolled in childcare programs. Most responses were similar to the response of one participant (P-8), "It's a system that has been developed to rate the centers according to what they are providing for the children as far as curriculum, environment, safety, health." Believing that the rating system helps families find appropriate childcare for their children, another participant (P-7) included families in her description of the rating system. She responded, "I think that it is an evaluation of childcare centers that is designed to help parents see what quality levels are out there and help them choose and help centers improve their care." Another childcare participant (P-6) who was aware of the tiered monetary compensation that corresponds

with a childcare center's quality rating said, "Like a check and balances for daycares. And it is a point system to where they are looking for quality care. And they want the quality care providers to be compensated accordingly."

Although parents who were participants in the research contributed information-rich data on other aspects of Wisconsin's QRIS, their descriptions of the initiative were limited. Directors and childcare teachers also mentioned that parents, in general, are unaware of the fundamentals of Wisconsin's QRIS. One director (P-2) commented, "I don't know that they are really aware of it [YoungStar]. We have called attention to it in newsletters, and we have the stars on the wall, but I don't think that it is something that they bother themselves with." When asked to describe Wisconsin's QRIS, one parent (P-4) who had limited knowledge on YoungStar, said, "And it [YoungStar or Wisconsin's QRIS] was something so that they [childcare centers] could be reentered [evaluated]. You know, improve their quality and I don't know if it is something mandatory."

Although parents' understanding on the fundamentals of the state's quality improvement initiative was limited, they wanted to know if Wisconsin's QRIS was mandatory for all childcare centers, for the childcare program that their children attend, and if all childcare centers participate in the initiative. As noted in the previous paragraph, one parent (P-4) who was disenchanted with the initiative because of the loss of quality staff at the center her children attend, asked openly if the QRIS was mandatory. The other parent (P-3) asked, "Is it in every childcare center?"

Included in a full understanding of Wisconsin's QRIS are the benchmarks or quality tiers, which developers of the rating system labeled as stars. The star ratings range from one star to five stars with five stars being the highest (Wisconsin Department of

Children and Families, 2010). To attain or maintain a star rating, childcare centers earn points based on each childcare provider's education and training, the children's learning environment and classroom curriculum, the center's business practices, and health and safety practices (YoungStar Wisconsin's Child Care Rating Program, 2012). Because childcare directors, childcare teachers, and technical consultants work directly with the quality rating system, they understand the benchmarks and the efforts required to achieve a better star rating. While describing the star ratings, one participant (P-5) explicitly said:

It's based on earning points and it's based on what is called the star level and there are five stars in YoungStar, five being the highest and one being the lowest and there are indicators and certain things that a provider has to do to earn points to determine what star level they are.

Another childcare participant (P-7), who often commented on Wisconsin's QRIS as meeting the needs of parents in choosing childcare, said, "I think that it is an evaluation of childcare centers that is designed to help parents see what quality levels are out there and help them choose and help centers improve their care."

Although parents were not as aware of the benchmarks, they were more concerned about the care and education their children received through the providers. One parent (P-3) who was unaware and surprised that the center her children attended was a two-star rated center stated, "No, we really like it so I wouldn't rate it that low. We really like it. So that's interesting." In a later statement, she said that she would rate the childcare center her children attended as a four-star center because the providers really care about the children. The other parent (P-4) commented, "My son who is three just surprises me with how much he knows. With the shapes and colors and things."

When asked if the star ratings help or harm a childcare center, participants gave a variety of responses. One participant (P-2) thought that families would overlook a childcare center's star rating if they were aware of other benefits the center offered. Her comment was:

If a parent has the perception that a five-star is the very best, which it is, then a three-star either doesn't matter or it's not very good. So I believe that when a parent comes into our building and observes what's happening in our classrooms and takes a look at our activities that we're taking part in with our families, and talks with my teachers and realizes that we care about our community, we care about the children that we take care of, then I believe that that will be what they need. They don't really care for a five, four, or three-star.

Another participant (P-5) had a similar response. She noted that families should visit the childcare centers to determine which childcare provider best fits their child's and their own needs rather than focusing on the star ratings. One childcare teacher (P-7) who understood how the point system operated stated:

I think its helpful [star levels] that it gives a range for parents to look at. If it's five-star, five-star is great. But, I do think that there are certain things that will cause a center to be rated really low. It might not accurately portray the kind of care that they are giving. Like the director maybe not having a degree. That lowers their score level while that person may be a fabulous director. They may be really, really fabulous. I think that it [benchmarks or quality levels] may be good in some ways and not in others. It doesn't always portray an accurate picture

unless the person has the wherewithal to go in [QRIS website] and read why that center got that rating instead of looking at the star itself.

Challenges Associated with Wisconsin's QRIS. A second theme that emerged from data analysis was the challenges associated with Wisconsin's QRIS. The childcare stakeholders mentioned challenges concerning the time and effort required for completing requirements, the cost of the initiative, the changes that evolved because of Wisconsin's QRIS, the miscommunication between QRIS officials and childcare providers, and the excessive attention to details.

All the directors and childcare teachers who were participants in the research commented that the time and effort required to complete required forms and to enhance and refine their program according to the expectations of Wisconsin's QRIS was challenging. Each year providers participating in Wisconsin's QRIS complete renewal forms, conduct self-assessments, and plan and document quality improvements. One director commenting on the time requirement stated that the QRIS is a lot of paperwork for her. Because the center will be reassessed as a five-star rated center shortly, the director (P-8) also commented that the QRIS will be her focus for the subsequent two months. Additionally, a childcare teacher (P-7) from the same five-star rated center expressed the challenge of improving and enhancing her classroom program with this response: "It feels like we are in perpetual application, assessment. It seems like we are always going on [assessing and making improvements] in the center. It just seems like we are always in this never-ending cycle. It drags on."

Another challenge experienced by most of the childcare stakeholders was change. Because of expectations associated with Wisconsin's QRIS, most frequently, change

involved the childcare staff. Points are awarded to childcare centers based on staff education and training, which helps the centers attain higher star ratings when staff have higher qualifications. In other words, the points earned for the education and training standard of the QRIS correlates with the formal education of staff members. One parent who was associated with a childcare center that experienced staffing fluctuations felt dismayed because of the staffing changes. She expressed disappointment with the staff turnover at the childcare facility that her children attend. In fact, she stated that experienced staff members who did not have the formal education but were excellent childcare teachers had chosen to leave the facility rather than pursue the additional education required for the higher star rating. The participant (P-4) commented:

One weakness that I noticed when this went into effect, they lose a lot of quality teachers. I understand that they are trying to set a quota or trying to make sure that everybody is trained adequately. But there is a lot of teachers who are just good teachers. They may not have all the education and then it pushes them out. Then you lose great teachers.

Three other participants responded similarly about childcare staff leaving due to education requirements.

Participants also responded about changes concerning additional expectations of the QRIS such as documentation of quality improvements and classroom standards. For easy access of data pertaining to their childcare center, directors are advised to develop a binder documenting center information such as education and training of staff, meal menus, and annual budgets. One director (P-2) responded, “The binder itself has involved three of us in the office for many hours. The materials involved [take time to organize

and put in the binder].” Speculating about the challenges brought about by the change in standards for classroom environments and record keeping, one teacher (P-7) commented that the changes were probably more of a challenge for teachers who had been at the childcare center for a longer time and were content with the status quo than for her since her employment coincided with the implementation of the QRIS.

A third challenge discussed by the participants was the costs associated with implementing the initiative. The directors of the two smaller childcare centers commented that the costs associated with the quality improvement initiative were not a factor for them. They commented that the annual mini-grant awarded to participating childcare centers helped with the costs of quality improvements, for example, buying more current children’s books and learning materials. One director (P-8) stated that the childcare facility that she managed hired teachers with degrees even before Wisconsin’s QRIS was implemented, so the expense of having teachers with formal education was not problematic for that center. For her facility, the biggest expense associated with the quality improvement initiative was the cost of additional professional development trainings, such as trainings on Wisconsin Model of Early Learning Standards (WMELS) and Social Emotional Foundations of Early Learning (SEFEL). She added that the mini-grant can also be used to pay for trainings. On the other hand, another participant who owns a large, private center, asserted that the expenses associated with operating a large childcare center can be enormous and the costs related to Wisconsin’s QRIS added additional expenses to the already mounting costs of utilities and food expenditures. According to this participant, although the mini-grant should help alleviate some of the quality improvement costs, the grant provided minimal relief. She (P-2) commented

about the challenges with these words, “So when you are looking at the cost that this program is to implement within a center, it costs me far more than my \$1000 grant that I receive. Far more.”

Another challenge that some of the participants discussed was the miscommunications between Wisconsin’s QRIS officials and childcare providers. Two participants commented on the discord between information given to providers from the technical consultants and the formal raters. They speculated that the consultants and the raters were not communicating with each other. The lack of communication then leads to a miscommunication of information provided to childcare center staff. One participant (P-7) who was discouraged because of the consequences stemming from miscommunications said:

I spent literally about 20 hours redoing my portfolios according to what our technical consultant told us. Then our rater came in and said, “Why did you do this? You should have done this.” Well, that is what I had done.

Participants felt that another challenge was the excessive attention to detail connected to the rating process. One participant (P-6) commented that because of the focus on detail, the bigger picture of providing quality is lost. She said:

Some of it debilitates the care provider from going and doing their job at the end of the day. If you sit back and you are worried about the small minor details. Where you’re in the classroom all that stuff, it plays into it but it’s not the base and foundation of what you are doing.

Another participant (P-8) gave an example of excessive detail that she had been confronted with. She had sought an answer to a question on hand washing so she had talked with QRIS officials:

Do you or don't you need to wet your hands before washing? One rater told me that that is proper hand washing procedure when they get the water [first].

Another as long as you are rubbing some soap in. I mean how important is it if you wet your hands [first]? Is it that important? Should that determine if you are a quality center or not? It doesn't. The fact that they are washing hands is what determines that, not that you use water before. Little things like that shouldn't be important.

Strengths of Wisconsin's QRIS. Despite the challenges that participants associated with Wisconsin's QRIS, some participants responded that Wisconsin's quality rating initiative was a positive program and participating in the program had definite benefits for young children and society. Consequently, the fourth theme that emerged from the data was the strengths of the quality improvement initiative. The participants acknowledged that the financial and advisory support was a strength of Wisconsin's QRIS. Another strength was the self-assessment that childcare providers participate in before planning quality improvements.

The majority of the participants remarked about the support that Wisconsin's QRIS provided through the technical consultant and the mini-grant. A technical consultant's role is one of advisor and informal trainer for childcare program providers, and each participating group childcare center has one technical consultant that advises and guides the provider toward quality improvements. As an example of some of their

duties, the technical consultants may advise providers on the children's learning environments and try to improve providers' curriculum development, assessment practices, and parent partnering, and give advice on practices that support children's development (Smith, Robbins, Schneider, Kreader, & Ong, 2012). Financial support, which involves qualifying for a mini-grant, is given to childcare centers that complete annual requirements for Wisconsin's QRIS. It is awarded once a year, and childcare centers must use the grant money for quality improvements. Because of their direct experience in working with a technical consultant, each of the directors commented on the technical consultant as a helpful resource. One director (P-8) stated, "Certainly the technical consultants need to stay there and guide people through this." Another director (P-2) exclaimed, "They do a great job." The third director (P-1) said, "I also think that they have a good support system in place in your technical assistant and things like that, where you can just better your center." Although one director (P-2) felt that the mini-grant was not sufficient to support the quality improvement expenditures of her large center, the directors, in general, commented that the mini-grants helped with purchases and trainings needed for quality improvements. According to one director (P-2), "And I like the fact that the micro-grant is there and continues. But it is certainly an incentive."

Another participant (P-5) stated:

And this is one of the few times I have experienced the Department of Children and Families saying, "Here is something that we are going to require you to do because we think that it is in the best interest of children and here is support to help you do it." Many times, changes or laws or new requirements come down,

and as a business or as a family provider, you go, “How am I supposed to do this, how do I get this done, how can I afford this?” YoungStar has all of that in place. Along with directors, other participants commented that the advisory and financial supports coming from Wisconsin’s QRIS should continue.

The second strength of Wisconsin’s QRIS as identified from the viewpoints of childcare stakeholders was the self-assessment that staff members use to plan quality improvements. Although it is a lengthy procedure, the self-assessments help childcare providers reflect on their strengths and on areas where the center needs to improve. After the self-assessments, the childcare centers plan and document quality improvements. Commenting on the self-assessment, one participant (P-5) said:

The major strengths of the quality rating system is the self-assessments that we ask all of our programs to go through. Because if they embrace that self-assessment process and they really use it for quality improvement, it affirms what they are really doing well and says, “Hey, look at this, look at all the things that you do.” And then it also helps them prioritize, “We aren’t doing that as good as we want to and how can we improve that.” So I believe the self-assessment is the strength.

And another participant (P-7) commented, “I think that having a similar set of expectations for childcare providers is a major strength. Something that everybody can work towards and families can expect a certain standard. So I think that would be the strength.”

Effects of Wisconsin’s QRIS. The fourth theme that emerged from the research was the effects of Wisconsin’s QRIS on children, childcare stakeholders, and on

childcare centers. Although the quality improvement program was initiated to improve the quality of care for children, the participants made fewer comments on the effects of the QRIS on the welfare of children than related topics. Nevertheless, the participants commented on the quality of the childcare program and the learning environment as positively affecting children. One participant (P-5) commenting about the positive effects on children said, "It's affecting the kids. Cause we concentrate on the environment. We are trying to build a developmentally appropriate and quality environment." Another participant (P-7) commented, "I would say that quality care makes a big difference in the lives of children." Summing it up, one director (P-1) responded, "Kids are going to benefit, parents are going to benefit, society will eventually benefit as these children go into the world. So I think that kids can be really successful in a really well-run program."

When considering the effects of Wisconsin's QRIS, participants had more comments about the effects of the initiative on childcare staff. Because of their direct involvement with Wisconsin's QRIS and quality improvements, childcare teachers and directors have been affected more intensely than parents and children. For one, in order to achieve a higher star rating, childcare teachers and directors have to acquire the education that qualifies the childcare center for higher points. Furthermore, educational practices and curriculum standards have changed with additional expectations associated with higher star ratings. Business practices have become more rigorous, and health and safety practices have also become more stringent. However, most of the comments concerning the effects of Wisconsin's QRIS on childcare staff dealt with the formal education expectations with some childcare personnel embracing the change and others hesitant. One director (P-2) commented on the education expectations:

But, I have some teachers that have been with me for a very long time that may not have the degree that YoungStar is seeking. That does not mean that they are not a good teacher. And I have hired some people that have degrees that do not belong in childcare. And so we made the decision this year to intentionally go for a three [quality star level] so I did not have to meet that education component.

The same participant (P-2) also said:

Some of them [staff] said outright to me and they are still here, “We will not go back to school. I will not. You will have to determine if you need to get rid of me or whatever. But, I’m 55 years old and I’m not going to school.”

Three other participants voiced similar concerns about teachers and formal education.

One parent participant (P-3) commented, “You could have a teacher with education and she may not be as good as a teacher on the staff that has little education.” Another participant (P-5), advocating the benefits of formal education for childcare personnel, said, “The credit based education, I believe, affirms what they already know. It gives them again that language, that professional language so that they are taken as a professional and not just somebody who plays with kids all day.”

Additional curriculum requirements for daily activities have also affected childcare teachers and how they plan for activities. Two requirements associated with higher ratings are linking classroom activities with the WMELS, and developing a portfolio for each child in care. Along with obtaining 25 hours of professional development training each year, childcare teachers in childcare programs are expected to get training in the state standards or WMELS and use the standards when planning activities for young children (Wisconsin Department of Children and Families, 2010).

Some teachers do not want to get the training on state standards and, consequently, do not understand how to incorporate the standards in their activity planning. As one director (P-1) remarked, “I have difficulty getting them to use our WMELS [state standards] simply because they do their continuing ed. [25 hours of professional development training] during the year and they may not understand the new use of the WMELS.” Another participant (P-7) commented, “Childcare now has much higher standards than at least our district’s 4K [four-year-old kindergarten] program.” In opposition, because of the additional costs of materials and the additional commitment from childcare teachers for developing portfolios for each child, one participant (P-2) commented:

When you buy the binder [used as a portfolio for the children in a classroom], when you buy the materials [for the binder], color copying for them [it gets costly for the center, and it is very time consuming for office personnel]. I understand the rationale behind having it, a portfolio for a child, but what I see, that places so much stress on my staff members. It’s not a cut and dried thing.

Commenting on the effects of Wisconsin’s QRIS on parents, childcare administrators and teachers felt that parents of children enrolled in a participating childcare center were positively affected by the initiative. However, one parent (P-4) was dismayed by the loss of experienced childcare teachers that she had acknowledged as competent teachers. On the other hand, she was surprised at what her preschool child was learning under the direction of the child’s provider. The other parent (P-3) felt that there was more communication, which is encouraged by the QRIS, between providers and families in the form of newsletters, messages being sent home, and forms. Although not a

parent, one participant (P-5) referring to the effect of Wisconsin's QRIS on parents commented:

It gives them a sense of "I've got my child in the right place," which means they can go to work and feel that their child is in a quality environment and is being well taken care of. They can see that quality with communication between center and/or provider and the parent. A lot of our programs have increased their communication with the parents with pictures or with today's technology, e-mails.

Another participant (P-7) stated succinctly:

I do like that there is something out there for families [website that lists the star levels of childcare centers]. I think that it would be very hard to choose childcare. I do think that it would be very hard. And I like that it [QRIS website] has some information to offer families.

Viewpoints on Improving Wisconsin's QRIS. The fifth theme that emerged from the data was viewpoints from childcare stakeholders on improving Wisconsin's QRIS. Comments included viewpoints on formal education for childcare staff, better communication between QRIS officials and providers, educating families on the quality improvement program, and the inclusion of all licensed centers in the initiative.

Based on their experiences with the QRIS officials, participants had recommendations for the officials. Because some participants had speculated that there was insufficient communication between the consultants and the formal raters resulting in miscommunications with childcare providers, during the interviews when asked about improvements, two participants offered as a suggestion that there should be better and frequent communications between formal raters and consultants. As one participant (P-7)

stated, “Like I said, more continuity between the raters and the technical consultants. That would be my biggest suggestion.” The same participant also felt that for quality assurance the formal raters should visit childcare centers more than once a year and their visits should include all the classrooms within the childcare centers. At present, formal raters visit a childcare center once a year to assess and rate a childcare center based on the points earned and the observations of one classroom per age group. She (P-7) said, “They should rate each room and not just one. They should do more visits that are more random.” This is a viable suggestion considering that Karoly et al. (2013) found variance in ERS scores that ranged nearly one point from lowest to highest between classrooms serving infants and toddlers that were located in the same center. Another participant (P-8) had a suggestion for better communication: “More communication between the raters and the consultants and the people in charge.” She also suggested that one formal rater be assigned to a childcare center so that the rater could have a better understanding of the quality changes within a center from year to year. She (P-8) commented:

I think that they should come more than once [a year] and I think there should be more of a relationship there. Like there is with licensing. I’ve always had a good relationship with my licensor. I e-mail them and talk with them throughout the year not just when they show up or whatever. When I have questions or whatever. I think there needs to be more of a relationship with the raters. We have the same technical consultant. I think that it would really be nice if we had the same raters. She could see from year to year progress or things that you really worked on. When a different person walks in each year and looking at things through their eyeballs, how do you compare that to last year? It’s like comparing apples to

oranges. If you worked with the same person and they got to know your center, and they have a real insight as to whether you are high quality or not.

Other participants thought the rating system would be more consistent if all state licensed childcare providers were required to participate in the quality improvement initiative. Presently, childcare centers that enroll children whose families use subsidies to pay for childcare are mandated to participate in the state's QRIS. One participant (P-8) who was disappointed that nationally accredited and city certified centers were not visited or rated annually by formal raters stated:

Because even licensing specialists will tell you they can walk into a lot of centers and not meet those five-star standards, but because they are accredited they get a free ride and I don't think that is appropriate. It shouldn't be ... just for centers that take state assisted families. I think it should be across the board [all licensed childcare centers]. If you are going to have a state rating system, it should apply to everybody.

Another participant opposed the mandatory participation of licensed facilities that enroll children whose families need subsidies to pay for childcare. She felt that the quality improvement program should be regionalized, because she felt that the more impoverished areas within the state had a greater need for the support associated with the program. She (P-2) commented:

I am the type of person that believes in quality for quality's sake, not because I'm working toward something. I believe in excellence. I should always strive to be the best that I can be. I realize that that doesn't exist everywhere in our state nor

in our nation. However, the stress that YoungStar has placed upon my center in particular has been extreme.

Parent participants had suggestions that involved the education of childcare teachers and the education of parents. One parent suggested educating parents on Wisconsin's QRIS so that they could become more involved with the ratings of childcare centers. The participant (P-3) said, "If the parents were educated on the program and more parental input towards it. It's hard to have a program, implement it, and then have no feedback from parents." The other parent participant (P-4) affected by the loss of quality teachers in the childcare center that her children attended due to formal education requirements suggested that childcare teachers who have been in childcare for a long time and have valuable experience with children but not the formal education be "grandfathered in".

Finally, participants suggested that the formal raters and consultants be more explicit about expectations associated with the forms used by childcare centers for quality improvements. One participant (P-7) explained:

More standardized forms. Say, "This is your lesson plan form. This is what I want in your portfolio." And not just vague work samples. "Work samples like this" as related to a child's goal or a sample. I feel like that is where it is open to rater's interpretation.

She continued further with the statement:

Not that they have to throw that out [forms used by childcare centers], but to say. "If you want this number of points, for sure, use this form. If you want this

number of points, maybe we will consider it.” Right now I feel that it is still very open to interpretation.

Another participant (P-8) suggested, “I think there needs to be things on paper that are definite and clear and this is how we should do this and what the expectations should be. I think that there is a lot of individual interpretation.”

Results of Document Analysis

The documents from the childcare centers confirmed that young children are receiving quality experiences in a small sampling of childcare centers and that the QRIS may be effective in making those changes. Documents consisting of lesson plans and newsletters to families showed that childcare teachers in the three childcare centers planned and implemented developmentally appropriate activities for young children with the aim of stimulating children’s development. The documents also indicated that some of the childcare teachers know how to effectively use the WMELS, a framework strongly encouraged by the QRIS, to help them plan goals, learning experiences, and environments for young children. However, there was a difference in the information provided on the lesson plans developed by the childcare teachers from the different star rated centers. As the star ratings of each center increased indicating improved quality, the teacher’s lesson plans included more information. The lesson plans written by teachers from the two-star rated center included activities that were developmentally appropriate for the age of the child and activities that were stimulating. On the lesson plans from the four-star rated childcare center, the childcare teachers had also listed activities that were developmentally appropriate and activities that were stimulating. However, the teachers from the four-star rated center included additional information. Along with listing

activities that would stimulate development in all the developmental domains, the teachers from the four-star rated childcare center included weekly group goals, which were aligned with WMELS, the state's standards for early childhood learning.

Additionally, the childcare teacher from the five-star rated childcare center included even more information on her lesson plans than the teachers from the two- and four-star rated centers. She included the learning materials that were available for the children in each of the learning centers, group goals related to each of the learning centers, a social emotional emphasis of the week, small group activities, and literacy activities.

Considering that Piaget (1998) valued constructing knowledge through the manipulation of concrete objects, someone assessing the childcare centers using lesson plans to aid in the assessment can assume that the children in the five-star rated classroom are actively engaged in their learning because the teacher had listed the learning centers and the learning materials available to the children. Despite the difference in lesson planning, the lesson plans and newsletters showed that the childcare providers from the three childcare centers acknowledged the effects of developmentally appropriate activities, and consequently, they planned stimulating and age appropriate activities as sanctioned by Wisconsin's QRIS.

Results from Observations

The third data collection method was the observations of childcare teachers. The observations of two childcare teachers also demonstrated quality of care. During both observations, the childcare teachers were responsive to the needs of the young children, were respectful of children's feelings, and interacted in a positive manner with the children in their care. For example, in the infant room, upon waking from a nap, one

infant began crying. The childcare teacher was immediately responsive and caring as she walked quietly to the child's crib, gently picked up the child, comforted the infant by holding the child close, and asked the infant if she wanted to be rocked. During the mealtime, the teacher labeled the foods that she offered to the children, which facilitates language development, and she sat one infant who was too young for solid foods on her lap so the child would feel included as a group member. In the observation of the preschool teacher and her classroom, the teacher also showed responsiveness, caring, and respect for the children. She immediately responded to a conflict between two children. While talking with one of the children about the incident, she knelt down to maintain eye contact with the child, put her arm around the child, talked quietly with the child about the incident, and presumably asked him to spend time in the library to calm himself.

Although the teachers were both responsive and caring, I noted one major difference while observing the classrooms: the amount of emergent literacy materials available to the children in each of the classrooms. Although the teacher from the two-star rated center provided nurturing care, at the time of the observation the teacher did not have books available for the infants' investigation. Additionally, there were no pictures or print at the children's eye level to encourage language development and a growing interest and understanding of print. Furthermore, the teacher did not read any books to the children during the time of my observation. According to Epstein (2014), "literacy is not an all-or-nothing type of skill acquisition, but rather a gradual progression that begins in infancy with learning language and looking at books" (p. 100). In other words, when children as young as infants are exposed to books and the resulting interactions about the books, the experience promotes emergent literacy and language development. On the

other hand, the teacher from the five-star rated childcare center included multiple literacy promoting materials. Books were accessible in all the learning centers and also in the library center. Moreover, print was posted throughout the classroom, which exposes the young children to the conventions of text and prompts their interest in literacy (Pinnell & Fountas, 2011). Additionally, the teacher read to a small group of children when they asked her to read a book that interested them. Although the age difference in the classrooms being observed helps explain some differences in the availability of books and print, according to Cunningham (2010), the global quality of a childcare program is related to the quality of the literacy environment.

The observations presented only a glimpse of quality endeavors in two classrooms, and documents such as lesson plans give a miniscule indication of center wide efforts to provide quality. However, the interviews with childcare stakeholders, the observations of childcare teachers, and document analysis confirm that Wisconsin's QRIS is influential in effecting changes aimed at providing quality care for young children.

Discrepant Cases

As mentioned previously, there were two discrepant cases. One of the participants was resolute that Wisconsin's QRIS was not needed to motivate her into providing quality care in the childcare center that she owned and operated. She had stated that she herself is motivated to always provide the best care possible for young children, and she did not need a program such as Wisconsin's QRIS as an incentive. Consequently, because of her determination to always support quality care, she opposed the QRIS initiative as a needless quality improvement incentive for the center that she manages.

Another participant felt that the higher ratings earned by childcare centers were due to a better presentation of the center when formal raters do their annual assessments. In other words, the childcare providers present the center as a high quality program during the formal raters' visits instead of actually providing high quality care for young children.

Summary

There were four questions that directed the research on Wisconsin's QRIS for childcare centers. The questions were answered through one-to-one interviews, observations of childcare teachers, and document analysis. The first question probed childcare stakeholders to identify the fundamental principles and benchmarks of Wisconsin's QRIS and asked if the principles and benchmarks facilitated quality improvements. The childcare stakeholders were in agreement on the principles and benchmarks of the program. They explicitly stated that Wisconsin's QRIS is designed to improve quality within childcare programs. Upon explaining the benchmarks, the participants understood that the benchmarks or star ratings range from one-star to five-stars with five-stars being the highest. When asked if the principles and ratings influence quality within a childcare center, the participants noted that the grant money, the support from technical consultants, the respect associated with attaining a higher star rating, and the rigorous expectations corresponding to the benchmarks, help ensure that higher quality of care is sought and sustained in childcare centers involved in the state's QRIS.

The second research question queried about the effects of Wisconsin's QRIS on the children enrolled in a center participating in the initiative. The participants responded that the QRIS motivates childcare centers to provide quality environments for young children. In addition, according to participant responses, the professional trainings, the

curriculum plus assessment expectations outlined on the QRIS standards, and the coaching from the technical assistant assure that childcare teachers are using developmentally appropriate practices and addressing the individual needs of the children in their classrooms. One director stated that she felt that the teachers in her program were putting more effort and thought into their curriculums, and one childcare teacher commented that she has tried to rearrange her schedule to eliminate or reduce waiting times for the children. Because childcare centers participating in the quality improvement program seek to provide quality environments, the childcare stakeholders felt that children in care were learning more and attaining academic skills needed for formal schooling.

A third question addressed the effects of Wisconsin's QRIS on childcare staff members and families who have young children enrolled in a childcare center. The participants noted that Wisconsin's QRIS helps families find appropriate care for their children, care that fits their child's and their family's needs. Additionally, stakeholders commented that a quality provider reassures families that their children are receiving the care and education that they are expecting from a higher quality program.

The third question also addressed effects of Wisconsin's QRIS on staff members employed in childcare centers participating in the quality rating program. Many participants responded that the program is time consuming. Additionally, participants reported pressures on staff who did not have the formal education and pressures related to the expectations of the program. Families felt disappointed when childcare teachers who did not have the formal education, but were competent, decided to leave the childcare field or were relegated to other positions because of education requirements.

To answer the fourth research question, childcare stakeholders noted aspects of Wisconsin's QRIS that helped to improve and sustain quality within childcare centers. Most commented that the support system that exists through Wisconsin's QRIS, namely the technical consultant and the mini-grant in addition to the standards of the program, helped to develop and sustain the quality of care within childcare centers. According to the participants, the technical consultants are helpful in providing new ideas for the center, and one director commented that the grant helped them buy current children's books and new manipulatives. Another director responded that the mini-grant can also pay for professional development trainings for the staff, which leads to higher quality in programming.

The stakeholders determined that the different elements of the QRIS such as the mini-grants, technical consultants, benchmarks, and stringent standards were helping to improve and sustain quality improvements as represented by the statistics shown on the QRIS website. Wisconsin's QRIS website shows the number of childcare centers that have altered in star ratings during a period of time. More specifically, the statistics displayed on the QRIS website for the months of December, 2013 and December, 2014 showed an increase in childcare centers receiving four and five-star ratings and a decrease in childcare centers that received two-star ratings (Wisconsin Department of Children and Families, 2014, December 31). Additionally, although her observations are subjective, the technical consultant who was interviewed and whose role consists of official visits and advice to childcare providers has noted positive changes in the quality of childcare centers in her regional area.

The final chapter, Chapter 5, completes the dissertation with concluding comments on the study. Included in the final chapter are interpretations of the findings, the limitations of the study, and recommendations for further research. Most importantly, Chapter 5 states the implications for social change derived through the completion of the study and through communication of the research study to key childcare stakeholders.

Chapter 5: The Conclusion

Wisconsin's QRIS is a recently initiated quality improvement program for childcare providers with the goal of improving the quality of experiences for young children (Wisconsin Department of Children and Families, 2010). To better understand the quality improvement program and its effects on young children, families, and childcare providers, the present research study is a qualitative case study exploring the views of childcare stakeholders associated with group childcare centers participating in Wisconsin's QRIS. Because of the recent implementation of the QRIS, only minimal research has been conducted on the initiative and the viewpoints of childcare stakeholders. However, the quality of a childcare program is significant since quality of program enhances the development of young children making research on the efficiency of quality improvement systems for childcare centers a priority (Fenech et al., 2010).

Three data collecting methods provided information-rich data for analysis. The data methods included interviews with childcare stakeholders, observations of two childcare teachers, and document analysis. The one-to-one interviews indicated both positive and negative viewpoints on Wisconsin's QRIS. Because of their direct experience with the QRIS, the administrators, childcare teachers, and technical consultant were knowledgeable about the quality improvement program and offered responses showing awareness and experience. In contrast, although anticipated, parents were not as informed about Wisconsin's QRIS. Additional findings from interviews, document analysis, and observations of childcare teachers confirm that young children attending the childcare centers reviewed for the study receive moderate to high quality of care.

Five themes emerged from the data sources. The five themes were descriptions of the QRIS, challenges associated with the QRIS, strengths of the QRIS, effects of the QRIS, and viewpoints for improvement of the QRIS. Because of their direct experiences with the QRIS, directors and teachers unanimously described the principles and benchmarks of the initiative as a program striving to improve the quality of care in childcare centers using stars as benchmarks to indicate the quality levels. As mentioned in the previous paragraph, parents that were participants, although concerned about quality of care, were not as aware of the state's initiative in improving quality.

When considering the challenges and effects of the QRIS, the stakeholders were consistent. The participants acknowledged that children receive a better quality of care because of the QRIS, and thereby, their development and academic readiness is positively affected. However, stakeholders commented more on the effects of the initiative on childcare teachers. Some childcare stakeholders were disheartened because of the new formal education requirements that correlate with higher star ratings. Participants commented that this has created pressure on childcare providers to achieve education expectations and has led to the loss of quality teachers. In addition, participants noted that the more stringent curriculum and assessment requirements have also created additional concerns and time restraints on childcare employees.

Along with commenting on the challenges of the initiative, participants acknowledged the strengths of the QRIS. The stakeholders commented that the technical consultants and the mini-grants offer the needed support for quality improvements. The technical consultant offers support by advising centers on quality improvements, and the mini-grant gives providers monetary support as needed for purchases for quality

improvements. Another strength is the annual self-assessment required by the QRIS. Stakeholders commented that the self-assessment helps them reflect on strengths and assess what needs to be improved.

The participants had an array of ideas for improvements of Wisconsin's QRIS. Parents suggested involvement of families in the rating process and granting amnesty to childcare teachers who have had multiple years of experience but lack the formal education requirements. Other participants suggested that Wisconsin's QRIS be mandatory for all licensed childcare centers in the state, and some participants suggested that QRIS raters visit all centers seeking higher star ratings even if the center is accredited or city certified. One participant who opposed the quality improvement program proposed that the program be regionalized to areas where poverty is more prevalent. Finally, the participants recommended that raters and consultants communicate between each other consistently so that communications to childcare providers are accurate.

Interpretation of the Findings

The findings from the research confirm, disconfirm, and extend the findings from the research literature. Findings from the current study on parents' awareness of quality confirms the research literature on the same topic. The present research study also confirms the research literature on Environmental Rating Scales that claims that the instrument is useful to childcare teachers who want to assess the quality of their program. Furthermore, findings on the formal education of teachers extends knowledge on the topic linking quality of program with teachers' level of education, and findings from the present study on emergent literacy confirms the findings that there is a relationship

between the global quality of a childcare program and the quality of a classroom's literacy environment. The present research study also confirms what the research literature communicates about QRISs being effective in improving the quality of early childhood programs.

As mentioned in the previous paragraph, one finding from the research study that confirms the findings from the literature was parents' awareness of quality or quality improvement programs. In order to properly assess appropriate care for their children, parents should be knowledgeable about quality indicators within childcare centers. Leach et al. (2013) found that mothers' ratings of childcare providers were based on their satisfaction instead of actual observed quality. In a research study conducted by Pope et al. (2006), the childcare providers as participants of the study viewed parents as unaware of their state's quality improvement efforts known as STARS. Fenech et al. (2011) found that parents were more aware of the process dimensions of quality, for example, interactions between child and caregiver and materials available for learning, than the structural dimensions of quality such as the education level of the childcare teachers. Weaven and Grace (2010) had similar findings. Findings from their study showed that parents were unaware of the structural elements of quality in a childcare center and were more focused on the visible elements. Consistent with the findings from the literature, the parents who were participants in the study were unaware of Wisconsin's QRIS and of the quality improvement efforts directed at childcare centers. Also consistent with the research literature, parent participants were unaware of the structural dimensions of quality namely teacher education as potentially improving the quality of a program. Both parents commented that formal education does not necessarily confirm that a childcare

provider is a quality provider, and one parent was dismayed over the loss of experienced childcare providers who chose to leave the childcare center because they lacked the formal education required for the center to receive a higher star rating. Moreover, in similar responses, the directors that were participants confirmed that parents were not aware of the state's quality improvement initiative and the state's efforts for improvements.

As already stated, findings on the research study extend knowledge from the research literature on the topic of formal education for childcare teachers. The research literature has had contradictory results correlating the formal education of childcare teachers with the quality of childcare programs. In a meta-analysis, Early et al. (2007) declared that the results equating teachers' formal education with quality of program were inconclusive. In contrast, the research teams of Saracho and Spodek (2007) and Kelly and Camilli (2007) found a positive relationship between teachers' formal education and quality of childcare program. Kelly and Camilli found that young children who had teachers with more formal education showed better developmental outcomes compared to young children who had teachers with less formal education. Similarly, Saracho and Spodek found that teachers with more formal education were more responsive to the children and more sensitive to their needs. Vu et al. (2008) also found a positive correlation between higher levels of education and quality of program.

Heeding the findings from research studies that showed a correlation between levels of education and quality of program, the planning committee for Wisconsin's QRIS established higher formal education standards for providers working in childcare centers that are seeking higher star ratings. However, four of the participants, including

both parents, commented that a childcare teacher's level of education does not always equate with higher quality care. Instead, they valued experience over education for childcare teachers. In contrast, the director of the five-star rated childcare center who was also a participant in the present study commented that even before Wisconsin's QRIS was implemented, she sought to hire degreed teachers that were both educated and experienced. She also mentioned that all the staff members of the childcare center that she manages except one have four-year degrees. Although stated indirectly, the responses from the director imply that as director of a high-quality rated childcare center, she views formal education as having an effect on the quality of the program. Additionally, the technical consultant who was also a participant in the present study remarked that formal education confirms what experienced teachers have been doing through the years. Additionally, according to the technical consultant, formal education also gives the experienced teacher the professional language, an element that may improve society's perceptions of childcare providers as specialists in their field. Consequently, the research findings from the present study extend the results from the literature review since half of the participants viewed the experience of childcare teachers as more important in affecting quality than the education level of the providers.

Another finding from the present research that confirms the findings from the research study relates to day-to-day experiences and quality of program. According to Sylva et al. (2007), the day-to-day experiences of children enrolled in a childcare center help determine the quality of the childcare program. Defining quality experiences further, Cunningham (2010) showed that there was a relationship between the global quality of a childcare program and the quality of the literacy environment. Ultimately, Cunningham

theorized that the quality of the literacy environment affects the language and literacy development of young children. During observations of childcare teachers conducted for the present study, the two-star rated classroom lacked children's books that were accessible to the infants in the room, which if available might naturally lead to shared reading experiences, children's exploration of books, and improved language development. In contrast, the five-star rated childcare center had a literacy center with books and other literacy related materials accessible to the children, for example, a flannel board with felt characters for storytelling or retelling of a popular story and puppets for dramatizations. Moreover, the teacher had placed children's books in all of the interest areas on topics that correlated with the learning centers, and additionally, she posted print such as labels naming the learning materials and child created stories throughout the classroom. Consequently, in this research study, the findings confirm those of Cunningham's stating that global quality relates to the quality of the literacy environment given that the classroom in the five-star rated center had books and emergent literacy materials available for the children's use compared to the classroom in the two-star rated center that had no age appropriate books or literacy related materials available for the children.

The present study also confirmed findings from the research literature on the environmental rating scales as helpful in assessing quality and making quality changes. A study by Warash et al. (2008) compared the effects of professional development training on the ECERS-R for quality improvements and teacher reported classroom changes. According to Warash et al., the teachers reported making positive changes to their classrooms after receiving training on the ECERS-R, which helped the teachers assess the

changes needed for a higher quality classroom. Confirming those claims, two of the participants commented that the ECERS-R helps staff assess the global quality of their classrooms and helps them ensure that appropriate learning materials are available for the diverse children in their care. Another participant commented that her staff understands the use of the environmental rating scales, and the childcare teachers use the scales to make quality improvements in their classrooms.

Finally, the research study confirms the findings of the literature on the effectiveness of quality improvement programs. Ma et al. (2011) researched the success of the QIS of Palm Beach County in Florida. Through their research findings, Ma et al. revealed that the QIS was effective in improving the quality of childcare in Palm Beach County. Although her opinion is subjective, the technical consultant who visits and advises childcare centers within a regional area of the state, felt that Wisconsin's QRIS has been successful in improving the quality of childcare centers. Her professional opinion was based on annual visits with childcare providers and informal observations of the centers allowing periodic comparisons of the same childcare programs and comparisons of childcare programs with different star ratings. In addition, the annual and monthly statistics on the QRIS website show the number of statewide childcare centers attaining higher star ratings as increasing in quantity rather than decreasing (Wisconsin Department of Children and Families, 2014, December 31).

Limitations

All research studies have limitations and the present research study is not an exception. One limitation was the sample size. The sample, while diverse, was small consisting of eight childcare stakeholders. Knowing that confidentiality of information

would not be jeopardized, the participants were candid with their responses to the interview questions, and they provided information-rich data. Nevertheless, although the smaller sample allowed depth in the data concerning Wisconsin's QRIS, a larger number of participants would have confirmed the reliability of their responses.

A second limitation was the number of observations conducted. Two observations, one in an infant room of a two-star rated childcare center and the other in a preschool classroom of a five-star rated childcare center, provided data for the research study. However, comparison of quality within the classrooms was problematic given the age difference of the children in the observed rooms. Moreover, two observations of two teachers in different settings only gives a brief overview and not a comprehensive indication of the quality of care within those settings.

A third limitation was the small regional area in which the research was conducted. Although Wisconsin's QRIS is implemented throughout the state, the research was conducted in a more heavily populated regional area of the state. Childcare stakeholders in other parts of the state may have different viewpoints about the QRIS. In particular, participants from impoverished metropolitan areas or rural areas of the state may have different perspectives than the participants of the present research study, which was conducted in a more prosperous area.

A fourth limitation was my biases on education and the importance of quality improvement programs. As someone who values education and the advantages that education about early childhood education provides, for example, improved expertise on the development and education of young children and increased knowledge on strategies for educating them, I had to alert myself of my biases when collecting, analyzing, and

reporting the data. Likewise, childcare providers have both positive and negative viewpoints on quality improvement programs so I also had to be attentive to my biases of viewing quality improvement programs only as a positive initiative.

Recommendations for Further Study

In light of the strengths and limitations of the present study, several recommendations can be made on how to improve the study. First, I would recommend a larger sample for in-depth exploration of childcare stakeholders' perspectives. One of the strengths of the study was the variety of childcare stakeholders associated with childcare centers that had different star ratings. Stakeholders included childcare administrators, childcare teachers, parents with children enrolled in a childcare center, and a technical consultant. All contributed their viewpoints on Wisconsin's QRIS. However, a larger sample that comprised childcare stakeholders associated with all of the star ratings including participants from accredited childcare centers or city certified centers would have improved the transferability of stakeholders' responses.

To make recommendations for improvement, it helps to reflect on the strengths of a study. One strength of the research was the varied locales and operating auspices of the childcare centers that were involved in the study. In the present study, each of the childcare centers was located in a different community with two located in cities that were moderately populated and one childcare center situated in a smaller, rural community. Additionally, the childcare centers operated under different auspices. One childcare center was owned and operated by the administrator, and another center was operating under the auspices of a religious organization. The third childcare center was housed in the building of a religious organization, but operated independently.

Nevertheless, I would recommend that the research include participants from additional regional areas including large metropolitan regions and impoverished areas. I would also recommend that research be conducted with participants from childcare centers operating under the auspices of large corporations. Including participants from impoverished areas or participants working for large corporate childcare centers would have improved the generalizability of the study.

Although the small sample is a limitation, I consider the relative diversity of settings of the observations to be a strength. I conducted observations in an infant room and a preschool classroom in two different star rated childcare centers. However, I would recommend that more observations of childcare teachers caring for children of similar age groups from different star rated childcare centers be conducted. Observations of same aged children from different star rated centers allows for comprehensive comparisons between diverse star rated childcare providers.

Besides recommendations on improving the present research study, I would also recommend an empirical study on attitude changes concerning the QRIS. Attitudes about Wisconsin's QRIS from childcare stakeholders interviewed for the research study were mixed. Some participants responded that the QRIS was a positive program for young children. Other participants opposed the program with one participant saying that the initiative was not required for her to be motivated to provide a quality program. Another participant responded that the program was more about presenting quality to QRIS officials than genuine quality, and two participants were disheartened over the loss of quality childcare teachers as a result of the initiative. As Wisconsin's QRIS becomes more efficient in operation during the subsequent years and quality standards for

childcare centers striving for higher star ratings become more commonplace, attitudes about the initiative may change. An interesting sequel to the present research study would be a qualitative study on changes in childcare stakeholders' attitudes toward the QRIS after an interval of several years. Childcare personnel may become more accustomed to the regulations or notice the positive effects of the program, which may result in enthusiastic attitudes becoming more standard. In contrast, the program may falter, causing childcare providers to view the program negatively.

Another option for an empirical study would be a quantitative study on child outcomes. Researchers have often linked child outcomes with quality of program. As a variation, a possibility for an empirical study on the effectiveness of Wisconsin's QRIS would be a quantitative research study comparing developmental outcomes of children who attend lower star rated childcare programs with developmental outcomes of children who attend higher star rated programs.

Implications for Social Change

The research study was conducted to produce potential social change. In 2010, Wisconsin's QRIS was launched to improve the quality of care for children in Wisconsin. Based on QRIS statistics showing the progress of childcare centers achieving higher star ratings and the informal observations of the technical consultant, the research study results suggest that the quality improvement initiative is effective in producing higher quality programs for young children. However, founded on the suggestions of the participants in the study and my observations, the following implications could create modifications to the QRIS that would generate further improvements in the initiative and positive social change for young children, their families, and childcare providers:

- The state of Wisconsin should endorse the QRIS as an effective quality improvement program and extend the program to include all licensed childcare centers throughout the state. At present, childcare centers that enroll children receiving subsidized care are mandated to participate in the QRIS. By extending mandatory participation to all licensed childcare centers throughout the state, more young children will be impacted by the quality standards endorsed by Wisconsin's QRIS.
- Childcare teachers should acknowledge education requirements for higher star levels as a favorable step in changing societal views on childcare providers as professionals and as improving quality of program. New formal education requirements correlating with higher star ratings have challenged, disheartened, and motivated childcare providers who seek higher star ratings. Despite the negative attitudes affiliated with formal education, the additional education requirements may change societal views of childcare providers as professionals. In general, as knowledge and expertise improves resulting from increased formal education requirements, society's opinions of childcare providers as professionals may evolve.
- The QRIS should investigate if creating tiered amounts of the mini-grant given to childcare providers would help alleviate some of the costs of implementing the initiative for large childcare centers. The mini-grant of \$1000.00 is awarded annually to all qualifying childcare centers. Group childcare centers range in size, and regardless of size, each qualifying

childcare center receives the same mini-grant funds. Consequently, I would recommend that the QRIS conduct an investigation on costs incurred for quality improvements by large and small centers. An investigation may help the QRIS officials understand the needs of owners and operators of large centers especially private childcare centers that do not receive monetary support from community organizations.

- Frequent communications between formal raters and technical consultants regarding expectations for childcare programs and completion of required forms should be the norm. The technical consultant stated that a large group of QRIS officials, formal raters, and technical consultants convene once a year to discuss the initiative, the progress made during the years, and necessary improvements. However, more frequent communications between technical consultants and formal raters via e-mails, telephone calls, and person-to-person contacts discussing the concerns, misunderstandings, and questions of childcare providers may alleviate the confusion concerning expectations that childcare providers voiced as a frustration for them.
- Parents' assessments and opinions of a childcare center should be acknowledged in the evaluations of childcare centers. A short survey requesting that parents evaluate their child's provider, which may include evaluating the communications between provider and families, responsiveness of provider to children's needs, day-to-day classroom activities, and the professionalism of the staff, may improve parents'

awareness of the quality improvement initiative and help parents feel that they have a voice in the quality ratings of their children's providers.

- Childcare centers that are accredited and city certified should be observed and rated by a formal rater. At present, accredited and city certified childcare providers are automatically given the higher star rating without an annual, formal observation provided the centers' education and professional training, curriculum and environment, business practices, and nutritional and physical standards have been attained (Wisconsin Department of Children and Families, 2010). If formal raters observed and rated accredited and city certified providers, families and stakeholders would be assured that the accredited and city certified providers offered the quality of program that their accreditation and city certification credentials suggest.
- Formal raters should observe more classrooms in a childcare center seeking a four- or five-star rating. At present, a formal rater observes one classroom in each age group within a center. However, observations of other classrooms would result in a more accurate quality rating of the childcare program.
- QRIS officials should focus on the general indicators of quality, for example, the quality of the teacher-child interactions within the classrooms, the responsiveness of the childcare providers, the developmentally appropriate practices used throughout the center, and the health and safety efforts of providers rather than concentrating on

details that do not affect the overall quality of a childcare program.

Formal raters' attentions to detail detracts rather than augments providers' care of young children. The QRIS should acknowledge that it is the overall quality of a childcare program that has the greatest impact on children's daily childcare experiences.

- Childcare centers participating in Wisconsin's QRIS should educate families on the quality improvement program. Childcare programs can educate parents through newsletters and events celebrating the attainment of quality improvement milestones. The QRIS officials should educate families using literature disseminated through pediatricians and childcare providers. A more educated parent population will make intelligent decisions about childcare for their children and may become advocates for the quality improvement initiative.

The QRIS in the state of Wisconsin has been in operation for five years. Again, based on the responses of participants and my observations, certain features of the QRIS help to sustain and improve the quality of childcare programs. Consequently, I propose that the QRIS continue to support the following features:

- The QRIS should continue to provide technical assistance for coaching and supporting childcare centers toward quality improvements. The administrators participating in the present research who collaborate directly with the technical consultants in their united quest for quality improvements responded positively about the consultants.

- The QRIS should continue to award mini-grants to childcare centers to lessen the quality improvement expenditures for childcare programs. The directors participating in the present research study responded that the mini-grant allowed them to purchase educational materials and pay for professional trainings, which may not be purchased or provided without the mini-grant.
- The QRIS should continue to provide a website for the perusal of parents and interested stakeholders. The website allows families to make a preliminary examination of their preferred choices of childcare providers. Although choosing a childcare should not be based solely on the website information, the website helps families take the first step in identifying childcare providers that they feel might be appropriate for their child.
- The QRIS should retain the high standards for the education and training of childcare providers. The higher education qualifications give childcare providers the expertise they need to provide quality environments and quality experiences for young children, and novice teachers who have the education but not the experience will gain the practice and proficiency so valued by families of young children and other childcare stakeholders.

Conclusion

Wisconsin's QRIS was implemented to improve the quality of childcare for young children in the state of Wisconsin. As voiced by the participants of this research

study, the revisions resulting from the initiation of the QRIS have been a challenge for childcare teachers, administrators, and sometimes even the parents who have children enrolled in a childcare center seeking quality improvements. As childcare providers strive to improve the quality of program and achieve higher benchmarks, childcare teachers feel challenged as they must attain more formal education and alter their curriculum and documentation methods. Administrators feel challenged as they must complete required forms, improve business practices, and incur the costs associated with quality improvements recommended by the QRIS. Finally, parents sometimes feel challenged when changes such as childcare staffing occur due to quality improvement requirements. These challenges and modifications have commenced to improve childcare experiences for young children.

Although the stakeholders in the research study believed that the QRIS was improving the quality of care for young children, they alleged that operational improvements would help the program function more efficiently and effectively. Their suggestions included involving parents as partners in the rating process, extending the quality improvement program to include all licensed childcare centers, clearer communications between QRIS officials and childcare providers, more value placed on providers' working experience with young children, less attention to minor details that do not affect the overall quality of a childcare center, and suitable funds for large centers striving to make quality improvements. As QRIS officials listen to the voices of the childcare stakeholders who have direct experience with the quality improvement initiative, providers and families throughout the state will benefit. Parents will feel empowered when allowed to contribute their opinions on the quality of the childcare

program that their children attend. Childcare providers will recognize improvements in the business practices of the childcare center that they are employed at and the positive effects that the business practices have on their workplace and working conditions. Moreover, childcare stakeholders will note the positive effects that a quality program has on young children's readiness for formal schooling. Although discreet, the empowerment and satisfaction of childcare stakeholders indirectly affects the quality of a childcare program, and ultimately, it affects the development of young children.

The children who attend quality childcare programs will receive the greatest benefits. Because of improved quality of care, Wisconsin's QRIS gives young children the opportunity to attend childcare centers where a variety of learning materials are available for exploration and experimentation, where childcare teachers are responsive and caring, where providers know the importance of interactions with children for improving children's language and social development, where developmentally appropriate practices are the norm, and where children are actively engaged in their learning. Changes initiated by the QRIS are difficult and challenging for childcare stakeholders, but the outcomes for children and society are positive.

In conclusion, childcare stakeholders should embrace the changes that the QRIS initiates to achieve the primary goal of Wisconsin's QRIS, quality care for young children. Both the short- and long-term reforms will benefit both young children and society. As one director succinctly stated, "Kids are going to benefit, parents are going to benefit, society will eventually benefit as these children go into the world."

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Appendix A

Interview Protocol

Time of interview:

Date:

Place:

Interviewer:

Interviewee:

Scripted Introduction

I am in the process of getting a PhD in early childhood education. To obtain the advanced degree I am doing a research study on the effectiveness of the state's QRIS (Young Star Wisconsin) as a quality improvement program. Through interviews, I will be asking childcare directors, childcare staff, parents, and technical consultants, questions concerning the QRIS (Young Star Wisconsin) to explore their perspectives on the initiative. Additionally, through the interview, you as a stakeholder associated with a childcare center will be able to voice your opinions about the state's QRIS (Young Star Wisconsin). The interview will take approximately 45 minutes. To attain your exact and complete responses about the initiative, with your permission I plan to audio record the interview. Would I have your permission to audio record this interview? I want you to know that I will keep all information confidential. I also want you to be aware of your rights as a research participant. As a research participant, you may choose to answer or not answer certain questions based on your judgment. You also have the right to end the interview whenever you choose. I would like you to sign this Consent Form affirming

that you are free to end the interview when you so choose and that you have the right not to answer particular questions if you choose to do so.

Interview Questions

1. Please, describe the state's QRIS (Young Star Wisconsin), as you understand it.
 - 1a. What are the quality levels of the QRIS (Young Star Wisconsin)?
 - 1b. What are the main beliefs of the QRIS (Young Star Wisconsin)?
 - 1c. What are your thoughts about the operation of the QRIS (Young Star Wisconsin)?
 - 1d. What do you think are the major strengths of the QRIS (Young Star Wisconsin)?
 - 1e. What do you think are the weaknesses of the QRIS (Young Star Wisconsin)?
2. What changes do you notice because of the QRIS (Young Star Wisconsin)?
 - 2a. What are your thoughts about the outcomes of the QRIS (Young Star Wisconsin)?
 - 2b. How has your childcare center experienced change because of the QRIS (Young Star Wisconsin)?
 - 2c. How does the QRIS (Young Star Wisconsin) affect children enrolled in group childcare centers?
 - 2d. How has the QRIS (Young Star Wisconsin) affected staff members in group childcare centers?
 - 2e. How has the QRIS (Young Star Wisconsin) affected parents who have young children enrolled in group childcare centers?
3. What has been your experience with the state's QRIS (Young Star Wisconsin)?

- 3a. What do you like about the state's QRIS (Young Star Wisconsin)?
- 3b. What do you not like about the QRIS (Young Star Wisconsin)?
4. How effective do you think the QRIS (Young Star Wisconsin) has been thus far?
 - 4a. What could the state do to improve the QRIS (Young Star Wisconsin)?
 - 4b. What should stay the same?
5. Is there anything else that you want to tell me about the state's QRIS (Young Star Wisconsin)?

Probes

When, who, where, what, how, would you elaborate on that, could you say more about that?

Scripted Departure

I appreciate the time you have spent with me answering the interview questions. I may have further questions about the QRIS (Young Star Wisconsin) or I may need clarification on some responses. If that is the case, may I call you to set up another appointment? I will also need you to read the results of the research study for accuracy of interpretation of meaning. May I send the results to you via e-mail? If you have any further questions or concerns, please call or e-mail me. I have written my personal e-mail address and telephone numbers on the permission form and I will leave a copy with you.

Appendix B

Observation Protocol for Infant/Toddler Setting

Observation Protocol for Infant/Toddler Settings:

Length of Activity:

Descriptive Notes on Indicators of Quality:

Reflective Notes:

Indicator of quality: Staff uses a variety of simple words when communicating with very young children *e.g.* naming objects or actions.

Indicator of quality: Staff uses verbal play such as repeating infants' vocalizations and playfully rhyming words.

Indicator of quality: Staff interacts with infants/toddlers discussing different topics *e.g.* feelings and actions.

Indicator of quality: Staff extends what children say.

Indicator of quality: Staff asks infants/toddlers questions and then answers the question. Staff pauses for toddlers to answer.

Indicator of quality: Staff provides books for the children. Staff reads books to children.

Indicator of quality: Staff rotates learning materials to provide stimulation and variety.

Indicator of quality: Staff provides materials for large motor development.

Indicator of quality: Staff introduces art materials to children that are developmentally appropriate.

Indicator of quality: Staff provides a variety of music for the children and staff encourages the children to clap, dance, or sing.

Indicator of quality: Staff provides different types of blocks and accessories for block play.

Indicator of quality: Staff participates in simple block play with infants/toddlers.

Indicator of quality: Staff provides dramatic play props showing diversity. Staff participates in pretend play with the children.

Indicator of quality: Staff provides sand or water play on a daily basis. Staff provides different activities associated with sand or water.

Indicator of quality: Staff praises children for positive actions toward other children and positive actions toward adults.

Indicator of quality: Staff is sensitive to children's moods and needs.

Appendix C

Observation Protocol for Preschool Setting

Observation Protocol for Preschool Settings:

Length of Activity:

Descriptive Notes on Indicators of Quality:

Reflective Notes:

Indicator of quality: Staff provides a wide selection of books in the book center.

Indicator of quality: Staff reads books informally to children.

Indicator of quality: Staff takes dictation to link spoken word with written communication.

Indicator of quality: Staff has conversations with individual children.

Indicator of quality: Staff rotates learning materials. Staff uses labels showing where to place learning materials.

Indicator of quality: Staff provides three-dimensional art materials *e.g.* play dough.

Indicator of quality: Music is a daily activity and available to children as a free choice or group activity.

Indicator of quality: Two different types of blocks and accessories are available to children.

Indicator of quality: Sensory play is available to children. Materials for sensory play vary.

Indicator of quality: Staff coordinates dramatic play with the theme.

Indicator of quality: Staff includes science activities and books. Pictures and visual materials extend science learning.

Indicator of quality: Staff offers math materials to children. Staff rotates the math materials.

Indicator of quality: Staff includes materials and activities showing diversity.

Indicator of quality: Staff talks with children to extend their learning and to help develop positive social skills.

Indicator of quality: Staff helps children with the conflicts and problem solving.

Indicator of quality: Staff encourages respect between children and adults.

Appendix D

Letter of Cooperation

 Research Partner's Name

 Contact Information

Date _____

Dear Ms. Bohleber,

Based on my review of your research proposal, I give permission for you to conduct the study entitled *Case Study on a State's Quality Improvement Initiative for Childcare Programs* within the _____ Childcare Center. As part of this study, I authorize you to disseminate flyers to lead teachers and parents requesting their participation in the research, observe lead teachers in their classrooms, e-mail staff working at this site so they can confirm accuracy of research results, collect documents that show improvements, and if possible, conduct interviews in a private location on the site. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include: providing documentation of improvements, for example, newsletters, lesson plans, and other documents that we are willing to provide. Our organization's responsibilities may also include providing a private room for interviews of lead teachers, parents of children enrolled in the facility, and the administration responsible for YoungStar requirements. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain confidential and will not be given to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

 Authorization Official

 Contact Information