

Running Head: NATIONAL ACCREDITATION IMPROVES CHILD CARE

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National Accreditation Improves the Standard of Care in Child Care

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National Accreditation Improves the Standard of Care in Child Care

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Abstract

This study will investigate the impact that national accreditation has on the quality of care that children receive while in a child care program. A statistical analysis was conducted to compare the total number of non-compliances and serious non-compliances between accredited and non-accredited child care programs. A review of the different processes to obtaining accreditation among the different accrediting bodies was conducted. A survey was also conducted to determine the perceptions about national accreditation within the industry. Finally, this study reviewed and compared the differences in the costs of national accreditation between the different accrediting bodies and funds that are available to assist in the process.

Dedication

I would like to dedicate my thesis to my sweet boy Harlan for being my motivating factor in this project. I want to make child care in Oklahoma the best it can be for him and all children in Oklahoma. I would like to thank my husband Paul for caring for him while I worked on this project and for being patient with me. I would also like to thank the rest of our family for helping out as needed.

Acknowledgements

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J.S.

Table of Contents

Chapter	Page
1. Introduction	9
2. Literature Review	21
3. Methodology	36
4. Presentation, Analysis, and Interpretation of Data	39
5. Summary, Conclusions, and Recommendations	73
6. References	76
7. Appendix A – Benefits and Barriers of National Accreditation Survey	79
8. Appendix B – Acronym List	82

List of Figures

Figure 1. NAEYC History

Figure 2. Family Child Care Homes Passing Rates at Baseline and at Round One Observation

Figure 3. Center Passing Rates at Baseline and at Round One Observation

Figure 4. ECERS Subscales Round 1-Round 2 Comparison

Figure 5. FDCRS Subscales: Round 1-Round 2 Comparison

Figure 6. Serious Non-Compliances for Accredited Family Child Care Homes

Figure 7. Serious Non-Compliances for Non-Accredited Family Child Care Homes

Figure 8. Serious Non-Compliances for Accredited Child Care Centers

Figure 9. Serious Non-Compliances for Non-Accredited Child Care Centers

Figure 10. Total Non-Compliances for Accredited Family Child Care Homes

Figure 11. Total Non-Compliances for Non-Accredited Family Child Care Homes

Figure 12. Total Non-Compliances for Accredited Child Care Centers

Figure 13. Total Non-Compliances for Accredited Child Care Centers

List of Tables

Table 1. Oklahoma Approval Rating for National Accrediting Bodies

Table 2. NAEYC Initial Accreditation Fees

Table 3. NAEYC Accreditation Renewal Fees

Table 4. NAEYC Additional Fees

Table 5. NAC Accreditation Fees

Table 6. NECPA Accreditation Fees

Table 7. NAFCC Accreditation Fees

Chapter 1: Introduction

National accreditation improves the standard of care in child care facilities (Norris & Dunn, 2003). In order to apply for and maintain national accreditation, a program examines and makes improvements in areas such as health, safety, and curriculum planning and implementation. The improvements that a program makes in order to become accredited or maintain accreditation ensure that program is better equipped to meet the minimum licensing requirements in Oklahoma and provides a higher quality of care.

My interest in national accreditation has been developed through working with Child Care Services. September 2015, will mark my fifth year with Child Care Services. While I was a licensing worker, I observed differences in non-accredited child care programs and accredited program. Through the discussions with one of my accredited child care center director, I became very interested in the differences between the accrediting bodies. Another I question began to think about was why some programs choose to become nationally accredited.

One purpose of this study is to examine the relationship between accreditation and meeting the minimum requirements of the state. This study will also review the different processes to obtaining accreditation among the different accrediting bodies. Additionally, this study will examine the perceptions of accreditation within the child care field and will analyze the reasons either for or against facilities becoming accredited. Finally, this study will examine the costs involved in obtaining or maintaining accreditation and the development of higher quality in child care facilities. The necessity of this study is due to limited research in this area.

It is necessary to review the evolution and history of the professional organization of child care in Oklahoma to understand how and why standards have been devised. Oklahoma's need for quality child care is demonstrated by the history of this industry in the state. The demands for child care began in the 1940s due to women entering the workforce during World

War II (Scarr and Weinberg, 1986). In 1953 Oklahoma Children's Advocacy Licensing Act was created but was ineffective due to many loopholes (Allsup, 1991).

In order to understand the creation and development of Child Care Licensing, which provide minimum standards of care, it is necessary to review the history of Child Care Licensing in Oklahoma beginning with Miracle Hill. Robert Stanley founded Miracle Hill on April 24th, 1961 (Allsup, 1991). According to Francene Allsup, Robert Stanley attended a Bible conference in Mississippi in January of 1961. He said that God had spoken to him about setting up a children's home to care for needy children. Children's homes of the time were predominately set up in cottage family-style houses. Stanley took on a different approach by using one large building and set up dormitories for the children. The site that Stanley chose was the abandoned Butner High School outside of Wewoka. The facility consisted of 10 acres, a gymnasium, a five-room house, and a building that had once served as the bus barn. The facility had sat empty and had been vandalized before Stanley purchased it. The former school needed many repairs that should have been addressed before opening, but Stanley chose to move ahead, believing that "God will provide". The staff was untrained and there is no actual documentation that they were ever paid.

Allsup (1991) described how the facility had been damaged from being vacant. There were holes in the walls, the ceiling sagged in one building, and the facility was not kept in a sanitary condition. Mr. Stanley and the rest of the staff were known to have been very harsh to the children, often beating them for minor infractions. The kitchen was not kept clean, and food was not protected from contamination. Aside from daily chapel services, there were no planned activities, and the children were left to entertain themselves often unsupervised.

Allsup (1991) was also critical of the health care the children received and indicated that they were not regularly seen by a doctor. Allsup described an incident where several children contracted chicken pox. Allsup stated that these children were inhumanely locked in a room in the dark and not treated. They received only one meal a day and at one point received nothing at all.

Stanley also exploited the children to raise money. The funds raised never went back into the facility (Allsup, 1991). He took a group of the children on a singing tour to raise donations. Over the course of the three years Miracle Hill was open, Stanley was able to fundraise over \$160,000 but there was no evidence as to where the money went.

Frank Garner of the Daily Oklahoman wrote a 10-part series titled, “Crisis at Miracle Hill” in 1964 (Allsup, 1991). This exposed the poor conditions that existed at Stanley’s facility to the public. Between Stanley beginning to take delinquents from the state in 1964 and the theft of a truck by some of the boys at Miracle Hill, the state had finally gained a legal foothold over Miracle Hill. Due to the negative publicity, funding began to dry up and Miracle Hill closed on June 22, 1964.

The “Crisis at Miracle Hill” identified that a lack of monitoring for child care facilities put children at risk (Allsup, 1991). New legislation was approved which led to the Child Care Licensing Act. This new state statute read as follows: “Per Section 401 et seq. of Title 10 of the Oklahoma Statutes (10 O.S. §401 et seq.), Oklahoma Child Care Facilities Licensing Act (Licensing Act), no child care program may be operated or maintained after June 30, 1964, unless licensed by the Department of Human Welfare.” The Department of Human Welfare now known as the Department of Human Services (DHS) would begin crafting licensing requirements based upon state legislation. These requirements continue to be revised in order to be in

compliance with state legislation and to assure adequate care for children is provided throughout the state.

In Oklahoma, there are two types of child care provided for families who work outside of the home or attend school. There are child care centers which have the subtypes of full-time centers, part day programs, school age programs, and day camps. The other type of child care is family child care homes, where a child is cared for in someone else's home who is not a relative. In addition to these two types of care there are also residential care programs for twenty four hour care of children. All of these facilities are monitored by a DHS Child Care Services' licensing specialist. The frequency of monitoring depends on several variables. These variables include, but are not limited to, amount of year the program operates, recent compliance history with requirements, and complaint frequency.

According the Oklahoma state statutes, "The declared purpose and policy of the Oklahoma Child Care Facilities Licensing Act [10 O.S. § 401 et seq.] is to ensure maintenance of minimum standards for the care and protection of children away from their own homes, encourage and assist the child care program toward maximum standards, and to work for the development of sufficient and adequate services for child care." The licensing requirements assess many different categories of variables required to meet a minimum standard of care.

The categories include necessity of a license, organization of the program, policy and procedure development, maintenance of records, requirements for child care workers, supervision of children, parent/staff communication, physical facilities, indoor equipment, outdoor safety and play equipment, care of infants, toddlers, and two year olds, care of preschool children, care of school-aged children, care of children with disabilities, water activities, rest time, night time care, behavior and guidance, health, food and nutrition, transportation, food

service and sanitation requirements, and fire safety (Oklahoma Department of Human Services, Child Care Services, 2013). Additional requirements are in place for drop-in centers and centers for sick children.

There are three main national accreditation bodies for child care centers. There is currently only one national accreditation body for homes. The three national accreditation bodies for centers are the National Association for the Education of Young Children (NAEYC), the National Early Childhood Program Accreditation (NECPA), and the National Accreditation Commission (NAC). The national accreditation body for homes is the National Association for Family Child Care (NAFCC). Additionally, Head Start programs, which are federally funded, are held to the Head Start Performance Standards through the National Head Start Association.

In order to fully understand the role that national accreditation has in quality child care, it is important to reflect on the history of each of the accrediting bodies. The National Association for the Education of Young Children (NAEYC) has the longest running span with its beginnings reaching back into the 1920s (History of NAEYC, 2015). A group of 25 individuals including Patty Smith Hill, Arnold Gesell, Lois Meek, and Abigail Eliot came together to form an association in order to address the quality of the nursery schools of the day.

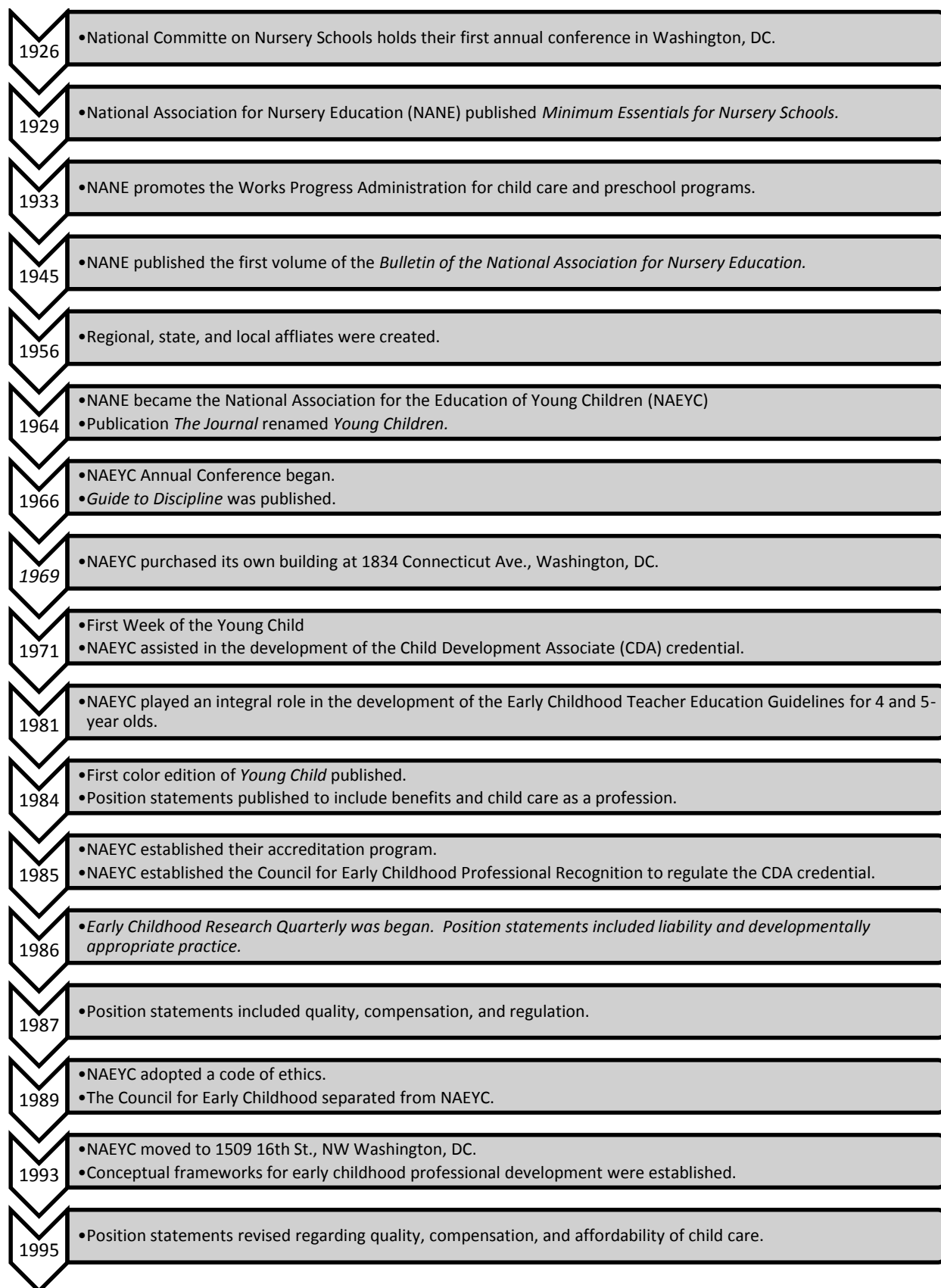
In 1926, the first conference was held in Washington D.C. The group would continue to develop and organize. By 1929, they would be called the National Association for Nursery Education (NANE). This group would develop the first set of standards for child care and authored the *Minimum Essentials for Nursery Education*.

In the 30s and 40s, NANE members actively participated in the development of the Works Progress Administration (WPA). They would help establish the Lanham Act during WWII. A small group of members held conferences and put out publications. In the 1950s

membership exploded to more than 5000 members. NANE reorganized in 1964 becoming the National Association for the Education of Young Children. In the 1980s concern of the quality of child care continued to increase as more families were in need of care. NAEYC began developing an accreditation system to increase and exhibit quality in care.

NAEYC has been very influential in the field of early childhood. They began publishing the *Early Childhood Research Quarterly* in 1986. NAEYC's annual conference is another area that has promoted quality child care. The annual conference allows for continuing education and networking with other child care providers. NAEYC renovated its accreditation system in 2006.

NAEYC coordinated efforts to influence policy regarding child care and early childhood education. NAEYC is recognized as a leading voice in Congress as well as many other state capitols for what is needed in early childhood education. Adequate early childhood education has a direct relationship to the skills children have when they enter Head Start and public school programs. See the key points of the timeline for NAEYC in Figure 1. NAEYC History. Data for this figure was taken from the historical section on the NAEYC website.



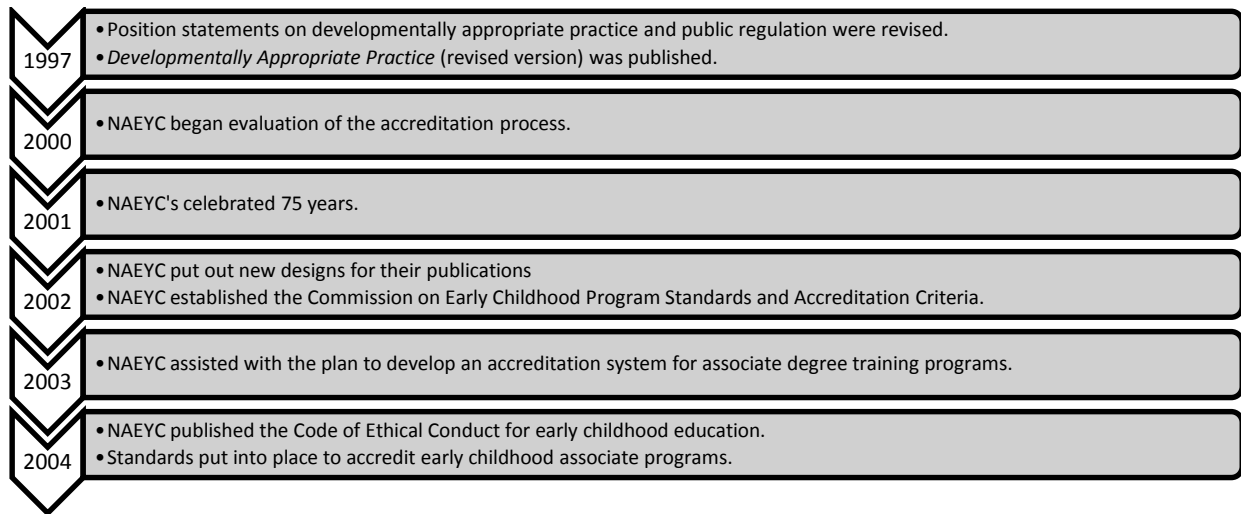


Figure 1. NAEYC History

The National Early Childhood Program Accreditation (NECPA) began in 1991. The National Child Care Association sought an alternative in accreditation. NECPA founders desired a valid and reputable choice that would increase the level of quality in care. NECPA employed a fairly extensive research and pilot base in order to provide evidence-based practice for their accreditation process. NECPA has also worked to promote early childhood education nationally and abroad.

The National Accreditation Commission for Early Care and Education Programs (NAC) was originally established by an initiative known as the Associates in Human Development in 1984. It was formerly known as the National Association of Child Care Professionals (NACCP) but evolved to its current structure and was rebranded as NAC in 2012 (NAC, 2015).

In the 1970s there was little education available for child care administration at the university or college level. The University of Illinois discontinued its bachelors program leading to child care administration in the early 70s. This left a need for training and education for child care administrators and child care professionals. In the early 1980s, a few colleges and universities

picked up the opportunity to provide education and training for child care management. These included the National Louis University, Banks College, Nova University, the High Scope Foundation and Pacific Oaks College and the Erikson Institute at the graduate level.

Associates in Human Development (AHD) pioneered an organization and training geared toward the management of child care in the 1980s. AHD at the time offered 25 different trainings and seminars. In 1995, AHD launched a national effort to improve child care. AHD and NACCP decided in order to meet the needs of the industry that they must separate.

In 1996, NACCP formed an alliance with the National Early Care and Education Association. In doing so they obtained access to an accreditation system which had already been piloted in several states. The standards for NACCP's accreditation were revised in 2001 and again in 2006 to provide both feedback from the field and more evidence-based research. These revisions included age appropriate activities to promote school readiness.

By 2009, identifying markers of high quality in child care was integrated into the revision. The rebranding took place in 2012, where it became the National Accreditation Commission for Early Care and Education Programs (NAC). NAC made significant changes in the accreditation process by revising the Classroom Observation tool to guarantee that the standards assessed were evidence-based quality indicators.

The National Association for Family Day Care was established in Washington, DC, in 1982. Additionally, several peer associations were also established. In 1983, the first national family day care conference was held in Washington, DC. In 1984, both NAEYC and the US Air Force published documents regarding family child care regulation standards. The first book geared at family child care called *Better Baby Care: A Book for Family Day Care Provider* was written by Margaret Nash and Costella Tate.

In 1988, the first family day care accreditation program was established by the National Association for Family Day Care. NAEYC issued a regulatory guide for family child care homes. Drs. Annette Sibley and M. Abbott Shim also published *Assessment Profile for Family Day Care: Study Guide* in 1988. In 1993, the terminology of family child care became widely used. The National Association for Family Day Care officially changed its name to the National Association for Family Child Care in 1994. In 1994, a comparative study was done on credentialing and accreditation for family child care homes. The National Association for Family Day Care began collaboration with Wheelock College in 1995 to improve the family child care accreditation process.

Another important factor to examine when assessing the accrediting bodies is the mission and/or vision statements that each of the organization have and standards that they have established. Mission or vision statements and the standards that are established by organizations are the foundations for the development of the organization's accreditation process.

NAEYC's mission statement is "to serve and act on behalf of the needs, rights and well-being of all young children with the primary focus on provision of educational and developmental services and resources (NAEYC Bylaws, Article I., Section 1.1). NAEYC's main goals are focused around the improving and supporting the conditions of early childhood care and education by fostering early childhood organizations, programs, and professionals. NAEYC's vision is to assure that all children have affordable access to quality care, with developmentally appropriate curriculum and professionals who are trained and educated about best practices for children. NAEYC's values include valuing diversity, collaborative efforts for improving care for children, development of child care networks, and support of professional development (NAEYC, 2015).

While NEPCA does not list a mission statement on their website, they do have a list of principles. This set of principles include business related ethics and behaviors for professionals. These principles include the following: integrity to conduct business and work with programs in appropriate ways, pursuit of excellence to provide quality by respecting all people, responsibility to conduct business in an effective manner, reliability to recognize programs standards and benefits to children, and commitment to all individuals affiliated with NEPCA. NEPCA uses the business logo of “The Next Generation in Accreditation” (NECPA Core Values, 2015).

NAC’s mission statement is as follows: “The Association for Early Learning Leaders is committed to excellence in the field of early childhood care and education by promoting leadership development and enhancing program quality” (National Accreditation Commission for Early Care and Education Programs, 2015). NAC has four main objectives. The first objective is to promote collaboration and networking among the early childhood field in order to increase quality in care provided. The second objective is to assure that professionals have access to training opportunities to improve their knowledge and skills. The third objective is to promote and acknowledge excellence in care through accreditation. The final objective is to make resources accessible to child care professionals.

NAFCC’s Mission statement is as follows: “The mission of the National Association for Family Child Care is to promote quality child care by strengthening the profession of family child care” (NAFCC Mission Statement, 2015). The main goals of NAFCC are to strengthen state and local organizations for support of family child care provides, promote accreditation to indicate quality, advocate for family care providers, and encourage the appreciation of diversity through education. NAFCC’s vision statement has three main components: All family child care homes will have access to professional opportunities. Pay is in relation to the provider’s

experience and education. State and local communities provide support to help family child care homes meet state licensing requirements. (NAFCC Vision Statement, 2015)

This study will examine how national accreditation promotes meeting and exceeding state minimum standards. It will compare the differences between the national accreditation bodies and their processes in obtaining and maintaining accreditation. It will also examine the fees for the different proponents of the accreditation. Additionally, the study will review the focus of each of the national accreditation bodies.

Economics play a key role in any profession. In order to make necessary improvements to the facility and program, there have to be funds proportioned. Competitive rates for families must be maintained to keep clientele, so that creates a difficulty for the program to finance improvements and the costs involved with the accreditation process.

Finally, this study elicited information and opinions of individuals from the child care field about accreditation. It will seek to find out the perceptions that exist in the child care industry about what accreditation does for a program and why a program chooses to or chooses not to become accredited. This study will also examine what additional motivating factors would be desired for non-accredited programs to become accredited.

Chapter 2: Literature Review

In Oklahoma, there is a rating scale of the quality for child care facilities and early childhood education programs. This program is called Reaching for the Stars. It partners with child care licensing to monitor and maintain high standards of quality for care and early education. According to the DHS website, the following requirements must be met to obtain each star level: One-Star programs meet minimum licensing requirements. One-Star Plus programs meet additional quality criteria which include: additional training, reading to children daily, parent involvement and program assessment. Two-Star programs meet additional quality criteria or are nationally accredited. Three-Star programs meet additional quality criteria and are nationally accredited. (OKDHS Stars Criteria, 2014)

These star ratings apply for both family child care homes and child care centers. In order to obtain the highest rating level of a three star a facility must meet increased standards and be nationally accredited. There is one national accrediting entity for child care homes which is National Association for Family Child Care (NAFCC). There are three main accrediting entities for child care centers. They are National Association for the Education of Young Children (NAEYC), National Childcare Accreditation Council (NECPA), and National Accreditation Commission (NAC).

Each of the accrediting bodies strives to meet the standards that are referenced in the *Developmentally Appropriate Practice in Early Childhood Programs* (2009) in their own ways. There are five main guidelines focused on by early childhood professionals. Those guidelines are as follows: Creating a caring community of learners, teaching to enhance development and learning, planning curriculum to achieve important goals, assessing children's development and learning, and establishing reciprocal relationships with families. The environment has been

proven to play large role in impacting child development. Each of the accrediting bodies assess the environment of programs seeking accreditation.

Practical Studies

In a study in 2004 by the Early Childhood Collaborative of Oklahoma ECCO: An OSU/OU Partnership, Norris and Dunn (2004), examined quality differences of family child care homes across the state based upon star level. They used a stratified sampling of One-Star, One-Plus Star, and Two-Star homes. Due to the low number of Three-Star homes they invited all of the Three-Star homes to participate in the study. In 2002 only 3 family child care homes in the state were Three-Star facilities.

Norris and Dunn (2004) found that the higher Star-rated homes had a much greater amount of professional development. It was also found in Two and Three-star homes that caregivers had obtained a higher degree of specialized education. In addition to higher degrees of specialized education, it was also noted that the family child care homes with a higher Star level scored higher on the Family Daycare Environmental Rating Scale (FDCRS; Harms & Clifford, 1989). This scale is conducted by the Center for Early Childhood professional development as part of a family child care home's participation in the Reaching for the Stars program.

Norris, Dunn, and Eckert (2003) also conducted a study regarding the Stars ratings and quality of care in child care centers. Requirements for One-Star, One Plus-Star, Two-Star and Three-Star facilities are similar to that of family child care homes. A random sampling of One, One Plus, and Two-Star centers was taken for the study. Due to the low numbers of accredited Three-Star centers all were invited to participate. In 2002, only 58 of all the child care centers in the state were accredited, Three-Star facilities.

Norris, Dunn, and Eckert (2003) defined quality in child care in a variety of ways. They reviewed the global program quality and structural quality which would include items such as, staff turnover and increased criteria. They also reviewed participation in the Reaching for the Stars initiative as a way to determine increased quality. It was expected that the quality would improve based upon the increased Stars status.

Norris, Dunn, and Eckert found that Three-Star facilities scored highest on the Infant-Toddler Environment Rating Scale (ITERS; Harms, Cryer, & Clifford, 1990), Early Childhood Environment Rating Scale – Revised (ECERS-R for preschool classrooms; Harms, Clifford, & Cryer, 1998), and the School-age Environment Rating Scale (SACERS; Harms, Jacobs, & White, 1996). These scales rate quality and age appropriateness of the equipment, toys, and other materials used in the classroom. The scales were built on a 1 to 7 rating with 1 being the inadequate quality and 7 being excellent quality (Norris, 2003).

Norris, Dunn, and Eckert (2003) assessed the auspice of the facilities they were studying. In addition to auspice, they also reviewed enrollment, child-staff ratios, and group sizes. Accredited programs had both higher full-time enrollment and higher capacities. Accredited programs were more likely to have waiting lists especially in the infant and toddler classrooms. Upon examination of the typical group size and teacher-child ratio, Norris, Dunn, and Eckert found that accredited programs had more adults in the classroom of all the age categories. Accredited programs were more likely to utilize larger group sizes with more staff. In contrast, non-accredited programs were more likely to have smaller group sizes staffed with only one teacher.

Norris, Dunn, and Eckert (2003) also reviewed sensitivity scores and global program scores. Accredited programs on average scored higher than non-accredited programs across the board in all classrooms. In the review of the global program scores, they found that accredited

programs ranked higher than all other programs on the subscales of furnishing and displays, learning activities, adult needs, space, personal care, health and safety, activities, staff development, and parent staff relations.

Norris, Dunn, and Eckert (2003) identified some additional quality identifiers.

Accredited programs had a higher ratio of directors and staff that had higher education and more experience in the early childhood field than non-accredited programs. Higher salaries and lower turnover rates were also significant identifiers of quality in accredited programs versus non-accredited programs.

While the focus of this study is child care quality in Oklahoma, there is limited research. Therefore, the study was expanded to examine the research from other states. Apple (2006) used descriptive statistics to examine the relationship between the quality indicator in early childhood among state regulations and the accredited programs. This analysis provided empirical evidence that the more strictly regulated states produced a higher number of accredited programs. Apple proposed that staff qualifications, staff-child ratios, and group size are predominately the quality indicators in all programs.

Apple (2006) defines state regulations as mandatory rules set by an authorized state agency or legislature for licensed programs. She discussed that these regulations vary greatly from state-to-state and focused primarily on maintaining minimum standards of health and safety. Whereas, accreditation is a voluntary assessment processes that promotes a higher quality of care beyond the minimum standards. The research in Oklahoma has some limitations, but draw from studies from other states.

Child care programs seeking accreditation generally have to make significant improvements (Apple, 2006). Areas of improvement include staff-child ratios, group size, staff

qualifications, and other accreditation criteria such as curriculum and family involvement. Apple then proceeds to discuss the conundrum that exists for many providers regarding paying for quality improvements and sustaining parent fees within a competitive range in a market where the focus has been maintaining only minimum standards.

Culkin (1999) discussed the increase of out-of-home care over the last thirty years. Early childhood education and early care has continued to evolve. It is making progress towards being considered a profession. Culkin described a profession as a field in which economic and financial issues are addressed, the field presents a design for professional development and that policy and practice agendas are established.

Culkin (1999) also described some of the essential economic issues that practitioners in the early childhood field face on a daily basis. Economic issues that child care practitioners face include providing a quality service and having the income from the clientele that are served to provide it. Having been a director in the child care field, I have seen how delicate the balance is of providing a quality service without having to charge families more than they can afford. As a parent, I want the best quality I can provide for my child, without completely offsetting my family's budget.

Culkin (1999) continued by discussing the financial concerns that child care practitioners face. The issues include compensation, fees, budgetary matters, and subsidies. In addition to having the constraints of underpaid staff with similar backgrounds, practitioners have to determine issues regarding the financing of quality improvements without increasing the expense of care beyond what families can afford.

Xiao (2010) examines the incentives for programs to seek accreditation. Xiao argues that accreditation does not currently provide the consumers with additional information regarding the

quality of a program. Xiao proposes that in order for accreditation to truly be beneficial as a marketing tool the public must be educated about the status of an accredited program and what increased standards are met in order to achieve accreditation.

In 2001, the California Association of Education's Child Development Division collaborated with the California Association for the Education of Young Children and the RISE Learning Solutions for a project designed to improve the quality in child care through accreditation (California Department of Education Child Development Division, December 2004.) They reviewed both the process and evaluation of the study from January 2003 to December 2004. The goal of the study was to assist 370 child centers and 900 family child care homes in meeting the standards necessary to become accredited. The study used the existing national accrediting bodies of the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care (NAFCC), and the National After School Alliance (NAA). According to the article each of these systems promoted high standards of quality that are reviewed through the self-study process (California Department of Education Child Development Division, December 2004.)

Several barriers to accreditation were identified through this study. These include cost, time-intensive, and target groups for the study, commitment to the process, and lack of incentives. The Child Development Facility Accreditation Project (CDFAP) provided the following types of assistance during the study: Financial assistance for fees and materials. Facilitators to provide assistance, organize training, and provide individual assistance. Broadcasted trainings are provided. Training modules via CD-Rom, Internet, video, or workbook are also provided. Translations of materials to Spanish are made available. Peer training and support groups is also available (California Department of Education Child

Development Division, December 2004.) Once the CDFAP program had brought the programs to the “door” of accreditation, they left the programs to go through the final steps on their own.

When 104 state initiatives were identified, accreditation was one of the areas defined by four national models that showed to improve child care quality (California Department of Education Child Development Division, December 2004.) Six states aside from California also identified accreditation as a key identifier for child care quality improvement. Many studies have found that accreditation improves the quality of child care. The Early Childhood Environmental Rating Scale (ECERS) has been used to assess the outcomes of accredited centers versus non-accredited centers. The Family Day Care Rating Scale (FDCRS) assessed the increase in quality between accredited and non-accredited family child care homes (California Department of Education Child Development Division, December 2004.)

The following data show the results for several different states: In North California it was found that centers accredited in 1996 and 2000 had a mean ECERS score of 5.31 compared to 4.02 for centers that were not accredited. In 2002, a study in Wisconsin reported mean scores of 4.6 for accredited centers and 4.03 for non-accredited centers. In a study in North Carolina in 2000, accredited family child care homes had FDCRS mean scores of 3.85 compared to 3.51 among non-accredited homes. (California Department of Education Child Development Division, December 2004.)

Cote, Japel, Sequin, Mongaeu, Xu, and Tremblay (2013) compared trajectories leading to better Pre-academic skills based on the quality of child care provided (2013). They used the Early Childhood Environmental Rating Scale-Revised (ECERS-R) and the Infant Toddler Environmental Rating Scale-Revised (ITERS-R) as tools to assess quality of care. These tools assess warmth, richness, and appropriateness of interactions.

National accreditation has standards grouped into six to eight major categories that correlate to the standards in the ECERS and FDCRS which are based upon 30 to 40 categories of care. Even though the structures are different between the two assessments, they are similar to one another by measuring quality and have indicators of good quality and met standards. Compared to the beginning of the study and phase one of the accreditation project most of the programs showed an increase in the subscale items for family child care and child care centers illustrated as following (California Department of Education Child Development Division, December, 2004.):

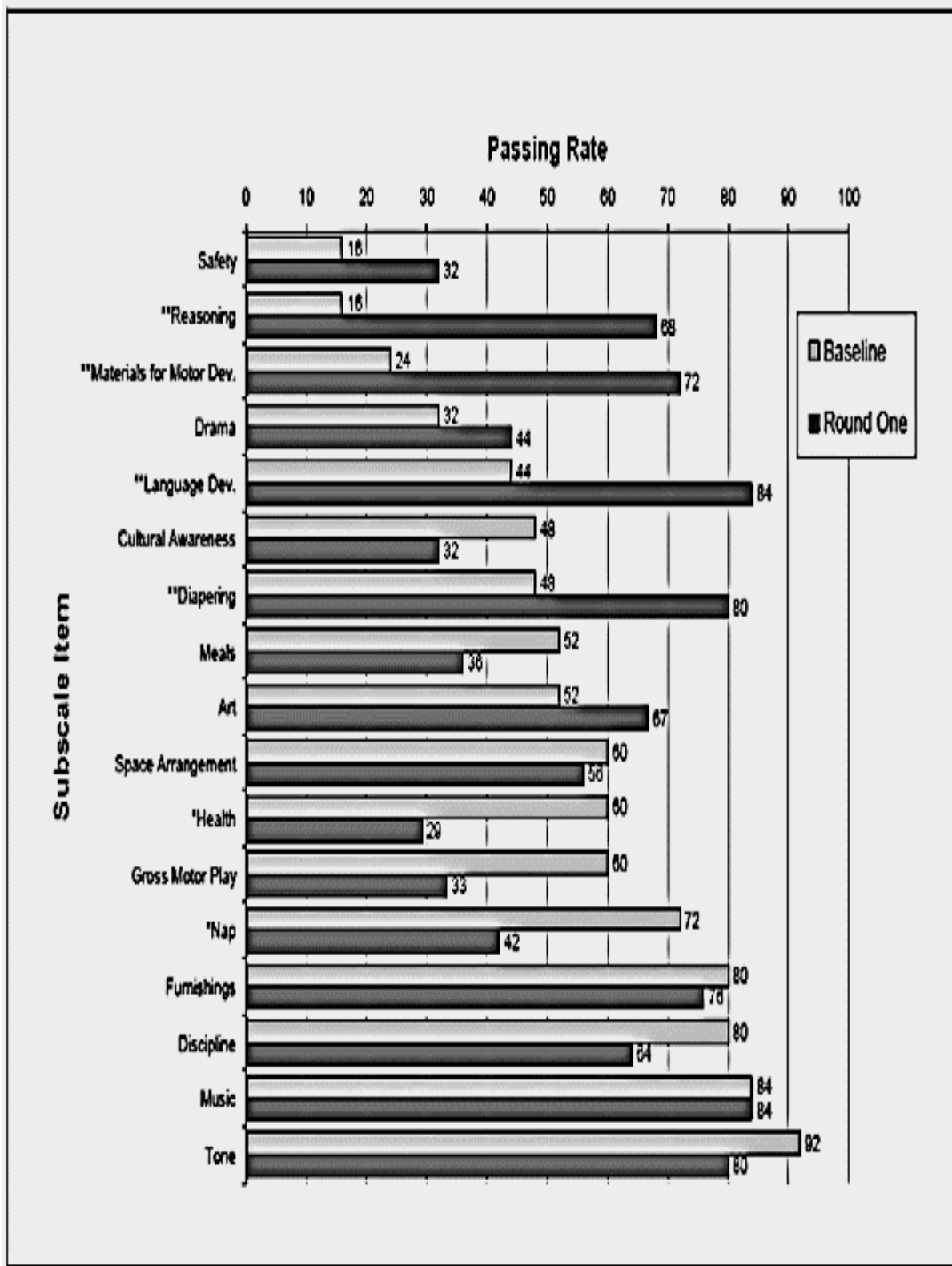


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Figure 2. Family Child Care Homes Passing Rates at Baseline and at Round One Observation

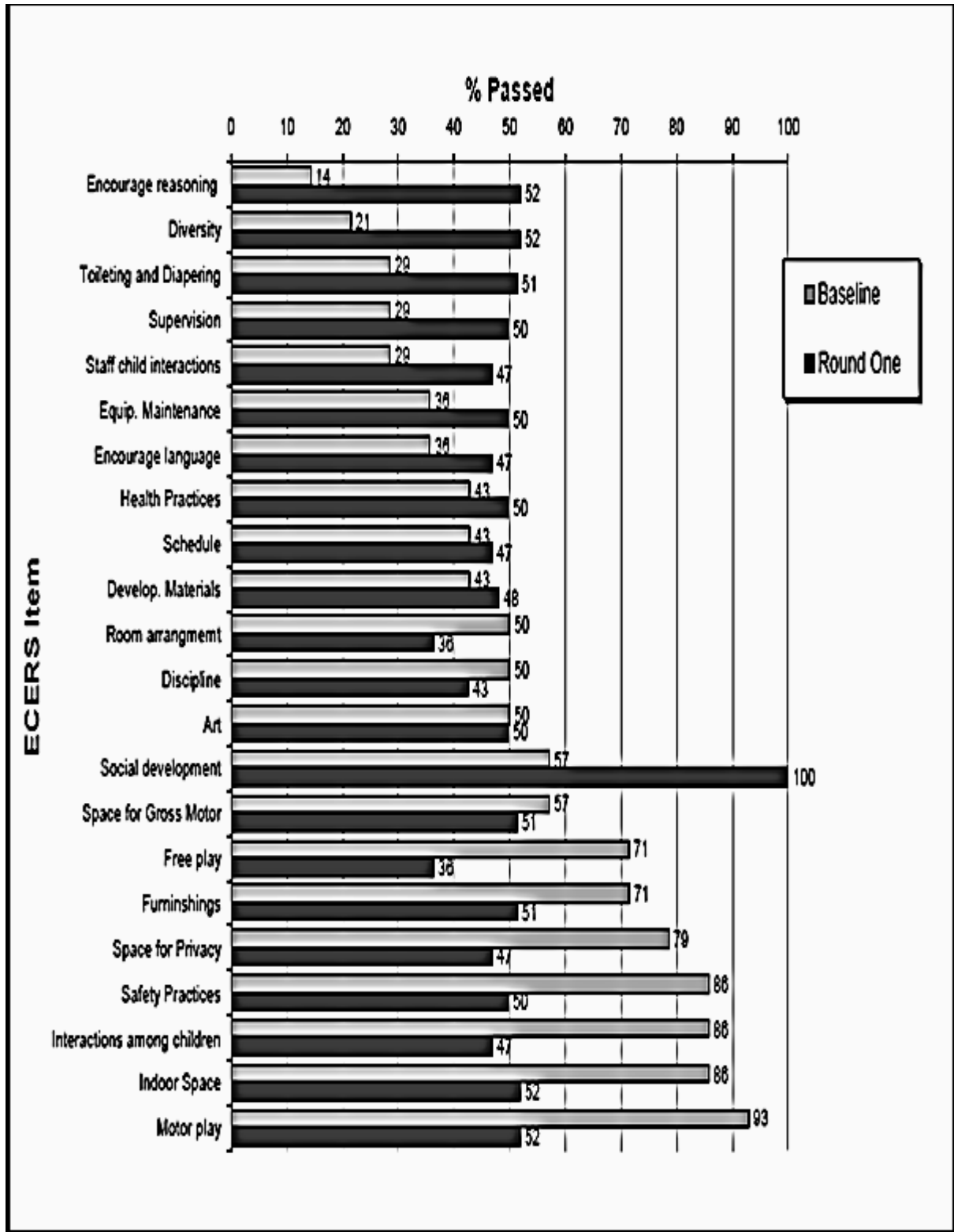


Image @ <http://files.eric.ed.gov/fulltext/ED485961.pdf>

Figure 3. Center Passing Rates at Baseline and at Round One Observation

The majority of programs continued to show improvements in the subscale items from round 1 to round 2 of both the ECERS and the FDCRS rating scales. This is seen in the charts below.

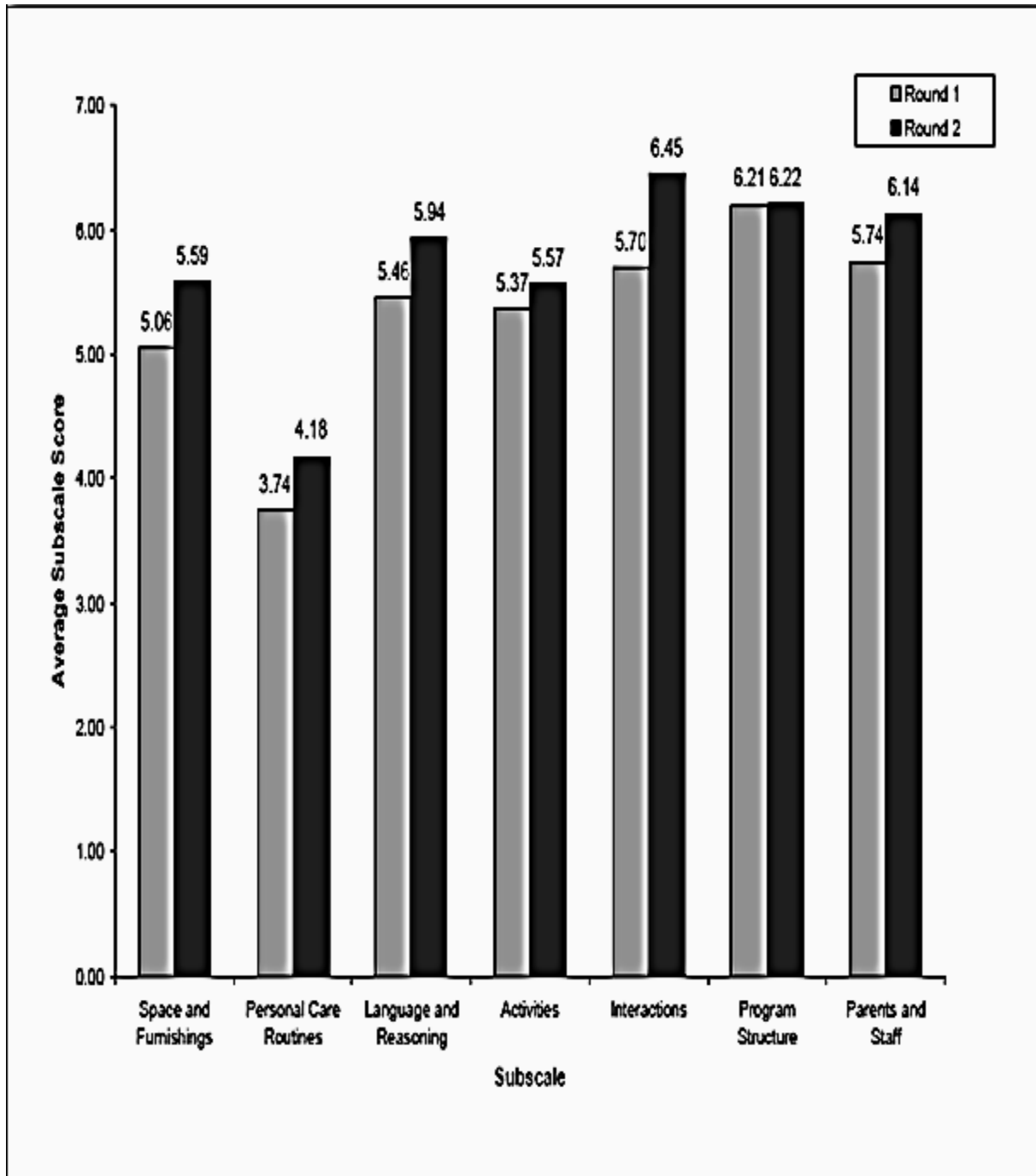


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Figure 4. ECERS Subscales Round 1-Round 2 Comparison

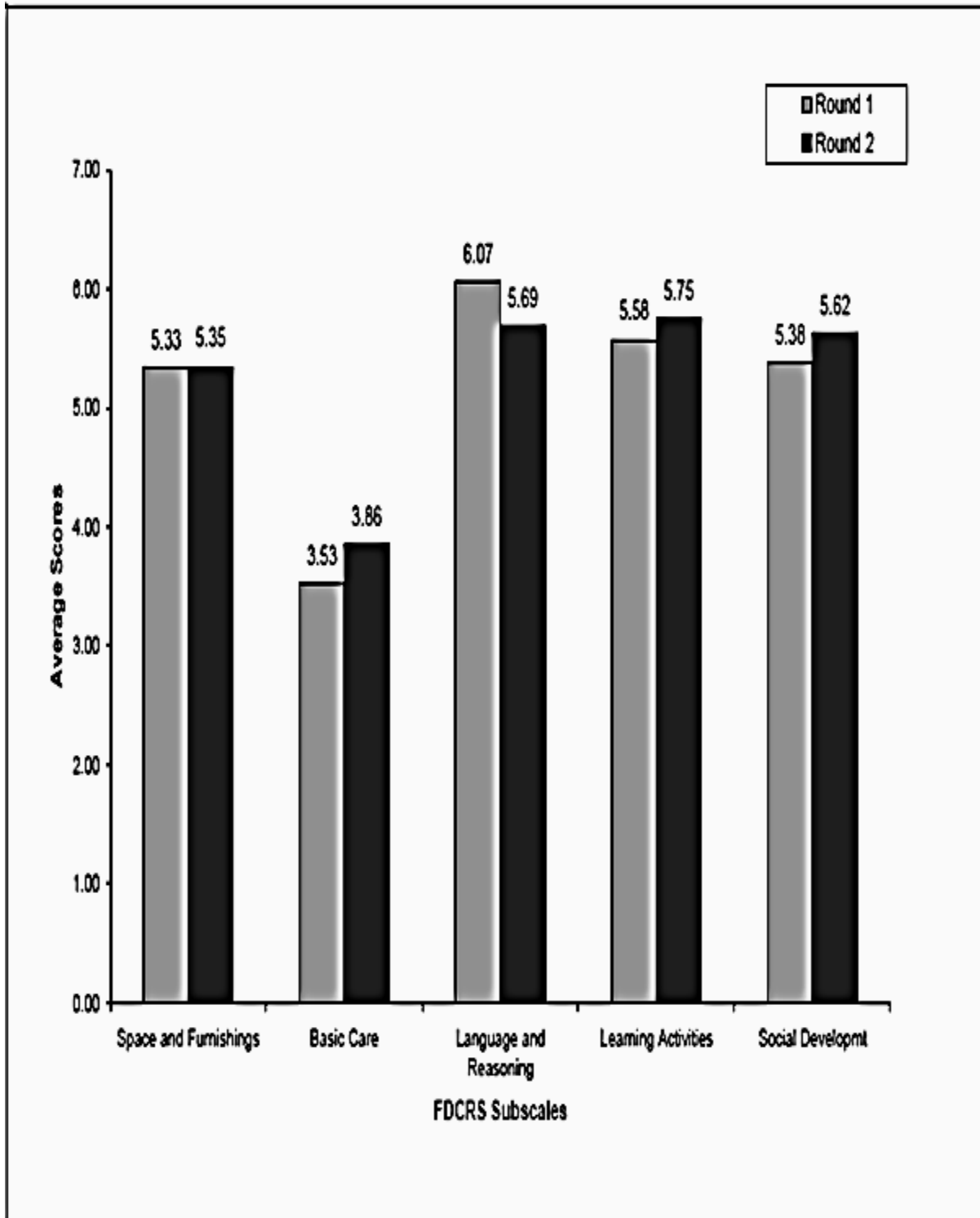


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Figure 5. FDCRS Subscales: Round 1-Round 2 Comparison

Maryland also conducted an Early Childhood Accreditation Project which began in 1998 (Maryland State Department of Education, 2000.) Their governor allocated funding to assist programs in improving the quality of care they provided by meeting either state or national accreditation standards. This project mirrored an existing program that focused on implementing quality standards for prekindergarten and kindergarten. Their process involved self-appraisal, program improvement, validation, and accreditation. They provided the following three documents to assist with the process: *Guide to Accreditation: Self-Appraisal and Validation*, *Standards for Implementing Quality Early Learning Programs – Instruments for Self-Appraisal and Validation*, and the *Manual of Best Practices for Implementing Quality Early Childhood Education Programs*.

The self-appraisers and the program validators assessed the program with a scale of fully met, partially met, or not met. They reviewed three main areas of criteria of Program Administration, Program Operation, and Partnership. The subcategories Program Administration are Mission Statement, Program Personnel, Program Continuity, and Program Accountability. The subcategories of Program Operation are Learning Environment, Curriculum, Instruction, and Assessment. Finally, the subcategories for Partnership are Communication, Awareness of Child Development, Involvement, Evaluation, Resource and Referrals, and Collaboration.

(Maryland State Department of Education, 2000.)

In conducting the self-assessment the program was able to go through areas of its program and make changes in order to improve quality. The validation process allowed the program to get an outsiders view of the program in order to see things they may have missed. This one day visit included classroom observation, review of program documents, interviews with the director, and feedback from the director. After this process the validators have 30 days

to make a determination as to whether the facility meets the increased standards of accreditation or not (Maryland State Department of Education, 2000).

Another smaller scale study conducted by Shallcross in 1994 was designed to assist five family child care homes complete the formal process of accreditation with the National Association for the Family Day Care (NAFDC) (1994). At the time of the study, there were no nationally accredited day care homes in the New England state that the Shallcross was from. She was concerned that families did not have the option of sending their children to higher quality family day cares. At this point the state certified homes only had to meet the minimum state requirements which were less stringent than the nationally accreditation standards. Shallcross (1994) discussed that by making some changes in their family child care programs, they could promote higher standards in safety and professionalism.

Most of the programs that Shallcross (1994) encountered thought that national accreditation would be a good idea and increase the quality of their program. One of the major hindrances that Shallcross found that most family child care homes faced when it came to national accreditation was they lacked the financial assets to be able to invest in the process. Another concern that providers faced for accreditation was a reluctance to have another organization inspect their programs since the program is in their home. Most providers lacked formal education, which also led to low self-esteem. These factors coupled with no state advocates or support for providers who wished to attempt to achieve higher standards of care through the accreditation process, left the state without higher quality programs that had been nationally accredited.

At the time of the study, Shallcross (1994) found through telephone surveys that there were no nationally accredited family child care homes in the state. At the state's Family Day

Care Association's monthly meetings, Shallcross (1994) found that many providers in the state wished to be nationally accredited. Shallcross refers to a study by Cohen and Modigliani conducted in 1992, they found that providers who had gone through the national accreditation process felt they had increased their level of professionalism. In some cases providers who had achieved national accreditation gain higher earnings.

Shallcross (1994) noted that in order to promote quality child services, it is necessary to provide physical, emotional, social, cognitive, and spiritual growth of children. She referred to Gardner regarding an increase in quality through better regulation and quality training.

Shallcross found that most family day care homes had little or no formal training in child care or child development and relied upon their own upbringings in working with the children in their care.

Shallcross (1994) also made reference to Nelson's 1989 report which showed a direct correlation between the accreditation process and quality of care. Nelson found that due to accreditation, providers took more time to assess their programs and make needed changes in the environment, the curriculum, and their program's policies.

Shallcross (1994) referenced Modigliani writings from 1990 which stated the quality of a family child care home was determined by how the provider prepared the environment for the children to learn and play. Planned developmentally appropriate curriculum increased the learning of children by providing a planned structure, but allowing for spontaneous learning opportunities.

Chapter 3: Methodology

This study address the four following questions: Does national accreditation improve a programs ability to meet minimum state requirements for child care? How do national accrediting bodies differ in their policies and procedures for accrediting programs? What are the perceptions of national accreditation of professionals in the child care field? What are the economic impacts of national accreditation for child care programs? This question will review both the fees involved in the national accreditation process and the financial supports that are available for programs.

This study consists of two parts. A quantitative analysis of non-compliances and serious non-compliances during licensing monitoring visits versus whether the facility is accredited or not will be conducted. The second part consists of several qualitative reviews. These reviews investigate the differences of accreditation bodies, current views of national accreditation, motivation for accreditation, and economics involved in national accreditation.

The quantitative portion of this study examines how accreditation prepares child care programs to be more effective at exceeding the minimum standards of the state. This part of the study examines the total non-compliances and the serious non-compliances for the entire population of child care programs in the state. This data was collected from the public record of programs monitoring reports.

As of July 2014, there are 3,275 child care programs in Oklahoma. These programs consist of 1,465 child care centers and 1,806 family child care homes. There are 219 three star accredited programs, with 183 of those facilities being child care centers and 36 being family child care homes. The remaining 3,056 programs are two star programs or less.

Child care programs have a set of requirements that they are required to meet. Child care licensing staff, conduct unannounced monitoring visits periodically throughout the year to determine if a program is meeting the minimum standards set forth in the state child care licensing requirements. This analysis will review the total number of non-compliances that accredited programs receive over the course of a 2 year time frame versus non-accredited programs. Some non-compliances are considered to be serious non-compliances. The Oklahoma State Statute 340:110-1-9.3.c.3. define serious non-compliance as “exposing children to conditions that present an imminent risk of harm.” It will also review the number of serious non-compliances that accredited programs receive during monitoring visits versus non-accredited programs. The compliance history for all of the licensed child care programs in the state of Oklahoma is the public record.

In order to determine if there is a significant difference between the total non-compliances received by accredited versus non-accredited child care programs, a t-test will be conducted with significance being determined with at least 95% confidence. Likewise, a t-test will be conducted to determine if there is significant difference between the serious non-compliances received by accredited versus non-accredited child care programs. Significance for the serious non-compliances will also be determined with at least 95% confidence. Additionally, data will review the mean of non-compliances and serious non-compliances and the frequencies of non-compliances and serious non-compliances for accredited and non-accredited child care programs.

The qualitative data from this study will be collected in three ways. The first method of qualitative data collection will be through the use of a survey. This survey will be presented at the Early Childhood Association of Oklahoma Annual Conference and will e-mailed to programs

across the state through the Child Care Services Listserv. The questions are as follows: What type of program do you work for? What is the Star level of the program? What position do you hold in the program? Does your program accept children with DHS subsidy? Is your program accredited through any of the following accrediting bodies? If your program is accredited, what influenced the decision about which accrediting body to go through? If your program is not accredited, what influenced the decision not to participate in accreditation? What motivating factors would encourage your program to become or maintain accreditation? The survey used was approved by the IRB board and can be viewed in the Appendix.

The second method of qualitative data will be a comparative summary of each of the national accrediting bodies. The state of Oklahoma reviews each of the national accrediting bodies annually. The policies and procedures for each national accrediting body was submitted to Oklahoma Child Care Services for review. The comparative study will utilize the assessment tool used by the state to determine whether the policies and assessment procedures of the different accrediting bodies meet the approval criteria for Oklahoma. This review will assess the steps involved and the areas of assessment in the accreditation process for each of the accrediting bodies.

The third method of qualitative data will be collected through the national accrediting bodies for their fee schedules. The fees involved could be a deterrent for many child care programs to seek national accreditation. Contact will also be made with state and national organizations regarding funds and programs available to assist in obtaining national accreditation.

Chapter 4: Presentation, Analysis, and Interpretation of Data

National Accreditation and Meeting State Minimum Requirements

A relationship between accreditation and meeting the minimum requirements of the state exists and can be seen over the course of time. A review of the monitoring reports, which demonstrates the total non-compliances and serious non-compliances, for the last two years was conducted for all of the child care programs in Oklahoma. This data was collected from public record. This project compared the mean of serious non-compliances and the total number of non-compliances for accredited child care programs and for non-accredited child care programs. The project also compared the frequencies of serious non-compliances and frequencies of total number of non-compliances for accredited child care programs versus non-accredited child care programs.

Based upon the t-test, there was not a significant difference between total non-compliances for accredited and non-accredited family child care homes. The p-value for total non-compliances was .078, which is greater than the .05 significance value. Accredited family child care homes had a mean of 1.95 total non-compliances. Non-accredited family child care homes had a mean of 3.23 total non-compliances. If, however, the outlier is removed prior to running the t-test, then there would be a significant difference. The p-value would then drop to .013 which is below the .05 significance value. It can be concluded that there is a significant differences between the total non-compliances in accredited versus non-accredited family child care homes.

A t-test was conducted for serious non-compliances for accredited and non-accredited family child care homes. The p-value for the t-test was .8, this is much greater than the .05 significance value. Therefore, this does not demonstrate significant differences in accredited and

non-accredited family child care homes for serious non-compliances. Accredited homes had a mean of .68 serious non-compliances and non-accredited homes had a mean of .63 serious non-compliances. If the outlier is removed prior to running the t-test, the p-value is .32. This is still well over the .05 significance value. Therefore, it can be concluded that there is no significant difference in the number of serious non-compliances for accredited versus non-accredited family child care homes.

Based upon the t-test, there was a significant difference between the total non-compliances for accredited and non-accredited child care centers. The p-value for non-compliances was .005, which is less than the .05 significance value. The mean of total non-compliances for accredited child care centers was 3.86 versus non-accredited child care centers was 5.82. Therefore, it can be concluded that there was a significant difference between the total non-compliances of accredited versus non-accredited child care centers.

Based upon the t-test, there was also a significant difference between the serious non-compliances for accredited and non-accredited child care centers. The p-value for non-compliances was .002, which is less than the .05 significance value. Accredited child care centers had a mean of .66 serious non-compliances, while non-accredited child care centers had a mean of 1.28 serious non-compliances. Therefore, it can be concluded that there was a significant difference between the serious non-compliances of accredited versus non-accredited child care centers.

The frequencies of serious non-compliances and total number of non-compliances were also reviewed. Accredited family child care homes had the following percentages: 74% of programs had no serious non-compliances, 10% of programs had one serious non-compliance,

10% had two serious non-compliances, 3% of programs had three serious non-compliances, and 3% had 11 serious non-compliances. These percentages can be viewed in Figure 6.

In comparison non-accredited family child care homes had the following percentages of serious non-compliances: 69% had zero serious non-compliances, 17% had one serious non-compliance, 7% had two serious non-compliances, 4% had three serious non-compliances, 1% had four serious non-compliances, 1% had five serious non-compliances, 1% had six serious non-compliances, .3% had seven serious non-compliances, .2% had eight serious non-compliances, .1% had nine serious non-compliances, .3% had ten serious non-compliances, .1% had 11 serious non-compliances, and .1% had 12 serious non-compliances. These percentages can be viewed in Figure 7.

Accredited family child care homes have a larger proportion of programs that had zero serious non-compliances than did non-accredited programs. Non-accredited family child care homes had a higher proportion of one, two, or three serious non-compliances than accredited family child care homes. However, non-accredited family child care programs had a larger proportion of four through 12 serious non-compliances. The proportion would have been greater for non-accredited family child care homes, but one accredited family child care home was an outlier with significantly higher serious non-compliances than all of the other accredited family child care homes.

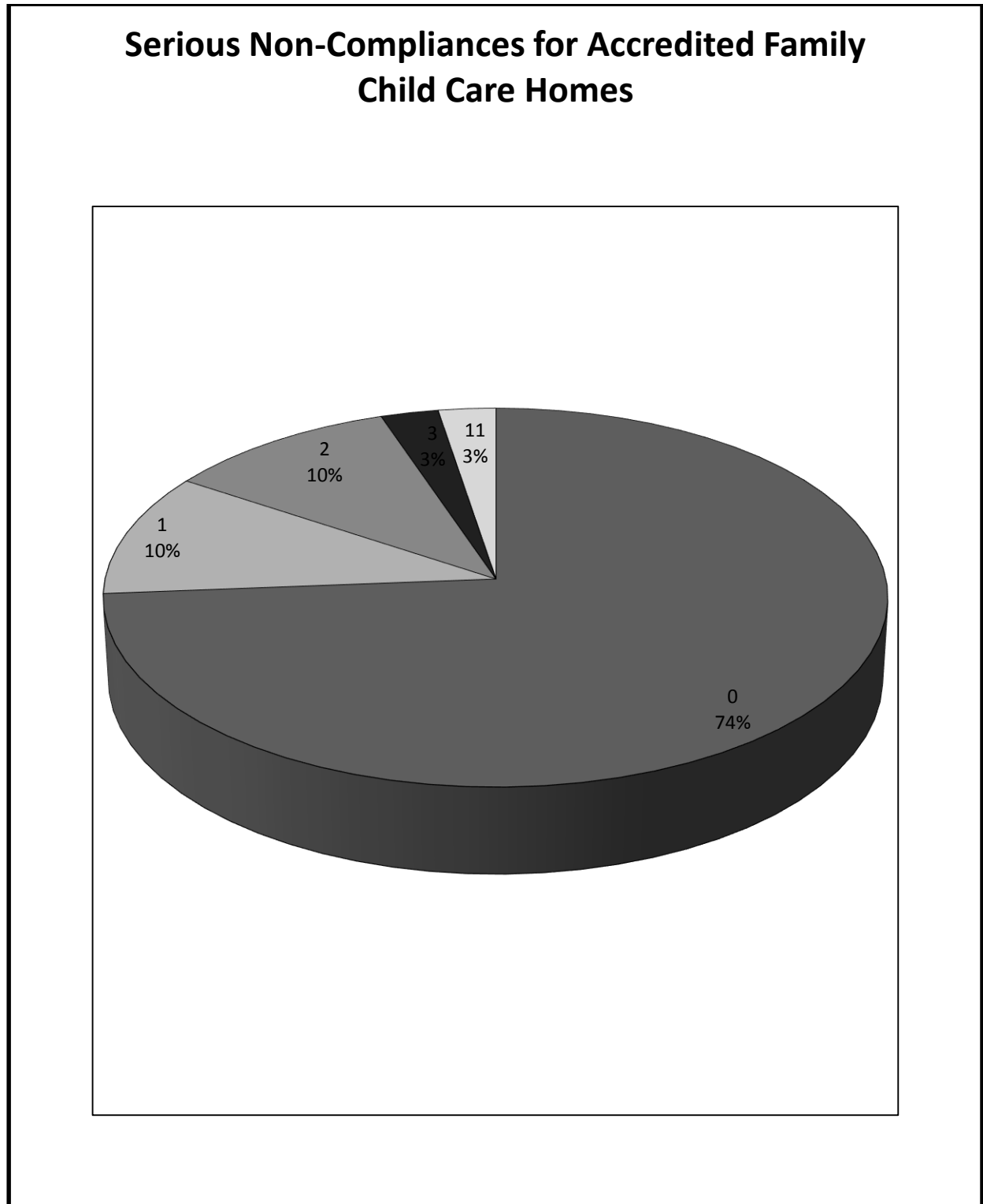


Figure 6. Serious Non-Compliances for Accredited Family Child Care Homes

Serious Non-Compliances for Non-Accredited Family Child Care Homes

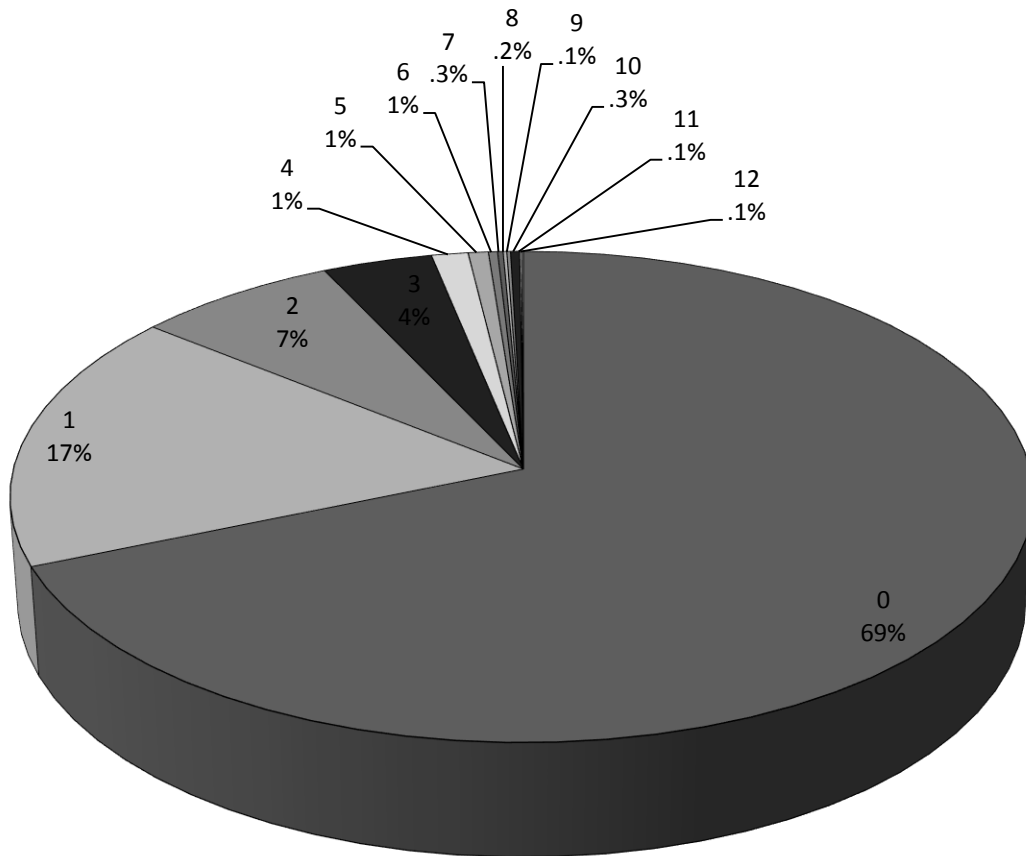


Figure 7. Serious Non-Compliances for Non-Accredited Family Child Care Homes

Accredited child care centers had the following percentages of serious non-compliances: 60% of programs had zero serious non-compliance, 22% had one serious non-compliance, 9% had 2 serious non-compliances, 5% had three serious non-compliances, 1% had four serious non-compliances, 1% had five serious non-compliances, 1% had six serious non-compliances, and 1% had ten serious non-compliances. These percentages can be seen in Figure 8.

Non-accredited child care centers had the following percentages of serious non-compliances: 56% of programs had zero serious non-compliance, 16% had one serious non-compliance, 12% had 2 serious non-compliances, 5% had three serious non-compliances, 3% had four serious non-compliances, 2% had five serious non-compliances, 1% had seven serious non-compliances, 1% had eight serious non-compliances, and an additional 2.2% had nine or more serious non-compliances. These percentages can be seen in Figure 9.

Accredited child care centers had a higher proportion of zero through three serious non-compliances than do non-accredited child care centers. Zero through three serious non-compliances made up 96% for accredited child care centers. While non-accredited child care centers serious non-compliance of zero through three only made up 89% of serious non-compliances.

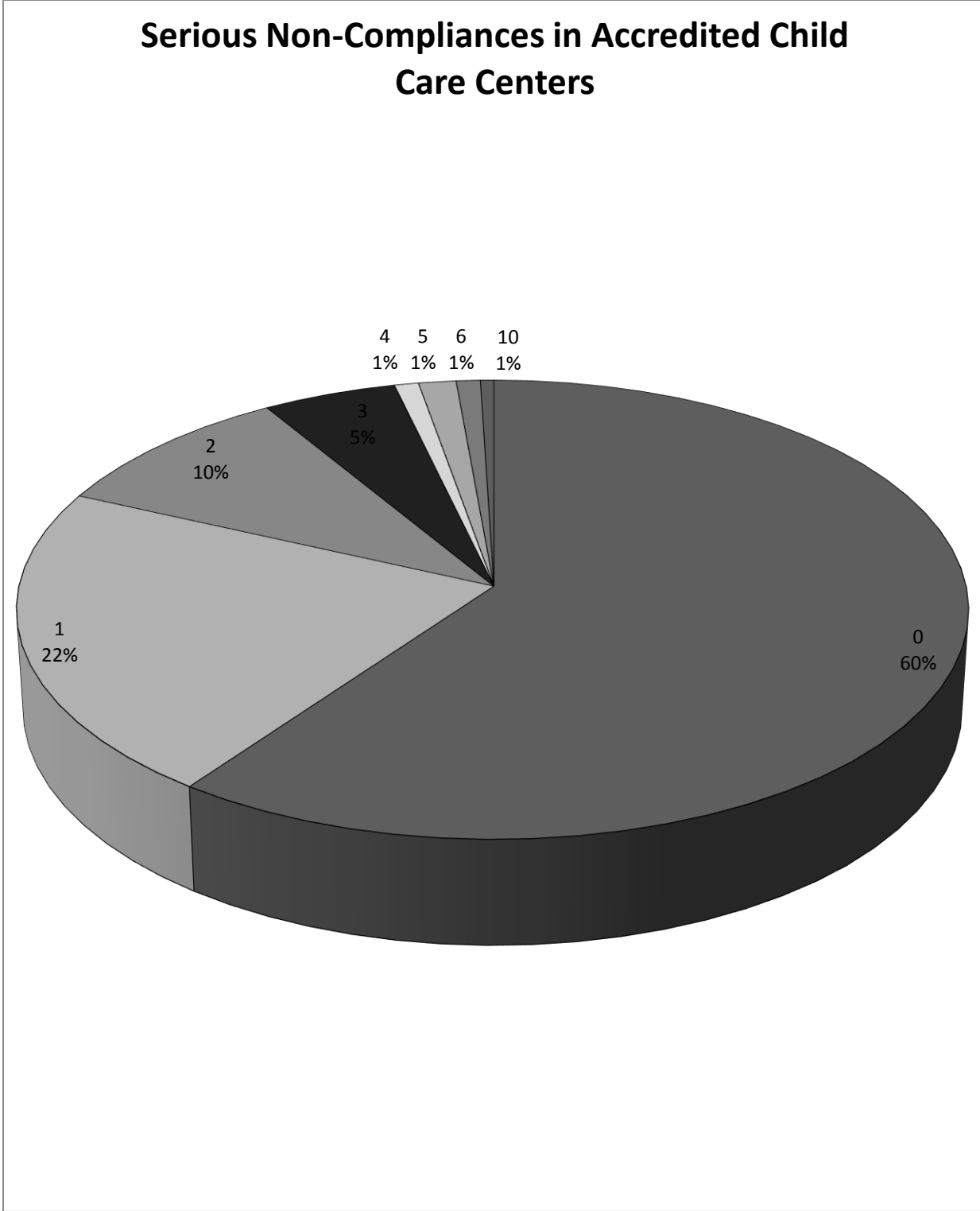


Figure 8. Serious Non-Compliances for Accredited Child Care Centers

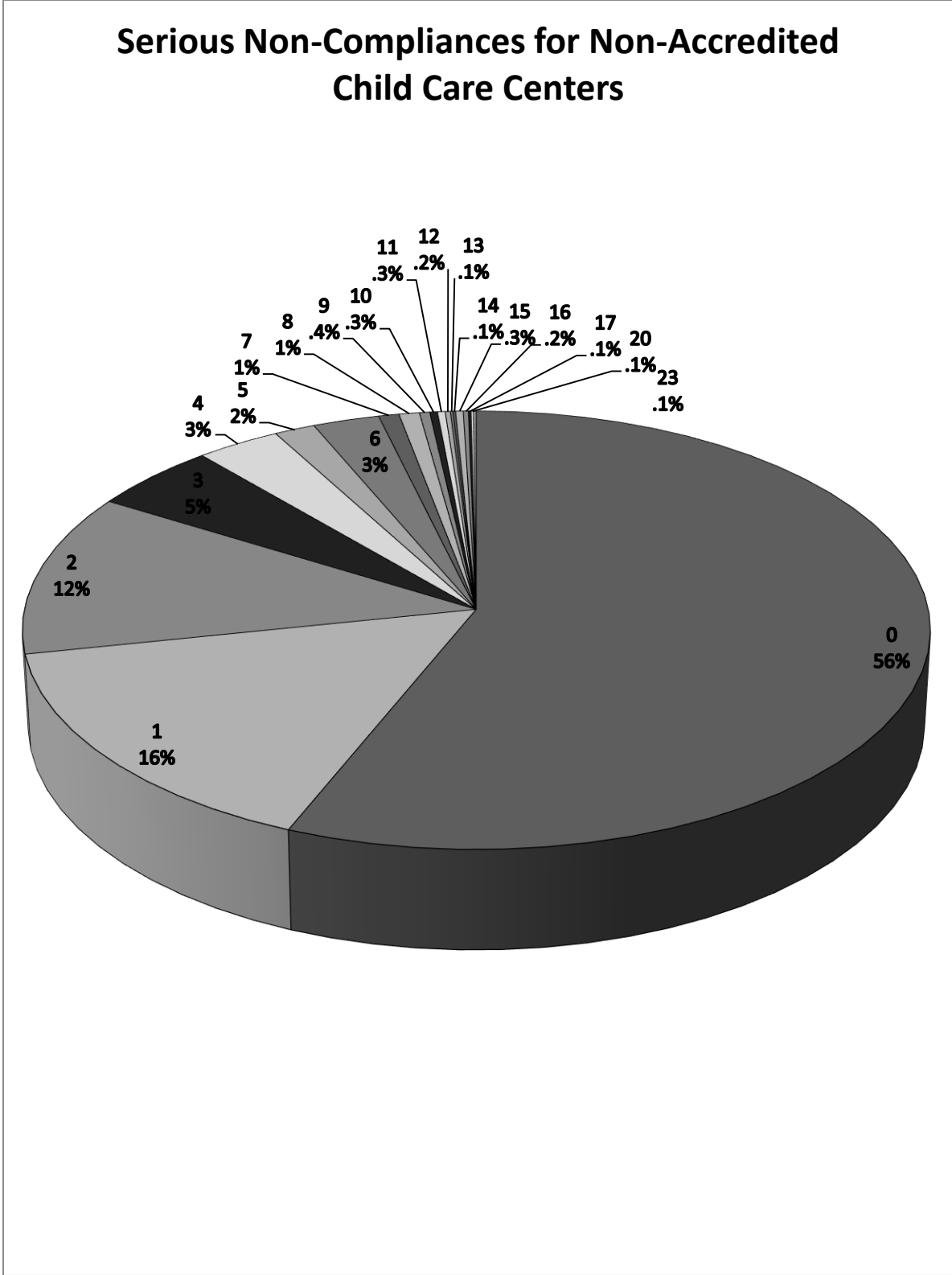


Figure 9. Serious Non-Compliances for Non-Accredited Child Care Centers

The frequencies of total non-compliances were also reviewed. Accredited family child care homes had the following percentages: 37% of programs had no total non-compliances, 29% of programs had a total of one non-compliance, 10% had a total of two non-compliances, 8% of programs had a total of three non-compliances, 2% had a total of four non-compliances, 8% had a total of five non-compliances, 3% had a total of six non-compliances, and 3% had a total of 21 non-compliances. These percentages can be viewed in Figure 10.

In comparison non-accredited family child care homes had the following percentages of total non-compliances: 27% had a total of zero non-compliances, 18% had a total of one non-compliance, 12% had a total of two non-compliances, 10% had a total of three non-compliances, 7% had a total of four non-compliances, 6% had a total of five non-compliances, 5% had a total of six non-compliances, 3% had a total of seven non-compliances, 2% had a total of eight non-compliances, 2% had a total of nine non-compliances, 1% had a total of ten non-compliances, 1% had a total of 11 non-compliances, .3% had a total of 12 non-compliances, 1% had a total of 13 non-compliances, .4% had a total of 15 non-compliances, 1% had a total of 16 non-compliances, .4% had a total of 17 non-compliances, .4% had a total of 18 non-compliances, .1% had a total of 19 non-compliances, .1% had a total of 20 non-compliances, .1% had a total of 21 non-compliances, .1% had a total of 22 non-compliances, .1% had a total of 23 non-compliances, .1% had a total of 24 non-compliances, .1% had a total of 25 non-compliances, .1% had a total of 26 non-compliances, .1% had a total of 27 non-compliances, .1% had a total of 31 non-compliances, .1% had a total of 33 non-compliances, .1% had a total of 34 non-compliances, .1% had a total of 35 non-compliances, .1% had a total of 36 non-compliances, and .1% had a total of 49 non-compliances. These percentages can be viewed in Figure 11.

Accredited family child care homes had a larger proportion of total non-compliances of zero through two than does non-accredited family child care homes. For accredited family child care homes zero through two total non-compliances made up 76% of non-compliances. In comparison, non-accredited family child care homes on had 57% of programs in the range of zero to two. The highest number of total non-compliances for accredited family child care homes is 21 non-compliances, while non-accredited family care homes had the highest number of 49 non-compliances.

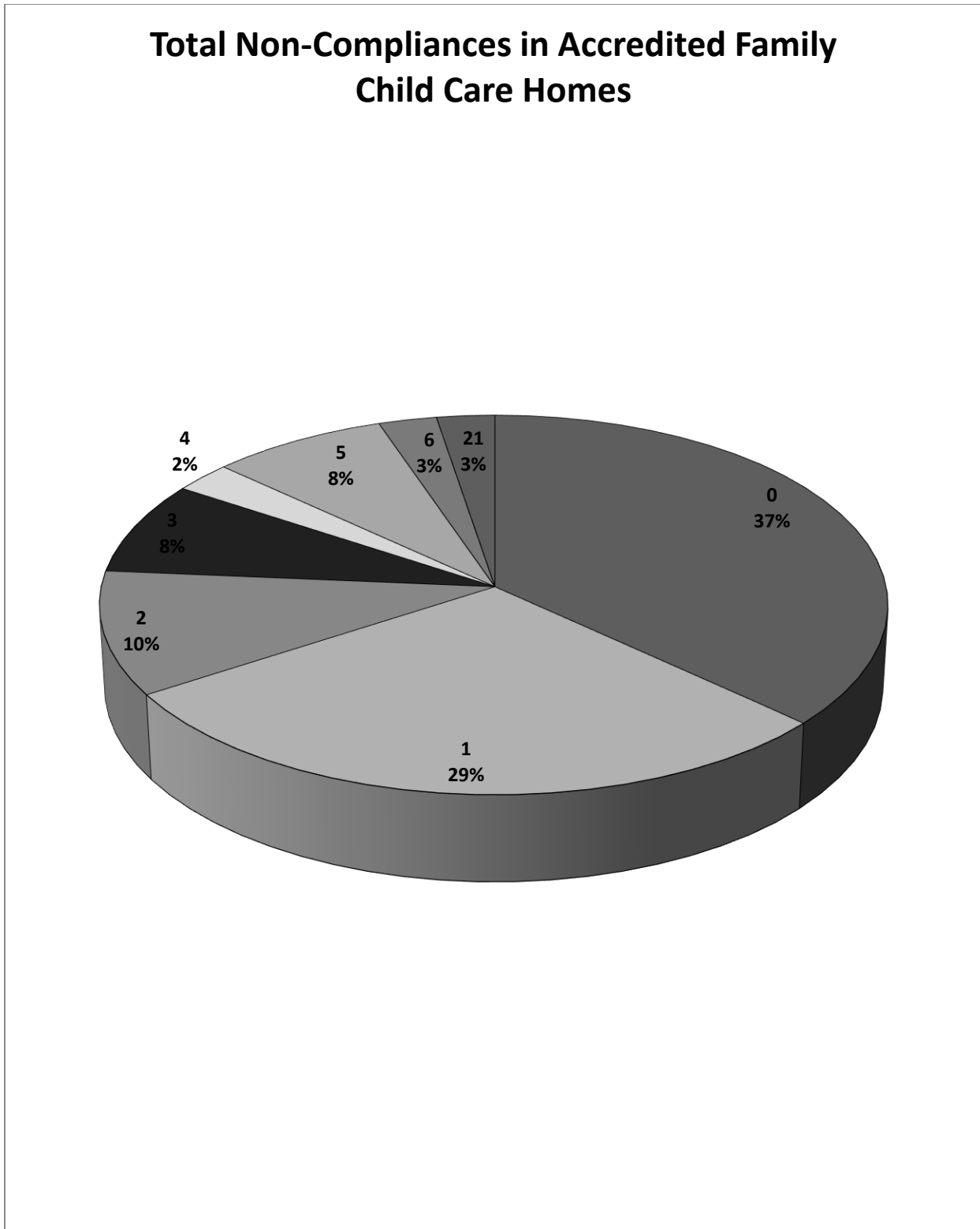


Figure 10. Total Non-Compliances for Accredited Family Child Care Homes

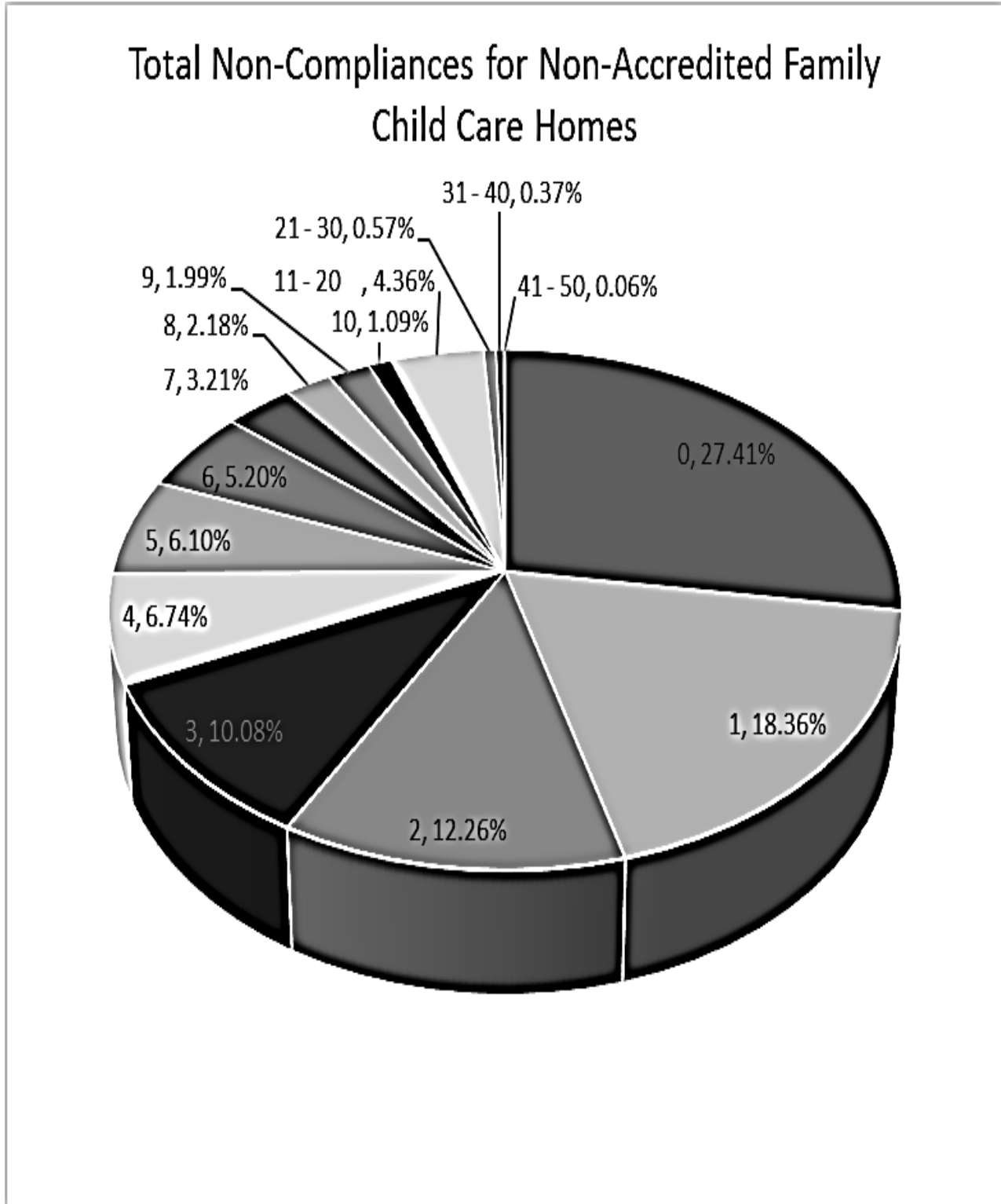


Figure 11. Total Non-Compliances for Non-Accredited Family Child Care Homes

Accredited child care centers had the following percentages of total non-compliances: 21% of programs had a total of zero non-compliance, 15% had a total of one non-compliance, 9% had a total of 2 non-compliances, 14% had a total of three non-compliances, 9% had a total of four non-compliances, 5% had a total of five non-compliances, 6% had a total of six non-compliances, 4% had a total of seven non-compliances, 3% had a total of eight non-compliances, 3% had a total of nine non-compliances, 2% had a total of ten non-compliances, 1% had a total of 11 non-compliances, .5% had a total of 12 non-compliances, 1% had a total of 13 non-compliances, 2% had a total of 14 non-compliances, .5% had a total of 15 non-compliances, .5% had a total of 17 non-compliances, 1% had a total of 18 non-compliances, .5% had a total of 20 non-compliances, and 1% had a total of 21 non-compliances. These percentages can be seen in Figure 12.

Non-accredited child care centers had the following percentages of total non-compliances: 22% of programs had a total of zero non-compliances, 14% had a total of one non-compliance, 12% had a total of 2 non-compliances, 8% had a total of three non-compliances, 5% had a total of four non-compliances, 6% had a total of five non-compliances, 4% had a total of six non-compliances, 4% had a total of seven non-compliances, 3% had a total of eight non-compliances, 3% had a total of nine non-compliances, 2% had a total of ten non-compliances, 3% had a total of 11 non-compliances, 2% had a total of 12 non-compliances, 1% had a total of 13 non-compliances, 1% had a total of 14 non-compliances, 1% had a total of 15 non-compliances, 1% had a total of 16 non-compliances, 1% had a total of 17 non-compliances, 1% had a total of 18 non-compliances, .3% had a total of 19 non-compliances, 1% had a total of 20 non-compliances, and 1% had 21 total non-compliances, .3% had 23 total non-compliances, .2% had a total of 24 non-compliances, .2% had a total of 25 non-compliances, .3% had a total of 26

non-compliances, .2% had a total of 27 non-compliances, .2% had a total of 28 non-compliances, .1% had a total of 29 non-compliances, .1% had a total of 30 non-compliances, .3% had a total of 31 non-compliances, .1% had a total of 32 non-compliances, .1% had a total of 33 non-compliances, .2% had a total of 34 non-compliances, .1% had a total of 36 non-compliances, .2% had a total of 37 non-compliances, .2% had a total of 38 non-compliances, .2% had a total of 39 non-compliances, .2% had a total of 40 non-compliances, .1% had a total of 42 non-compliances, .2% had a total of 43 non-compliances, .1% had a total of 44 non-compliances, .1% had a total of 45 non-compliances, .2% had a total of 48 non-compliances, and .1% had a total of 50 non-compliances. These percentages can be seen in Figure 13.

Accredited child care centers have a higher proportion of total non-compliances ranging from zero to five than non-accredited child care center. Accredited child centers had 73% total non-compliances ranging from zero to five. Non-accredited child care centers only had 67% total non-compliances ranging from zero to five. Non-accredited child centers had more programs with higher totals of non-compliances than did accredited child care centers. The largest total non-compliances for non-accredited child centers is 50 non-compliances, while accredited child care centers had the largest total non-compliances of only 21 non-compliances.

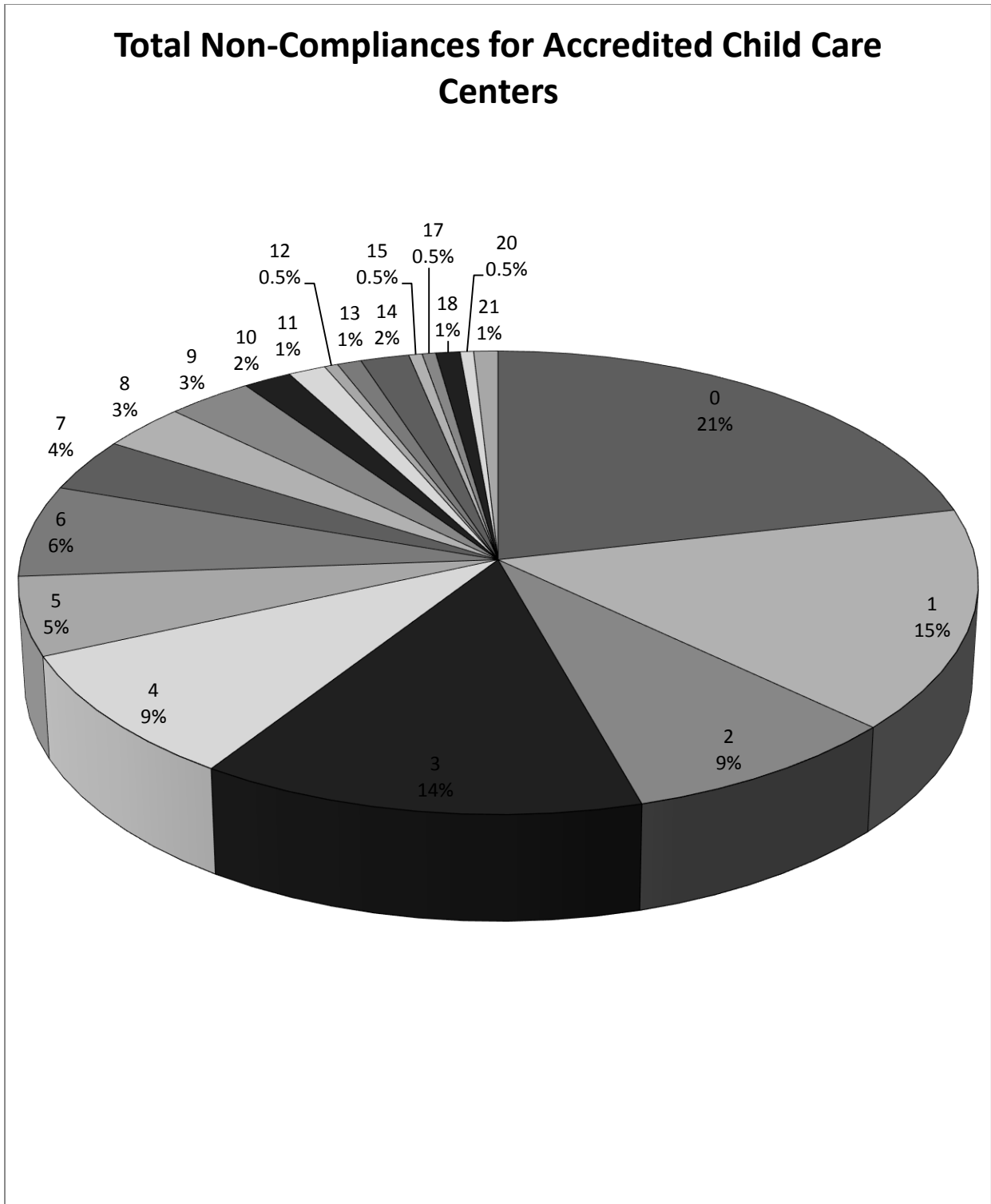


Figure 12. Total Non-Compliances for Accredited Child Care Centers

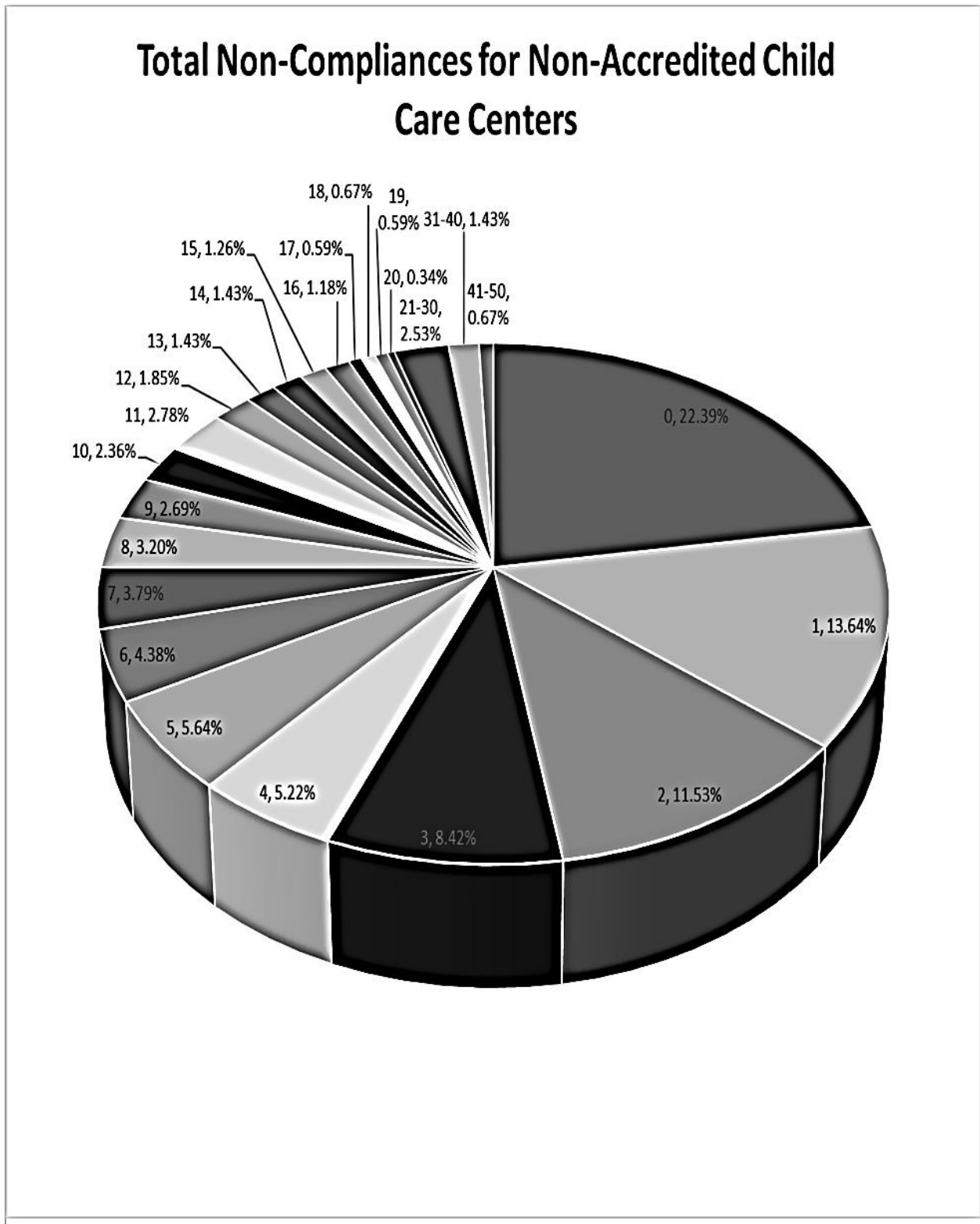


Figure 13. Total Non-Compliances for Non-Accredited Child Care Centers

Comparison of Accrediting Bodies

While the different accrediting bodies assess programs for meeting higher standard of care, the Child Care Services division with the Oklahoma Department of Human Services conducts an annual approval process for each of the accrediting bodies. I was able to participate in the more recent evaluation process and am able to share the results of the approval committee. The accrediting bodies are assessed by the Approval of Accreditation Programs Evaluation and Scoring Instrument. This instrument consists of nine questions.

The questions of the Approval of Accreditation Programs Evaluation and Scoring Instrument were rated 0 to 5 for the first eight questions and 0-10 for the ninth question. The questions were as follows: Does the accreditation program demonstrate fiscal and administrative capability for administering an accreditation? Is the accreditation program a nationally established program, no longer in the pilot phase and has conducted at least 100 accreditation visits? Does the accreditation program require a comprehensive self-evaluation that includes parents, staff, and program administrators to promote program development?

Does the accreditation program provide onsite peer review with validators with academic qualifications and formal training by the accrediting program? Is the accreditation decision made by experts in the field after a review of all documentation and is based upon boundaries and criteria established by the accrediting body? Does the accrediting body have a maximum award period of three years, with guidelines for re-accreditation and annual review? Does the accrediting program use validators, training procedures, and instruments that are evaluated for reliability and validity on an ongoing basis? Are the administrative policies and system evaluation in place to avoid conflicts of interest and address issues such as deferred status, withdrawal of accreditation, appeal processes, and complaints? Does the accrediting program

have standards that are based on research about program quality and are periodically reviewed and updated and are the standards higher than the current minimum licensing requirements?

The next few paragraphs will examine my answers to the questions on the Approval of Accreditation Programs Evaluations and Scoring Instrument. These paragraphs will be followed by the result of all of the approval committee. These answers will be used to help compare and assess the differences between accrediting programs.

The first program I reviewed was NECPA. I found that NECPA had a current annual financial report that illustrated stability. Expenses in 2014 did not exceed income. The program has an organizational chart that conveys chain of command, positions and job descriptions. NECPA has been a nationally accrediting body since 1993. It was developed and piloted in 1990 and is no longer in the pilot phase. Approximately 2500 programs have undergone the onsite verification process. NECPA has accreditation representation in Japan and 42 states including Oklahoma. Oklahoma currently has 95 programs that are accredited through NECPA. NECPA's self-evaluation covers administration/general operations, professional development, work environment, outdoor environment, indoor environment, developmentally appropriate programming, children with special needs, staffing, parent-staff communication, formal school linkages, and health and safety. The evaluation process includes administrators, parents, and staff. At the end of the process a narrative is provided to the program detailing strengths and weakness.

Onsite peer reviews take as long as necessary to conduct a thorough visit. There are provisions for multi-day or multi-validators depending on the size of the program. Validators are required to provide an application, references, have a degree (although not necessarily in early childhood education), and have at least three years' experience in the field of early childhood

education. Validators receive both formal and informal training. Annual training is available each year.

NECPA has criteria for the individuals who make the final decisions on accreditation. The individual must have either ten years' experience as an administrator or have a graduate degree in early childhood education or a related field. In order to make the final decision for accreditation, this individual reviews the self-assessment instrument, parent surveys, staff surveys, and a copy of the program's license. Standards of the documentation of caregiver/child interaction, professional development, addressing the needs of each child, parents in the program, and health and safe issues are emphasized.

The maximum award period for NECPA is three years. Clear guidelines outline the process of obtaining accreditation as follows: programs undergo self-study, full visit verification, and reviewed by the National Accreditation Council. A clear and thorough process is also outlined for programs to report improvements and renew accreditation.

The validators and assessment instruments are evaluated annually and the accreditation standards are reviewed every three years. A comparison of the ERS is made to the accreditation standards.

Policies are clearly outlines regarding conflicts of interest, deferred status, and withdrawal of certification, appeals, and complaints. NECPA maintains similar ratios and group size to the licensing standards with provisions for slightly smaller ratios and groups. By NECPA standards a director must be at least 21 years of age, have valid pediatric first aid and CPR, and have undergraduate degree in early childhood education, child development, nursing, elementary education, 12 credit hours in early childhood education plus two years' experience, or a CCP or CDA and three years of related experience. Specifics for the qualifications of a lead teacher,

teacher, and teacher assistant are outlined and job progression including professional development is detailed. The age appropriate program is minimally addressed. The methods for including parents participate are described in depth.

The next accrediting body that I reviewed was NAEYC. NAEYC provided their annual financial report which described all income and expenses. Financial stability was exhibited well within this report. An organizational chart and a description of staff resources and responsibilities were provided. Organization of the NAEYC accreditation is as follows: governing board, which included the Council for Accreditation and the Academy for Early Childhood Program Accreditation. The Academy for Early Childhood Program Accreditation is over the NAEYC assessors.

NAEYC was established in 1926. They are no longer in the pilot phase. From September 1st, 2006 to June 27th, 2014 NAEYC conducted 13,472 accreditation site visits. There are approximately 7000 NAEYC accredited programs in the United States and its territories. There are currently 81 NAEYC accredited programs in Oklahoma.

NAEYC provides programs with a comprehensive self-study which includes the opinions of staff and families to improve child outcomes and program qualities. Surveys are required to be conducted with staff and families to obtain this information. NAEYC uses portfolios to assess and improve quality. Documentation is then provided for the efforts for improvement. In order to promote program improvements NAEYC requires a self-study and a self-assessment.

The length of the onsite peer review depends on the size of the program. Assessors view at least one group of each age group and the review is very thorough. There are provisions for larger programs to have multi-day or multi-validators for the review. Assessors are required to have a minimum of a bachelor's degree with specialized credits addressing child development

and learning from birth through kindergarten. Assessors are required to receive 3 formal days of annual online training and have 4 days of shadow and reliability visits. Ongoing trainings include monthly web based training, conference calls, additional trainings as needed, and attendance at the annual assessors symposium. Assessors also have calls with assigned mentor and have ongoing professional development.

Highly trained NAEYC Academy staff review the data collected to ensure it is complete. Data is then computer scored and a decision is issued. Complete assessment tools and site visit forms which address the 10 NAEYC Accreditation Program Standards. Accreditation boundaries and criteria are clearly outlined and assessed within the 10 NAEYC Accreditation Program Standards. Programs must meet at least 80% of the criteria for each standard. Each class observed must meet at least 70% for all the standards.

NAEYC's accreditation is for five years but programs are required to maintain the Accreditation Program Standards. This exceeds the three year maximum. Clear guidelines for reaccreditation are detailed. Programs are required to submit Intent to Renew, submit renewal materials, and have a site visit for renewal.

NAEYC has assessor protocols, reliability trainings, access to the Assessor Online Community, assessor conference calls, and the annual symposium. Assessor reliability and disciplinary actions taken for protocol violations were detailed. Assessors have at least one reliability visits every year which include two joint visits for seasoned assessors and 2 joint group observations. Program portfolio reliability tasks and other checks are required as necessary.

Conflicts of interest are defined and avoided. The processes for deferred status, withdrawal of certification, complaints, and appeals are clearly described. Policies are detailed to address these issues.

Program Standards included suggested staff child ratios and group sizes that are better than the state's minimum standards. Program standards require the administration to have at least a bachelor's degree with 9 credit hours of administration, leadership, and management and 24 hours in Early Childhood Education or Child Development. Teacher requirements are not listed. Staff role progression is not outlined. Health and safety standards are very thorough. Annual revisions are made towards the program's goals and objectives. Research is included about each of the standards to improve program quality. Program standards address more than the 6 areas noted. The Program Standards are significantly higher than the minimum licensing requirements.

Next was the review of NAC. NAC's profit/loss summary reflects a slight deficit in their budget. NAC's organizational chart reflects management staff for the program. There is an established policy council that serves to meet increased program demands. NAC was established in 1984 but was rebranded in 1991. They are not in the pilot phase and have approximately 970 programs in the United States and Department of Defense. NAC currently has 33 accredited programs in Oklahoma.

NAC has six components to the self-evaluation process. These areas are administration, family engagement, health and safety, curriculum, interactions between teachers and children, and classroom health and safety. Staff and parents are surveyed and administrative procedures are reviewed using the Administrator's Report. There are multiple areas in which improvement is encouraged.

Validation is conducted during a two week window. Validation is conducted by spending at least one hour in each classroom. No provisions were outlined for larger programs. Validators are required to have a bachelor's in Early Childhood Education or Child Development, a CDA, or closely related field. Validators have an initial two day training, quarterly webinars, and annual refresher trainings.

The decision for accreditation is made by an individual with a graduate degree with practical experience. This individual reviews the Administrator's Report and classroom observation. The compliance with standards is not clearly defined. The commission does not require 100% compliance but does expect overall compliance.

The programs maximum award period does not exceed the three years. There are clear guidelines for reaccreditation. Each year the programs are required to submit a program evaluation and continuous improvement plans.

Lead evaluators are required to have verbal and written and verbal evaluations annually. Training procedures are not specified. Instruments evaluation occurs quarterly.

The policies and system evaluation procedures are in place for deferred status, withdrawal of certification, and appeal process. These policies adequately define the procedures for how each will be addressed. Conflicts of interest and complaints were not described.

Suggested ratios and group sizes are slightly above the minimum requirements. The director of a program is required to have a bachelor's degree in Child Development or Early Childhood Education, one year experience in administration and two years in a classroom. Lead teachers are required to have at least an associate's degree or higher and 12 credit hours in Early Childhood Education or Child Development and have two years' experience in the classroom. Assistant teachers/teacher's aides have a minimum of a CDA.

The professional development of staff is adequately outlined. Developmentally appropriate programming meets a higher than standard than the minimum state licensing standards. The process by which program standards are established was not documented. The standards of NAC are based upon research about program quality. Program standards are continually reviewed and updated. The program standards address all of the following: Staff ratios and group size, staff qualifications and training, staff role progression, age-appropriate program, health and safety, and involvement of parents.

The final accrediting body that I review was NAFCC. NAFCC sent their financial statement and appears to be financially stable. Six members manage the day-to-day operations. There is a director of special programs which are not included in the day-to-day operations. The executive director is responsible for managing the NAFCC staff.

NAFCC has been in existence since 1982 and accrediting family child care homes since 1988. It is not currently in a pilot phase. NAFCC has accredited programs across the United States and currently has 1494 accredited programs. There are 39 accredited programs in Oklahoma. The Tulsa area has 40% of the accredited programs.

The Quality Standards outline the standards for accreditation. There are four separate levels. NAFCC provides the Parents Guide to Accreditation and encourages the participation of families in the process. Parent surveys help make improvements to the program.

The on-site peer review for NAFCC is at least four hours. Validators must be familiar with family child care and be at least 21 years old. If the validator has a family child care home of their own they must be NAFCC accredited. Validators must complete observation training and complete reliable observations. Validators receive a two-day initial observer training and refresher training on a regular basis. It is not detailed how often training must be updated.

The individual responsible for the final review in the accreditation process is required to have a master's degree in Early Childhood Education, Child Development, or relevant field. This individual must also be familiar with family child care homes. This individual is required to be a trained observer, have a membership with NAFCC, and have knowledge of the NAFCC Quality Standards. In order to assess programs, this individual scores home visits and interviews. Elements of the process were not released. General information was provided regarding the boundaries and criteria.

The award period does not exceed three years. There are clear guidelines available for reaccreditation. Improvements and other changes are required in updates upon the first and second year anniversaries.

Validators, training procedures and instruments are evaluated by pre-training, observer training program, and post training assessment. Critical feedback and retraining are used to reflect upon how the evaluation process has been used. Frequency of the evaluations for validator is not detailed.

Policies exist that deal with conflicts of interest, deferral or withdrawal of accreditation status, appeal and complaints. These policies outline procedures for each of the processes very thoroughly.

NAFCC does not clearly define how staff ratios and group sizes are at a higher level than the minimum state standards. NAFCC offers four options for staff training. Role progression is not addressed and may not be relevant in some cases. There are 84 individual standards for age-appropriate programming that are generally addressed but what the standards are specifically was not disclosed. Health and safety had 102 standards that were also generally addressed by not specifically disclosed. Parent/program relationships are generally addressed, but methods are not

detailed. The standards of NAFCC are based upon some relevant research. It is not specified how often the standards are reviewed. Program standards vaguely address the six standards of staff ratios and group size, staff qualifications and training, staff role progression, age-appropriate programming, health and safety, and parent/program relationship. NAFCC’s standards appear to be at a higher level than the minimum licensing standards, but only minimally so.

The following chart represents the score by those who participated on the approval committee. All four accrediting bodies were approved for 2015.

Early Childhood Accreditation Documentation & Avg. Score	Currently approved	Reviewer 1 Score 50 Poss.	Reviewer 2 Score	Reviewer 3 Score	Reviewer 4 Score	Reviewer 5 Score	Reviewer 6 Score	Reviewer 7 Score	Reviewer 8 Score	Reviewer 9 Score	Reviewer 10 Score
NAC 43	X	42	47	41	43.5	43	42	37	46	43	43
NAEYC 48	X	48	49	49	48.5	50	48	47	47	46	46
NAFCC 36.25	X	38	26	42	32	36	45.5	28	36	43	36
NECPA 43.85	X	39	42	40	49	46	48.5	44	47	43	40

Table 1. Oklahoma Approval Rating for National Accrediting Bodies

Benefits and Barriers of National Accreditation Survey

I surveyed 124 individuals at the ECAO conference or online through the DHS Listserv. The following were asked. What type of program do you work for? What star level is the program? What is your position? Does your program accept children with DHS subsidy? Is your program accredited by: National Association for the Education of Young Children (NAEYC), National Early Childhood Program Accreditation (NECPA), National Accreditation Commission (NAC), National Association for Family Child Care (NAFCC), Head Start, Not

accredited, or other? If your program is accredited, what influenced the decision about which accrediting body to go through? What motivating factor would encourage your program to maintain accreditation? If your program is not accredited, what influences the decision not to participate in accreditation? What motivating factors would encourage your program to become accredited?

The following demographics were found during the Benefits and Barriers of National Accreditation survey within the child care industry. Out of those surveyed 56% worked for child care centers, 31% worked for family child care homes, 11% skipped the question. Regarding the star rating, it was found that 15% worked for a 1 star program, 2% worked for a 1+ star program, 38% worked for a 2 star programs, 27% worked for a 3 star program, 16% of participants skipped the question.

The next question that was asked was “what position do you hold in the programs?” Of those surveyed 40% were directors, 5% held a position not listed such as master teacher or supervisor. Teachers made up 12%, 10% were owners, 3% were assistant directors, 25% were primary caregivers, 1% were assistant teachers, 2% were cooks, 1% were assistant caregivers, 0% were substitutes, and 10% were owners of the child care program. Of the individuals surveyed, 66% worked for programs that accept child care subsidy, 19% did not, and 15% skipped the question.

The next question on the survey asked through what national accrediting body, if any, is your program accredited. NAEYC accreditation was 15%, NECPA accreditation was 6%, NAC accreditation was 4%, NAFCC accreditation was 3%, Head Start accreditation was 6%, no accreditation was 52%, and other accreditations accounted for 3%. Of those surveyed 11% skipped the question.

For participants from accredited programs the survey asked what influence the programs decisions to become accredited. Of the 44 participants from accredited programs, 43% stated that they chose the accrediting body that they did for thoroughness. Age and reputation was also 43%. Focus on quality was 25%. The cost of accreditation was 7%. Time involved was 5%. Additionally, 45% of participants stated there were other reasons they chose the accrediting body that they did.

For participants from non-accredited programs the survey asked what influenced the program's decision not to pursue accreditation. Of the 63 participants that answered they were not from accredited programs, 63% stated that the cost of accreditation was the reason that their program had not pursued accreditation. The time involved was selected by 34% of participants. Availability of trained staff was selected by 27%. Limited or no incentive was selected by 33% of participants, 27% were unaware of the procedures and benefits, and an additional 87% stated they had other reasons for not becoming accredited.

The last question of the survey examined what motivating factors would prompt programs to seek accreditation. Financial assistance improving the facility was the number one answer at 75%. Scholarships for the costs of accreditation were selected by 74% of participants. Financial incentive for staff was selected by 72% of participants. Increased quality of care was selected by 70% of participants. Free or discounted training was selected by 64% of participants. Prestige of accreditation was selected by 60% of participants. Assistance going through the accreditation process was selected by 56% of participants. Finally, improved compliance with licensing standards was selected by 43% of participants.

Fee Comparison

Fees for national accreditation can be a detrimental part of the decision for choosing to become nationally accredited. While the fees can play a role in the decision to become accredited, the differences in fee structure may also influence which accrediting body a child care center chooses to go through. Currently, there is only one approved option for the national accreditation of family child care homes.

The costs of NAEYC Accreditation include a self-study fee, an application/self-assessment fee, a candidacy fee, and a site visit fee. The costs are figured based upon the size of the program. The levels are one to 60 children, 61 to 120 children, 121 to 240 children, 241 to 360 children, and incremental levels for every additional 120 children. These fees are indicated in the chart below.

NAEYC

Fees for Pursuing NAEYC Accreditation (Effective January 1, 2015)

Apply to all programs seeking initial accreditation

New Programs	Level 1 (1 to 60 children)	Level 2 (61 to 120 children)	Level 3 (121 to 240 children)	Level 4 (241 to 360 children)	Every additional 120 children
Step 1 Enrollment in Self-Study	\$495	\$595	\$795	\$895	Add \$100
Step 2 Application / Self-Assessment	\$250	\$325	\$400	\$475	Add \$75
Steps 3 & 4 Candidacy / Site Visit	\$825	\$1,025	\$1,225	\$1,425	Add \$200

(paid at Candidacy)					
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Image @ <http://www.naeyc.org/academy/primary/updatedfees>

Table 2. NAEYC Initial Accreditation Fees

The costs for maintaining NAEYC Accreditation include and intent to renew fee, renewal fee, annual report fee, and annual accreditation fees. The renewal fees are also figured based upon the size of the program and the levels are the same as the accreditation fees. See chart below for cost breakdown.

Fees for Maintaining NAEYC Accreditation (Effective January 1, 2015)

Apply to programs maintaining accreditation

Currently Accredited Programs	Level 1 (1 to 60 children)	Level 2 (61 to 120 children)	Level 3 (121 to 240 children)	Level 4 (241 to 360 children)	Every additional 120 children
Intent To Renew Forms	\$300	\$325	\$525	\$625	Add \$125
Renewal Fees	\$1,050	\$1,400	\$1,550	\$1,700	Add \$150
Annual Report Fees <i>(for programs Valid Until December 2015 and earlier)</i>	\$300	\$350	\$400	\$450	Add \$100
Annual Accreditation Fees <i>(for programs Valid Until January 2016 and beyond)</i>	\$550	\$650	\$775	\$885	Add \$150

Image @ <http://www.naeyc.org/academy/primary/updatedfees>

Table 3. NAEYC Accreditation Renewal Fees

*This fee structure features a consistent accreditation fee that is due annually throughout the life of a program’s accreditation to better assist programs in long-term budgeting for accreditation costs.

If this fee structure applies to your program, you will pay the same Annual Accreditation Fee each year and submit an Annual Report form. Although programs will go through an accreditation renewal process at the end of their 5-year accreditation term, they will not be assessed separate renewal or reaccreditation fees in addition to the Annual Accreditation Fee.

Additional fees may be applicable for special circumstances such as a late fee, verification visit, site visit postponement, overseas visit, enrollment maintenance, second review of denied candidacy, and merging programs. A School-Age Accreditation Pilot is also available for an additional fee.

Additional Fees (Effective January 1, 2015)

Other Fees	Level 1 (1 to 60 children)	Level 2 (61 to 120 children)	Level 3 (121 to 240 children)	Level 4 (241 to 360 children)	Every additional 120 children
Late Fee (<i>effective January 1, 2011</i>)	\$150	\$150	\$150	\$150	n/a
School-Age Accreditation Pilot	\$1,650	\$1,650	\$1,650	\$1,650	n/a
Verification Visit	\$1,050	\$1,400	\$1,550	\$1,700	\$125
Site Visit Postponement Fee (<i>effective April 1, 2012</i>)	\$1,650	\$1,650	\$1,650	\$1,650	n/a
Overseas Visit Fee (<i>effective January 1, 2011</i>)	\$550	\$550	\$550	\$550	n/a
Enrollment Maintenance	\$125	\$125	\$125	\$125	n/a

Fee (effective January 1, 2011)					
Second Review of Denied Candidacy or Renewal Materials	\$225	\$250	\$300	\$325	\$25
Merging or Separating Programs	\$125	\$125	\$125	\$125	n/a

Image @ <http://www.naeyc.org/academy/primary/updatedfees>

Table 4. NAEYC Additional Fees

NAC Accreditation Fee Schedule

Licensed Capacity	15 - 50	51 - 100	101 – 175	176 - 250	251 – 350	351 - 500
Self-Study Enrollment	\$360	\$370	\$380	\$390	\$400	\$430
Validation Visit	\$800	\$1,000	\$1,150	\$1,350	\$1,575	\$1875
Annual Report	\$300	\$315	\$330	\$345	\$360	\$400

Image @ http://www.earlylearningleaders.org/?page=accreditation_fees

Table 5. NAC Accreditation Fees

Note: As of July 1, 2014 the fee for the first and second Annual Report will be the same. Although the fee does reflect a slight increase, programs are automatically enrolled in self-study once the second Annual Report is received. In order to maintain accreditation, programs must complete the self-study process and submit a Request for Validation Visit with the appropriate fee prior to award expiration.

Other Fees:

- \$25 Electronic (PDF Accreditation Manual for Awarded or Self-Study Programs Only)
- \$25 Faith-Based Component
- \$50 Late Fee for Annual Reports received after the award anniversary date
- \$35 Missing Paperwork fee
- Variable Fee to Reschedule Validation Visit
- \$10 Certificate Replacement Fee for lost or additional copies of Award Certificates
- \$100 Plan of Action Review Fee (for Awarded Programs)
- \$250 Plan of Action Review Fee (for Deferred Programs)
- \$100 Director Change (for Awarded Programs)
- \$100 Suspension Fee
- \$25 Copy Fee for set of completed program documents after the Validation Visit

- \$25 Returned Check Fee
Variable Fee for Relocation/Expansion Re-visit
- \$100 Administrative Fee for review of returned Request for Validation Visit paperwork
- \$25 Returned Check Fee

NECPA

Fees are based upon the following schedule and are subject to change.

Licensed Capacity of Program	Application Fee	Verification Fee	Total Fee
7-60 Children	\$350	\$1050	\$1400
61-120 Children	\$375	\$1150	\$1525
121-240 Children	\$450	\$1250	\$1700
241+ Children	\$500	\$1350	\$1850

Image @ <http://www.necpa.net/feesandschedules.php>

Table 6. NECPA Accreditation Fees

*Fees are non-refundable. A 10% shipping and processing fee will apply.

Miscellaneous Fees:

Deferral: \$950

Annual Report: \$275

NAFCC

NAFCC Fees	
Members Self-Study	Non-Member Self-Study
\$300	\$425
Member Accreditation Fee	Non-Member Accreditation Fee
\$500	\$700
Member First and Second Year Annual Updates	Non-Member First and Second Year Annual Updates
\$150	\$225
Or Member Packages	Or Non-Member Packages
\$900	\$1275

Image @ <http://www.nafcc.org/file/b255d3e1-e83f-4c9d-8838-248ed7ee25fa>

Table 6. NAFCC Accreditation Fees

Available Resources

There are a few scholarship programs available to offset the fees to accreditation.

NAEYC has been assisting programs with accreditation fees for the past 7 years (NAEYC Scholarship, 2015). The funds are distributed through the F. B. Heron Foundation, the W.K.I. Kellogg Fund and the Kresge Foundation. This scholarship fund is based upon the availability of funds. Currently, the funds have been depleted.

The Early Childhood Association of Oklahoma (ECAO) offers a scholarship for national accreditation (ECAO Accreditation Scholarships, 2015). Since the ECAO is a subsidiary of NAEYC, the scholarship is only available for programs seeking national accreditation through NAEYC. Those wishing to apply for the ECAO scholarship must be a member of ECAO, be in good standing with licensing, and be at least a 2 star program. Scholarships depend upon annual funding.

There is a scholarship/fundraiser for NAFCC called “Walk the Talk” (Walk the Talk for Quality, 2015). The fundraising portion occurs at the annual national NAFCC conference. Each participant raises funds for the walk. Scholarships are provided to participants based upon a sliding scale based upon how much the participant raises for the fundraiser.

Chapter 5: Summary, Conclusions, and Recommendations

In summary, national accreditation assists programs in being better equipped to meet state minimum licensing requirements. National accreditation encourages programs to better prepare their teachers and environments to meet the needs of children and provide developmentally appropriate curriculum and activities to the children the program serves. Having an additional level of accountability and self-reflection helps programs become more intentional in providing high quality care.

A significant difference can be seen between all of the means of serious non-compliances and total non-compliances of accredited family child care homes and child care centers versus non-accredited family child care homes and centers, with the exception of serious non-compliances for family child care homes. This is due to having a proportionally small population of accredited family child care homes and having one outlier program that had a much larger number of serious non-compliances than all of the other accredited family child care homes. This large number of serious non-compliances offset the mean for accredited family child care homes. The proportions of serious non-compliances and total non-compliances also directly reflect an increased ability of accredited family child care homes and child care centers to meet the minimum state licensing standards.

While each of the national accrediting bodies has slightly different processes and focuses, they all strive to increase quality of child care provided. An approval instrument was used which included the following areas: fiscal and administrative capability, nationally established, comprehensive self-evaluation process to promote program development, qualified on-site validators, accreditation decision made by experts in the field, maximum award period of three years with annual reviews, validators, training procedures and instruments are evaluated for

reliability on an ongoing basis, administrative policies address conflict of interest, deferred status, withdrawal of accreditation, appeal processes, and complaints, and the standards are researched based and higher than current minimum licensing requirements. NAEYC received the highest average rating of 48 out of 50 available points. NAFCC had the lowest average rating of 36.25 out of 50 available points.

The Benefits and Barriers of National Accreditation survey was conducted to determine the current perceptions of national accreditation within the child care industry. Of the individuals surveyed who were associated with an accredited child care program, thoroughness of the accreditation process, and age and reputation of accrediting body were the top things that influenced the program in choosing to be accredited. For those surveyed who were associated with non-accredited programs, the two top reasons for choosing to not become accredited were cost of the accreditation process and the time involved with the accreditation process. It was found in the survey that financial assistance in improving the facility/program, scholarships for the cost of accreditation, financial incentive for staff, and increased quality of care for child would be the top motivating factors for obtaining or maintaining national accreditation.

The fees involved in obtaining or maintaining accreditation can be very costly to a child care program. The least amount of accreditation fees possible is \$900 for family child care homes. The greatest amount of accreditation fees possible is around \$2800 for child care centers with 241 to 360 children. A limited amount of resources are available as scholarships to help offset the cost of the accreditation fees.

My recommendation based upon this research is that national accreditation should be encouraged among child care programs in order to promote higher quality child care through financial assistance, incentive, and more consultative supports. Additional positions for

Consultant and Technical Support Specialist with child care services should be created to be able to provide more focused attention on programs seeking to become nationally accredited. Also additional funding sources should be obtained to provide more financial assistance with the cost involved with accreditation. My final recommendation that I have is to restructure the REWARD program in order to provide more money in the annual supplements for accredited child care program employees as an additional financial incentive to become accredited or maintain accreditation.

In conclusion, national accreditation benefits children and families by providing warm and safe environments that are better equipped to meet state licensing requirements. The national accreditation process encourages family involvement with the program. Additional levels of accountability assist in providing quality care. Interested programs may be deterred by the fees involved with the accreditation process. By providing additional assistance and incentives more programs would consider national accreditation.

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Appendix A

Benefits and Barriers to National Accreditations for Child Care

Page 1

Consent

If you mark yes, please continue. If you mark no, you are finished. Thank you.

1. Do you voluntarily give consent to participate in this research study?*

Yes No

Benefits and Barriers to National Accreditations for Child Care

Page 2

Program Information

Please enter information about your program and your role in the program.

2. What type of program do you work for?

-- None --

3. What Star level is your facility?

- 1
 1+
 2
 3

4. What position do you hold in the program?

- Director
 Assistant Director

- Teacher
- Assistant Teacher
- Cook
- Custodian
- Bus Driver
- Primary Caregiver
- Assistant Caregiver
- Substitute
- Owner
- Other, please specify

5. 4. Does your program accept children with DHS subsidy?

- Yes No

Benefits and Barriers to National Accreditations for Child Care

Accreditation

6. Is your program accredited through any of the following accrediting bodies?

- NAEYC
- NEPCA
- NAC
- NAFCC
- Head Start
- Not accredited
- Other, please specify

7. If your program is accredited, what influenced the decision about which accrediting body to go through? (Choose all that apply)

- Thoroughness of the accreditation process
- Focus on the accreditation process
- Time involved
- Age/Reputation of the accrediting body
- Cost
- Other, please specify

8. If your program is not accredited, what influenced the decision not to participate in accreditation? (Select all that apply)

- Cost
- Time involved
- Trained staff
- Limited or no incentive
- Unaware of accreditation procedures and benefits
- Other, please specify

9. What motivating factors would encourage your program to become or maintain accreditation? (Select all that apply)

- Free or discounted training
- Scholarships for accreditation fees
- Assistance with going through the accreditation process
- Increased quality of care provided
- Prestige of being accredited
- Financial assistance with improving the facility and equipment
- Financial incentives for staff
- Improved compliance with licensing requirements.
- Other, please specify

Appendix B: Acronym List

DHS – Department of Human Services

NAEYC – National Association for the Education of Young Children

NECPA – National Early Childhood Program Accreditation

NAC – National Accreditation Commission for Early Care and Education Programs

NAFCC – National Association for Family Child Care

NANE – National Association for Nursery Education

WPA – Works Progress Administration

NACCP – National Association of Child Care Professionals

AHD – Associates in Human Development

FDCRS – Family Daycare Environmental Rating Scale

ITERS – Infant-Toddler Environmental Rating Scale

ECERS-R – Early Childhood Environment Rating Scale – Revised

SACERS – School-Age Environmental Rating Scale