

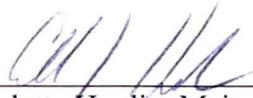
**A COMPARISON OF CHILD CARE DIRECTORS' QUALIFICATIONS  
AND THE CHILD CARE REPORT CARD SCORES—A PILOT STUDY  
IN UPPER MIDDLE TENNESSEE**

---

**LINDA ANN SITTON**

To the Graduate Council:

I am submitting herewith a field study written by Linda Ann Sitton entitled "A Comparison of Child Care Directors' Qualifications and the Child Care Report Card Scores-A Pilot Study in Upper Middle Tennessee." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Education Specialist.



---

Dr. Carlette Hardin, Major Professor

We have read this field study  
and recommend its acceptance.



---

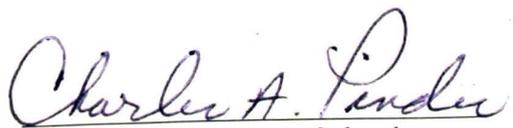
Dr. Mary Jane Hayes



---

Dr. Phil Roberson

Accepted for the Council:



---

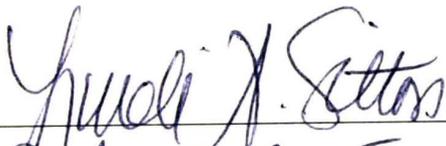
Dean of The Graduate School

## STATEMENT OF PERMISSION TO USE

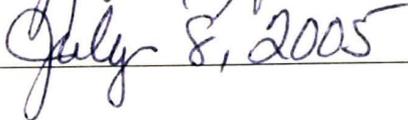
In presenting this field study in partial fulfillment of the requirements for an EdS degree at Austin Peay State University, I agree that the Library shall make it available to borrowers under rules of the Library. Brief quotations from this field study are allowable without special permission, provided that accurate acknowledgment of the source is made.

Permission for extensive quotation from or reproduction of this field study may be granted by my major professor, or in her absence, by the Head of Interlibrary Services when, in the opinion of either, the proposed use of the material is for scholarly purposes. Any copying or use of the material in this field study for financial gain shall not be allowed without my written permission.

Signature



Date



## DEDICATION

*All I ever needed to know, I learned in Kindergarten*

Most of what I really need to know about how to live, and what to do, and how to be, I learned in kindergarten. Wisdom was not at the top of the graduate school mountain, but there in the sand box at nursery school.

These are the things I learned. Share everything. Play fair. Don't hit people. Put things back where you found them. Clean up your own mess. Don't take things that aren't yours. Say you are sorry when you hurt somebody. Wash your hands before you eat. Flush. Warm cookies and cold milk are good for you. Live a balanced life. Learn some and think some and draw some and paint and sing and dance and play and work everyday.

Take a nap every afternoon. When you go out in the world, watch for traffic, hold hands, and stick together. Be aware of wonder. Remember the little seed in the plastic cup? The roots go down and the plant goes up and nobody really knows how or why. We are like that.

And then remember that book about Dick and Jane and the first word you learned, the biggest word of all: LOOK! Everything you need to know is there somewhere. The Golden Rule and love and basic sanitation, ecology, and politics and the sane living.

Think of what a better world it would be if we all, the whole world, had cookies and milk about 3 o'clock every afternoon and then lay down with our blankets for a nap. Or we had a basic policy in our nation and other nations to always put things back where we found them and clean up our own messes. And it is still true, no matter how old you are, when you go out in the world, it is best to hold hands and stick together.

--- Robert Fulghum

*Thank you to my kindergarten teacher in Colorado Springs*

*who taught me the magic of snowshoes.....*

*Linda A. Sitton*

## ACKNOWLEDGEMENTS

I would like to express my gratitude and appreciation to the Tennessee Early Childhood Training Alliance (TECTA) management team and statewide network for their level of professionalism and dedication to child care center directors, staff, family and group home providers, and afterschool childcare providers in Tennessee. High quality childcare programs in Tennessee are a result of your positive role modeling, the excellent training you provide, and the unending encouragement you give to the TECTA students all across the state.

## ABSTRACT

The study compares the educational background of child care center directors and the quality scores of their respective centers as reported on the Tennessee Child Care Report Card. The study was limited to the eight counties that encompass the Upper Middle Region for Austin Peay State University's Tennessee Early Childhood Training Alliance (TECTA) program.

There was no statistical evidence to indicate the CCRC scores of the centers differed based on the director's educational background or the CDA credential. The CCRC score was significantly different if the director attended < 20 hours of annual training, and not significantly different if the director attended >20 hours. There was no statistical evidence to find director attendance at state-funded training differed from non-state training.

# TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	
Statement of the Problem . . . . .	2
Purpose of the Study . . . . .	3
Significance of the Study . . . . .	3
Research Questions . . . . .	4
Hypotheses . . . . .	4
Limitations . . . . .	5
Assumptions . . . . .	5
Definition of Terms . . . . .	6
II. REVIEW OF LITERATURE	
Indicators of High-Quality Child Care . . . . .	8
Director Qualifications . . . . .	16
Quality Childcare and Director's Qualifications . . . . .	22
III. METHODOLOGY AND PROCEDURES	
Overview . . . . .	28
Research Design . . . . .	28
Participants . . . . .	28

Instrument . . . . .	29
Procedures . . . . .	29
Data Analysis Plan . . . . .	32

IV. DATA AND RESULTS

Demographics . . . . .	33
Statistical Analysis . . . . .	33
Results	
Research Question One . . . . .	34
Hypothesis One . . . . .	35
Research Question Two . . . . .	35
Hypothesis Two . . . . .	36
Research Question Three . . . . .	37
Hypothesis Three . . . . .	38
Research Question Four . . . . .	38
Hypothesis Four . . . . .	40

V. CONCLUSIONS AND RECOMMENDATIONS

Conclusions . . . . .	41
Recommendations . . . . .	43

LIST OF REFERENCES . . . . .	47
------------------------------	----

APPENDICES

A. A.P.I.R.B. Research Involving Human Subjects . . . . . 54

B. Survey Cover Letter and Questionnaire . . . . . 63

VITA . . . . . 66

# LIST OF TABLES

TABLE	PAGE
4-1 Statistics for Degree Groups . . . . .	34
4-2 ANOVA Summary for Degree Groups . . . . .	35
4-3 Statistics for CDA/Non-CDA Group . . . . .	36
4-4 Summary of t-tests for CDA/Non-CDA Groups . . . . .	36
4-5 Statistics for Annual In-service Hours Groups . . . . .	37
4-6 ANOVA Summary for Annual In-service Hours Groups . . . . .	38
4-7 Statistics for Annual Hours Groups . . . . .	39
4-8 Summary of t-test for Annual Hours Groups . . . . .	39

# CHAPTER I

## INTRODUCTION

In Tennessee, many issues involving the care of young children became headlines in recent years. Such issues include, but are not limited to, inadequate childcare, flagrant child care licensing violations, transportation regulations, and implementation of a statewide assessment of licensed child care programs. Research shows that when childcare is consistent, developmentally appropriate, and emotionally supportive, there is a positive effect on the child and the family (Glassy and Romano, 2005). The Tennessee Department of Human Services (2004b) states “the quality of child care has a direct impact on a child's ability to learn, to build healthy relationships and to become the best they can be”.

The Tennessee Early Childhood Training Alliance (TECTA) is the statewide training system for child care providers and is based upon the belief that early childhood education personnel need professional knowledge and skills to provide appropriate care for young children. The primary goal of the statewide training system is to improve the quality of child care through academic coursework for child care providers (Center of Excellence for Research & Policy on Basic Skills, 2005b).

A second state-funded training program is the Child Care Resource & Referral Centers (CCR&R). The CCR&R's goal is to improve child care practices through workshops and on-site technical assistance at no cost to child care providers. CCR&C's encourage child care centers to include children with disabilities in the

programs and improve the health outcomes for children (Tennessee Department of Human Services, 2004a).

Recent state law required the Tennessee Department of Human Services (2004c) to allocate revenue from licensing fees to training for providers. Consequently, a third program, the Tennessee Child Care Provider Training (TN-CCPT) was developed. TN-CCPT provides training, at no cost, in specific areas such as administration, child development, early childhood education, health and safety, and developmentally appropriate behavior management (Center of Excellence for Research & Policy on Basic Skills, 2005a).

Parents needed help in making the important decision of choosing a child care program that would be the best place for their child. In 2002, the Tennessee Department of Human Services implemented a Child Care Report Card System for every licensed child care facility. The Child Care Report Card is intended to show parents how to look for quality criteria and allows the parent to compare different child care programs they may be considering.

### Statement of the Problem

According to the child care licensing regulations in Tennessee, the minimum educational background required for child care center directors is a high school diploma. The impact of the director's educational background and the ability to score high in quality on the Tennessee Child Care Report Card is generally unknown.

Additionally, Tennessee child care licensing regulations require directors to earn eighteen clock hours of training each year. The impact the annual training requirement has on the ability to score high in quality on the Tennessee Child Care Report Card is unknown. Although the Tennessee Department of Human Services offers high-quality, no-cost training to child care center directors, it is unknown if the directors are attending.

### Purpose of the Study

The purpose of this study is to compare the educational background of child care center directors with the quality scores of their respective child care centers as reported on the Child Care Report Card. In addition, the study will assess the percentage of annual clock hours earned through high-quality, no-cost states training programs versus other training opportunities.

### Significance of the Study

The Tennessee Department of Human Services allocates four percent of the dollars received from the Federal Child Care Block Grant to train child care providers. The purpose of training child care providers is to increase the quality of child care young children receive. The results of this study will assist the Tennessee Department of Human Services in setting standards for the educational background requirements for child care center directors. Additionally, the study will reveal to what extent the high-quality, no cost, state-funded training programs are being utilized by child care center directors.

## Research Questions

What is the relationship between the child care center director's educational background and the Child Care Report Card scores?

What is the relationship between directors' who hold or do not hold the CDA Credential and the Child Care Report Card scores?

What is the relationship between the number of annual clock hours of training a child care center director attends and the Child Care Report Card scores?

What is the relationship between state-funded or non-state funded training based on the number of hours earned by child care center directors?

## Hypotheses

The following null hypotheses were tested:

1. There is no significant difference between the CCRC scores of child care centers and directors' varying levels of education.
2. There is no significant difference between the CCRC scores of child care centers and directors' who hold or do not hold the CDA Credential.
3. There is no significant difference between the CCRC scores of child care centers and the amount of clock hour training attended by the directors.
4. There is no significant difference between the numbers of training hours earned in state funded training versus non-state funded training.

### Limitations

The following limitations apply to this study:

1. The study is limited to programs licensed as child care centers and does not include programs licensed as family or group homes.
2. The study will not compare data from child care facilities regulated by the Tennessee Department of Education. Only Department of Human Services regulated child care centers are assessed.
3. The sample size will prevent generalization of findings.

### Assumptions

The following assumptions apply to this study:

1. The contact person listed for each licensed child care center is the director of the center.
2. If the contact person is not the director of the center, the survey will be given to the center director to complete.
3. All licensed child care centers have been scored consistently and fairly on the Child Care Report Card by their Program Evaluator and State Assessor.
4. The Child Care Report Card scores posted on the Tennessee Department of Human Services website are accurate.

## Definitions of Terms

For the purpose of this study, the following definitions will be applied to these terms:

1. CDA: The Child Development Associates Credential is administered by the Council for Professional Development and is a national credential. Requirements for the credential include 120 clock hours of training, 480 hours of work experience with young children, and the development of a professional resource file. The CDA candidate must also complete pass a written and oral exam administered by the Council for Professional Development.
2. Child Care Administration: The management of a child care center related to finances, policies, staffing, licensing regulations, compensation, etc.
3. Child Care Center: Any place or facility operated by any entity or person that provides care for thirteen (13) or more children.
4. Child Care Report Card: A tool for the consumer to see how a child care center scores in the areas of director qualifications, staff qualifications, compliance history, parent involvement, ratio and group size, staff compensation, and program assessment (environment).
5. Director: The person who is responsible for the staff, program, and the day-to-day operation of the child care center.
6. Early Childhood Education: Academic coursework related to child development and curriculum for ages birth to 8.

7. Program Assessment: The program assessment component of the Child Care Report Card is observed and scored based on the Environment Rating Scale developed by Harms, Cryer, and Clifford.
8. Program Evaluator: The state licensing representative or counselor who is responsible for scoring the Child Care Report Card.
9. Specialized Training: Workshops, seminars, non-credit coursework related to early childhood education and/or child care administration.
10. State Assessor: The person, trained on the Environment Rating Scale, that evaluates the classrooms for the Child Care Report Card system.

## CHAPTER II

### REVIEW OF LITERATURE

Much research has been devoted to child care issues such as developmentally appropriate practices, administrator and staff credentials, staff turnover, staff compensation and descriptors of high-quality child care programs. The review of literature examines two specific child care issues- the indicators of high quality child care, and the child care center director's level of education and training.

#### Indicators of High-Quality Child Care

“High quality early care and educational child care positively predict children’s language, math and social skills at least through kindergarten and in many cases, through the end of the second grade” (NCEDL, 2000b, p.1 ). Dunifon (2002) conducted a review of research and developed a list of general characteristics that seemed to outline what makes early childhood programs successful. High-quality early childhood programs share the following characteristics:

- a safe environment,
- a small group size,
- cognitively enriching activities,
- low teacher/student ratio,

- teachers are trained in Early Childhood education, and
- warm and supportive adult/child interactions.

In an American Academy of Pediatrics policy statement, authored by pediatricians Glassy and Romano (2005), the role of a child's pediatrician is emphasized when they stated "Pediatricians can influence families, teachers, and policy makers as partners in improving access to and quality of early childhood educational experiences" (p. 189). The policy statement identified the components of high quality childcare as follows:

- state licensing and accreditation,
- low adult-child ratios and group sizes,
- director/staff experiences and training,
- infection control,
- emergency procedures, and
- injury prevention.

The United Way Agency's initiative, *Success by 6*, is a nationwide network of local and state organizations that seeks to address what prevents children from entering school ready to succeed. *Success by 6* identifies some "whys" behind the characteristics of high-quality childhood programs. In safe environments, staff and children have more established hygiene practices like handwashing and, consequently, fewer respiratory illnesses. In safe environments, there are fewer injuries on playgrounds because attention has been paid to height of equipment and appropriate cushioning surfaces under equipment. Child initiated choice of

enrichment activities such as art, blocks, and dramatic play is considered developmentally appropriate for young children. When teacher/child ratios are lower, caregivers spend less time managing children and are better able to interact in a warm and supportive manner (United Way of America, n.d.).

Currie (2001) supports Dunifon (2002) and *Success by 6* when citing the most important aspect of quality for an early education program is the type of the interaction between the teacher and the child. Currie (2001) also supports the quality factors of small group sizes and teacher training make positive interactions more likely. Ackerman (2003) agreed when she states “Although quality is arguably affected by structural variables such as child-teacher ratios, the number of children in a classroom, and teacher training and experience, quality also relies on caregiving behaviors, interactions between teachers and children, and the types of activities available in an early care and education setting” ( p.1).

How do states determine the regulatory licensing requirements to promote quality child care programs? It is interesting to note that states look primarily at safety, ratios, and staff education. The National Association for Regulatory Administrations has national health and safety performance standards for out-of-home child care. Caring for our Children (CFOC) is the licensing curriculum used by state agencies to establish child care licensing standards. After reviewing the licensing curriculum, Fiene (2002), identified thirteen indicators that states’ licensing regulations had in common. These thirteen indicators are always in compliance with high compliant programs and always out of compliance with low compliant programs. Fiene (2002) states the thirteen indicators are “key predictors regarding

children's positive outcomes while in child care." The thirteen indicators identified were

1. Child Abuse,
2. Immunizations,
3. Staff Child Ratio and Group Size Indicator,
4. Director Qualifications,
5. Teacher Qualifications,
6. Staff Training,
7. Supervision/Discipline,
8. Fire Drills,
9. Medication,
10. Emergency Plan/Contact,
11. Outdoor Playground,
12. Toxic Substances, and
13. Handwashing/Diapering.

States are creating initiatives to address high-quality child care beyond the basic safe environment issues. More governors are proposing rating systems both to encourage providers to improve their services and to give parents the information they need to choose a high-quality environment. Since states assist low income families with child care costs, states want to be sure they are purchasing high-quality child care. "Right now, we pay the worst child-care facility and the best child-care facility the same amount, and that's wrong," Gov. Doyle said during his State of the State Address last month. "My plan will reward quality, encourage improvement, and

give parents the information they need to choose the right child-care center” (Jacobson, 2005, p. 17). According to the National Child Care Information Center, a federally financed clearinghouse, sixteen states have some form of quality-rating system, with some of them still implementing the programs on a pilot basis. Rating systems, which measure indicators such as teacher/child ratio and the staff educational level, are helpful in guiding parents seeking child care. In some states, centers with higher ratings would receive more state child-care money to serve children from low-income families than would centers with lower ratings. In addition, highly rated centers or preschools would be more likely to be chosen to take part in the states’ preschool programs. Rating systems, to some degree, are state versions of the accreditation offered by the National Association for the Education of Young Children. Rating systems make child care providers more aware of the components of quality and give them incentives for making improvement (Jacobson, 2005).

What tools are available to be able to “rate” quality child care? A research study in California completed by Loeb and Kagan (2004) identified and rated quality of childcare centers using the Early Childhood Environment Rating Scale –Revised (ECERS-R). The ECERS rates many of the structural and physical aspects of centers, such as the quality of the facility, availability of developmentally appropriate learning and play materials, the room arrangement, and the type of teacher/child interactions. They also used the Arnett Scale of Caregiver Behavior. This scale focuses on the type of interaction between child and teacher, including the teacher’s warmth and responsiveness, ability to explain misbehavior and reason, and the ability to engage children in problem-solving activities. Additionally, through an interview with the

teacher, they were able to rate teacher/child ratios, maximum group size, and the teacher's education level. Their findings support state rating systems in that "as government invests more resources in child care, greater attention should be paid to the quality of care" (Loeb, Fuller, Kagan, Carrol, 2004, p.63).

The Wisconsin Child Care Research Partnership (2002) further supports state rating systems. Their research suggests that states could further leverage high quality through tiered reimbursements or through provision of incentives for quality improvement. A quality indicator system could spark good competition in privately owned programs and, thereby, encourage all programs to strive for higher quality levels.

The Tennessee Department of Human Services (2004a) initiated a Child Care Report Card System to rate the quality of child care centers. The Report Card is based on seven areas which include:

1. Director Qualifications,
2. Staff Qualifications,
3. Staff Compensation,
4. Ratios,
5. Learning Environment,
6. Family Involvement, and
7. Licensing compliance.

Interestingly enough, the Tennessee Child Care Report Card uses the ECERS-R, described by Loeb, Fuller, Kagan, and Carrol (2004), to rate the Learning Environment for the Infant-Toddler, Preschool, and School-Age classrooms.

Additionally, Tennessee uses a tiered reimbursement system as mentioned in the Wisconsin Child Care Research Partnership (2002). Child care programs that receive a higher quality rating, receive a higher reimbursement rate for state-funded children.

As states seek out higher quality care for young children, what are the overall indicators of quality child care at the national level? The National Association for the Education of Young Children (NAEYC) identifies several areas in the child care setting that contributed to high quality programs. High quality programs have

- busy children at play,
- low teacher/child ratios,
- staff with training in early childhood,
- activities based on the developmental domains,
- staff planning, and
- parent involvement (NAEYC, 2004).

There is an accreditation process sponsored by the NAEYC Academy for Early Childhood Program Accreditation. The program must complete a self-study based on the Academy's Criteria for High Quality Early Childhood Program. The program's self-study is verified during a site visit by validators. The validation self-study is then

- reviewed by a national commission composed of recognized experts in child care and early childhood education,
- judged to be in substantial compliance with the Academy's Criteria,
- and

- granted accreditation for a five-year period (NAEYC Accreditation Criteria, 2004).

The NAEYC Academy for Early Childhood Program Accreditation is part of Minnesota's criteria for high quality. To determine the quality of child care in Minnesota, Davis and Ceglowski (2001) surveyed four counties on six areas of quality. Some of the specific areas surveyed were

- accreditation status,
- staff credentials,
- the CDA credentials, and
- staff turnover.

Minnesota has licensing standards in place that include the education and training requirements for child care providers. In the research summary, Davis and Ceglowski (2001) found the quality of child care programs varied from county to county. Some counties had no NAEYC accredited programs and some counties had as many as thirty eight percent of the child care programs accredited by NAEYC.

The NAEYC Academy for Early Childhood Program Accreditation is critical part of the U.S. military child care program requirements. The U.S. military required all military child care centers to become accredited in an effort to improve the quality of child care available for the children of military personnel (Davis & Ceglowski, 2001). In a publication by the Urban Institute (2003), the U.S. Military Child Care System (MCCS) developed five standards to address quality child care. Three of the five standards are

1. staff with training in early childhood,

2. NAEYC accreditation standards, and
3. a plan of compensation based on staff training.

More than nine in ten (90%) military child-care centers are accredited by the National Association for the Education of Young Children. The ratio for civilian centers is only one in ten (10%). The military helps centers cover costly fees for on-site visits, evaluations and study materials (Stars and Stripes, 2005, March 27).

The review of literature pertaining to quality child care would not be complete until we research an important question. Does high-quality child care matter? Research on the economic impact of high quality child care yields some important information. First, high-quality early childhood programs provide brain development and education services and have included health related services. Second, follow-up studies of poor children who have participated in these programs have found solid evidence of better academic performance, decreased rates of criminal conduct, and higher adult earnings than among their non-participating peers. Third, investments in high-quality early childhood development programs consistently generate benefit-cost ratios exceeding 3-to-1 or more than a \$3 return for every \$1 invested well above the 1-to-1 ratio needed to justify such investments (Lynch, 2004). It would seem that state governments and the military programs are investing well in promoting high-quality child care programs.

### Director Qualifications

The review of literature continues with examination of the second specific child care issue -the director's level of education and training. In Pennsylvania, the

director is said to be the one who assumes a leadership role in programmatic and administrative areas including: curriculum, program planning and quality, staff supervision, pedagogical practices and supporting young children and their families (Pennsylvania College of Technology, 2005.)

Although there are no national education requirements for directors, what level of education should be required for directors of licensed child care centers? The research shows that director education requirements vary from state to state. LeMoine and Morgan (2004) researched the pre-service training requirements for teachers and directors in the states' rules, including the specialization of required degrees or academic credentials. In the areas of early childhood education or child development, generally, state requirements for director qualifications are higher than the requirements for teachers. Basically, states want those who administer programs to have knowledge about child development. In some states, if the administrator lacks the education requirement, someone with appropriate qualifications must be employed to supervise the program.

Lemoine and Morgan (2004) submit their findings by percentages of states with specific minimum qualifications for directors in child care centers. Thirty-three percent of states require the director to have a Child Development Associates (CDA) or a similar credential. Fourteen percent of states require the director to have a specified number of credit coursework. Only two states require a college degree for the director. Twenty seven percent of states have no pre-service training in early childhood education required for the director.

In the American Academy of Pediatrics policy statement, child care center directors should have the CDA credential and a college degree in early childhood education. The policy statement recommends ongoing in-service training for child care directors and states that higher quality programs have a low turnover rate (Glassy and Romano, 2005).

Rinker (2001) says there is an increase of director credentialing initiatives across the nation. Director credentialing refers to the awarding of a certificate to an individual who is now prepared to perform as a director in any early care program. The credential is typically based on a specific set of competencies that the individual must master prior to being awarded the credential. The director credential is seen as a way to professionalize the child care field (Rinker, 2001).

One state with a director credentialing program is Illinois. Although Illinois has a minimum preservice requirement of the CDA credential (or equivalent), the state has created a career pathway for directors (NCCIC, 2004). The Illinois Director Credential (IDC) is a standard of competencies and was developed to assess the management and leadership abilities of child care directors. The IDC is seen as a level of professional accomplishment (Illinois Network of Child Care Resource & Referral Agencies, n.d.). The Illinois model is very thorough in its focus and chooses to identify the measurable competency requirements for an administrator. The IDC is based on five competency components. Each component has several levels within its own category as follows:

1. general education (Associate's through Master's Degree),

2. early childhood knowledge and skills (gives points based on the number of college credits in specialized coursework),
3. management knowledge and skills,
4. experience (with both children and staff), and
5. professional contributions (association leadership, presentations, advocacy, grant writing, etc.) (Bloom, 2000).

A second state reviewed was Florida. Florida legislation was passed in 1999 requiring child care directors to have a *Director Credential* as part of the minimum licensing standard. The law affected over 6,000 directors and gave a compliance deadline of January, 2004. Anyone who applies for a child care center license or for a change of ownership of a center must prove the director has a *Director Credential* prior to issuance of the license (Bonner, 2003). The credential is earned through the completion of specified course work in the areas of early childhood and child care administration. There are exceptions to the Florida Director Credential requirement for individuals who have earned degrees in early childhood (or closely related field) from the associate's level through advanced degrees (*Florida Child Care and Education Program Director Credential*, n.d.).

Pennsylvania has implemented the Early Childhood Director Core Certificate. The certificate is earned through nine credits of academic coursework that includes program management and a practicum experience. The nine credits, in addition to an associate's or bachelor's degree, allow the individual to earn the Early Childhood Director Core Certificate (Pennsylvania College of Technology, 2005).

In Minnesota, it is very interesting to note educational requirements for the director of a child care center are far less than the requirements for child care teachers. A director must have nine credits or ninety clock hours of training in staff supervision and child development, and must have one thousand hours of staff supervision experience. The child care teacher must have twenty-four academic credits and four thousand hours of experience as a teacher assistant (National Resource Center for Health and Safety in Child Care, 2005). In the Davis and Ceglowski's (2001) study of four counties in Minnesota, they found some counties had no directors with two- or four-year degrees in Early Childhood Education and some counties had as many as sixty-nine percent of the directors with either a two- or four-year degree in Early Childhood Education.

Is anyone in Wisconsin seeking the Administrator Credential offered? In a Wisconsin Child Care Research Partnership (2002) study, an attempt was made to determine what it meant to be a "most qualified" director or a "least qualified" director. The criteria for "most qualified" director included those directors with

- at least a bachelor's degree,
- professional early childhood training, and
- at least 6 years of child care experience.

Additionally, "most qualified" directors had many positive work environment benefits that contribute to high quality child care centers. It was found that "most qualified" directors

- earned almost 50% higher salaries,
- had more child-centered beliefs,

- worked in larger centers,
- had a smaller percentage of children on subsidy, and
- had staff turnover rates that were 40% lower than at centers run by “least qualified” directors.

Although Wisconsin has an administrator’s credential in place, in the random sample used in the Wisconsin study, only twelve percent of the directors met the criteria for “highly qualified”. The other directors in the sample, or “least qualified”, met none of the criteria established. It was noted that while Wisconsin has many initiatives for centers and teachers, public policy and private initiatives need to focus specifically on child care directors (Wisconsin Child Care Research Partnership, 2002).

King, Duran, and Wilson (2003) researched the child care workforce in Connecticut and one area of focus was the qualifications of directors. One of the findings showed “of the 100 center directors responding to a 1999 Hartford Area Child Care Collaborative survey, 72% had education at the bachelor’s degree level or higher; 29% had master’s degrees” (King, Duran & Wilson, 2003, p. 11). Based on the research by King, Duran and Wilson (2003), a recommendation for further research was noted and a reliable and comprehensive database on the qualifications of the early care and education workforce should be developed.

Following completion of the research written by King, Duran and Wilson (2003), the question is asked, “which approach might have a more positive effect on the quality of child care: increasing the salaries of child care workers or raising the standards for provider qualifications” (Ackerman, 2003)? Why are some states

implementing research findings and other states are not making educational requirements for directors? Do directors need an education to create a high quality program?

### Quality Childcare and Director's Qualifications

The predominate research focuses on teacher qualifications as they impact the quality of a program and children's outcomes. Barnett (2004) found "education levels of preschool teachers and specialized training in early childhood education predict teaching quality and children's learning and development (p. 2). Teachers' qualifications set the foundation on which to build quality programs. Specifically, well educated teachers have received early childhood training at the college level (NCEDL, 2000). Acting on research, the federal government, in its 1998 reauthorization of the Head Start program decided to require specific teacher qualifications for the Head Start program. The reauthorization mandated that 50% of all Head Start teachers must have an Associate's or Bachelor's Degree by 2003. Some lawmakers, with long term vision for the federally funded program, called for up to 100% of Head Start teachers to have a Bachelor's Degree by 2008 (Kershaw and Barondess, 2000).

In one study of 521 preschool classrooms, it was reported that the percentage of teachers with four-year degrees was related to the quality of the classroom as measured by the Early Childhood Environment Rating Scale (ECERS). Teachers who understand child development are better able to address children's needs and provide developmentally appropriate activities and environments (Barnett, 2003).

If a college degree is required to teach five-year-olds, why is it not required to teach preschoolers? Currently, only one state, Rhode Island, requires a bachelor's degree for teachers in all early education programs, including licensed child care centers. In France, most of the three and four year olds attend public schools and their teachers are required to have an equivalent of a master's degree. In a report by the National Research Council (2000), the first recommendation was that each group of children in an early childhood program should have a teacher who has a bachelor's degree with specialized education related to early childhood.

More research is needed on the characteristics of program administrators that impact program quality and child outcomes. The director's administrative leadership in the child care center is a predictor of program quality. However, center management training, in addition to child development training, is one of the key recommendations reported (Azer, LeMoine, and Morgan, 2002). Additionally, some research findings indicate that "early childhood training, compared to years of service and formal education, is the most significant predictor of higher quality child care" (King, Duran, & Wilson, 2003, pg. 14).

Leadership was the focus for Bella and Bloom (2003) research on what impact early childhood leadership training might have on center directors and program quality. The study spanned a ten year period and included 182 child care center directors who took part in one of two leadership training models. The McCormick Fellows Leadership Training and Taking Charge of Change models provided leadership training and the directors earned either clock hours or academic credits. The leadership training programs required a time commitment of either ten

months or two years. Onsite technical assistance was provided to directors in both leadership training models.

The findings of the study indicate the impact early childhood leadership training had on directors. The leadership training experience allowed directors to see a different side of their role in the program. “Directors reported heightened feelings of self-esteem and greater self-confidence in their ability to implement change and actively advocate for staff, children, and families” (Bella and Bloom, 2003, p. 29). Directors, who typically saw themselves as managers of the center, now looked at themselves as leaders of their programs and allowed them to envision high-quality as a goal for their programs. A measurable impact of the study was the fact that a high percentage of the participating directors went on to achieve an advanced degree. Another success for the leadership training pointed to the increase in the number of accredited programs. Initially, twenty percent of the participating directors’ child care centers were already accredited prior to the leadership training. Following the study, the number of accredited programs increased to forty-three percent. The leadership training and technical assistance increased the directors’ understanding of the importance of accreditation with regard to high-quality child care programs (Bella and Bloom, 2003).

In Wisconsin, results of the survey of randomly-selected child care programs, indicate that the education of the child care director is related to staff education and wages, staff beliefs about children, and staff interactions with children. The knowledge and skills of the director have considerable impact on child care quality. The Wisconsin research finds that child care centers with highly qualified

directors tend to hire and retain highly qualified teachers who share the directors' child-centered beliefs. Only 12% of the random sample of directors studied met the criteria for "most qualified" (Wisconsin Child Care Research Partnership, 2002, p. 3). These findings suggest the qualifications of child care directors may be the key to building high quality child care. One recommendation for public policy is to focus more specifically on child care directors. Through continuing education and financial incentives to meet higher standards, directors may be interested in becoming more qualified. Wisconsin has an administrator credential program and efforts to increase and retain directors with that credential could be a focus (Wisconsin Child Care Research Partnership, 2002).

In Illinois, the purpose behind their Director Credential lies in the multitude of responsibilities the director holds. The director is responsible for personnel hires and training, the curriculum, financial management, the learning environment, staff interactions, parent involvement, and public relations. Because of the all encompassing nature of the position, the director has the most influence on the success of the program and, consequently, the quality of the program (Illinois Network of Child Care Resource & Referral Agencies, n.d.).

Director qualifications are directly related to program quality. In a study of 103 Illinois directors of for-profit and nonprofit early childhood programs, the director's level of formal education was found to be the strongest predictor of program quality. Specialized training in early childhood education and program administration also showed significant associations with program quality. Experience in administration does not appear to be a key component of quality programs. "Years

of experience administering an early childhood center did not surface as a strong predictor of quality” (Krajec, Bloom, Talan, and Clark, 2001, pg. 32).

In a study of accredited and non accredited early childhood programs in Illinois, results showed that the more accredited programs had directors with degrees than non -accredited programs. “There appears to be a strong association between directors’ general and specialized level of education and their decision to pursue and achieve accreditation for their programs” (Krajec, Bloom, Talan, and Clark, 2001, p. 33).

The Oklahoma report agrees with the findings of Krajec, Bloom, Talan and Clark. In the Oklahoma “Reaching for the Stars” early childhood program assessment, Norris, Dunn, and Eckert (2003) noted directors of Three-Star/Accredited centers had more general education and specialized education than other directors in One-Star and One-Star Plus programs. National accreditation by NAEYC recommends that a director have a bachelor’s degree, preferably in early childhood education. More directors in Three-Star/Accredited centers had bachelor’s degrees or higher in early childhood/child development than their counterparts in other Star categories. It is also noted that director experience was similar across all Star categories and did not play a role in the star quality assessment.

Although there are no national education requirements for directors, what does the national early childhood association recommend? The National Association for the Education of Young Children (NAEYC) has published a position statement addressing staff education levels and the quality of early childhood programs. Based on research, NAEYC identified the results that can be expected when child care

center staffs are educated in appropriate early childhood practices. In high quality programs with educated staff:

- children are likely to experience warm, safe, and stimulating environments that lead to healthy development and constructive learning.
- close relationships are built with children and families, and
- developmentally appropriate teaching strategies are implemented (NAEYC, 2004).

The review of literature examined two specific child care issues- the indicators of high quality child care, and the child care center director's level of education and training. Does education impact quality?

## CHAPTER III METHODOLOGY AND PROCEDURES

### Overview

The study compares the educational background of child care center directors and the quality scores of their respective child care centers as reported on the Tennessee Child Care Report Card. Due to costs and time restraints, the study is limited to the eight counties that encompass the Upper Middle Region for the Austin Peay State University Tennessee Early Childhood Training Alliance.

### Research Design

This correlational research will look for a relationship between two quantitative variables. Two of the variables in this study are the survey scores that represent the educational background of child care center directors and the quality scores reported on the Child Care Report Card. Additionally, a narrative will be written to describe the percentage of annual clock hours child care center directors spend in state-funded training verses other training opportunities.

### Participants

The participants in the survey were licensed child care center directors from the eight county Austin Peay State University-TECTA region of Upper Middle Tennessee. The eight counties included Benton, Dickson, Henry, Houston, Humphreys, Montgomery, Robertson, and Stewart.

### Instrument

A survey instrument was designed to collect data that was specific to the director's educational background and the amount and type of in-service training attended. Five child care center directors, who worked outside of the targeted counties, were asked to complete the survey to ascertain clarity of questions and ease of completion of the survey. Permission to conduct the survey was sought from the Institutional Review Board at Austin Peay State University.

### Procedures

To identify the prospective participants, a printout of all child care facilities (by county zip codes) in the targeted counties was retrieved from the Tennessee Department of Human Services website. A review was conducted and only child care centers regulated by the Department of Human Services are included in the study. Any licensed child care center less than one year old was excluded from the study because centers are not evaluated for the Child Care Report Card until the end of the first year of operation and scores were not available. One hundred four child care centers were identified as eligible participants and a master list of child care centers names and mailing labels was prepared. The contact person listed for each center was the targeted director for the survey.

The Tennessee Child Care Report Card (CCRC) scores licensed child care centers in seven component areas and rates each component on a scale of zero (minimal) to three (higher quality). Based on the CCRC, a licensed child care center

can earn a score of twenty-one as their quality score if they are providing a level of quality above child care licensing requirements. The CCRC scores the following seven component areas:

1. Director Qualification,
2. Professional Development for Staff,
3. Licensing Compliance History,
4. Parent Involvement,
5. Ratio and group size,
6. Staff Compensation, and
7. Program Assessment.

If a child care center is nationally accredited by an organization recognized by the Tennessee Department of Human Services, an additional one point is added to the quality score to provide a maximum quality score of twenty-two.

For the purpose of this study, the director qualifications component score was omitted from the CCRC total score because the study specifically compares the educational background of directors with the CCRC scores. The CCRC scores for components two through seven were used to determine the quality score for each child care center. Using the identical scale of zero to three, a licensed child care center can earn a score of eighteen as their quality score if they are providing higher quality care than child care licensing requires. The Tennessee Department of Human Services website was accessed to identify the CCRC scores for each targeted child care center. The sum of the six component scores became the CCRC score for the center. Additionally, the National Association for the Education of Young Child

website was accessed to identify the nationally accredited child care centers in the eight targeted counties. If a center was nationally accredited, one additional point was added to the sum of the six components to create a higher CCRC score than reported on the Tennessee Department of Human Services website. Using the master list of eligible participants, the CCRC score was computed and filled in next to the name of the child care center. For the purpose of this study, the maximum CCRC score for a child care center was nineteen.

After the participants and CCRC scores were identified, the researcher utilized a third party to continue with the survey process. The researcher provided to a third party:

- copies of the survey cover letter and survey,
- a master list of names and CCRC scores of the targeted child care centers,
- stamped envelopes with mailing labels, and
- self-addressed return envelopes.

The third party inserted a code number column and established a code number for each child care center through a random draw of numbers. From the master list, the third party coded each survey instrument accordingly and, to assure anonymity for the participants, the researcher did not have access to the master list of code numbers.

The third party mailed out the surveys along with a cover letter and a self-addressed envelope to encourage participation and ease of response. The return envelopes were addressed to the third party and the survey had a two week response period. As the completed surveys were returned, the third party used the master list

to check off the coded survey and transferred the CCRC score to coded survey. The goal was to obtain a minimum response rate of 25% for the sample size.

The coded surveys were returned to the researcher in order to conduct data analysis in the areas of the directors' educational backgrounds and in-service training completed the previous licensing year.

### Data Analysis Plan

The mean and standard deviations of the CCRC scores for each category of the variables and training types were computed to test each hypothesis. To test the hypotheses with multiple variables, an analysis of variance (ANOVA), using the Minitab Statistical Package, was conducted at the  $\alpha = 0.05$  level. If the null hypothesis was to be rejected, a follow up analysis using Tukey would be conducted to identify any specific differences. To test hypotheses using just two variables, a t-test, using Minitab Statistical Package, was conducted at the  $\alpha = 0.05$  level to determine if the null hypothesis would be rejected or if it would be necessary to fail to reject the null hypothesis.

## CHAPTER IV

### DATA AND RESULTS

#### Demographics

The study focused on a sample of 104 child care centers from eight counties in the upper middle region in Tennessee. From that sample, 34 child care center directors returned their surveys. Additionally, four surveys were returned as not deliverable as addressed. The goal was to obtain a minimum response rate of 25% for the sample size and the goal was exceeded as 33% of the surveys were returned.

Additionally, the Tennessee Child Care Report Card yielded scores for each participating program. The CCRC score for each program equaled the sum of six of the seven assessed components. If a center was nationally accredited, the center received one additional point toward the final CCRC score. The total possible score for the CCRC ranged from 0-19 points. CCRC scores were a variable for statistical analysis in each of the hypotheses tested.

#### Statistical Analysis

The data from the survey questions was analyzed using the statistical software program Mini-Tab Statistical Package-Version 14. This program computed the descriptive statistics, the test statistics, and associated p-values. Hypotheses with two variables were tested using the t-test. Hypotheses with more than two variables were tested using an analysis of variance (ANOVA).

### Research Question One

The first question called for a comparison between child care center directors' educational backgrounds and the CCRC scores. Using the data gathered from the survey, a child care director's educational background was identified as being a member of one of the following groups: no degree, Associates, Bachelors, or Masters' degrees. The four groups were analyzed along with the CCRC stores. An analysis of variance (ANOVA), using Minitab Statistical Package, was conducted at the  $\alpha = 0.05$  level. ANOVA yielded a test statistic of  $F=0.72$  with a  $p$ -value= $0.547$ . Table 4-1 summarizes the statistics of the four degree groups and the mean CCRC scores for each group. Table 4-2 summarizes the statistical tests performed, which indicated no statistical significance between the means of the degree groups.

Table 4-1 Statistics for Degree Groups and CCRC MEAN scores

	N	MEAN CCRC Scores	STD. DEVIA TION
NO DEGREE	14	15.5	2.410
AAS	6	16.833	2.041
BA/BS	8	14.75	4.27
MA/MS	6	16.167	1.329

Table 4-2 ANOVA Summary for Degree Groups

	<b>DF</b>	<b>SS</b>	<b>MS</b>	<b>F</b>	<b>P</b>
Factor	3	16.77	5.59	0.72	0.547
Error	30	232.67	7.76		
Total	33	249.44			

### Hypothesis One

The null hypothesis stated there was no significant difference between the CCRC scores and directors' educational degree levels. The p-value indicated there was not enough statistical evidence to reject the null hypothesis. For the purpose of this study, a child care center director's educational background does not affect the CCRC score.

### Research Question Two

On a more specific education level, the second question called for a comparison between child care center directors who hold or do not hold a CDA credential and the CCRC scores. The mean and standard deviations of the CCRC scores for each category of the variable were computed and the difference between the mean of the CDA and the mean of the non-CDA is not statistically significant. Table 4-3 summarizes the statistics.

Table 4-3 Statistics for CDA/Non-CDA Director Groups

	N	MEAN CCRC scores	STD. DEVIA TION
CDA	16*	16.111	2.349
Non-CDA	18	15.188	3.146

\*This is the number of centers w/CDA director.

Because only two variables were present, the t-test was selected for the statistical analysis. A t-test, using Minitab, was conducted at the alpha = 0.05 level. The computed  $t$  statistic with 32 degrees of freedom was 0.98. Its associated p-value was 0.336.

Table 4-4 Summary of t-tests for CDA/Non-CDA Groups

<b>DF</b>	<b>T</b>	<b>P</b>
32	0.98	0.336

### Hypothesis Two

Hypothesis two stated there is no significant difference between the directors' who hold or do not hold the CDA Credential and the CCRC scores.

The decision, based on the statistical analysis, was failure to reject the null hypothesis. The CCRC scores are not affected by whether a director holds or does not hold a CDA credential.

### Research Question Three

Question three examined the number of annual clock hours of training a director attended and the Tennessee Child Care Report Card scores. The data gathered from the survey was analyzed and, based on the response, a child care director was considered to be a member of one of the following groups for the purpose of comparing CCRC scores: <20, 21-29, 30-36, 37-45, 46-75, >75. The mean and standard deviations of the CCRC scores for each category of the variable were computed and Table 4-5 summarizes the statistics.

Table 4-5 Statistics for the Groupings of Hours Attended

	N	MEAN CCRC scores	STD. DEVI ATION
<20	1	5.00	*
21-29	7	14.714	1.976
30-36	9	15.889	2.421
37-45	3	16.667	1.155
46-75	6	17.5	1.225
>75	8	15.875	1.885

\*not possible to compute because only one data point in this category

Using an analysis of variance, (ANOVA), yielded a test statistic of  $F = 7.66$  with a  $p\text{-value} = 0.000$ . This  $p\text{-value}$  indicated there was enough statistical evidence

to reject the null hypothesis. Therefore, the means of all groups are not equal to each other.

Tukey All Pairwise Post Hoc Analysis indicated the <20 group mean was significantly different from the other means. Tukey failed to uncover any other significant differences.

Table 4-6 ANOVA Statistical Test Summary for Groupings of Hours Attended

	<b>DF</b>	<b>SS</b>	<b>MS</b>	<b>F</b>	<b>P</b>
Factor	5	144.08	28.82	7.66	0.000
Error	28	105.36	3.76		
Total	33	249.44			

### Hypothesis Three

The third hypothesis stated there was no significant difference between the CCRC scores and directors' varying amounts of in-service training clock hours. Hypothesis three is only partially correct. The p-value indicated there was enough statistical evidence to reject the null hypothesis. There was a significant difference in the <20 annual clock hours group and the CCRC score. There was no significant difference between the annual clock hour groups labeled 21-29, 30-36, 37-45, 46-75, and >75.

### Research Question Four

The last research question centered on state funded versus non-state funded training directors chose to attend during the previous licensing year. Data was

gathered from the survey to determine if child care center directors earned more training hours from state-funded or non-state funded training to meet the annual in-service training requirements.

The mean and standard deviations of the CCRC scores for each variable was computed and Table 4-7 summarizes the statistics.

Table 4-7 Statistics for Number of Training Hours per Type of Training.

	MEAN # of Training Hours Attended	STD. DEVIATION
State Funded	39.23	46.22
Non-State	32.46	21.63

A t-test, using Minitab, was conducted at the  $\alpha = 0.05$ . The computed  $t$  statistic with 49 degrees of freedom was 0.68 and its associated p-value was 0.498. The p-value indicated there was not enough statistical evidence to reject the null hypothesis.

Table 4-8 Statistical Analysis Summary for # of Hours per Type of Training.

<b>DF</b>	<b>T</b>	<b>P</b>
49	0.68	0.498

#### Hypothesis Four

The last null hypothesis to be tested stated there was no significant difference between the numbers of training hours earned through state funded training versus non-state funded training. The p-value indicated there was not enough statistical evidence to reject the null hypothesis. The evidence suggested that the number of clock hours earned through state funded training was not significantly different from the number of clock hours earned through non-state programs.

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

#### Conclusions

The findings in this study do not support the review of literature regarding the relationship between high quality child care and the center director's education level.

The review of literature focused on three issues in early childhood programs:

1. the indicators of high quality child care,
2. director qualifications, and
3. quality childcare and director's qualifications.

The issue of high quality child care has amassed an abundance of research.

The recurring indicators of quality, in the review of literature, were

- low teacher/child ratios,
- staff-child interactions,
- the learning environment,
- staff qualifications, and
- developmentally appropriate activities.

Tennessee is on target with the focus of assessing the quality of child care centers through the implementation of the Tennessee Child Care Report Card. When comparing the components of the CCRC used to measure quality and the review of the literature's indicators of quality, one can identify that the CCRC utilizes components that are not necessarily indicators of high quality programs. Specifically,

the areas of staff compensation and state licensing compliance found on the CCRC are not mentioned in the literature review as indicators of high quality programs. Additionally, the literature review includes the areas of developmentally appropriate activities for children and, staff-child interactions as key indicators of high quality programs. Does the CCRC assess the true components of high quality child care program?

The second issue of the review focused on directors' qualifications and the findings indicated two-thirds or more of the states have a pre-service training requirement for child care centers. Many states have developed an administrator credentialing program focused on training the director in the areas of early childhood and business management. The administrator credential was also found to be a pre-service requirement for the director position. Tennessee does provide a 30-hour Administrator Orientation for child care directors, but, the training is not mandatory. Tennessee lags behind other states in establishing an administrator's credential.

Although the CDA credential is available to directors and teachers who may choose to pursue it, the CDA credential, or any type of formal education, is not a pre-service requirement for directors. Even though Tennessee's child care directors do not have pre-service education requirement, the study found many directors with formal training ranging from holding the CDA credential to the level of master's degree. Again, Tennessee lags in establishing a minimum level of pre-service education for child care center directors.

Specific research studies on the director's role and the impact on quality child care are very limited. The review of literature did find evidence the director's level of

education greatly impacts the quality level of the child care center. Specialized training in early childhood education and program administration also showed significant associations with program quality (Krajec, Bloom, Talan, and Clark, 2001).

The findings in this study do not support the review of literature regarding the relationship between high quality child care and the center director's education level. The study's findings indicated no statistical significance between the degree groups, and/or, whether a child care center director holds or does not hold a CDA credential and the quality scores on the CCRC.

### Recommendations

Should the study be replicated, it is recommended the survey be completed on a statewide basis to include metropolitan areas and rural areas to provide a true sample size and be able to generalize the results. Specific to the survey instrument, an additional question identifying the child care center county would be valuable. A statistical analysis between rural area scores versus metropolitan area scores and directors qualifications would be of great interest. From the survey, counties could be identified as in need of technical assistance or training opportunities.

A second consideration should be given regarding use of specific component scores on the CCRC. Which components address quality? A replication of the study may choose to eliminate the compliance history component score. Compliance is a licensing regulation, not an indicator of high quality care.

Specific to the survey instrument, it is recommended the participant specify the area of study for the degree as either an “Early Childhood” degree or “other” degree. A comparison could be made between the Early Childhood degrees versus directors who hold the CDA credential and the CCRC scores. Additionally, the survey instrument should add whether the director holds the thirty hour TECTA Administrator’s certificate or not. A number of comparisons could be statistically analyzed with this additional data.

It is recommended the Tennessee Child Care Report Card be revised by eliminating the component area of licensing compliance. Licensing compliance is adherence to minimal licensing regulations. The CCRC is intended to assess child care centers for a level of quality beyond minimal licensing regulations.

The Tennessee Child Care Report Card includes the component area of teacher/child ratios. Small group size was a recurring indicator of quality in the literature review. It is recommended a statewide procedure be developed to accurately determine the daily attendance count per group and number of staff per group. Currently, many programs receive a CCRC score in this component based on the number of children in attendance on the day of the annual licensing review. Programs often receive a high score on this component because it happened to be a low attendance day. Consequently, the CCRC score does not reflect the true standard of the program.

It is recommended the Tennessee Child Care Report Card be revised in the component area of director’s qualifications. Minimal licensing standards should include the state-funded Administrator’s 30 hour orientation. Tennessee currently

provides tuition assistance for academic courses that meet the formal training requirements for the CDA Credential and the application fee for the CDA Credential. The CDA Credential or a state developed Administrator's Credential would be the first level of quality above minimum licensing requirements. The directors with Associate degrees, or higher, would receive a higher score on the CCRC.

It is recommended the Tennessee Child Care Report Card be revised in the component area of staff qualifications. The review of literature findings indicated the impact of teacher education on classroom quality. The CCRC is intended to assess staff qualifications for a level of quality beyond minimal licensing regulations. The CCRC should score the percentage of staff with the CDA credential, or other formal education in early childhood.

It is recommended the Tennessee Child Care Report Card be revised to include a new component: staff-child interactions. Staff-child interactions were a recurring indicator of quality in the literature review. The Arnett Scale of Caregiver Behavior assessment focuses on the type of interaction between child and teacher, including the teacher's warmth and responsiveness, ability to explain misbehavior and reason, and the ability to engage children in problem-solving activities.

It is recommended the Tennessee Child Care Report Card be revised to include another new component: early childhood curriculum. The early childhood curriculum component would assess to what level developmentally appropriate practices have been implemented in the program.

The last recommendation for the Tennessee Child Care Report Card is specific to the learning environment assessment. The Early Childhood Environment Rating Scale (ECERS) is an excellent assessment tool and Tennessee is to be commended for including this component on the CCRC. Currently, the ECERS assessment is scheduled with each center for a certain date. Many child care centers prepare for the day of the ECERS assessment instead of being conscious of quality every day of the year. Assessing quality means assessing the typical daily experiences young child have at the child care center. It is recommended centers be given a “window” time period of one month instead of a specific date.

## LIST OF REFERENCES

## REFERENCES

- Ackerman, D. (2003). *States' Efforts in Improving the Qualifications of Early Care and Education Teachers*. (Rutgers University National Institute for Early Education Research.).
- Azer, S., LeMoine, S. & Morgan, G. (2002). Regulation of Child Care. *Early Childhood Research & Policy Briefs*, 2, Article 2.
- Barnett, S. (2004, December). *Better Teachers, Better Preschools: Student Achievement Linked to Teacher Qualifications*. (Rutgers University National Institute for Early Education Research.).
- Bella, J. & Bloom, P. (2003). *Zoom: The impact of early childhood leadership training on role perceptions, job performance, and career decisions*. (National-Louis University. Center for Early Childhood Leadership).
- Bloom, P. (2000). How do we define Director competence? *Child Care Information Exchange*. 132, 13-18 Mar-Apr 2000.
- Bonner, F. (2003). Center Director Credentialing in the State of Florida. *NCCIC Child Care Bulletin*, 28 (5).
- Center of Excellence for Research & Policy on Basic Skills, (2005a). *Tennessee Child Care Provider Training (TN-CCPT)*. Tennessee State University.
- Center of Excellence for Research & Policy on Basic Skills, (2005b). *Tennessee Early Childhood Training Alliance (TECTA)*.
- Currie, J. (2001). Early Childhood Education. *Journal of Economic Perspectives*, 15 (2), 213-239.

- Davis, E. & Ceglowski, D. (2001). *Technical Report: Assessment of child care quality in four counties in Minnesota*. University of Minnesota.
- Dunifon, R. (2002). *Early Childhood Education Programs: Review of Research and Recommendations*. Cornell University Cooperative Extension.
- Fiene (2002). *13 indicators of quality childcare: Research update 2002*, US Department of Health and Human Services: Washington, DC.
- Florida Child Care and Education Program Director Credential*, (n.d.). Retrieved April 15, 2005. from [http://64.233.187.104/search?q=cache:4j1HDhkzOUMJ:199.250.30.126/pdffiles/dcfctwebsite/Florida\\_Child\\_Care\\_and\\_Education\\_Program\\_Director\\_Credenti.pdf+child+care+director+credentials&hl=en](http://64.233.187.104/search?q=cache:4j1HDhkzOUMJ:199.250.30.126/pdffiles/dcfctwebsite/Florida_Child_Care_and_Education_Program_Director_Credenti.pdf+child+care+director+credentials&hl=en)
- Glassy, D. and Romano, J. (2005). Quality Early Education and Child Care from Birth to Kindergarten. *Pediatrics* 115(1) 187-191.
- Kershaw, A. & Barondess. H. (2004). *Quality Early Educators are Essential: Investing in the Early Childhood Workforce* (Policy Brief).
- Illinois Network of Child Care Resource & Referral Agencies, (n.d.). *Illinois Director Credential*. Retrieved March 12, 2005, from <http://www.ilchildcare.org/providers/idc/overview.htm>
- Jacobson, L. (2005). More Governors Want to Rate Early-Childhood Programs. *Education Week*. 24 (22).
- King, J., Duran, F. & Wilson, S. (2003). *A research perspective on the child care workforce in Connecticut*. (The Child Health and Development Institute of Connecticut, Inc.).

- Krajec, V., Bloom, P., Talan, T. & Clark, D. (2001). *Who's Caring for the Kids? The Status of the Early Childhood Workforce in Illinois*. Wheeling, IL: Center for Early Childhood Leadership. (ERIC Document Reproduction Service No. ED454958)
- LeMoine, S. & Morgan, O. (2004). *Do states require child care programs to educate children?: Qualifications for teachers and directors in child care centers*. (University of Illinois at Urbana-Champaign, Clearinghouse on Early Education and Parenting).
- Loeb, S., Fuller, B., Kagan, S., & Carrol, B. (2004). Child Care in Poor Communities: Early Learning Effects of Type, Quality, and Stability. *Child Development*, 75 (1) 47-65.
- Lynch, R. (2004). *Exceptional Returns: Economic, fiscal, and Social Benefits of Investment in Early Childhood Development*. Washington, D.C: Economic Policy Institute.
- NAEYC Accreditation Criteria*. (2004) Washington, DC: National Association for the Education of Young Children
- National Association for the Education of Young Children (2004) *Where we stand on standards for programs to prepare early childhood professionals*. (NAEYC position paper).
- National Center for Early Development & Learning, (2000). Teacher Education, Wages Key to Outcomes- Staff Education, Compensation 'Critical' to Improving Quality, *NCEDL Spotlight*, 18.

- National Research Council (2001) *Eager to Learn: Educating Our Preschoolers*. Committee on Early Childhood Pedagogy. Barbara T. Bowman, M.Suzanne Donovan, and M.Susan Burns, editors. Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.
- National Resource Center for Health and Safety in Child Care. (2005). *Minnesota Licensing standards*.
- Norris, D., Dunn, L., & Eckert, L. (2003, November). *Reaching for the Stars" Center Validation Study Final Report*. (Oklahoma DHS Division of Child Care Early Childhood Collaborative of Oklahoma ECCO: An OU/OSU Partnership).
- Pennsylvania College of Technology, Williamsport, School of Integrated Studies (2005). *Early Childhood Director Competency Credential*.
- Rinker, L. (2001, November, December). Raising the Bar: Director credentialing initiatives flourish across the nation. *Child Care Information Exchange*, 142, 14-18.
- Stars and Stripes, (2005, March 27). *When available, DOD care is top-notch*.
- Tennessee Department of Human Services, (2004a) *Child Care Resource & Referral Centers*. Retrieved October 10, 2004, from the <http://www.state.tn.us/humanserv/childcare.htm#report>
- Tennessee Department of Human Services. (2004b) *Tennessee's Child Care Report Card System*. Retrieved October 10, 2004, from the <http://www.state.tn.us/humanserv/childcare.htm#report>

Tennessee Department of Human Services, (2004c). *TN-CCPT (Tennessee Child Care Provider Training)*. Retrieved September 16, 2004 from <http://www.state.tn.us/humanserv/childcare.htm#licensing>

United Way of America. (n.d.). *Success by 6*. Retrieved April 16, 2005, from <http://national.unitedway.org/sb6/>

Urban Institute. (2003, July). *Improving Child Care Quality: A comparison of Military and Civilian Approaches*. 13, Washington, D.C. DeVita, C. & Montilla, M.

Wisconsin Child Care Research Partnership. (2002). *What is the relationship between child care directors and quality?* 9, Madison, WI

## APPENDICES

## APPENDIX A

A.P.I.R.B. Research Involving Human Subjects

**AUSTIN PEAY STATE UNIVERSITY**  
**APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS**  
Please read the entire application before completing. Students must fill out a  
Graduate Student Research Approval Form and attach it to this application.

**TITLE OF PROJECT:**

A COMPARISON OF CHILD CARE DIRECTORS' QUALIFICATIONS  
AND THE CHILD CARE REPORT CARD RATINGS  
PILOT STUDY-UPPER MIDDLE TENNESSEE

**TITLE ON CONSENT FORM (If different than above):**

**FUNDING SOURCE:**

*(self)*

**PRINCIPAL INVESTIGATOR**

Name: Linda A. Sitton

Status: Faculty  Staff  Graduate Student  Undergraduate Student

Department: Tennessee Early Childhood Training Alliance (TECTA) Phone: 7308

Mailing Address: 8 Abby Lynn Circle, Clarksville, TN 37043

Email Address: sittonl@apsu.edu

**FACULTY SUPERVISOR**

Name: Dr. Carlette Hardin Department School of Education

Mailing Address: Austin Peay State University, School of Education,

Box 4545, Clarksville, TN 37044

Phone: (931) 221-7593 Email address hardinc@apsu.edu

All of the questions below should be answered using lay language. The IRB is comprised of individuals from diverse scientific and nonscientific backgrounds. You should avoid all jargon and assume that IRB members have no prior knowledge on the research topic, theoretical or methodological approaches, or measurement techniques or instruments. The best way to avoid unnecessary delays is to provide the IRB with as much information about your study as possible. **You will need to attach a copy of all demographic forms, survey instruments, and other data collection systems.** If you are unable to attach the above please contact the Office of Grants and Sponsored Programs for advice. It is important to remember that informed consent is a process not a document. Informed consent begins with recruitment and ends only after a study is completed.

1. **Describe the purpose of this study.** Be sure to clearly indicate the research question being asked.

*The purpose of this study is to compare the educational background of child care center directors with the quality scores of their respective child care centers as reported on the Child Care Report Card. In addition, the study will assess the percentage of annual clock hours earned through high-quality, no-cost state training programs versus other training opportunities.*

- *Is there a relationship between the child care center director's educational background and the Child Care Report Card scores?*
- *Is there a relationship between the number of annual clock hours of training a child care center director attends and the Child Care Report Card scores?*
- *Are child care center directors utilizing the high-quality, no cost, state-funded training programs as a primary source to fulfill the requirements for annual clock hours?*

2. **Briefly describe the research that has already been conducted in this area.** The IRB needs to understand how this study adds to the knowledge on this topic in order to be able to judge the risks and benefits to participants.

*Research has been done across the nation that links director's education level to quality child care. To my knowledge, no research in Tennessee has yet been done that compares the director's education level and the overall rating on the Tennessee Child Care Report Card. The Tennessee Child Care Report Card has been in place about three years.*

3. **Describe the population from which your research sample will be drawn.** Be sure to indicate if subjects are from a vulnerable population such as infants, children, pregnant women, mentally disabled persons, prisoners, employees, students, economically or educationally challenged persons etc...). What additional safeguards will be included to protect the rights and welfare of these participants?

*The directors of licensed childcare centers in an eight county region will comprise the population for this research.*

4. **Explain the inclusion and exclusion criteria that will be used (e.g., age, race, gender, language, academic abilities, academic major, pre-existing conditions, etc....).**

*The study will be limited to child care programs licensed for 13 or more children. The child care center must have been already evaluated for the Child Care Report Card. Licensed child care centers that are less than one year old are not included in the study. The directors of licensed childcare centers in an eight county region will comprise the population for this research.*

5. **Indicate how many potential participants will be approached.** The APIRB needs to know the maximum number that might be asked to participate, NOT the minimum number needed to adequately ask the research question. It is recommended that you choose a number higher than you expect to need because once the number is approved you will need to apply to the IRB for permission to recruit additional participants. Do not choose an unnecessarily large number however, because sample size may affect the risk/benefit ratio decision that the IRB must make. Please break down your maximum numbers by category (e.g., child, adult, male, female, depressed, non depressed etc...) such that the board can evaluate the risks for different types of participants.

- *Five child care center directors that are not in the targeted group will be asked to review the survey for clarity of questions and ease of response.*
- *There are 120 child care center directors in the targeted region.*

6. **Describe how participants will be identified, approached, recruited and consented.** Who will make the first contact and when and where will it occur. All materials used to recruit participants need to be submitted for review (e.g., media advertisements, brochures, email, poster/signs or sign-up sheets, etc...). If verbal announcements will be made for recruitment purposes please provide a script of how the study will be described or a list of the points that will be made.

- *Eight counties in Tennessee have been targeted for the research area. The eight counties are Benton, Dickson, Henry, Houston, Humphreys, Montgomery, Robertson, and Stewart.*
- *Participants will be the individuals identified by the Department of Human Services website as being the contact person for each licensed child care center in the eight county area.*
- *A cover letter, survey, and self-addressed return envelope will be mailed to the identified participants.*

7. **Specifically identify all individuals who will describe the study to potential participants. Also, specifically identify all individuals who will obtain consent from potential participants.**

Do these individual(s) have a dual relationship with potential participants (e.g., instructor, mentor, employer, caregiver, etc...) that might create the potential for the perception or actual existence of coercion or undue influence? What procedures will you put in place to reduce or eliminate potential/perceived coercive situations?

- *Linda A. Sitton-  
In my professional career, I have been a co-worker, colleague, employer, mentor, consultant, instructor, and advisor to many of the prospective participants. In my cover letter, I will address those roles and invite participation in the survey. I will identify my in my role as researcher.*
- *Dr. Carlette Hardin-  
To assure confidentiality for the participants and programs, Dr. Carlette Hardin will serve as a third party. She will maintain a master list and code each child care center with reference number. She will mail out the surveys and the surveys will be mailed back to her.*
- *I will not have access to the master list and I will never know which child care center directors chose to participate or not participate.*

6. **Describe your research procedures.** We need to know all of the procedures that will occur, but in particular we need a description of what the participants will experience. For example, a description of the instructions that will be given to them, activities in which they will engage, a length and timing of involvement, and the circumstances under which they will provide data (i.e., group assessments, one-on-one interview, videotaping, audio taping, phone calls, spending time in an uncomfortable position, etc...).

*The participants will be asked to read the cover letter and complete a written survey to be mailed back in a self-addressed envelope to the third party, Dr. Carlette Hardin.*

9. **If this study involves deception, describe and justify its use.** Deception will require that subjects be debriefed following data collection. The purposes of the debriefing are to explain the true purpose of the study, reduce any negative consequences participants may experience from participation and to provide a clear, easy opportunity for withdrawal of consent. You must include a copy of the debriefing statement in your application.

*(none)*

10. **Describe any form of compensation that participants will receive (e.g., money, extra credit, toys, food, etc...).** If so, please describe amount, type, when they will receive it. If withdrawal from the study will change the amount or type of compensation please describe how (i.e., prorated, elimination, etc...). Note that academic extra credit can only be awarded at the discretion of the instructor, not the principal investigator.

*(none)*

11. **Explain if this research might entail psychological, legal, physical, or social harm or discomfort to the subjects.** What steps have been taken to minimize these risks? What provisions have been made to insure that appropriate facilities and professional attention necessary for the health and safety of the subjects are available and will be utilized? How will the participants be informed of these procedures? If an information sheet describing these resources will be provided to participants, please submit. If university or community professionals agree to provide their services, please submit a letter of cooperation from the individuals/agencies that describes the agreement.

*(none)*

12. **Describe how the potential benefits of this activity to the participants and humankind outweigh any possible risks.** This opinion is justified for the following reasons:

*(no risks)*

13. **Describe how the confidentiality of data about participants will be protected.** What steps and procedures will be used? How (hard copy, electronic, etc...) and where (e.g., locked file cabinet in PIs campus office) will data be stored? If data will be destroyed please indicate when and how.
- *Dr. Carlette Hardin-To assure confidentiality for the participants and programs, Dr. Carlette Hardin, will serve as a third party. She will maintain a master list and code each child care center with reference number. She will mail out the surveys and the surveys will be mailed back to her.*
  - *Dr. Hardin will keep the returned surveys and master list locked in her campus office.*
  - *The surveys I tabulate will be coded and I will not have access to the master list of child care centers and codes. I will never know which child care center directors chose to participate or not participate because only the code appears on the survey and must be matched to the master list to identify the participant.*
14. **If data will be anonymous, explain how this anonymity will be achieved.** Note that anonymity requires that at no time can the data be connected to the participant by anyone involved in the research, even the PI. If data will be anonymous, explain how and where the consent document will be stored.

*No, the data will not be anonymous-only confidential.*

15. **Explain how any data collected relate to illegal activities.**

*n/a*

16. **Please indicate by marking Y(es) or N(o) whether the attached informed consent document includes each of the following elements as required by the Code of Federal Regulations: Title 45, Part 46.116.**

N  A statement that the study involves research,

N  an explanation of the duration of the subjects participation,

N  a description of the procedures to be used;

N  A description of any reasonably foreseeable risks or discomforts to the subject;

N  A description of any benefits to the subject or others which can be reasonably expected from the research; (Note: compensation is not a benefit)

- N A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;
- N An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research related injury to the subject; (Note: should include APIRB, PI and if applicable, students' faculty sponsor)
- N A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled. (Note: this statement should be written in language at an appropriate level for the subjects in your study).

The following may or may not apply your study. Please carefully read and mark each one Y(es) or N(o).

- N An explanation of whom to contact in the event of a research related injury to the subject;
- N A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;
- N For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained;
- N A statement that the particular treatment or procedure may involve risks to the subject which are currently unforeseeable;
- N Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent;
- N Any additional costs to the subject that may result from participation in the research; (Note: This is not limited to monetary costs)
- N The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject;
- N A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject; and
- N The approximate number of subjects in the study.

17. **If your study includes children please provide the committee with information about how you will obtain the child's assent to participate.** Children older than 12 are expected to be provided the opportunity to sign to indicate their assent to participate. Children 7-12 should be provided with a written document, which may or may not also be read. Depending on the research to be conducted children 6 years and younger may be read an assent script (please submit). In addition to your procedures to obtain assent, please indicate what dissent behaviors will lead you to decide a child is not providing or has withdrawn his/her assent to participate. Note: child assent can be solicited only after parental consent has been obtained.

n/a

18. **If you are requesting a waiver of the documentation of informed consent please explain how you would meet the requirements of 45 CFR 46.117.**

*A cover letter will be attached to each survey outlining the purpose of the survey, the voluntary nature of completing the survey, the confidentiality of the survey, and the contact person for the survey.*

I have read the Austin Peay State University Policies and Procedures on Human Research (00:002) and Research Misconduct (99:013) and agree to abide by them. I also agree to report to the Austin Peay Institutional Review Board any unexpected events related to this study. I also agree to receive approval before implementing any changes in this study.

---

Principal Investigator's Signature (Linda A. Sitton)

---

Faculty Supervisor's Signature (Dr. Carlette Hardin)

July 24, 2005

Ms. Linda Sitton  
100 Lynn Circle  
Memphis, TN 37043

Your application regarding study number 05-017: Re: A Comparison of Child Care Directors' Publications and the Child Care Report Card Ratings. (Dr. Hardin)

Ms. Sitton:

Thank you for your recent submission. We appreciate your cooperation with the human research review process. I have reviewed your request for expedited approval of the new study listed above. This type of study qualifies for expedited review under FDA and NIH (Office for Protection from Research Risks) regulations.

Congratulations! This is to confirm that I have approved your application through one calendar year. You must obtain consent from all subjects, but signed written consent is not required. This approval is subject to APSU Policies and Procedures governing human subject research.

You are granted permission to conduct your study as described in your application effective immediately. The study is subject to continuing review on or before February 24, 2006, unless closed before that date. Enclosed you will find the forms to report when your study has been completed and the form to request an annual review of a continuing study. Please submit the appropriate form prior to February 24, 2006.

Please note that any changes to the study as approved must be promptly reported and approved. Some changes may be approved by expedited review; others require full board review. Please contact me at 221-7641; fax 221-7641; email [pinderc@apsu.edu](mailto:pinderc@apsu.edu) if you have any questions or require further information.

Again, thank you for your cooperation with the APSU IRB and the human research review process. Best wishes for a successful study!

Sincerely,

Charles A. Pinder, Ph.D.  
Chair, Austin Peay Institutional Review Board  
Dr. Carlette Hardin

## APPENDIX B

### Survey Cover Letter and Questionnaire

(current date)

Dear Child Care Center Director,

*(Your name is listed as the contact person for your licensed child care center. This letter is intended for the person in the position of center director. Please give this letter to the child care center director if it is not you.)*

Through the APSU-TECTA program, I have the opportunity to work with many of you in the areas of staff development, staff credentialing and national accreditation. In addition to TECTA, I am a student at Austin Peay State University completing my Education Specialist Degree. As a requirement for this degree, I must conduct a field study research project. My research topic seeks to compare child care center directors' educational backgrounds and the scores on the Tennessee's Child Care Report Card.

I am asking you to take a few minutes to answer the questions on the enclosed survey. Once you have completed the survey, please use the pre-addressed envelope provided to return the survey. Please return the survey by \_\_\_\_\_.

To assure the survey answers are anonymous, each survey form has been coded by a third-party and the surveys will be mailed back to the third-party. You are under no obligation to participate in the survey nor is there a penalty for those who choose not to participate. It is important to me that you know- ***I will never know if you do or don't participate in the survey.*** Returning this survey will be an indication of your consent to participate.

I hope you will choose to participate in the survey and I thank you in advance for your time. If you are interested in the results of the survey or have questions concerning the research, you may contact me at the TECTA office at (931) 221-7308.

Sincerely,

Linda A. Sitton

# Child Care Center Director Survey

*(This survey is intended for the individual employed in the position of center director.)*

1. How many **annual clock hours of training** did you complete in the recent licensing year? Please mark only **ONE** answer.
  - Less than 20 clock hours
  - 21-29 clock hours
  - 30-36 clock hours
  - 37-45 clock hours
  - 46-75 clock hours
  - 76 or more clock hours
  
2. Based on question #1, please mark what type(s) of training(s) you attended **AND** the number of clock hours from each type:
  - CCR&R (Child Care Resource & Referral) How many hours? \_\_\_\_\_
  - TECTA Orientation How many hours? \_\_\_\_\_
  - TECTA sponsored college coursework How many hours? \_\_\_\_\_  
(Note-one college credit is equivalent to 15 clock hours)
  - TN-CCPT (Tennessee Child Care Provider Training) How many hours? \_\_\_\_\_
  - All other types of training How many hours? \_\_\_\_\_
  
3. Have you earned a **CDA** (Child Development Associate Credential)?  
 \_\_\_ Yes \_\_\_ No
  
4. Have you had any college coursework specific to **Early Childhood**?  
 \_\_\_ Yes \_\_\_ No If yes, how many credits have you earned? \_\_\_\_\_
  
5. Have you earned an **Early Childhood Technical Certificate**?  
 \_\_\_ Yes \_\_\_ No
  
6. Have you earned an **Associates Degree**?  
 \_\_\_ Yes \_\_\_ No If yes, what is your field of study? \_\_\_\_\_
  
7. Have you earned a **Bachelor's Degree**?  
 \_\_\_ Yes \_\_\_ No If yes, what is your field of study? \_\_\_\_\_
  
8. Have you earned a **Master's Degree**?  
 \_\_\_ Yes \_\_\_ No If yes, what is your field of study? \_\_\_\_\_

Program Code: \_\_\_\_\_

Status code: \_\_\_\_\_

VITA

## VITA

Linda Ann Sitton was born in Fort Ord, California and moved to Clarksville, Tennessee when she was twelve. She graduated from Clarksville High School in 1972 and Austin Peay State University in 1977 and 1981 earning a Bachelor's and Master's degree respectively. She received her Educational Specialist degree in Curriculum and Instruction from Austin Peay State University in 2005. She has taught in the public school elementary education programs for nine years and founded and directed a private NAEYC accredited early childhood program for eleven years. She has directed the Tennessee Early Childhood Training Alliance (TECTA) grant funded program at Austin Peay State University for seven years.