

CHILD CARE CENTER DIRECTORS: GATEKEEPERS TO QUALITY

BY

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A dissertation submitted to

The Graduate School of Education

Rutgers, The State University of New Jersey

in partial fulfillment of the requirements

for the degree

Doctor of Education

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May 2018

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ABSTRACT OF THE DISSERTATION

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The problem in early care and education is that Directors' work experiences, education, applied training, pedagogical knowledge, leadership skills, and communication competencies in the early education context are unequal. The problem has created inequity among Child Care Directors as they strive to build high quality child care centers. Research establishes that high quality child care programs help children develop physical, social, emotional, and intellectual skills (Ruzek, et al., 2011, Setodji, et al., 2013). Conversely, substandard child care negatively contributes to the achievement gap (Herbst, & Tekin, 2012) and has serious, damaging long-term effects on young children (Marshall, 2011).

Given that Directors' leadership abilities play an important role in determining the quality of an early child care center, the purpose of the study was to identify 1) Directors, 2) current issues that contribute to their problems as leaders, 3) trends and leadership practices in early child care centers, and 4) from the findings, recommend quality improvement strategies for professional development that fosters high quality child care.

The research sample was composed of 516 early child care center Directors from across the State of New Jersey. A subset of twenty-nine Directors comprised the four focus groups. The qualitative research design contains data compiled from a multiple response survey and from responses of the Focus Groups that added narrative detail to the survey responses. Conclusions resulted from the combined results of the survey and focus groups responses.

CHILD CARE CENTER DIRECTORS: GATEKEEPERS TO QUALITY

From the analysis, emergent themes show that additional research may help determine how to develop Directors' leadership identity to maximize the Directors' ability to achieve a high quality center. Additional information about Directors is necessary to understand the values and qualities that influence leadership styles.

Furthermore, the broad policy in New Jersey of accepting any post high school degree for Director Certification is inadequate. The researcher concluded that progressive professional development that concentrates on early child care pedagogy and methodology could benefit early child care Directors.

CHILD CARE CENTER DIRECTORS: GATEKEEPERS TO QUALITY

DEDICATION

For my mother Sallie Mae Thompson who passed away on April 24, 2015. I thank her for her quiet strength and for her continued pride in everything that I accomplished. She would say “you never start anything that you’re not going to finish.” And so it is done.

CHILD CARE CENTER DIRECTORS: GATEKEEPERS TO QUALITY

ACKNOWLEDGEMENTS

For God – who without his blessings, strength, compassion, love and guidance I could not have completed this. I thank him for the journey.

For my children, Al-Tariq and Na'im – Thank you for standing by me and for your love.

For my grandchildren Damon, Ymani, Ibn, Amir and Naledi – For those times when I would have rather been hanging out with you but school work became the priority, thank you for your understanding and love.

For my friend Reginald – you applauded each milestone and encouraged me along the way...to the end. Thank you for reading my many papers, editing, making suggestions, and just being supportive. I am indebted.

For the Village - the friends, Sorors, church members and colleagues who helped to transcribe notes, taught me how to code, accompanied me to focus groups, called to check on me and just shared some love, encouragement and prayers. Thank you.

For all of the Child Care Directors across the state who participated in the study – Thank you for having faith in me to tell a little of your story, including the challenges and your needs.

For Leslie Morrow and my committee members – for seeing my vision and desire and helping me along the way to achieve this dream. Thank you for your support, advice, and constructive feedback.

For NJACCRRRA, CITE, NJAEYC, NJDHS, and NJDOE - for assisting me by encouraging directors to complete the survey instrument.

CHILD CARE CENTER DIRECTORS: GATEKEEPERS TO QUALITY

TABLE OF CONTENTS

Copyright	ii
Abstract	iii
Dedication	v
Acknowledgement	vi
Table of Contents	vii
List of Tables	x
List of Figures	xi
List of Appendices	xii
CHAPTER 1: INTRODUCTION	1
Background	1
Statement of the Problem	5
Purpose of the Study	6
Research Questions	7
CHAPTER 2: LITERATURE REVIEW	8
Introduction	8
Whole Leadership Framework	9
Theoretical Framework	12
Educational Leadership Theories	16
Definition of High Quality Care	21
Evolution and Influence of Public Policy on Early Child Care	22
Benefits of Early Quality Care Based on Research	24
Socio-economic Influences on Early Child Care	29
Challenges of Delivering High Quality Early Education Programs	31

CHILD CARE CENTER DIRECTORS: GATEKEEPERS TO QUALITY

Child Care Directors as Leaders' Impact on Improving Quality	40
CHAPTER 3: METHODOLOGY	42
Introduction.....	42
Research Design.....	43
The Sample	44
The Instruments	46
Procedures	47
Data Collection	50
Data Analysis	56
Research Protocols.....	61
Limitations and Significance	62
Summary	63
CHAPTER 4: RESEARCH FINDINGS	65
Introduction.....	65
The Survey Results	67
Research Question 1 (RQ1).How do childcare Directors perceive their role as leaders?	75
Perceived Strengths (Q23), and Perceived Least Confident Leadership Areas (Q24) as Relevant to (RQ1)	81
Research Question (RQ2): How do childcare Directors define program quality?.....	86
Research Sub-Question 2A (RQ2a): How do childcare Directors describe their role in improving program quality?	90
Research Question 2B (RQ2b): What do Directors perceive as their professional development needs to enable them to improve program quality?	94
Focus Groups	99
Focus Groups' Responses to Research Questions	102

CHILD CARE CENTER DIRECTORS: GATEKEEPERS TO QUALITY

Emergent Themes	112
Summary	115
CHAPTER 5: DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS	117
Introduction	117
Research Overview	117
Early Child Care Research Leadership Frameworks	132
Implications	135
Recommendations Related to Future Research	144
Limitations	145
Conclusions	146
REFERENCES	149
APPENDICES	167

CHILD CARE CENTER DIRECTORS: GATEKEEPERS TO QUALITY

LIST OF TABLES

Table

1	Sources for Data Collection	57
2	Sample Tally Sheet for Total Responses Corresponding to Research Question 1 (R1).....	58
3	(Q4) Age Ranges of Children Served	67
4	(Q6) Early Care Centers Enrollment by Age	68
5	Summary of Survey Demographics	72
6	(Q17 – 18) Education Background of Directors in the Sample (N = 516).....	73
7	(Q19) Directors’ Levels of Leadership Training Attained (N = 516).....	74
8	(Q21) Summary of Directors’ Teaching Experience (N = 516)	75
9	(Q28) Educational Standards Incorporated into Center Programs	89
10	(Q30) Perceived Assistance Needed to Support the Quality Improvements Listed in (Q29).....	93
11	(Q34) Directors’ Preferred Methods of Receiving Training and Education	97
12	Geographical Locations and Types of Programs Supervised by the Directors in the Focus Groups (N = 29)	101
13	Comparison: Whole Leadership Versus Collaborative Leadership.....	134

CHILD CARE CENTER DIRECTORS: GATEKEEPERS TO QUALITY

LIST OF FIGURES

Figure	
1	Critical Leadership Dimensions Considered Necessary for Early Child Care Directors Illustrating the Theoretical Framework15
2	Map of New Jersey Focus Group Study Locations56
3	(Q7) Per Source Comparative Level of Contribution for Early Child Care Centers69
4	
4	Summary of Directors' Role of All Survey Choices as Perceived by Respondents76
5	(Q10) The Five Most Frequent Self-Described Perceived Role of Directors78
6	(Q23) Directors' Perceived Confidence Level of Leadership Strengths82
7	(Q24) Directors' Perceived Least Confident Level of Leadership Strengths84
8	(Q26) Directors' Majority Time Spent on Tasks, Duties, and Activities86
9	(Q27) Characteristics Perceived as Significant for Quality Programs from Responses on Survey87
10	(Q29) Options for Improving Center Quality91
11	(Q33) Topics Requiring Additional Training95

CHILD CARE CENTER DIRECTORS: GATEKEEPERS TO QUALITY

LIST OF APPENDICES

Appendix

A	The Gatekeeper Survey	167
B	Pilot Survey Results	174
C	Survey Notification	178
D	Sample Transcripts of Focus Group Interview Responses	180
E	Online Survey Link Consent Form	185
F	Focus Group Consent Form	187
G	Summary of Survey Demographics	191
H	(Q10) Coded Best Terms That Describes Roles of Directors (N=516) ...	195
I	Raw Data (Q23), (Q24), (Q25), (Q26)	197
J	Raw Data (Q33) Areas Requiring Additional Training.....	202
K	Sample Research Focus Group Protocol Template	204

CHAPTER 1: INTRODUCTION

Background

Child care centers across the United States enroll more than 6,980,000 children (OPRE Report, 2014). Since 1997, the child care field evolved with increased influence and input from federal and state compliance agencies. New Jersey has more than 400,000 children aged five and under who spend a portion of their week in some form of child care (Kids Count, 2013). These agencies imposed regulations and guidelines with the intention of improving the quality of early education programs. Focusing on the regulatory programs in New Jersey, the early childhood infrastructure includes 1) the Early Learning Commission 2) Four Interdepartmental Planning Departments, 3) NJ Council for Young Children (NJCYC), 4) County Councils for Young Children with representation on NJCYC and committees, and 5) Central Intake Hubs expanded to 21 counties in 2015) (Stanislaski, 2015).

High quality child care programs provide a safe and nurturing place for children to learn, play and grow through activities that help children develop physical, social, emotional, and intellectual skills. Enrollment in quality child care programs narrows the achievement gap between low socioeconomic and affluent children. Research shows that as early as two years of age, children benefit from quality child care programs that have the effect of clearly impacting their cognitive performance (Ruzek, et al., 2011, Setodji, et al., 2013). Conversely, substandard child care can negatively contribute to the achievement gap (Herbst, 2012) and can have serious, damaging long-term effects on young children (Marshall, 2011).

The quality of early education programs is typically defined along two dimensions —structure and process. The structural elements or inputs include the size of

each group of children, the adult-child ratio, and the education and training of the teachers and staff (Espinosa, 2002). State licensing standards and funding sources shape the structural quality. Alternatively, process quality examines the actual experiences children have in the classroom, such as, educational activities, curriculum, health and safety provisions, and child-teacher interactions. High quality child care experiences occur when both appropriate process and structural indicators are in place (Espinosa, 2002).

Despite the importance of high quality programming for young children, most child care centers offer care that is mediocre and the vast majority of early child care centers inadequately meet the children's educational, emotional, and social development needs (Barnett, et al., 2002; Alexandre, et al., 2013). The quality of a child care facility is often determined by the organizational context in which the programs operate, (i.e., who owns and operates the program).

Currently, child care programs fall under the auspices of nonprofit, local for-profit, national for-profit chains, and church-sponsored or publicly funded programs, (e.g., Head Start) (OPRE, 2014). Research shows that public and non-profit child care providers are significantly more likely to be of better quality than for-profit child care (Kagan, 1991). In general, unless children are in well-funded programs, such as, publicly funded preschool settings, children tend to receive mediocre care. New Jersey, among other states, recognizing the lack of consistency across child care programs, now designs and implements Quality Rating and Improvement Systems (QRIS) to incentivize programs to improve the quality of educational programs and curricula offered (NCECQA, 2016).

The National Center on Early Childhood Quality Assurance (2016) defines QRIS as a method to “assess, improve, and communicate the level of quality in early care and

education” settings. QRIS are systematic in addressing multiple aspects of early care and education through a uniform approach that is practiced throughout a state. According to Mitchell (2005) and as later reported by the National Child Care Information Center (2006), there are typically five common elements in QRIS:

- 1) Standards based on the principle of conformity with the state’s child care accrediting guidelines.
- 2) Accountability via suitable measures of assessment and monitoring to comply with explicit benchmarks of the standards.
- 3) Program and practitioner outreach and support that encompasses efforts to encourage committed involvement in the Quality Rating and Improvement System. This element includes technical assistance, training, mentoring, and other types of supports as deemed necessary to achieve improved and effective delivery of early care and education. Compliance and monitoring is the function of the state’s oversight and conformity agency, usually a component of a state’s department of education focusing on early childhood education.
- 4) Financing enticements explicitly connected to compliance with quality standards, (i.e., options and flexibility in the form of quality payments, reimbursement rates, or contracts, etc.)
- 5) Parent education intended to ensure that parents understand the Quality Rating and Improvement System and how it benefits their children and families (Mitchell, 2007).

Generally, QRIS have progressive quality standards – usually three to five levels of quality descriptors. The quality levels are rooted in states’ standards that are based on research and best practices. Nationally, 37 states currently have Quality Rating and Improvement Systems (National Center on Child Care Quality Improvement, 2015).

In 2013, New Jersey launched Grow NJ Kids, its version of QRIS (Grow NJ Kids Newsletter, 2015). Grow NJ Kids assesses early care and education programs, provide training and incentives to improve them and to communicate their level of quality to the public. Grow NJ Kids functions as a cross-sector framework to align New Jersey's diverse and multiple sectors, (e.g. child care, public preschool, Head Start) of the early care and education system. Grow NJ Kids will increase access to high quality early learning and child care programs for all families; will support and help programs progressively achieve higher quality; and will provide families with better child care options that will positively impact their children's readiness for kindergarten. An early education program that participates in Grow NJ Kids receives a star level ranging from one to five. The star level is commensurate with the program's level of quality based on prescribed standards. Parents can determine if a program or early care facility is of high quality based on the star rating. Presently, Grow NJ Kids is undergoing a test drive to evaluate the validity and reliability of the QRIS tools before being implemented statewide. The Grow NJ Kids' trial run is a voluntary program in which 56 programs currently participate (Grow NJ Kids Newsletter, 2015).

New Jersey policy makers use various strategies to motivate stakeholders, individuals, and agencies associated with Grow NJ Kids to participate in the new initiatives. Participation is achieved by applying various forms of pressure and promises of support (Mc Laughlin, 1991). The support comes in the form of financial resources, training, technical assistance, and pressure specifying that standards and requirements will be imposed on those who do not comply voluntarily.

Successful implementation of educational reforms is dependent upon the capability of child care directors to demonstrate the requisite skill sets and knowledge to

meet the challenge as well as exhibit their interest and will (McLaughlin, 1991). Given that premise and the state's ability to provide an adequate system of supports, it is anticipated that the intended outcomes can be achieved (Ryan, & Ackerman, 2005).

Statement of the Problem

The implementation of QRIS is dependent on the leadership ability of center directors (OPRE, 2014). Child care directors are the gatekeepers of the quality of the educational services delivered because they set the standard for what is expected in terms of program operations including staff performance, family engagement and community outreach, and most of all student achievement outcomes (Bella, & Bloom, 2003; McCormick Center, 2017; 2003). The leadership ability of the child care center directors are instrumental to initiating and nourishing the improvement process (Bella, & Bloom, 2003). Educational change is never an overnight process, nor is it a top down progression (Fullan, 2007). The child care directors in their role as change agents must be sufficiently knowledgeable and influential to initiate and support the change process although that change is often motivated by local or external factors.

Expecting child care directors to serve as agents of change is problematic because unlike the K-12 system, where principals are required to have extensive coursework and credentials in leadership and change making, leaders of child care centers have no set standards (Ryan, Whitebook, Kipnis, & Sakai, 2011). For example, the experience, education and background of center directors varies from a director who has no educational or management experience to another who has an extensive early childhood background and an advanced degree (Ryan, Whitebook, Kipnis, & Sakai, 2011). Circumstances that allow for a broad range of qualifications of early care directors to exist must be minimized. Research findings by Ryan, Whitebook, Kipnis, and Sakai

(2011) suggest that policy makers and administrators of preschool programs should implement needs assessments of their early care directors, teachers, and support personnel to certify that professional development opportunities address different levels of experience and proficiency fitting for leaders working in early care facilities. Equivalent work experiences, education, knowledge, and training in early education content, natural aptitude for leadership, management skills and communication competencies are prerequisites that support child care directors in their quest to become effective leaders.

Purpose of the Study

Research on early childhood leadership is sparse, and research that is available focuses primarily on managerial tasks and program administration rather than the kinds of training directors need to enable them to change and sustain quality improvement efforts (Bloom, 2000). Researchers suggest that directors have a range of professional development needs, confirming that additional research is essential to know more about what directors need to have in place to administer quality programs and when and how professional development should be implemented (Bella, & Bloom, 2003; McCormick Center for Early Childhood Leadership, 2017; 2003).

The success of the QRIS depends on effective leadership in addition to a strong and supportive infrastructure that must be developed to support capacity building for directors through an appropriate professional development program (Ryan, Whitebook, Kipnis, & Sakai, 2011; Whitebook, 2003). As a leader of a Child Care Resource and Referral agency in New Jersey, this investigator is charged with the responsibility of providing professional development services to child care directors who are working to improve the quality of their programs based on the standards prescribed by the Grow NJ Kids initiative. To plan and implement a professional development program that

adequately meets the needs of the educational and developmental goals directors have, it is important to collect data that can be used to inform what professional development is needed and how it should be implemented.

Based on the results of a statewide survey, other sources of information, and input from focus groups composed of child care directors, this study endeavored to identify (1) current needs surrounding leadership development in the field of early care and education, (2) trends and the propensity to change among practicing directors of early care centers, and (3) quality improvement strategies that can be used to develop a professional development program.

Research Questions

Using a qualitative approach this study addressed the following research questions:

- 1) How do child care directors perceive their role as leaders?
- 2) How do child care directors define program quality?
 - a. What do child care directors perceive as their role for improving program quality?
 - b. What are their professional developments needs to improve program quality?

CHAPTER 2: LITERATURE REVIEW

Introduction

Changes in the early education landscape continue to evolve as additional research emerges documenting the needs of young children and the importance and benefits of high quality early education. The literature review first presents an overview of the theoretical framework that guided the research conducted by this investigator and other prominent theories of leadership as they relate to early childhood education.

Following the theoretical discussions is an explanation of the political climate at the time of the writing of this dissertation and how it influences policy in early education. Specific attention is given to early education policies that have progressed over the last two decades that support high quality preschool and New Jersey's effort to develop and implement systems and policies that will enhance the quality of all child care programs including those that serve infants and toddlers.

Next, a review of the literature reveals the value of high quality early education programming. In defining high quality, the importance of high quality and the benefits to children – especially those who are disadvantaged will be accentuated. Subsequent discussion will highlight the challenges faced by educators striving to achieve high quality child care centers as they consider the child care work force, the directors' qualifications, and the need for professional development for all staff and teachers. The last section discusses how directors can use their role as leaders to implement change and build leadership capacity to help teachers to improve their practice.

Scholarly writings relevant to the focus of this dissertation informed the literature review. Primary sources included peer-reviewed articles, books, textbooks, dissertations and conference papers. Secondary sources came from research summaries reported in

professional research journals, technical reports, printed and computerized databases (e.g., Rutgers University Research Libraries, Google Scholar, and Education Resources Information Center (ERIC), magazines, and newspapers. Keywords were selected on the basis of importance of the concepts surrounding the research questions and the topics discussed in this dissertation. The resulting key words are: infant toddler, early childhood education, child care quality, child care directors, child care leadership, early childhood leadership, child care workforce, professional development, and teacher support.

In the development of this dissertation and the subsequent theoretical framework, the investigator was influenced by the Whole Leadership Framework resulting from recommendations in the Institute of Medicine and National Research Council's report, *Transforming the Workforce for Children Birth through Age 8: A Unifying Foundation*, (Allen, & Kelly, 2015; National Research Council; Institute of Medicine, 2014). The report focuses on leadership as an embryonic element for expanding workforce capacity in early childhood education. Therefore, it is appropriate to present an overview of the stances materializing from that report. Ensuing will be a presentation of the investigator's theoretical framework.

Whole Leadership Framework

Child care center program leaders are frequently included with other staffs that are considered to be 'lead educators.' Therefore, a clear understanding of child care leaders' basic knowledge and abilities is essential for effective operation of the child care centers' programs. As a result, early childhood leadership is complex and associated with a multitude of concepts that are regularly confused by inconsistent standards and policies across diverse program settings (Abel, Talan, & Masterson, 2017).

To remedy this situation, the McCormick Center for Early Childhood Leadership

at National Louis University developed Whole Leadership, an instructive conceptual framework. The framework covers a far-reaching interpretation of program leadership which can be summed up in three categories: 1) leadership essentials, 2) administrative leadership, and 3) pedagogical leadership (Abel, Talan, & Masterson, 2017; 2003).

The definition of the three leadership categories as identified by Abel, Talan, and Masterson (2017) are as follows:

...Leadership essentials is defined as the foundational skills in reflective practice, communication, and relationship building — critical for all facets of leadership and often expressed in leadership styles and dispositions...

...Administrative leadership involves maximizing team capacity to develop and sustain an early childhood organization with both operational and strategic leadership functions. Program leaders also assume leadership roles beyond their own organizations through advocacy and connecting with their communities...

...Pedagogical leadership addresses the complexity of teaching and learning in settings that serve young children, birth through third grade (Abel, Talan, & Masterson, 2017) ...

There is a commonality between each of these categories, producing a codependent relationship. Leadership applied in one category influences and/or requires shared leadership in the other categories.

Leadership essentials generate a productive and dynamic setting that results in a greater degree of teamwork, efficiency, ingenuity, and principled commitment for everyone concerned. Administrative leadership is about establishing goals, organizing work, and rallying people to withstand an early childhood establishment. Two important features of administrative leadership are operational leadership and strategic leadership (Abel, Talan, & Masterson, 2017).

Operational leadership is achieved through vital functions, (e.g., hiring, evaluating, and reinforcing teaching staff; creating budgets in line with the mission of the child care center and requirements; and preserving a constructive organizational culture and climate (Abel, Talan, & Masterson, 2017).

On the other hand, strategic leadership includes managing the direction of the child care center while planning ahead for the future. Strategic leaders elucidate the child care center's mission and values, motivate staff to value a shared vision, and safeguard the program goals while simultaneously making certain that outcomes are reached (Spillane, & Healey, 2010).

As a final point, Abel, Talan, and Masterson (2017) maintain that pedagogical leadership is an 'exercise' to expand the art and science of teaching. Their conception of teaching is a comprehensive interpretation because it covers birth to the third grade. . . . Explicably, pedagogical leadership includes activities to elevate child development and learning and focuses on teacher temperaments and high-quality communications with children. Moreover, pedagogical leadership includes instructional leadership. In this way, pedagogical leaders support classroom teachers in implementing curriculum, in the early child care setting, the leader includes activities that some people may not connect to instruction, (e.g., infant teachers are encouraged to talk with babies during diapering routines as part of instruction) (Louis, et al., 2010). Thus, the rationale as to why the researchers choose to consider pedagogical leadership as a broader, more inclusive term.

The Whole Leadership Framework is adaptive (Heifetz, Grashow, & Linsky, 2009). Several organizational characteristics may be more highly respected or more appropriate to meet prime necessities that may arise unexpectedly, emergencies, or for explicit circumstances. The researchers believe that early childhood leaders should have

experience in leadership essentials and basic knowledge and skills in both the pedagogical and administrative domains, (i.e., leaders should have a ‘balanced leadership perspective’) (Bloom, & Abel, 2015; Louis, et al., 2010).

Theoretical Framework

The principles of leadership ground the theoretical framework of this study, but they are supported by several theories that address the role of child care director. Blank (1997) present a broad leadership framework consisting of five dimensions: 1) administration, 2) pedagogy, 3) advocacy, 4) community and 5) conceptual leadership. This framework marks a turning point in early childhood leadership conversations given that it expands conventional thinking of leadership beyond management or administration (Pearce, & Conger, 2003). As early child care research advanced, researchers increasingly suggest that leadership in early care and education actually has many functions or parts (Aubrey, Godfrey, & Harris, 2012; Camburn, & Han, 2009; Kagan, & Cohen, 1997).

The five dimensions are:

1. Administration. Stipek and Ogana (2000) identified a key element of quality early child care provision as leadership. Without competent and effective leadership, administration becomes problematic for the director, staff and children being supervised (Mulford, 2003). Other studies have similarly found leadership to be essential in determining the quality of early childhood programs. Early care and education leaders must be politically discerning, that is, aware of and involved in a variety of contexts extending beyond daily routines, and capable of visualizing and expediting change. Critical leadership aptitudes mark a major change in expectations about what early child directors need to know and be able to do (Whitebook, et al., 2012; Whitebook, 2003;

Hayden, 1997; Rodd, 1997).

2. Pedagogy. Early childhood pedagogy refers to professional practices that emphasize features of curriculum decision-making, teaching and learning that encompass building and nurturing relationships. When educators establish respectful and caring relationships with children and families, they are better able to collaborate to create curriculum and learning experiences pertinent to children in their environment. These experiences progressively develop children's knowledge and awareness of the world (Blackboard, Inc., 2017).

Further, pedagogy focuses on the child as a whole person, and support for the child's overall development; leaders view themselves as people in relationship with the children or young people. Children and staff inhabit the same space, not merely exist in separate hierarchical domains (Petrie, et al., 2009).

3. Advocacy. There are important reasons why advocacy is deemed important in this theoretical framework. First, rigorous long-term studies found a range of returns between four and nine dollars for every dollar invested in early learning programs for low-income children. According to the Heckman Equation, early childhood education results in a 10 percent annual rate of return (Heckman, 2013; Jensen, 2009).

Secondly, early childhood directly affects adulthood. The initial experiences and the environments in which children grow in their earliest years can have lasting impact on later success in school and life (Dong, et al., 2004).

Next to consider is that inequalities propagate quickly in childhood. By age three, children with college-educated parents/guardians had vocabularies two to three times larger than those whose parents had not completed high school. By the time lower socioeconomic children reach school, they are already behind their peers because many

are not engaged in a language-rich environment early in life (Hart, & Risley, 1995).

Finally, young children need support. Children between birth and three years of age are the most likely age group to experience some form of maltreatment. A safe, caring and motivating environment with well-trained early childhood educators can help mitigate many hostile early experiences (Mulford, 2003)

4. Community. Because parents are a child's first and most important teachers; generally, it is their responsibility to care for their children. However, it takes the community to provide the best environment for nurturing the individual (Tomlin, 2008). Tomlin (2008) goes on to say that communities that encourage involvement from other human sources and different professions provide enhanced learning opportunities for all children. Community includes interactions with parents, and extended family members; businesses and other stakeholders thus, there are numerous ways communities join together to provide the best possible childhood for children.

5. Conceptual leadership. The ability to create new ideas is characteristic of conceptual leadership. It is shared leadership that is energetically driven by a collaborative process in which individuals in the group share the responsibility of leading one another to achieve the child care center's goals (Pearce, & Conger, 2003).

Stakeholders make a concerted decision to contribute towards the achievement of the objectives and exhibit enthusiasm, intelligence, self-reliance, and the capability to work cooperatively (Kelley, 1992). These five components that drive this research are conceptualized in the Critical Leadership Dimensions Considered Necessary for Early Child Care Directors Illustrating the Theoretical Framework Figure 1.



Figure 1
*Critical Leadership Dimensions Considered Necessary for Early Child Care Directors
Illustrating the Theoretical Framework*

In the 21st Century, early childhood education is besieged with having to do more work with fewer resources. Moreover, there is scarce and insufficient research on leadership in early childhood settings, but understanding the managerial role of directors is crucial if advances are to be made in the field of early childhood education (Heckman, 2013).

Educational Leadership Theories

As interest in early child care grows, a number of theories and models help to explain this work. However, the role of child care directors and the early childhood sector are complex and more than one theory must be considered. While theoretical perspectives offer insight into aspects of contemporary leadership, there is no right way. None of the leadership theories fits all people, situations or structures. Therefore, this investigation does not define or expand on every possible theory, but will highlight those that are germane to introducing readers to prominent ideas and views held by scholars in the field of early child care and education. The discussion will include 1) socio-cultural theory, 2) culture and climate effects on leadership in early child education, 3), transformational leadership, 4) distributed leadership, and 5) instructional leadership.

1. Socio-cultural theory. As early as 1978, researchers began to promote the idea that parents, caregivers, peers, and the culture at large were responsible for developing higher order functions within children. The forerunner of these beliefs, Vygotsky (1978) purported that understanding a young child's cognitive processes and learning could be useful for analyzing leadership. Socio-cultural theory conceptualizes leadership as a process of social construction through which certain understandings evolve and are validated. The role of language and interaction are emphasized in the development of leadership potential (Vygotsky, 1986; Vygotsky, 1978).

While Vygotsky's theory waned in importance after his early and untimely death in 1934, his works were rediscovered and republished in 1978. Scholars found that his earlier implications were applicable to early childhood education. Since 1978, socio-cultural theory is viewed by educational leaders as a higher ordered function that develops out of social interactions. These interactions result in cognitive and

communicative experiences and are social influences through which values, attitudes, ideas and behaviors are constructed and produced. The result is that socio-cultural experiences are coordinated and changed in both leaders and others (Shaffer, 2009).

2. Culture and climate effects on leadership for early child education.

Parallels have been made between educational leadership theory in which the school leader or principal defines the school's mission, manages the instructional program, and promotes a positive school-learning climate and/or culture with the goal of improving school outcomes as one that aligns with the early education role of director (Hallinger, 2011). This model was particularly successful in poor urban communities (Heckman, 2013; Leithwood, et al., 2004). This study considers those ideals that are also supported in early education leadership development research and applies them to the child care center's environment with the director serving as the instructional leader (Bella, & Bloom, 2003). However, the child care director's role is more far reaching than that of an instructional leader. Research also shows that leadership is second only to teaching as an influence on learning, and that the quality and practice of leadership is linked in a consistent and demonstrable way to improved student outcomes and educational equity. The climate and culture of a child care center is influenced by the extent to which a leader is effective in being consistent in delivering desired improved student outcomes and educational equity (Leithwood, et al., 2006, p. 4; Mitgang, 2012).

3. Transformational leadership. Transformational theory focuses on how leaders inspire people with shared values and vision to want to make their programs better for children, parents and the community (Rodd, 2013). Child care directors that are transformational leaders work with their staff and team to create a vision to guide the changes that they want to see that will improve their programs and then help develop

followers into leaders. Spahr (2015) theorizes that directors who help to move their staff from positions of subordination to effective leaders accomplish the feat by 1) solving challenges practically demonstrating that old routines and practices do not fit or work, 2) constantly looking to see what has to change in their child care center, and by 3) maximizing their teams' capability and capacity.

4. Distributed leadership. Distributed leadership theory was popularized by Gronn in the year 2000 as a method of explaining the functions of leadership in organizations. Distributed leadership is primarily concerned with the practice of leadership rather than specific leadership roles or responsibilities (Harris, & Spillane, 2008). Distributed leadership evolves out of a culture of collective responsibility, where individuals spontaneously and voluntarily choose to act when they perceive something that needs to be done, (i.e., they understand and act to meet the needs of the situation or context (Spillane, 2006). Leadership becomes 'distributed' only when leaders create space for others, (e.g., subordinates) to rise to challenges and leadership functions are infused through, subtly pervades, and permeates every aspect of the workplace culture (Rodd, 2013). Child care directors often rely on staff and team members to gravitate towards leadership roles, under the guise of getting the job done. Occasionally, directors intentionally share knowledge and information to help staff elevate their skills and abilities with the goal of motivating them to take initiative to take on leadership tasks (Spillane, 2006).

5. Instructional leadership. In an era of standards-based educational reform, the classroom teacher is centrally important to the attainment of student outcomes, however more critical is the instructional leadership capacity of the building principal/director successfully to orchestrate the educational program and its constituents

to achieve goals for all students, hence, instructional leadership is distinctive to the field of education.

The responsibility of an instructional leader is to affect positively the quality of teaching and student achievement (Blase, & Blase, 1999). In a Turkish study, 198 teachers participated in a survey that focused on instructional leadership and school culture (Şahin, 2011). The findings indicated a positive and high level relationship between the principal's instructional leadership style and school culture. In addition, respondents' perception of the principal's predisposition to promote professional development and provide feedback to the teaching and learning processes through regular monitoring was positive.

Despite the fact that in many circles, leadership is seen as optional for the attainment of quality (Rodd, 2006), there is a growing recognition of the value of modifying or adding to the leadership capacities of underperforming schools and to develop criteria that sustains improvement efforts or supports school reconstitution (Leithwood, et al., 2004). To accomplish the necessary transition of developing instruction leaders, the challenge for administrators is to shift the existing research on early childhood program quality improvement strategies from a practice that typically addresses coaching and consultation approaches to promoting individual teachers and caregivers towards program administrators (Zaslow, Tout, & Halle, 2012).

Sequentially to move towards a model of instructional leadership, directors will need to prioritize their many responsibilities and their attention toward instructional issues that impact classroom instruction and student achievement. Some of those elements include promoting a vision; creating alignment of curriculum, instruction, assessment and standards; focusing on data; and maintaining a culture of continuous

learning and quality improvement (Lashway, 2002). Directors are often overloaded with multiple administrative tasks that decrease the probability that the director alone can perform all the necessary leadership functions (Donaldson, 2001; Fullan, 2001; Smylie, et al., 2002; Spillane, & Louis, 2002). The difference is that most directors lack a cadre of support staff to do the job. This is where prioritizing and intentionality advances to the foreground.

For directors to be effective instructional leaders they must be prepared to meet the basic needs of their teachers (Carter, 2000). Teachers want directors who respect and listen to them, and who are responsive. They want their directors to have a vision that is shared and the ability to help shape that vision, including shared decision-making (Bloom, 2000). The director must tend to the physical environment of the program, walk the talk and show genuine concern and support for the well-being of staff (Bloom, 1997; Bloom, 1992).

In a study of 800 teachers as reported by Blase and Blase (2000), participants were asked to describe characteristics of principals that enhanced their classroom instruction and the impact these characteristics had on them, two effective instructional leadership themes emerged: 1) talking with teachers to promote reflection; and 2) promoting professional growth). Given the historical teacher-centric focus, research is needed to examine effective approaches to working with directors, where to target efforts across the multiple classrooms of a program, and how to address relationships among staff members within a program appropriately (Zaslow, Tout, & Halle, 2012).

According to Mitgang (2012), noteworthy key barriers to becoming an effective instructional leader are the lack of skills and training, lack of support from a higher level of authority (superintendent, school boards), and lack of vision, will, or courage. This

investigator sought to understand causes of the barriers and in so doing, subsequently recommended strategies to override the deterrents to effective instructional leadership.

Definition of High Quality Care

The literature identifies two principle determinants of high quality early education – process quality and structural quality. High quality child care experiences occur when both appropriate process and structural indicators are in place (Barnett, 2011; Espinosa, 2002). To understand how to recognize quality in the early education environment, it is necessary to understand the workings of these two determinants.

Process quality is typically measured through classroom observation and includes the actual experiences that children have in the classroom such as educational activities, curriculum, health and safety provisions, and child-teacher interactions. Researchers found that process quality features of the classroom promote children's development and their future success in school (Layzer, & Goodson, 2006). Because process quality involves observation of the daily experiences of children in their actual educational environment, it has been the most widely investigated (Ceglowski, & Bacigalupa, 2002).

The elements that comprise structural quality include the size of each group of children, the adult-child ratio, and the education and training of the teachers and staff (Espinosa, 2002). Ordinarily, these aspects are established by 1) state licensing standards, (i.e., Department of Children and Families – Office of Licensing in New Jersey, 2) funding sources, (e.g., in New Jersey, the Division of Family Development), or 3) through quality considerations, (e.g., accreditation; QRIS). Priority has been placed on structural conditions such as facility environment, square footage, lighting, and noise because they impact the child's sensory and emotional development (Marshall, 2011).

Historically, high quality early education requires an instructional team of well

trained teachers, a developmentally appropriate curriculum, and environments that are healthy, safe, and attractive with equipment and materials designed to enhance children's development (Kagan, & Cohen, 1997; NAEYC, 1996; Bredekamp, 1987). For optimum care and development of children, group sizes should be small with low teacher child ratios (Burchinal, et al., 2000; Phillips, et al., 2000).

National attention highlights the importance of an early quality educational environment to future academic success. A national study commissioned by the United States Department of Health and Human Services in 1991 found that the strongest and most salient predictors of positive infant caregiving are lower child-adult ratios and small group sizes (Barnett, Schulman, & Shore, 2004; NICHD, 2000). In this study, the NICHD defined positive infant caregiving as sensitive, warm, responsive, and cognitively stimulating. Additionally, the study reports that for toddlers, positive predictors are also more likely when caregivers are educated, have more experience in child care, and hold more child centered beliefs about child rearing. Environments that are clean, safe, uncluttered, and well stocked with developmentally appropriate toys and learning materials, also contribute to positive predictors (NICHD, 2000; Loeb, et al., 2004).

Evolvement and Influence of Public Policy on Early Child Care

The most celebrated advances in early education reform since 1997 have been primarily focused on publicly funded preschools and the foundation they offer for future educational achievement especially for disadvantaged children. During this period, early care and education was politicized and its public good recognized as a result of its successes (Goffin, & Washington, 2007).

Publicly funded preschools are typically designated for disadvantaged populations. States across the nation have designed programs based on critical structural and process

requirements resulting in varying levels of quality (Barnett, et al., 2012). The nationally recognized Abbott Preschool Program in New Jersey demonstrates how appropriate investments can dramatically impact young children and achieve positive educational outcomes (Barnett, et al., 2013).

Prior to the Abbott Preschool Program implementation, little was known about the overall quality of preschool programs in New Jersey. A statewide assessment was conducted to determine what support, resources, and programs were needed to create the quality of services that policymakers desired that children experience. The result of this effort produced a significant change in the criteria required for preschool teacher qualifications, class sizes, ratios, curriculum, and standards (Barnett, et al., 2012; Leagle, Inc., 2017). The State of New Jersey implemented, with regard to infant toddler care, a similar trajectory of assessment and policy planning.

Meanwhile publicly and federally funded preschool/early education programs are not available to all children; hence, a bifurcated system of child care emerged. A second tier of programs consists of those in which public funds are not available to support quality and, more often than not, are programs that serve children aged birth to three years old. Conversely, quality programs exist in communities where families can afford expensive quality child care centers or where additional resources are available to support them. Yet, for certain disadvantaged communities, quality child care centers are unavailable (Allen, & Kelly, 2015).

Until 2010, child care for children birth to three years of age was missing from the public agenda. In that year, the Early Learning Interagency Policy Board (IPB) was formed to strengthen federal coordination of all early education activities, initiatives, resources, and programs emanating from the United States Department of Education

(NJDOE) and the United States Department of Health and Human Services (HHS). The focus of the IPB is to enhance and improve the quality of all federal early learning and development programs.

In support of the IPB initiative, the HHS (2011) recommended that the primary focus of states should be on the development of systems that support early education from birth through age eight – an emerging movement endorsed by prominent researchers Ackerman and Barnett (2009). Based on their assessment, there is a need for a ‘continuum of quality early education’ beginning at birth. The prevailing scholarly thought was a natural outgrowth from brain research conducted by Edie and Schmidt (2007) that underscored the hypothesis that children are born ready to learn in research that rarely addressed the needs of the birth to three year old population.

The adoption of the New Jersey (NJ) Birth to Three Early Learning Standards is a clear indication that standards-based reform is the foundation for transformations that support quality care. The standards provide a framework that establishes what child care staffs should be doing with children in infant toddler programs based on the age and developmental level of individual children. Additionally, New Jersey rolled out the Grow NJ Kids, Quality Rating and Improvement System (QRIS) test drive in October 2013. The test drive effort is intended to recruit child care center directors to participate in the quality improvement initiative for their centers (New Jersey Council for Young Children, 2015).

Benefits of Early High Quality Care Based on Research

The importance of high quality educational experiences to the cognitive and emotional development of young children logically leads to a discussion on relevant neuroscience research and its effect on early high quality care, education, and learning

experiences. High quality early education has been proven to account for positive child outcomes, a higher measure of cognitive development, language development and communications skills, (Burchinal, et al., 2002); stronger social growth and development (Loeb, et al., 2004); significant gains in math skills (Early, et al., 2007); and help in narrowing the achievement gap between poor and non-poor children (Ruzik, et al., 2011). It is posited that these favorable outcomes tend to last into elementary school (Frede, et al., 2009).

Likewise, three significant empirical longitudinal studies focusing on poor children from preschool into adulthood are presented. The studies highlight the foundational benefits of high quality early education. They are 1) the Abecedarian Project; 2) the Perry Preschool Study; and 3) the Chicago Child-Parent Center Longitudinal Study and will be described in order.

The effect of neuro-development on early care and learning experiences. A major underpinning of the importance of high quality early educational experiences is a body of research on child brain development that found some startling conclusions; the first few years of a child's life are extremely important (Shonkoff, 2011). These first years are the formative years for young children. This is a time when the brain develops rapidly and when early experiences fundamentally shape a child's brain development. Studies show that very young children thrive in environments that are safe and healthy and where caring, nurturing caregivers provide a positive and stimulating learning environment (Shonkoff, 2011). Infants and young children are being cared for in settings outside of the home because parents are working or attending school themselves (National Research Council; Institute of Medicine, 2015; 2004; 2003).

Significant research discusses the neurosensory development of infants. In

explaining how early experiences shape a child's brain Marshall (2011) and McCarthy, et al., (2010) suggest that genetics, environment, stimulation, and relationships are among the factors that influence the child's early development. The positive development of these factors (other than genetics) has been found to be instrumental in predicting future social, emotional, and educational success (Marshall, 2011).

Moreover, an infant's development is dramatically influenced by the individual's life experiences according to Shonkoff (2011). Although babies are born with most of the brain cells that they will have for their entire lifetime, there are very few connections, (i.e., the circuits among the different cells). The brain builds connections that are called synapses. The child's early experiences and environment help to shape the brain and develop these connections during the first year of life.

The development and growth of the infant's brain is dependent on the responsiveness of the adults in the child's environment (Honig, 2002; Marshall, 2011; Thompson, 2008). How the caregiver, parent, and other adults respond to coos, gurgles, and other sounds made by the child help to shape the brain circuitry. Researchers have learned that the brain incorporates these experiences into its architecture (Thompson, 2008). The secure attachments between each infant and a warm stable adult are important to the later emotional well-being of the child (Honig, 2002). Brain development is a life-long hierarchical, cumulative, and integrated process (Thompson, 2008).

The Abecedarian project. The Abecedarian Project was a carefully controlled scientific study of the potential benefits of early childhood education for poor children born between 1972 and 1977. These children were randomly assigned to an early educational intervention group or control group. Each child had an individualized intervention of educational activities. The researchers found that at ages 12, 15, and 21,

students had retained the important, long-lasting benefits that were associated with the early childhood program. Children who participated in the early intervention program had higher cognitive test scores throughout the toddler years to age 21. Academic achievement in both reading and math was higher for these students from their primary grades through young adulthood. Further, the participants in the study completed more years of education, were more likely to attend a four-year college, and were older, on average, when their first child was born (Frank Porter Graham Child Development Institute, 2015).

The cognitive and academic benefits from this intervention were found to be stronger than for most other early childhood programs. Enhanced language development appears to have been instrumental in raising cognitive test scores. Mothers whose children participated in the program achieved higher educational and employment status than mothers whose children were not in the program. These results were especially pronounced for teen mothers. Overall, the Abecedarian Project findings show that intensive early childhood educational intervention makes a dramatic difference in long-term outcomes for children raised in poverty (Pungello, Campbell, & Barnett, 2006).

The Perry Preschool study. The Perry Preschool Study more narrowly focused on the lives of 123 African Americans born in poverty and at high risk of failing in school. Between 1962–1967, at ages three and four, the subjects of the study were randomly divided into a program control group that received a high-quality preschool program based on High/Scope’s participatory learning approach and a comparison group who received no such preschool program. By second grade, participants had significantly higher achievement scores and were less likely to require special education services than the comparison group. Ninety-seven percent of the study participants who were still

living at age 40 were interviewed. The study found that adults at age 40 who had participated in the preschool program had higher earnings, were more likely to hold a job, had committed fewer crimes, and were more likely to have graduated from high school than adults who had not in the High/Scope's participatory learning invention in preschool (Schweinhart, et al., 2005).

The Chicago Longitudinal study. Lastly, the Chicago Longitudinal Study examined Title I Chicago Child-Parent Centers (CPC) located in public schools that provided educational and family support services to low-income children from ages three to nine. By age 20, it was found that these children had greater academic achievement, higher rates of high school completion, and lower rates of remedial education services, juvenile delinquency, and child maltreatment. Key elements of the CPC program effectiveness included an instructional focus on literacy, opportunities for intensive parent involvement, and implementation of the program by well-trained staff within a single administrative system (Reynolds, et al., 2002).

The findings of these revealing studies convincingly demonstrated that an established public program can provide societal benefits that far exceed costs. Economists calculated the benefit-cost ratio for the Abecedarian Project and determined that for every dollar spent on the program taxpayers saved \$2.50 as a result of higher incomes, less need for educational and government services, and reduced health care costs (Pungello, Campbell, & Barnett, 2006). The benefit-cost ratio for the Chicago Longitudinal Study was \$7.14 to \$1.00 ratio (Reynolds, et al., 2002). Finally, the Perry Preschool Study estimated that the benefit-cost ratio was \$16 to \$1.00 ratio (Belfield, et al., 2006).

Socio-economic Influences on Early Child Care

Going forth, high quality early education, its importance and benefits particularly for disadvantaged children are discussed. A parents' child care choices can have a differential impact on the potential development of their young child. Affluent parents typically purchase high quality care, but low income children are more likely to be enrolled in a low quality care environment that may contribute to an achievement gap (Ruzek, et al., 2011). Among low socio-economic families there is a high prevalence of environments in which children do not acquire the language development needed for early school success (Shonkoff, 2011). Thus, as early as 18 – 24 months, the differences in the size of a child's vocabulary can be recognized due to low parental income and education. Early interventions in the form of high quality infant toddler programs ameliorate some of the disparities between low socio-economic early learners and prosperous early learners (Ruzek, et al., 2011).

Evolving child care demographics highlight the potential consequences of failure to improve the quality of the early child care environment, particularly for the poor and disadvantaged. In the year 2000, 80 percent of children under the age of six were in some form of non-parental care and spent an average of 40 hours a week in such care (Smolensky, & Gootman, 2003). By 2004, 85 percent of working families used non-parental care for children who were at least two years old. Child care centers were the predominant form of care selected. African American parents elected child care centers more often as the form of care for their infants and toddler than any other ethnic group (Andreassen, Fletcher, & Park, 2007).

Another factor driving children into the child care centers was policy reforms as sponsored by the welfare reform program. Welfare reform programs require parents to be

engaged in a work-related activity which necessitates young children to spend more hours in non-parental care (Loeb, et al., 2004).

Throughout the nation, children's learning opportunities often contrast sharply based on family income, education, ethnicity, and language background. New Jersey is no exception. Sizable achievement gaps exist among disadvantaged children that emerge early in life and persist throughout the school years (Ruzek, et al., 2011). These disparities hold potentially serious consequences for children and for society as a whole. There is far too little high quality care available and efforts should be made to enhance the quality of care that is available (Kreader, Ferguson, & Lawrence, 2005).

Child care decisions fluctuate depending on family structure, parental characteristics, geographical location, socio-economic status, and a variety of other factors such as the availability, affordability, and accessibility of child care. To confound the status of low income children further, the particular types of child care that families choose differ in quality for children of different ages. The quality of these care environments influence the child's early development and when positive, have constructive social, emotional, and educational outcomes that reach far into the future (Shonkoff, 2011). Conversely, poor quality child care has serious, negative long-term effects on young children (Marshall, 2011).

Stakeholders, advocates, political officials, educators, and researchers call for additional public funding to increase the availability of high quality early education and care for low income children. Increased accessibility of high quality early education experiences offers children timely opportunities to minimize and possibly eliminate achievement gaps before they occur (Ryan, & Graue, 2009). Narrowing education and child care center quality gaps must be a priority for early childhood educators and policy

makers because the evidence clearly shows that children from disadvantaged backgrounds benefit significantly from high quality early education experiences (Setodji, Le, & Schaack, 2013).

Challenges of Delivering High Quality Early Education Programs

A plethora of configurations in the delivery of early education services and facilities exist (New Jersey Council for Young Children (2015). In New Jersey, early education programs exist in public schools, parochial schools, places of worship, Head Start agencies, child care centers, non-profit agencies, for profit agencies, and social service organizations. As well, programs operate under a variety of philosophical principles (e.g., Montessori, Reggio Emilia, and various religious affiliates). Early care programs also have a variety of funding sources, (e.g., Head Start, NJDOE, contracted), and sponsorships, (i.e., corporate, franchises, other educational entities, and commercial for profit chains) (NJDHSDFD, 2016; U.S. Department of Education, 2005).

From this point onward, the focus will be on four key areas of concern for directors as they strive to support teachers in their instruction: 1) the organizational structure of child care programs, 2), the role of the child care directors, 3) the child care workforce and the role of teachers, and 4) professional development.

Organizational structure of child care programs. The National Association for the Education of Young Children (NAEYC) designates the characteristics of high-quality infant toddler programs in terms of what is critical for the child, family, teacher, curriculum, and classroom environment. NAEYC asserts that infants and toddlers have unique needs based on age and developmental levels, distinctive family customs, cultures, and preferences. Consequently, each child requires individual attention to those needs. NAEYC further informs that the teacher is the ‘nucleus’ for addressing these individual

needs and ensuring that a stimulating and child friendly environment exists (NAEYC, 2003; 2009).

The NAEYC recommendations cannot always be adhered to because regulations differ from state to state and are further complicated by funding or sponsorship requirements. (NAEYC, 2003; 2009; Phillips, et al., 2000). In New Jersey, child care centers must comply with the New Jersey Child Care Manual of Requirements (2013; 2017) which establishes minimal licensing standards for all centers serving children birth through five years old and school age care for children six years to 13 years old. Publicly funded prekindergarten programs that are housed in Head Start agencies or child care centers must meet licensing standards as well as Department of Education (NJDOE) standards based on *Abbott v. Burke* Supreme Court Rulings, 1998; 2000 (Havey, 2017; Leagle, Inc. 2017). In those programs, master or resource teachers provide onsite support and mentoring to preschool teachers and serve as instructional leaders (Ryan, & Hornbeck, 2005). Infant toddler teachers in those same programs do not benefit from those services and the master teacher role does not exist in typical child care programs.

Accredited centers must comply with accreditation standards, licensing standards, and, if applicable, NJDOE standards. The auspices of the program may necessitate enhanced requirements specifically in the areas of teacher-child ratios, group size, classroom resources, curriculum, teacher education and experience, professional development requirements, and the level of parental involvement. For example, Head Start agencies must comply with federal performance standards in which each of the aforementioned areas are defined (NAEYC Accreditation, 2015). The sponsorships and affiliations of the centers participating in this investigation include Head Start, NAEYC accredited centers, centers that are publicly funded for preschool (but offer infant toddler

care), and private infant toddler centers.

Directors may have additional challenges as change agents and instructional leaders depending on the organizational structure of the program and the standards and requirements currently in place. Organizational structures, standards, and requirements were identified factors when integrating private centers with school district systems and services in the Abbott preschool programs (Whitebook, et al., 2008).

Role of the child care directors. Research reveals much about the child care directors and their experience, skill sets, education, and limitations. Diverse education levels, experiences, and skills that have a significant impact on the directors' ability to be effective instructional leaders exist in the field (Mulford, 2003). Similar to child care teachers, all child care directors are not required to have a four-year degree.

The directors of child care programs must be knowledgeable about what is meant by 'quality,' why it is important, and the benefits of a high quality program to begin to influence positive change in an early childhood program that leads to improved quality. The manner in which directors define quality is critical to how improvements are designed that further support positive child development outcomes (La Paro, et al., 2012).

In a study of directors of publicly- funded preschool programs in New Jersey (Ryan, et al., 2011) only 76 percent of the directors responding indicated having a bachelor's degree or higher. Approximately 60 percent of the directors with degrees had degrees majoring in education, early childhood education, or business. Slightly more than 50 percent were certified to teach children. Roughly one-third of active directors had no prior experience teaching or working as a director. When asked about strengths and weaknesses, responses ranged from "lacking confidence in areas related to early childhood education," to "lack of knowledge of child development theory," to "the

curriculum and working with children with special needs” (Ryan, et al., 2011).

There are many pathways leading one to become a child care director. Ryan, et al., (2011) informed that individuals did not automatically aspire to become leaders. Many teachers were often thrust into leadership roles because others recognized a level of potential in them to lead (Rodd, 2005). Many directors were once teachers and were elevated to the position of director. However, in most instances as teachers, they did not receive training to assume a leadership responsibility. Most directors described their transition into their new role as ‘overwhelming’ (McCormick Center for Early Childhood Leadership, 2017; Bella, & Bloom, 2003). Directors and administrators often report that they were unprepared to undertake leadership roles and the responsibilities associated with being a leader (Muijs, et al., 2005; Ryan, et al., 2011).

In a study conducted by Bright and Ware (2003), similar in some regard to school principals, directors felt a sense of isolation; that they were learning their job through trial and error; that they could benefit from support and mentoring from experienced individuals in the field. The Bright and Ware study (2003) was a national survey of head teachers who had risen to the position of principals in England. The study had more than 1405 respondents. The study found that head teachers needed someone to talk to especially when first starting the job. Respondents mostly felt unprepared because of their limited educational experience or feeling of inadequacy for having insufficient education. The study concluded that the findings underscored the need for high quality training programs for those preparing for head teacher positions.

Directors’ unpreparedness stems from a lack of training (Ackerman, & Sansanelli, 2010). Research demonstrates that the effectiveness of directors is directly related to their own level of formal education and specialized training in leadership and management

(McCormick Center for Early Childhood Leadership, 2017). Formal education is also a strong predictor of overall program quality.

Child care work force and the role of teachers. The child care work force, particularly those caregivers and teachers who work directly with children in the classroom, is principally responsible for the education and daily care of children. This section focuses on the experience, education, and skills of the child care workforce and the challenges they face.

Available data indicate that the workforce is largely female and poorly compensated (Kagan, Tarrant, & Kauerz, 2008). However, remuneration varies widely, and in many cases, circumstances are shaped by contextual factors such as working conditions, compensation, professional development opportunities, incentives and systems of recognition, and administrative support (Ryan, & Whitebook, 2013).

Federal, state, and local policy makers constitute an additional context that tends to mold how the early care workforce functions. It is critical that workplace policies support teachers to ensure that they are able to perform consistently well and to continue to learn and improve (Whitebook, & Ryan, 2011).

Education levels of preschool teachers predict teaching quality and children's learning and development (Barnett, et al., 2001). However, less than 50 percent of all early education teachers hold a four-year degree and many have no college education at all. Often, a high school diploma is the sole educational requirement a person needs to teach in a licensed child care center (Azer, et al., 2002). New Jersey licensing authorities may require Child Development Associate credentials depending on the configuration and capacity of the center. As a result of this low educational threshold, many preschool programs are educationally ineffective (Barnett, et al., 2004).

Since 1997, there has been a significant shift in the professional and educational expectations of teachers who work with young children of preschool age (Espinosa, 2002). Literature suggests that since teacher education is linked to quality, then teachers should have at a minimum a four-year college degree (Barnett, 2004). However, a four-year degree alone does not suffice for improving classroom quality or maximizing children's academic gains. Teachers need specialized training in early childhood education (Espinosa, 2002; Burchinal, et al., 2002; Early, et al., 2007). Yet in many states, including New Jersey, as of September 2013, a Bachelor of Arts degree is only required for publicly-funded preschool programs and for Head Start, while for infant toddler teachers and non-publicly funded preschool teachers a high school diploma may not even be required (Cho, & Couse, 2015).

While there have been some gains in preschool teacher education requirements, according to Zero to Three (2010), the infant toddler workforce is among the least educated and most poorly compensated workforce in the United States. As a result, preschool organizations suffer the greatest staff turnover rates. This turnover directly conflicts with the needs of the very young child who relies on attachment to a consistent, nurturing, and knowledgeable caregiver to thrive. When primary caregivers change, it disrupts the child's emotional attachment causing stress and other challenges for the infant. Teacher turnover also disrupts the classroom, the children, and the quality of a program (Marshall, J., 2011).

Teachers must be well-prepared, participate in ongoing professional development and receive sufficient support and compensation to ensure that they are able to provide care and education that is high quality, (Whitebook, & Ryan, 2011). Directors are challenged to develop supports for teaching staffs that more often than not have

experience and education levels ranging from entry level with no experience and high school diploma to those who are highly qualified. Directors need to be sensitive to staff conditions and demonstrate through collaboration with their staff that they are sensitive to the various issues and wide range of field conditions that exist. Subsequently, directors should plan accordingly to meet the needs of their staff that is practical as much as possible (Ryan, & Whitebook, 2013).

The role of the teacher. Teachers must be knowledgeable about child development and about the importance of adult responsive relationships and reflective practices. It is the teacher who plans the course of the day with interesting activities that stimulate growth, development and learning; in short, the teacher is pivotal in the achievement of classroom quality (Barnett, 2003; Barnett, 2012; Whitebook, M., 2003). To be effective, it is critical that teachers possess a foundational understanding of how children learn and develop as well as curriculum and classroom management (Marzano, Waters, & McNulty, 2005).

In all cases, the teachers play a central role in creating quality experiences for young children. In addition to the teachers' defining role, quality care requires an environment that supports the positive actions of the teachers. Promotion of the teachers' crucial role and an instructional climate that encourages progressive actions of teachers require the active participation and guidance of directors (Loeb, et al., 2004).

Need for professional development. To achieve high quality early educational experiences for all children, including the poor and disadvantaged, there is longstanding recognition of the need for professional development for teachers (Early, et al., 2007). To increase classroom quality requires a broad range of professional development and provisions focused on teachers' interactions with children. Consistent and regular

upgrading of skills and knowledge related to job functions and responsibilities impact and support quality and positive outcomes for children.

At the time of the writing of this dissertation, only three states had separate documents outlining specific competencies for professionals who work with infants and toddlers. Those states were Maine, New Hampshire, and New York (Allen, & Kelly, 2015). Maine and New Hampshire have published documents for these professionals that are used to augment generalized early childhood competencies. Minnesota has a companion document serving a similar purpose. Despite limited official mandatory requirements for professional development in most states for early child care leaders, educational policy makers and lay stakeholders recognize the importance of increasing the instructional leadership capacity of center directors who can be the teachers' chief advocates or obstacles to achieving quality improvement (Marzano, Waters, & McNulty, 2005).

From an empirical standpoint, Garet, et al., (2001), stress three core features of professional development, (i.e., content knowledge, active learning opportunities, and coherence with other learning activities). Researchers believe that these features significantly affect teacher learning through: 1) the form of activity; 2) collective participation; and 3) the duration of activity.

Mentoring and coaching are well established professional development strategies that support training and improve teacher practices. A significant amount of research has been conducted relating to mentoring and coaching of teachers. There is some evidence that mentoring directors is also one strategy to improving the quality in early childhood programs (Doherty, 2011). It is also beneficial for directors to attend training activities with their staff as new standards and practices are being shared. Doing so ensures that all

parties hear the same messages and collaboratively develop a plan on how the directors can support the teachers in implementing them (Marzano, Waters, & McNulty, 2005).

The type of professional development available, accessible, and affordable will vary in every community. In New Jersey, the majority of that training outside of local colleges and universities is offered in county child care resource and referral agencies (Whitebook, et al., 2012). Training opportunities are not standardized at either the state, regional, or local level. Resources are not available to support child care staff in returning to school or attending a college program. While there is professional development opportunities organized separately within individual sectors (NJDOE centers, Head Start) they are not available to all interested parties. A major challenge is resistance towards professional development felt by early care directors and staff alike. Center directors and staff should strive to work together in a coordinated effort to educate and nurture the students they serve (Goffin, & Washington, 2007).

Unlike K – 12 principals, child care directors are not required to participate in leadership training, seek credentials, or take additional coursework to meet established standards. The NJ Administrators' credential is a 144 hour program that provides knowledge, skills, and competencies in leadership and management of early education programs (Professional Impact New Jersey, 2013 rev 2015). The program is available for directors who aspire to obtain more training and improve their programs. The NJ Administrators' credential meets the best practice guidelines for NAEYC in leadership training (NAEYC, 2013; 2015). However, much of the training in leadership has been adapted from models of leadership designed for other disciplines and contexts and may not be appropriate for directors in early education (Rodd, 2005). The NJ Administrators credential is quite the opposite. Directors holding a credential score significantly higher

on measures of administrative quality and are more likely to have child care centers that are accredited (Lower, & Cassidy, 2007). The credential level of the director is a predictor of the level of classroom quality a center can expect to obtain (Vu, Jeon, & Howes, 2008).

When scrutinizing the status of professional development for early childhood center directors, the opportunities for professional development are limited. Moreover, it is unclear to providers of professional development which types of targeted trainings are most appropriate to result in the improvement of a center's program (Ryan, & Whitebook, 2013). One way to address this shortage of information regarding professional development would be to conduct a professional development needs assessment of directors to determine (based on their different levels of experience and expertise) what directors perceive as their needs to transform programs to standard-based level programming (Whitebook, et al., 2008).

To this end, this investigation conducted a needs assessment of directors and offered collegial opportunities and professional development to support directors in their effort to enhance their instructional leadership skills and upgraded teacher practices. An important objective was to identify what happens when directors participate in a leadership initiative focusing on instructional leadership.

Child Care Directors as Leaders' Impact on Improving Quality

How directors can use their role as leaders to implement change that improves program quality through instructional leadership and centers on standards-based reform is another early care aspect that needs to be considered. As the gatekeepers of quality, directors have a responsibility to create the vision for their respective programs in terms of the educational experiences and outcomes they want for young children (Bella, &

Bloom, 2003). It is the teachers who will need to carry out that vision and to do that, they require a host of resources, support, training, and an environment that offers shared decision-making, participative management, and a positive climate (Carter, 2000).

The skills and experience to bring about change are rooted in leadership development training. The importance of leadership must be acknowledged within the early childhood profession and incorporated into the initial preparation and continuing development of individuals seeking these roles. Goffin and Washington (2007) refer to this work as adaptive work. Adaptive work is about change, (i.e., how the field approaches its work.

An additional rationale for the purpose of this investigation resulted as a consequence of discovering that there is limited research available regarding the role of child care directors as potential change agents or instructional leaders particularly in regards to early childhood programs.

CHAPTER 3: METHODOLOGY

Introduction

There are 3,934 licensed child care centers in New Jersey. The majority of these centers are programs that serve children ranging in age from birth to five years old. Also included in this number are 876 programs offering afterschool care in public or private schools primarily to children ages six and older, operated by for-profit or non-profit agencies. Programs serving school aged children ages six and older were excluded from this study because the research was designed to investigate preschool and kindergarten aged students who had not yet attained elementary school grade level. Therefore, a total of 3,050 centers met the criteria for participation in this study. There is no precise data on the number of directors statewide in that directors may oversee up to two child center programs. However, it is estimated that there are approximately 2,500 child care center directors in New Jersey.

Because of the sheer number of child care centers that could have been the subjects of this study, the methodology (out of necessity) describes the actions taken to investigate the specific procedures used to identify, select, process, and analyze information applied to understanding how child care directors serve as agents of change, when leaders of child care centers have no set standards (Ryan, Whitebook, Kipnis, & Sakai, 2011). The lack of standards in early childhood care and education programs is a problem. Thus, by allowing the reader critically to evaluate this study's overall validity and reliability, the methodology section of this dissertation strove to answer two main questions: 1) how was the data collected or generated and how was it analyzed. More specifically, the methodology discussion includes the following topics: 1) the Research Design, 2) the Sample, 3) the Instruments, 4) Procedures, 5) Data Collection, 6) Data

Analysis, 7) Research Protocols, 8) Limitations and Significance, and 9) a brief Summary.

Research Design

The research design employed for this study was a qualitative approach based on a social constructivism perspective, (i.e., the researcher considered the mental thought processes of the Directors in the study to understand and know the reality of the quality of their early child care and education center conditions as related to their leadership skills (Elkind, 2005). Furthermore, in considering which research approach would be best suited for this study, the qualitative approach was selected because it best addressed the social sciences problems associated with constructivism (Creswell, 2009; Creswell, & Piano-Clark, 2008). The problems of practice in the early child care leadership field produced research questions based on prior investigations and practical experience of the researcher of this study.

The research design of this investigation included qualitative databases that were integrated for the purpose of analysis. The benefits of a qualitative design approach allowed the researcher to collect demographic and other factual data through the survey process. Any numeric data was descriptive and was used to make comparisons of and between the various participants. Supplementary exploratory information was derived from the Focus Groups. The Focus Group questions were mostly open ended and provided rich context information for the narrative discussion in this dissertation. These data sources were used to develop codes and emerging themes related to the descriptive data. This gave a better understanding of the problem of practice (Creswell, 2012; Tashakkori, & Teddlie, 2003).

As a result, the utilization of the qualitative approach allowed the investigator to comprehensively explore the leadership capacity needs of child care center directors who

provided early care and education services for young children from birth to five years old. This study also broadened the researcher's comprehension of the skills and knowledge essential for child care center directors to effectuate positive change in their programs and to meet the goals and most current standards endorsed by the New Jersey Department of Education (DOE). The study identified who the child care center directors were, the challenges they faced, their professional development needs, the leadership roles and activities in which they participated, and how they made meaning of their work.

The Sample

Convenience sampling is a statistical method of drawing representative data by selecting people based on their willingness to volunteer or by selecting candidates because of their ready access. The advantage of this type of sampling is the readiness and the quickness with which data can be gathered. The disadvantage is the risk that the sample might not represent the population as a whole and might be biased by a unique character of volunteers' availability (Etikan, Abubakar, & Musa, 2016). However, a recent study conducted by the National Institute for Early Education Research, found that child care centers did not vary greatly throughout the state. As a result, in this instance, the convenience sample design can be an effective method to allow for generalizations to be made across the state (Alexandre, Makow, Jung, & Barnett, 2013).

To determine a suitable sample size, a sample size calculator website was employed (Creative Research Systems, 2012). An acceptable confidence interval or margin of error of plus-or-minus three was used. For example, by using a confidence interval of three, when 47 percent of the sample picks an answer, the researcher can be sure that if that question had been asked of the entire relevant population between 44 percent ($47-3$) and 50 percent ($47+3$) would have picked that answer (Creative Research

Systems, 2012).

This confidence level is articulated as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95 percent confidence level means you can be 95 percent certain; the 99 percent confidence level means you can be 99 percent certain. Most researchers use the 95 percent confidence level and in keeping with standard acceptable research practices for the purposes of this study, the 95 percent confidence level was used. The total population size or number of child care center directors is 2,500. Utilizing a plus-or-minus three as the confidence interval and a 95 percent confidence level, the sample size calculated based on the formula cited had to result in at least 748 directors.

Child care directors in New Jersey. Outreach was made to 3,050 child care centers across the State of New Jersey. The researcher estimated that there were approximately 2,500 center directors because licensing allows for directors to oversee a maximum of two programs. With a sample size of 748 directors, the researcher was committed to securing representation from every county in the state and to solicit as many directors as possible to participate in the study. The number of directors who completed the survey tool totaled 516 which represent 21 percent of the total population and 69 percent of the sample.

Four Focus Groups participated in the study throughout New Jersey. Child care directors participating in the Focus Groups were purposefully selected and recruited by the researcher based on auspice and funding source to ensure maximum variation.

Focus Groups. In the interest of fostering an environment that supported conversation and interaction, small, focused samples are used more often than large samples for Focus Groups. A maximum of 12 child care directors were identified for

each Focus Group in anticipation that not all would attend. A total of 42 directors were identified and invited to participate in the Focus Groups. The sample was purposely small to give everyone the opportunity to express an opinion, but sufficiently large to provide a diversity of opinions (Etikan, Abubakar, & Musa, 2016). The purposive sampling model was used to maximize variation in an attempt to broaden selection and participation of child care directors as much as possible (Etikan, Abubakar, & Musa, 2016; Patton, 1990).

The Instruments

Research survey. Survey research focuses on naturally occurring experiences and it attempts to influence the attitudes and behaviors it measures as little as possible (Fowler, 2008). Since participants provide the information, the self-report data allows the researcher quickly to acquire an idea of how a group feels about issues the researcher is trying to investigate (DeLecce, 2017). Additionally, the survey permitted the researcher to measure how often or how little child care center directors engaged in different leadership behaviors, (e.g., administrative versus pedagogical leadership styles, etc.). This is relevant and important to this study because the researcher wanted candid responses about directors' experiences. See Appendix A: *The Gatekeeper Survey*.

Survey research has the advantages of quick turnaround, efficiency, and economy of design (Fink, 2008; Fowler, 2008). The basic purpose and rationale for using survey research is to characterize the knowledge, attitudes, and practices of a large group of people through the study of a subset of them so that inferences can be made (Creswell, 2005). Ensuring that the respondents were from a variety of child care settings was important to ensure provision of a broad picture of the child care director workforce.

The survey instrument drew on a study that was conducted with child care directors entitled *Partnering for Preschool* (Whitebook, et al., 2008). Using similar topic

classifications, the survey items developed by the researcher asked directors to provide demographic information including gender, age, ethnic background, and languages spoken. Directors were also queried about their educational background and professional experiences. In addition, survey items requested general information about the directors' centers such as ages served, funding support, and staffing. What differed from the study's survey and the Whitebook, et al (2008) survey were the questions pertaining to program operations, (i.e., leadership, professional development needs, and challenges).

Procedures

Recruitment of survey participants. With the complex issue of early childhood leadership, the utilization of a survey instrument alone to collect data did not provide the richness of understanding of the drivers behind directors' decision-making processes. The Focus Group interviews employed in this study enabled the researcher to explore more deeply how child care directors view quality, their role in quality improvement, and their professional development needs. The purpose of this approach was to use qualitative results to assist in explaining and interpreting the findings of the broader survey responses from the study (Creswell, 2003; 2005).

In keeping with a sequential explanatory design, there were two phases to this study (Creswell, 2003). The first phase was a statewide survey given to New Jersey child care directors. The second phase consisted of assembling four Focus Groups across the state with the purpose of eliciting information that further explained directors' roles, skills, and professional development needs. Data collection was conducted for a period of three months.

Two methods were used to induce directors to participate in the statewide survey: 1) email solicitation, and 2) personal contact at various early education events. Emails

were sent to the New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRA), and member agencies consisting of 16 agencies in 21 counties, who in turn sent out an email notices statewide to directors for the purpose of recruiting potential participants. Over the course of an eight-week period, seven email requests were sent to directors encouraging them to complete the survey. The researcher attended statewide and local conferences, meetings, and other events to recruit directors to participate in the survey. These conferences included statewide events such as New Jersey Association for the Education of Young Children (NJAEYC) conference, the Infant Toddler Leadership Institute, and local Child Care Resource and Referral (CCR&R) conferences. A total of 88 directors agreed to complete the survey. In addition to the CCR&R recruitment effort, an email was sent to these directors with a personal request from the researcher seeking their participation.

Professional Impact New Jersey (PINJ) (2013) maintains a child care workforce registry. This registry includes child care directors across New Jersey who participated in various trainings. While PINJ agreed to send information to its directors via email on behalf of the researcher, approval from their funders was not received in time to utilize this resource. However, the Coalition for Infant Toddler Educators (CITE) (a professional organization for individuals who work with infants and toddlers), sent the survey by email to its membership of approximately 300 people (not all of whom were directors). Additionally, the NJ Division of Family Development emailed the survey to all the directors participating in the Grow NJ Kids initiative.

To encourage participation in the survey, the researcher explicitly shared the importance of this study and the benefits of involvement with directors. Each director who completed the survey had the opportunity to be entered into a lottery to win a \$100

gift card. Four drawings were held for a total of \$400 in gift card awards.

When the committed level of participation fell below the target sample number, the researcher consulted with child care directors in the community. Personally known to the researcher, these directors helped identify and recruit potential participants. The researcher also sought to examine the existing early education infrastructure to find venues for contacting potential participants. After the initial contact, the researcher conscientiously followed-up with personal phone calls and written or electronic messaging. Unfortunately, the timing of the survey completion carried over into the summer months and hampered gaining additional participation.

A total of 603 directors initiated completion of the survey tool. Of this number 516 of the 748 directors to whom the survey was sent completed the entire survey. The information gleaned from the survey responses will be reported in the discussion of the findings.

Recruitment of Focus Groups. The researcher employed the following criteria to select Focus Group participants: auspice, age group served, program funding, and director's education and experience. Each Focus Group included directors from the following types of programs: Head Start, publicly-funded preschool, non-profit, for profit, infant toddler programs, preschool programs, accredited programs, and directors with a range of education and experience. One Focus Group was held in the southern part of the state, one in the central part, and two in the northern part of the state where the largest concentration of centers exists. The geographical area covered ensured that there would be representation from across the state.

Recruitment of Directors. The final question on the survey instrument asks directors if they would like to participate in a Focus Group discussion. The researcher

selected directors responding positively to the final question to form the pool of volunteers and also contacted directors individually by telephone to request their participation.

Data Collection

Data collection occurred over a three-month period. The data collection process involved interviews, observations, and content data gleaned from surveys. Interpretation was based on a combination of researcher perspective and data collected. Specifically, the collection and analysis of the survey data was followed by the collection and analysis of transcribed and recorded data from the Focus Groups. This procedure was thought to be more practical for the purposes of this study.

The timing of the data collection was important to the study and was therefore conducted in two phases. The data derived from a statewide survey instrument was collected first, and then analyzed.

Following the analysis of the survey data, the researcher began meeting with Focus Groups with a subset of directors to delve more deeply into the thoughts, opinions, and perspectives of the directors with respect to this data. Then the qualitative data from Focus Group sessions were collected and analyzed. The researcher ensured that once both the combined data from the survey and the Focus Group responses were analyzed; the data results could then be integrated. The merged data was used to collaboratively explain the emerging themes (Creswell, 2009).

Pilot study. Prior to the study, three directors piloted a hard copy survey protocol to ensure the appropriateness of the questions (LeCompte, & Goetz, 1982). See Appendix B: *Pilot Survey Results*. Thereafter, the survey questions were edited based on their responses. The purpose of this pilot study was to test the efficacy of certain survey and

interview protocols that would provide a demographic overview of the ethnicity, education, experience, qualifications, and professional training of center directors, and to a lesser extent, of their staff. The pilot also provided information about the professional challenges directors faced in addition to their professional development opportunities. In addition to analyzing the resulting data, an assessment was made as to whether the questions were relevant, made sense, and if the research questions were responded to logically.

While the pilot study generally accomplished the objectives described above, the researcher found that revision of the phrasing for questions number six and seven was necessary. The intention of the questions was for directors to rank the importance of certain activities from one to five in one instance and from one to nine in the other. This intention was not clearly communicated in questions six and seven because the directors rated the importance of individual activities rather than provide the desired ranking of importance of these activities.

With regard to question number nine, answers provided by the directors as to how they handled certain professional challenges were consistently not reasonably related to the designated challenge; thus, a determination was made to eliminate this question from the survey. Upon reflection, it was also decided that question number 13 did not elicit relevant information. Several additional questions that were open-ended were changed to multiple choice responses to better facilitate the analyses process. See Appendix B: *Pilot Survey Results*.

Survey Monkey was the vehicle used in the pilot survey to ensure that the questions were clear and the responses corresponded to the instrument. This process assured that the survey would be appropriate for the broader comprehensive study. In the

pilot process, two participants completed the survey, but found difficulty with questions related to ranking. It was also noted that they did not respond to all questions.

Modifications were made to ensure that all questions —with the exception of survey items that were open-ended — had response fields that would not allow the respondent to move on to the next question without responding to the previous question. Survey questions electronically notated that specific questions required an answer. This notation appeared when fields were not completed by the respondent.

Upon receiving IRB approval, the survey instrument was shared with the data analyst retained by the researcher and it was determined that question number 29, (i.e., How do child care workers describe their role in improving quality?) was an open-ended question. This question had to be restructured as a closed-ended question to elicit manageable data.

An additional pilot study was completed focusing exclusively on question numbered 29. Twenty child care directors were contacted to provide responses to the question. Sixteen child care directors responded. The answers were reviewed and the top six responses were selected as survey answer responses.

Survey topics. The survey questions addressed the following topics: 1) center information and demographics, 2) directors' profiles and demographics, 3) challenges, 4) program quality assessments, 5) implementation of early learning standards, 6) directors' professional preparation and professional characteristics, and 7) identification of the training, support and technical assistance needed for program improvement survey. See Appendix A: *The Gatekeeper Survey*. To maintain anonymity, the survey did not request the names of directors. However, the researcher used the name of the center and town/county of its location to identify sites participating in the study for demographic

ordering. Additionally, location information was also assigned anonymity when reporting to assure confidentiality.

Administering the survey. The survey instrument was developed online using *Survey Monkey*. The survey instrument was available to participants via *Survey Monkey* and as a hard copy. Both the online version and hard copy were accompanied by an IRB approved consent form for participants to sign. The participant was also required to provide consent he/she went on line to actually complete the survey. See Appendix E: *Online Survey Link Consent Form*.

An announcement email was sent to all child care directors uniformly so that all directors received the request to respond to the survey at the same time. An advance notice email was sent to Child Care Resource and Referral Agencies and directors informing them that the survey was forthcoming. See Appendix C: *Survey Notification*. In the email, they were directed to send the survey to directors on a specific date so that all respective respondents would receive the information at the same time.

Directors could elect to complete a hard copy of the survey by contacting the researcher. All notifications contained the researcher's contact information. A week later, the Child Care Resource and Referral Agency sent the survey by email. Directors were urged to complete the survey within a three-week period. At the conclusion, of the three weeks, insufficient response for the return of surveys mandated that the researcher extend the weekly reminder emails for five additional weeks. The researcher contacted the State Division of Family Development and the Coalition of Infant Toddler Educators (CITE) which also agreed to send the survey instrument again. Directors whose names had been collected by the researcher at meetings, conferences, and other events were also sent a personal invitation to respond to the survey instrument.

Focus Groups. A Focus Group is a form of qualitative research in which a group of people are asked about their perceptions, opinions, beliefs, and attitudes about an idea or problem (Community Tool Box, 2017; Romm, 2015). Questions are asked in an interactive group setting where participants are free to talk with other group members and comment on each other's experiences and points of view (Romm, 2015; Kitziinger, 1994). Qualitative researchers aim to gather an in-depth understanding of human behavior and the reasons that govern such behavior. The qualitative method investigates the *why* and *how* of decision-making, not just *what*, *where*, and *when* (Creswell, 2008).

Focus Groups are considered one of the most appropriate methods of collecting information on individual's perceptions and attitudes about educational phenomena (Vaughan, Schumm, & Sinagub, 1996). Because of the structure and nature of group discussions, they allow participants openly to discuss their beliefs without feeling targeted which can occur in a one-on-one interview (Keim, et al., 1999). Additionally, Focus Group interviews allow the researcher to gain insight into complex issues that may not otherwise be possible (Keim et al., 1999).

Focus Group hosting agencies. The researcher enlisted the assistance of three host agencies to use their facilities to meet with the Focus Groups. The host agencies were child care resource and referral agencies: two are located in the northern part of the state where the largest number of centers exist. The agencies were Programs for Parents (serving Essex County in north New Jersey); central New Jersey was represented by Community Child Care Solutions (serving Middlesex and Somerset counties); and the EIRC/Southern Regional Child Care Resource Center (serving Gloucester, Cape May, and Salem counties in the southern part of New Jersey) See Figure 2 Map of New Jersey Focus Group Study Locations. Focus Group sessions took place in a comfortable, relaxed

environment arranged by the host agency.

Focus Group sessions lasted approximately one hour and thirty minutes. Seating was prearranged in a circular configuration conducive for group discussions. Each Focus Group session was audio-taped having received written permission from the participants. The researcher dressed casually in the Focus Group sessions to help directors feel more comfortable. Light refreshments were served.

The researcher used open-ended questions to interview Focus Group participants. The structured Focus Group interview protocol sought to elicit the directors' perceptions of their leadership roles, how they defined their work, program quality, and their professional development needs. The Focus Group interview protocol consisted of an introductory statement and seven open-ended questions. The first question served as an ice breaker question. An introductory question, one transitional question, three key questions, and one concluding question completed the set of questions. See Appendix E: *Focus Group Interview Questions*.

Data sources and data collection techniques. Table 1 – Sources of Data Collection describe and correspond to the activities of the study. The research questions shown in Table 1 were aligned with the appropriate measure responding to the specific research question. The research problem was conceptual and was more challenging because the conditions of the Directors involved with their problems were not always tangible. Therefore, the researcher had clearly to establish what was not known or understood about the problem, why the problem had significance, and what the potential practical application might be once the problems were understood. See Figure 4: The Sample Tally Sheet for total Responses relating to the Research 1 (R1).

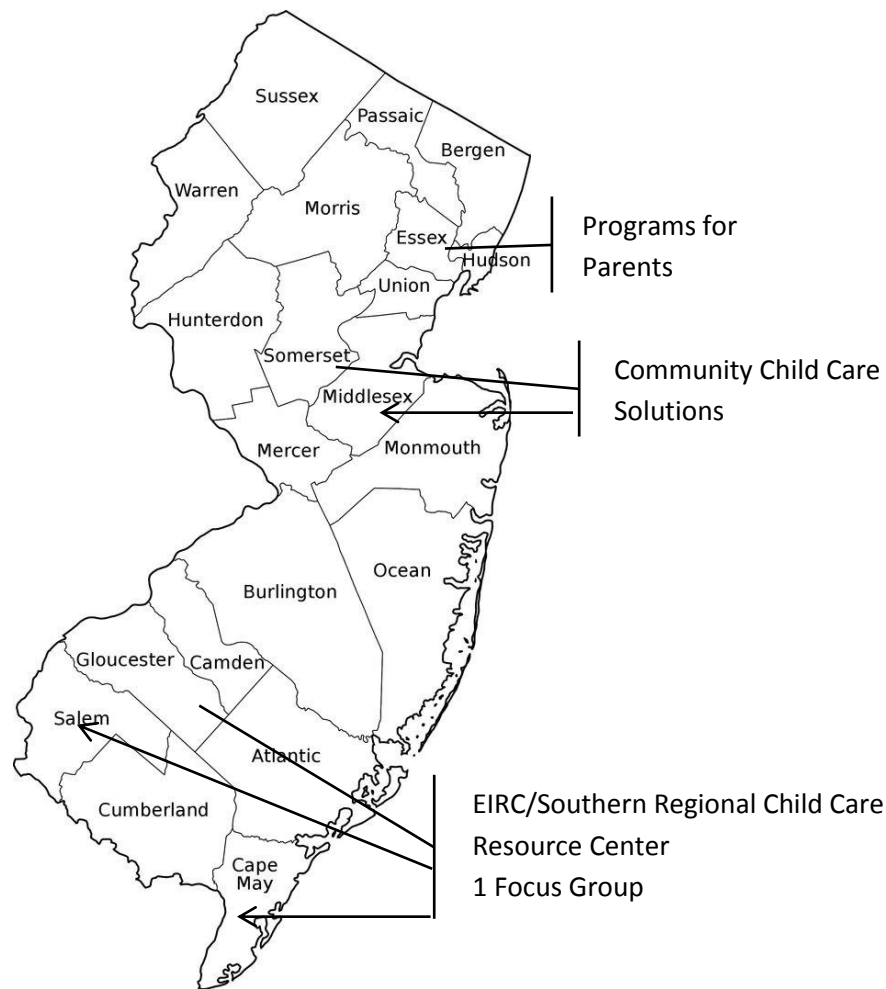


Figure 2
Map of New Jersey Focus Group Study Locations

Research questions. The following research questions guided the study:

1. How do child care directors perceive their role as leaders?
2. How do child care directors define program quality?
 - a. What do child care directors perceive their role for improving program quality?
 - b. What are their professional developments needs to improve program quality?

Data Analysis

Survey analysis. The survey responses were captured on *Survey Monkey* and on

hard copy. All hard copy survey data were entered into *Survey Monkey*. The data were checked and cleaned to make sure that there were no duplicate entries or errors. The data analysis plan for this study was based on deductive and inductive reasoning concepts found in the literature (Miles, & Huberman, 1994). The open-ended questions were inductively coded. The data were then exported from *Survey Monkey* to *Statistical Package for the Social Sciences* (SPSS) for analysis. The SPSS was used to: (a) run frequencies of key variables to describe the sample, (b) conduct exploratory data analyses of the sample, (c) create multiple response sets from data, and (d) run multiple response analyses from the created multiple response sets. Analytic strategies such as the use of contact summary sheets, memos, and data matrices (Patton, 2001) were incorporated.

Table 1
Sources for Data Collection

Research Questions/Sub-Questions	Information Sources Generating Data
1. How do child care directors perceive of their role as leaders?	Focus Group Survey
2. How do child care directors define program quality?	Focus Group
a. What are their professional developments needs to improve program quality?	Survey Focus Group
b. What do child care directors perceive as their role for improving program quality?	Survey Focus Group

Focus Group analysis. Subsequently, the researcher prepared a summary outlining both the major themes as well as a distillation of the researcher's general

impressions of the conversations. At the conclusion, of each Focus Group session the researcher began the analysis process by having the Focus Group recordings transcribed. The researcher then verified the accuracy of the transcriptions by comparing them to the audio recordings. The researcher reviewed the transcripts to discern the emerging themes in the summaries. Throughout the analytic process, the researcher documented impressions and identified common themes. The emergent themes are discussed in the next chapter reporting the findings.

Table 2

Sample Tally Sheet for Total Responses Corresponding to Research Question 1 (R1)

Research Question 1 (R1)	Survey Item 10	Code	Director's Role as Perceived by Respondents	Tally	Total Responses Coinciding with R1
		1	Supervisor		
		2	Teacher		
		3	Administrator		
		4	Mentor		
		5	Human Resources Specialist		
		6	Influential		
		7	Educator		
		8	Business Owner		
		9	Program Administrator		
		10	Cook/janitor/substitute		
		11	Leader		
		12	Visionary		
		13	Motivator		
		14	Advocate		
		15	Change Agent		
		16	Nurturer		
		17	Bookkeeper		
		18	Resource Developer		
		19	Recruiter		
		20	Creative		
		21	Inspirational		
		22	Instructional Leader		
		23	Peace maker		
		24	Organizer		
		25	Other		Total

The researcher organized and reduced the data (Creswell, 1998), and deductively coded the data from the Focus Groups. Initial codes are anticipated to include: (a) change agent, (b) leadership, (c) professional development, (d) challenges, (e) program quality, (f) program improvement, and (g) director supports. Coded data were evaluated in their contextual circumstances to help to identify patterns and to identify similarities and differences among directors of child care centers. To minimize the prospects of confirming any preconceived notions, both confirming and disconfirming data were evaluated (Creswell, & Miller, 2000).

Throughout the analysis process, the researcher inductively determined the respective codes based on emerging patterns as perceived through the directors' experiences and identified during the Focus Groups. The researcher assigned a numeric code for each of the responses so that responses could be tallied and charted (Creswell, 2007). Added to the codes, she regularly noted concepts and ideas that were helpful in developing the emerging themes.

The coded data responses were then used to create a thematic narrative that identified patterns found in responses across directors and practices in centers. Based on the Pilot Study, general categories were mapped out to match the responses with the research questions and modified as needed until the researcher was confident that the synchronization of the research questions was appropriate for the response options. The responses were then coded to facilitate analysis of the data. Total responses were tallied and themes were refined based on simple majorities of the coded responses. The information collected informed the shaping of a professional development program design to enhance director leadership capacity. Excerpts from the Focus Groups were then charted to display the relationships between and among the major themes identified.

A sample tally sheet is shown in Figure 4 displaying total responses corresponding to the research question 1(R1).

The focus of the data interpretation process was to ferret out any correlation between major themes, director perception of leadership characteristics, and their relative impact on the goal of enhanced leadership capacity. As per the recommendation of Woodyatt, Finneran, and Stephenson (2016), Focus Group transcripts were employed to exemplify significant similarities and differences among participating center directors.

Data integration. After analyzing both the survey data and the Focus Group data, the researcher integrated the data and determined priorities to answer fully the research questions. An enormous amount of data rich with significant information regarding who the Directors were, how they defined their work, their role as change agents, their challenges, and professional development needs were garnered. The Focus Group data provided the *why*, *how*, and *what* responses. Data triangulation and systematic identification of disconfirming evidence enhanced the integrity of the study's findings.

Ensuring validity and reliability. Integrated into the preparation of the instruments, data collection, and data analysis process are reliability and validity measures. Prior to the study, the survey protocol was piloted with a small group of directors to ensure the appropriateness of the questions (DeLecce, 2017; LeCompte, & Goetz, 1982). The pilot assisted in determining the validity of the survey tool to ensure that it measured what was intended. Since that pilot study, staff from the New Jersey Department of Education and the New Jersey Department of Human Services reviewed the survey and Focus Group questions and made recommendations for changes. Their review added additional validity to the research project and facilitated assurance of the Departments, acceptance of the information and the results.

The Focus Group protocol was also piloted with one retired director to determine the effectiveness of the questions. Recommendations were made by the retired director regarding changes to the questions that would promote a more robust conversation in response.

To ensure that researcher bias did not constitute a potential threat to the validity of the research effort, a researcher journal was employed to force the intentional and systematic practice of reflection to guard against biases creeping into the process. To increase the reliability of the study, the researcher checked the transcripts of the Focus Groups for mistakes during the transcription process. Throughout the coding process memos were used and the data compared with the codes and their definitions to prevent a drift in the coding process.

To make certain that the factual accuracy of an account of activities was well documented, the researcher engaged other colleagues to provide assistance and to proof read and review the data as it was collected and analyzed. As per Creswell (2009) discrepant information was also included in the study. Investigator triangulation was employed to ensure that the information that was collected was consistent and corroborated the accuracy of the researcher's journal account, thus maximizing credibility.

The researcher focused on describing phenomenon with rich, thick descriptions (Merriam, 2009) and ensured that the theoretical validity of the research was aligned with the data. The researcher's reflective journal was used to capture that information during the analysis.

Research Protocols

Ethical issues. Each center director signed an informed consent document to

verify that their participation was voluntary and Institutional Review Board (IRB) information was made available if questions or concerns arose. It was important that the participants understood and trusted that the information shared with the researcher was held in the highest level of confidence.

Measures taken to minimize bias. Center directors had a unique identifier to protect their identity as participants in the study. Center directors participating in the Focus Group study had pseudonyms. To minimize the potential for researcher bias or conflict of interest, individual information for each center was confidential and was not known or utilized by the researcher for any other purpose other than analysis of the data.

Consent forms. Copies of applicable consent forms are attached as Appendix E: *Online Survey Link Consent Form* and Appendix F: *Focus Group Consent Form*.

Limitations and Significance

Although the researcher took extra precautions to design carefully this research, limitations manifested nonetheless. It is sometimes difficult to gain in-depth knowledge from a survey and there is no guarantee that the person taking the survey is being open and honest (Creswell, 2009). In addition, the survey study component was not specifically designed to capture valid information from subset groups.

In the opinion of the researcher, *Child Care Directors: Gatekeepers to Quality* was suitable for a Focus Group study in that it combined what was learned through the survey results with the rich varied opinions expressed in the Focus Groups regarding the role, beliefs, skills, and needs of directors in child care programs. Of significance were the results which portrayed a comprehensive portrait of child care directors in New Jersey and added significantly to the understanding of leadership requirements for child care directors.

Summary

It was helpful to combine the survey method in combination with Focus Group participation (Creswell, 2005) as they complemented each other. Surveys are limited as questions are inherently narrow, but Focus Group sessions allow respondents freedom to be open and expand on survey items (Community Tool Box, 2017). Therefore, the use of open-ended questions and probing techniques in this study encouraged the participants to lead the direction and content of the discussion within the broad framework provided by the researcher. Based on the results of a statewide survey and Focus Groups with child care directors, this study pinpointed current leadership development, change, and quality improvement needs employed by child care leaders to influence policy decisions about professional development programs for New Jersey's child care directors.

The generalizations about child care center directors in New Jersey gleaned from the results of this study remain significant. To ensure that the sample size is adequate to support such generalizations, the researcher established a representative sample. In this case, the researcher used convenience sampling to assure this outcome.

In summation, the findings of this study apprise state policy makers and trainers of the most effective and efficient manner in which to support child care directors in their role as leaders. Going forth, the findings will be shared through a presentation to state and local training and technical assistance staff who are working on the Quality Rating and Improvement System (QRIS), Grow NJ Kids. The current status of early child care and education presentations will also be shared with the New Jersey Association of Child Care Resource and Referral Agencies now known as Child Care Aware of New Jersey and with Professional Impact NJ. Unfortunately, since the writing of this dissertation, the Professional Impact NJ has become defunct (Grow NJ Kids Newsletter, 2015;

Professional Impact New Jersey and Council for Young Children, 2014).

CHAPTER 4: RESEARCH FINDINGS

Introduction

When considering the purpose of this research, recall in *Chapter 1: Introduction* we discerned that Directors have a range of professional development needs, and it was essential that they be well versed in what resources they needed to administer quality programs (p. 6). Also, it is important to know when and how professional development should be implemented (Bella, & Bloom, 2003; McCormick, 2017). Therefore, from the collected data associated with the research questions, the resultant conclusions and themes detailed the professional development needs of early child care directors and the resources they require for them to perform their jobs efficiently and successfully.

Both survey respondents and focus group participants constitute a representative sampling of child care directors across the State of New Jersey. This chapter contains an analysis of the quantitative and qualitative outcomes gleaned from the surveys. Thereafter, the researcher summarizes the findings derived from observations and interactions of the focus groups.

The Survey. The survey instrument was available to Directors on line and/or as a paper and pencil hard copy. Weekly email notifications, over a period of eight weeks, were sent to all licensed centers in New Jersey inviting Directors to participate in the survey. The survey items were organized in the following manner: 1) Center Profile, 2) Licensed Capacity, 3) Director Profile, 4) Department of Education Certification, 6) Task Related Questions, 7) Program Quality, and 8) Professional Development. The survey responses were captured from 516 Directors statewide. It should be noted that there were responses from all 21 counties in New Jersey. See Appendix A: *The Gatekeeper Survey*.

Focus Groups. The responses and interactions made by participants in the focus

group sessions are presented in narrative form using verbatim quotes and rich background descriptions. The narrative data are connected and synthesized through substantive explanatory text, tables, and figures. Several tables and figures appear in the appendices. Varying, discrepant, or unexpected data are noted with discussion of possible alternative explanations.

Qualitative data (analysis of the focus group responses and the transcripts of the discussions during the focus groups sessions) were examined using an inductive coding process which established recurring patterns and themes to capture the meaning of the participants' expressions during the focus group sessions. Qualitative inputs are derived from transcripts of the audio recording of each focus group that were reviewed and coded to glean common themes.

Additionally, rich language from the focus groups is provided to illustrate the Directors' opinions, concerns, challenges, aspirations and needs. To maintain anonymity during each focus group session, Directors were assigned a pseudonym. Comments are labeled based on the region/location of the focus group and their assigned number. Focus sessions were conducted in North Jersey in Montclair and Newark; in Central Jersey, participants came from Somerset and Middlesex; and in South Jersey, they came from Gloucester, Salem, and Cape May Counties. See Appendix D: *Sample Transcripts of Focus Group Interview Responses*.

Research Questions. The data was analyzed from the survey responses. Please note that for the most part, the questions on the survey are explained sequentially except for those survey questions that specifically coincide with the research questions. The survey questions that correlated most closely to the research questions were Questions 10 and 22 to 34. They will be expounded upon as clear indicators of answers to the research

questions. Lastly, the qualitative and the quantitative data analysis results are integrated in a summary format to report on triangulation aspects of qualitative analysis in the context of the research questions.

The Survey Results

Center Profile (Q1 – 2). The name of the centers and counties in New Jersey in which they operated were identified via the responses of Questions one and two respectively.

Table 3
(Q4) *Age Ranges of Children Served*

Ages of Children Attending Early Care Centers	N	Percent	Cumulative Percent
0 – 5	166	32.2	32.2
0 – 13	139	26.9	59.1
2 ½ - 5	91	17.6	76.7
2 ½ - 13	49	9.5	86.2
Other	71	13.8	100.0
Total	516	100.0	

Size, Capacity, and Age (Q3 – 4). Questions 3 on the survey addressed size and capacity of the early childhood programs. Directors reported that their average licensing capacity was 102; student occupancy is approved according to the Office of Licensing guidelines for the provision of service to as many as 102 children for an average of 6.2 classrooms if the building square footage is sufficient for safe occupancy. Most directors qualified for license capacity of 60 students, (i.e., 4 classrooms).

Question 4 sought to pinpoint the ages of children served. All respondents indicated that they served children 3 to 5 years of age. However, many also served younger and/or older children. The survey specifics of the age ranges of the children served can be seen in Table 3, (Q4) *Age Range of Children Served*.

Enrollment and Children Enrolled by Age Group (Q 5 – 6). When the survey was administered, existing centers (Q5) totaled 1615. Centers were identified by student age populations as reported in Table 4, *(Q6) Early Care Centers Enrollment by Age*. Typically, centers provided service to more than one age group and so were included in each individual age group to whom they provided service.

Table 4
(Q6) Early Care Centers Enrollment by Age

Early Care Age Ranges	N
Birth to 2.5 years old	385
2.5 years to 3 years old	442
3 years to 5 years old	493
5 years to 12 years old	295
Total	1615

Funding Source (Q 7). As related to the operations of the Director's early childhood centers, a brief discussion of the funding sources is required. In a number of childcare centers, low and moderate income working parents received state subsidies for children, including infant, toddler, preschool, and after-school programs for children up to age 13.

Almost half (45.7 percent, Q7. Code 3) of the centers were paid directly by the parents to the centers where the Directors operate. Child Care Center Funding Subsidies (NJCK and WFNJ) contributed 32 percent of revenue to early care centers (Q7. Code 1), and the DOE funded programs at a rate of 9.4 percent (Q7.Code 4). Head Start contributed 3.3 percent, and other sources gave 4.3 percent. Scholarships were issued in some cases for a total of 4.3 percent of income for centers. However, it is unclear where the funding for scholarships originates. See Figure 3, *(Q7) Per Source Comparative Level of Contribution for Early Child Care Centers*. See corresponding detailed raw data

in Appendix I.

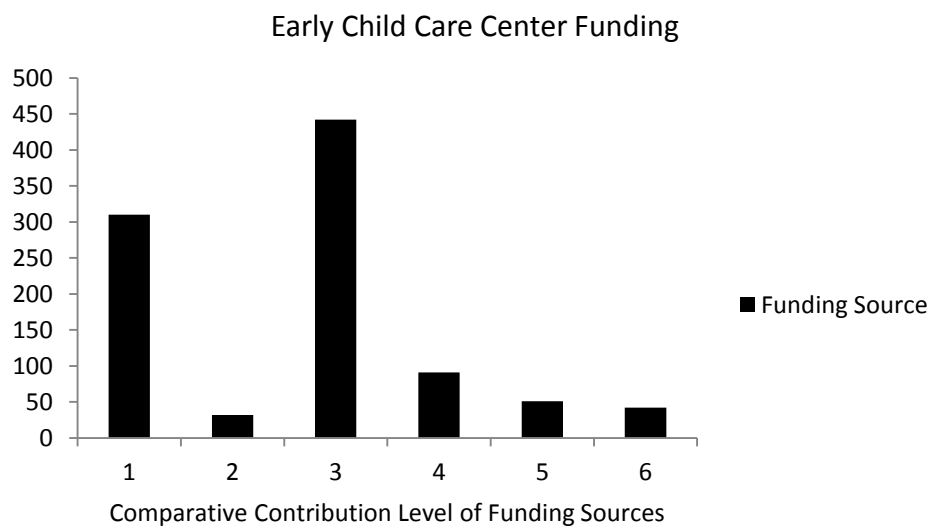


Figure 3

(Q7) Per Source Comparative Level of Contribution for Early Child Care Centers

Code Key: (1) Child Care Center Funding Subsidies (NJCK & WFNJ); (2) Head Start; (3) Private pay (Parents); (4) School District contract (DOE/Abbott); (5) Scholarships; (6) Other

Director's demographic information retrieved from the survey. Among a total of 37 survey items, the demographic data is summarized in Table 5, *Summary of Survey Demographics*. Corresponding complete raw data can be viewed in Appendix G.

Total staff and specific positions held by staff (Q8) (Q9). As mandated by the numbers of students enrolled in their programs, each Director indicated that they adhered to the state standards as delineated in the *New Jersey Department of Children and Families Policy Manual* published by the New Jersey Department of Children and Families. *At the time the research was conducted, early care centers were adhering to the latest version of §10:122-4.3 Staff/child Ratios and Supervision (2009).* Then staff configurations coincided with the numbers of students and ages enrolled in their respective programs appropriate for the times. In 2016, the Staff/child Ratios and Supervision section was updated and the modified guidelines can be found in the revised publication (NJ Children and Families Proposals (2016, p. 11).

Gender (Q11). Female Directors who responded to the survey were in the overwhelming majority representing 94.2 percent of the respondents. Male respondents totaled a mere 3.5 percent.

Age (Q12). Most Directors fell in the age range of 40 – 59, (i.e., 54.9 percent). It appears that for the most part, Directors were experienced and veteran workers who had been in the work force for at least two decades. As a result, they potentially contributed various levels of experience, expertise, and skills that could prove useful to the early education setting.

Work-site position titles (Q13). In response to the question, “What is your current title?” most of the Directors in fact were formally called ‘Directors’ in their centers. Those with the title of ‘Director’ totaled 313 (60.7 percent) of the respondents. Ninety-seven respondents were called “Executive Director’ or 18.8 percent. Other labels were hybrid forms of ‘Director’ (e.g., ‘Co-director and Assistant Director). However, 11.4 percent of the Directors were entitled something other than any of the options provided on the survey for question 13.

Years of early childhood experience (Q14). Respondents with less than six years of experience totaled 142 (27.5 percent); Directors with six to 10 years of experience totaled 94 (18.2 percent). There were an impressive number of Directors with more than 10 years of experience equaling 267 persons (51.7 percent).

Ethnicity (Q15). Many of the Directors responding to the survey were White (73.6 percent) and 15.9 percent of the Directors were African American. African-American Directors total more than 15 percent of Directors. However, for some inexplicable reason, respondents to the survey and participants in the Focus Groups were overwhelmingly Caucasians. The lack of response on the part of African-American

Directors may indicate a non-response bias that highlights meaningful differences between respondents and non-respondents. By not responding, the individuals asked to participate in the sample were possibly unwilling or unable to participate in the survey (Stat Trek.com, 2017).

Languages (Q16). The data revealed that 89.1 percent of Directors speak English fluently, but 10.9 percent of the Directors were bilingual or performed their duties in the dominant language of their native tongue, notably Spanish, Portuguese, Creole, and a smattering of other languages. The data gleaned from the survey was unable to identify if there were any Director (s) who spoke no English.

Directors' Level of Education (Q17). The data show that most Directors have a bachelor's degree, but the degrees were not always in the field of early childhood education (See Table 6, (Q17 – 18) *Section a: Education Background of Directors in the Sample (N = 516)*). The majority (79.4 percent) had a bachelor of arts (BA), 15.2 percent had less than a BA degree, and 5.4 percent had higher education credits or other post high school professional development.

College Degrees (Q18). In Table 6, (Q17 – 18) *Section b: Areas of study for Directors with a degree* shows that of the Directors with degrees, 30.4 percent indicated that their degree was in early childhood education; 20.4 percent stated that their degree was in elementary education; 8.1 percent of the Directors had a business related degree and the remainder, 34.6 percent had a degree unrelated to education or business.

Table 5
Summary of Survey Demographics

Survey Categories	Specific Demographic Categories	Itemized Survey Percentages	Total Survey Percentages	Comment
Gender (Q11)	Female	94.2	97.7	12 cases (2.3%) did not respond to this survey item.
	Male	3.5		
Age (Q12)	Younger than 21	.2	100	
	21-29	3.9		
	30-39	16.9		
	40-49	26.4		
	50-59	28.5		
	60 or older	21.9		
Ethnicity (Q15)	African American	15.9	100	
	White (non-Hispanic)	73.6		
	Latino-Hispanic	6.5		
	Other	4.0		
Languages (Q16)	English	89.1	111.3	Total is greater than 100 % because several respondents were bi-lingual and were included in each itemization independently.
	Spanish	6.4		
	Portuguese	.5		
	Creole	1.2		
	Other	2.7		
College Degree (Q18)	Early Childhood Education	30.4	122.6	Total is greater than 100 % because several respondents had dual degrees and were included in each itemization independently.
	Elementary Education	20.4		
	Business	8.1		
	Education Leadership	6.5		
	Other	34.6		
Leadership Training Levels (Q19)	Directors Academy	31.0	121.0	Total is greater than 100 % because several respondents had dual credentials and were included in each itemization independently.
	Administrators Credential	8.5		
	Directors Training	7.7		
	NJ First Steps Directors Training	10.2		
	Have not completed any of the above	42.6		
DOE Certification(Q20)	None	35.1	135.2	Total is greater than 100 % because several respondents had dual certifications and were included in each itemization independently.
	Nursery School	11.2		
	Preschool – Grade 3	13.7		
	Kindergarten – Grade 6	7.4		
	Kindergarten – Grade 8	15.3		
	Grade 5 – 8	.9		
	Secondary Education	2.4		
	Supervisor Certification	5.3		
	Other	8.8		

Table 6
(Q17 – 18) Education Background of Directors in the Sample (N = 516)

Directors' Education Profile	Percent
a. Highest Level of Education Attained	
High School	2.2
CDA	2.0
Some College	5.4
Associates Degree	5.6
BA	50.8
MA	27.2
PhD	1.4
Other	5.6
b. Areas of study for Directors with a degree	Percent
Early Childhood Education	30.4
Elementary or education related studies	20.4
Business	8.1

Leadership Training Levels (Q19). Many of the Directors were well educated, but a significant number of the Directors had received little of no leadership training (42.6 percent). However, 31 percent had attended the Directors' Academy which is the State sanctioned program for Directors. The remaining Directors (26.4 percent) attended various other approved leadership development programs. See Table 7, *(Q19) Directors' Levels of Leadership Training Attained (N = 516)*.

Survey question 19 confirms that while there were opportunities for training, many Directors did not take advantage of such programs as the Directors Academy. The Directors Academy is a 60 hour management and leadership training program developed in 2006 at a time when a large number of child care programs began to contract and work with public schools offering publicly funded pre-k (formerly known as Abbott pre-k program) (Sciarra, 2012).

As to the prior training that Directors received to prepare them to become leaders, 17.2 percent indicated that they had attended Directors Academy or had a college class

on leadership. The clear majority cited mentoring, experience as teachers, or work in other settings that prepared them for the role of child care director. The data suggest that generally, Directors had limited preparation prior to becoming a child care directors or administrators.

Table 7

(Q19) Directors' Levels of Leadership Training Attained (N=516)

Leadership Training Options	N	Percent
Directors Academy	189	31.0
Administrators Credential	52	8.5
DOE Directors Training	47	7.7
NJ First Steps Directors Training	62	10.2
No training completed in any area	260	42.6

DOE Certification (Q20). The survey revealed that 35.1 percent of the respondents did not have education certification, but most Directors were certified in kindergarten – Grade 8 (15.3 percent) and Preschool – Grade 3 (13.7 percent). Also, of note is that 24.9 percent had nursery school or Preschool – 3rd Grade certification and the remaining respondents had certifications in other educational disciplines other than early education. Director's certification may have been earned through non-traditional certifying programs, but not by means of a college major or academic course work. Many Directors were certified in several areas. Thus, they were counted separately in each of the areas of certification they possessed. This duplicity made overlapping certification categories.

Teaching Experience (Q21). The majority of Directors, (75.1 percent) responded that they once were teachers with a range of early childhood experiences covering mostly early childhood and elementary school. Several Directors had also taught at the high school and college levels. Yet 12.7 percent of Directors indicated that that they had no

teaching experience at all. However, the lack of teaching experience was no indication of how well these Directors performed their duties or managed their early childhood centers.

See Table 8, *Summary of Director's Teaching Experience*.

Table 8
(Q21) *Summary of Directors' Teaching Experience (N=516)*

Survey Item	Specific Experience Categories	Itemized Survey Percentages	Total Survey Percentage	Comment
Teaching Experience (Q21)	No teaching Experience	8.8	145.1	Total is greater than 100 % because several respondents had overlapping teaching experiences and were included in each itemization independently.
	Early Childhood (Birth – 4)	51.8		
	Elementary School (Kdg – 8)	24.9		
	High School	5.2		
	College	4.4		
	Other	4.9		

Research Question 1 (RQ1). How do childcare Directors perceive their role as leaders?

In analyzing the responses received on the survey from Question 10, (i.e., *Select the top three terms that best describes your role as director*) it was understood quickly that the positions of child care Directors are varied and depending on the organization, the positions can and were labeled differently. However, what was the organization's title for "position" often differed from the Directors' perceived roles of their position. While collectively, most of the respondents (88.81 percent) were categorically referred to as Executive Directors, Directors, Co-Directors or Assistant Directors, 11.19 percent collectively were referred to by other titles such as Center Manager, Owner Director, Administrator, Principal, and Education Coordinator. Despite the differences in how a Director's position is titled, all Directors performed the same work and had the same or

similar tasks and responsibilities.

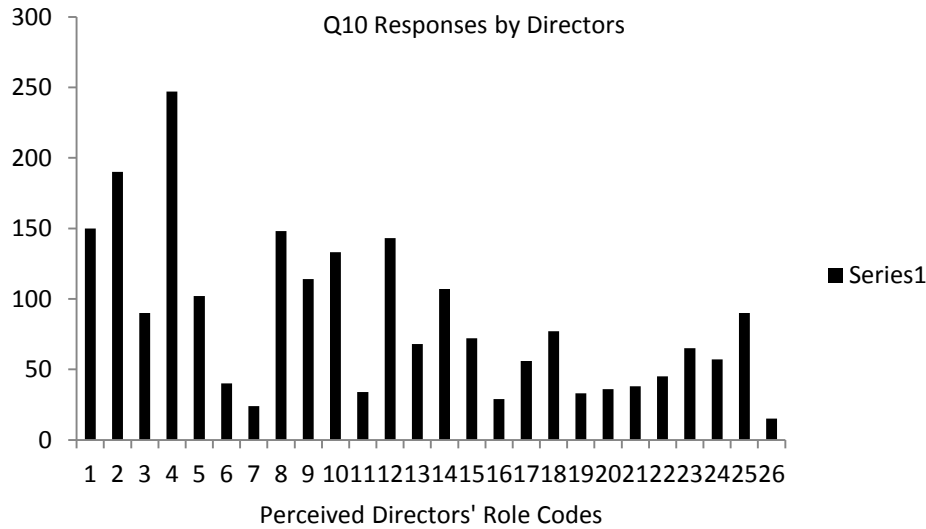


Figure 4

(Q10) Summary of Directors' Role of All Survey Choices as Perceived by Respondents

Code Key: (1) Manager; (2) Supervisor; (3) Teacher; (4); Administrator; (5) Mentor; (6) Human Resources Specialist; (7) Influential; (8) Educator; (9) Business Owner; (10) Program Administrator; (11) Cook/janitor/substitute; (12) Leader; (13) Visionary; (14) Motivator (15) Advocate; (16) Change Agent; (17) Nurturer; (18) Bookkeeper; (19) Resource Developer; (20) Recruiter; (21) Creative; (22) Inspirational; (23) Instructional Leader (24) Peace maker; (25) Organizer; (26) Other

Many of the Director's differences in titles were attributed to the organizational structure and/or auspice of a program. Figure 4 *Summary of Directors' Role of All Survey Choices as Perceived by Respondents (N= 516)* graphically depicts how the Directors perceived themselves in their roles as a Director. See Appendix H: *(Q10) Coded Best Terms That Describe Your Role as a Director (N=516)* for the corresponding raw data table.

Because Q10 required that respondents list the three terms that they most preferred, there was some overlapping of the most frequent responses. In several instances, Directors indicated they were functioning in two (even three) of the roles. These combinations produced the five most frequently mentioned perceived self-images of the role and function of Directors.

Figure 5, *The Five Most Frequent Self Described Perceived Role of Directors* shows that most Directors viewed themselves as “Administrators” (Q10. Code 4) with 247 defining themselves by this role title. The role of administrator involves a substantial amount of multitasking. Directors with teams, oversee the operations within their organization, manage groups, coordinate with subordinate management, and engage in strategic planning according to the needs of all entities within the early child care environment. As well, Directors with teams manage clerical or other administrative staff (Van Wart, 2013).

Besides performing the expected work of an administrator as defined, Directors without teams perform the clerical, maintenance, or other administrative work themselves. If a director has to perform the work of what is traditionally thought of as the Director’s tasks *and* the work of subordinates, often the view they have of themselves is that they are of course, the highest authority in their early child care environment because they are ‘doing everything’ (Döş, & Savaş, 2015).

The Directors’ actual responsibilities and duties within their respective organization (i.e., what they have others do or what they must do themselves), depend on the availability of fiscal resources. When Directors are placed in the position of having to do everything, they are functioning in a flat organizational environment with few or no levels of management between the Directors and staff level employees. Therefore, the Directors supervise the employees less while increasing their own decision-making process. As Directors depend on their auspices (e.g., private, head start, public pre-k), they do not manage subordinate staff in the various roles required in an early child center because they do not have the resources to do so (Leithwood, et al., 2006; Leithwood, et al., 2004; Mitgang, 2012).

In perceiving of themselves as Administrators, Directors have a high level of confidence in their abilities as a leader and proud of the fact that they can call themselves “Administrators” regardless of whether they function in a flat organization or not.

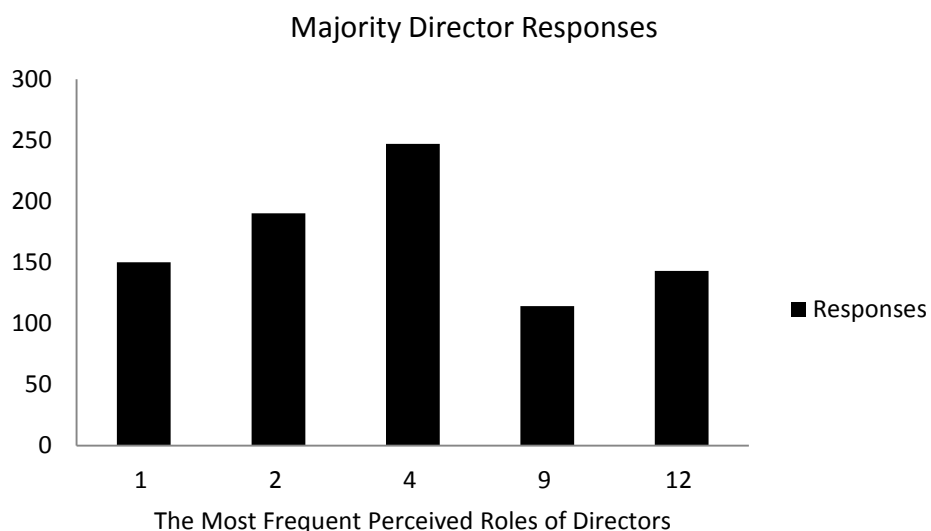


Figure 5

(Q10)The Five Most Frequent Self Described Perceived Role of Directors

Code Key: (1) Manager; (2) Supervisor; (4); Administrator; (9) Business Owner; (12) Leader

The title of Supervisor (Q10.Code 2) was viewed by 190 respondents as their main function in their centers. Reh (2017) claims the title of “Supervisor” is stereotypically applied to a first-line or lower-level managerial role in administrative settings. He goes on to say that the functions of a Supervisor include responsibility for the day-to-day performance of a small group. It may be a team, a department or a shift. Normally the supervisors have experience in what the group does and has earned the position based on management’s belief that they are capable of guiding the team. With this definition as the benchmark, it appears that Directors who hold this view of themselves may not feel comfortable thinking of themselves as “Administrators.” They most likely feel that they are not superior to their staffs and therefore, they assume the lesser role identification rather than put up a superficial wall between themselves and

their subordinates.

The third role most frequently chosen by survey respondents was that of “Manager” (Q10.Code 1). “Manager” is a job title that is used in organizations to denote an employee who has certain responsibilities to lead functions or departments and/or employees. The managers who are responsible for a department normally have employees reporting directly to them for whom they have leadership responsibility (Heathfield, 2017). The role of a “Manager” is also perceived as having less importance than that of an “Administrator.” This perception raises another question for researchers; (i.e., – if Directors perceive of themselves as being less important as a leader because they see themselves as “Managers,” does this lower concept and/or attitude impact their job performance negatively)? While the question arose, it cannot be answered herein, but calls for additional scrutiny at another time.

One hundred forty-three Directors viewed themselves as Leaders (Q10.Code 12). Leadership focuses on the action of leading employees to achieve goals. Effective leadership plays an important role in employee performance and productivity. What distinguishes Directors who perceives themselves as good “Leaders” is that they establish a clear vision by influencing employees to understand and accept the future state of the early child care center. A perception of oneself as a leader is required at all levels of early child care management. In the top level, it is important for getting co-operation when formulating plans and policies. In the middle and lower level, it is required for interpretation and execution of plans and programs framed by the top management. Leadership can be exercised through guidance and counseling of the subordinates at the time of execution of plans (MSG Management Study Guide, 2017).

Rounding out the most frequently perceived role of a Director was (Q10.Code 9),

“Business Owner.” In the role of “Business Owner,” leadership ability is not a natural function for everyone who owns a business. Starting a business and developing a successful enterprise take vision, resourcefulness, and determination, among many other character traits. Many early childcare “Business Owners” struggle to develop a coherent picture of what a leadership role looks like for their early care center. As the skills for leadership are not normally considered natural aptitudes, waiting until the “Business Owner” develops the skills could restrain the early care team and the business from performing well (Hall, 2013).

Whether in corporate, non-profit, or cooperative businesses, there is a common best practice course of action that is applicable across all business endeavors. Scuderi (2012) affirms that leadership is a combination of management strategy, people skills and an almost religious commitment to a simple idea of what the Directors want their early child care center to become. She goes on to say that leadership is not about seniority or rank or entitlement, but in the context of a small business, Directors are required to create a sense of engagement with teachers and staff. Especially in the case of small staffs (which early care centers usually are), there is a need for effective leaders. The leader knows the destination, communicates it to the team, helps everyone understand where they are going and gives everyone the tools to get there (Scuderi, 2012).

While not ranking in the five most frequent perceptions held by Directors of their role, it is significant that 102 directors view their role as that of a “Mentor.” Rather than think of themselves as “Boss,” or “Supervisor,” or any of the most prevalent terms, a considerable number of Directors saw themselves as being “Mentors” (Q10. Code 5) which suggest that they view themselves as being closer emotionally to their staffs and/or see themselves as possibly being friends with them. As mentors, they share knowledge,

advice, and resources with their staff or protégé. They may share information about their personal career path, as well as provide guidance, motivation, emotional support, and role modeling (Bozeman, & Feeney, 2007).

Though the largest percentage of respondents (49 percent) saw themselves as “Administrators,” the least common perceptions of the director’s role were as “Visionary” (13.5 percent) and as “Change Agent” (5.8 percent).

Perceived Strengths (Q23), and Perceived Least Confident Leadership Areas (Q24) as Relevant to (RQ1)

Confidence in leadership skills verses having less confidence proved to influence the Directors’ perceptions of their role as Directors. The following survey questions led to this supposition and will be explained:

(Q23) What are your strengths as a director?

(Q24) In what areas of the job do you feel less confident?

(Q25) Check the top three items that you find most professionally challenging?

See Appendix J for raw data details corresponding with Figure 6; (Q23), Figure 7; (Q24) and Figure 8; (Q25) respectively.

Strengths (Q23). Directors were most confident in their ability to lead in the capacities of Program Management (Q23.Code 1), Early Childhood Knowledge and Experience (Q23.Code 9), Improving Quality (Q23.10) (which held an insignificant edge over Staff Relations (Q23.Code 7), and for all intents and purposes resulted in equal confidence levels. See Figure 6, *(Q23) Directors’ Perceived Confidence Level of Leadership Strengths*.

In positive response to “Program Management (Q23.Code1),” the survey yielded 331 respondents or 12.3 percent of Directors indicating that this was an area of strength

for them. In reacting so positively, directors show that they can manage day-to-day interactions with teachers, students, and vested stakeholders, (e.g., parents and community). Directors are also able to provide instructional guidance, curriculum, methodologies, and/or other relevant tools to educators. They can manage educational programs by defining desired outcomes, monitor objectives, and communicate goals (Mulford, 2003).

The same opinion was held about “Early Childhood Knowledge and Experience” (Q23.Code 7) in which statistics were identical to “Program Management.” Directors apparently are quite aware of the emotional, social and physical development of young children and the direct effect the attributes have on their overall development and on the adult, they will become. Directors understand the importance of the need to invest in very young children, to maximize their future well-being (Sheridan, et al., 2009).



Figure 6

(Q23) Directors' Perceived Confidence Level of Leadership Strengths

Code Key: (1) Program Management; (2) Curriculum; (3) Finance/Budgeting/Funding; (4) Mentoring; (5) Staff development; (6) Resource Development; (7) Staff relationships; (8) Communication; (9) Early childhood knowledge and experience; (10) Improving quality; (11) I am confident in all areas of my job; (12) Other

“Improving Quality” (Q23.Code 10) garnered 294 favorable responses (10.9

percent) tied with “Staff Relationships” a result of 292 elects which was slightly shy of 10.9 percent. Directors’ feeling that they improve the quality of their early care centers are avowing that improving quality is a continuous and conscious act on their part.

Improving quality focuses on creating an environment in which Directors, teachers, and support staff strive to ensure that programs are systematic and intentional. The Director concentrates on improving services and increasing positive outcomes for the children and families they serve. It should be a recurring, data-driven process. Such Directors collect data to makes positive changes – even in the face of adversity. They are proactive rather than reactive (Smith, 2013).

“Staff Relations” (Q23. Code 7) equaling “Improving Quality” recognizes that when referring to staff relations, the term is often synonymous with communication, (i.e., the Directors’ ability to communicate and give and receive feedback to their staff). Effective communication and feedback require that directors have a goal, act to achieve the goal, and receive goal-related information about their actions. If the Directors are not clear in stating their goals or if staff fails to pay attention to the stated goals, helpful feedback cannot be given. In that case, unfortunately, the Directors and/or early care centers cannot achieve the stated goals (Wiggins, 2012).

Least Confident (Q24). The three most frequent responses on the survey that Directors designated least confident were Budgeting (Q24.Code 3), Technology (Computer Skills) (Q24.Code 9), and Resource Development (Q24.Code 6). Directors’ least confident areas are graphed in Figure 7, (*Q24) Directors’ Perceived Least Confident Level of Leadership Strengths*). A table of the corresponding raw data can be viewed in Appendix J.



Figure 7

(Q24) Directors' Perceived Least Confident Level of Leadership Strengths

Code Key: (1) Program Management; (2) Curriculum; (3) Budgeting; (4) Mentoring; (5) Staff Development; (6) Resource Development; (7) Engaging Families; (8) Staff Relationships; (9) Technology (Computer Skills); (10) Facility Issues; (11) Other

For “Budgeting” (Q24. Code 3), 187 respondents or 20.5 percent felt that they could be more effective and knowledgeable in matters concerning budgeting. Budgeting is the central means of creating the financial blueprint for a program year and executing program goals and objectives. Thoughtful planning, including setting goals, objectives, and budget parameters, is indispensable to the successful and efficient management of early childhood programs. Directors need to know how to determine the cost of a facility project, salaries, supplies, books, materials. Most importantly, they need to know how to prepare a budget. Directors must be familiar with potential sources of funding that early childhood programs have successfully used to locate capital, and understand strategies for securing that capital (Gillman, Larson, & Sussman, 2005).

“Resource Development” (Q24. Code 6) revealed that 120 respondents (13.1 percent) were not ‘resourceful’ or confident in their efforts to carry out meaningful resource development. Typically, early childhood resources offer information on early

childhood education and development, accreditation, public policy, research, professional development, and more. Directors also must identify financial resources, low cost or in-kind services, and products that help to cover the cost of doing business and enhance their programs. Responsibilities at their centers seem to deter Directors from leaving their centers to network and participate in resource development. Likewise, providing resource opportunities seemed to be limited because of time constraints and staffing shortages.

Professional challenges to improve quality (Q25). Directors indicated that there are challenges they experience as they struggle to improve program quality. Finding, hiring, and retaining qualified staff was noted by 16.2 percent of the respondents as being quite difficult. An additional 14.7% reported that trying to motivate staff to change their teaching practices was problematic. Closely ranked was that 14.5 percent of Directors had difficulty getting out of their centers to participate in professional development and related to their own inability to have time for professional development, the survey showed that 13.0 percent of Directors had difficulty establishing release time for staff to participate in professional development.

Directors overwhelmingly expressed a need for assistance to support quality improvement in their centers. First and foremost, 72 percent of directors said that they needed training and professional development on *how* to improve quality. Nearly half of the Directors (45.9 percent) thought that group or individual meetings would be effective in supporting them, while 42.3 percent requested coaching or mentoring to help them support quality improvement.

Directors' use of time (Q26). "Administrative work" (Q26. Code 1) consumed 27.9 percent of Directors time in the early childhood center (N=413). "Providing leadership" (Q26. Code 10) ranked second with 206 respondents claiming that it took up

much of their time (13.9 percent). “Engaging Families” ranked a close third place with 205 Directors (13.9 percent) placing it in the top consumer of time. “Budget and finance issues” engaged 185 Directors (12.5 percent) in necessary fiscal activities for significant amount of time. See Figure 8, *(Q26) Directors’ Majority Time Spent on Tasks, Duties, and Activities*. Also see the corresponding raw data for (Q26) in Appendix I, *Raw Data*.

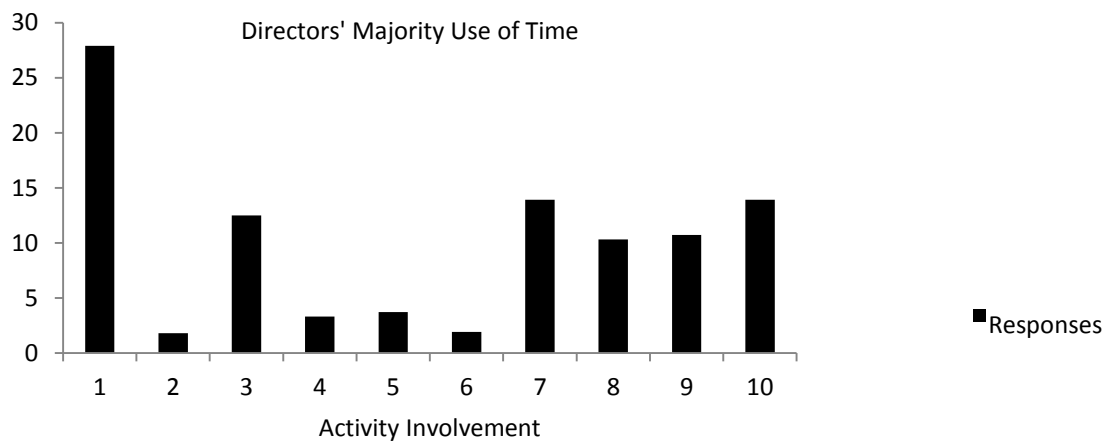


Figure 8

(Q26) Directors’ Majority Time Spent on Tasks, Duties, and Activities

Code Key: (1) Administrative Work; (2) Hiring Teachers; (3) Budget and Finance Issues; (4) Ordering Supplies; (5) Providing Professional Development; (6) Creating Professional Learning Communities; (7) Engaging Families; (8) Observing/Supervising Teachers; (9) Maintaining Enrollment; (10) Providing Leadership

Research Question (RQ2) How do childcare Directors define program quality?

Pertaining to the question of how to determine early childhood center quality can be summed up into one key consideration – and that is ‘*assessment*.’ There are several ways that Directors can improve the quality of their programs, but broad improvement cannot occur without first assessing the program itself. There are a few assessment tools that evaluate the classroom, the interactions between children and teachers as well as the progress that children are making.

To improve quality in early education programs one must first assess the quality of the program to establish a baseline. Baseline scores identify strengths and areas in need of improvement. The baseline scores also help to determine how much improvement occurs over a given period of time, utilizing reliable data sources, if evaluating the program periodically.

Of the nine characteristics presented in Survey Question 27 to explain how child care Directors define a quality program, Early Childhood Environmental Rating Scale (ECERS) (Q27. Code 2), Infant Toddler Environmental Rating Scale (ITERS) (Q27. Code 1), and None of the Above (Q27. Code 8) ranked highest in number of responses respectively, and thus, one can conclude that these were the main ways in which early care program quality were defined by the participants. See Figure 9, (Q27)

Characteristics Perceived as Significant for Quality Programs from responses on Survey.

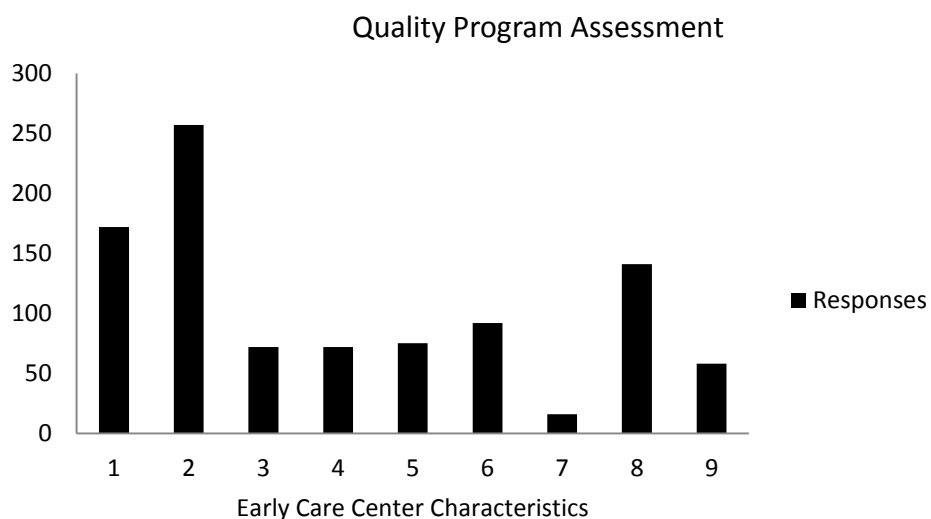


Figure 9

(Q27) Characteristics Perceived as Significant for Quality Programs from Responses on Survey

Code Key: (1) Infant Toddler Environmental Rating Scale (ITERS); (2) Early Childhood Environmental Rating Scale (ECERS); (3) Classroom Assessment Scoring System (CLASS); (4) Program Administration Scale (PAS); (5) Classroom Observations Record (COR); (6) Teaching Strategies GOLD; (7) Working Sampling System (WSS); (8) None of the Above; (9) Other

(*Q27.Code 2. ECERS*). For the participants of this study, the preferred method of evaluating early care center programs and quality was the Early Childhood Environment Rating Scale (ECERS) (*Q27. Code2*). This assessment is designed to assess group programs for preschool-kindergarten aged children, from 2 through 5 years of age. The total scale consists of 43 items.

In examining why 26.9 percent of the respondents answered that they used ECERS to determine program and center quality is an indication that they assess process quality in their early childhood or school age care group. Whitebook, Phillips, and Howes (2014) explain that process quality involves various interactions that go on in a classroom between staff and children, staff, parents, and other adults, among the children themselves, and the interfaces children have with the many resources and activities in the early care center setting. In their description of process, the researchers include other elements such as space, schedule, and materials that support these interactions. Directors therefore need to be aware that assessment of quality is achieved via observation and foretells child outcomes more than traditional organizational structures such as staff to child ratio, group size, cost of care, or type of care, (e.g., child care center versus family child care at home) (Whitebook, Phillips, & Howes, 2014).

(*Q27. Code. ITERS*). The second most preferred assessment by the respondents was the Infant/Toddler Environment Rating Scale (ITERS). It is designed to assess group programs for children from birth to 2.5 years of age, a half year longer than the ECERS assessment. The total ITERS scale consists of 39 items. The items evaluated are 1) Physical Environment; 2) Basic Care; 3) Curriculum; 4) Interaction; 5) Schedule and Program Structure; and 6) Parent and Staff Education. The scales are suitable for use in evaluating inclusive and culturally diverse programs and have proven reliability and

validity (Harms, Clifford, & Cryer, (2006).

While the desired outcomes of the ITERS observations are like ECERS, 18 percent of respondents preferred the ITERS assessment tool. These respondents felt that for their programs to qualify as high quality, they must provide (without deviation of any sort), the three basic needs all children have: 1) protection of their health and safety, 2) positive relationships, and 3) opportunities for stimulation and learning from experience. Harms, Clifford, and Cryer (2006), the authors and developers of these environmental scales, assert that all components of the scales are equally important – no substitution or shortcuts are allowed. Each of the three basic components of quality care manifests itself in tangible forms in the program’s environment, curriculum, schedule, supervision and interaction, and can be observed. As in the ECERS scale, the fundamental features of process quality are included in the ITERS environmental rating scales.

(*Other. Q27. Code9*). Alarming, 14.8 percent of survey respondents used other non-traditional methods of assessing their programs. These methods were not identified in the survey, but it is reasonable to assume that respondents who opted to answer “Other” (Q27.Code 9) imply that they are using some form of assessment not listed as an option embedded in the survey question.

Table 9

(Q28) *Educational Standards Incorporated into Center Programs*

Code	Early Care Center Standards for Evaluation of Center Quality	Responses	
		N	Percent
1	Head Start Performance Standards	34	4.8
2	DOE Preschool Program Standards	185	26.1
3	NAEYC or NECPA Accreditation standards	150	21.2
4	NJ Birth to Three Early Learning Standards	213	30.0
5	None of the above	108	15.2
6	Other (Please specify)	19	2.7

This outcome is further underscored by the response in (Q28) which asked “Which educational standards below do you incorporate into your center program? As seen in See Table 9, *(Q28) Educational Standards Incorporated into Center Programs*, (Q28.Code 5) “None of the above,” 15.2 percent of respondents (i.e., 108 Directors) were consistent in their admission that they applied none of the traditional accredited standards to evaluate quality within their centers. While the results of the survey indicate how Directors assess quality care in their centers, the responses yield no information about the quality status of the centers.

If Directors can avoid evaluating their centers using accredited means, how can stakeholders be certain that these centers are providing the three basic needs that young children have? Policy makers and stakeholders must take steps to guarantee the tenets of a high-quality programs for children, (i.e., providing a safe, nurturing environment that promotes the physical, social, emotional and cognitive development of young children while responding to the needs of families (Barnett, et al., 2012).

Research Sub-Question 2A (RQ2a) How do childcare Directors describe their role in improving program quality?

Survey questions (Q29) and (Q30) most appropriately correlated with research sub-question (RQ2a). They are:

(Q29) As a child care director in order to improve the quality of my program, I will need to... Rank the following statements in order of importance by putting the number 1-6 with 1 being the most important and 6 being the least important.

(Q30) What assistance would you need to support the quality improvements listed in (Q29)?

Respondents were presented with six coded options to answer the sub question for research question two (RQ2a). The statements were ranked one to six in order of the

important perceived needs that were needed to implement to improve the quality of their programs. Shown in Figure 10, *Options for Improving Center Quality* are respondents' top three responses for each of the options presented. "Ensure that staff have the support and training they need" (Q29.Code 1) pointedly ranked highest in importance as it was selected by a total of 74.24 percent of respondents selected as a prioritized need in either first, second, and third place.

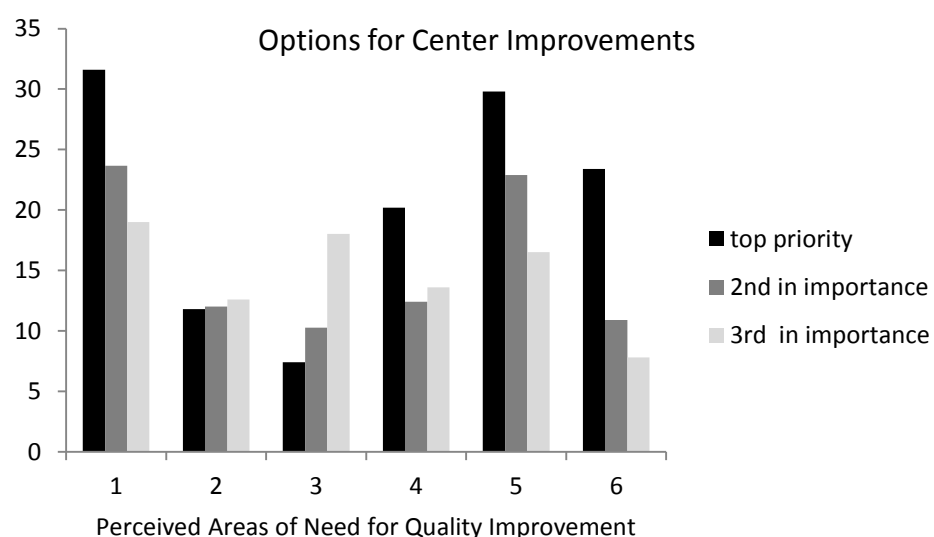


Figure 10

(Q29) Options for Improving Center Quality

Code Key: (1) Ensure that staff has the support and training they need; (2) Seek training for myself; (3) Implement family/parent involvement activities; (4) Address health and safety facility issues; (5) Assess the quality of my program; (6) Identify funding to support quality improvement

In ensuring that staff have the support and training they need, Directors acknowledge that for early learners, teachers and staff need to understand the framework for practice and assessment; that individuals caring for children are required to meet certain educational qualifications and receive professional development to enhance their abilities to support young children's learning. As Directors, they recognize that they are responsible to a large extent for the education and training of their staff. Indeed, the

professional development of practicing early childhood educators is considered critical to the quality of experiences afforded to children (OPRE, 2014; Martinez-Beck, & Zaslow, 2006).

Of almost equal importance and decided second in overall importance was “Assess the quality of my program” (Q29.Code 5) represented by a total of 69.20 percent of the survey responses. In assessing on a regular basis, the quality of their programs, Directors recognize that through assessment, at any point and time that a child is enrolled in their programs, they are able to provide a record of growth in all developmental areas: cognitive, physical/motor, language, social-emotional, and approaches to learning (Snow, & Van Hemel, 2008).

Moreover, Directors are in a better position to identify children who may need additional support and determine if there is a need for intervention or support services. Perhaps, even more important is that the Director can identify the strengths and weaknesses within a program. With this information, they can readily tell how well the program meets the goals and needs of the children. Finally, through assessment, Directors can provide a platform between educators and parents and/or families to collaboratively develop strategies to support their children. Goffin (2013) advises Directors formally to organize as a profession to realize consistency in practice across sites and program types to assure dependable quality of programs wherever they may be.

Ranking third in general importance was “Address Health and Safety Facility Issues” (Q29. Code 4) totaled 46.20 percent. In admitting that there is a need for improved health and safety in their facilities, Directors recognized that keeping children of all ages safe and healthy is one of the most important tasks they have as child care providers. Whether children are in center —or home-based care, providers are responsible

for ensuring safety both inside and outside their child care setting. They should be prepared to prevent injuries and illnesses and to handle emergencies (Extension, 2015).

Parenthetically, it should be noted that while “Identify Funding to Support Quality Improvement” (Q29.Code 6) did not rank in first, second, or third place overall, in considering first place rankings of needs only, it ranked third in importance with a first-place score of 23.4 percent.

Table 10

(Q30) Perceived Assistance Needed to Support the Quality Improvements Listed in (Q29)

Code	Options Needed to Support Quality Improvement	Responses	
		N	Percent
1	Training/Instruction	349	30.6
2	Coaching/Mentoring	204	17.9
3	Group or Individual Meetings	221	19.4
4	Technical Assistance (TA)	159	13.9
5	TA* Phone Calls	45	3.9
6	TA* Site Visits	113	9.9
7	Other	49	4.3

TA*=Technical Assistance

Table 10, *(Q30) Perceived Assistance Needed to Support the Quality*

Improvements Listed in (Q29) identifies “Training/Instruction” (Q30.Code 1) as the number one priority for improving quality in the programs overseen by the Directors. A hefty 30.6 percent of the respondents indicated that they needed training properly to train their staff, to improve the quality of their programs. Researchers advocate that minimally, ongoing training in early childhood should consist of activities specific to early childhood programs and populations. This training should take place outside of a formal educational system and should provide explicit skill instruction for the issues that Directors face in their early childhood centers. Professional development should also focus on skill-building content for on-the-job application (Maxwell, 2006; Tout, Zaslow, & Berry, 2006). This response is consistent with the findings in (Q29) for it confirms that Directors

understand that for them to ‘ensure that staff have the support and training needed,’ it is essential to have the supports in place to provide adequate ‘training/instruction’ to their staff.

Additionally, Directors understood that communication via group or individual meetings are vital to achieving quality status within their programs. Wiggins (2012) prompts Directors to make certain that communication and feedback is 1) ongoing, 2) consistent, 3) progress towards a goal, 4) timely, 5) user friendly refers to tone of communication, and 6) “actionable —can the requests or statements be acted upon?” If no time is used to develop communication and feedback in the early care environment, then there will be no time for effective improvement in the quality of the center programs.

Research Question 2B (RQ2b) What do Directors perceive as their professional development needs to enable them to improve program quality?

The following survey questions establish light on research sub-question 2B (RQ2b) and will be proved by explanations highlighted by tables and figures:

(Q31) Please specify any training that you received prior to becoming a director that you believed prepared you for this role

(Q32) Have you recently received any training that enhanced or increased your skills as a director? Please describe...

(Q33) For which of the following topics do you require additional training?

(Q34) What are your preferred methods of receiving training and education? Please select your top three choices?

Recent training (Q32). Question 32 revealed that 64 percent or 330 respondents had participated in training that enhanced or increased their skills as directors. The

comments were numerous, but unfortunately, 27.5 percent of the respondents had not experienced additional training at the time the research for this dissertation was conducted. The remaining 8.5 percent of the respondents to the survey did not answer (Q32). Fortunately, due to the high response rate of the survey, the risk of non-response bias (as mentioned earlier) was limited to the non-response revolving around ethnicity only.

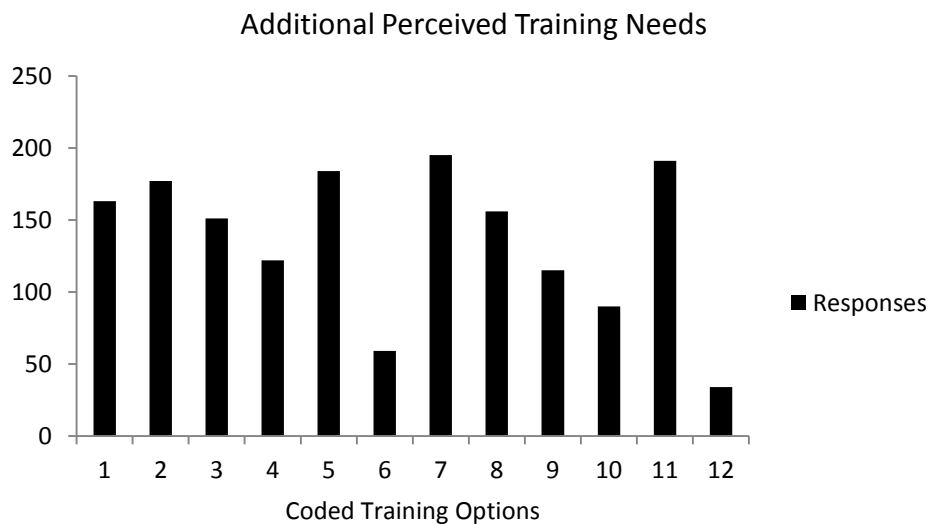


Figure 11

(Q33) Topics Requiring Additional Training

Code Key: (1) Program Improvement; (2) Curriculum; (3) Managing an Effective Center; (4) Human Resources Management; (5) Budgeting/Fiscal Management; (6) Mentoring; (7) Program and Classroom Assessment; (8) Child Assessments; (9) Working with Families; (10) Center Management; (11) Staff Evaluation; (12) Other

Additional Training Required (Q33.Code 7). While the most frequent responses were in close reach of each other, “Program and Classroom Assessment” was highest ranked receiving 11.9 percent of the responses representing 156 individuals. See Figure 11, *(Q33) Topics Requiring Additional Training*. Therefore, it is understandable why Directors feel that expanded training in Program and Classroom Assessment would be beneficial to them. See corresponding raw data in Appendix J (Q33) of areas Directors

thought they required additional training.

(Q33.Code 11). ‘Staff Evaluation’ followed closely to (Q33.Code 7) with 11.7 percent of the responses. In this response, the Directors recognized that the evaluation of staff serves many purposes. In addition to evaluations serving as instruments to determine promotions and dismissals, staff appraisals are valuable sources of feed-back and a practical way to foster professional growth. Used properly, staff observations and evaluations can help encourage open communication between the early care staff and administration as well as make clear the Directors' expectations (NAEYC, 2009).

Thirdly, “Budget/Fiscal Management” (Q33.Code 5) again focuses as a concern of Directors with 11.2 percent indicating this was an area where assistance is desired to help in creating a quality program and center. Thoughtful planning, including setting goals, objectives, and budget parameters, is essential to manage Early Childhood programs. Earlier in the section on Funding (starting on p.70), it was explained why a Director is responsible for developing a budget that is fiscally responsible, aligns with the program’s mission statement, and echoes the community necessities with the use of resources.

With the funding programs in existence, the Directors should be aggressively occupied in the development of the program budget. To be effective in this area, they must be knowledgeable about the budgeting process, (i.e., the district, state and federal guidelines and laws for budgeting, spending, and reporting. Budgeting is a forthright practice, and so Directors must develop the skills needed to create and manage an effective program budget if they expect to have a quality program (Noble, 2013).

Preferred methods of training (Q34). Contributing to the understanding of (RQ2b) is survey question 34 asking that respondents share their feelings about their

preferred methods of receiving training and education. Table 11 (*Q34) Preferred Methods of Receiving Training and Education*) presents a capsule view of their preferences. Included in the three frequent responses was “Individual/One time Workshops” (Q34.Code 1), “One-Day Conferences” (Q34.Code 3), and “On-line Training” (Q34.Code 8). NAEYC (2009) defines professional development as preliminary preparation (preservice) and learning experiences (in-service) designed to improve the knowledge, skills/behaviors, and attitudes/values of the early childhood workforce. Workshops efficiently adhere to this definition.

The effective Directors understand that teachers and the Directors themselves must invest in their careers by continually pursuing academic and professional development. The Directors understand that their early care centers make a good investment in their employees when they offer workshops that help them to grow in the field.

Table 11
(*Q34) Directors’ Preferred Methods of Receiving Training and Education*)

Code	Training Methods	Responses	
		N	Percent
1	Individual/One Time Workshops	271	20.2
2	A Series of Workshops on One Topic	186	13.8
3	One Day Conferences	253	18.8
4	College Courses	70	5.2
5	A Mentor/Coach	92	6.8
6	Professional/Peer Support Meetings	167	12.4
7	One-on-One	46	3.4
8	Online Training	252	18.8
9	Other	7	0.5

Responses to “One Day Conferences” (Q34.Code 3) and “Online Training” (Q34.Code 8) tied for second place with 18.8 percent of the total responses received respectively. In modern times in a busy society, short intense conferences and on-line training are efficient. Many presentations will provide continuing education credits

(CECs) for attending, which can be used to satisfy continuing education requirements for licensing or applied towards obtaining or renewing certification.

The objective of conferences is to advance practitioner knowledge, skills, and personalities in the profession one is practicing. The early childhood Directors' knowledge consists of facts, concepts, and related aspects of early educational culture and best practice. Skills consist of repeated actions that occur and are observable or easily inferred (Maxwell, 2006; Tout, Zaslow, & Berry, 2006). It has been observed that people learn through direct instruction, modeling and imitation, trial and error, and discovery. Even as adults, learning is modified or improved through feedback, guidance, practice, repetition, drill, and continuous use. While these declarations by Maxwell (2006) and Tout, Zaslow, and Berry (2006) describe the ideal purpose of conferences as a vehicle for professional development, the respondents perhaps viewed the one-day conference as being beneficial and convenient because one-day conferences take them away from their centers for a minimum amount of time. Unfortunately, research also verifies that one-day conferences while convenient are not effective because information gathered cannot be internalized within one day. Thus, the Directors return to the centers without actually acquiring the ability to be change agents within their early childhood centers.

By the same argument and due to time constraints and scarce resources, Directors may view online education for themselves and their employees as advantageous because it offers an opportunity for those unable to take traditional full-time classes, (e.g., as working professionals), but it also offers more freedom and flexibility to Directors. In recent times, online education is widely accepted as being just as valuable as the classroom experience. Often it is more economical, and so it is logical that Directors viewed online education as a preferred option for receiving additional training and

education to aid in the mission of improving the quality of their centers.

In brief, more directors than ever before now have a bachelor's degree or higher. It is important to note that several of the directors participating in the focus groups worked in centers in a different capacity prior to becoming the director, but still were challenged and not aware of the many responsibilities prior to taking on the job. While a large number had experience working in a classroom setting as a teacher, less than half have Department of Education teaching certifications. The job of the director is complicated, and they function in many capacities. The multitude of responsibilities is often unknown until directors are in the job. Orchestrating the many aspects of the program is overwhelming. Directors expressed that there were areas in which they needed to be more prepared upon entering the position. Knowing licensing standards are foundational to the duties and responsibilities they have. However, their knowledge base requires much more information, research knowledge, and leadership skills. Fiscal responsibilities and staffing issues were most challenging for new Directors entering the field. There are internal and external considerations that compete for the Directors time and attention, (i.e., staffing, children, quality, community, parents, funding, etc.). Despite the challenges of the profession (especially remuneration), Directors remain dedicated, open-minded and committed to the work.

Focus Groups

Going forth, the researcher analyzes the quantitative data collected from the 29 Directors that participated in the focus groups. The geographic and socio-economic environment of the early childhood centers will be examined briefly. What follows next is the protocol practiced during the focus group sessions and a description of the demographic characteristics of those Directors participating in the focus groups. It

includes an examination of The Directors' responses to the research questions and a narrative of their statements and reactions as they relate to the research questions. A summary of emergent themes follows.

Geographic and socio-economic environment of the early child care centers.

Four focus groups were held in the north, central and southern parts of the state and included representation from all program auspices. A total of 29 Directors from the targeted areas participated in the focus groups. Table 12 *Geographical Locations and Types of Programs Supervised by the Directors in the Focus Groups (N = 29)* summarizes the geographical and socio-economic location of members of the focus group. North Jersey was represented by the largest group of Directors in two focus groups convening in Essex County – one in the city of Montclair, and the second in the city of Newark. A third focus session was held in Central New Jersey in New Brunswick; this session was comprised of participants from Somerset and Middlesex Counties. Lastly, a fourth focus group convened in the South Jersey area and included Directors from Gloucester, Salem, and Cape May Counties in Sewell.

It is within these diverse areas that have specific and prominent socio-economic conditions that the Directors find themselves offering service to early learners. Social-economic conditions in some areas are substantially below the national poverty index. Other areas are more affluent and have many resources available to them. Many areas are overcrowded; others less so. Many regions are quite diverse ethnically; others are inhabited by one or two ethnic groups (City-data.com, 2017).

At the writing of this dissertation, of the 29 participants, six Directors operated Head Start programs, 10 were in contract with their local school districts to provide publicly-funded pre-k, 16 were non-profit and seven Directors operated as for profit

programs. Programs may meet the criteria of more than one category.

Table 12

Geographical Locations and Types of Programs Supervised by the Directors in the Focus Groups (N = 29)

Focus Group Area Meeting Locations	Participants	HS	DOE	NP	FP
North –Montclair	10	2	4	4	4
North –Newark	4	0	0	4	0
Central – New Brunswick	9	2	3	4	2
South – Sewell	6	2	3	4	1

Key: HS = Head Start; DOE = New Jersey State Department of Education; NP = Non Profit Programs; FP = For Profit Programs

Demographic profile of focus group participants. Twenty-nine child care Directors participated in the Focus Groups. Of that number, 28 were female and 1 participant was a male. The remaining demographics followed consistently the survey demographics.

Protocols practiced during focus group sessions. In Appendix K, the *Sample Research Focus Group Protocol Template* was used by the researcher to inform participants of the protocols that would be practiced during the focus group sessions. Although Focus Group participants were likewise respondents for the larger comprehensive research survey, additional specific demographic information during the sessions was recorded when participants introduced themselves.

As per the research focus group template, at the onset of the meetings, the researcher reminded the participants of the purpose of the focus session, reviewed the expected outcomes, and confirmed that each participant was participating voluntarily and without conditions. Participants were then informed of the procedural constructs and timeframe for activities which included group questions. An attempt was made to include as many of the survey questions as possible for triangulating all data related to the study.

The researcher served as the team facilitator and the research assistant was asked to be the team recorder. Once the meeting was officially underway, participants' comments along with observations were tallied and their statements were later transcribed.

Focus Groups' Responses to Research Questions

As the discussions evolved, comments that applied to the research questions are shown in sync with the survey questions. In the transcribed narratives, the researcher has added brackets [...] of explanatory text to clarify statements that could be understood in real-time but needed clarification as written text.

Research question 1 (RQ1). *How do childcare Directors perceive their role as leaders?*

As an icebreaker during focus group sessions, introductions served to become acquainted with each other because Directors hailed from different communities. From the start, Directors began to share their stories of unpreparedness for the job that they currently had. So when the Directors were asked to disclose one thing that they did not know, but had to learn once they became directors, across all four sessions, unwittingly they responded to Research Question One (RQ1) by readily identifying three major responsibilities that they had to learn: 1) fiscal responsibilities and budgeting, 2) the need to wear many hats and to serve in many roles, and 3) staffing issues and challenges. These everyday jobs are embedded in Child Care center management responsibilities.

Here are examples taken from the transcripts of Directors' comments:

Fiscal responsibilities and budgeting.

"The thing I had to learn that I did not know was the importance of budgets and really having [counting] everything [down] to the penny...so to be very fiscally responsible and meeting all the gap principals for the State."

"All of it! It's a lot of work...I had to learn the budget,

which is the hardest for me and managing it cause it is more than I was doing before.”

“I kind of had to learn everything. I come from working for the government background and then I got into doing this...so budgeting is at the top of my list that I am still learning after nine years; and then how to hire qualified and keep qualified people.”

The need to ‘wear many hats’ and to serve in many roles. Childcare Directors repeatedly stated that they wore ‘multiple hats’ and that ‘the work was challenging.’ They found it extremely difficult to describe exactly what it was that they did to someone who was not in the early education field. They felt that the title ‘Director’ failed to express the expansiveness of their role. They therefore often found themselves resorting to enumerating their numerous and varied responsibilities. When one participant began to describe her various responsibilities to someone, another interrupted her and asked, “...So you are like the principal?” The first responded emphatically, “Yes..., plus the cook, janitor, etc. You name it, and I’m it!”

Some additional examples of this conundrum amongst focus group contributions are:

“What I had to learn that I did not know when I accepted the position as a Director is that I would have to wear so many different hats. I thought that as a director is involved mostly like administrative or managerial work and over the years I found out from the classroom to snow removal to maintenance. It is just overwhelming...”

“...it’s my job to ensure that everyone in every different area of this business does what their job description is. Not only that, I also have to do administrative work which is the part that people don’t see. Which is the payroll, the budgeting, the contracts, the maintenance of any equipment, the playground, the classrooms, plumbing...if anything goes wrong, I have to be that person to ensure that it gets fixed and there’s a quality of health and safety around the center. So anything that you can think of in running a business, I have to do that along with making sure the staff

members in the daycare who could be in the janitorial area, the food service workers, the teachers, whoever works there, that they do what it is that they're supposed to do as well."

"I think [Ms. B] did a very good description which is so many hats. Umm, we have to do everything from budgeting to making sure curriculum is in place, making sure that umm....safety and health, making sure that the snow is plowed outside and if you don't have a snow blower you go outside with a shovel, which I did every single winter, so it is just the gamut of the tasks that must be performed in order for your program to run smoothly is umm enormous and we don't always.

Staffing issues and challenges. In statements made pertaining to staffing issues and challenges, the Directors embedded 'early childhood experience' (Q14), 'teaching experience' (Q21), and 'years in current job' (Q22) as parenthetical to their problems with staffing and staff related issues. They seemed to be taken back by the fact that their many years of experience and time on the job had not significantly impacted their ability to be proficient in hiring, retaining, and supervising teachers and staff. The responses to this question correlated with the responses in survey question (Q25) where finding, hiring, and retaining qualified staff was noted by 16.2 percent of the 516 survey respondents as being quite difficult. The following statements were typical of many of the accounts related to the challenges faced as a human resource developer and leader of an early care center:

"I have been working there for over 30 years but I have been Director for six years and the thing that I didn't really have to deal with a lot before I became director was staffing and everything that goes along with that, that is the most difficult part."

"This is my 5th year as a Director. I have been a director and manager in a completely different field and did not realize the amount of having so many different levels of people...from the custodians, to the teachers, to the head teachers, managers, [and I am here with] Directors of a group where everyone here is far up as professionals... so

that was a bit jarring for me.”

“I’ve been at Center A for five years, but I’ve only been a director for only 1 of those 5 years. And the things that I...it came about very quickly and suddenly, I had to learn basically how to read the manual front and back and memorize everything in the state handbook [the licensing manual].”

While (Q25) highlighted professionally challenged issues within early childcare centers in the focus group, Directors conceded that early childcare work is consistently a difficult challenge, but they also expressed the sentiment that it was generally quite rewarding. The childcare directors interviewed recognized that through their leadership they have the power to influence teachers, parents, children, and their communities and as such if they are doing their job well, quality will be forthcoming. A Newark area Director summed up the rewards:

“Okay, now the role as a director in early child-hood education, you are going to be dealing with the children, the parents, curriculum, the operational procedures, supplies, maintenance, everything...it covers a wide gamut and umm I guess you would say it takes a person whose got patience, commitment and dedication to this type of thing because it’s not going to always balance out with monetary rewards. Your rewards are not going to necessary come from money.”

Perhaps the reason that there are so few directors who viewed themselves as “Change Agents” is that they are so incredibly consumed by the herculean effort required just to get the job done.

When asked to describe the three activities that consumed most of their time (Q26), congruent with their perceptions of their role, the top three responses were: 1) administrative work (over 27 percent – Q26. Code 1); 2) tied for second place was providing leadership (Q26. Code10 – 13.9 percent), with observing teachers, and providing oversight (Q26. Code 7). Observing teachers and providing oversight overrode

the survey response of engaging families). However, in keeping with the survey responses, 12.5 percent were concerned about budgeting and financial matters (Q26. Code 3). Their responses revealed that very little time was spent on professional development for either themselves or their staff.

The reaction to (Q26) which addressed how most of the Director's time was spent on site similarly correlated with and gave more insight into (RQ1). Most of the focus group Directors engaged perceived of themselves as leaders saddled with significant and sometimes overwhelming administrative responsibilities. The clear majority of their time was spent on the administrative and management functions requisite to ensuring effective program operations including staffing, budgeting, and fiscal management. One director's comment on her perspective of the role of leadership in her program:

“I am like a conductor, and I am trying to make all the parts work, so they have the same beat. And from the bottle washer to the person in the classroom, they all have to be on the same page.”

Because the final outcomes and performance of a center is the responsibility of the leader, Directors felt that it was incumbent upon them to fill any gap or deficiency in any role essential to program operations. Consequently, as indicated in an earlier comment, they found themselves concurrently wearing ‘many hats.’ Therefore, they were aware of the need for intimate familiarity with every aspect of their program operations and preparedness to step in to fulfill each such role on a moment's notice. Summarily, it is the directors' responsibility to make certain that all operations and activities within a center run smoothly and to ensure that everything functions well.

One Director's description of her daily role was:

“It is like being an emergency room doctor during a natural disaster. No two days are the same. You have no clue who is coming through your doors; you are clueless, and you

have to be prepared.”

“I’ve been doing this for probably about 13 years – 14 years. And... the one thing that I learned outside of everything that everyone else mentioned – and probably no one will mention it, is probably how to deal with the loneliness when you are sitting there wearing the hats.”

Research question 2 (RQ2). *How do childcare Directors define program quality?*

Three major themes emerged from this discussion 1) knowledgeable leadership, 2) qualified and committed teachers and 3) involved parents. Paraphrasing the research question (RQ2) and survey question (Q27) which asks, “How do you currently assess quality in your program?” the focus groups were asked, “What do you think characterizes a quality program?” Focus group members were ready to respond immediately. Answers provided a blueprint for quality programs as well as expounded more on (Q27) and (Q28).

Knowledgeable leadership. Directors were very adamant about their views and advocated that the director should know everything about child care standards (R28), specific licensing requirements and have the ability to communicate that information to staff. One director summed up her feelings about what quality is and the directors’ role.

“A quality program requires a director who is a leader, is knowledgeable about quality standards, who is goal oriented, knows her staff, is visible and available to staff.”

“Knowing the Director and the teachers; knowing best practices, understanding what are the indicators, understanding some of the different standards that the state would be looking for as an example, in class, know the importance of ratio, but also knowing the importance of children and bonding to their caregivers and really understanding how detrimental turnovers are to the children at times. And having a leader that knows where their staff is at and setting goals with the staff and to get them to improve on certain other standards and get them to move forward, always keeping a mission in front of them so they don’t feel overwhelmed by the standards and I think it’s

really important for the director to not overwhelm them, just knowing where they're at and taking them forward."

Qualified and committed teachers. By consensus, Directors echoed that to have a quality program there must be qualified, dedicated, motivated, and confident staff that is well-trained. The teacher's role is critical because they nurture children, implement best practices, and are expected to meet the individual needs of all children, including those with special needs.

Directors' expectations were soundly verbalized by many saying that there should be positive teacher-child interaction, and "children should be happy, learning and prepared for kindergarten." In a quality center, "the teacher should communicate with parents to keep them engaged. "Parents should be happy, involved and engaged in the program, and there should be open lines of communication between them, the teacher and the director."

There were animated conversations about the benefits and challenges of well-trained teachers, certified teachers, and caring and nurturing staff. Directors expressed difficulty in finding a blend of those characteristics and experienced challenges when hiring one over another. Several directors spoke candidly about their experiences.

"I think it does help when your staff has the appropriate education. I've certainly hired low qualified staff, but I think it helps that they have the educational background in Early Childhood education to be able to come with..."

"I agree with #4 in that from a staff stand point caring and nurturing is wonderful but it has to be coupled with experience and education. You cannot separate any of those for quality, they really all need to be there."

I've had times where everybody's been certified teachers and I find them, and I find when I have all certified teachers come, they don't think outside the box. I like to have a mix of the two, I like to have moms and grandmas because they're very nurturing, I can teach them how to

teach, but I want them to have the experience with children in addition to the teacher in the room that has had the educational experience. I like to have both.

“Qualified teachers are... Teachers with CDAs, compassionate teachers, with class control, structured environment.”

Note there were differences in how directors defined qualified teachers versus educated teachers based on their experiences and/or the type of early education program they operated. In some instances, those terms were used interchangeably. Educated or qualified to some Directors were teachers with CDA or coursework in early childhood education, but not necessarily certified teachers.

Involved parents. Directors generally want parents to be involved in the education of their children and to partner in a way that supports the teachers and the child. Consequently, there was significant emphasis on having satisfied and engaged parents as an indicator of quality center s. Indices of quality centers included on-going communication with the teachers, parents, and the Director. Directors articulated that in their opinion, parents should have access to information and resources that they might need in the child care centers. Directors mention the term ‘happy parents’ quite a bit, but also provided a number of comments about parent engagement and involvement.

“One thing I wanted to add about quality, I don’t know if you mentioned this, was parental involvement or the parental opportunities for involvement because I think it’s very hard for us to do our jobs well without the parents really, coming along with us , especially when we have children with challenging behaviors and developmental concerns.”

Overall, the directors spoke of having a special mix of leadership, teachers and parents working together to create a quality experience for young children. Two directors summarized it this way:

“A quality program is well run by the director, well run by the teachers and the staff, where students are learning, and there are ample resources...that would be great. A quality program is when a child leaves the program and they go on to their next kindergarten; that they have the life skills for kindergarten and first grade. And that we’ve provided for the parents a great opportunity and a great experience; that the staff is really happy. The community has changed...just our mere existence in our community should change our community, [not] just our environment. I think that would be a great. [Also] a quality program [is] that you’re changing everything for everyone. They [passersby] walk past your school...look at the kids outside [and ask] ‘Can I go there?’...that kinda thing.”

“A caring staff, a safe environment, proper training and resources, effective leadership, good communication with parents, staff, and children, and managing finances in an effective and productive manner.”

In general, Directors varied in their ability to clearly define quality. Several discussed more licensing kinds of standards which establish minimal requirements but have little to do with quality. Others had a greater understanding based on their experiences with the public pre-k program formerly known as Abbott and Head Start. The collective responses were not totally consistent with how high-quality programs are defined. This is not unique because the judgment of how quality is defined involves the values of those defining it (Sylva, et al., 2004).

Directors’ experiences, knowledge, exposure, training and values enable them accurately to determine if their program is a quality one. One example of this occurred during the Grow NJ Kids test drive. Directors were asked to assess their programs using the ECERS. Several directors gave their programs a perfect score of seven. When technical assistance was given, and scores reviewed, this researcher found that the scores were much less than the score assigned by the director and in some cases the program scored rather poorly.

Lacking in the discussion pertaining to early care center quality during the focus groups were curriculum, assessment and evaluation. Data collected in this research earlier reflected that there are a number of Directors who do not utilize an evidence-based curriculum or any assessments for children or their programs (Q27 – Q28). This is a very important factor because evaluation of programs and children are needed to achieve and maintain continuous quality improvement in center programs.

Research sub-question 2A (RQ2a) *How do childcare Directors describe their role in improving program quality?* Using the survey tool, directors were asked how they assess quality in their program, and they had the opportunity to give multiple responses. They were limited in their choices to acceptable assessment tools used by the state. Given the opportunity to provide multiple responses, 89% indicated that they were using environmental rating scales, CLASS or another acceptable tool to measure the quality in their programs.

There were a number of ways Directors voiced their opinions on how to improve the quality of their programs but admitted that broad improvement could not occur without first assessing the program itself. Yet (Q27) the survey determined that 29 percent of the Directors indicated that they were not using any state approved tool to measure the quality in their programs. They were nonetheless quite descriptive of the attributes of a Director if a quality program were to be realized.

“The role of a director is ensuring that you know all aspects of the program... first make sure that you know what the standards are that you have to meet. Also insuring that all aspects of your program meet those standards if not meet them, be above those standards.”

“The director must be able to articulate the vision and mission of the program to the staff and parents. The staff must know why they are there. The director creates the culture for the program and the expectations.”

In focus group sessions, Directors also acknowledged that to improve quality in early education programs, assessment was necessary, and that the first step in this process to assess the quality of the program was to establish a baseline. Baseline scores identify strengths and areas in need of improvement. There are several assessment tools that could be used to evaluate the classroom, the interactions between children and teachers, as well as the progress that children are making, but as noted previously, a sizeable number of Directors were not taking advantage of these evaluation tools.

Research sub-question 2B (RQ2b) *What do Directors perceive as their professional development needs to enable them to improve program quality?* Many child care program Directors indicated a need for information on how to better support staff and address the management issues associated with increasingly demanding program requirements, facilities improvement and contractual agreements. Within that context, directors discuss their professional needs including training, knowledge and information, their role in relation to their programs, staff and parents. Directors agreed that they should be the most knowledgeable person in the center.

“The director should participate in professional development to gain the needed knowledge and to stay abreast of new changes in the field. There are also benefits for her to network with other directors and to learn from her peers.”

Emergent Themes

The dominate themes that emerged from the focus groups regarding the Directors’ perception of their roles and quality assessment of their respective centers were: 1) Directors wear multiple hats and the work is challenging; 2) Directors must have effective management skills, 3) Directors must be passionate about working with young children, 4) knowledgeable leadership, 5) qualified and committed teachers and 6)

involved parents.

Directors wear multiple hats and the work is challenging. Leadership in early care and education has many facets, including, but not limited to management and administration. Both in survey responses and in focus groups comments, directors viewed their dominant role as managers and administrators with most of their time spent managing and performing administrative responsibilities in their programs. However, often Directors were placed in the position where they had to step in and take responsibility for other functions and tasks that arose. In short, they had to be flexible and willing to step in to fill in gaps when and where the need arose.

Directors must have effective management skills. Kagan and Bowman (1997) chronicled five faces of leadership for those leading child care programs; 1) pedagogical leadership, 2) administrative leadership, 3) advocacy leadership, 4) community leadership, and 5) conceptual leadership. The findings are clear that the work of a child care leader expands over each of the cited management skills areas. However, within the Focus Group, it was the management and administrative work that received most of the attention of the Director. Unfortunately, the core of the daily operations and other support areas in the early childcare centers needing oversight were underserved.

Directors must be passionate about working with young children. Directors expressed their feelings about how overwhelming and challenging the work was in a child care center. Many of them learned how to be a director on the job. While their primary goal and passion was to ensure that young children were cared for and educated, there were so many other responsibilities that overshadowed their ability to get the job done, thus they were frequently unable to show how fervent they felt about the work they did.

Directors have a professional identity that is closely associated with their commitment to the early childhood profession which speaks to the longevity of their employment in this field (Watt & Richardson, 2008). As in the focus group response and similarly in other research (Sims, et al., 2015) child care directors valued their work, and were passionate about fulfilling their tasks professionally and successfully. Their positive mindsets were positive steps in moving their programs toward continuous quality improvement.

Knowledgeable leadership. Center directors saw themselves as educators but recognized that the real responsibility in leading the education component of a child care program was to provide the instructional or pedagogical leadership that is needed for classroom staff to be effective.

Qualified and committed teachers. Directors wanted well trained teachers that had early education backgrounds, but also nurturing and caring experience. When directors had difficulty finding one person with both skill sets, they tried to ensure that classrooms were staffed with teachers and aides that complemented each other and possessed competent skills. For Abbott and Head Start classroom, certified teachers are a requirement, and funding is available to pay them. For private centers, certified teachers are not required in each classroom and each center determines the educational requirements that they want. Early childcare research makes the compelling argument that where there are well-trained and credentialed staffs, the quality of the classroom is usually higher (Sylva, et al., 2004).

Parental involvement. Parent consumers are particularly important to private programs to the extent that parents sometime drive the programming in the center. Full enrollment is what directors strove for in all programs because of its link to funding. In

defining high quality preschool, Espinosa (2002) spoke of the two dimensions of quality – process and structure. The interactions, activities, materials, learning opportunities and health and safety routines are observed and rated as a measure of process quality.

Therefore, it is most important to have parents aware of and involved in all aspects of the early care program. Furthermore, students with involved parents or other caregivers earn higher grades and test scores, have better social skills, and show improved behavior (Espinosa, 2002).

Summary

Through the Focus Group sessions, repeatedly the participants voiced their views that an early care and education Directors' role is multifaceted. The Directors have the responsibility to manage a business that provides services to children, families and the community. As administrators, they must pay attention to enrollment, funding/budgeting, staffing, ensure professional development, health, nutrition, and social services for children and address the needs of families. Many of these responsibilities are not self-imposed but are required by state policies and regulations for child care centers — an intensely regulated field. In the midst of that work, the Directors must respond to and adapt to internal and external changes such as staffing and parents interests, and challenges, changing communities, cost factors, regulations and licensing changes and accept the challenges of constant change.

Adding to scarce resources, certification, funding, and staffing dilemmas, most child care programs are organizationally flat. There is no hierarchical structure to delegate responsibilities or funding to support additional staff for specific roles. However, in Head Start programs and some publicly funded preschool programs; staffs are designated to manage the education program, family and community engagement, special

services, nutrition, etc. This structure or system does not exist in private programs.

CHAPTER 5: DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

Introduction

Early education and early child care has entered a critical phase of development. Including New Jersey, states across the United States are implementing Quality Rating and Improvement Systems (QRIS) to increase the number of high quality early education programs for children birth to five years old. The Race to the Top Initiative (2013) funded New Jersey's QRIS' Grow NJ Kids which focuses on continuous quality improvement of early education programs. Continuous improvement in early childhood education leadership and quality programs depend on outcomes, high expectations, involvement of the entire team, and the use of regular assessment and feedback (Bloom, 2015). The purpose of this research study was to investigate what leaders in early education needed to facilitate progress and transformation. The study also sought to discover what the Directors were lacking in on-site leadership skills in order to produce quality early care centers. In doing so, a significant amount of information about Child Care Directors in New Jersey, (i.e., who they were, how they define their roles, and what specific professional development needs they had) were found.

Research Overview

The methodology for this study included the following topics: 1) the Research Design, 2) the Sample, 3) the Instruments, 4) Procedures, 5) Data Collection, 6) Data Analysis, 7) Research Protocols, 8) Limitations and Significance, and 9) a brief Summary. As a qualitative design, the study collected its data via a *Survey Monkey*. A pilot study was conducted to ensure that the questions were clear and the responses corresponded to the instrument. Modifications were made as needed based the results of the respondents from the pilot study. A larger more comprehensive study was then conducted. The

number of Directors who completed the survey instrument totaled 516 while the number of participants in the Focus Group totaled 29 from across the State of New Jersey. The researcher systematically and carefully documented a comprehensive narrative once the data was collected from the larger survey and Focus Group responses. These responses were then triangulated resulting in a narrative of the findings, ensuing discussion, implications, and recommendations for additional research.

Leadership and Director diversity in the early child care setting. The survey instrument used in this study contained questions intended to produce specific demographic data about the population of child care directors throughout New Jersey. The demographics mirrored national statistics showing that most of the Directors were female and were in mid-life age range and were Caucasian. These results were verified by a recent national study conducted by L.E.A.D. Early Childhood Clearing House (2017), (i.e., the McCormick Center research group led by Abel, Talen, and Newkirk, (2017) which also found that the average age of early child care Directors was 44 – 50 years old; that 95 percent of the Directors were female, and 79 percent of their response group were also Caucasian).

Ethnicity. The Director's ethnicity is an important demographic to consider because it is vital that a Director has the ability to empathize, identify, and relate to the diverse backgrounds of the staff that they supervise and the children in their centers who are from different ethnic and cultural backgrounds (NAEYC, 2009). In the United States, it is projected that the White majority population will decrease. However, they will remain the largest single racial group, but it is predicted that Hispanics and other people of color who will be immigrants will overtake the current majority (U.S. Department of Labor, 2016). Subsequently, the demographic survey results show that there is a need to

develop a more diverse workforce of Directors, (i.e., leaders of early child care centers) who are better trained and possess advanced early child care related skills. The field of early childhood education is experiencing unparalleled public investment supplemented by growing attitudes that insist on earlier enhanced child outcomes. To achieve such advances, policymakers have an obligation to contemplate the socioeconomic and racial/ethnic configuration of leaders as these features impact and motivate children and staff they supervise. The need for diversity is viewed as an important component of preschool quality because unifying and professionalizing the early childcare environment requires that Directors' knowledge and experience align with a will to create a qualified and diverse workforce. The call for diversity includes a broader range of ages, races, and balanced gender representation in the early care environment (Reid, & Kagan, 2015). In as much as all but one of the Directors in the study was female, it is suggested that the Directors see what steps they can take to diversify their early care centers.

To meet the objective to increase diversity in leadership and administration, researchers recommend that policymakers and Directors promote leadership development in early childhood centers by encouraging workers entering the profession to obtain the Child Development Associate credential (CDA) (Goffin, & McClennahan, 2009). While this is an entry-level credential that informs teachers about the professional career ladders that exist, it does allow the worker to learn the foundations of early education and child development. The CDA involves multiple sources of practical and academic practices that ensure that diversity is woven into the early childhood center setting while at the same time develops a more diverse cadre of potential leaders (Washington, 2015).

Once a teacher candidate acquires a CDA, he/she at least knows the straightforward fundamentals and principles of early childhood education and gains an

understanding of developmentally appropriate practices. As a holder of a CDA, the early care teacher knows how to nurture the emotional, physical, intellectual, and social development of children (Whitebook, & McLean, 2017). Acquiring a CDA is a big commitment for teachers, but one that creates confident teachers with command of modern best practices for teaching young children (Council for Professional Recognition, 2017).

Education requirements for Directors. In 2016, the Leadership Education for Administrators and Directors (L.E.A.D.) Early Childhood Collaborative implemented a bold new program intended to detect and close the gap in early child care leadership. L.E.A.D.'s proposal authorized crucial leadership aptitudes that focused on content knowledge and skills needed by Directors to guarantee 1) adequate proper results for children, 2) create well-organized program and corresponding functions, and 3) uphold working families and their need for admission to high-quality early learning and care. The L.E.A.D. Early Childhood Clearinghouse was established to address the need for improved data on the early childhood leadership workforce. Resources and Education for early childhood leaders is a main focus of the Clearinghouse (McCormick Center for Early Childhood Leadership, 2017).

L.E.A.D. reports that New Jersey had a variety of administrative staffing educational requirements based on licensed capacity of an early child care center. The competency-based administrator credential was built on the foundation of a Bachelor of Arts degree. The administrator's credential is comprised of 15 college credits or a 144-hour noncredit option, plus one year experience working with children, one year of management experience, a portfolio, and other professional contributions. Unfortunately, as an administrator in the field of early child care contracted by a governmental agency,

the researcher was informed by the agency in the latter part of 2017, that the New Jersey Administrative Credential was defunded. It had been designed to provide essential knowledge in such areas as management, leadership and advocacy, as well as foundations of early education. Therefore, as of January 2018, technically, any candidate seeking the New Jersey Administrative Credentials has no viable way to become credentialed. This situation hardly allows for early child care center Directors to fulfill state mandated objectives or to be in a position to develop quality early child care centers. However, based on the sum of bachelor, masters, and doctoral degrees that the participants in the study held, 79.4 percent of the respondents in their position as child care Director met the basic requirements of the State's Director education criteria guidelines.

Training. In their view, the participants in the study cited two primary areas in which they felt they required additional training, (i.e., business budgeting skills and technology). Primarily, as the Director prepares a budget for a child care business, he/she needs to know how much money is needed and how to acquire money to cover those costs. Often the early child care center depends on government funding in order to conduct uninterrupted business. Directors complained that it was sometimes difficult to plan a budget when it could not be guaranteed that the funding source would be forthcoming. Paradoxically, the survey showed that most of the funding for early child care centers did not come from governmental sources.

Conversely in receiving private funding, the Directors were not always able to depend on timely payments from parents and guardians. Directors indicated that often they were frequently left in limbo and found it difficult to plan a budget in advance if they did not know exactly the amount of funds they would have at their disposal. Moreover, Directors seemed to have little control over spending decisions due to required

first line budgetary considerations such as salaries of staff, utilities, educational materials, and certain office supplies. Sadly, many Directors reported that they were operating at a deficit. As a consequence, though Directors recognized the need for professional development, it was frequently postponed and considered discretionary since it was not one of the first line budgetary items that must be paid no matter what the circumstances. Directors felt that they could benefit from seminars that emphasized budgeting and fiscal responsibility, (e.g., a course that stressed how to determine spending priorities and how to generate consistent and reliable funding for the operations of their early child care centers. For Directors in the early care centers in this study, the working conditions they described were indicators that their stress level was very high. Researchers have reported in other studies that when working under such conditions, directors had a high possibility of developing burnout syndrome (BS) (Hozo, Sucuc, & Zaja, 2015). Three of the Directors in the focus group appeared to be under an inordinate amount of pressure possibly due to the stressful work conditions under which they described.

Technology. The second area that Directors expressed a need for training was in the area of technology. Thompson (2014) surveyed educators around the country to determine the key competencies for high quality education at all educational levels. He found that from early childcare to adulthood, administrators and leaders in education needed to develop 10 basic technology skills to be effective in their educational settings and to have quality organizations. Unfortunately, 174 (19.1percent) of Directors responded to “Technology (Computer Skills)” (Q24. Code 9) lacked confidence in their ability to utilize technology effectively. They would be wise to take heed to Thompson’s call to develop the necessary technology specific skills to early childhood environments. These skills are:

1) *Mastering basic word processing* (Word) for the purpose of communicating quickly and professionally with staff and parents; includes spreadsheet (Excel) and database skills (Edvance) for maintaining attendance, grades, and lesson plans. Much of the budgetary planning and preparation issues would be resolved if the Director were familiar with how to use spreadsheets and databases.

2) *Email management skills*. Sharing and collaborating via email both individual and group communiques. This ability allows the Director to share important professional information with staff efficiently.

3) *File management*. Computer files need to be organized much in the same manner as hard copy files. If documents are categorized and arranged in neat folders, it is easier to retrieve them when the need arises.

4) How to *save documents and files* using computer related storage devices such as CDs, USB drives, zip disks, DVDs, etc. This skill is important so that the Director always has a backup file in case of an unfortunate loss of data on the original platform.

In today's educational arenas, computer knowledge is indispensable. Directors need to be fully knowledgeable in technology to develop proficiency and foster productivity within their centers if they expect to achieve a high quality care center.

Cost as a deterrent to seeking training. From the Focus Group discussions, it was found that Directors did not participate in ongoing training for several compelling reasons. However, the most compelling was the expense associated with pursuing continuing education. For example, New Jersey has a Directors' Academy, but there is a \$1500.00 fee associated with this beneficial training opportunity for early childhood Directors. The Directors Academy was first mandated for Directors in the Abbott Pre-k programs. Over time, other Directors participated in the training; however, the program's

mandated participation was dissolved (Coffman, et al., 2010). Director education and credentials remain in the forefront of issues revolving around quality centers. Thus, qualified credentials or degree programs are necessary. Whitebook and McLean (2017) report that no uniform educational floor exists across the early child education field for working with children age four and younger. In early child education settings, which may or may not be supported by other types of federal and state funds, varying expectations for education and training are in place. New Jersey sets its own qualifications and certification for early child education teachers, assistant teachers, and directors in licensed early childhood programs. These qualifications often have different standards depending on the type of setting. Because of low and inconsistent educational requirements for early educators, an inaccurate and harmful message that early learning is less important and requires less skill compared with teaching older children, contribute to low investment in early care and education compared with K-12, and consequently, poor working conditions for many early educators (Whitebook, & McLean, 2017; Whitebook, & Ryan, 2011).

Advanced training options. In the United States, there are 94 early childhood leadership programs which focus on management, administration, leadership, or advocacy. California, Illinois, and Pennsylvania achieved the highest overall scores on the Policy Levers Rubric. In short, education to develop leaders in early child care and public policies upholding early childcare is sadly inadequate. According to Whitebook, et al. (2012), today's early care and education leaders must be politically perceptive, aware of and engaged in numerous contexts extending beyond one's day-to-day work, and experienced in visualizing and expediting change. This increasingly recognized view of essential leadership competencies marks a major shift in expectations about what field

leaders need to know and be able to do. (McCormick Center for Early Childhood Leadership, 2017; Whitebook, et al., 2012).

In New Jersey, there are only three institutions that offer degree programs in early childhood education. They are 1) New Jersey City University in Jersey City, 2) the College of New Jersey in Ewing, and 3) Rutgers University, New Brunswick which has an EdD in leadership where candidates can focus on early care and education. All are public Universities that offer various levels of degrees and certificates. Of the 14 combined degree and certificate programs offered at the three institutions, the Bachelors early childhood education with a required second major and the M.A.T. and the early childhood specialization offered at The College of New Jersey are recognized by the National Association for the Education of Young Children (NAEYC). None of the programs are accredited by NAEYC (NAEYC New Jersey, 2017).

Training schedule conflicts. Since 1995, the early childhood field has acknowledged and appreciated the many dimensions of directors' work in determining a center's quality, and the inadequate resources devoted to meeting their needs for professional development (Freeman, 2011; Peisner-Feinberg, et al., 1999). In an extensive collaboration, the Peisner-Feinberg, et al., (1999) study involved researchers from respected institutions in different areas of the United States (e.g. University of North Carolina at Chapel Hill, University of Colorado Health Sciences Center, University of California at Los Angeles, and Yale University). The study concluded that there are many pressures that unavoidably arise as an early care and education program's only administrator. Often directors are isolated in the workplace and have limited opportunities for creating networks of peer support. The Peisner-Feinberg, et al., (1999) study further concluded that all these factors highlight the importance of providing

directors with much-needed advice and professional information.

In recent times school districts and the New Jersey DOE also realized that child care Directors need professional development to help them to successfully lead high quality early child care programs, but such training is often not available at optimum times (DOE, 2014, p. 7). The New Jersey DOE asserts that implementation of the curriculum to meet the preschool standards is an unremitting, enduring process. Full understanding of the curriculum and knowledge of developmentally appropriate practices are necessary for its implementation. A well-organized and consistent plan for professional development geared to each stakeholder group is necessary. Therefore, district boards of education, boards of private providers, and local Head Start agencies need to make professional development a priority and support it by allocating necessary resources (New Jersey Department of Education, 2014, p.7).

Frequently professional development classes, workshops, and conferences are offered on the weekend. Weekends are the only time that Directors have the opportunity to take care of personal tasks related to their personal lives. At times, training seminars and symposiums are offered at the conclusion of the work day. This is neither an ideal time as Directors are quite tired after a long day at work (their work day often starts as early as six o'clock in the morning).

As well, research has shown that short one or two day conferences are not usually effective because of unrealistic expectations of how much time it will take to adopt and implement goals (Zarrow, 2018). In light of the current policy context, early childhood directors and educators are being asked to have a “complex understanding of child development and early education issues and provide rich, meaningful educational experiences for all children and families in their care” (Sheridan, et al., 2009). In order to

achieve this goal, training and education must be ongoing and sustained. For the participants of this study, at best, occasionally they had opportunities to participate in short conferences or training sessions after work, or on the weekend. Unfortunately, these scant opportunities for professional development were counterproductive to producing Directors who could adequately develop the skills necessary to grow and improve their early care centers so that they could cultivate early child care centers of quality.

The child care Directors' role in improving program quality. The role of leadership in fostering high quality early care centers is thought to be synonymous with the childcare Directors' role in improving program quality (Rohacek, et al., 2010). In the state of New Jersey, accountability for outcomes is high, and the means for professional support are inadequate (Gould, Austin, & Whitebook, 2017).

Gould, Austin, and Whitebook (2017) expand on professional support inadequacy by affirming that not only in New Jersey, but in general, the American system's "provision of early care and education is deeply fragmented and severely under-resourced, which results in vastly uneven quality of and access to services." From the State's stance, the policies and processes fundamental to professional development are necessary. Also the State places importance on how to attain committed and resolute professional development efforts – efforts which can impact and create significant changes in director's leadership skills, behaviors, and viewpoints.

The literature identified two principle determinants of high quality early education, (i.e., 1) process quality and 2) structural quality). High quality child care experiences occur when both appropriate process and structural indicators are in place (Barnett, 2011; Espinosa, 2002). In order to understand how to recognize quality in the early education environment, it is essential that Directors understand the workings of process quality and

structural quality.

Process quality refers to the child's day-to-day experiences in the early child care center and embraces the social, emotional, physical, and instructional aspects of the child's activities and interactions with teachers, peers, and materials, that are seen as the proximal determinants of child development (Howes, et al., 2008; Pianta, et al., 2005; Thomason, & La Paro, 2009).

Leaders in early childcare settings easily consider how structural quality incorporates the size of each group of children, the adult child ratio, and the education and training of the teachers and staff as indicators of high quality (Espinosa, 2002). In New Jersey, the adult child ratios and group sizes for licensing requirements differ greatly from those that are required by publicly funded programs such as Department of Education preschool, or Head Start. The smaller the ratio of children to adult greatly improves the opportunity for quality interactions and learning for young children. Similarly, the training of the teachers and staff has a significant impact on quality as well. Thus, Directors who are good leaders have well trained teachers who have early education backgrounds, but also, they employ teachers who provide nurturing and caring experiences for the children they oversee.

Furthermore, as leaders of early care centers, Focus Group Directors were aware of the importance of the environment, technology, and human resources in determining structural and operating processes that are most important in achieving high performance and total quality management. Yet, upon further analysis of the responses from the participants in the Focus Group, it was found that many Directors did not define quality in the same way, and therefore, an overall standard quality amongst and between early child care centers cannot be expected or achieved until everyone is in agreement of the

definition of a high quality early child care center.

Directors need to be mindful that a major aspect of knowing one's program is to understand the program's status within the framework of quality. Despite the disparity among Directors in the Focus Group to arrive upon an inclusive definition of a high quality early child care center, the Focus Group participants were able to reach a consensus that two critical roles were required to improve program quality, (e.g., effective leadership, and management skills).

Focus Group Directors concurred that in order to fulfill their responsibility to pursue high quality care centers, they had to focus on the basic roles, skills, and functions of their management position and give special attention to managerial responsibility for effective and efficient achievement of goals. Like Sheridan, et al. (2009), the Focus Group recognized that special attention had to be given to social responsibility, managerial ethics, and the importance of human resource management.

It is reasonable to assume that if a Director were having difficulty leading her/his staff, it could be attributed to a lack of training and professional development. If a Director has no educational background in early childhood education combined with no training, then the probability of running a successful high quality early childcare program is threatened.

According to a brief from a workshop sponsored by the Roundtable on Population Health Improvement in New York in February 2018, experts from the health and the early childhood care and education fields reported that policy levers when available improve early childhood development, health, and learning (National Academies of Sciences, Engineering, and Medicine, 2018). Extrapolating this view of policy levers to the State of New Jersey, if the State consistently applied these policy levers when

ascertaining if an early child care center should be granted a license, it is thought by experts in the field that many of the challenges an early care center faced could be alleviated (Chang, 2018 In Print).

After a thorough investigation of the status of early childhood Directors in the state of New Jersey, the researcher found that many of the challenges facing early child care Directors were rooted in the decisions and actions of policymakers. The well-meaning policies that are in place do not match the reality of many of the Directors' working conditions and limited resources. Therefore, many of the Directors are not able to meet the preschool standards as set forth in the quality framework. Ryan (2015) reminded early childhood educators and stakeholders that

“Policymakers are investing significant funds into programs for young children with the aim of leveling the playing field and making sure all children succeed academically,”... “However, too often policy makers and researchers focused on practice have not worked together.”

Assessment of early child care centers. The survey results of the participants' responses to how they assessed the quality of their centers (Q27) suggest that no standard instrument was used to evaluate the quality of their early child care centers. At the writing of this dissertation, Focus Group Directors candidly admitted that their preferred method of evaluating early care center programs and subsequent quality was the Early Childhood Environment Rating Scale (ECERS) (Q27.Code2), but as noted in the Findings (Chapter 4, p. 90) only 26.9 percent of the surveyed Directors used the scale to evaluate their centers. The second most preferred New Jersey State endorsed scale was the Infant Toddler Environmental Rating Scale (ITERS) (Q27.Code 1) but only 18 percent of the participants used this rating scale. While many Directors had various methods of assessing the quality of their centers, nearly 50 percent of the Directors did

not comply with the recommendation of the state of New Jersey to employ the ITERS or ECERS Scales.

Directors who are effective leaders understand and know the importance of early childcare program evaluations. Assessments are viewed by Directors who are true leaders as imperative for measuring, achieving, and maintaining high quality within their early care centers. The literature details the importance of assessment as a means to determine the quality of an early child care center through the views of several experts in the field (Barnett, et al., 2002; Lashway, 2002; Ackerman, & Barnett, 2009; Ryan, & Whitebook, 2013). Historically, the Abbott Preschool Program implementation (1999), the 2006 Self-Assessment Validation Systems (SAVS), and the IPB initiative (2011) are amongst several assessment initiatives required (or were required by the New Jersey State in the past) for Directors to use to evaluate the quality of their early child care centers.

Assessment and policy planning for infant toddler care has been viewed as indispensable and new guidelines have been implemented by the State of New Jersey. With several approved and official options for assessment instruments available, it is difficult to understand why nearly 50 percent of the Focus Group members in this study did not make good use of the recommended assessments.

Besides observations and self-evaluation of their performance as leaders in determining the level of quality of their early childcare center, Directors have access to the Program Administration Scale (PAS). The PAS had been adjudicated by the DOE as a valid and reliable instrument designed to measure the leadership and management practices of early childhood programs. The PAS provides valuable information to directors about the quality of their administrative practices and can be used as a springboard for program improvement efforts. Quality is measured on a seven-point scale

in 25 items clustered in 10 subscales: 1) Human Resources Development, 2) Personnel Cost and Allocation, 3) Center Operations, 4) Child Assessment, 5) Fiscal Management, 6) Program Planning and Evaluation, 7) Family Partnerships, 8) Marketing and Public Relations, 9) Technology, and 10) Staff Qualifications (McCormick Center, 2017). As a Director in the study, PAS would be a suitable and useful instrument to self-evaluate his/her program and its effectiveness.

Early Child Care Research Leadership Frameworks

Early childhood leadership is frequently obscured by inconsistent standards and policies (Abel, Talen, & Masterson, 2017). As a result, early child care centers across the state of New Jersey display a wide range of configurations offering varying levels of quality services from low to high. In this indistinguishable environment of ostensible noncompliance to standards that are in place, the implications for ensuring equitable high quality early care leads directly to the doorway of the Director or leader of the early child care center. The study revealed that quality centers are driven by knowledgeable and informed leaders and directors. Without good leaders, the Directors in the study acknowledged that it would be difficult to achieve high quality within the early care environment. The current dilemma found in the operations of many early child care centers is rooted in practice and delivery of services under the direction of Directors who have one or more leadership deficits.

The facade of insufficient early care and preschool standards brings the study's discussion back to the *Whole Leadership Framework* discussed in the literature review and the researcher's theoretical framework which clarifies practices that should drive the operations in early care centers. Recall that the *Whole Leadership Framework* is an inter-dependent relationship that exists between leadership domains. It is a balanced

perspective that leaders in early child care should possess while they are performing administrative functions. The three dimensions of the *Whole Leadership Framework* are 1) leadership essentials, (i.e., foundational competencies and individual qualities necessary for leading people); 2) administrative leadership, (i.e., the ability to coordinate work and mobilize people to maintain stability and encourage growth of the organization); and 3) pedagogical leadership, (i.e., instructional leadership and family engagement) (Abel, Talan, & Masterson, 2017).

In conjunction with the *Whole Leadership Framework*, the researcher included augmenting theoretical frameworks from noted experts in early child care and literature, (i.e., the *Whole Leadership Framework* was paired with other important theoretical ideas in the field that the researcher considered in drawing conclusions pertinent to the findings of this research). The *Collaborative Theoretical Framework* (as referred to in this paper) provided for a more wide-ranging view for drawing conclusions. The supporting theoretical ideas that played a role in the interpretation of the findings are summarized herein. All dimensions overlap and are interdependent upon each other regardless of the area given priority by the practitioner in early child care. All dimensions are essential, and are necessary attributes in the development and advancement in quality early child care centers, practice, and leader development.

In the review of the literature, Blank (1997) posed a comprehensive leadership framework consisting of five dimensions: 1) administration, 2) pedagogy, 3) advocacy, 4) community and 5) conceptual leadership (p.13). The combined five dimensions have broad ranging implications to the future of early child care and leaders in the field. As Figure 1, *Critical Leadership Dimensions Considered Necessary for Early Child Care Directors Illustrating the Theoretical Framework* (p. 16) shows, the Director of a center

is diametrically impacted by each of the dimensions, but the capability to optimize the director's ability to deliver and achieve quality care depends in large part to policies and practices of state and local government. The implications for early care directors' performance is (or should be) aligned to practice concepts within the theoretical frameworks and will be discussed going forth. While the terminology may be different from the *Whole Leadership Framework*, when analyzed, the functions of the dimensions are the same. Only *Leadership Essentials* have no seemingly corresponding attributes defined under the *Collaborative Leadership Framework*. As applicable to this study, most of the following discussion pertains to the *Whole Leadership Framework*, but where applicable, reference and explanation of the *Comprehensive Framework* are included. The two frameworks are compared in Table 13 *Comparison: Whole Leadership vs. Collaborative Leadership*.

Table 13
Comparison: Whole Leadership vs. Collaborative Leadership

Whole Leadership Framework		Comprehensive Leadership Framework	
<i>Pedagogical Leadership</i>			
Instructional leadership		Pedagogy	
Family engagement		Advocacy	
<i>Administrative Leadership</i>			
Operational leadership		Administration	
Strategic leadership		Conceptual leadership	
Advocacy leadership		Advocacy	
Community leadership		Community	
<i>Leadership Essentials</i>			
Self-efficacy	Empathy	Creativity	
Authenticity	Humility	Transparency	
Adaptability	Learner		

Note: In the *Collaborative Leadership Framework* model, "Advocacy falls into two of the dimensions of the *Whole Leadership Framework*.

Implications

Erroneous perceptions of quality. There were many different perceptions of what constitutes a quality program and the different standards that are utilized by various regions of early childhood Directors and administrators in the study. To avoid the lack of uniformity in defining quality, the recommended unifying five policy principles (i.e., levers) as advocated by the McCormick Center for Early Childhood Leadership (2017) are listed below. For the purposes of this study, *Lever 3 Principal Licensure* was not considered an essential criterion for early child care Directors.

1. Administrator Qualifications in Child Care Licensing
2. Administrator Credential (minimal requirements)
3. Principal Licensure
4. Administrator Qualifications in QRIS
5. Administrator Qualifications in State Pre-K Programs

The overall average levers scores were calculated based on statewide policies compared to a multiple indicator rubric. This rubric advocated a unifying foundation for all center directors, administrators, and family child care providers. Persons aspiring for these vested early child care positions should have “a minimum of a bachelor’s degree with content knowledge and competency in child development/early childhood education” (McCormick Center for Early Childhood Leadership, 2017; p. 5).

Administration. Without competent and effective leadership, administration becomes problematic for the director and for the staff and children being supervised (Mulford, 2003). Directors in the study acknowledged that their operational leadership skills were weak, but they need to be able to coordinate work and mobilize people to ensure the organization remains stable and continues to grow. In the *Whole Leadership*

Framework, operational leadership skill requires that the Director understands hiring and supporting staff, overseeing budgets, and fostering positive workplace climates. Most importantly, the Director needs to strategically lead by setting goals that forecast future program directions. Implications for practice suggest that policy makers create meaningful leadership programs that address the needs of child care directors. Directors in the study were quite aware of their deficits in leadership as they attempted to administer their early care centers. As Arvey, et al., (2007) points out, some people is born leaders (32 percent), but most people need guidance and training to become effective leaders). To this end, a professional community of early care and education leaders should be created so that Directors can have a formal or informal way to exchange information, to seek advice, and referrals in order to attain the goal of achieving a high quality early care center.

Pedagogy. Many early childhood leaders are not equipped and supported by policy mandates to implement professional practices that emphasize features of curriculum decision-making, teaching and learning. These practices encompass building and nurturing relationships between directors, their staff, and the children they serve. Too many young children receive inadequate early education because directors are not sufficiently trained in developmental and culturally responsive practices that foster children's critical thinking skills, curiosity, compassion, and creativity. (Nores, & Barnett, 2014). Early child care leaders need to be knowledgeable in curriculum, but there is a gap between policy and practice that must be addressed by policymakers and strategists if improvement in teaching and early care quality is to be realized – especially in light of increasingly rigorous expectations for early childhood educators to enhance children's development. The participants in the study acknowledged that while they were

knowledgeable in early care curriculum, they were often plagued with other administrative duties and responsibilities which did not allow them sufficient time to monitor and assess how their teachers delivered instruction. Not always knowing if the curriculum was effective created uncertainty within their early childhood settings and hindered their quest to achieve uniform quality throughout their centers.

From this study, implications for directors to be better equipped to develop and/or make curriculum decisions require improved professional development opportunities supported by fair and consistent accountability policies. Stakeholders and policy makers are obligated to produce professional development policies that effectively support directors who oversee staff who have varying experiences, qualifications, and job responsibilities (Neuman, & Kamil, 2010). Recommended professional development areas for Directors include child assessment, infant and toddler development, social development, language development, and health, safety and nutrition (Alexander, 2018). As Directors in the study felt that they needed training in technology and budgeting, professional development in these areas would be appropriate for them.

This study concurs with the 2015 Institute of Medicine and National Research Council's Transforming the Workforce report that accentuates the New Jersey State's role and responsibility to establish a conduit for early care and education Directors to obtain the obligatory education and professional development to meet the challenges of their important roles as leaders in ensuring high quality in their early childhood centers. Implications for practice suggest that policy makers make early childhood education leadership training available to public school principals so that student cognitive and social development can continue to be monitored as they transition from preschool through primary grades. The receiving school's policy should continue to provide

programs that best fit students' needs as they grow and advance. Policies and strategies on early care learning connected to student learning should include prioritize instructional and curriculum leadership, uses of data, teamwork, and shared leadership focused on student improvement objectives.

Professional development. Research shows that the Directors' skills and competencies are predictive of a child's outcome and that education with specialization in early childhood development and pedagogy is correlated with said child outcomes (McCormick Center for Early Childhood Leadership, 2017; Schilder, 2016). The status quo for adequate education level for Directors as of 2017 is the attainment of any Bachelor of Arts degree. However, '*any*' degree is not as desirable as '*a degree specific to early childhood education and/or leadership.*' The broad policy of accepting '*any degree*' is contradictory because Directors' education and background experiences vary substantially. Therefore, it is unrealistic to expect that under these circumstances equal high quality early child care centers could be uniformly operated. Perhaps, a more practical and useful stance for policy makers to assume would be to establish career ladders that offer progressive professional development based on the individual director's skill set and educational levels.

Advocacy. The near nil responses from the survey revealed that the Directors in the study did not place importance on their role as advocates. As an advocate, the Directors needed to understand the importance of his/her role as an 'ambassador' who is first and foremost, working to fulfill the needs of children, their families, and the educational and social programs that affect these children and families. Yet had they realized the significant benefits of being an advocate, they would have built Director and parent partnerships which are essential to advocate and change policies that support

children and families (Pianta, et al., (2012, p. xvi). These researchers cited further assert that it would be in the best interest of state and federal policy makers to support advocacy outreach for program planning and development as a means to address concerns related to the unacceptable number of children by age five who lack basic skills. Furthermore, Directors can encourage backing for their advocacy efforts from the families of the children they serve through the creation of a philosophy to support quality improvement of their early care centers (Pianta, et al., 2012, p. 481).

Because of the diverse make-up of families, leaders must ensure racially, culturally, and linguistically competent teaching environments for each and every child. Supervising, teaching, and caring for young children demands a strong understanding of the culture and community context surrounding them in their classrooms and families (Tarrant, et al., 2015).

Community. Overlapping and hand in hand with advocacy is an awareness of community. By the time lower socioeconomic children reach school, they are already behind their peers because many are not engaged in a language-rich environment early in life (Hart, & Risley, 1995). The African proverb, *“It takes a village to raise a child”* aptly embodies what is meant by community leadership for the early care Director. Implications for practice advise that policies and strategies should be designed to minimize the impact of the disparity between low socio-economic children and children of means.

A significant percentage of the Directors in this study worked directly with children who hail from lower socioeconomic families. Therefore, these Directors should not lead by simply sitting behind their desks. They must go out into the community to collaborate with community organizations on behalf of children and families served. One

day, the children in their centers will be the leaders and workers in the community. To invest in them is to ensure that they grow up to be productive citizens contributing to the success of the community businesses and organizations in perpetuity.

Conceptual leadership. The ability to create new ideas is characteristic of conceptual leadership, (i.e., strategic leadership). It is shared leadership that is energetically driven by a collaborative process in which individuals in the group share the responsibility of leading one another to achieve the child care center's goals (Pearce, & Conger, 2003). As a component of the theoretical framework, the shared experiences imply that all Directors should have identical or at least similar points of reference for actions and practices within the early care setting. Directors in the Focus Groups said that they were working in seemingly isolation. This feeling may have had its basis in a lack of uniformity in practices and protocols when they compared their centers to other early care centers. Each Director found herself functioning as an independent without any reference to any other center. The practical implication is that policies and strategies should define common terms, references to tasks and procedures, and early care language pertinent to childhood organizational leadership. In essence language would match the concepts in the early childhood setting. Consequently, the quality of early childhood programs throughout New Jersey and for the Directors in this study will be closer to achieving universal quality in early child care.

Research Implications and Recommendations

It is clearly time for all stakeholders to “work together” to resolve the issues surrounding early child care centers, Directors, management, and quality education for early learners. A fresh methodology to develop quality early care centers has to be the mantra for global quality early child care to be achieved. Researchers from diverse

academic disciplines are needed to tackle early childhood issues with the aim of investigating the status of early childhood research, ascertaining acute issues that require additional study, and reflect on a variety of strategies possible and achievable from such collaboration.

The findings of this study suggest that a comprehensive examination of early childhood program leadership personnel is needed and that state policies need to be clear, specific, unified, and broadly disseminated resulting in transparency and uniformity of practice and equal resources across the entire State of New Jersey. The majority of early childhood stakeholders recognize by way of research and best practice evidence that better educated and highly skilled early childhood teachers are necessary, but the quest for well-qualified and highly skilled Directors who would be true leaders of early childhood programs is limited.

Various methodologies and strategies' formats are needed to engage Directors and motivate them to seek training. The Focus Groups were of the opinion that in the State of New Jersey, there was a suitably large population of Directors that warrant conducting staff development and training sessions that offering topics in greater quantity, variety, in more than one format, and at more than one specific time. In this way, the professional development and training needs could be met for all the Directors. The Directors' thinking was that with so many people needing training, several different modes of training should be offered. For children, the professional cry is for differentiated instruction; the same consideration should be given for the adults working with children.

While often, time did not permit the Directors in the study to participate in professional development opportunities, they strongly vocalized their different needs which should be gauged when offering professional development and training. They were

of the opinion that more flexibility in the scheduling of professional development might encourage more participation and interest in pursuing such opportunities.

Formats of meetings could be week-long conferences, two-three day conferences, intense one day seminars or symposiums, online classes and training, small group sessions on-site or off site, evening, or week-end sessions. Program topics could include 1) Program Improvement, 2) Curriculum Development, 3) Managing an Effective Center, 4) Budgeting/Fiscal Management, 5) Early Child Care Center Management, 6) Staff Evaluation, etc.

Therefore, it is further recommended the State collaborate with higher education institutions to develop degree programs in early childhood education and leadership that meet the standards of all national certification authorities. At present, only two of the already limited degree-offering institutions have a smattering of official recognition of their value. As of 2017, early child care centers in New Jersey are not uniformly operating at a standardized acceptable level to state unequivocally that early child care centers are overall high quality. In a similar manner, the same can be said about the absence of an acceptable number of standardized institutions offering degrees in early childhood education.

To resolve the shortage in higher education programs for early childhood education, Austin, Whitebook, and Amanta, (2015) examined the status of infant-toddler education. Their goal was to discover whether or not classes focusing on infant-toddler education and care were included in higher education programs. The researchers found that few offerings were available for infant-toddler courses and degrees based on data derived from the Early Childhood Higher Education Inventory. The Inventory investigates breaches in early childhood teacher preparation and faculty knowledge that

have implications for infant-toddler personnel. The Inventory also proposes strategies to reinforce infant-toddler training in higher education. The Inventory is used to define the status of a state's early childhood degree program availability at the associate, bachelor's, master's, and doctoral levels and surveys disparities among programs at different degree levels with regard to the age-group focus of course content and practical applied learning experiences. Currently, the Inventory is employed in seven states: California, Indiana, Nebraska, New Hampshire, New Jersey, New York, and Rhode Island (Austin, Whitebook, & Amanta, 2015).

Any training deemed necessary for early child care Directors must be accompanied by the development of an acceptable and officially approved rubric that standardizes training and professional development throughout the State of New Jersey. The advantage of standardizing the training and professional development offerings is the ease of implementation based on a scale that everyone involved in evaluation understands. Further, it is easier to meet the expectations of other Directors, educators, community, and politicians who are constantly observing the programs of the early child care center, and finally, rubrics limit significant risks associated with new programs and training (Bjerede, (2013).

There is a void to satisfy the pressing need for a combination of administrative qualifications and competencies reflecting a whole leadership approach. A competent early childhood program leader needs knowledge and skills in child development, early childhood pedagogy, leadership essentials, and program administration (NAEYC, 2009).

Hand in hand with the aforementioned recommendation, aspiring Directors should be required to get the Administrative Credential as a prerequisite to becoming a Director as advocated by Grow NJ Kids. Added to this recommended prerequisite, Directors

should also be required to take basic business budgeting and technology courses which are deemed most important to operate a successful business.

Recommendations Related to Future Research

While many Directors in the survey and in the Focus Groups could identify what they did as administrators, and were able to imagine how others perceived of them as leaders, they frequently could not say with confidence that they were in fact strong leaders. Therefore, additional research is desirable to determine how to develop a Director's leadership identity so that it is applied and internalized positively and dependably as a Director. The question becomes directly and indirectly, what influences a Director to become an effective early child care leader? While some of the qualities were discovered in this research pertaining to what make good leaders, more information is crucial to understand fully the values and qualities that Directors possess that influence their leadership styles. It is clear from this study that a Director's position was more than just a title and that there was no one way to enact or carry out the responsibilities of leadership. Thus, supplementary research might explore and identify the complex and dynamic variations within the early childhood setting using a variety of early childhood configurations. Continued efforts are encouraged to theoretically and sensibly identify the purpose of leadership and how to professionally develop their leadership capabilities to ensure that Directors are confident in their perceptions of themselves and the role they play in their early child care centers.

Several studies have been conducted showing the association between early child care administration and program quality (Bloom, & Bella, 2005; Ryan, et al., 2011). However, more research is required to continue to understand the dynamic relationship between leadership training and quality early child care.

To this end, leadership programs that address the needs of child care Directors go hand in hand. The Focus Groups participating in the study characterized the environment of their centers as stressful and rapidly changing with limited resources and information at critical decision-making times. Because of the multi-faceted and varying degrees of early child care concepts, practices, standards, and policies across an assortment of program settings, research to develop individualized programs that are specific to the needs of numerous centers (but still meet the criteria as set forth by federal, state, and local guidelines), are required. It is recommended that the scholarly pursuit explore the best methods to provide pertinent early childhood programs serving young children in a centers, schools, and homes. Early childhood centers include Head Start, Early Head Start, state-funded Pre-K, as well as for-profit, non-profit, public, private, employer-sponsored, and college-affiliated child care programs. Future research also needs to encompass multi-site organizations that have leadership structures with oversight of more than one site.

Limitations

The qualitative aspects of this research presented challenges because the researcher was unable to verify context, environments, working conditions, and personnel information respondents were asked to provide. All survey responses had to be accepted on face value and assumed to be true.

Furthermore, the qualitative research may have included biases (especially non response bias) and did not lend itself to statistical analysis and generalization. The researcher depended on the findings which were not always representative of the many possible early care centers' workforce configurations that may have existed. However, the Focus Groups presented an opportunity to further explore and analyze the different

scenarios that Directors experienced in their early child care centers.

The researcher collected a comprehensive data set from the survey responses of the 516 Directors from across the state of New Jersey and the corresponding Focus Groups. Because of the amount of data collected, a broader perspective of the overall issue, (i.e., the research problem of identifying who the Directors were, how they defined their roles, and what specific professional development needs they had) was achieved. Research findings included both observations and descriptive analyses. The researcher depended heavily on inductive and deductive thinking and reasoning to draw conclusions. This was achieved by combining narratives and numbers to communicate the results and findings. The goal was to appeal to a wider audience despite the fact that generally speaking qualitative research often does not have the ability to be generalized to a broader population.

Conclusions

This researcher's aim was to discover who the Directors of early child care centers are, how they define their role, and what specific professional development needs they had. Demographic data explained earlier identified who they are

The review of published research on early childhood Directors' education and their respective credentials highlight the current dire status of Directors' wages and benefits. These need to be improved. Recruitment and retention challenges caused the researcher to conclude that the current practices in the field are at times disparaging and counter-productive to fostering quality care by Directors in the early child care industry.

The survey data also described the Director's professional development needs and his/her needs in relationship to their staffs and the children under their care. However, in order to go forth with effective professional development, it is important that solid

supports coinciding with valid and tangible accountability systems be put in place to ensure the development of teaching quality and high quality early care centers.

Stakeholders and policy makers must make this commitment while simultaneously navigate the challenges they may encounter when the necessary professional development programs are implemented.

On the other hand, for advancements to be made in their centers, Directors must begin the task of upgrading their programs by assessing their programs, the children in the programs, and the teachers. Assessment is necessary to determine what is needed in all aspects of the management of the early child care center. Directors must understand early education standards and know how to best to implement them. Finally, Directors have to be able to assess their own strengths and challenges so that they can plan how to address them. In order to achieve these goals, Directors indicated that they needed more training in fiscal and budgetary preparation and technology.

Incorporated with basic identification of Directors and their perceived training and professional development needs was the compelling investigation of how they defined a quality early care center. That task was a bit more of a challenge. The process of creating effective leaders in early childhood education has emphasized the challenges related to accessing consistent and comparable data on early child care centers. It is evident that segmentation in the field leads to gaps in what is known about the leadership workforce. For example, in New Jersey sufficient data was not available to develop a policy lever related to family child care, yet the number of family child care providers is more than the combined number of early childhood program Directors (McCormick Center for Early Childhood Leadership, 2017). While the occurrence and intricacy of state registries are improving, more effective evaluation tools are needed.

The somber investigation of early childhood program leadership and related New Jersey State policies confirmed this researcher's expectations that wide-ranging variances in the quality of early child care centers exist across the State of New Jersey. There has been a bewildering lack of well-qualified and highly skilled site-based leaders of early childhood programs. The desired actions and strategies relevant to correct deficits found in Director's licensure, operational practices, and quality of early childhood centers must be based on research and committed policymakers who recognize that only through continued and dedicated research can quality early care centers become the norm and not the exception.

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Appendix A

THE GATEKEEPER SURVEY

Gatekeeper Survey

ON-LINE SAMPLE SURVEY PAGE

Center Profile

1 / 7

14%

*** 1. What is the name of your center?**

Name of Center:

City/Town:

*** 2. In what county is your center located?**

- ☐ Atlantic
- ☐ Bergen
- ☐ Burlington
- ☐ Camden
- ☐ Cape May
- ☐ Cumberland
- ☐ Essex
- ☐ Gloucester
- ☐ Hudson
- ☐ Hunterdon
- ☐ Mercer
- ☐ Middlesex
- ☐ Monmouth
- ☐ Morris
- ☐ Ocean
- ☐ Passaic
- ☐ Salem
- ☐ Somerset

SURVEY QUESTIONS

Center Profile

1. What is the name of your Center?
 - a. Name of Center
 - b. City/Town
2. In what county is your center located?
3. What is the licensed capacity of your center?
 - a. Total licensed capacity
 - b. Total number of classrooms
 - c. Total number of Abbott/DOE classrooms
 - d. Total number of Head Start classrooms
4. What is the age range of children served?
 - a. 0 – 5
 - b. 0 – 13
 - c. 2 ½ - 5
 - d. 2 ½ - 13
 - e. Other (please specify)
5. What is your current enrollment? (total number of children enrolled)
6. What is the total number of children enrolled by age group?
 - a. Birth to 2 ½
 - b. 2 ½ to 3
 - c. 3 to 5
 - d. 5 to 12
7. How is your center funded? (Please check all that apply)
 - a. Child Care subsidies (NJCK & WFNJ)
 - b. Head Start
 - c. Private pay (parents)
 - d. School District contract (DOE/Abbott)
 - e. Scholarships
 - f. Other (please specify)
8. Please provide the total number of staff employed by your center
9. Please indicate staff totals for each of the following positions
 - a. How many of the above staff are teachers?
 - b. How many of above staff are teacher assistants or aides?
10. Please select the top three terms that best describe your role as a director
 - a. Manager
 - b. Supervisor
 - c. Teacher

- | | | |
|--------------------------------------|------------------------------|----------------------------------|
| d. Administrator | te | v. Inspirational |
| e. Mentor | l. Leader | w. Peace maker |
| f. Human Resources Specialist | m. Visionary | x. Organizer |
| g. Influential | n. Motivator | y. Other (please specify) |
| h. Educator | o. Advocate | |
| i. Business Owner | p. Change Agent | |
| j. Program Administrator | q. Nurturer | |
| k. Cook/janitor/substitu | r. Bookkeeper | |
| | s. Resource Developer | |
| | t. Recruiter | |
| | u. Creative | |

11. Please indicate your gender

- a.** Female **b.** Male

12. What is your age?

- | | |
|---------------------------|-----------------------|
| a. Younger than 21 | d. 40 – 49 |
| b. 21 – 29 | e. 50 – 59 |
| c. 30 – 39 | f. 60 or older |

13. What is your current title?

- | | |
|------------------------------|----------------------------------|
| a. Executive Director | d. Assistant Director |
| b. Director | e. Other (please specify) |
| c. Co-Director | |

14. Please indicate how many years of experience you have in early childhood education.

- | | |
|-----------------------------|------------------------------|
| a. Less than 6 years | c. 100 – 20 years |
| b. 6 – 10 years | d. More than 20 years |

15. What is your ethnicity?

- | | |
|--------------------------------|----------------------------------|
| a. African-American | d. Asian |
| b. White (non-Hispanic) | e. Bi-racial |
| c. Latino/Hispanic | f. Other (please specify) |

16. What languages do you speak fluently?

- | | |
|----------------------|----------------------------------|
| a. English | d. Creole |
| b. Spanish | e. Other (please specify) |
| c. Portuguese | |

17. Please indicate the highest level of education that you attained

- | | |
|----------------------------|----------------------------------|
| a. High School | e. BA |
| b. CDA | f. MA |
| c. Some College | g. PhD |
| d. Associate Degree | h. Other (please specify) |

18. If you have a college degree, please specify your area of study.

- a.** Early Childhood Education
b. Elementary Education
c. Business

- d. Education Leadership
- e. Other (please specify)

19. Please indicate if you have completed any of the Early Childhood Leadership training listed below. (Check all that apply)

- a. Director's Academy
- b. NJ Administrators Credential
- c. DOE Directors Training
- d. NJ First Steps Directors Training
- e. I have not completed any of the above listed training

Department of Education Certification

20. Please indicate any NJ Department of Education certifications that you hold. (Check all that apply)

- a. None
- b. Nursery School
- c. Preschool – Grade 3 (P3)
- d. Kindergarten to Grade 6
- e. Kindergarten to Grade 8
- f. Grade 5 – 8
- g. Secondary Education
- h. Supervisor Certificate
- i. Other (please specify)

21. What type of teaching experience do you have? (Please check all that apply) No teaching experience

- a. Early Childhood Teacher (birth to 4 years)
- b. Elementary School Teacher (kdg – 8th grade)
- c. High school
- d. College
- e. Other (please specify)

22. How many years have you been in your current job?

- a. Less than 6 years
- b. 6 – 10 years
- c. More than 10 years
- d. What are your strengths as a director? (Please check all that apply)Program Management
- e. Curriculum
- f. Finance/Budgeting/Funding
- g. Mentoring
- h. Staff development
- i. Resource development
- j. Staff relationships
- k. Communication
- l. Early Childhood knowledge and experience

- m. Improving quality
- n. I am confident in all areas of my job
- o. Other (please specify)

23. In what areas of your job do you feel less confident? (Please check all that apply)

- a. Program Management
- b. Curriculum
- c. Budgeting
- d. Staff development
- e. Resource development
- f. Engaging families
- g. Staff relationships
- h. Technology (computer skills)
- i. Facilities issues

24. Other (please specify) From the list below, please check the top three items that you find most professionally challenging.

- a. Hiring qualified staff
- b. Difficulty in getting out of my center to participate in training
- c. Maintaining enrollment
- d. Getting teachers to complete weekly plans
- e. Getting teachers to attend training
- f. Establishing release time for teachers for professional development
- g. Building positive and effective classroom teams
- h. Mentoring teachers to improve their performance
- i. Getting staff to change their teaching practices
- j. Evaluating teachers

25. Check three things that you spend the majority of your time doing in your program's administrative work

- a. Hiring teachers
- b. Budget and finance issues
- c. Ordering supplies
- d. Providing professional development
- e. Creating professional learning communities (PLCs)
- f. Observing/Supervising Teachers
- g. Engaging Families
- h. Maintaining Enrollment
- i. Providing Leadership

Quality

- 26.** How do you currently assess quality in your program? (Please check all that apply)
- a. Infant Toddlers Environmental Rating Scale (ITERS)
 - b. Early Childhood Environmental Rating Scale (ECERS)
 - c. Classroom Assessment Scoring System (CLASS)
 - d. Program Administration Scale (PAS)
 - e. Classroom Observation Record (COR)
 - f. Teaching Strategies GOLD
 - g. Working Sampling System (WSS)
 - h. None of the above
 - i. Other (please specify)
- 27.** Which of the educational standards below do you incorporate into your center program? (Please check all the apply)
- a. Head Start Performance Standards
 - b. DOE Preschool Program Standards
 - c. MAEYC or NECPA Accreditation Standards
 - d. NJ Birth to Three Early Learning Standards
 - e. None of the above
 - f. Other (please specify)
- 28.** To improve the quality of my program ... I will need to do the following (Please list 1 – 5 tasks that you believe would need to be done)
- 29.** What assistance would you need to support the quality improvements listed in # 29 above? (Please check all that apply)
- a. Training/Instruction
 - b. Coaching/Mentoring
 - c. Group or Individual Meetings
 - d. Technical Assistance (TA)
 - e. TA Phone Calls
 - f. TA Site Visits
 - g. Other (please specify)

Appendix B

PILOT SURVEY RESULTS

PILOT SURVEY RESULTS

The purpose of this pilot study was to test the efficacy of certain survey and interview protocols to provide a demographic overview of the ethnicity, education, experience, qualifications, and professional training of center Directors and, to a lesser extent, of their staff. The pilot was also designed to gain a general sense of the professional challenges faced and professional development opportunities presented by the subject Directors. In addition, to analyzing the resulting data, an assessment was made as to whether the questions were relevant, made sense, and responded to the research questions.

While the study generally accomplished the objective described above, in one instance, I am aware of the need to revise the phrasing of questions # 6 and 7. It was my intention that the Directors rank the importance of certain activities from 1 to 5 in one instance and from 1 to 9 in the other. This intention was not clearly communicated as the Directors rated the importance of individual activities rather than providing the desired ranking of importance of these activities. With regard to question # 9, because the answers provided by the Directors as to how they handled certain professional challenges were consistently not reasonably related to the designated challenge, a determination was made to eliminate this question from the survey. Upon reflection, it was decided that question # 13 did not elicit relevant information.

The interview protocol was piloted with one Director. The interview lasted 40 minutes and was conducted offsite in my office. Based upon analysis of the response, a determination was made to delete two questions (#s 6 & 10) because of redundancy and irrelevance. Two other questions were revised for greater clarity #s 7 & 11).

Summary of Results

The capacity of the centers surveyed range from 34 to 180. The two smaller centers are at or above capacity while the largest is operating at only 40% of capacity. The centers have an average of slightly less than 5 classrooms and teaching staffs that range from 6 to 14 (only one school has Abbott teachers and they consist of the entire staff. The distribution of age groups served is:

▪ Birth to 2 ½	45
▪ 2 ½ to 3	18
▪ 3 to 5	85(roughly half of total population)
▪ 5 to 12	<u>15</u>

163

The center Directors are all African-American females with early education experience ranging from 8 to 22 years. Only one is proficient in a language other than English (French – Creole). All possess a Bachelor's degree, two have CDAs, and one has an Ed.D degree. Their areas of study are across the board with only one with an education background. They have been employed as Directors for less than 10 years (one did not respond to this query). All of them attended the NJ *Director's Academy* program, and although the education program standards employed are across the board, they all utilize the *Creative Curriculum* (for which they had at most 3 days' training). The Director's

reached consensus as to the following:

- The most pressing professional challenge is the need for mentoring to improve performance
- Their need for technical assistance
- Need for time management training
- A preference for workshops as a training medium

The Directors were asked to rank the importance of certain routine tasks. They responded that administrative work, maintaining enrollment and providing professional development were most important (in order of importance). Of least importance were observing teachers/parental involvement, hiring teachers, and creating PLC's (in order of least importance). A summary of their rating of various job elements follows:

Job Elements – 1 (low) to 5 (high)

▪ Administrative work	4.5*
▪ Hiring teachers	2.5*
▪ Budget/finance	3.5*
▪ Ordering supplies	3.66
▪ Providing professional development	4
▪ Creating PLCs	3*
▪ Observing teachers	2.33
▪ Parent involvement	3.33
▪ Maintaining enrollment	4.3

****Indicates that only 2 of the three Directors surveyed rated this element***

The Directors were then asked to rank a list of tasks to which they dedicate their attention. They responded that the most attention was dedicated to administrative work, maintaining enrollment, and staffing/addressing parent issues (in order of most attention). The activities that commanded the least of their attention were ordering supplies, professional development, and dealing with difficult children (in order of least attention). It must be noted that the budget/finance task was skewed downward by the one Head Start Director who is not responsible for this function. A summary of their rating of the tasks to which they dedicate their attention follows:

Dedication of Attention – 1 (low) to 9 (high)

▪ Administrative work	9
▪ Staffing	7.66
▪ Budget/finance	6
▪ Ordering supplies	4.33
▪ Professional development	5.33
▪ Dealing with difficult children	5.66
▪ Observing teachers	6
▪ Addressing parent issues	7.66
▪ Maintaining enrollment	8.33

The 13 teachers that responded to this Survey had an aggregate of 108.5 years early childhood education experience (8.35 yr. av.). The comparable figure for the 10 TAs that responded is 73.8 years (7.4 yr. av.). All of the teachers were female. 6 were African American, and 1 was Spanish, White, Biracial, African, Haitian, and indeterminate. There were 11 female TAs and 1 male. Three were African American, 3 Spanish, and 2 Haitian. The educational background of responding teachers:

○ HS	3
○ HS (working on CDA)	2
○ CDA	6
○ AA	3
○ BA	6
○ MA	3 (counted as having a BA)
○ Education or early education as area of study	included 7 of respondents

The educational background of responding TAs:

▪ No HS	1
▪ HS	5
▪ CDA	4
▪ P3	1
▪ Group teacher	1
▪ BA	2

Appendix C

SURVEY NOTIFICATION

SURVEY NOTIFICATION

**LET YOUR VOICE BE HEARD!**

Never before has anyone been more interested in the critical role you play in early childhood education. **You are in fact, the Gatekeepers to Quality in your program.** How you define your role, how you spend your time, the challenges you face and the needs you have all impact your ability to transform programs. **In just one week you will receive this survey by email, asking for you input.** Please take a moment to complete it online or if you would like a hard copy mailed to you, please call (973) 923-2042. **LET YOUR VOICE BE HEARD!**

Thank you.

Beverly Lynn

Appendix D

Sample Transcripts of Focus Group Interview Responses

TRANSCRIPT SAMPLE EXTRACTED FROM THE CENTRAL NJ FOCUS GROUP
ROLE OF THE DIRECTOR

Beverly: Okay go back to the question, how would you describe your role as a Director to someone who knows nothing about Early Education and we're actually starting with Angela, we got interrupted.

#4 Angela: You mean like my...what I do every day?

Beverly: You say 'I'm a Childcare Director', and someone says 'Well what does that mean?' or 'What do you do?'

#4 Angela: Well I'm responsible for dealing management at 13 classroom childcare centers, so my day looks different every day. Some days, my days are spent completely on enrollment, sometimes it's on families, sometimes it's on managing teachers, or being in a classroom. One thing I would say is, **I never have the same day twice, and you don't get bored often.** I think that's the best way I can describe it.

Beverly: Okay. #3 Lindsay

#3 Lindsay: I would say, kind of going off what you were talking about, more of, if I were to introduce myself and say where I worked, and the Headstart and Childcare provider, a lot people say 'oh, so you just babysit?' And that really deters everyone in this industry and this field, so **you have to educated them** and say 'no you don't just sit around and play with them, **we have lesson plans, and we serve them**' and you go into the whole entire detail of what your teachers do, what you do. I see that happen a lot with the parents, you'll hear them on the phone like 'oh yeah, just dropping them off at daycare' and it's like 'yes we're watching your child while you're going to work but they're learning a whole lot more than just playing around', so...

#5 Sam: **I don't usually describe myself as a Director to people, I describe myself as an owner** because you say you're a Director, it takes too long to explain (Laughter) People understand being an owner more than they understand being a Director. I find that works better with me.

Beverly: Okay. And how do you think they distinguish the two?

#5 Sam: They don't. Because **most people have no idea what a Director is.** When they think Director, they're thinking CEOs, those kinds of things. They have no idea...because Director is such a weird title when you think about it. They give us the title for the State, but really, what's a Director? Okay, I'm the Director, I'm the CEO, but I'm there on the weekends cleaning the floors, I'm there at 2 o'clock in the morning doing the tech work, people don't understand those things.

Beverly: But when you say you're an owner, how do you think they perceive that?

#5 Sam: **They think that I got a lot of money that I don't have.** (Laughter) When you say you own a Daycare, they think you're wealthy. I'm not (Laughter). **It's just easier.**

Beverly: Sharon?

#6 Sharon: I find myself saying **I run the center.** To me **that sort of encompasses everything; the scheduling, making sure supplies are there, like, everything,** all aspects of the center. I would agree that there's never a say day twice, there's never a day I anticipated it to be ever. It's often... it could just take one person easily...

Beverly: So when you say you run the center, do you think the person you're speaking with gets it?

#6 Sharon: (25 minute mark) No, because I think in this business...I think a lot of time, I feel that one good thing that I bring to the job is that I appear calm even if I'm not calm, and I think that is a skill has served me well, so I think a lot of times it looks like 'I can just go in and hang with her, because it looks like she

seems like she has nothing else to do' and I try to be friendly so **I feel like a lot of times, people don't have an understanding of what I do**, we use to joke about my old Director and we thought all stood in his office and did nothing and I think that some people may think that...

Beverly: So you had a **rude awakening** when you took on the job?

#6 Sharon: **Yeah**, I think that when I started at this center, we had 4 children so the truth is when I had 4 kids, I really wasn't all that busy but as **we grew and we grew quickly**...you know...be careful what you wish for...overnight, turning from **4 kids to 54 kids in two years**...your head is spinning. I use to be able to take 2 hour lunch breaks no problem and now, I'm happy if I get one break a week.

TRANSCRIPT SAMPLE EXTRACTED FROM THE SOUTH NJ FOCUS GROUP ATTRIBUTES OF A QUALITY EARLY CARE CENTER

Beverly Lynn – Okay, so if I can paraphrase, what I hear you saying is that the parents have requested some services, or resources referrals or something that helps them with whatever their concerns are and because of that they come back and they tell other people. Anyone else? What do you think characterizes a quality program?

18:20 #1 Knowing the Director and the teachers knowing best practices, understanding what are the indicators, understanding some of the different standards that the state would be looking for as an example, in class, know the importance of ratio, but also knowing the importance of children and bonding to their caregivers and really understanding how detrimental turnovers are to the children at times. And having a leader that knows where their staff is at and setting goals with the staff and to get them to improve on certain other standards and get them to move forward, always keeping a mission in front of them so they don't feel overwhelmed by the standards and I think it's really important for the director to not overwhelm them, just knowing where they're at and taking them forward.

Beverly Lynn—To the next level?

#1 To the next level.

Beverly Lynn— Okay. What do you think characterizes a quality program? Anyone else? Shondra?

#2 I think hiring qualified teachers, clean environment, facilities. Qualified teachers, clean classrooms, building that report with parents. Some parents just come and drop their kids off and just keep it moving, they don't do a report the teachers or the Director, or the family advocates.

Beverly Lynn—So is it the parents responsibility to build that report?

#2 – It's the teachers too but you have some that is not going to seek that, I don't know how to address it but it's the teacher's responsibility to speak to the parents, to greet them, to make their classroom more welcoming for them when they drop their kids off.

Beverly Lynn— Anyone else?

#8 — A lot of time I try to think why did I like my son's... he's 15 now but what did I like so much about his early childhood education, because I was very very pleased so the thing that I would look for, and I try to strive for is a very very positive child-teacher relationship. A child's positive attitude, especially at this age...5 and under... a positive attitude about attending school and a happy parent. I think the parent is _____ because sometimes I think the parent doesn't always know how to evaluate whats going on, however a child that's excited about going to school, excited about learning, love their teacher, looks forward to seeing them , to me that is great quality, to me that is above quality. For me it is.

#9 – One of the things that would make a center a great center is when you have staff that feels confident

in their abilities but also they are the kind of individuals that you hope that... you want your staff to be an example for the parents, you want them to feel like their child is safe, protected and nurtured at your center and you want your staff to be an example.

Beverly Lynn— Good. So we talked about what characterizes a quality program. What is your role as a Director in improving the program quality?

#5 I think you said it, and word keeps hitting me and this week we have been talking to the staff about it, but calling the staff to know what your mission is. 'Why are we even here?' And I think that, that's the jumping ground or starting ground for promoting quality. If you don't have a mission or vision that you're striving for, you're just there every day. And I think that you mentioned it too, that the staff has to know why they're there, and you can't have a good program without good quality staff. I tell my staff all the time, that you are kids of destiny. I'm in the office but you're the ones interacting with children and building these relationships. I think you have to start quality with knowing why you are there and why you exist.

TRANSCRIPT SAMPLE EXTRACTED FROM THE SOUTH NJ FOCUS GROUP RECOMMENDED CHANGES REQUIRED TO IMPROVE QUALITY

BL: We said what significant changes in program would you make to improve quality and what would be your approach?

#1: I didn't say that was going to happen. That is just my fairytale world. Different grant or funding.

BL: If you are going to make quality changes to your program; what would you do and what's your approach?

#2: Meet _____ and get some input from them as well as to what do they think about how the changes should be made about input on the changes. They should have some type of input on the changes.

BL: So, I heard "create a plan" and what else?

#2: I think that the first thing when you are trying to make these changes is you yourself have to believe in the changes and then use that to be able to sit down with your staff. I know it is difficult. Some of you think that you have been here for so many years _____, but it takes time to change it. So we have now adapt to new programs and new ways because we are dealing with children that are coming from, like someone said before home life is not what it was 25 years ago.

#3: So it's like running that 15 hour shift at the hospital, so you know. I think that in making a change I reflect on going up for a presentation is to first get the group together and provide that training that they will need.

BL: And, what are all these things; this would be your approach? What kind of support would you need?

#4: Working with a team, the team.

BL: Team support

#5: I think all the stakeholders.

BL: All stakeholders. Any other support you need?

#6: In trying to effectively change the staff like we have been used to do for so long...It is a way of looking at using the system and finding the best way of doing things as a founding group and moving forward with

that.

BL: So, what does that mean?

#6: We are look at a particular way... for example, and what works well with the group that have to deal with that; and getting input from them and then incorporating that into team or template or timeline however you want to process it for the children; so that we can get _____. Again, not every answer is good because we have been used to doing things for so long a certain way; and change being difficult for anybody that have turned back on old habits; but we want to focus on the positive and stay away from the negative, because we have start caring about what doesn't work and we get stuck on that and we end up not really accomplishing much. But if we come to a common agreement, that...is what works, let's try it for everybody and see what happens.

BL: So what you are saying is that you make a change and you try it or try for a time period and it works, then that will be the change that goes into effect for good. If it doesn't work we go back to the drawing board?

#6: But it has to have insight from everybody and everybody has to try it and it is a one or two year process. They sent me to the training for this; they described a number of big name corporations here that looked familiar: McDonalds, Boeing, governments, and privates and it seems to work. So I'm all for it. So it's like you say they buy it and it makes you feel like you are a part of it. If they feel like they are a part of it, then they will adapt to it and be willing to change. And those that aren't then...

Appendix E

ONLINE SURVEY LINK CONSENT FORM

ONLINE SURVEY LINK CONSENT FORM

Please send to all directors in your respective counties.

Dear Director:

Never before has anyone been more interested in the critical role you play in early childhood education. You are in fact the Gatekeepers to Quality in your program. How you define your role, how you spend your time, the challenges you face and the needs you have all impact your ability to transform programs. As a former Director I am well aware of the daily challenges that you must face to ensure that your program can be the best it can be and to focus on continuous program improvement. Knowledge, resources and support are needed to make that happen. My research study is designed with directors in mind. It is important that you LET YOUR VOICE BE HEARD!

The first phase of this research is to collect data and information on the current status of directors, the climate for change and the supportive infrastructure you might need.

Toward that end, ***I ask for your participation*** in this important survey. As a student at Rutgers University, I am required to follow specific protocols. This survey follows the Rutgers Institutional Review Board policies for research. Please be assured that your responses to this survey are reported anonymously. Only a summary report/findings will be issued by me, and this report will not contain any of your individual responses or directly quoted comments. For details about your rights as a study participant, click the consent form.

Once you have completed the survey, you will have the option of providing your email address to register for a drawing for one of four (4) \$100 gift cards. Your email address will be used only for the purpose of the drawing. The drawing for the gift cards will be held two weeks after the close of the survey.

The survey will be available until midnight on Tuesday, June 30, 2015. However, I urge you to complete it as quickly as possible. If you understand the statements in the Consent Form and will consent to participate in the study, click on "I Agree" to begin the survey. If not, please click on "I Do Not Agree" agree which will discontinue your participation in the survey.

I Agree

I Do Not Agree

Your voluntary participation in the survey is critical, and I appreciate your thoughtful input.

Sincerely,

Beverly Lynn

Appendix F

FOCUS GROUP CONSENT FORM

FOCUS GROUP CONSENT FORM

CHILD CARE CENTER DIRECTORS: THE GATEKEEPERS TO QUALITY

You are being asked to take part in a research study that seeks to glean your perceptions as a child care center Director of your ability to develop the supportive leadership infrastructure vital to improvement of program quality. Please read this form carefully and ask any questions you may have before agreeing to take part in this study.

Description of Study:

Child Care Directors: Gatekeepers to Quality is a multi-faceted study designed to collect information on the needs of Child Care Directors throughout New Jersey, with the aim of developing recommendations for professional development that addresses those needs.

You have been invited to participate in the focus group part of the study, based on your interest as identified in a survey administered several weeks ago.

Today's questions are designed to get a sense of your role as a director, your knowledge of quality and how to improve quality in your program. In addition, I am interested in hearing about your professional development needs, and to elicit your suggestions for a suitable professional development intervention to support the goal of program quality improvement.

Your Participation:

If you agree to participate in this study, you are agreeing to participate in a 90 minute group interview. This is an informal conversation and you are encouraged to join in and share your opinions. The comments shared in this interview will remain confidential, in that, you will not be quoted by name in any of the analysis or reports that emanate from this research. This session will be audio-tapped so that I might capture all of the information shared today.

Risks/Benefits to Participant:

This study presents no risks to you. Any personal identifying information will not be used in any report or in any final analysis of this information. All results from the focus group interviews will be kept secure. Your participation will allow me to explore how best to assist child care directors in improving the quality of their programs.

Costs and Payments to Participant:

There are no costs to you nor monetary compensation paid to you for participating in this study.

Confidentiality and Privacy:

The researcher will keep your information confidential. Any records with your name on it will be placed in a locked cabinet, and shredded 36 months after the end of the study. All information obtained in this study is strictly confidential unless disclosure is required by law. The Institutional Review Board of Rutgers University and other government agencies may review research records.

Participant's Right to Withdraw from Study:

You have the right to refuse to participate in this study or withdraw from it at any time. In either case, there is no penalty to you. If you choose to leave, you may ask that any of your data which we collected be destroyed unless this is not allowed by state or federal law.

Other Considerations:

If the researcher learns information that might change your mind about being involved, you will be informed about it as soon as it is possible.

Statement of Consent by Participant:

I have read the preceding consent form, or it has been read to me, and I fully understand

the contents of this document and voluntarily consent to participate in the research study entitled "Child Care Center Directors: The Gatekeepers to Quality". All of my questions concerning the research have been answered. I hereby agree to participate in this focus group session of the research study.

If there are any questions in the future about this study contact Beverly Lynn at Beverlylynn6@aol.com or (973) 985-1013. Beverly Lynn is the primary investigator in this study and is completing doctoral coursework at Rutgers University. Any questions or concerns regarding your right as a subject in this study can be directed to the Institutional Review Board (IRB) at Rutgers University at (848) 932-0150. You may access their website at <http://orsp.rutgers.edu/>. A copy of this form has been given to me. This consent ends at the conclusion of this study.

Signature Date: _____

Name (printed)

In addition to agreeing to participate, I also consent to having the focus group interview session audio taped.

Signature Date: _____

Signature of person obtaining consent Date: _____

Name of person obtaining consent (printed)

Appendix G

SUMMARY OF SURVEY DEMOGRAPHICS

CENTER DEMOGRAPHICS

Element	JD	CI	CM
Capacity	60	180	34
Classrooms (#)	5	5	4
▪ Abbott/DOE (#)	4		
Teaching Staff	8	14	6
▪ Teachers	4	6	3
▪ TAs	4	8	3
▪ Abbott Teachers	4	-	-
▪ Abbott TAs	4	-	-
Enrollment	60	68	35
Children by Age Group			
▪ Birth to 2 ½	0	30	15
▪ 2 ½ to 3	0	18	0
▪ 3 to 5	60	20	5
▪ 5 to 12	0	0	15
Director Demographics			
Element	JD	CI	CM
Gender (M/F)	F	F	F
Early Education Experience (Years)	22 yrs.	8 yrs.	17 yrs.
Ethnicity			
▪ African American	x	x	x
▪ White (non-Hispanic)	-	-	-
▪ Latino/Hispanic	-	-	-
▪ Other	-	-	-
Language Fluency			
▪ English	x	x	x
▪ Spanish	-	-	-
▪ Other	-	-	French (Creole)
Job Elements – 1 (low) to 5 (high)			
▪ Administrative work	-	5	4
▪ Hiring teachers	n/a	3	2
▪ Budget/finance	n/a	5	2
▪ Ordering supplies	4	3	4
▪ Providing professional development	5	4	3
▪ Creating PLCs	n/a	3	3

DIRECTOR DEMOGRAPHICS

Element	JD	CI	CM
▪ Parent involvement	4	4	2
▪ Maintaining enrollment	5	5	3
Dedication of Attention – 1 (low) to 9 (high)			
▪ Administrative work	9	9	9
▪ Staffing	8	5	8
▪ Budget/finance	1	8	9
▪ Ordering supplies	5	4	4
▪ Professional development	5	6	5
▪ Dealing with difficult children	6	7	4
▪ Observing teachers	9	4	5
▪ Addressing parent issues	7	8	8
▪ Maintaining enrollment	9	9	7
▪ Hiring staff	-	5	5
Professionally Challenging			
▪ Complete weekly plans (teachers)	-	-	x
▪ Attend training (teachers)	-	-	-
▪ Establish release time for PD	-	x	x
▪ Building classroom teams	-	-	-
▪ Mentoring to improve performance	x	x	x
How do you handle professional challenges	Staff meeting, workshop, training	Arrange time to combine classrooms so staff can attend/still challenges for senior staff to be motivated to improve	Use of outside resources
Education	College (Ed.D.)	College (BA)/CDA	College (BA)/CDA
▪ Area of Study	Elementary education	Business	Public Admin./general public functions
Teaching Experience	Elementary	Child Care Teacher	Child Care Teacher
Tenure in Position as Director	-	6 to 10 yrs.;	Less than 6 yrs.
Other Training (for role as Director)	<i>Director's Academy</i>	<i>Director's Academy</i> 1 & 2, Supervisor Training, Business Admin.	<i>CDA/ Director's Academy</i> /Director Track II/NJ Registry, etc.

DIRECTOR DEMOGRAPHICS

Element	JD	CI	CM
Strengths as Director	Directing, motivating, encouraging, developmentally appropriate work with children, full enrollment, staff support (goal assessment), action/improvement plans	Proactive, hands on, staff development	People person, passion for raising the bar in ECE, empowerment & support of parents/guardians, and staff members, community involvement
Where do you feel less confident?	Time management	Time management	Parents & community involvement
Training still needed?	Time management	Special needs children (behavior)	Parental engagement & outreach to teenage parents
Preferred Training/Education Medium	Workshops	Workshops	Workshops (onsite)
Standards Incorporated into Education Program	Head Start	NJ Birth to three Early Learning Standards	HighScope/Creative Curriculum
Support needed to meet above standards?	Training/technical assistance	Technical assistance	Training/technical assistance/mentoring-coaching
Anticipated benefits?	Improvement of staff performance	Enable staff to implement "Best Practices"	Achieving highest quality standards in the field
Curriculum used?	Creative Curriculum	Creative Curriculum	HighScope/Creative Curriculum
Training received to learn & implement Curriculum?	2 days	-	3 days
Challenges with Curriculum (Director & Staff)	Implementing goal assessment	Inability to order necessary supplies to enhance implementation	n/a
Training needed to improve program quality?	Resources for staff training	More training(music & movement , staff singing w/children, and strategies w/special needs	Refresh & reinforcement always good

Appendix H

(Q 10) CODED BEST TERMS THAT DESCRIBES ROLES OF DIRECTORS (N= 516

(Q10) 3 BEST TERMS THAT DESCRIBE YOU (N=516)

	N	Responses Percent	Percent of Cases
Manager	150	6.8%	29.8%
Supervisor	190	8.6%	37.7%
Teacher	90	4.1%	17.9%
Administrator	247	11.2%	49.0%
Mentor	102	4.6%	20.2%
Human Resources Specialist	40	1.8%	7.9%
Influential	24	1.1%	4.8%
Educator	148	6.7%	29.4%
Business Owner	114	5.2%	22.6%
Program Administrator	133	6.0%	26.4%
Cook/janitor/substitute	34	1.5%	6.7%
Leader	143	6.5%	28.4%
Visionary	68	3.1%	13.5%
Motivator	107	4.9%	21.2%
Advocate	72	3.3%	14.3%
Change Agent	29	1.3%	5.8%
Nurturer	56	2.5%	11.1%
Bookkeeper	77	3.5%	15.3%
Resource Developer	33	1.5%	6.5%
Recruiter	36	1.6%	7.1%
Creative	38	1.7%	7.5%
Inspirational	45	2.0%	8.9%
Instructional Leader	65	3.0%	12.9%
Peace maker	57	2.6%	11.3%
Organizer	90	4.1%	17.9%
Other	15	.7%	3.0%
TOTAL	2203	100.0%	437.1%

a. Dichotomy group tabulated at value 1.

Appendix I
RAW DATA

(Q23)

Directors' Perceived Confidence Level of Leadership Strengths

(Q24)

Directors' Perceived Least Confident Level of Leadership Strengths.

(Q25)

Top Three Items Found Most Professionally Challenging

(Q26)

Directors' Majority Time Spent on Tasks, Duties, and Activities

(Q23) Directors' Perceived Confidence Level of Leadership Strengths^a

	Responses		Percent of Cases
	N	Percent	
Program Management	331	12.3%	67.1%
	223	8.3%	45.2%
Curriculum	170	6.3%	34.5%
Finance/Budgeting/Funding	216	8.0%	43.8%
Mentoring	257	9.6%	52.1%
Staff development			
Resource Development	102	3.8%	20.7%
Staff relationships	292	10.9%	59.2%
Communication	265	9.8%	53.8%
Early Childhood knowledge and experience	331	12.3%	67.1%
Improving quality	294	10.9%	59.6%
I am confident in all areas of my job	195	7.2%	39.6%
Other (Please specify)	15	.6%	3.0%
Total	2691	100.0%	545.8%

a. Dichotomy group tabulated at value 1.

(Q24) Directors' Perceived Least Confident Level of Leadership Strengths ^a

	Responses		Percent of Cases
	N	Percent	
Program Management	26	2.8%	5.3%
Curriculum	84	9.2%	17.0%
Budgeting	187	20.5%	37.9%
Mentoring	33	3.6%	6.7%
Staff development.	44	4.8%	8.9%
Resource Development	120	13.1%	24.3%
Engaging Families	63	6.9%	12.8%
Staff Relationships	29	3.2%	5.9%
Technology (computer skills)	174	19.1%	35.3%
Facilities Issues	124	13.6%	25.2%
Other (Please specify)	29	3.2%	5.9%
Total	913	100.0%	185.2%

a. Dichotomy group tabulated at value 1.

(Q25) Three Items Most Challenging^a

	Responses		Percent of Cases
	N	Percent	
Hiring qualified staff	240	16.2%	48.7%
Difficulty in getting out of my center to participate in training	214	14.5%	43.4%
Maintaining enrollment	162	11.0%	32.9%
Getting teachers to complete weekly plans	46	3.1%	9.3%
Getting teachers to attend training	114	7.7%	23.1%
Establishing release time for teachers for professional development	192	13.0%	38.9%
Building positive and effective classroom teams	55	3.7%	11.2%
Mentoring teachers to improve their performance	96	6.5%	19.5%
Getting staff to change their teaching practices	218	14.7%	44.2%
Evaluating teachers	142	9.6%	28.8%
Total	1479	100.0%	300.0%

a. Dichotomy group tabulated at value 1.

(Q26) Three Things Directors Spend Majority of Time Doing^a

	Responses		Percent of Cases
	N	Percent	
Administrative work	413	27.9%	83.8%
Hiring teachers	27	1.8%	5.5%
Budget and finance issues	185	12.5%	37.5%
Ordering supplies	49	3.3%	9.9%
Providing professional development	55	3.7%	11.2%
Creating professional learning communities (PLCs)	28	1.9%	5.7%
Observing /Supervising Teachers	205	13.9%	41.6%
Engaging Families	153	10.3%	31.0%
Maintaining Enrollment	158	10.7%	32.0%
Providing Leadership	206	13.9%	41.8%
Total	1479	100.0%	300.0%

a. Dichotomy group tabulated at value 1.

Appendix J

RAW DATA

(Q33) AREAS REQUIRING ADDITIONAL TRAINING

(Q33) Topics Requiring Additional Training

	Responses		Percent of Cases
	N	Percent	
Program Improvement	163	10.0%	34.5%
Curriculum	177	10.8%	37.5%
Managing an Effective Center	151	9.2%	32.0%
Human Resources Management	122	7.5%	25.8%
Budgeting/Fiscal Management	184	11.2%	39.0%
Mentoring	59	3.6%	12.5%
Program and Classroom Assessment	195	11.9%	41.3%
Child Assessments	156	9.5%	33.1%
Working with Families	115	7.0%	24.4%
Center Management	90	5.5%	19.1%
Staff Evaluation	191	11.7%	40.5%
Other (Please specify)	34	2.1%	7.2%
Total	1637	100.0%	346.8%

a. Dichotomy group tabulated at value 1.

Appendix K

SAMPLE RESEARCH FOCUS GROUP PROTOCOL TEMPLATE

SAMPLE RESEARCH FOCUS GROUP PROTOCOL TEMPLATE

Introduction: Hello and Welcome to this group discussion. My name is **[insert name of moderator]** and I am here working as the facilitator/moderator. I am working on behalf of researchers [or I am working on a research study] at the University of Pennsylvania. My role is to help get a conversation going and to make sure we cover a number of important topics that they would like your input on.

Introductions

Purpose: First of all, I would like to thank you all for taking time out of your day to come here and discuss your ideas. The overall goal is to hear your thoughts about **[insert a brief description of the study]**.

In particular, we are interested in your views about **[insert the aims of the focus group as they relate to the study]**.

We are asking you because you are **[explain why this particular population is being asked to participate in the focus group]**.

Explaining the purpose for setting up the focus group meeting:

- You are the experts and we are here to learn from you
- This is strictly voluntary
- I will be taking some notes later on. **[If applicable: but we would also like to audio tape/ video tape what you say so that we don't miss anything important and so that we can go back and revisit the information if we need to].**

Housekeeping:

- The total length of time of the focus group meeting is expected to be about **[insert expected duration]**.

As far as the focus groups are concerned, there are a few “ground rules”

- I might move you along in conversation. Since we have limited time, I'll ask that questions or comments off the topic be answered after the focus group session
- I'd like to hear everyone speak so I might ask people who have not spoken up to comment
- Please respect each other's opinions. There's no right or wrong answer to the questions I will ask. We want to hear what each of you think and it's okay to have different opinions.
- We'd like to stress that we want to keep the sessions confidential so we ask that you not use names or anything directly identifying when you talk about your personal experiences. We also ask that you not discuss other

participants' responses outside of the discussion. However, because this is in a group setting, the other individuals participating will know your responses to the questions and we cannot guarantee that they will not discuss your responses outside of the focus group.

DO YOU HAVE ANY QUESTIONS SO FAR?

Again your participation here today is totally voluntary. So if you are okay with moving forward, we would like to get your consent.

[Please insert the questions that will be asked as part of the focus groups]

I think we've come to the end of our questions. Let me be the first to say thank you for your honest opinions – you were tremendously helpful at this very early, but very important stage.

Again, thank you very much for your participation today. We really appreciate your help.

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