ABSTRACT

VAN DYK, PAMELA B. The Role of the Childcare Practitioner in the Implementation of Childcare Policy. (Under the direction of Robert Serow.)

Childcare has only recently emerged as a policy issue on state and federal policy agendas. As such, little is known about the factors that contribute to the successful implementation of childcare policy. Policy studies, specifically those studies focused on policy implementation, indicate that policy actors at the local level influence policy outcomes. A study of the implementation of childcare policy (the Star Rated License) through five qualitative case studies of childcare practitioners in North Carolina reveals that childcare practitioners and the policy context influence childcare policy implementation. Practitioners’ attitudes and beliefs toward childcare policy, the economic and cultural context of childcare policy, the dispositions of implementing officials toward childcare policy, the availability and appropriateness of resources and incentives, how policy directives are communicated, and the overall system in which childcare policy is implemented influence the extent to which childcare policy achieves its outcomes.
The Role of the Childcare Practitioner in the Implementation of Childcare Policy

by
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DEDICATION

There are many people to whom I owe a great deal of thanks for the successful completion of this dissertation. Thank you to my husband, Ted, and my children, Spencer and Grace. Your confidence in my skills has always inspired me to try new things. Thank you for “holding down the fort” on many occasions. Thank you Dr. Robert Serow, my doctoral advisor and committee chair, for providing guidance throughout the process. Thank you to my remaining committee members, Dr. Peter Hessling, Dr. Bonnie Fusarelli, and Dr. Lance Fusarelli, for all of your feedback and encouragement. Finally, thank you to all my extended friends and family for lending your ears and words of encouragement to this sometimes overwhelming project.
BIOGRAPHY

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CHAPTER 1

INTRODUCTION

In 2001, sixty-one percent of children ages zero to six (and not yet in kindergarten) spent time in non-parental care. Thirty-four percent of those children were cared for in center-based care such as day care centers, preschool programs, and other early childhood education programs (Child Trends, 2003). In North Carolina alone, over 212,000 children received care in 8,980 regulated childcare facilities in 2001 (Division of Child Development Statewide Statistical Report, 2001). Concerns about the quality, availability, and affordability of non-parental care have resulted in many states developing policies to govern childcare (Committee on Child Development Research and Public Policy (CCDRPP), 1990).

One such policy, the Star Rated License (SRL), was implemented in North Carolina in September of 2000 (Division of Child Development, 2001). The purpose of the SRL is to provide parents with a tool for measuring the quality of all childcare centers that are licensed by the state and to encourage licensed childcare practitioners to increase their level of quality (North Carolina Child Care Development Fund Plan, 2003). The application of a metric to quality standards for the purposes of providing parents with a tool for measuring the quality of childcare is unique to North Carolina.

It is uncertain at this time what will determine a successful SRL policy outcome. This study examines the extent to which the SRL policy has been implemented at the local level. An exploration of the implementation of the SRL from the perspectives of five childcare practitioners in the Central Piedmont of North Carolina forms the foundation for this study.
Justification for the Study

An abundance of literature exists on the trends in work and family (Hayes, Palmer, Zaslow, 1990; Sonya, 1999), the long and short-term impacts of childcare on the child (Peisner-Feinberg & Burchinal, 1997; Phillips, Mekos, Scarr, McCartney, & Abbott-Shim, 2000), and the quality and safety standards of childcare facilities (Gallagher, Rooney & Campbell, 1999). Within these larger categories lie the more specific studies of the early childhood setting (Howes & Smith, 1995), childcare subsidy policies (Children’s Defense Fund, 1998), developmentally appropriate practices (Howes, 1997; Howes & Smith, 1995), and the types of childcare available (Federal Interagency Forum on Child and Family Statistics, 2002). What little research is available about childcare policy focuses on the impact of regulation on the childcare environment and the impact of that resulting environment on the child (Clawson, 1997).

The aforementioned studies, while providing insight into the importance and visibility of childcare issues in the United States, do not contribute to the understanding of the childcare practitioner’s role in childcare policy implementation. Given the increased prominence of childcare practice in the policy arena, due in no small part to the growing numbers of families receiving care for their children outside the home (CCDRPP, 1997), the study of the implementation of the SRL and the system in which the SRL is implemented will serve to enhance the larger body of knowledge in the area of childcare policy.

This study also offers an opportunity to contribute to the literature on policy implementation with a specific focus on implementation at the local level. Several studies have found that local populations targeted by a specific policy are not passive
actors in the implementation process (Lipsky, 1976; Odden, 1991; Sabatier & Mazmanian, 1981). Studies of federally funded programs found that policies depend primarily on local factors, not federal guidelines or funding levels. Program quality and impact issues are best analyzed when focused on local level implementation and the connections that can be drawn between local, state, and federal concerns (McLaughlin, 1991).

In addition to an examination of the policy actors, local level policy studies also focus on the system in which a policy is being implemented. Policy studies (Carlson, 2000; Sabatier & Mazmanian, 1981; Sinclair, 2001) focusing on systemic conditions reveal certain factors linked to successful policy outcomes. These factors include the policy context, availability of resources, support for the policy in the political environment, economic and social conditions under which the policy is implemented, characteristics of the implementing agencies, communication of policy standards and other decisions within and among implementing agencies, incentives to promote compliance with policy decisions, and policy dispositions of the implementing officials.

Finally, in order to really understand the issues associated with policy implementation, a policy must be studied early in the implementation phase before the “language of that policy becomes diluted due to political compromises between competing but unequal interests” (Taylor, Rizvi, Lingard, and Henry, 1997, p.3). The SRL was initially implemented in September 2000 (Division of Child Development, 2001). It is critical to study the SRL policy at this time because, as a relatively new policy, the SRL may offer an opportunity to explore the factors that contribute to the successful implementation of childcare policy in general. Although the childcare
practitioner is the provider of childcare services and the recipient of policy mandates, the childcare practitioner has been largely overlooked as a potential stakeholder in the childcare policy arena as the literature review (found in Chapter Two) for this study indicates. The intention of this study is to examine childcare policy implementation from the perspectives of and roles of the childcare practitioner in this process and as such seeks to fill a gap in knowledge in this area.

Conceptual Framework

The policy implementation literature offers some insight on how best to study policy implementation. Nakamura and Smallwood (1980), in their book *The Politics of Policy Implementation*, draw from the existing research on policy implementation. They identify the following five criteria for effective policy implementation: goal attainment, efficiency, constituency satisfaction, clientele responsiveness, and system maintenance. These five criteria naturally lead to specific methodological considerations. Table 1 provides an overview of the five criteria, their focus, key characteristics, related methodologies, and relevant scenarios.
Table 1.1


<table>
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<tr>
<th>Evaluation Criterion</th>
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<td>Stability and continuity</td>
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<td>Bureaucratic</td>
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To examine each of the above criteria using the recommended methodologies is beyond the scope of this study for several reasons. The SRL is a relatively new policy lacking in the duration necessary to achieve meaningful policy outcomes. As such, it would be unfair to evaluate its effectiveness in terms of criteria one and two (goal attainment and efficiency). In addition, to study goal attainment and efficiency in terms of dollars spent and numerical outcomes achieved overlooks the complexities of policy implementation and, as a result, offers little to the understanding of what conditions must exist to achieve successful policy outcomes. For these reasons, this study focuses on criteria three through five (constituency satisfaction, clientele responsiveness, and system maintenance) using qualitative methods of inquiry. Constituents and clientele are defined as one in the same, the childcare practitioner. The system is defined by the factors
associated with effective policy implementation (e.g. availability of resources, economic and social conditions) identified by Sabatier and Mazmanian (1981) and others (Carlson, 2000; Odden, 1991; O’Toole, 2002).

The concept that policy effectiveness criteria (constituent satisfaction with the policy process, consumer satisfaction with the policy process, and system maintenance) interact to influence policy outcomes is central to this study. If this concept holds true then the role of the childcare practitioner changes from a passive bystander in the implementation of the SRL to a key stakeholder in the policy implementation process. The definition of the SRL policy is formed by the experiences of the childcare practitioner in the implementation process and the context or environment in which the SRL is implemented.

Research Questions

The purpose of this study is to help readers better understand the issues associated with childcare policy implementation. When studying policy-to-practice issues, it is important to focus on the actors involved in and conditions surrounding policy implementation (Odden, 1991). Understanding childcare practitioners’ roles in and interactions with the system in which childcare policy is being implemented may lead to an understanding of how to bridge gaps between policy and practice. The following research questions, focusing on both the experiences of the childcare practitioner (as a constituent/consumer of childcare policy) and the systemic factors identified in the literature, are offered here:

1) How do contextual factors such as the economic environment, social environment, and the cultural environment impact the implementation of the SRL?
2) What resources, incentives, and services are available to assist with the implementation of the SRL and are the resources, incentives, and services available to assist with implementation consistent with childcare center practitioners’ needs?

3) How are SRL policymakers and implementers viewed among childcare practitioners and does the childcare practitioner’s perception of the policymaker impact a successful policy outcome?

4) What are childcare practitioners’ understandings of the purpose of the SRL and how does this understanding impact the implementation of the SRL?

5) To what extent is the “system” ready to accommodate the provisions of the SRL?

Limitations of the Study

All studies have potential limitations. This study, as with most case study approaches, provides a snapshot of what occurs around the implementation of the SRL at different points in time. Policies evolve over time and it remains unclear what additional changes may add to the definition of the SRL.

Another limitation is that this study of the implementation of the SRL focuses only on the perspectives of the childcare practitioner. Certainly there are other perspectives. The Division of Child Development and its representatives provide another perspective. Their perspectives are not included in this study. Intermediary agencies, such as the non-profit organizations and community colleges who work with childcare practitioners also have a perspective on the implementation of the SRL. Their perspectives are not included in this study.

Finally, this study focuses on the implementation of the SRL from the perspectives of private, for-profit childcare practitioners. There are other categories of
childcare practitioners (e.g., family childcare homes, public preschool programs) that must also meet state licensing standards. These groups may have an impact on the implementation of the SRL, but to include these groups is beyond the scope and purpose of this study. These groups should be considered in future studies of childcare policy implementation. In light of the limitations of this study, the findings are offered as recommendations to be considered in future childcare policy development rather than a final judgment about extent to which the SRL has been successfully implemented. More studies will be needed before a comprehensive picture of the implementation of the SRL can be offered.

Summary

In order to understand the nature of childcare policy and the role of the childcare practitioner in policy implementation, it is necessary to first understand why childcare has emerged as a policy issue, what constitutes good childcare policy outcomes, and the issues related to policy implementation in general. Chapter Two provides research based definitions of childcare quality and explores Katz’ (1993) model of four different perspectives on defining quality childcare. Research literature is cited to demonstrate researchers’ definitions of quality; however, little research was found on how childcare practitioners define quality childcare programs. The chapter concludes with an overview of the SRL as a policy by defining the policy problem, the policy actors, and the resources and incentives available for implementation activities.

Chapter Three is devoted to the literature on the policy study. Policy studies have evolved over the last three decades to focus on implementation issues at the local level.
Early policy studies focused on policy formation and the formal actors in the policy arena. A second generation of policy study, using lessons from the first generation, turned its focus to policy implementation and the different interactions or linkages among policy actors (Nakamura & Smallwood, 1980). The most recent policy implementation studies draw from earlier studies of the street-level bureaucrat (Lipsky, 1976) and are centered on the role of local actors.

Chapter Four provides an explanation of the methodology used to explore the SRL policy. Definitions of qualitative case study methodology, case selection process, data collection strategies, data analysis, and validity and reliability as they relate to the study of the SRL are all addressed in this chapter. Ethical concerns centering on the ethics of policy study and researcher biases are also addressed in Chapter Four.

Chapter Five articulates the study’s findings. Study findings are supported by quotations from three stages of interviews. The study findings illustrate the role childcare practitioners have in the implementation of the SRL. Chapter Six offers a discussion of the findings, their place in the current literature, and the potential implications that the study of the SRL has for childcare policy and childcare practice.
CHAPTER 2

BACKGROUND AND HISTORY

Introduction

Childcare and the policies that govern the availability of quality childcare programs have become heated topics of debate in the public policy arena (Phillips, Howes, & Whitebook, 1992; Sonya, 1999). Originally thought of by many policy officials as a family choice issue (Culkin, Groginsky, & Christian, 1997), childcare has more recently come to be seen as a shared responsibility of individuals, families, voluntary organizations, employers, communities, and government at all levels. While in theory the responsibility is a shared one, in practice responsibility for childcare policy and regulation has fallen upon individual states (Gormley, 1999).

Emergence of Childcare as a National Policy Issue

Childcare as an arena for public policy is in its infancy. Early childhood educators entered the policy debate during the late 1980’s. The National Association for the Education of Young Children (NAEYC) issued a position statement that for the first time outlined what was developmentally appropriate education for children from birth to five years of age (Bredekamp, Knuth, Kunesh, & Shulman, 2001). The relatively recent introduction of early childhood education in the discussion of education policy makes it fertile ground for exploration. Reform policies in the field of early childhood education have, as of late, received the attention of both federal and state officials. The national goal for early childhood education is stated as: “by the year 2000, all children in America will start school ready to learn” (Bredekamp et al., 2001, p.1). Beginning in 1999, the
National Administration for Children and Families issued funds for early childhood research for the first time (Federal Register, 2000) indicating that the issue of affordable quality childcare has finally earned its place in the policy arena. Much of this national focus on early childhood policy has trickled down to the state level and resulted in some states, North Carolina being one of those states, developing their own early childhood education policies (Gallagher, Rooney, & Campbell, 1999).

**Defining Quality**

Katz (1993) offers four perspectives on the quality of childcare: 1) the perspectives of researchers and professionals in the field, 2) the perspectives of parents using childcare, 3) the perspectives of childcare staff, and 4) the perspectives of children in childcare. Katz asserts in her model that definitions of quality childcare programs may be narrow or broad depending on the groups identified. Childcare quality, according to the model, is a relative concept depending to a great extent on the values, beliefs, and interests of those defining it. The following studies provide an overview of researchers’ perspectives on what constitutes quality childcare programming.

A groundbreaking study in childcare quality, the *Cost, Quality and Child Outcomes Study* (Denver Department of Economics, 1995), has contributed greatly to the academic definition of quality childcare. Teacher qualifications, teacher compensation, teacher education and teacher-child ratio as well as increased program standards have been identified in this and various other studies (Gallagher, Rooney, & Campbell, 1999; Kontos, Howes, & Galinsky, 1996;
Teacher Qualifications: A Factor in Quality Childcare

Several recent studies focusing on childcare practitioners’ education have illustrated a positive link between practitioners’ education levels and the quality of childcare. The *National Child Care Staffing Study* (Whitebook, Howes, & Phillips, 1998) found in a study of 227 childcare centers in five large U.S. cities that teacher education levels were strongly correlated to positive interactions with children. In addition, teachers with higher levels of education, particularly those with bachelor’s degrees, were more sensitive to the needs of children than those teachers without bachelor’s degrees (Phillips, Howes, & Whitebook, 1992). An analysis of the *Cost, Quality and Child Outcomes Study* (Denver Department of Economics, 1995) data found teacher levels of education were positively associated with higher quality learning environments (Phillipsen, Burchinal, Howes, & Cryer, 1997). Further analysis of the *Cost Quality and Outcomes* data by Howes (1997) found that teachers with the most education were more effective in teaching in the early childhood classroom.

Love, Ryer and Faddis (1992) found in a study of 112 volunteer classrooms that caregivers with higher levels of early childhood training managed classrooms that implemented more developmentally appropriate activities. The study indicated that caregivers with higher levels of training were more likely to integrate different subjects into activities (e.g., science activity that integrates math concepts). In addition, teachers with higher levels of training offered a variety of activities that were related to the
developmental age of the children in their care. Similarly, a study of preschool and infant/toddler classrooms in four states (North Carolina, California, Colorado, and Connecticut) found that in preschool classrooms process quality was associated with the levels of teachers’ education (Phillipsen, Burchinal, Cryer, Howes, 1997). While none of the studies cited here identify a minimum standard of education for practicing childcare, it is clear from the literature that education and training do have some impact on the quality of childcare.

Teacher Compensation: A Factor in Quality Childcare

Staff compensation may be an important contributor to childcare quality as it is closely linked to teacher qualifications and has been directly associated with the level of quality childcare. Studies show that childcare quality is enhanced when teachers are adequately compensated (Phillipsen, Burchinal, Howes, & Cryer, 1997). Whitebook, Howes, and Phillips (1989) found that the most important predictor of quality among all work environment variables is staff wages. Howes and Jacobs (1995) cite similar findings in their study of factors that contribute to quality childcare programs. They found that wages and specialized training were important factors in distinguishing between different levels of quality in childcare centers. Even with these findings, childcare practitioners continue to be underpaid and funding is rarely targeted to staff wages (Whitebook, Howes, & Phillips, 1998). Perhaps the reason for the continued insufficient compensation is that childcare services by and large are delivered in a market-based system (Phillips, Howes, and Whitebook, 1992). Competition in the
marketplace regulates the amount of tuition that parents are willing to pay for childcare. Costs cannot exceed income if a childcare business is to remain viable.

Program Standards: A Factor in Quality Childcare

The health and safety of children is one driving force behind state regulation of childcare facilities. A study of childcare regulations in North Carolina, Colorado, Connecticut and California found that state regulations focused more on the protection of the child’s health and safety than on the child's development (Gallagher, Rooney, & Campbell, 1999). The National Institute for Childhood Development (1996) found that in addition to small group size, a safe, clean and stimulating environment is associated with positive behaviors on the part of the caregiver. Related to health and safety is the teacher-child ratio. Smaller group sizes and more adult per child supervision results in higher levels of quality (Cost, Quality and Child Outcomes Study Team, 1995). The research on quality childcare programming illustrates that higher teacher education, better staff compensation, lower teacher-child ratio, and a stimulating physical environment for the child interact to provide a continuum of childcare quality. How states respond to this knowledge of the continuum of childcare quality varies.

Trends in Childcare Regulation

A review of national data on early childhood training requirements reveals that as of 2001, forty-two percent of states require pre-service training for their early childhood education teachers as a condition of childcare center licensing (Children’s Defense Fund, 2001). These same data reveal that while all states have a minimum child-staff ratio,
ratio varies widely. The lowest child-staff ratio reported for children six weeks of age is 7:2 (Massachusetts). The highest child-staff ratio reported for children six weeks of age is 6:1 (Alabama, Arkansas, Georgia, Idaho, New Mexico, and South Carolina). Program standards have not been included in childcare licensing regulations as a mandatory component in any state; however, some states have linked national accreditation through the National Association for the Education of Young Children (NAEYC) to a tiered reimbursement system for childcare subsidy monies (http://www.naeyc.org, Critical Issues section, retrieved January 2004). Only two states, Nevada and North Carolina, have attempted to establish a rating system for childcare based on quality indicators. Nevada repealed its efforts due to funding constraints (http://www.naeyc.org, Critical Issues section, retrieved January 2004). North Carolina is unique in its efforts to establish quality indicators that go beyond child-staff ratio and minimum teacher education requirements. How successful has North Carolina been at this effort? This study attempts to explore the question through a study of the implementation of the SRL.

North Carolina Childcare Profile

A study conducted by Childcare Services Association (2001) revealed that teachers employed by licensed childcare centers are leaving the field at an annual rate of thirty-one percent. Perhaps this is because a childcare teacher on average earns $7.50 an hour compared to the approximate $17.00 dollars per hour that a kindergarten teacher earns. In North Carolina, twenty-two percent of childcare practitioners including childcare center directors have a Bachelor’s degree (Childcare Services Association, 2001). A review of the National Association for the Education of Young Children
(NAEYC) national accreditation standards reveals that in 2002 eight percent of childcare centers have NAEYC accreditation. A more recent review reveals that this number is closer to five percent (http://www.naeyc.org, Critical Issues section, retrieved January 2004). North Carolina is among the forty-two percent of states that requires pre-service training for all childcare practitioners. North Carolina’s child-staff ratio for infants who are six weeks of age is 5:1. Child-staff ratios for North Carolina’s four year old children in childcare is 20:1, tying North Carolina with Alabama and Utah as the highest child-staff ratio for preschool children. Over 70% of North Carolina mothers of children from birth to five years of age are employed outside the home and require non-parental care for their children (Frank Porter Graham Child Development Center, 2001). Many of these children are enrolled in licensed childcare facilities. Perhaps it is for these reasons that North Carolina has initiated a new phase of childcare program regulation.

The regulation of childcare in North Carolina began in the early 1970’s with the creation of the North Carolina Office of Facility Services and the North Carolina Office of Day Care Services (http://ncchildcare.dhhs.state.nc.us, About Us section, retrieved March, 2002). The Office of Facility Services main function at that time was to ensure that childcare facilities met minimum health and safety requirements as established by North Carolina sanitation laws. The Office of Day Care Services was largely responsible for managing human resources and investigating allegations of misconduct among childcare providers. In 1985, legislation was passed to combine both departments under the North Carolina Division of Facility Services (http://ncchildcare.dhhs.state.nc.us, About Us section, retrieved March, 2002). At that time, legislators rewrote the laws addressing staff qualifications, curriculum standards, and grievance procedures.
Continued efforts to regulate and standardize the quality of non-parental care resulted in the creation in the mid 1980’s of the North Carolina Division of Child Development (DCD) which is currently housed under the North Carolina Department of Health and Human Services. Today all responsibility for the oversight and regulation of childcare in North Carolina is overseen by the Division of Child Development under the auspices of the Department of Health and Human Services (http://ncchildcare.dhhs.state.nc.us, About Us section, retrieved March, 2002).

The Division of Child Development first attempted to establish differential ratings of childcare center quality in the 1980’s with the “A” and “AA” ratings. These ratings concentrated primarily on the spatial configurations of the center such as square foot per child in the classroom and on the playground. The “AA” rating for a childcare center was a voluntary standard and in no way diminished the “A” rating. It was merely an indicator that a childcare center had voluntarily gone beyond the state’s recognized minimum standards for childcare. Only about seven percent of centers made the attempt to gain “AA” rating.

In 1992 Governor Hunt established the Smart Start initiative that allocated funds to improve and expand quality childcare, healthcare for children, and family services with the ultimate objective of the initiative to make every child ready to learn by kindergarten. Smart Start funds were initially managed through the Division of Child Development; however, the management of those funds was eventually moved to the North Carolina Partnership for Children (NCPC). This arrangement provided a legal vehicle for distributing program funds and also gave local control to counties. This allowed counties to assess their own child and family program needs and allocate resources in a way that
would best benefit children and families in that county. One major outcome of Smart Start funding in every county was an increased focus on quality, affordability, and availability of childcare. In fiscal year 2000-2001, Smart Start spent 116.7 million dollars on childcare subsidy and 76.4 million dollars on childcare quality (Smart Start Annual Report, 2001), thereby illustrating the strong link between the Division of Child Development (which manages state and federal childcare subsidy dollars) and Smart Start funding.

Along with the increased spending on childcare quality came a regulatory effort to improve childcare quality and stimulate the availability of high quality childcare. While other programs and subsequent initiatives were important to childcare in North Carolina, Smart Start and its relationship with the Division of Child Development contributed significantly to the development of a new metric for measuring childcare program quality. The funding structures and linkages between these two agencies may have provided the political impetus necessary for the DCD to create the Star Rated License (SRL) regulatory policy.

The Star Rated License

The SRL was implemented in September 2000. The license provides consumers of childcare a measure for differentiating between levels of quality of childcare centers and “encourage[s] providers to achieve higher levels of quality" (CCDF Plan, 2003, p.38). An examination of North Carolina’s childcare regulations prior to the establishment of the SRL reveals that North Carolina’s childcare regulations were less stringent than those in other states (Kontos, Howes, Shinn, and Galinsky, 1995).
Previous licensing standards only addressed *minimum* levels of education for providers (high school diploma required), *minimum* facility requirements such as minimum square footage per child and building code requirements (fire safety and building construction), and *minimum* not optimum teacher to child classroom ratios.

The use of the SRL differs from previous North Carolina childcare policies in that for the first time in the history of the regulation of childcare, North Carolina recognizes quality standards beyond facility safety, staff-child ratios, and minimum education requirements of the practitioner in the licensing status of childcare facilities. The SRL expands childcare regulatory standards to focus on the optimum childcare physical environments, optimum program standards, increased teacher education requirements, and the compliance history of each childcare center.

**Implementation of the Star Rated License**

While no specific documentation could be found on the problem to be addressed by the SRL, a purpose statement found in the CCDF Plan (2003) sheds light on the problem. The CCDF Plan states that the SRL policy was designed to “to help parents understand differences among childcare options and to encourage childcare providers to achieve higher levels of quality” (p. 38). The stated purpose indicates that one of two problems exists in the arena of childcare: 1) either parents do not have the information that they need to make educated choices about childcare, or 2) there is an insufficient supply of quality childcare available.

To address the problems outlined above, the North Carolina Childcare Council, the advisory committee appointed to develop the childcare laws, was also charged with
the development of the SRL policy standards. The North Carolina Childcare Council is comprised of members representing a diverse group of government, quasi-governmental, and business interests. Responsibility for monitoring practitioners’ compliance with the childcare laws and the SRL at the state level is overseen by the Department of Health and Human Services/Division of Child Development. Childcare staff education and compliance history components of the SRL are evaluated by the DCD. DCD contracts with the Frank Porter Graham Center for Child Development at UNC-Chapel Hill to oversee the evaluation of the program standards component of the SRL. Responsibility for evaluating and providing a childcare center with a star rating rests with the local childcare licensing consultant (CCDF Plan, 2003).

The SRL is a complex algorithm grounded in scores derived from three different components: program standards, teacher education, and compliance history (DCD website). For each component, a childcare center obtains points ranging from one to five. A composite score is then calculated to arrive at a star rating. One point is equal to the minimum licensing standard and is the point at which all centers start. Scores higher than one point on each section correspond to voluntary compliance with higher standards. Program standard scores begin with assigning one point for the minimum licensing requirements and then adding points for additional square footage, low teacher-to-child ratios, and high scores on an environmental rating scale.

The environmental rating scale focuses on the holistic environment of the childcare center (room arrangement, activities, teacher and child interactions throughout the day). Staff education is the second area for which childcare centers receive points.
One point is equivalent to minimum licensing standards. Additional scores are gained as the number of degreed providers in the center rises.

Compliance history is the third and final category in which a childcare center can be scored. Compliance history covers the number of complaints that a center receives at the Division of Child Development. In addition, sanitation ratings are also included in the compliance score. Once the license is issued, the Division will determine the compliance history based on violations of rules that have occurred over the past 3 years. If a center has not been open for 3 years, the compliance history will be based on the length of time the center has been open (See Appendix B for a full description of the SRL Standards).

Resources currently available to assist with the implementation of the SRL come in the form of technical assistance, quality enhancement grants, wage supplements, and tuition assistance. Providers of technical assistance include licensing consultants employed by the Division of Child Development and childcare provider consultants usually hired by local Child Care Resource and Referral agencies. Quality enhancement grants are available through local Smart Start funding. Wage supplements and tuition assistance are provided by WAGE$ and TEACH programs administered through Child Care Services Association, a private, non-profit (CCDF Plan, 2003).

Collaboration with other state agencies is identified in the Division of Child Development Child Care Development Fund planning documentation. The DCD identifies the Department of Environment and Natural Resources (NCDENR), which oversees the monitoring of sanitation regulation in childcare facilities, as a partner in addressing child health related components of the SRL (CCDF Plan, 2003). In addition,
the CCDF plan states, “coordination with the North Carolina Community College System, state universities, Childcare Services Association, Smart Start and other partnerships has helped the Division build the foundations of a true childcare profession that rewards investments in education” (p. 14). Table 2.1 provides an overview of the SRL.

Table 2.1
Overview of SRL as a policy

<table>
<thead>
<tr>
<th>STAR RATED LICENSE</th>
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<tbody>
<tr>
<td>Problem Definition</td>
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<tr>
<td>Policy Addresses:</td>
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| Actors              | 1) NC Childcare Council  
                      | 2) Division of Child Dev.  
                      | 3) Local Childcare Licensing Consultants  
                      | 4) Childcare Providers  
                      | 5) Local Partnerships for Children (Smart Start)  
                      | 6) Child Care Resource and Referral  
                      | 7) Other state agencies (Department of Environment and Natural Resources, Department of Public Health, NC Community College System) |
| Resources:          | Childcare Education  
                      | TEACH Program  
                      | WAGES Program  
                      | Program Standards  
                      | Quality Enhancement Grants  
                      | Technical Assistance  
                      | Compliance History  
                      | National Standards for Child Health and Safety (guidelines)  
                      | DEHNR (guidelines) |
Summary

While the long-term impact of this policy on changes in local childcare practice is unclear, short-term outcomes show that as of March 2002, approximately seventy percent of childcare centers have a rating of three stars or less. The disproportionately high percentage of centers with average to low ratings calls into question the degree to which the SRL will be successful in achieving its policy objectives. In the few studies in which childcare practitioners were asked to define quality childcare, a different picture of quality emerges. Practitioners’ definitions focused less on increased levels of provider education and changes in program standards and more on caregiver traits such as warmth and sensitivity, the flexibility of childcare arrangements, and parent-caregiver interactions (Ceglowski & Bacigalupa, 2002). The definition of quality childcare is critical to the articulation of the goals and objectives for the SRL policy. The childcare practitioner’s definition of childcare quality may be the key to understanding how childcare policy should be implemented. The intent of this study is to explore the implementation of childcare policy from the practitioners’ perspective. To better frame the study of the implementation of the SRL, Chapter Three provides an overview of the literature on policy implementation.
CHAPTER 3
POLICY IMPLEMENTATION RESEARCH

Introduction

Early definitions of policy shared the similar and broad notion that policy is something that government does (Nadel, 1975). More recent policy scholars offer definitions of policy that cover a wide spectrum of activities and interactions (Guba, 1984; Nakamura & Smallwood, 1980; O’Toole, 2000). Guba (1984) offers a summary of the definitions of policy. Those definitions are: “1) policy as assertion of intents or goals, 2) policy as the accumulated standing decisions of a governing body by which it regulates, controls, promotes, services, and otherwise influences matters within its sphere of authority, 3) policy as a guide to discretionary action, 4) policy as a strategy undertaken to solve or ameliorate a problem, 5) policy as behavior formally sanctioned through expectations and acceptance established over (sanctified by) time, 6) policy as a norm of conduct characterized by consistency and regularity in some substantive action area, 7) policy as the output of the policy-making system or the cumulative effect of all the actions, decisions, and behaviors of the people who work in bureaucracies, and 8) policy as the effect of the policy-making and policy-implementing system as it is experienced by the client” (Guba, 1984, p.64).

The distinction among the definitions provided by Guba is the proximity of the policy to action. For example, if one defines policy as the assertion of intents or goals, then one defines policy by the formation process. The study of the SRL is centered on policy being created or defined at the local level or at the level of the childcare practitioner. It is for this reason that policy, for the purposes of this study, is defined as
the effect of the policy-making and policy-implementing system as experienced by the childcare practitioner.

Despite the many definitions of policy or perhaps due to the many definitions of policy, it is apparent from the research literature that the debate still exists among scholars about the purpose of policy research and where its focus should lie (Marsh & Smith, 2001; Sabatier & Mazmanian, 1981). While some believe that policy research should focus on policy actors and action, others believe that the cause-effect relationship between bureaucratic efforts and ultimate outcomes should be explored (O’Toole, 2000). Putting this debate aside momentarily, one point can be made about the many studies conducted around the policy process. Policy studies, initially emerging in the mid 1960’s as a response to alleged policy failures, have continued to evolve in their scope and purpose both theoretically and methodologically (Odden, 1991; Nakamura and Smallwood, 1980).

Policy Study: The First Generation

The formal study of public policy emerged in the 1960’s as a vehicle for governments to “technically determine the best course of action to implement a decision or achieve a goal” (Taylor, Rizvi, Lingard, & Henry, 1997, p. 3). Traditionally, policy research defined policy as a position or response to a critical problem or issue. In this regard policy sought to move towards a particular solution or objective. Early policy studies distinguished between policy as a process, policy as a program, policy as a decision of government, policy as authorization, policy as an outcome and policy as a theory or model (Taylor et al., 1997). Efforts were made by policy researchers to integrate the findings of early policy studies into a conceptual framework for policy study
(Odden, 1991; Sabatier & Mazmanian, 1981). These efforts resulted in a number of early models for policy study, most of which focused on issues at the policy making level. While much was to be gained from the first generation of policy research, these early efforts had several weaknesses:

(a) they failed to empirically explore the link between individual behavior and the political, economic and legal context in which it occurs;

(b) they failed to address the solvability of the problem being addressed by a policy; and

(c) they focused only on implementation at the policy making level (Kannapel, Aagaard, Coe, Reeves, 2000; Sabatier & Mazmanian, 1981).

In short, early policy studies overlooked the contexts in which policies were being implemented and the impact of those contexts on the policy outcomes.

Three Stages of the Policy Process

Policy researchers, as a result of the first generation of policy studies, began to see policy as a staged process. Rather than focus on policy as a response to a problem or issue, policy researchers derived three distinct phases of the policy process that could be studied: policy formation, policy implementation, and policy evaluation (Nakamura & Smallwood, 1980). While much of the remainder of this chapter will be devoted to the policy implementation stage, the policy formation and evaluation stages are addressed in general below.
Policy Formation

The policy formation stage is the first stage in the policy process. It is distinguished from the policy implementation and policy evaluation stage by a unique group of policy actors and by the activities that occur during this stage. The policy actors in this early stage are more likely to be perceived as formal policy makers or people typically in a governmental position that grants them the authority to formulate policies and direct resources to those policies. The activities at this stage focus on defining the problem, designating resources to address the problem, and prioritizing the issues through specific policy statements (Nakamura & Smallwood, 1980). Traditionally, policy formation included four phases: (a) descriptions of social problems, (b) discussions of competing policy solutions, (c) evaluations of particular policy solutions (d) considerations of general implementation problems, and (Silver, Weitzman, & Brecher, 2002; Scheurich, 1997).

Government policies arise in response to the interests of powerful policy actors (the president, committees, lobbies), in response to crisis situations (war, natural disasters) or because of more general concerns related to public pressures (welfare, abortion) (Nakamura & Smallwood, 1980). Defining the problem or issue is perhaps the most important step in the policy process and can have significant impact on what position is taken toward the policy agenda, what policy alternatives are chosen, and how the policy is implemented (Cooper, Fusarelli, & Randall, 2004). An important point to make is that for a problem to be defined as a policy there must be a perceived solution. There are often many and competing policy solutions for any given problem. The
discussion of policy solutions or alternatives follows the problem statement step in the policy formation stage.

As Nakamura and Smallwood (1980) articulated, policies often come about after a crisis or public pressure to alleviate a problem. Just how policies are defined and expressed ultimately determines the policy alternatives. Policy statements can be hampered by technical limitations and conceptual complexities which can cause disagreement among policy experts and make it difficult to mobilize the various groups necessary for implementing policy alternatives (Nakamura & Smallwood, 1980). These issues become increasingly clear as policy alternatives are placed on the public agenda.

Communication of the policy statement is critical to the selection of policy alternatives. Entering into the discussion of the various policy solutions is the degree to which policy solutions can be implemented, the resources available to implement the various solutions, impact of each solution, and the evaluation of each solution. Who ultimately determines the policy solution is often in the hands of those who wield the most power in the process (Silver, Weitzman, & Brecher, 2002). Regardless of the policy solution chosen to address the problem or issue, implementation of the solution ultimately determines policy outcomes. In an effort to formulate an effective policy, a third step is incorporated into the formation process that includes evaluating the competing potential solutions.

Policy solutions must be evaluated to determine how to most appropriately address the problem at hand. Designs for evaluating policy alternatives vary, but the most typical designs include: decision analysis, cost-benefit analysis, cost-effectiveness analysis, and resource-based approaches (Ackerman & Heinzerling, 2001; Schulman,
Many of the options for evaluating policy solutions share the similar advantage of standardizing the review process. For example, designs associated with monetizing particular outcomes (cost-effectiveness and cost-benefit) distill the alternatives to numbers that can be compared one against the other (Ackerman & Heinzerling, 2001). Both models are focused on policy outcomes. Decision-analysis has historically focused on the choices or actions that precede outcomes but more recent decision models, reflexive decision models, have begun to focus on the implementation decisions around public policy (Schulman, 1976).

A more recent evaluation design emerging in both law and public policy is the use of resource-based approaches. This design incorporates knowledge of partisan shifts and alignments among political and judicial institutions, the rules of the game for interaction among policymakers, and the decision resources of various political institutions into the evaluation of competing solutions (Tiller, 2002). While each of the policy evaluation designs offers the advantage of standardizing the review of policy alternatives, the disadvantage shared by all lies in the fact that the decision about which policy alternative is chosen is typically made by those who have control over the political resources (Ackerman & Heinzerling, 2001).

During the policy formation process, potential implementation problems must be carefully considered before they create barriers and delays in the implementation process. Implementation problems can be attributed to factors such as implementers’ indifference or apathy toward a policy, lack of resources, insufficient time for implementation, and disagreement about how to achieve results (Hope, 2002). This stage of the process includes the discussion of problems that can potentially surface around policy goals, the
key actors in the implementation process, resources earmarked for the policy, and choosing indicators for measuring the success of the policy (Nakamura & Smallwood, 1980).

Policy formation is complete when the problem to be addressed has been identified, the policy alternatives have been weighed and recommended, a process for evaluating the policy outcomes has been designed, and the implementation instructions have been provided. How a policy is formed does play a role in how effective the policy ultimately becomes. The final stage in the process is the policy evaluation stage. This stage is discussed briefly here.

Policy Evaluation

The policy evaluation stage involves assessing the effectiveness of policy with regard to policy outcomes. Successful implementation, according to Ripley and Franklin (1986), can be characterized by the degree of compliance with specific mandates, the smoothness of established routines, the absence of problems, and the extent to which a policy accomplishes desired results. Policy evaluation can focus on the quantifiable aspects of policy (cost per service, personnel resources, and infrastructure) or qualitative measures (impact on policy constituent and consumer, focus on changing the policy context or environment). As a result, policy evaluation can assume many different methodological stances (Nakamura and Smallwood, 1981). The appropriateness of the different methodologies and the focus of policy evaluation has been a subject of debate since its inception in the early 1960’s (Marsh & Smith, 2001).
Policy evaluation approaches have historically leaned toward a systems analytic approach particularly in economic policy, industry policy, and early education policy evaluation (LeCompte and Preissle, 1993). More recent policy evaluation studies have given way to theories of action evaluation or the evaluation of planned policy actions. Policy actions and outcomes are closely linked to the policy goals and directives. This relationship forms the basis for theories of action evaluation with an emphasis on how closely policy is implemented according to the original goals and intents. A theory of action evaluation by Malen, Croninger, & Muncey (2002) found that theory of action evaluation offered the opportunity to assist policy actors in identifying the critical links in implementation strategy. In addition, this type of evaluation provided an opportunity to weigh the political promises associated with a particular policy with the programmatic and personnel costs of choosing a particular policy option. Much can be learned from studying the policy evaluation stage of the policy process; however, it is in the arena of policy implementation that the issues associated with effective policy outcomes begin to emerge in practice.

Policy Implementation: The Missing Link

The policy implementation stage is characterized by placing policy into practice. The first generation of policy study focused on policymaking. From these studies, policy researchers began to understand the role of policy implementation in successful policy outcomes. Perhaps it is for this reason that policy studies have evolved to focus on the implementation process rather than the policy formation process (Fowler, 2004; Odden, 1991).
Similar to the policy formation stage, the policy implementation stage has a unique group of policy actors. While it is not likely to be as formally structured as the policy formation stage, policy implementation and the actors engaged at this stage are critical to successful policy outcomes. Many second-generation studies of policy focused on the role of actors in the policy process as well as the contextual issues of policy implementation. What researchers were to learn in these studies was that a potential cause for inconsistencies in policy implementation centered on conflicts between local orientations, values, and priorities and state or federally initiated programs (Moore, Goertz, Hartle, 1991). One important outcome of these second-generation studies of policy implementation was that policy researchers began to understand that policy is implemented not in a linear fashion as first theorized by the classical approach to policy study but through trade-offs between policy officials, policy implementers, and local actors.

Second-generation policy studies suggested the need to look more closely at what was taking place at the local level and how local orientations influenced the policy implementation process (Schofield, 2001). Theory-based approaches to policy design in a local institutional setting rather than at the government level became particularly important (Sabatier & Mazmanian, 1981). These approaches, in turn, led researchers to the front lines of policy implementation. One of the first implementation theories of local policy actors was that of the street level bureaucrat (Lipsky, 1976), which revealed that the actors who are most likely impacted by a policy can influence the implementation process. Studies of minority program implementation and welfare policy implementation found that local organizations were central to the explanation of variations in the
implementation of grant programs. Furthermore, these studies asserted that more exploration was needed to determine the relationship between policy implementation and target group behaviors (Sabatier & Mazmanian, 1981).

A new and powerful actor emerging from the front lines of policy implementation was the intermediary (Nakamura and Smallwood, 1980). Intermediaries can include officials who are assigned by the state or federal government to implement policy at the local level, constituent groups who are self appointed or funded through private organizations, and policy consumers who ultimately are impacted by the implementation of policy. The role for intermediaries in policy implementation varies. For example, a cross case analysis of the implementation of special and general education reform acts in Vermont revealed that support teams, formed and expanded over a ten year period, resulted in more leadership support for special education reform policies, an increase in the number and types of services offered to assist with policy implementation, and a clear referral process for consumers of the policy. The use of intermediaries in the implementation of these policies provided an opportunity to standardize and institutionalize policy in a number of different environments (Furney, Hasazi, Clark/Keefe & Hartnett, 2003).

Intermediaries who serve as leaders at the local level can also serve as policy implementers. As such, they can work for or against successful policy implementation. A case study by Atkinson (2002) of the implementation of the ABC’s of Public Education, an educational accountability reform initiative in North Carolina, found that a disconnect between policymakers and intermediaries (principals, curriculum coordinators, and teachers) resulted in a lack of support for the policy. In his study,
Atkinson found that teachers were more likely to adopt principals’ attitudes toward the ABC’s of Public Education, rather than adopt the ideas of the policymakers. Schools that had intermediary (principal) support were able to implement the directives of the ABC’s of Public Education in a manner that closely mirrored the state’s (of North Carolina) intent.

Constituency groups have also gained increasing prominence as intermediaries in the policy implementation arena. Constituency groups can influence the implementation process by pressuring implementers to institute policies in ways that benefit certain constituencies and by influencing support for policies among their constituents. One example of the role of constituency groups is the growth of university-based education policy centers. McCarthy, Jones and St. John (2000) found in a follow-up study on university-based education policy centers that these constituency groups have expanded over the past ten years. Policy centers because of their focus on the issues from the constituency perspective offer a powerful knowledge bank for policymaking and implementation. Many legislators and legislative staff utilize information provided by these external, policy-focused groups to inform their decision-making. The use of information generated by constituency groups by policymakers illustrates the influence that these actors have on the policy implementation process.

Consumers of policy perform functions similar to those of constituency groups in the policy implementation process, but are distinguished by their influence on the process at the local level. Policy implementers have with increasing frequency begun to include consumers or recipients of policy in the policy implementation process. Such policies as the Economic Opportunity Act incorporated citizen participation and went so far as to
grant authority to the residents to establish autonomously functioning Community Action Agencies (Nakamura & Smallwood, 1980). The extension of the implementation process to include consumers has resulted in an additional point of communication and decision-making with the potential for both positive and negative policy outcomes.

While the studies cited above are not exhaustive, they do illustrate the different roles that intermediaries can play in the implementation of policy. Intermediaries in the form of local officials, constituency groups, and consumers of policy can be positive contributors to policy implementation. Intermediaries can serve to provide soft social services to aid in implementation. Intermediaries can provide information to policymakers and constituents. Intermediaries can engender support for a policy at the local level. Intermediaries can also pose challenges to policy implementers.

Nakamura and Smallwood (1980) see two distinct issues with the role of intermediaries. One possible issue with the use of intermediaries is the perceived abdication of responsibility by elected government officials. Those at the local level see it as the responsibility of the higher-ups to implement policy and those at the higher levels see the local implementers as being responsible for implementation (Nakamura & Smallwood, 1980). A misunderstanding of roles and responsibilities associated with the policy implementation only serves to hinder the process. Another issue with the use of intermediaries is the lack of compliance mechanisms to ensure their support. Federal government cannot alleviate state and local officials who fail to implement policy according to directives. Finding effective compliance mechanisms that motivate intermediaries to support a given policy continues to be a challenge.
Implementation Structures and Policy Failure

Relationships are created between actors (policymakers and intermediaries) in the policy process and the activities that occur during policy formation, implementation, and evaluation. The nature of these relationships, like the implementation of policy, is not linear or hierarchical, but instead is defined according to how power is distributed among those creating policy and those implementing and evaluating policy actions. Implementation linkages are important to the study of policy because they offer potential explanations for why policies fail during implementation.

Nakamura and Smallwood (1980) offer five types of structures or linkages between policymakers and implementers that characterize the different modes of implementation: 1) classical technocracy, 2) instructed delegation, 3) bargaining, 4) discretionary experimentation, and 5) bureaucratic entrepreneurship. Classical technocracy as a model of linkages in the implementation process assumes that the implementation process is hierarchical and that a directive is delivered from a position of authority and the policy is implemented by actors at lower levels of the policy pyramid. This implementation structure is most often found in policies where technical expertise is necessary in carrying out the policy. Implementation breakdowns typically occur in these structures due to technical failures.

In the instructed delegation model of policy implementation, policy officials delegate to policy implementers the general authority to make rules and regulations. Instructed delegation is still in the classical school of implementation theory in that it assumes that policy is formulated in positions of higher authority with clear goals and objectives. Policymakers delegate, with discretion, some of the technical, administrative,
and negotiating powers. Like the classical technocracy model, the instructed delegation model of implementation can become fragile under technical requirements.

The third type of implementation structure is that of bargaining. Bargainers interject negotiation into the policy implementation process. Where in the first two models of policy implementation linkages the policymakers and policy implementers are in relative agreement on the process of implementation, in the bargaining model the implementers do not necessarily share the goals of the policymakers. The bargaining model brings with it several opportunities for policy failures. Policy implementers can fail on grounds of lack of technical expertise. Failures in negotiation can lead to a halt in the implementation process. Finally, policy implementers can circumvent the policy and implement the policy to suit their own needs. The success or failure of a policy implemented under this model lies in the distribution of power and resources. Imbalance on either side can lead to either coercive policy implementation or no policy implementation.

The fourth type of implementation structure is that of discretionary experimenters. This structure occurs when the policymakers lack the technical expertise or are unable to formulate the policy specifics and instead give discretionary authority to policy implementers. Like the bargaining structure, implementers in this structure have the opportunity to refine the goals and means for policy implementation. Implementation structures that take on this form can fail because technical requirements are not communicated adequately, the goals and means for implementation are unclear, and the policy is implemented only superficially and without a change in local practice.
The fifth implementation structure is the bureaucratic entrepreneurial structure. Under this structure, policymakers support the goals and means defined by the implementers. This complete shift in power to the implementers can result in positive outcomes for policy in that implementers have the power of information, the ability to resist bureaucracy, and entrepreneurial skills to implement policy in ways that depart from classical implementation. These implementation structures can be powerful and productive. Their potential for failure lies in the fact that when policies are ultimately implemented they often have goals and objectives that may not address what was initially identified as the problem.

The interactions between the different policy actors and the dimensions of different implementation structures have moved the understanding of policy implementation from what was initially considered to be a hierarchical structure to what is now known to be a complex structure with multiple decision points. This new understanding of the policy process has yielded new knowledge about the factors known to influence the implementation of policy.

Policy Context

Studies focusing on policy implementation and policy evaluation over the last two decades have contributed to policy researchers’ knowledge of the implementation process (Fowler, 2004). Specifically, those studies found that in addition to the role of local policy actors and their relationship to policy implementation, the context or environment within which policy is implemented also plays a significant role in when and how a policy is implemented. “Every instance of policy making is dependent on the milieu,
i.e., on local circumstances, …context is the starting block” for all policy actions (Carlson, 2000, p. 10). Studies have found that variations in policy outcomes often reflect the demographic and political culture surrounding that policy (Goertz, 2001). For any reform to be successful, the system or context must support systemic change. These systems include government and non-governmental organizations as well as third sector partnerships, such as businesses and community organizations. Collaborative efforts to situate the policy in context can help bridge the gap between policy and practice (Consortium for Policy Research in Education, 1996).

Subsumed within policy context are demographics, belief systems of different groups, local governing traditions, and societal and cultural values. Emerging from the literature on policy context are the factors found to be related to the successful implementation of policy at the local level include: (a) available resources (funds), (b) characteristics of implementing agencies, (c) communication of policy standards and other decisions within and among implementing agencies, (d) incentives to promote compliance, (e) support for those policies in the political environment, (f) dispositions of implementing officials, (g) economic and social conditions (Sabatier & Mazmanian, 1981; Sinclair, 2001). While few studies specific to the implementation of early childhood policy were found, the studies cited below illustrate that these factors do indeed exist and serve to influence policy outcomes.

**Availability of Resources.** Resources for policy implementation necessarily include money and staff time, but an emerging resource found to be important to policy implementation is that of professional development. Studies have found that professional development opportunities and education and training around a particular policy can
enhance a policy’s effectiveness (Furney, Hasazi, Clark-Keefe, & Hartnett, 2003).

Goertz (2001) found that policies were more effective when capacity was built at the local level through the leveraging of resources for increasing knowledge and skills among policy target populations. Professional development opportunities are often a critical resource necessary for effective policy implementation. Dutro, et. al. (2002) found that when teachers were provided with professional development opportunities as part of a statewide reform initiative, they were able to shape policy as it was implemented in the classroom. While professional development opportunities may serve as an important resource, professional development opportunities and other types of support structures for childcare practitioners are often fragmented and disconnected from reform efforts (Gallagher & Clifford, 2000; O’Day, Goertz, & Floden, 1995).

**Characteristics of the Implementing Agencies.** Implementing agencies play a critical role in policy implementation and the characteristics of implementing agencies and their staff influence policy outcomes. Ruhil and Teske (2003) in their study of state insurance solvency regulation found that the institutional structures shape policy outputs. A study of education reform revealed that when there is strong leadership at the local level who can procure additional funding and resources, a policy is more likely to be successful (Furney, Hasazi, Clark-Keefe, & Hartnett, 2003). Studies of education reform also show that policy implementation works well when policy implementers share decision-making power, have access to a wide range of information, are brokers of resources, and have the power to offer rewards for producing results. Where there is a lack of these characteristics among policy implementers, where there is a focus on service
rather than results, and where policy implementers distribute resources unequally, policies themselves are not likely to produce lasting change (CPRE, 1996).

*Communication of Policy Standards.* Communication of policy standards is another important aspect of policy implementation. Policies should be clearly defined and goals of the policy must be shared by both the policy makers and the target population of the policy (O’Day, Goertz, & Floden, 1995). Communication allows for the alignment and coordination of policies and makes clear the goals of systemic change while reducing conflicting messages (Floden & Goertz, 1995). Three difficulties with respect to the communication of policy are: unclear messages from the policy-makers, misinterpretation of the message by the policy receivers, and inadequate systems for communication that result in a breakdown in communication and consist of inadequate follow-through.

While it seems that providing a clear policy statement with a clear set of instructions for implementers is self-evident, earlier studies on implementation found that this clear communication does not always or even often occur (Nakamura & Smallwood, 1980). Communication breakdowns can be attributed to technical deficiencies or inadequate knowledge about alternate means for achieving the same policy goals. Conceptual complexities in the definition of the problem and limits to policy implementation due to negotiations and compromises needed to secure agreement on the policy are also contributors to communication breakdowns. Communication breakdowns lead to a variety of policy interpretations that, in turn, lead to variations from intended outcomes in policy implementation.
Incentives to Promote Compliance. Compliance mechanisms are critical to a successful implementation, but can be difficult to identify (Nakamura & Smallwood, 1980). The use of incentives requires resources and the ability to carry out incentive plans. While some studies point to the importance of incentives in the implementation of policy, other studies show that rewards or sanctions can create difficulties for political, technical, and implementation issues (O’Day, Goertz, & Floden, 1995). Incentives, both positive and negative, play a role in at least the short-term success of a policy.

Support for Policies in the Political Environment. Politics can be a frustrating but inevitable factor in policy implementation. For a policy to be implemented in the local political environment, political support must exist for that policy. This may be particularly true when policies are delivered as unfunded mandates or when policies are controversial. Katz (2001) in a study of the development and implementation of policy on nuclear waste disposal found that resources for a successful policy implementation included political support and access to public administrators. Stewart & Kringas (2003) found in their study of managing change in six Australian federal agencies that political executives must be confident in the implementing agency’s capacity to implement and administer the policy or policy restructuring and even privatization can occur.

Dispositions of Implementing Officials. Similar to the characteristics of implementing agencies, the dispositions of implementing officials toward a policy can assist or hinder the process. A study by Sowa and Seldon (2003) regarding administrator discretion in policy implementation found that administrators who accept their role as representatives of policy consumers and who perceive themselves as having discretionary power have the ability to influence policy outcomes that reflect the values and interests of
their constituency groups. Educating the implementing officials about the goals and objectives of the policy can assist in achieving policy outcomes that are consistent with policy goals and objectives.

**Economic Conditions.** Finally, as a component of the implementation context, economic and social conditions very often play a role in the successful implementation of policy (Sabatier & Mazmanian, 1981). When policies come to the local level as unfunded mandates, the quality of their implementation depends in part on the local economy and the ability of local officials to justify funding for certain policies.

While factors such as those reviewed above offer a roadmap for understanding policy implementation, there is still much to learn. The outcomes of public policy and the consequences for policy consumers seem to vary from sector to sector making it difficult to prescribe one implementation plan for all policies (John, 2003). The study of the SRL from the perspective of the childcare provider attempts to identify factors that influence policy outcomes of the SRL and helps readers better understand the challenges associated with implementing regulatory policy in the face of a market driven industry.

**Summary**

How does the literature contribute to the framework of study for the SRL? Policy implementation research over the last three decades demonstrates the evolution of policy study from an early generation of study focused on policy formation to a focus centered on the complexities of policy implementation. Early policy studies provided a linear, hierarchical view of policy formation. Policies were thought to be developed by formal
policymakers and implemented and evaluated according to policy directives (Odden, 1991).

The second generation of policy studies, taking place in the 1970’s and 1980’s focused on the importance of the policy actor in the implementation process (Lipsky, 1976; Odden, 1991; Sabatier & Mazmanian, 1981). These studies provided knowledge about the complexities of policy implementation but continued to view policy as a linear process beginning with formation and ending in evaluation. Nakamura and Smallwood (1980) offer a different perspective on the policy process, one in which the different linkages among policymakers, policy implementers, and policy evaluators were not linear but circular and iterative in nature. In addition, Nakamura and Smallwood introduce a new actor in the policy implementation process, the intermediary. Intermediaries come in the form of local officials, constituency groups, and policy consumers who share implementation power in their ability to garner support for or against policies. This new focus on linkages and interactions between different policy actors has led to a new focus on the policy context.

Policy context includes available resources (funds), characteristics of implementing agencies, communication of policy standards and other decisions within and among implementing agencies, incentives to promote compliance, support for those policies in the political environment, dispositions of implementing officials, economic and social conditions (Sabatier & Mazmanian, 1981; Sinclair, 2001). These contextual issues are all factors in determining how successful policy outcomes will be.

The factors highlighted in the literature also demonstrate that policy is defined neither by the policymaker or the policy constituent or consumer, but is instead defined
by the interactions between the two. Implementation structures are varied and each variation brings with it different reasons for potential failure (Nakamura & Smallwood, 1980). Understanding what types of linkages exist and how they create the potential for success or failure are important in framing the study of the SRL.

Questions remain as to whether the SRL is grounded in what is practical and feasible. In addition, how the components associated with quality childcare programs as defined by the SRL can be successfully implemented is still unclear. The role of the childcare practitioner as both a constituent and consumer of policy and the childcare practitioner’s influence on the system may offer insight into the factors that contribute to the successful implementation of the SRL.
CHAPTER 4
METHODOLOGY

Introduction

While childcare serves many important roles in society today, three dominant constructs emerge from the literature: childcare practitioner as producer of child outcomes, childcare as a substitute home, and childcare as business. The first and second of these constructs, those of childcare practitioner as producer of child outcomes and childcare as a substitute home, focus on the impact of childcare on the parent and the child. The third construct, increasingly prominent but little studied and one that is of particular importance to this study, is the construct of childcare as a business (Dahlberg, Moss, & Pence, 1996).

Childcare practitioners are competing in a market to sell a service to customers, most often parents. The construct of childcare as a business is particularly important to the study of the SRL. The role of the childcare practitioner as a businessperson places the provider in the position to act on the need for a balance between efficiency and effectiveness in the production of childcare services. Conformity to quality standards comes at a cost. Competition from a variety of childcare options, complicated by the fact that many parents cannot afford the cost of high quality care, may force childcare practitioners to make choices about the standard of quality they choose to adhere to.

Questions regarding how and to what extent childcare should be regulated is still an issue of debate (Day & Yarbrough, 1998). Many states have assumed at least a minimum responsibility for the regulation of childcare facilities. The Division of Child Development issued the Star Rated License (SRL). Initiated in September 2000, the SRL
could be considered still in the early stages of implementation. It is at this time that the study of the SRL could yield the most insight into what constitutes a successful policy outcome.

The in-depth exploration needed to understand the complex process of policy implementation supports the use of qualitative methods of inquiry. Qualitative inquiry can be valuable when a study “seeks to explore where and why policy and local knowledge and practices are at odds” (Marshall & Rossman, 1999, p. 57). Qualitative inquiry can be framed by certain ways of viewing the phenomenon of study. This study, for example, assumes an interpretive view that the implementation of the SRL is defined by the experiences of the childcare practitioner during policy implementation. To better understand the childcare practitioners’ experiences and how those experiences impact policy implementation requires an inductive mode of inquiry. Merriam (1998) identifies several aspects of qualitative research that differentiate it from other modes of study. Qualitative inquiry is defined by particular methods and techniques of data collection and analysis. The methods chosen for qualitative research seek to understand the phenomenon of study in the emic or from an insider’s perspective. Qualitative research typically involves fieldwork that yields a product that is descriptive in nature. One particular method, which is often associated with qualitative inquiry, is the case study method (Merriam, 1998; Yin, 2003).

Yin (2003) asserts that the case study method has advantages for answering qualitative questions that seek to discover the how and why of a phenomenon. Case studies are also the appropriate method of study when variables are embedded in the study rather than known a priori (Merriam, 1998). The study of the SRL is what Yin
(2003) refers to as an exploratory, multi-site case study designed to explore the factors related to the successful implementation of the Star Rated License policy.

Site Selection

Case selection is an important contributor to the robustness of case study findings. Cases for this study were chosen using replication logic rather (Yin, 2003). Similar to purposeful sampling (Marshall & Rossman, 1999), replication logic employs the use of criteria to aid in case selection. Replication can be helpful in situations, such as the study of the SRL implementation, where cases must be selected from a large number of potential participants. Replication logic was applied to the selection of the county from which childcare practitioners would be selected and the selection of childcare practitioners for participation in the case study.

As of March 2002 there were 3,166 licensed, for-profit childcare centers in 100 North Carolina counties (Division of Child Development). The county chosen for this study was selected based on the following criteria: (a) the county must be located in the Central Piedmont region of North Carolina, and (b) the county chosen must have a distribution of centers in each of the five different levels of star rating that is somewhat representative of the state’s distribution of star ratings. The Central Piedmont region was chosen because it offers a number of counties that vary in population size, density, and wealth. In addition, travel to the Central Piedmont region could be limited to day travel, thereby allowing more on-site access than would otherwise be possible if the researcher had to travel longer distances. A large urban county was eventually chosen due to its large distribution of for-profit childcare centers by star ratings. Sites were
initially informed of the study and invited to participate through postcards mailed from
their local Child Care Resource and Referral (CCR&R) agency. Sites were chosen based
on the following criteria:

1. Centers had to be licensed by the Division of Child Development and
categorized as private, for-profit.

2. Centers should have been in business for at least three years (prior to the
beginning phases of Star Rated Licensing).

3. Directors of the centers agreed to be the primary interviewee and agreed to
participate in three to five interviews over a six-month period.

4. Directors of the centers must have served in that capacity for at least three
years (prior to the beginning phases of the Star Rated Licensing).

The construct of childcare as a business is important to this study. Therefore,centers that are not privately owned for-profit centers were not considered for study
participation. Childcare centers that have been in business less than one year upon
initiation of the SRL will not be assessed until one year after licensure. Therefore,
centers in business less than one year were not considered for participation in the study.
To better understand childcare practitioners’ roles in the implementation of the SRL, they
need to have experienced the licensing process before and during the implementation of
the SRL. This resulted in the second criterion of having to be in business at least three
years. These centers predate the implementation of the SRL.

Five sites, one in each of the star rating levels, in Wake County were selected for
this study. Childcare center directors from each site were the principal interviewees and
participated in three phases of interviewing. Each interview (three to five interviews per
site) lasted approximately two hours. The decision to use cross-site analysis of multiple
childcare centers with varying star levels allowed for the exploration of similarities in the
attitudes and behaviors toward implementation among varied levels of star rated centers and, at the same time, provided an opportunity to collect adequate data in a relatively short period of time (Marshall & Rossman, 1999). The use of a small number of cases provided depth of information rather than breadth (Creswell, 1998), which was always a goal of this study.

Data Collection

The case study format does not prescribe a particular data collection method (Merriam, 1998). Instead, it is the case itself, the research questions, and the phenomenon of interest that drive the data collection method. To fully explore childcare implementation and to triangulate the findings, multiple methods of data collection were used. These multiple methods included: semi-structured interviews, document reviews, and site observations. Table 4.1 provides the data collection strategy based on the research questions for this study.
Table 4.1

Data Collection Strategy

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do contextual factors such as the economic environment, social environment, and the cultural environment impact the implementation of the SRL?</td>
<td>Interviews, document reviews, observations</td>
</tr>
<tr>
<td>What are childcare practitioners’ understandings of the purpose of the SRL and how does this understanding impact the implementation of the SRL?</td>
<td>Interviews, observations</td>
</tr>
<tr>
<td>What resources, incentives, and services are available to assist with the implementation of the SRL? Are the resources, incentives, and services available to assist with implementation consistent with childcare center practitioners’ needs?</td>
<td>Interviews, document reviews</td>
</tr>
<tr>
<td>How are SRL policymakers and implementers viewed among childcare practitioners and does the childcare practitioner’s perception of the policymaker impact a successful policy outcome?</td>
<td>Interviews, observations</td>
</tr>
<tr>
<td>To what extent is the “system” ready to accommodate the provisions of the SRL?</td>
<td>Interviews, document reviews</td>
</tr>
</tbody>
</table>

*Interviews.* Interviews served as the primary method of data collection and were beneficial to this study for several reasons. The semi-structured format allowed for a way to begin each interview systematically and supported the exploration of commonalities among the different childcare practitioners (Marshall & Rossman, 1999). They allowed the data to be collected in the childcare practitioner’s environment. They offered the opportunity to focus on what Marshall and Rossman (1999) refer to as the “individual’s lived experiences” (p. 61). Interviews conducted in the childcare practitioner’s natural setting also provided opportunities for follow-up and clarification, which are often
necessary to complete a comprehensive case study. Finally, the flexibility of interviews allowed for the development of early themes and theories around childcare policy implementation that could be continually tested throughout the data collection process. Interviews were conducted in three phases.

Seven childcare practitioners participated in Phase I of the interview process. Two childcare practitioners, both of whom were directors of one star centers, dropped out of the study after Phase I interviews. One practitioner had to take an unexpected medical leave and another practitioner was unavailable for Phases II and III of the interview process. Their data are not included in the findings. Phase I focused on the characteristics of the childcare center practitioner and were useful in establishing a relationship with childcare practitioners who participated in the study. Phase II of the interview process was intended to focus on the practitioners’ experiences with the SRL process. The questions were constructed to correspond to the research questions and provided information on what factors might be related to a successful policy outcome. The responses to Phase II questions were analyzed to arrive at themes and categories which were tested in Phase III of the interview process (See Appendix B for a complete list of questions used in the semi-structured interviews).

Document Reviews. While childcare practitioners’ perspectives were the primary focus of the study, at times it was necessary to use documentation such as the Child Care Development Fund Plan and the North Carolina General Statutes. In addition, documentation such as the Environmental Rating Scale Assessment (located in Appendix C) and the Department of Health and Natural Resources Sanitation Requirements and Grade Form, provided an opportunity to verify practitioners’ understandings of the
different aspects of licensure. When possible, personal correspondence from childcare practitioners and parents to the DCD and childcare center Parent and Staff Handbooks were also analyzed.

**Observations.** Observations provided opportunities to observe differences in centers based on their star ratings. Observations were conducted during tours of each childcare center. These typically occurred during the first interview; however, on one occasion the center tour was conducted during the second interview. Notations were made regarding center characteristics such as number and size of classrooms, general appearance, and staff approachability during each scheduled interview. In addition to the center tours, observation notes were taken during the interviews with childcare center directors. Notes were made regarding office location, appearance, and availability to staff and parents. Observations provided an opportunity to illustrate the characteristics of both the childcare center and the childcare practitioner as they occurred during the interviews. In addition, observations provided the data for the overall description of the center. These data are found primarily in the *Description of Study Participants* section of the Findings chapter.

**Data Analysis**

Interviews with childcare practitioners occurred from Fall 2002 to Spring 2003. Upon completion of each interview, data were transcribed, coded and categorized. Such a process allowed emerging patterns and themes to be explored during subsequent interviews (Bogden & Biklen, 1992; Marshall & Rossman, 1999). This technique borrows from the constant comparative method.
Constant comparative analysis can be identified by four stages: (a) comparison of incidents in specific categories, (b) integration of categories and their properties, (c) delimitation of theory or reduction of categories, and (d) articulation of resulting theories (Glaser, 1994; LeCompte & Priessle, 1993). Each of these phases provides an opportunity to continue data collection while simultaneously testing developing patterns. The researcher begins by coding initial data into categories. Each of the coded incidents is compared to previous incidents in the same category in an effort to expose variations within a category. Initial categories are likely to be linked to the research literature (on which initial interview questions were based) or to be developed by the researcher as they emerge. Looking for opposites or “negative instances of the patterns” (Marshall & Rossman, 1999, p. 157) and merging these with the larger issue questions is an important part of this phase of analysis.

Once patterns have been tested and established and explanations for these patterns have been made explicit, alternative explanations can be explored in a process known as theoretical sampling. In other words, subsequent research questions are carefully structured so that data are collected that add depth to patterns as they relate to the conceptual framework (Glaser, 1994; LeCompte & Preissle, 1993).

The final two phases are interconnected and involve delimiting and writing theory. In the case of this study the theorizing provided an opportunity to develop working hypotheses (Merriam, 1998). The delimitation phase of this study continued the iterative process of analysis but allowed for increased focus on the concrete patterns that emerged. These patterns, in turn, were then related back to the literature (Glaser, 1994).
Validity and Reliability

The aim of this research is to promote a greater understanding of the role of the childcare practitioner in the implementation of childcare policy. Validity and reliability in this study are established through the study design and methods of triangulation. Careful study design (e.g. review of literature to frame study, development of research questions, site selection, data collection and analysis) allows validity to be addressed from the onset of the study. Beyond the study design, validity and reliability are addressed through what is commonly referred to in qualitative research as triangulation (Patton, 2002; Stake, 1995; Yin, 2003).

Triangulation in qualitative research is often thought of as the use of multiple methods of data collection. Interviews, document reviews, and observations served as data collection methods for this study. However, because interviews served as the primary data source, data source triangulation was used to triangulate the findings. Data source triangulation involves the use of multiple data sources (childcare practitioners) and multiple interviews using a single method. This method is common in industry practice when a single method of data collection is used (Johnson, 1997; Patton, 2002). Data source triangulation provided an opportunity to check for consistency on what childcare practitioners of varying characteristics had to offer on the topic of childcare policy implementation. The point is to study and understand when and why these differences among study participants appeared (Patton, 2002). As data for this study were collected and analyzed, patterns were explored and explanations sought for divergent responses.
Participant review is an additional method of data source triangulation and focuses on the data in the post analysis phase. Participant review occurs by providing research participants with the initial findings and asking for feedback. While some researchers might be concerned about the potential pressure to change the findings based on the feedback, the actual purpose of the participant review is to make sure that those who have participated can relate to and understand the findings. Even if they disagree, the extent to which they can relate to the description provides additional credibility for the findings and highlights potential areas for concern (Glesne & Peshkin, 1992; Patton, 2002). Each participant in the study was provided a draft copy of the findings that were then discussed during a final, wrap-up interview. To establish additional face validity for the findings, they were presented to several experienced childcare practitioners residing outside of Wake County as well as child development professionals who were not included as study participants.

**Ethical Considerations**

The study of policy has a number of potential ethical dilemmas (Policy Evaluation, 2001). Ethical issues related to the study of policy are concerned with the following:

1) whether the study should include prescriptive information or recommendations,

2) if the study maximizes one political interest over another,

3) if the study focuses on intended consequences of policy rather than overall consequences,
4) if the study of policy is focused on efficiency or effectiveness,

5) whether to share raw data,

6) whether the policy study places people at risk, and

7) whether the findings are valid and if the consequences of invalid findings have been explored.

Several of these ethical dilemmas, namely those associated with placing study participants at risk, sharing raw data, and validity of the findings, are dilemmas that can be resolved through a carefully designed study. Participants’ confidentiality is maintained throughout the study findings. The study carefully excludes names and locations as well as any other identifying information that could potentially link participants to the study. Raw data in the form of quotations from study participants are provided throughout as a means of supporting the validity of the research findings.

In addition to the ethical concerns related specifically to the study of policy, ethical issues can also arise around the treatment of study participants. There are two ethical issues related to study participants that are critical to address in all studies regardless of the method. The first is the extent to which study participants understand the purpose of the study and the extent to which they are able to comprehend their role and consent to participation. The second is the issue of participant privacy. Both of these concerns have the potential to impact the credibility of the study and therefore need to be addressed.

Participants have a right to be informed about the purpose of the study and their role in it. While participants may not understand the nature and goals of academic research, this does not absolve the investigator of the responsibility to offer a clear and
full meaning of the purpose of the research and how it will be used. Furthermore, participants should be informed of their right to refuse participation as well as of their right to confidentiality. Confidentiality ensures the protection of childcare practitioners’ identity by disassociating any identifying information from the actual data. The issue of confidentiality should always be a concern for the investigator and is often a concern for the participants, as well. Even in seemingly benign studies, participants may feel they are able to speak more candidly if they can be reasonably assured that their identity will not be disclosed. Issues of informed consent and confidentiality were addressed in the study much the same as it is addressed in many studies. Participants were provided a written statement that included the purpose of the study and how and to whom the findings were disseminated, the extent to which their participation was necessary, how the information is utilized, a statement of confidentiality, and a voluntary participation form (informed consent form). Childcare practitioners’ names and childcare center names used in this study are pseudonyms and were assigned to protect the privacy of participants.

Researcher Bias

It is important for the reader to have an understanding of researcher bias prior to reading the findings. I would not have chosen a topic related to the field of childcare if I did not believe the topic to be worthy of study. After working for a private, for-profit childcare center in the late 1980s and early 1990s, I opened a family childcare practice and registered my services with the state. The regulatory requirements since my experience with the DCD have become more stringent and the addition of the SRL process is new. My experience and perspectives as a regulated childcare practitioner
have created certain beliefs about the way childcare should be practiced. I believe, with the understanding that children enrolled in full-time childcare spend more of their waking hours during the week with their childcare provider than with the parents, that children have a right to quality childcare. As a former childcare business owner, I also believe that market forces may be equally important to increased regulation as a motivator for childcare practitioners to increase their levels of quality.

To ensure that my own experiences contribute to the study and that my beliefs do not detract from the validity of the findings, I have outlined several methods for checking my role in this study. Meeting with colleagues involved in the research and study of early childhood education issues during the data collection and early analysis phase provided an opportunity to discuss and address unanticipated events that may have arisen in the study. In addition, keeping a journal of my own thoughts and questions throughout the data collection process allowed me to analyze my reactions and separate those from the data. These methods are consistent with what Glesne and Peshkin (1992) call safety valves and helped to clarify my role as investigator in the study of the SRL policy implementation.

Summary

The purpose of this chapter was to introduce the reader to study methodology and the factors to be considered prior to a review of the findings. Those considerations include study design, data collection and analysis, validity, ethical concerns, and researcher bias. Qualitative data collection methods allow for the in-depth exploration necessary to understanding the complexities around childcare policy implementation. Interviews, document reviews, and observations serve as data sources to ensure
triangulation and address validity. Ethical considerations, important to all studies, range from ethics associated with policy study to ethical issues related to study participants. These are addressed through careful study design and maintaining participant confidentiality at all times. In light of these considerations, the findings resulting from data collection efforts are offered in Chapter Five.
CHAPTER 5
STUDY FINDINGS

Introduction

Policy implementation of the SRL was the focus of this study. Each of the research questions was examined from the perspective of the childcare practitioner who, as both the constituent and client of the policy, is an important actor in the system. The experiences of the childcare practitioner provide a window into the actual practice of childcare and how that practice aligns with or departs from the objectives of the Star Rated License policy. It is through the childcare practitioner’s interaction with and implementation of the SRL policy that one might discover the conditions conducive to a successful childcare policy outcome. This chapter provides a description of the study participants and the general characteristics of their childcare centers, their reasons for choosing this profession, and their general attitudes toward the DCD and their licensing consultant. The findings are organized around the five research questions and supported with quotations from study participants, selections from the CCDF Fund Plan (Division of Child Development, 2003), and researcher observations.

Description of the Study Participants

Participant 1: Wanda at Little Angels

Wanda is the owner and director of Little Angels. Wanda has been in the childcare business for fifteen years but has operated her childcare center for about three years. She opened her childcare center in a new subdivision and is in partnership with her father. The center is newly constructed and is reminiscent of a doctor’s office with a lobby and a reception area that is behind a glass window. There are two winged back
chairs and a table with magazines in the lobby. The rooms are not visible from the lobby and there are no children’s pictures or artwork on the walls to signify that children spend their day here. Wanda’s office is large and professional with a computer and bookshelves filled with books on early childhood education. Wanda has her Bachelor’s degree in Early Childhood Education. Her general attitude towards the DCD is that it is “there to get in the way of me [sic] operating a successful business.” She feels strongly that the DCD regulations should not apply to someone “who has the experience and education to create their own program with high quality.” When asked about her licensing consultant, Wanda replied that “she was up for another visit soon” but did not give an indication of her feelings toward the licensing consultant. Little Angels is a one star center. When asked whether she would apply for a higher level of star she indicated that she felt “the stars [wouldn’t] do a thing for the business.”

Participant 2: Jean at Babes’ Playland

Jean is the owner and director of Babes’ Playland. Jean has been in the business for 30 years and was one of the first people to reply to the requests for study participants. Her center is located in a well-maintained house. Although located close to a major highway, the center is relatively small. She can accommodate 56 children, which classifies her center as a mid-sized center according to DCD classifications. In addition to running a center in North Carolina for approximately 20 years, Jean has previous experience from her work in childcare in another state. She describes herself as a “business person who loves children, so childcare was the perfect profession for her.” She also said she originally became interested in childcare when her own children were small. Jean’s office is located in the middle of what might be a living room if the center
were still a personal residence. She can see and greet all parents and children as they come in the door to be dropped off or picked up. During the interview, this room was very active. Children often walked through with their teachers and stopped to talk to Miss Jean on their way to the playground. Most of the rooms could be seen or at least heard from this central room. Jean’s attitude about the DCD is that they are policymakers “who don’t really understand what it is like to run a childcare business day to day.” She describes her licensing consultant as helpful but not readily available for assistance. She feels that she is fortunate to have a child enrolled in her center whose mother is a DCD licensing consultant for another section of the county. She feels that this parent has been an invaluable resource and advisor. Jean operates a two star childcare center. When asked if she would apply for a higher star rating, she replied that “it would not be worth it if [she could not] charge more money.” She did not feel that she could charge more for her services without losing some of her current clients.

Participant 3: Kathleen at Happy Friends Childcare Center

Kathleen is the owner and director of Happy Friends Childcare Center. She is a young woman who took over the operation of three childcare centers from her parents upon her graduation from college five years prior to the beginning of this study. While her parents are still involved in the running of the center, she considers herself the primary decision-maker. She describes Happy Friends as the nicest location among the three centers and she maintains her office here. Kathleen describes herself as “a person who loves to work with all different kinds of people.” She also considers herself a pragmatist. This is evident from her description of her three centers. She describes Happy Friends as a center that caters mainly to middle and upper middle class parents. It
is slightly more expensive than her other two centers that cater to a “completely different clientele.” The other two centers are located in neighborhoods typically known by residents as lower socioeconomic areas. Happy Friends is a three star center as are both of the other childcare centers; however, when asked if all her centers are the same in terms of quality, Kathleen readily admits that they are not. Her upper middle class parents expect more in terms of daily programming for the children and she feels that Happy Friends provides a “little more” for the children and parents. Her general attitude towards DCD is that they are there because they “have to be there for centers who need to be regulated.” She describes her licensing consultant as very helpful and always willing to answer questions about the Star Rated License. She is very comfortable with her three star rating. When asked if she would consider applying for a higher level of star rating, she responded that “she has talked with her parents about it and told them what it would require [higher tuition] and they said they were fine with the three stars.”

Participant 4: Rainey at Little People Daycare

Rainey is the owner and director of Little People Daycare. Little People Daycare is a large childcare center with the capacity to offer childcare to 110 children. Little People Daycare is an older center, built around 1982. Although it is over twenty years old, the center is clean and tidy both inside and out. One enters the center into a large reception area with a central desk. No one sits at the desk; however, there is a SIGN-IN book for parent to sign their children in and out of the center. There are children’s crafts and posters on the walls around the reception area. Rainey’s office is located directly adjacent to the central reception area and is visible behind the glass walls that enclose it. During the interview, parents come in and out of the office to borrow books from the
Parent Resource shelf. Teachers also come to the office to ask for keys to the supply closet or to bring their attendance sheets to Miss Rainey. Rainey has been in the business for 18 years. She opened the center when her children entered grade school. She has stayed in childcare because she “loves working with children.” She feels that to really be successful in childcare you have to be responsive to “parents’ and children’s needs.” Her general attitude toward the DCD is that they “are the only ones who know what quality childcare is” and they are not always “realistic about what can be done.” She describes her relationship with her licensing consultant as a “necessary” one but not one that she would consider to be supportive in nature. Little People Daycare is a four star center. Rainey is very matter-of-fact about this rating. She operated a one star center for a year before she applied for her star rating and eventually applied because she “thought it would help her business be more competitive.”

Participant 5: Martha at Early Years Developmental Center

Martha at Early Years Developmental Center has been in the childcare business since 1963. She started in the business when her children were small and found that she was “good at running a childcare business.” She started with one small center and as her business grew she added three more centers. Early Years Developmental Center is the largest of her facilities. It is located near a new elementary school and adjacent to a large new subdivision. The center is similar in appearance to the elementary school. The parking lot has four vans with the childcare center name and logo on them. The playground is large and filled with equipment. Upon entering the center, one is greeted by the receptionist who logs children in and out on a computer. The classrooms open off of a central hallway. At the end of the hallway is a small gymnasium used for rainy day
activities. Martha’s office is located in this center in a small room in the back. The office is filled with file cabinets where Martha maintains copies of records for all centers. Martha describes herself as “committed to quality childcare at both the facility level and the staff level.” She says she encourages her staff to “grow professionally” and often sponsors parent and staff educational events. Her attitude toward the DCD is that they need to be “monitored just as childcare centers need to be monitored.” She describes her relationship with the licensing consultant as “friendly” but hastens to add that her licensing consultant has not been proactive in favor of the center when issues arise about the star rating. This is why Martha feels it is “necessary to attend meetings that the DCD holds on licensing and regulation, so that childcare directors can have a voice.” All of Martha’s centers have a five star rating. She describes getting a five star rating as her “goal from the beginning. I knew we had great quality. We were one of the first privately owned centers to have an AA rating under that old system. I built these centers to meet those requirements, so I knew we could do it.”

Findings

The findings below are presented as a response to the research questions and are organized by the categories that emerged from the analysis of interview responses and DCD documentation. These questions were:

1) How do contextual factors such as the economic environment, social environment, and the cultural environment impact the implementation of the SRL?

2) What resources, incentives, and services are available to assist with the implementation of the SRL and are the resources, incentives, and services available to assist with implementation consistent with childcare center practitioners needs?
3) How are SRL policymakers and implementers viewed among childcare practitioners and does the childcare practitioner’s perception of the policymaker impact a successful policy outcome?

4) What are childcare practitioners’ understandings of the purpose of the SRL and how does this understanding impact the implementation of the SRL?

5) To what extent is the “system” ready to accommodate the provisions of the SRL?

Research Question 1: How do contextual factors such as the economic environment, social environment, and the cultural environment impact the implementation of the SRL?

It is difficult to categorize policy context especially when the policy is intended to influence over 3000 childcare practitioners across an entire state. There are, however, certain contextual themes that emerge around the implementation of the SRL that are important to articulate here. As one might expect economic and social conditions under which childcare services are provided does play an important role in how practitioners view the SRL. Another important theme that emerged around policy context was the existence of local traditions of childcare governance and regulations influencing childcare practitioners’ engagement in the SRL process. Conflicting standards of the different regulating bodies also emerged as a contextual factor influencing policy outcomes.

Economic Conditions Offering Motivation for Star Rating. The supply and demand of the market have created an environment in which childcare practitioners might be more interested in how a star rating can impact their business. Rainey expressed the impact of the economic slowdown on her childcare business:

In this economy all centers have openings. We have to compete now to fill our spaces when before we had waiting lists. It has been hard on us. I think parents
now have more choice when they pick a childcare center and we have to be able to compete with other centers.

This has led some of the childcare practitioners in this study to reconsider the importance of the star rating and the ability of the star rating to attract customers. Not all of the practitioners in this study reflected this sentiment. Wanda, Jean, and Kathleen felt that the SRL has had no impact on their childcare businesses. Kathleen stated, I talked with my parents about our three star rating. They like the care they are getting and they don’t care what our star rating is. [The star rating] wouldn’t cause them to leave.

Study participants disagree about the impact of the SRL on their current childcare enrollment. Regardless of the SRL, however, certain economic conditions may require that childcare practitioners have a competitive advantage over other childcare practitioners. This idea offers potential motivation for childcare practitioners to work with DCD and licensing consultants on the implementation of the SRL.

SRL Replacing Existing Standards. Another contextual factor influencing practitioners’ dispositions toward the implementation of the SRL is the replacement of existing standards. Existing traditions of childcare regulation, such as that of the A and AA licensing system and the National Association for the Education of Young Children (NAEYC) accreditation, seemed to influence study participants’ attitudes toward and willingness to comply with the SRL process. Most of the practitioners in this study see the implementation of the SRL as an unnecessary replacement of existing standards and even a deliberate attempt to redefine quality standards in a way that differs from nationally recognized standards.
This perception is likely to impact the implementation of the SRL. One existing standard for quality that the SRL replaced was the AA license. Before the SRL, an AA license signified that a childcare center was in compliance with voluntary higher facility standards. Providers who achieved the AA classification under the old system were seen among both parents and other providers as setting the ultimate standard for childcare quality. This causes study participants to question the need for the SRL. Kathleen states, “many of the star rating requirements are the exact same thing as the AA rating. I mean exactly the same. Why didn’t they just stick with that?”

In addition, the National Association for the Education of Young Children (NAEYC) accreditation process, a nationally recognized childcare accreditation process, has been virtually displaced by the SRL process. Rainey expresses frustration with this, saying:

The problem is the [state] wanted NAEYC out of here. They thought it was too liberal. They didn’t like NAEYC saying that little boys should be allowed to play with dolls and little girls should play with construction toys. This being the Bible belt and all. So they said the heck with NAEYC. Let’s make up our own environmental rating scale. There are very few centers who even go through NAEYC accreditation anymore.

Only one participant in the study disagrees with these sentiments. Martha, who prior to the SRL was both AA licensed and NAEYC accredited, felt that she would have applied for NAEYC accreditation regardless of the SRL and she does not believe that NAEYC accreditation has lost its status among childcare practitioners because of the SRL.
While there may be some disagreement about whether the SRL replaces existing standards, there is no doubt among study participants that perhaps DCD could have used standards supplied by these existing agencies to differentiate among levels of quality. In addition to potentially creating a redundant system, the SRL has also created an environment where, in some instances, there are conflicts between other regulatory bodies and the SRL rating scale. This is a third contextual factor that without resolution could have a lasting impact on the successful implementation of the SRL.

**Conflicting Standards among Different Regulatory Agencies.** Childcare practitioners have to comply with not only childcare laws but also the regulations put forth by fire and safety standards and sanitation standards as well. In some cases these standards are in conflict. Childcare sanitation laws make it difficult for practitioners to implement some of the standards stated in the environmental rating scales. Rainey states that

There is definitely crossover. We have to meet sanitation and fire safety standards. The environmental rating scale wants us to serve our meals family style with all the kids sitting at one table and helping themselves out of one bowl of food, but sanitation wants each child to have their own tray. The environmental rating scale wants us to have water play but sanitation wants each child to have their own bucket.

These conflicting standards make it virtually impossible for practitioners to implement every high score component of the environmental rating scale.

Another issue with conflicting standards is that older centers were not built to meet new facility requirements. New regulations have made certain aspects of older
centers out of compliance with these new standards. For example, in Rainey’s center, built in the 1980’s, diaper-changing stations are built along the wall. Under the old facility building code this arrangement was adequate. She explains that because of new licensing requirements, “We are out of compliance when we change diapers because our back is [sic] turned away from the children. Even though we have another teacher in the room, the children are technically unsupervised.” Compliance with the new standards and meeting the standards required by all agencies comes at a significant cost to childcare practitioners.

**Research Question 2: What resources, incentives, and services exist to assist childcare practitioners in implementing the SRL and are those resources, incentives, and services adequate?**

Resources for childcare policy implementation are not limited to funding. Technical assistance and training can also be critical components to successful policy implementation. Practitioners in this study point out areas where resources are limited and impractical for policy implementation in the three SRL component areas: staff education resources, program standards, and compliance history.

*Staff Education Resources.* Staff education, a major component of the SRL, requires that resources be available to childcare practitioners in the form of classes through the community college and university systems. The success of the SRL is dependent to a great extent on the ability of the system to accommodate the changes. DCD documentation illustrates that, at least from the perspective of the DCD, resources exist and efforts are partially funded by the DCD to assist childcare staff to increase their levels of education. The document states,
The Division [of Child Development] emphasizes compensation linked to education through contracts with Childcare Services Association, a private non-profit agency [with the expected outcomes to be] increased levels of education for early childhood workers and to help reduce turnover within the profession (CCDF Plan, 2003, p. 41).

These contracts include the TEACH (Teacher Education and Compensation Helps Scholarship) project, which helps cover the cost of certain post-secondary courses, and WAGE$, which provides annual salary supplements to childcare workers who obtain post-secondary education related to child development and who remain in the childcare profession.

TEACH Early Childhood Health Insurance utilizes CCDF funding to help childcare employers pay for health insurance for their workers. To participate in the health insurance program, regulated childcare centers must show that their staff have or are working toward early childhood development/child development degrees. Childcare center practitioners have a different story to tell. Rainey states:

The system is not set up for the star rating yet. The community colleges don’t offer enough classes for all the teachers who need to get the classes to get their credentials. I have teachers who are on a two-year waiting list to get into the classes that they need. There are not enough [state childcare licensing] consultants to get around to all the centers, so centers are having to wait to get their star assessments. The system is just not ready.

Even if the resources for staff education were abundant, childcare center practitioners would find it difficult to encourage their teachers to go to school because there is no real
reward for increased levels of education (Wanda and Jean). While some grants are available to supplement a teacher's pay based on level of education, there is some skepticism as to whether the money will always be available (Rainey).

This study raises questions about the ability of the childcare system to provide resources adequate to meet new and growing demands. In addition to staff education, staff compensation and the ability of the market to handle increases in the average wage a provider earns seem to be a factor in childcare practitioners’ attitudes toward increases in staff education levels.

Staff Compensation. It is well documented in research that disconnects exist between what childcare teachers are paid and the growing importance society has placed on their role. To address this, the system has responded with resources for improving childcare practitioners’ average wages (Division of Child Development, CCDF Fund Plan, 2003). Childcare practitioners, while appreciative of the additional compensation, feel that it is inadequate to meet their staff compensation needs. According to Rainey,

The federal government has a program that funds WAGE$ which gives us salary supplements based on our education. You get a higher supplement if you have more education. The problem is that the supplement isn’t really enough to make a big difference in the annual compensation. We like getting the money, but for most of us, that only means a hundred dollars or less per month. If the supplements are not adequate and the market wage is too low, then providers, as they become more educated, are likely to leave the field. Martha explains that,

If I have a teacher stay for five years, I feel lucky. Usually as they get more education they leave the field. People with a bachelor’s degree want more than
childcare can give them in the way of money. They also are usually looking for more opportunities. I have two teachers who are working on the bachelor’s degree now. If they get it, I’ll be surprised if they stay around for very long. Having staff increase their levels of education and being unable to adequately compensate them for that education becomes a double-edged sword.

Similar to the lack of resources available for staff education, is the lack of resources necessary to implement program standards. Program standard resources focus on the funds and technical assistance available for improving the quality of the childcare facility. Resources necessary to improve program standards are capital in nature and therefore require an even larger pool of funds and expertise.

*Resources for Program Standards.* Monies and technical assistance are available from various resources to improve the environmental rating score. Distribution of incentives is perceived as beneficial for those centers that are actually receiving funds, but to others, there is a perception that the distribution of resources is unfair. Kathleen reports that, “If you are one star to a three star you can get all the money and technical assistance available until you move to a higher than three star.” Practitioners who have higher levels of star ratings describe an opposing scenario where moving from a three star to a four star results in the removal of monetary incentives for improving program standards. One can continue to receive technical assistance on program issues but funds are not available for centers that have a higher than three star rating. Practitioners with four or five star ratings are compensated through higher reimbursement rates for subsidized children in their care (Rainey and Martha). This leads one to question why a
practitioner might move from a three star to a four or five star center. When asked this question Kathleen states,

[No incentives] are really there. I mean you can continue to get at the least technical assistance if you are a lower than four star. Our technical assistance person, who comes from Childcare Resource and Referral, even told us not to be in a hurry [to increase our rating], because we would be giving up our grants if we moved to a higher star. I like the money we got for outdoor equipment. That stuff is expensive and we don’t have a way to pay for it without taking it out of our profit.

The resources that currently exist and the ways in which they are distributed could pose significant problems for implementation of the SRL. Childcare practitioners in this study seem fully aware that these resources are beneficial to some and not to others. This knowledge along with childcare practitioners’ attitudes toward the DCD and their licensing consultants could impact the successful implementation of the SRL.

*Motivation to Achieve a Higher Star.* If resources provided by the DCD are not adequate to motivate childcare practitioners to engage in the SRL process, then what will motivate them to achieve a higher star rating? It seems that impact on the childcare business, not the impact on childcare quality is more likely to motivate a childcare practitioner to achieve a higher level of star rating. Jean spoke for most of the study participants, saying that “parents are starting to hear more about the star rating and are starting to ask what our star rating is. I felt like we lost some parents who were looking for a higher star center.”
The concern about the potential loss of business is more critical than practitioners’ current enrollment. All study participants agree that parents who are already enrolled in a center are not generally concerned about the level of star rating.

I don’t even think they noticed when we went from a one star to a three star. Even though we get the question a lot about what star we are [from new parents looking for childcare], I don’t think our parents have any idea of what the stars really mean. They are used to looking at movie ratings, or restaurant ratings, or hotel ratings. They don’t have a clue about how the scale is used for quality (Kathleen).

When childcare practitioners in this study feel a threat to their business profit they are motivated to apply for a higher star rating. Those who did not feel a threat to their business profit do not feel motivated to apply. Eighty percent of childcare in North Carolina is provided by private, for-profit businesses, only a few of which have corporate financial structures (DCD Statistical Report, March 2002). Lack of motivation on the part of private childcare businesses to comply with voluntary regulatory requirements poses a potential threat to the successful implementation of the SRL.

**Research Question 3:** How are SRL policymakers and implementers viewed among childcare practitioners and does the childcare practitioner’s perception of the policymaker impact a successful policy outcome?

Childcare practitioners in this study see policymakers as an exclusive body of lawmakers who do not fully comprehend the practical business of childcare. As a result, they assume roles of system watchdogs, gamers, and rebels as a response to the implementation of the SRL.
Policymakers: An Exclusive “State” Club. In March of 2003, the Division of Child Development invited organizations to attend a meeting to review the requirements of the Childcare Development Fund State Plan and to get feedback on how the fund could be used to serve children and families. Among those attending were representatives from local government, state and federally recognized tribes, Division of Social Services, the North Carolina Community College System, childcare advocates (e.g. Smart Start), childcare resource and referral agencies, faith-based organizations, More at Four (North Carolina’s pre-kindergarten program), public schools, and North Carolina Cooperative Extension (Division of Child Development, CCDF Fund Plan, 2003). The presentation generated discussion around several key areas of childcare quality that would directly impact to the childcare practitioner.

A major stakeholder omission on the part of those organizing the presentation and the following discussion were the actual directors and practitioners of local childcare centers. This omission of the childcare practitioner as a key stakeholder did not go unnoticed as is evidenced by a statement made by Kathleen, who states that “if [the Division of Child Development] were willing to do things like have a panel of childcare center directors, I think they would have a much better system. We can tell them what works and what doesn’t.”

The exclusion of childcare practitioners in the development and decision-making process has done little to create a buy-in for childcare providers in this process. Among the important issues discussed at this CCDF planning meeting that did not take into account the experiences of childcare providers were the following: the importance of caregiver education, selection process for the funding of quality related activities, interest
in new quality activities to be funded, whether some practitioners viewed tiered-reimbursement at the four-star level to be a true incentive to offer higher quality care, and why some providers do not choose to have environmental rating scales done in order to increase their level of licensure (Division of Child Development, CCDF Fund Plan, 2003).

These issues are integral components of the SRL and the decisions made around these issues will indeed impact childcare providers. Considering that the practitioner is the one key player left out of the discussion, implementation of workable provisions seems questionable at best. This is a view held by all of the study participants. The omission contributes to a them-versus-us mentality of the participants in this study. While some feel more strongly about it than others, the Division of Child Development was continually referred to in interviews as the “state” or “those people in Raleigh,” perhaps indicating the childcare practitioner's lack of identity with the system. They see the DCD as someone making decisions that will intrude in the way they operate their businesses (Wanda, Jean, Rainey and Martha). Reflecting back on the issues on the table for discussion at the CCDF planning meeting, one can easily see where the childcare practitioners get this general impression. This perception of exclusivity does little to inspire childcare practitioners to become engaged in the process. In fact, they feel, as Rainey describes, that their “backs are against the wall.” These feelings about state policymakers may extend to childcare practitioners’ feelings about their local licensing consultant.

**Childcare Licensing Consultant: Friend or Foe?** In addition to the perceptions of the state as an exclusive body of policymakers, practitioners’ attitudes toward the SRL
may also be influenced by their relationship with their childcare licensing consultant, who is the regional representative of the Division of Child Development. The role of the childcare licensing consultant and the resulting relationship with the childcare practitioner can be categorized into two distinct classifications: supporter or childcare police.

The childcare licensing consultant is the field agent or representative for the state, which oversees both the regulation of the center and the SRL process. The consultant can be perceived by practitioners as either supportive or a detriment to the childcare practitioner’s ability to conduct business. Rainey expresses this clearly in her comment:

In [my county] our licensing consultant came in and said 'Don’t be nervous that I’m here. I am here to help you’. Other licensing consultants see themselves as daycare police. There are times when I want to call my licensing consultant in for a consult, which is part of their job, but then I might be nervous that, if I had to move a teacher from one room to another or shift some children around to meet ratio, which is something we have to deal with all the time, I would be worried that they would see that as me doing something wrong.

Practitioners’ perceptions about policymakers and licensing consultants create varied reactions to the SRL policy. The demographics of the practitioners did little to explain attitudes toward the SRL, for many of the attitudes about the SRL were similar across all participants in this study. What differs among study participants is their reaction to the SRL. The pressure to engage in the process leads providers to behave in ways that may not be characteristic of a person who has bought into the SRL process. Considering themselves as being outside of the system, practitioners have very naturally made
decisions about how best to optimize their star rating without having to buy in to the state’s definition of quality childcare, thereby circumventing the goals and objectives of the SRL. Another outcome of practitioner’ dispositions toward the DCD and licensing consultants can be found in childcare practitioners’ assigning themselves roles in the implementation process. Practitioners’ reactions to consultants and policymakers can be categorized as system watchdogs, system gamers, and or system rebels.

*System Watchdogs.* Martha is heavily involved in her local childcare association. Local childcare associations are groups of childcare practitioners who meet monthly to discuss issues related to running a childcare center. These groups historically were organized to provide peer support, but have, as of late, become organized system watchdogs. Martha describes what she sees as her role:

> We have a group of [childcare practitioners] who attend all of the North Carolina Child Care Commission meetings. They have to let us attend because the law requires them to, but we can’t vote. We are there to make sure that, as decisions are being made about the subsidy and childcare laws, they don’t forget about the childcare [practitioner].

The idea among childcare practitioners that policymakers need watching as they develop childcare policy illustrates that childcare practitioners do not yet feel that the laws that are meant to govern childcare are developed in the interests of the childcare practitioner. Regulation without representation, from the perspective of the childcare practitioner, is unfair at best. It may even be seen as dangerous, since those most directly involved in implementation of these regulations know best the reality of the possible results.
System rebels. When a childcare center receives a star rating of one, this is reflective of two possible scenarios. A center either applied for the SRL and their quality rating was a one or they did not apply for the SRL and their assigned star was a one. It is the latter scenario that is problematic for the implementation of the SRL. Wanda who has “rebelled against the SRL” chose not to participate in the SRL licensing process. She states,

We only take private paying parents. I have only had a handful of people ask me about the star rating. They [parents] really don’t care that much. We are already providing quality care. Parents can see that. The program standards [as provided by the SRL] are hard for me. I don’t want to do what the state says. I want to create my own program. I have a degree in Early Childhood Education, so I think I am qualified to do that.

An additional role assumed by some of the childcare practitioners in this study was that of system gamer.

System gamers. Study participants who chose to apply for a higher star rating did so not out of concern for the quality of the children in their care, but because they felt they could achieve a high star rating just by manipulating the SRL standards. Kathleen, Jean, and Rainey maximized their star ratings by manipulating the different aspects of the three components. For example, Rainey was able to get a four star rating without the environmental rating scale assessment. She describes this process.

You can get four stars without even doing the environmental rating scale. We are lucky because we had low staff ratios and some teachers with more education, so we could maximize our star rating without having to worry about doing the
assessment. Why should we go through all the trouble and not to mention the extra expense just to raise our program standard scores one or two points?

Jean and Kathleen expressed similar manipulations of the SRL process. Although their centers hold lower star ratings (a two and three star respectively), they receive larger quality grants by remaining at a lower star rating.

**Research Question 4: What are childcare practitioners’ understandings of the purpose of the SRL and how does this understanding impact the implementation of the SRL?**

What is stated in the childcare laws and how practitioners interpret those laws may contribute to successful policy outcomes for the SRL. Childcare practitioners in this study bring to light several issues regarding how the stated purpose of the SRL is interpreted by childcare practitioners including the definition of the SRL as a voluntary component of the childcare laws. In addition, they express concerns about the algorithms associated with achieving a composite score for the star rating.

**Purpose of the SRL.** The Division of Child Development states that the purpose of the SRL is to more effectively communicate the quality of regulated childcare arrangements to parents and to encourage childcare practitioners to achieve higher levels of quality. One issue with the SRL is that it is contained within the *State of North Carolina Childcare Laws* (2002). The SRL component of the childcare laws is approximately twenty pages concerning the breakdown of categories on which a composite score is based (See Appendix A.) To find the comprehensive childcare laws, one must either apply for a childcare center license, at which time you receive a copy, or one can go to the DCD website where a person is directed to another website on National...
Child Health and Safety Standards. From the National Child Health and Safety Standards, one goes to Individual State Laws. The difficulty in accessing the SRL and the fact they are subsumed within the larger childcare laws influences how practitioners in this study view the SRL. During one interview Rainey stated,

We have a whole book of laws. It is huge three-inch binder notebook. The book is very hard to understand. We call it the Bible. When they change the laws it takes awhile for the information to get out, but we are responsible for following it anyway.

Providers feel responsible for but overwhelmed by the volume and complexity of information contained within the Childcare Laws. In addition to the amount of information that the laws contain, the method of delivery and the timeliness of the information may further serve to change the purpose of the SRL as interpreted by childcare practitioners. Rainey goes on to express her frustration:

We just received more changes [to the laws] in September [2003], but we are responsible for the information and have to abide by them after April [2003] when they were approved. This seems unfair to me. I feel sorry for new providers who aren’t familiar with the laws and have to know and understand them even if they haven’t received them from the state yet. I have a hard enough time understanding the laws and I have been in the business for fifteen years.

When childcare practitioners are given this document without training or technical assistance, the purpose and the intent of the SRL naturally becomes their interpretation of it. Perhaps the fact that the SRL statutes are included in the larger childcare law explains why childcare practitioners view it as just another regulation. Kathleen expresses the
concern of most study participants when during an interview she said that SRL “was just another way [for the state] to over-regulate us.” This regulatory view of the SRL makes it difficult for providers to have buy-in to the voluntary nature of the SRL.

Practitioners’ understanding of the voluntary nature of the SRL is hampered by the simple fact that while providers do not have to apply for a higher star, should a provider choose not to apply they are automatically assigned a one star. A one star rating, whether a voluntary one star or an assigned one star, is a mark against the quality of their center. The use of the term voluntary, at least from the perspective of the childcare practitioners in this study, is not accurate. Another problem for childcare practitioners in this study is the amount of paperwork and bureaucracy involved in this voluntary process. Martha addresses this as “the biggest challenge.” The voluntary SRL, rather than enhancing the way childcare practitioners conduct business, has taken away some of the flexibility and creativity of operating a private business. Martha continues by explaining that,

To be in this business you have to be flexible, you have to have an understanding of business and budgeting, you have to be a people person, you have to be able to think on your feet and make decisions quickly. The paperwork for the SRL, like maintaining employee education files, maintaining files on kids, filling out monthly subsidy reports, and other state regulated things, have made us part of the bureaucracy.

Another factor in practitioners’ inability to accept the SRL as a voluntary process is the feeling that the SRL may impact their business profit. Those who have applied for a higher star have done so not because they are voluntarily choosing to be a higher star
center but because they feel pressured to comply in order to maintain their competitive edge. Wanda feels that it would not make a difference in her business. She states, I am still thinking about whether or not to try for a higher star or just stick with my one star. I don’t think it will make a difference for us. I’ve talked to my parents [of the children in the center] about it and they don’t really even know about the star ratings. When I explained that I am one star because I haven’t applied then they understand that it doesn’t mean anything.

Childcare practitioners’ interpretations of the purpose of the SRL and their contradictory interpretation of the SRL as a non-voluntary policy may have a lasting impact on the successful implementation of the SRL as a policy. Childcare practitioners are less likely to experience any potential benefits of SRL if their participation is limited to their own interpretation of how the policy should be implemented. In addition, the process is likely to be hampered if childcare practitioners begrudge the voluntary nature of the policy.

Related to childcare practitioners’ understandings of the purpose and intention of the SRL as a whole, is their interpretation of the individual components of the SRL. Practitioners’ understandings and interpretations of the individual components of the star rated license provide a unique insight into the differences between the message sent by the state and the message received and implemented by the childcare practitioner.

\textit{The SRL Rating Scale.} There is some indication, according to the participants in this study, that the SRL rating scale and its three components (staff education, program standards, and compliance history) have created some misgivings among childcare practitioners. The algorithm for calculating a composite score is based on sub-scores from the three different components listed above. Providers can get from 1 to 5 points
for each of the three components with a maximum score of 15. There are many ways a provider can arrive at the total number of points necessary to get the different stars. Childcare practitioners in this study expressed their lack of understanding with the calculation of scores and how those scores translate into a star rating. When Kathleen was asked about how her score was derived, she said,

We really don’t have an understanding of it. It is just a process that we have to go through. We go “whew” when it is over, but we don’t really know how they scored us. We just know what star we got.

Her response was indicative of what the other participants felt concerning how they received their ratings. Martha was particularly concerned that the environmental rating scale score was reflective of the lowest of five classroom scores. Although she has a five star she feels this is an unfair representation. She expressed her concern,

I mean when you are in college, they don’t base your grade for a whole semester on the lowest grade you get in a class. That is why they give you a GPA...a grade point average. We should get our environmental rating scores as an average of all classroom ratings. It isn’t fair to be held to your lowest score. Nobody holds you to your lowest score.

When asked about the use of the environmental rating scale to assess quality at her center, Kathleen responded that she felt as if her childcare center was “at the mercy of one person who works for Frank Porter Graham [Child Development Center at the University of North Carolina-Chapel Hill]. If that person sees something different we get a lower score on our environmental rating scale.” She complains that the first assessment came back with a higher score than the second assessment, which occurred
after making what she perceived were improvements in program quality. She expresses frustration at not being able to do anything other than accept the rating without recourse.

There is the general feeling among the practitioners participating in this study that there is no neutral party who can assist them or act as a balance against the parties responsible for assessing childcare centers and assigning the star rating. This is particularly noticeable to those practitioners who file appeals when they feel their star rating is not accurate. Martha explained,

There are serious problems with the scale. For example, there is no real process to appeal if you get a lower star than you think you should have. I mean you can appeal the rating, but if you are reimbursed at a higher star rate and then, after the lengthy appeals process they find that your star is lower, you can actually owe money back to the state because they have been reimbursing you at that higher rate.

Childcare practitioners in this study express their concerns about the subjective nature of the scale and the lack of explanation about resulting scores on the environmental rating scale. Practitioners perceive that no objective recourse exists when program standard scores do not reflect actual levels of quality. This perception leads to yet another threat to the successful implementation of the SRL. In addition to the scale as a whole, there are similar issues with each of the individual components that seem to indicate, at least from the point of view of study participants, that the DCD hasn’t thought through all of the unintended consequences of implementing the SRL.

*Staff Education Component of the SRL.* To assess staff education and assign a score, records must be maintained on staff education that document each staff member's
childcare credits and courses taken towards a credential or degree and be available to the licensing consultant. Like each of the three components of the SRL, the Staff Education component can receive a score of one to five. Each of the five points is derived based on an algorithm in Table 5.1 (General Statute 110-88 (7); 10A NCAC 09 .2804).
Table 5.1:

Algorithm for Determining Points Awarded in SRL Ratings

<table>
<thead>
<tr>
<th>Number of Points</th>
<th>Operational Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>One point</td>
<td>Minimum Licensing Requirements</td>
</tr>
<tr>
<td>Two Points</td>
<td>Minimum Licensing Requirements plus:</td>
</tr>
<tr>
<td></td>
<td>- Administrator must have a Level I Administration Credential or equivalent + 2 years experience</td>
</tr>
<tr>
<td></td>
<td>- All lead teachers have the NC Early Childhood Credential (NCECC) or equivalent and 75% of lead teachers must either: Have or be enrolled in 3 semester credit hours in early childhood/child development or have one year of experience</td>
</tr>
<tr>
<td></td>
<td>- 50% of teachers must either: Have or be enrolled in 2 semester credit hours in early childhood/child development or have one year of experience</td>
</tr>
<tr>
<td>Three Points</td>
<td>Minimum Licensing Requirements plus:</td>
</tr>
<tr>
<td></td>
<td>- Administrator must have a Level I Administration Credential or equivalent + 6 semester credit hours in early childhood/child development + 2 years experience</td>
</tr>
<tr>
<td></td>
<td>- All lead teachers must have the NCECC or equivalent and 75% of lead teachers must either: Have 3 semester credit hours in early childhood/child development or have 2 years of experience</td>
</tr>
<tr>
<td></td>
<td>- 50% of teachers must either: Have or be enrolled in the NCECC or equivalent or have or be enrolled in 4 semester credit hours in early childhood/child development or have 3 years of experience</td>
</tr>
<tr>
<td>Four Points</td>
<td>Minimum Licensing Requirements plus:</td>
</tr>
<tr>
<td></td>
<td>- Administrator must have a Level II Administration Credential or equivalent + 2 years experience</td>
</tr>
</tbody>
</table>
All lead teachers must have the NCECC or equivalent and 75% of lead teachers must have 9 semester credit hours in early childhood/child development and have two years of experience

50% of teachers must either: have the NCECC or equivalent or have 4 semester credit hours in early childhood/child development or have 5 years of experience

<table>
<thead>
<tr>
<th>Five Points</th>
<th>Minimum Licensing Requirements plus:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administrator must have a Level III Administration Credential or equivalent + 4 years experience</td>
</tr>
<tr>
<td></td>
<td>All lead teachers must have the NCECC or equivalent and 75% of lead teachers must have at least an AAS degree in early childhood/child development or an AAS degree in any major with 12 semester credit hours in early childhood/child development and have 2 years of experience</td>
</tr>
<tr>
<td></td>
<td>50% of teachers must have the NCECC or equivalent and have 4 semester credit hours in early childhood/child development and have 2 years of experience</td>
</tr>
</tbody>
</table>

Table 5.1 continued

Maintaining the paperwork necessary to meet the conditions of the staff education component and having childcare staff actually obtain these levels of education has led to new challenges for childcare practitioners in their daily operations. Martha, Rainey, and Jean all express concerns about maintaining the records and completing the paperwork necessary to have staff education assessed for the SRL. In addition, there is the concern among study participants that the staff education component is changing the workforce in ways that may not be altogether positive.

*Experience versus education.* The SRL focus on staff education has been perhaps the most difficult transition for childcare practitioners. Historically, childcare practitioners in North Carolina have had primarily a high school education. While
practitioners as a whole are slowly increasing their levels of education (Child Care Services Association, 2002), the general status of practitioner education levels continues to be weighted towards a high school education with some additional credit hours required for the credential. The difficulty in raising the levels of education is related to practitioners’ trepidation about returning to school, the lack of practical coursework available, and the inability of the system to accommodate childcare staff who are willing to return to school for early childhood classes. There is concern among the participants in this study that the mandate that teachers maintain a minimum level of education is displacing teachers who have been working in the field for many years. The loss of experienced childcare staff is seen by study participants as a reduction in quality even when they are replaced by well-educated staff. Rainey describes the dislocation of experienced workers.

Let’s say I have Miss Susie in one classroom who has fifteen years of experience and then I have Miss Mary in another classroom with no experience but with a degree. Well, Miss Susie has to go. I can’t keep her if she doesn’t have the education. There are many great teachers who have been in the business for 20 years who are very intimidated by the idea of having to go back and take classes just to keep their jobs. They just quit or they have to be let go. We are losing some quality providers because of new regulations.

Frustration is further magnified when childcare practitioners feel that this education, which the Division of Child Development has communicated as an important contributor to childcare quality, is seen as an impractical imposition. For example, Kathleen goes on
to explain about her experiences with trying to satisfy the requirements for childcare center directors.

A director has to have at least a four-year degree, but you also have to take administrator’s classes and then develop a ridiculous portfolio of objectives. I have a bachelor’s degree in sociology and some education classes. But more importantly I have 15 years experience in the field. I still had to take a class. I have just finished a class where I had to go every Saturday morning for 16 weeks. I still might not get a Level III credential and [directors] have to have that to get four stars.

Jean expressed that the education requirements are impractical and that providers really need information and training that will help them as they carry out their daily tasks.

Some of the stuff that they make you take isn’t worth the paper it is written on. The sanitation stuff is important and the CPR/First Aid training is good. The positive attitudes and discipline isn’t very helpful. When you have a problem in the classroom, you need something more concrete.

Study participants’ perceptions that the education required is impractical may impact the extent to which childcare practitioners are motivated to achieve more than the minimum education requirements. In addition to the staff education component, there are also issues with implementing the program standards component of the SRL.

**Program Standards Component of the SRL.** Determining the Program Standards score is the responsibility of a trained rater who uses the Early Childhood Environmental Rating Scale (ECERS) for classrooms of children ages three to five and the Infant Toddler Environmental Rating Scale (ITERS) for classrooms containing children.
younger than three years of age. As suggested in Table 5.2, operational definitions for program standards are very detailed and exact (General Statute 110-88 (7); 10A NCAC 09 .2803).

Table 5.2:

Algorithm for Rating Points Based on Program Standards

<table>
<thead>
<tr>
<th>Number of points</th>
<th>Operational Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Minimum licensing requirements</td>
</tr>
<tr>
<td>Two</td>
<td>Minimum licensing requirements plus all higher voluntary program standards with the exception of higher voluntary space requirements and higher voluntary teacher to child ratios. Centers can choose to meet either higher voluntary space requirements or higher voluntary teacher to child ratios.</td>
</tr>
<tr>
<td>Three</td>
<td>Minimum licensing requirements plus all higher voluntary standards and an average rating of 4.0 on an environmental rating scale.</td>
</tr>
<tr>
<td>Four</td>
<td>Minimum licensing requirements plus all higher voluntary standards and an average rating of 4.5 on an environmental rating scale.</td>
</tr>
<tr>
<td>Five</td>
<td>Minimum licensing requirements plus all higher voluntary standards plus lower teacher to child ratio by one child in each age group and an average rating of 5.0 on an environmental rating scale.</td>
</tr>
</tbody>
</table>

Childcare practitioners in this study remain skeptical of the validity of the ITERS and ECERS as measures of quality program standards. Martha echoes the sentiments of the other practitioners in the study when she asks,

How can one person come in to one classroom, spend a few hours, and then give you a score. What if it was a bad day in that classroom? What if a different rater came in? Would we have gotten the same score? I just don’t see how it is really a true measure of quality.

The environmental rating scale is administered by one individual and based on classroom observation. There is no other rater to validate the score of the first rater. This is a problem for those providers whose scores fall very close to the cut off points for the stars
particularly as there is not error of measurement for the score. According to the Voluntary Star Rated License policy, an appeal process does exist for the purposes of appealing an assigned star rating. Practitioners may request an appeal after six months of the initial star rating. If practitioners choose to, they can request an additional environmental rating at their expense. There is no language in the policy that addresses what happens if a practitioner disagrees with the appeal outcomes or what a practitioner can do in the interim time period between assessment and appeal.

In addition to questioning the validity of the instrument, practitioners also question the practicality of the indicators. Rainey provides an example,

> We didn’t do the ITERS/ECERS assessment. You can go all the way to a four star without doing the ITERS/ECERS. It would not be worth it for me to do it. It is ridiculous the trouble you have to go through to do the ITERS/ECERS and it might raise our Program Standards score one or two points. It is also unrealistic. One of the criteria, and I always go back to this example, is the chair height requirement. Each child has to have a chair that they can sit in that allows them to sit with their backs straight and their feet on the floor and positioned so that they can easily place their hands correctly on the table. I mean, come on. Kids never sit that way anyway. Kids are also growing at different rates and are different heights. Are we supposed to have a different chair for every child?

**Compliance History.** Childcare practitioners can receive from one to five stars on the compliance history component based on the percentage of compliance with the Division of Child Development standards. Lack of compliance is defined as any complaints against a childcare center made by anyone from the general public. This can
include parents, childcare employees, or a concerned citizen. Complaints can be made anonymously. Points are awarded based on the formula shown in Table 5.3 (General Statute 110-88(7); Childcare Laws--10A NCAC 09 .2805).

Table 5.3
Algorithm for Rating of Points Based on Compliance History

<table>
<thead>
<tr>
<th>Number of Points</th>
<th>Operational Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>One point</td>
<td>Maintain 60% compliance over the past three years.</td>
</tr>
<tr>
<td>Two Points</td>
<td>Maintain 65% compliance over the past three years.</td>
</tr>
<tr>
<td>Three Points</td>
<td>Maintain 70% compliance over the past three years.</td>
</tr>
<tr>
<td>Four Points</td>
<td>Maintain 75% compliance over the past three years.</td>
</tr>
<tr>
<td>Five Points</td>
<td>Maintain 80% compliance over the past three years.</td>
</tr>
</tbody>
</table>

While this policy and formula seem straightforward, there is a concern among childcare practitioners in this study that compliance history calculations may not be an accurate reflection of quality. Rainey describes the dilemma.

I have a real problem with people being able to call in anonymously and complain about our center. I mean what if somebody just has a beef with me? They can call and complain as often as they want to, even if I am not out of compliance. This goes in my permanent record until it is investigated and found to be wrong. If I get my rating before those complaints are investigated, my score goes down. That doesn’t seem right.

Martha expresses a similar concern. She describes her experiences with people who make complaints against childcare centers.

You have two types of complainers who make most of the calls to the state: the disgruntled employee who may have been fired because of their inability to
comply with the standards and parents who have been asked to leave the center because they are delinquent on their tuition payments. Each of these calls has to be investigated and most are unsubstantiated. I think when someone complains they should have to identify who they are and their relationship to the childcare center.

An additional component of the compliance history includes the sanitation rating. Although this issue has been addressed in the section on conflicting standards, the fact that conflicting standards exist between the environmental rating scale and sanitation rating scale causes practitioners to have to choose whether they want higher scores in sanitation and lower scores on the environmental rating scale or vice-versa.

**Research Question 5: To what extent is the “system” ready to accommodate the provisions of the SRL?**

The SRL was planned and implemented in 2000 (Division of Child Development website). Centers that applied first are now up for re-licensing. In the interim, there are childcare practitioners who are still waiting to receive their initial star ratings due to the fact that their licensing consultant is overloaded with SRL assessments. Jean finally takes action:

I had a little girl in my center whose grandmother was getting a subsidy to help pay for her granddaughter’s care. I was waiting on my star rating so at the time I still had a one star. The reimbursement rates are lower for one star, so the grandmother was having to pay the difference [between tuition and subsidy reimbursement] out of her own pocket. She didn’t have the money, so she was going to have her neighbor watch her until I got my higher star rating. I wrote a
letter to the governor and complained about what this system was doing--taking children out of regulated care and into non-regulated care.

The issue of the SRL system displacing children in regulated care seems to go against its original intention of having more children in quality care. Another systemic issue is access to early childhood development courses.

Access to early childhood development courses is limited. Many courses offered through the community college have waiting lists for the credential courses that are a requirement for childcare staff. Rainey expresses both her and Martha’s concern.

I have teachers who have been on a waiting list for credential courses for a year. They have to have those courses to stay in the field. If the courses are full, they will have to drive to another county to get the classes. It’s not fair that they are required to take classes that are not available to them.

Even when practitioners agree that increases in education are important, they cannot require their staff to take courses that are not readily available. Jean and Kathleen both expressed apprehension about requiring their staff to take courses when they can offer them no additional wages. Jean said that her “staff have been great about taking classes and workshops and I think it has made them feel more professional.” She goes on to say, however, that she will have a difficult time finding additional resources to increase their wages based on increased education. Kathleen concurs and adds that even if practitioners received more education and left her center to seek a higher paying childcare position, they would have a difficult time finding one. The market wage will not support a high paying childcare job.
Another area where the system is overloaded is the childcare education tuition reimbursement system. Participants in this study revealed that tuition reimbursements, offered as an incentive through TEACH, are not received in a timely manner, resulting in students losing their registration status. This has created dissatisfaction among childcare practitioners in this study with the way the system is structured.

This whole TEACH thing is a nightmare. They are so far behind. I am still waiting on staff leave time reimbursement from last spring [of 2002]. I have several staff [members] who are working on their four-year degrees. They have been dropped from the [university system] registration twice because TEACH has not paid for tuition on time. When you call they are so arrogant like they are doing you a favor. It is just a problem (Martha).

What is intended to be an incentive by DCD has created new issues for childcare practitioners. It seems that from the concerns expressed by these study participants that the system’s inability to handle the SRL requirements may impact the successful implementation of the SRL.

These statements made study participants concerning overloaded licensing consultants, waiting lists for community college early childhood classes, and backlogs for tuition reimbursement may indicate a lack of preparedness of the larger system to accommodate SRL implementation on such a large scale.

Positive Aspects of the SRL

Several of the study participants pointed out that some positive things have taken place as a result of the star rating. Expanded focus on daily activities for children,
increased feelings of professionalism among childcare practitioners, and the ability of low-income children to experience high quality (expensive) care are three of the positive outcomes highlighted by participants in this study. Rainey explains the impact of the SRL on childcare quality, “There are some really good things about the star system like having a variety of activities for kids and the outdoor play area requirements. I also think that having more education gives childcare teachers more self-esteem.” Wanda talks about the potential for positive changes in the square footage requirements for the childcare environment. “Kids need enough room to move around in. When they don’t you have more discipline problems. They also tell us that we should have a certain amount of activities and toys. That is good for those centers who wouldn’t provide them otherwise.” Martha also describes the benefit for children from low-income families. Because of the link between SRL and childcare subsidy reimbursements, “there are some kids who are in centers that they otherwise couldn’t afford.”

Whether or not childcare quality improvements can be attributed to the SRL is still in question. As Martha said in her final interview,

There are some really good things about the SRL, but there are a lot of pieces that don’t contribute to the quality of childcare. Those of us who know what we are supposed to do [for quality childcare] are doing it and have been doing it all along. Those who weren’t doing [quality childcare] are never going to.

While regulation for the purpose of improving quality is the embodied in the SRL, the reality of the SRL according to study participants is that conscientious childcare practitioners will continue to provide quality services. Those who have not been
providing quality services are not likely to begin doing so as a result of increased regulation.

Who Pays for Higher Quality Care?

The cost of maintaining high quality care has to be passed along to parents and, when daycare gets too expensive, they will move to a center with cheaper fees. These are sometimes the lower star centers. That’s where the system begins to break down. If to be [sic] a higher star center you have to charge a lot and parents can’t afford it, they will go to a lower star center. Those kids who get subsidy [sic] can afford it better than private pay parents.

Jean expressed these thoughts when asked about the cost of quality improvements. The system, according to study participants, has a flaw that penalizes parents who do not qualify for the childcare subsidy. Study participants are concerned that as childcare costs rise due to the need to fund quality improvements, private paying parents may be forced to seek less expensive childcare. Study participants feel that they do not have the resources to fund quality improvements without passing that cost along to parents.

Rainey explains the potential impact that quality improvements would have on her parents.

There isn’t that much profit in the childcare business. You can only charge what parents can afford to pay. By the time we pay for everything like the facility and liability insurance, etc. there isn’t much left. For us to meet all the requirements of a five star center, we would have to charge our parents $1000.00 per month just to be able to afford to make that leap.
Childcare Development Funds (CCDF) are available to assist parents who qualify with the costs of childcare. The reimbursements are made directly to childcare practitioners on a post service basis. Enrollment records must be maintained by practitioners and the DCD must be notified if a child is taken off of the roster. Different portions of childcare costs are reimbursed and based on parents’ levels of income and the number of children in the family. In 2003, a federal appropriations bill cut funding available for childcare subsidies (Ewan & Hart, 2003). It is unclear how this will impact childcare quality for all children regardless of parents’ ability to pay.

Summary

The findings of this study indicate that certain factors influence or detract from the successful implementation of the SRL policy. These factors cover system maintenance issues and childcare practitioner satisfaction with the process as both a consumer and client of the SRL. Practitioners in this study at times questioned the purpose of the SRL and the DCD’s motivation for replacing the existing childcare regulations. Study participants spoke of frustrations created from a lack of understanding of the components of the SRL.

The role of the childcare consultant and the Division of Child Development is critical to the implementation of the SRL. Practitioners in this study indicated that their attitudes toward representatives of the DCD influenced their reactions to the SRL in general. In addition, frustrations over unclear policies and lack of partnership in the process resulted in a them-versus-us mentality among study participants.

Systemic issues, such as long waiting lists for required courses, tuition reimbursements that are slow, and consultants plagued by a backlog of applications for
the SRL, render a picture of a system that has not yet expanded to support the implementation of the SRL. Practitioners in this study indicate that these systemic issues have impacted their ability implement all of the components of the SRL in a timely manner.

Finally, the findings from this study indicate that additional resources are necessary for childcare practitioners to fully implement the SRL. Those resources provided by the DCD may not be meeting the needs of childcare practitioners. The childcare subsidy market rate reimbursements rates are seen by participants in this study as negatively impacting those parents who pay for childcare without the assistance of the state. The quality improvements grants that are available to lower star centers to help with quality improvements are sometimes perceived as being unfairly distributed. These perceptions create, according to study participants, a disincentive to participate in the process as it is currently being implemented.

The issues raised by this study offer an opportunity to better understand how childcare policy can be created and implemented in a way that benefits the childcare practitioners and the children in their care. Chapter Six offers a continued discussion of the issues raised by practitioners in this study, suggestions for future studies, and recommendations for policymakers based on the study findings.
CHAPTER 6
DISCUSSION

Introduction

The early care and education that children receive prior to entering kindergarten is known to have lasting effects on a child’s social and cognitive development. (Howes, 1988; Howes & Smith, 1995; Kontos & Keyes, 1999; Peisner-Feinberg, Clifford, Yazejean, Culken, Howes, Kagan, 1998). It is reasonable, given the research on the importance of early care and education, that the North Carolina Division of Child Development would attempt to establish the Star Rated License in an effort to increase the quality of childcare programs in the state. At the same time the findings from this study indicate that the implementation of such a regulatory policy, without taking into consideration policy consumers (childcare practitioners) and the system in which the policy is implemented, can have unintended consequences.

This study offers an opportunity to examine and address the issues associated with implementing childcare policy. The issues emerging from this study are consistent with the general implementation literature. The policy context, the dispositions of the policy implementers toward childcare policy, the communication of the goals of the policy, the interpretation of those goals by childcare practitioners, and the readiness of partnering agencies and institutions to support the implementation of childcare policy point to the lessons learned from previous policy implementation studies (Nakamura & Smallwood, 1980; Odden, 1991; Sabatier & Mazmanian, 1981).

Sinclair (2001) suggests that policy implementation may be influenced by a large number of variables that vary according to the policy sector. In addition to highlighting
the issues related to general policy implementation, this study offers an opportunity to reexamine those factors as they apply to the implementation of policy in the childcare sector.

Discussion

Research question one asks how contextual factors such as the economic environment, social environment, and the cultural environment impact the implementation of the SRL. Contextual factors that are beyond the control of both childcare practitioners and policymakers cannot be overlooked when implementing childcare policy. These factors make it necessary for policymakers to assess existing conditions and the resources needed to implement policy in the face of pre-existing cultural, economic, and social conditions. While policy implementers may not be able to change the existing context of policy, they do have the power to create policy that is sympathetic to childcare culture and practice.

The findings from this study indicate several areas where context affects the implementation process. The economic and social conditions under which childcare services are delivered are relevant to how practitioners implement the different components of the SRL. Added to the impact of economic factors on the implementation process are practitioners’ concerns that the SRL is potentially replacing the long standing NAEYC accreditation process and the A and AA licensing. The NAEYC data add credence to this concern and reveal that smaller percentages of North Carolina childcare centers are re-applying for accreditation in 2003 than in 2002. Having adhered to these existing regulatory and quality accreditation programs since the early
1980’s, childcare practitioners are not readily amenable to a regulatory change. What adds to the contextual complexities and makes the issue even more confounding to childcare practitioners is the fact that standards of the different regulatory agencies are sometimes in conflict. It is not clear from the interviews or document reviews that any of these contextual concerns were taken into consideration by SRL policymakers. This lack of consideration has resulted in inconsistencies in childcare practitioners’ abilities to implement each of the components of the SRL in any standardized fashion.

These findings in this study associated with contextual issues are consistent with the work of Moore, Goertz, and Hartle (1991) who assert that conflicts between local orientations, values, and priorities and state or federally initiated programs is a potential cause for inconsistencies in policy implementation. Policymakers could benefit from local-level knowledge and contacts when developing future childcare policy. Policymakers can draw on existing standards, which are known and practiced by childcare practitioners, in the development of childcare policy. In addition, they can work with other state regulatory agencies (such as the North Carolina Department of Environment and Natural Resources) to ensure that regulatory standards imposed by different agencies are consistent rather than in conflict. The findings of this study offer policymakers an opportunity to create childcare policy that meets the needs of practitioners and achieves good outcomes for children. By considering how the childcare culture and the existing economy impact policy implementation during the policy formation process, policymakers may be able to achieve both of these goals.

Research question two is concerned with what resources, incentives, and services are available to assist with the implementation of the SRL and whether those resources,
incentives, and services consistent with childcare center practitioners’ needs. Childcare policy implementation requires not only the availability of resources but also a careful allocation of those resources. Money, time, and professional development are all important resources in the policy implementation process. Even when adequate dollars are available for implementation, this study found that resources may be inadequate, inappropriate or inconsistent with childcare practitioners’ needs. Childcare practitioners in this study express concern about both the availability and allocation of implementation resources. While monies are currently available in the form of grants to improve childcare facilities, practitioners perceive unfairness in the distribution in these grants. Furthermore, once childcare practitioners have achieved a three star rating they are no longer eligible for the quality grants. The incentive for these centers is a higher reimbursement rate for subsidized children. This shift in incentive is to encourage higher quality centers to enroll more children from lower socio-economic homes. Market reimbursement rates for subsidized childcare cannot exceed tuition for private-paying parents, thereby prompting many practitioners to increase fees to match the market reimbursement rate. The reality of this incentive system, according to study participants, is that along with increased market rates comes increased tuition that can force private paying parents to move to lower star centers that are more affordable.

Financial incentives are important to motivate childcare practitioners to participate in the SRL implementation; however, childcare practitioners in this study point to an equally important resource. Professional development opportunities may be a resource that can contribute to the successful implementation of childcare policy. Bryant, Maxwell, and Burchinal (1999) found that the quality of childcare was significantly
related to the number of local quality improvement and professional development activities in which childcare centers participated. While this may be ideal, findings from this study indicate professional development opportunities, or at least those professional development opportunities that childcare practitioners find helpful, are not readily available or the availability is inadequate to serve the many practitioners needing to access these resources. This is consistent with a study by Gallagher and Clifford (2000), which found that childcare resources, particularly infrastructure support resources, such as community college classes and other professional development opportunities, are weak and fragmented for the childcare practitioner. Resources for staff education and program improvements are critical to transforming childcare practice. Childcare policymakers must address the availability of professional development and support resources if childcare policy is to achieve its intended outcomes.

Research question three asks how SRL policymakers and implementers are viewed among childcare practitioners and whether the childcare practitioner’s perception of the policymaker impacts a successful policy outcome. The findings indicate that many practitioners have a them-versus-us attitude and even though some study participants were willing to apply for higher levels of star rating, they didn’t necessarily agree with or understand the motivations of the DCD in implementing the SRL. Childcare practitioners in this study express specific concerns about how the SRL policy was formed and see the policymakers in the process as an exclusive club. While policymakers may disagree, childcare practitioners feel that they have continually been excluded from the development of the standards related to the SRL. This perception has left them feeling that the SRL was not developed to meet the needs of the childcare
practitioner. The lack of a formal role for the childcare practitioner in this process has led to self-defined roles for the childcare practitioners. System watchdogs, system gamers, and system rebels all contribute to the implementation process. When practitioners in this study felt that the DCD was working against their interests, they became system watchdogs. Practitioners became system gamers when they could manipulate the mandates of the SRL to maximize their star rating with the least use of resources. Becoming a system rebel was one practitioner’s response to the SRL when she felt that the system would only harm her existing business. These attitudes towards policymakers and practitioners’ self-defined roles are consistent with McLaughlin’s (1975) descriptions of interactions between policymakers and policy implementers.

McLaughlin describes several types of potential interactions between policymakers and policy implementers. These interactions include mutual adaptation, co-optation, and non-implementation. Mutual adaptation describes a policy that has been implemented and influences local practices and settings as originally intended. Co-optation is a less desired form of interaction where the policy is implemented in a prescribed fashion but no changes in actual local practice occur. In non-implementation, the policy is simply ignored by all parties. From the findings of this study, it is evident that, unless carefully implemented with buy-in from practitioners during the initial stages of policy formation, childcare policy in North Carolina is likely to fall somewhere between co-optation and non-implementation. This will result in most childcare practitioners conforming to the policy superficially but not actually changing their local practice and a few providers simply ignoring the process altogether. Study findings highlight the importance of childcare practitioners’ dispositions toward policymakers and
how these dispositions can engender support or create barriers for the. The literature on policy implementation points again and again to the importance of involving policy constituents, in this case childcare practitioners, in creating policy (Lipsky, 1975; Nakamura & Smallwood, 1980; Odden, 1991). Creating an environment where childcare practitioners are involved in the process will make explicit the goals of all of the stakeholders, thereby minimizing the need for watchdogs, rebels, and gamers.

Research question four focuses on childcare providers’ understandings of the purpose of the SRL and how this understanding impacts the implementation of the SRL. Several issues emerged from this study regarding childcare practitioners’ understandings of the purpose of the SRL. First, the SRL has a different meaning for childcare practitioners in this study than the purpose stated by the DCD. According to the DCD, the SRL is intended to provide parents with a way to measure the quality of a childcare center and to encourage practitioners to improve their levels of quality. According to study participants, the methods by which the SRL is to achieve this goal and how those methods are communicated by the DCD and received by the childcare practitioner leaves too much to interpretation. The forum for delivery of the childcare laws, which contain the SRL language, seems to be inappropriate for the audience. Childcare practitioners find the laws overwhelming in their scope and language. Practitioners want regular updates and a clear definition of the expectations of the DCD with regard to what practitioners are required to do. Study participants also indicate that while the DCD states that the SRL is voluntary, this statement is misleading. Childcare practitioners feel compelled to participate in the SRL and the DCD would do well to make the consequences of non-participation (such as the automatic assigning of one star and the
potential impact on childcare enrollment) explicit. Finally, practitioners in this study have concerns about the complexities of implementing the individual components (program standards, staff education, and compliance history) of the SRL. Practitioners’ understandings of the purpose, terminology, and statutes related to the SRL clearly impact how they participate in the process. Bridging the gap between the messages delivered and how those messages are received is critical to a successful policy outcome.

Nakamura and Smallwood (1980) indicate that one of the many reasons polices reach a stalemate or non-implementation is due to lack of agreement among the different parties regarding the purpose of the policy. They also assert that garbled messages, misinterpretations, and transmission overload interfere with policy implementation. Messages get misinterpreted because the message received is unclear or is misinterpreted to meet the interests and goals of the receiver. Breakdowns in the transmission of the policy messages occur when there are many conflicting messages being delivered at the same time, when there is absence of follow-up to the message delivery, and when there is no clear method for delivering the message. The SRL suffers these mishaps on every front. The misinterpretations by childcare practitioners of the SRL policy goals and components and the lack of justification on the part of DCD serve to complicate the interactions between the policymakers and childcare practitioners. These issues together have resulted in a lack of agreement or buy-in by childcare practitioners about the SRL.

Research question five asks whether the “system” is ready to accommodate the provisions of the SRL. The system in which a policy is implemented can have a great impact on the execution of that policy. For the SRL, the system includes the Division of Child Development, the North Carolina Community College System, the Department of
Health and Environmental Resources, the Department of Public Health, Child Care Services Association (TEACH and WAGE$ contractor), and other non-governmental agencies called upon to provide resources. When the system is unprepared to handle the demands of a new policy, the policy implementation process quickly breaks down. Waiting lists, lack of funding, and a lack of experienced staff are just a few of the issues identified in this study as plaguing the SRL policy environment. These impacts can be mitigated by perhaps addressing this issue in the policy formation stage.

Findings from this study indicate that the systems, both the DCD system and related support systems such as community colleges and TEACH and WAGE$ programs may not be ready for the demands placed on it by the implementation of the SRL. The number of licensing consultants available to assist childcare practitioners in the implementation of the SRL is insufficient to serve the number of childcare practitioners. This has created a long wait for applying for and receiving a star rating. Until the application process is complete, childcare practitioners receive a one star. Study participants feel that this is misleading to parents and has created negative feelings among study participants towards the DCD.

Similar to the inability of the DCD system to handle the demands of the SRL policy is the inability of the community college system to handle the educational demands of the SRL. The new standards require higher levels of education from childcare practitioners. Study participants, even those who believe this to be an improvement for childcare, report that many of the courses required for childcare credentials and Associate Degrees in Early Childhood Education have long waiting lists
resulting in childcare practitioners’ inability to meet the education requirements of the SRL in a timely manner.

In addition to problems with the education system is the lack of infrastructure to accommodate the new and heavily funded grant programs. Programs are available to pay for childcare practitioners’ education in the form of TEACH scholarships and provide wage supplements (WAGE$) tied to education levels. A backlog of paperwork in these programs has resulted in slow tuition reimbursements and in some cases an interruption in the enrollment of childcare practitioners in education programs. The issues raised in this study have implications for both childcare policy development and childcare practice.

Nakamura and Smallwood (1997) assert that it is the strong linkages between all policy actors that are critical to achieving successful outcomes for a policy. Persons responsible for implementing policy must be included in the planning. Organizations that provide infrastructure and support for the implementation of a policy must be evaluated for their ability and capacity to provide such support. These individuals and organizations constitute the system within which a policy is implemented and these issues must be addressed prior to the implementation of a policy.

Recommendations for Policy and Practice

Many states are now engaging in a discussion of childcare regulatory policy that focuses on measurable childcare quality. As such, the findings in the study can be useful in understanding the issues associated with implementing childcare policy among practitioners who are by and large private, for-profit centers. The scope and purpose of this study did not include perspectives on childcare policy from all stakeholders. Rather
it focused only on the perspectives of the private, for-profit childcare practitioners. Nonetheless, the findings from this study indicate that childcare practitioners do impact the implementation of childcare policy to some extent. The following recommendations are provided based on the findings in this study. The recommendations may be helpful in shaping childcare policy that is sensitive to the childcare practitioner as a policy consumer.

Recommendation One: Childcare policy must be defined from the bottom up.

Using bottom-up approaches to policy formation, which includes the childcare practitioner in the identification of policy objectives, offers an opportunity to avoid some of the implementation issues highlighted by the study findings. This study illustrates that the childcare practitioner may have a definition of quality that differs from a policymaker’s definition of quality. Beginning with the practitioners’ definitions of quality and supplementing with research-based definitions offers an opportunity to set a policy agenda that is both practical and appropriate for addressing the issues of childcare quality.

Recommendation Two: The practice of childcare must be carefully evaluated as a system.

Childcare must be carefully evaluated as a system that includes parents, childcare practitioners, community colleges and universities, and state and federal officials and weaknesses in the system must be identified before a policy can successfully implemented. This study illustrates that the linkages between different policy actors can help identify early the areas in which there is the potential for policy failure. Factors such as context, availability of resources, characteristics of implementation officials, and
dispositions of childcare practitioners contribute to the success or failure of policy implementation. The system in which childcare policy is implemented must be prepared to handle the demands of that policy if that policy is to be successful.

*Recommendation Three: Acknowledge the importance of childcare practitioners’ dispositions toward a policy in the policy process.*

Policymakers should make an attempt to understand childcare practitioners’ dispositions toward a childcare policy. If childcare practitioners perceive policymakers as being an exclusive club that they cannot be a member of or if they view the policy as replacing existing standards, they may be less likely to embrace the policy. Childcare practitioners’ dispositions toward policymakers and the policy itself influence the extent to which they implement a policy that mirrors the goals and objectives intended by the policymakers. Policymakers can achieve this by including childcare practitioners in advisory committees and policymaking meetings.

*Recommendation Four: Create regulations that are relevant and practical to implement.*

Stringent, inflexible rules increase the risk of converting childcare practice from a flexible service chosen by parents to meet their needs to an institutional level of care. Though the practitioners involved in this study are not likely to agree that the childcare they offer is institutional in nature, the threat of institutionalization is a constant one when childcare practitioners are given less and less flexibility in how they structure their services. When regulations or standards require practitioners to focus on the minuscule (for example, the chair height recommendations mentioned by one study participant) practitioners may lose site of the more important components of childcare quality (e.g., teacher-child interactions).
Recommendation Five: Educate parents about the purpose of childcare policy.

The decision-making power of parents cannot be overlooked as a contributor to the successful implementation of childcare policy. Educating parents may help solidify childcare policy particularly if parents use policy information in determining where to place their child in care. Childcare practitioners who operate private, for-profit businesses may be more likely to comply with the policy if that policy could have an impact on their ability operate a profitable business.

These recommendations are based on the findings of this study. As mentioned earlier, there are other perspectives on the formation and implementation of childcare policy. Those perspectives will need to be explored before a comprehensive picture of childcare policy implementation can be presented. In addition, there are other questions that should be answered about childcare policy in future studies.

Implications for Future Research

Like most studies, the findings from this study raised additional questions that were beyond the scope of this study. Are there other perspectives on the implementation of childcare policy that are relevant? Who will pay for implementing childcare policy? How are other states addressing childcare regulatory policy? What is the impact of childcare policy on children?

This study of the implementation of the SRL focuses only on the perspectives of the childcare practitioner. The Division of Child Development and its representatives provide another perspective. In addition, intermediary agencies, such as the non-profit organizations and community colleges who work with childcare practitioners also have a
perspective on the implementation of the SRL. It would be unfair to reach any final conclusions about the SRL without first examining the implementation of the SRL from these other perspectives.

Practitioners in this study allude to the notion that it is the childcare consumer (the parent) and, ultimately, the child who pays. Childcare practitioners in this study highlight scenarios of increased tuition for parents to pay for childcare quality improvements. They assert that tuition increases are often most difficult for those parents who do not qualify for childcare subsidies. This issue encompasses more than just dollars. Children enrolled in quality care shift as increased tuition costs force some parents to seek less expensive and sometimes lower quality care. When these negative consequences occur, childcare policy has failed. Future studies of the cost of childcare policy should incorporate alternatives for paying for childcare quality either through policy directives or other methods (e.g., tax-incentives or revised qualifications for childcare subsidies).

Chapter Two of this study touched briefly on the subject of childcare regulatory trends in the United States. This study calls into question the viability of the SRL rating system for both practitioners and parents. While it seems that North Carolina is unique in its efforts to establish childcare regulations that include a rating system that can be used by consumers of childcare, a comprehensive study of other states’ regulatory policies would be needed to confirm this. In addition, a study of childcare policy in other states may offer an opportunity to develop different modes of addressing quality childcare (e.g., parent education or rewarding practitioners for their experience).

In summary, it is important to point out that a question still to be answered is focused on what the outcomes of the SRL will ultimately be for children. The underlying
principle of the SRL is to get more children in quality childcare through parent education and through the increased availability of quality childcare programs. A future longitudinal analysis of quantitative outcomes for children and practitioners would provide the data needed to really know the impact of childcare policy on the child.

Summary

The purpose of this study was to identify some of the factors associated with the successful implementation of the SRL as those factors are defined by the childcare practitioner. The SRL was intended to provide parents with a measure of childcare quality and to encourage childcare practitioners to improve the quality of the services they offer. The potential for raising the level of quality in childcare exists with the SRL. Rather than seeing childcare practitioners as the target population for the policy, instead children should be the driving target for the policy. With careful attention to implementation and possibly drawing from the findings of this and other studies, the SRL and other childcare policies can continue to achieve, with fewer frustrations and more cooperation from stakeholders, the admirable goal of ensuring that all children who are in childcare benefit from a quality environment.
References


Division of Child Development website address. http://ncchildcare.dhhs.state.nc.us/providers/pv_sn2_rcc.asp.


Appendix A: The SRL Requirements provided by the DCD (via the website

On the following pages is a summary of the Division of Child Development’s Star Rated License.
SECTION .2800 - VOLUNTARY RATED LICENSES

10A NCAC 09 .2801 SCOPE

(a) This Section shall apply to all child care facilities that have achieved a voluntary rated license of two stars or higher or that apply to be assessed for a voluntary rated license of two stars or higher.

(b) A child care facility is eligible for a voluntary rated license of two through five stars.

(c) No requirement in any component of a two-star or higher rating shall be less than the requirements for a one-star rating described in G.S. 110-91 and this Subchapter. Prior to issuance of an initial two- through five-star rating, all minimum requirements in G.S. 110-91 and this Subchapter must be in compliance at the time the program is assessed. The requirements for a voluntary rated license of two stars or higher are in addition to the minimum standards found in G.S. 110-91 and this Subchapter.

(d) An "A" or "AA" license remains valid until action is taken to change to a license with a star rating.

(e) Nothing in this Section is to preclude or interfere with issuance of an administrative action as allowed by G.S. 110 and this Subchapter.

History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3; Eff. April 1, 1999.

10A NCAC 09 .2802 APPLICATION FOR A VOLUNTARY RATED LICENSE

(a) After a licensed child care center or home has been in operation for a minimum of six consecutive months, the procedures in this Rule shall apply to request an initial two- through five-star rated license or to request that a rating be changed to a two- through five-star rated license.

(b) The operator shall submit a completed application to the Division for a voluntary rated license on the form provided by the Division.

(c) An operator may apply for a star rating based on the total number of points achieved for each component of the voluntary rated license (program standards, education standards, and compliance history). In order to achieve a two- through five-star rating, the minimum score achieved must be at least five points as follows:

<table>
<thead>
<tr>
<th>TOTAL NUMBER OF POINTS</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 through 7</td>
<td>Two Stars</td>
</tr>
<tr>
<td>8 through 10</td>
<td>Three Stars</td>
</tr>
</tbody>
</table>
(d) A Division representative shall assess the facility requesting a voluntary rated license to determine if all applicable requirements have been met to achieve the score for the requested star rating. The assessment may include a review of Division records and site visits.

(e) The Division shall provide for Infant/Toddler Environment Rating Scale, Early Childhood Environment Rating Scale - Revised edition, School-Age Care Environment Rating Scale, or Family Day Care Rating Scale assessments to be completed, as appropriate for the program, free of charge to operators requesting an initial three through five points for program standards.

(f) The Division shall assess the compliance history of a facility by evaluating the violations of requirements that have occurred over the previous three years or during the length of time since the facility began operating, whichever is less.

(g) Upon completion of the Division's assessment:

(1) If the assessment indicates all the applicable requirements to achieve the score for the requested rating have been met, the Division shall issue the rating.

(2) If the assessment indicates all the applicable requirements to achieve the score for the requested rating are not met, the Division shall notify the operator of the requirements that were not met and the requested voluntary rating shall not be issued. If the operator meets the requirements to achieve the score for a higher or lower voluntary rating than what was requested, the Division may issue the voluntary rating for which the operator is eligible.

(h) When the Division does not issue the rating requested by the operator, the operator may:

(1) Accept the rating for which the Division has found the operator to be eligible;

(2) Withdraw the request and reapply when the identified requirements to achieve the score for the requested rating have been met; or

(3) Appeal the denial of the requested rating as provided in G.S. 150B-23.

History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3; Eff. April 1, 1999.

10A NCAC 09 .2803 PROGRAM STANDARDS FOR A RATED LICENSE FOR CHILD CARE CENTERS
(a) To achieve two points for program standards for a star rating, the center shall meet all requirements for voluntary enhanced program standards in Section .1600 of this Chapter, except that either the space requirements in Rule .1604 of this Subchapter or the staff/child ratio requirements in Rule .1606 of this Chapter shall be met.

(b) To achieve three points for program standards for a star rating, the center shall:

1. Meet all requirements for voluntary enhanced program standards in Section .1600 of this Chapter; and

2. Have an average score of 4.0 on the appropriate environment rating scale referenced in Rule .2802(e) in each classroom evaluated.

(c) To achieve four points for program standards for a star rating, the center shall:

1. Meet all the requirements for voluntary enhanced program standards in Section .1600 of this Chapter; and

2. Have an average score of 4.5 on the appropriate environment rating scale referenced in Rule .2802(e) in each classroom evaluated.

(d) To achieve five points for program standards for a star rating, the center shall:

1. Meet all the requirements for voluntary enhanced program standards in Section .1600 of this Chapter, except for staff/child ratio requirements in Rule .1606 in this Chapter; and

2. Meet the staff/child ratios and group sizes set below:

<table>
<thead>
<tr>
<th>Age of Children</th>
<th>No. Children</th>
<th>No. Staff</th>
<th>Maximum Group Size</th>
<th>No. Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 12 months</td>
<td>4</td>
<td>1</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>5</td>
<td>1</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>2 to 3 years</td>
<td>8</td>
<td>1</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>3 to 4 years</td>
<td>9</td>
<td>1</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>4 to 5 years</td>
<td>12</td>
<td>1</td>
<td>24</td>
<td>2</td>
</tr>
<tr>
<td>5 to 6 years</td>
<td>14</td>
<td>1</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>6 and older</td>
<td>19</td>
<td>1</td>
<td>25</td>
<td>2</td>
</tr>
</tbody>
</table>

3. Have an average score of 5.0 on the appropriate environment rating scale referenced in Rule .2802(e) in each classroom evaluated.
(e) For centers with a licensed capacity of three to twelve children located in a residence, a Family Day Care Rating Scale shall be the rating scale used in (b)(2), (c)(2), and (d)(3) of this Rule.

History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3; Eff. April 1, 1999.

10A NCAC 09 .2804 EDUCATION STANDARDS FOR A RATED LICENSE FOR CHILD CARE CENTERS

(a) To achieve two points for education standards for a star rating, child caring staff in the center shall meet the following requirements:

(1) The on-site administrator shall have:

(A) A Level I North Carolina Early Childhood Administration Credential or its equivalent; and

(B) Two years of full-time verifiable early childhood work experience.

(2) For centers with a licensed capacity of 200 or more, there shall be a second administrator on-site for a minimum of 20 hours per week who shall have the Level I North Carolina Early Childhood Administration Credential or its equivalent.

(3) All lead teachers shall have the North Carolina Early Childhood Credential or its equivalent, and 75% of the lead teachers shall have:

(A) Completed or be enrolled in 3 semester hours in early childhood education or child development (not including North Carolina Early Childhood Credential coursework); or

(B) One year of full-time verifiable early childhood work experience.

(4) 50% of the teachers counted in staff/child ratios shall have:

(A) Completed or be enrolled in two semester hours in early childhood education or child development; or

(B) One year of full-time verifiable early childhood work experience.

(5) For centers with a school-age care component, the following requirements shall also apply. Completion of these requirements may count toward meeting education and experience requirements in Paragraph (a)(1) through (a)(4) of this Rule.
(A) If none of the administrator's verifiable experience includes working with school-aged children in a school-age care or camp setting, he or she shall complete the Basic School-Age Care (BSAC) Training.

(B) The individual designated as the program coordinator as allowed in Rule .2510 shall have at least 200 hours of verifiable experience working with school-aged children in a licensed child care program; or have at least 300 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or have completed or be enrolled in at least two semester hours of school-age care related coursework.

(C) For centers with a school-age care component with 200 or more school-aged children enrolled, there shall be two program coordinators on site, one of whom shall not have concurrent group leader responsibilities. The additional program coordinator shall meet the staff requirements in Rule .2510 of this Chapter.

(b) To achieve three points for education standards for a star rating, child caring staff in the center shall meet the following requirements.

(1) The on-site administrator shall have:

(A) A Level I North Carolina Early Childhood Administration Credential or its equivalent; and

(B) Six semester hours in early childhood education or child development (not including North Carolina Early Childhood Administration Credential coursework); and

(C) Two years of full-time verifiable early childhood work experience.

(2) For centers with a licensed capacity of 200 or more, there shall be a second administrator on-site for a minimum of 20 hours per week who shall have the Level I North Carolina Early Childhood Administration Credential or its equivalent.

(3) All lead teachers shall have the North Carolina Early Childhood Credential or its equivalent, and 75% of the lead teachers shall have:

(A) Three semester hours in early childhood education or child development (not including North Carolina Early Childhood Credential coursework); or

(B) Two years of full-time verifiable early childhood work experience.

(4) 50% of the teachers counted in staff/child ratios shall have:

(A) Completed or be enrolled in the North Carolina Early Childhood Credential or its equivalent; or
(B) Completed or be enrolled in four semester hours in early childhood education or child development; or

(C) Three years of full-time verifiable early childhood work experience.

(5) For centers with a school-age care component, the following requirements shall also apply. Completion of these requirements may count toward meeting education and experience requirements in Paragraph (b)(1) through (b)(4) of this Rule.

(A) The administrator shall have at least 300 hours of verifiable experience working with school-aged children in a licensed child care program, or at least 450 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or shall complete the BSAC Training.

(B) The individual designated as the program coordinator as allowed in Rule .2510 shall have at least 400 hours of verifiable experience working with school-aged children in a licensed child care program; or have at least 600 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or have completed at least two semester hours of school-age care related coursework.

(C) For centers with a school-age care component with 200 or more school-aged children enrolled, there shall be two program coordinators on site; one of whom shall not have concurrent group leader responsibilities. The additional program coordinator shall meet the staff requirements of Rule .2510 of this Subchapter.

(D) 25% of the individuals designated as group leaders as allowed in Rule .2510 shall have at least 100 hours of verifiable experience working with school-aged children in a licensed child care program; or have at least 150 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or have completed or be enrolled in at least two semester credit hours of school-age care related coursework.

(c) To achieve four points for education standards for a star rating, child caring staff in the center shall meet the following requirements:

(1) The on-site administrator shall have:

(A) A Level II North Carolina Early Childhood Administration Credential or its equivalent; and

(B) Two years of full-time verifiable early childhood work experience.

(2) For centers with a licensed capacity of 200 or more, there shall be a second administrator on-site for a minimum of 20 hours per week who shall have the Level I North Carolina Early Childhood Administration Credential or its equivalent.
(3) All lead teachers shall have the North Carolina Early Childhood Credential or its equivalent, and 75% shall have:

(A) Nine semester hours in early childhood education or child development (not including the North Carolina Early Childhood Credential coursework); and

(B) Two years of full-time verifiable early childhood work experience.

(4) 50% of the teachers counted in staff/child ratios shall have:

(A) The North Carolina Early Childhood Credential or its equivalent; or

(B) Four semester hours in early childhood education or child development; or

(C) Five years of full-time verifiable early childhood work experience.

(5) For centers with a school-age care component, the following requirements shall also apply. Completion of these requirements may count toward meeting education and experience requirements in Paragraph (c)(1) through (c)(4) of this Rule.

(A) The administrator shall have at least 600 hours of verifiable experience working with school-aged children in a licensed child care program, or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or shall complete the BSAC Training.

(B) The individual designated as the program coordinator as allowed in Rule .2510 of this Subchapter shall have at least 900 hours of verifiable experience working with school-aged children in a licensed child care program or at least 1350 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; and have completed at least four semester hours of school-age care related coursework.

(C) For centers with a school-age care component with 200 or more school-aged children enrolled, there shall be two program coordinators on site, one of whom shall not have concurrent group leader responsibilities. The additional program coordinator shall meet the staff requirements in Rule .2510 of this Subchapter.

(D) 50% of the individuals designated as group leaders as allowed in Rule .2510 of this Subchapter shall have at least 300 hours of verifiable experience working with school-aged children in a licensed child care program; or have at least 450 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or have completed at least two semester credit hours of school-age care related coursework.

(E) Assistant group leaders shall be at least 18 years of age.
(d) To achieve five points for education standards for a star rating, child caring staff in the center shall meet the following requirements.

(1) The on-site administrator shall have:

(A) A Level III North Carolina Early Childhood Administration Credential or its equivalent; and

(B) Four years of full-time verifiable work experience in an early childhood center teaching young children, or four years of administrative experience, or four years of a combination of both.

(2) For centers with a licensed capacity of 200 or more, there shall be a second administrator on-site for a minimum of 20 hours per week who shall have the Level I North Carolina Early Childhood Administration Credential or its equivalent.

(3) All lead teachers shall have the North Carolina Early Childhood Credential or its equivalent, and 75% of the lead teachers shall have:

(A) At least an A.A.S. degree in early childhood education or child development or an A.A.S. degree in any major with 12 semester hours in early childhood education or child development; and

(B) Two years of full-time verifiable early childhood work experience.

(4) 50% of the teachers counted in staff/child ratios shall have:

(A) The North Carolina Early Childhood Credential or its equivalent; and

(B) Four semester hours in early childhood education or child development (not including North Carolina Early Childhood Credential coursework); and

(C) Two years of full-time verifiable early childhood experience.

(5) For centers with a school-age care component, the following requirements shall also apply. Completion of these requirements and may count toward meeting education and experience requirements in Paragraph (d) (1) through (d)(4) of this Rule.

(A) The administrator shall have at least 900 hours of verifiable experience working with school-aged children in a licensed child care program, or at least 1350 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or shall complete the BSAC Training.

(B) The individual designated as the program coordinator as allowed in Rule .2510 of this Chapter shall have at least 900 hours of verifiable experience working with school-aged children in a licensed child care program or at least 1350 hours of verifiable experience
working with school-aged children in an unlicensed school-age care or camp setting, and have completed at least six semester hours of school-age care related coursework; or shall have at least 600 hours of verifiable experience working with school-aged children in a licensed child care program or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, and have completed at least nine semester hours of school-age care related coursework.

(C) For centers with a school-age care component with 200 or more school-aged children, there shall be two program coordinators on site, one of whom shall not have concurrent group leader responsibilities. The additional program coordinator shall meet the minimum staff requirements in Rule .2510 of this Subchapter.

(D) 75% of the individuals designated as group leaders as allowed in Rule .2510 of this Chapter shall have at least 600 hours of verifiable experience working with school-aged children in a licensed child care program or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school age care or camp setting; or shall have completed at least two semester hours of school-age care related coursework and have completed or be enrolled in at least two additional semester credit hours of school-age related coursework.

(E) Assistant group leaders shall be at least 18 years of age.

(e) For centers with a licensed capacity of three to twelve children located in a residence, when an individual has responsibility both for administering the child care program and for planning and implementing the daily activities of a group of children, the educational requirements for lead teacher in this Rule shall apply. All other teachers shall follow the educational requirements for teachers in this Rule.

(f) As used in this Rule, the definition of the term "experience working with school-aged children" in Rule .2510(i) of this Chapter shall apply.

History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3; Eff. April 1, 1999; Amended Eff. July 1, 2000.

10A NCAC 09 .2805 COMPLIANCE HISTORY STANDARDS FOR A RATED LICENSE FOR CHILD CARE CENTERS

(a) To achieve two points for compliance history standards for a star rating, a center shall have a compliance history rating of 65% or higher as assessed by the Division.

(b) To achieve three points for compliance history standards for a star rating, a center shall have a compliance history rating of 70% or higher as assessed by the Division.

(c) To achieve four points for compliance history standards for a star rating, a center shall have a compliance history rating of 75% or higher as assessed by the Division.
(d) To achieve five points for compliance history standards for a star rating, a center shall have a compliance history rating of 80% or higher as assessed by the Division.

(e) The Division shall assess the compliance history by evaluating the violations of requirements that have occurred over the previous three years or during the length of time the center has been operating, whichever is less. Demerits shall be assigned for each occurrence of violations of these requirements: supervision of children (6 points), staff/child ratio (6 points), staff qualifications and training (2-5 points), health and safety practices (3-6 points), discipline (6 points), developmentally appropriate activities (2-4 points), adequate space (6 points), nutrition and feeding practices (1-3 points), program records (1-3 points), sanitation inspections (6 points), and transportation (1-3 points), if applicable. The point value of each demerit shall be based on the potential detriment to the health and safety of children. A compliance history percentage shall be calculated each year by subtracting the total number of demerits from the total demerits possible and converting to a percentage. The yearly compliance history percentage shall be averaged over three years for the compliance history percentages referenced in this Rule. A copy of the Division compliance history score sheet used to calculate the compliance history percentage is available for review at the address given in Rule .0102 of this Subsection.

History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3; Eff. April 1, 1999.

10A NCAC 09 .2806 PROGRAM STANDARDS FOR A RATED LICENSE FOR FAMILY CHILD CARE HOMES

(a) To achieve two points for program standards for a star rating, the operator shall have written operational policies and procedures that include information about meal and snack practices, daily activities, parent involvement, health and safety practices, infection control/ill child exclusion/inclusion, and business practice.

(b) To achieve three points for program standards for a star rating, the operator shall:

(1) Have written operational policies and procedures that include information about meal and snack practices, daily activities, parent involvement, health and safety practices, infection control/ill child exclusion/inclusion, and business practice; and

(2) Have an average score of 4.0 or higher on the Family Day Care Rating Scale or be accredited by a national organization approved by the Division. Organizations shall be approved if the Division determines that the accreditation standards are substantially equivalent to those of the National Association for Family Child Care.

(c) To achieve four points for program standards for a star rating, the operator shall:
(1) Have written operational policies and procedures that include information about meal and snack practices, daily activities, parent involvement, health and safety practices, infection control/ill child exclusion/inclusion, and business practice; and

(2) Have an average score of 4.5 or higher on the Family Day Care Rating Scale or be accredited by a national organization approved by the Division. Organizations shall be approved if the Division determines that the accreditation standards are substantially equivalent to those of the National Association for Family Child Care; and

(3) Be a member of a national, state, or local professional organization.

(d) To achieve five points for program standards for a star rating, the operator shall:

(1) Have written operational policies and procedures that include information about meal and snack practices, daily activities, parent involvement, health and safety practices, infection control/ill child exclusion/inclusion, and business practice; and

(2) Have an average score of 5.0 or higher on the Family Day Care Rating Scale or be accredited by a national organization approved by the Division. Organizations shall be approved if the Division determines that the accreditation standards are substantially equivalent to those of the National Association for Family Child Care; and

(3) Be a member of a national, state, or local professional organization; and

(4) Of the five preschoolers allowed to be enrolled, no more than three children shall be under one year of age.

History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3; Eff. April 1, 1999.

10A NCAC 09 .2807 EDUCATION STANDARDS FOR A RATED LICENSE FOR FAMILY CHILD CARE HOMES

(a) To achieve two points for educational standards for a rated license, the operator shall have completed:

(1) The North Carolina Family Child Care Credential or its equivalent; or

(2) At least four semester credit hours in early childhood education or child development; or

(3) At least 10 years of full-time verifiable early childhood work experience and six additional clock hours of annual in-service training.

(b) To achieve three points for education standards for a rated license, the operator shall have completed:
(1) The North Carolina Family Child Care Credential or its equivalent and three semester credit hours in early childhood education or child development (not including the North Carolina Family Child Care Credential coursework) and one year of full-time verifiable early childhood work experience; or

(2) The North Carolina Family Child Care Credential or its equivalent and five years of full-time verifiable early childhood work experience; or

(3) At least six semester hours of early childhood education/child development coursework and one year of full-time verifiable early childhood work experience; or

(4) At least an A.A.S. degree in any major with at least six semester credit hours in early childhood education/child development coursework and six months of full-time verifiable early childhood work experience; or

(5) At least an A.A.S. degree in early childhood education/child development and three months of full-time verifiable early childhood work experience.

c) To achieve four points for education standards for a rated license, the operator shall have completed:

(1) The North Carolina Family Child Care Credential or its equivalent and six semester credit hours in early childhood education or child development (not including the North Carolina Family Child Care Credential coursework) and two years of full-time verifiable early childhood work experience; or

(2) At least nine semester hours of early childhood education/child development coursework and two years of full-time verifiable early childhood work experience; or

(3) At least an A.A.S. degree in any major with at least nine semester credit hours in early childhood education/child development coursework and eighteen months of full-time verifiable early childhood work experience; or

(4) At least an A.A.S. in early childhood education/child development and one year of full-time verifiable early childhood work experience.

d) To achieve five points for education standards for a rated license, the operator shall have completed:

(1) At least an A.A.S. degree in any major with at least twelve semester credit hours in early childhood education/child development coursework and two years of full-time verifiable early childhood work experience; or

(2) At least an A.A.S. in early childhood education/child development and 18 months of full-time verifiable early childhood work experience.
10A NCAC 09 .2808 COMPLIANCE HISTORY STANDARDS FOR A RATED LICENSE FOR FAMILY CHILD CARE HOMES

(a) To achieve one point for compliance history standards for a star rating, a family child care home shall have a compliance history of 60% - 64% as assessed by the Division.

(b) To achieve two points for compliance history standards for a star rating, a family child care home shall have a compliance history of 65% - 69% as assessed by the Division.

(c) To achieve three points for compliance history standards for a star rating, a family child care home shall have a compliance history of 70% - 74% as assessed by the Division.

(d) To achieve four points for compliance history standards for a star rating, a family child care home shall have a compliance history of 75% - 79% as assessed by the Division.

(e) To achieve five points for compliance history standards for a star rating, a family child care home shall have a compliance history of 80% or higher as assessed by the Division.

(f) The Division shall assess the compliance history by evaluating the violations of requirements that have occurred over the previous three years or during the length of time the family child care home has been operating, whichever is less. Demerits shall be assigned for each occurrence of violations within these categories: supervision of children (6 points), exceeding capacity (6 points), staff qualifications and training (2-5 points), health and safety practices (3-6 points), discipline (6 points), developmentally appropriate activities (2-4 points), adequate space (6 points), nutrition and feeding practices (1-3 points), program records (1-3 points), and transportation (1-3 points), if applicable. When a range of points is listed, the minimum and maximum number of demerits possible for the violations within these categories are indicated. The point value of each demerit for violations within the categories shall be based on the potential detriment to the health and safety of children. A compliance history percentage shall be calculated each year by subtracting the total number of demerits on each visit from the total demerits possible during a 12 month period based on the services provided and converting to a percentage. The yearly compliance history percentage shall be averaged over three years for the compliance history percentage referenced in this Rule. A copy of the Division compliance history score sheet used to calculate the compliance history percentage is available for review at the address given in Rule .0102 of this Chapter.

History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3;
10A NCAC 09 .2809 MAINTAINING THE STAR RATING

(a) A representative of the Division may make announced or unannounced visits to facilities to assess on-going compliance with the requirements of a star rating after it has been issued. When the Division representative documents violations with the standards that determine a rating, the representative may take one or more of the following actions:

(1) Advise the operator to submit written verification that the violation(s) have been corrected.

(2) Return to the facility for an unannounced visit at a later date to determine if compliance has been achieved.

(3) Recommend an Environmental Rating Scale assessment be conducted.

(4) Recommend a complete reassessment of requirements of the star rating issued to the facility.

(5) Recommend that the star rating be reduced.

(6) Recommend administrative action in accordance with G.S. 110 and this Subchapter.

(b) If changes occur at a facility which result in the operator not complying with the standards in this Section for the star rating issued, the operator shall correct the noncompliance within 30 days. If the operator does not correct the noncompliance within 30 days, the operator shall notify the Division. Based upon the information obtained, the Division may take any of the actions described in Paragraph (a) of this Rule.

(c) A complete assessment of requirements for a voluntary rated license of two stars or higher shall be conducted at least once every three years. The Division shall provide for one evaluation of program standards using the environment rating scales referenced in Rule .2802(e) free of charge once every three years when reassessing the ratings of operators with three to five points for program standards.

History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3; Eff. April 1, 1999.

10A NCAC 09 .2810 HOW AN OPERATOR MAY REQUEST OR APPEAL A CHANGE IN RATING

(a) An operator may request a change in the star rating by following the procedures in Rule .2802 of this Section.
(b) The Division may wait to perform an assessment of the facility requesting an increased rating until it has been at least six months since the last rating change.

(c) After an initial three- through five-star rating is issued, the Division shall provide for one evaluation of program standards using the environment rating scales referenced in Rule .2802(e) of this Section during each three year period thereafter at no cost to the operator. An operator may have extra rating scale assessments as referenced in Rule .2802(e) of this Section performed at his or her own expense in addition to the free one performed by the Division. The additional rating scale assessments shall be completed by individuals approved by the Division to perform them. Approval shall be based upon the individual's successful completion of training designated or authorized by the authors of the environment rating scales.

(d) An operator may appeal the reduction of a star rating as provided in G.S. 150B-23.

History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3; Eff. April 1, 1999.

10 NCAC 03U .2811 EDUCATION STANDARDS FOR CENTERS THAT PROVIDE CARE ONLY TO SCHOOL-AGED CHILDREN

(a) For child care programs that serve school-aged children only, the following staff education requirements apply instead of those in Rule .2804 of this Subchapter.

(b) To achieve two points for education standards for a star rating, child caring staff in the school-age care program shall meet the following requirements:

(1) The administrator shall have a Level I North Carolina Early Childhood Administration Credential or its equivalent.

(2) The program coordinator shall have completed the coursework or the requirements for staff described in Rule .2510(b)(2); and have

(A) At least 200 hours of verifiable experience working with school-aged children in a licensed child care program, or

(B) At least 300 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or

(C) Completed or be enrolled in at least two additional semester credit hours of school-age care related coursework.

(c) To achieve three points for education standards for a star rating, child caring staff in the school-age care program shall meet the following requirements.

(1) The administrator shall have:
(A) A Level I North Carolina Early Childhood Administration Credential or its equivalent; and

(B) At least 300 additional hours of verifiable experience working with school-aged children in a licensed child care program, or at least 450 additional hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting.

(2) The program coordinator shall have completed the coursework or the requirements for staff described in Rule .2510(b)(2); and have

(A) At least 400 hours of verifiable experience working with school-aged children in a licensed child care program, or

(B) At least 600 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting or

(C) Completed at least two additional semester credit hours of school-age care related coursework.

(3) Twenty-five percent of group leaders shall have:

(A) At least 100 hours of verifiable experience working with school-aged children in a licensed child care program, or

(B) At least 150 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or

(C) Completed or be enrolled in at least two semester credit hours of school-age care related coursework.

(d) To achieve four points for education standards for a star rating, child caring staff in the school-age care program shall meet the following requirements.

(1) The administrator shall have:

(A) A Level II North Carolina Early Childhood Administration Credential or its equivalent; and

(B) At least 600 additional hours of verifiable experience working with school-aged children in a licensed child care program, or at least 900 additional hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting.
(2) The program coordinator shall have completed the coursework or the requirements for staff described in Rule .2510(b)(2); and have

(A) At least 900 hours of verifiable experience working with school-age children in a licensed child care program or at least 1350 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; and

(B) Completed at least four additional semester credit hours of school-age care related coursework.

(3) Fifty percent of group leaders shall have:

(A) At least 300 hours of verifiable experience working with school-aged children in a licensed school-age care or camp setting, or

(B) At least 450 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or

(C) Completed at least two semester credit hours of school-age care related coursework;

(4) Assistant group leaders shall be at least 18 years old.

(e) To achieve five points for education standards for a star rating, child caring staff in the school-age care program shall meet the following requirements.

(1) The administrator shall have:

(A) A Level III North Carolina Early Childhood Administration Credential or its equivalent; and

(B) At least 900 additional hours of verifiable experience performing administrative duties in a licensed child care program serving school-aged children, or at least 1350 additional hours of verifiable experience performing administrative duties in an unlicensed school-age care or camp setting.

(2) The program coordinator shall have completed the coursework or the requirements for staff described in Rule. 2510(b)(2); and have

(A) At least 900 hours of verifiable experience working with school-aged children in a licensed child care program or at least 1350 hours of verifiable experience working with school-aged children in an unlicensed school-age or camp setting, and completed at least six additional semester credit hours of school-age care related coursework; or

(B) At least 600 hours of verifiable experience working with school-aged children in a licensed child care program or at least 900 hours of verifiable experience working with
school-aged children in an unlicensed school-age care or camp setting, and completed at least nine additional semester credit hours of school-age care related coursework.

(3) Seventy-five percent of group leaders shall have:

(A) At least 600 hours of experience working with school-aged children in a licensed child care program; or

(B) At least 900 hours of experience working with school-aged children in an unlicensed school-age care or camp setting; or

(C) Completed at least two semester credit hours of school-age care related coursework and have completed or be enrolled in at least two additional semester credit hours of school-age care related coursework.

(4) Assistant group leaders shall be at least 18 years old.

(f) Unless otherwise stated in this Rule, group leaders and assistant group leaders shall meet the minimum qualifications required in Rule .2510 of this Chapter, including completion of BSAC Training.

(g) For programs with a licensed capacity of 200 or more school-aged children, there shall be two program coordinators on site, one of whom shall not have concurrent group leader responsibilities. The additional program coordinator shall meet the staff requirements in Rule .2510 of this Chapter.

(h) As used in this Rule, the definition of the term "experience working with school-aged children" in Rule .2510(i) of this Chapter shall apply.

History Note: Authority G.S. 110-88(7); 110-90(4); 110-91; 143B-168; Eff. July 1, 2000.
Appendix B: Initial interview questions for childcare practitioners

The questions found on the next page were formulated based on the incentive systems model. Additional questions were added to provide childcare provider background.
Semi-Structured Questions for Childcare Practitioners

General Background Questions for Director
1. How long have you been in the business of childcare?
2. How did you become interested in childcare as a business?
3. What do you enjoy most about your work?
4. What do you find most challenging?

Support for Policy in the Local Environment
1. How do you feel about regulation of childcare businesses in general (Prompts: Why is regulation necessary?)
2. How do you feel about the SRL policy? (Prompts: How is it more challenging than previous regulatory standards? Has it helped/hindered your ability to do business?)
3. What is your understanding of DCD’s reasons for the SRL policy?
4. Do you agree with DCD’s reasons? If so, why? If not, why?
5. What do you feel is the average star rating for your location (county, rural versus urban?)

Communication of Standards and Decisions
1. How were you kept informed about applying for the SRL?
2. Who did you typically get your information from and in what format (mail, phone, newsletter, etc?)

Resources and Incentives
1. What types of financial assistance has been available to assist with achieving a higher star rating?
2. What types of technical assistance has been available to you with applying for the SRL?
3. Who provided either financial assistance or technical support if these were available?
4. What might motivate you to move to the next level of star rating?
Appendix C: Overview of Environmental Rating Scales (from
http://www.fpg.unc.edu/~ecers/)
Overview of the Subscales and Items of the ECERS-R

43 Items organized into 7 Subscales

Space and Furnishings
1. Indoor space
2. Furniture for routine care, play and learning
3. Furnishings for relaxation and comfort
4. Room arrangement for play
5. Space for privacy
6. Child-related display
7. Space for gross motor play
8. Gross motor equipment

Personal Care Routines
9. Greeting/departing
10. Meals/snacks
11. Nap/rest
12. Toileting/diapering
13. Health practices
14. Safety practices

Language-Reasoning
15. Books and pictures
16. Encouraging children to communicate
17. Using language to develop reasoning skills
18. Informal use of language

Activities
19. Fine motor
20. Art
21. Music/movement
22. Blocks
23. Sand/water
24. Dramatic play
25. Nature/science
26. Math/number
27. Use of TV, video, and/or computers
28. Promoting acceptance of diversity

Interaction
29. Supervision of gross motor activities
30. General supervision of children (other than gross motor)
31. Discipline
32. Staff-child interactions
33. Interactions among children

Program Structure
34. Schedule
35. Free play
36. Group time
37. Provisions for children with disabilities

Parents and Staff
38. Provisions for parents
39. Provisions for personal needs of staff
40. Provisions for professional needs of staff
41. Staff interaction and cooperation
42. Supervision and evaluation of staff
43. Opportunities for professional growth