Early childhood program staffs' self-efficacy concerning the importance of quality child care

Susan Mitchell

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ABSTRACT

EARLY CHILDHOOD PROGRAM STAFFS’ SELF-EFFICACY CONCERNING THE IMPORTANCE OF QUALITY CHILD CARE

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Northern Illinois University, 2015
Florenzia Surjadi, Director

This study focuses on the difference between teachers’ and administrators’ self-efficacy perceptions based on quality child care practices. After doing a mixed methods study, I found a contradiction between the current literature and my own findings. My findings showed there was not a significant difference in teachers’ self-efficacy based on years of teaching, whereas the literature shows self-efficacy is a factor. My other findings showed that as teachers and administrators get older they tend to have more experience based on years of teaching. Another result demonstrated that those teachers and administrators that were younger showed that they had more education than those who were older and had more years of experience in the field.
EARLY CHILDHOOD PROGRAM STAFFS’ SELF-EFFICACY CONCERNING THE IMPORTANCE OF QUALITY CHILD CARE

BY

SUSAN MITCHELL
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A THESIS SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE MASTER OF SCIENCE

DEPARTMENT OF FAMILY, CONSUMER, AND NUTRITION

Thesis Director
Florensia Surjadi
ACKNOWLEDGEMENTS

I would like to thank several people for their help and support throughout this process. I would first like to thank Dr. Surjadi for her help and guidance in completing this project. She took on a big project midway through the process, and for that I am greatly appreciative. I also would like to thank my initial supervisor, Dr. Dersheid, for her help and support in starting this project. These two individuals were the sounding boards for my success. I would like to thank Dr. Njue for joining my committee at the last minute and being a great support for me. Your conversations propelled me to achieve excellence. Also, thank you to Dr. Fang for your continued presence and support.

Thank you to my family for their endless love, support, and sacrifice throughout this journey. Without you this would not have been possible.
DEDICATION

To grandma, mom, dad and Kelly:

You push me every day to be the best version of myself. Your guidance made this project excel.
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CHAPTER 1
INTRODUCTION

The Children’s Defense Fund shows that 13 million children under the age of six spend part of their lives being cared for by someone other than their parents (Brown & Hallam, 2004). The need for in-home or out-of-home child care has increased over the years. Research shows that quality child care is essential to promoting a healthy development for children (Brown & Hallam, 2004). As high quality centers tend to have low staff-child ratios and nurturing teacher-child interactions, children in high quality classrooms or centers tend to receive better social and cognitive stimulation compared to children who received care in low quality environments (Brown & Hallam, 2004).

The quality of child care centers has been an important issue for policy makers, researchers, child care providers, and parents for several decades (Layzer & Goodson, 2006). As child care quality has been shown to have long term effects on children’s cognitive and social emotional development (Peisner-Feinberg et al., 2001), support programs and efforts to increase teachers’ knowledge and background can enhance the quality of care that children receive from early childhood programs.

The need to improve the quality of care in early childhood programs has been emphasized through additional federal supports. For example, in 2012, the U.S. government created a child care development fund to assist nearly 1.6 million children and their families so that they can receive services and the quality education they deserve. The American Recovery
and Reinvestment Act of 2012 invested $2 billion in the Child Care and Development Fund to provide child care assistance for 300,000 children and families during the 2012 economic recession. These new investments also launched initiatives to raise money for increasing quality of care in child care programs and also to empower parents with information about the importance of quality of care for their children and the importance of additional training and support for workers who help provide the care for children (Obama, 2013). The basis for examining any early childhood program is to see how and where the program is currently at when promoting quality care for the children. For child care providers, different perceptions of what constitute “quality” may be due to different individual opinions or the different educational qualifications and backgrounds in promoting quality care for their program.

There are current state and nationally funded block grants that are providing child care centers incentives for increasing quality care. These block grants allow for increases in reimbursement rates for low-income families’ children depending on the level of quality. Most states’ Child Care Resource and Referral Agencies (CCRRA) provide guidance on improving child care quality through the Quality Rating System (QRS) or the Excelerate program in Illinois (Freeman, Decker, & Decker, 2013). The CCRRA’s trained personnel go to centers and other early childhood programs to assess the quality and to train the early childhood programs’ administrators about the various quality assessment tools (Child Care Resource and Referral, 2013). However, this particular study focuses on the effectiveness of the CCRRA’s approach of training only the administrators to promote quality care practices in their programs. Some administrators may be more receptive to this training and may feel confident to prepare their teachers to strive for quality, but other administrators may not feel very confident with this level
of commitment to quality. In addition, child care teachers may not feel confident about their ability to be trained to achieve quality in the classroom.

The difference in receptiveness to training may be based on both the administrators’ and teachers’ self-efficacy, feelings of self-confidence and self-competence (Bandura, 1977) concerning quality care practices. If the teachers’ and administrators’ self-efficacy levels are not similar, training may not lead to quality care in child care centers, thus the children will not learn and grow in an environment conducive to the development of the whole child. McCollum and Kajs (2007) state that “the ability to choose relevant training programs can increase motivation and participation in professional development activities,” meaning compared to teachers’, administrators’ self-efficacy might be higher with access to additional trainings. Knowing self-efficacy levels concerning different areas of quality practices may help administrators direct training efforts when pursuing program quality.

Statement of the Problem

Due to the lack of research on early childhood program staffs’ confidence/self-efficacy concerning their commitment to training about quality childcare practices, child care centers that are not pursuing higher certification or becoming accredited through the National Association for the Education of Young Children (NAEYC) may not have full insight on what it takes to run a quality child care center. Teachers’ and administrators’ self efficacy/confidence levels are important to understand their readiness for promoting a quality environment. Both teachers and child care program administrators play strong roles in facilitating quality child care (Copple & Bredekamp, 2009). If early childhood program teachers and administrators do not believe in their own capabilities to provide quality child care, quality care will not likely occur.
Child care program staffs’ beliefs in implementing quality practices may or may not be supported depending on the type of program in which the staff members work. The quality of child care programs has been assessed, but the types of programs were differentiated by center care versus family home provider care (NAEYC, 2005).

Research Questions

The purpose of this study was to assess both administrators’ and teachers’ self-efficacy toward implementing quality child care practices. The following are this study’s research questions:

1. Do teachers’ and administrators’ self-efficacy regarding quality child care practices differ?
   Hypothesis 1: There is a difference between teachers’ and administrators’ self-efficacy in regards to quality care practices.
   Independent variable: Job or current position at the early childhood program (i.e., teacher or administrator).
   Dependent variable: Self-efficacy regarding quality care practices.

2. What are the perceptions of teachers and administrators in regards to quality care practices?
   There is no specific hypothesis associated with research question 2. Qualitative description from teachers and administrators will be used to examine teachers’ and administrators’ perception of quality care practices.
CHAPTER 2
REVIEW OF LITERATURE

The literature review will include discussion first about self-efficacy and then about teachers’ and administrators’ self-efficacy concerning quality care practices. Types of child care programs will be discussed in terms of quality care.

Quality Childcare Program Practices

Quality child care has been assessed by evaluating two program components: a) process, meaning what happens in the classroom including curriculum, and b) structural, meaning the program environment that is influenced by funding (Freeman et al., 2013). The quality early childhood program process and structural component practices have been measured by the Early Childhood Environment Rating Scale-Revised (ECRS-R) (Harms, Clifford, & Cryer, 2005), Infant Toddler Environment Rating Scale (ITERS) (Harms, Cryer, & Clifford, 1990), the Program Administration Scale (PAS) (Talon & Bloom, 2011), and the National Association for the Education of Young Children (NAEYC) Early Childhood Program Standards and Accreditation Criteria (NAEYC, 2005). The ECERS-R, a 43-item scale, and the ITERS, a 35-item scale are used to measure different aspects of a center. Some areas that are measured include if gross motor equipment is ready and sturdy enough to stimulate a variety of activities. Another example is if building and dramatic plays are included in the gross motor area. Each item
is scored from 1 to 7, with 1 indicating the lowest quality and 7 indicating the highest level of quality. The following quality practices have been researched to be linked with program quality.

Self-Efficacy

Bandura (1977) suggests that self-efficacy is an individual’s belief that he or she can control changes in himself or herself. Furthermore, there are efficacy expectations built on from a variety of sources throughout one’s life. The sources are through performance accomplishments, vicarious experience, verbal persuasion, and emotional arousal. Accomplishments that can lead to self-efficacy can be directly tied to the cognitive processing of an event; therefore, successful experiences do not always generalize into efficacious beliefs.

Teachers’ Self-Efficacy

Teachers’ self-efficacy is important in quality childcare centers for several reasons. First, teacher self-efficacy has a positive impact on students’ performance, self-efficacy, behavior, and motivation in school (Alkon, Ramler, & Maclennan, 2003; Tschannen-Moran & Hoy, 2007). Alkon and colleagues (2003) conducted a study that examined teachers’ self-efficacy over a year long period. Mental health consultation programs offered services for child care centers and recorded observations on teachers’ self-efficacy. The study showed an increase in teachers’ self-efficacy throughout the year. Some implications that will continue to help improve self-efficacy in teachers include making problem solving/ training as well as practical mental health services more available to teachers, especially when they are dealing with a challenging child or a challenging life situation. Second when mental health checkups are done regularly, child care center staffs have lower turnover rates.
Early Childhood Administrators’ Self-Efficacy

There is a need to study the administrator's self-efficacy according to Bloom and Chu (2003), who state that having a professional but close relationship with their staff is the key to having a quality program. According to Bloom and Chu, some things that can be done to make sure administrators are in the mindset of achieving quality care practices are a) sitting down and evaluating where they are currently as an administrator and then b) setting goals on how they want to encourage their staff to achieve quality care in the future. After the administrators evaluate their own self-efficacy, they need to formulate a plan to bring the staff on board. Some things they can do to achieve this goal are to call staff meetings when there are no conflicts with the staff’s schedules so exchanging information on how to make their program a quality one is achievable and not chaotic (Bloom & Chu, 2003). McCollum and Kajs (2009) suggest that school administrators who have higher self-efficacy are better at overseeing the operation of the school. They set goals and work to achieve them by overcoming obstacles and supporting the teachers. It is the administrator’s job to create a realistic action plan integrating ideas from the staff. It is essential that as progress takes place, the administrators keep track and commend the staff for the success they have achieved.

McCollum, Kajs, and Minter (2006) developed a theoretical model that identified 8 dimensions in which school administrators should be trained: 1) instructional leadership and staff development, 2) school climate development, 3) community collaboration, 4) data base decision making aligned with legal and ethical principles, 5) resource and facility management, 6) use of community resources, 7) communication in a diverse environment, and 8) development of a
school vision (as cited in McCollum & Kajs, 2007). The researchers contend this model will help administrators support the teachers and ultimately the students.

Management Policies and Procedures for Quality Practices

NAEYC states that creating a program with consistent goals for children and staff promotes a positive learning environment socially, emotionally, cognitively, and physically (NAEYC, 2005). One way to promote quality care is through lower child-caregiver ratios. Schipper, Walraven, and Geurts (2007) performed a study that showed children who are in groups of three rather than five cooperate more with their peers and with adults. Also, teachers who worked with three children at a time rather than five children showed more positive behaviors toward the children and other staff members. Some implications for this study include lower class sizes may increase child cooperation and promote better child-staff relationships. This study showed several limitations, one of which was that this study was only conducted during lunch times and classroom sizes tend to be much larger than three to five children. This limitation makes this study difficult to generalize to the classroom, but it does suggest that a smaller classroom size would be beneficial to both children in staff in a childcare setting.

Making sure staff is trained is important when promoting a quality environment. Fukkink and Lont (2007) performed a meta-analysis on caregiver training by analyzing four experimental studies utilizing random assignment, two quasi-experimental studies, five studies with convenience sampling, and four one-group pre-test post-test studies. It was found that training, in the form of mentoring or guided practice improved caregiver competency, professional attitude, knowledge, and skills. Although it is difficult to generalize from this analysis because
some training programs were ineffective, specialized training does have an impact, and further research needs to be completed.

An important management policy involves funding or financial support of the program. If early childhood programs have to rely solely on parent fees, as many privately-funded child care programs do, there is not enough money to cover adequate staff wages (Freeman et al., 2013). Staff wages have been linked to quality child care when staff stay, thus preventing high staff turnover. High staff turnover has been linked to poor quality child care (Freeman et al., 2013).

**Promoting Child Development and Learning**

NAEYC has stated that a program that uses developmentally appropriate and effective teaching approaches enhances children's learning during both indoor and outdoor activities (NAEYC, 2003). For example, a study conducted in 2008 showed that children who were more active during recess or active play time had higher positive social, emotional, and motor development than children who were less active during active play time (Bower, Hales, Tate, Rubin, Benjamin, & Ward, 2008). The development of social skills, motor ability, and emotional stability is important for every child for obvious reasons. Some implications of the study include child care centers should include some amount of time for physical play during the day; however, more research should be done to determine the amount of time that would be optimally allotted to children. Physical activity also helps buffer against harmful effects. In a meta-analysis of health outcomes in youth (aged 5-17) Janssen and LeBlanc (2010) found a notable decrease in cholesterol, blood pressure, metabolic syndrome symptoms, body mass index, and depressive symptoms. Also, there were significant increases in bone densities in
youths who were more physically active when compared to youths who were not physically active.

**Teaching**

An effective and quality early childhood program that uses a developmentally appropriate teaching approach values diversity and enhances a child’s learning through appropriate teaching goals that include responsive and nurturing staff-child interactions (NAEYC, 2005). Developmentally inappropriate staff-child interactions can have an adverse impact on children. These types of interactions may be due to unpleasant interactions with staff coworkers, which can induce negative moods and low self-efficacy (Tschannen-Moran & Hoy, 2007).

Teachers’ low self-efficacy may be due to differences in length of teaching experience. Moran and Hoy (2007) examined novice teachers’ and career teachers’ self-efficacy beliefs. Three universities provided surveys for the teachers to hand out. Some of the areas in the survey that were measured included efficacy for instructional strategies, efficacy for classroom management, efficacy for student engagement, verbal persuasion and support and mastery experience. The study concludes that novice teachers have lower self-efficacy beliefs and that they were more susceptible to judgments from supervisors and coworkers. Not only can this affect the students through possible reductions in self-efficacy, but it can lead to teachers exhibiting negative performance in the work place.
Early Childhood Program Quality and Self-Efficacy

There are several national early childhood program accreditation programs, including NAEYC (Feeney, Freeman, & Pizzolongo, 2012). Currently the only state mechanism for encouraging quality early childhood programs has been through QRIS. According to Schulman, Matthews, Blank, and Ewen (2012), QRIS simply knows what the criteria are to achieve a higher quality rating. It shows that it is not enough to enable a program to have the needs and resources met to make and sustain program progress. Parents according to Schulman, Matthews, Blank, and Ewen (2012) are important to QRIS because once parents have more information about the quality of their child care options; they will be more likely to choose high-quality care.

Some child care providers typically have few funds available to invest in quality improvements and cannot generate the funds by charging higher fees that most parents cannot afford. Outside financial support is important to help child care programs improve. With additional financial support, child care programs can cover the additional costs, increase the quality ratings of centers, and be able to afford quality supplies to help children grow and develop in a quality environment. Having a plan in which parents will be able to afford quality child care is a major factor in teachers’ and administrators’ self-efficacy levels because if they do not have a clear budget, then they will not be able to provide the quality materials the staff needs to enhance a quality program.

It is essential according to Schulman et al. (2012) to raise the quality of child care children deserve, but it is particularly essential for those groups of children for whom high-quality care is not easy to obtain, such as low-income children, infants and toddlers, children
with special needs, and school-age children. QRIS must also be able to assist culturally diverse families in need.

Typically, a quality rating and improvement system has five components: It has quality standards for child care centers or other programs to meet (Early Childhood Highlights, 2010). It has a process for monitoring standards so a center that has a four or star rating understands what is expected of them and can maintain that quality of care. Child care centers or other child care programs have a process for supporting quality improvement. Child care programs have ways of keeping track of financial incentives they receive through the government. Child care facilities provide handouts or newsletters of information to parents and the public about program quality (Early Childhood Highlights, 2010).

Although there are national and state programs to measure and encourage quality early childhood programing, there have been few studies that have investigated how both administrators and teachers feel about their confidence and their competence in implementing all of the necessary criteria for quality programming. Unless both the teachers and the administrators feel a sense of self-efficacy (i.e., competent and confident) (Bandura, 1977), they will not be providing nor will they be meeting the quality criteria for a quality early childhood program.

Summary of Review of Literature

Bandura (1977) suggests that self-efficacy is an individual’s belief that he or she can control changes in his or her own behavior. Self-efficacy expectations are built from a variety of sources throughout one’s life, such as performance accomplishments, vicarious experience, verbal persuasion, and emotional arousal. Accomplishments that can lead to self-efficacy can be
directly tied to the cognitive processing of an event but successful experiences do not always generalize into efficacious beliefs. Students do not generate this by themselves. Teachers and administrators also play a role in the students’ success. As with child care professionals, teachers’ self-efficacy has been shown to have a positive influence on students’ performance, self-efficacy, behavior, and motivation in school (Alkon, Ramler, & Maclennan, 2003; Tschannen-Moran & Hoy, 2007). Likewise, administrators play a role in the formation of a teacher’-s self-efficacy and in turn the students self-efficacy. administrators’ evaluation of their self-efficacy in regard to vision and aspiration for child care centers (e.g., where the center is currently and where it wants to be in the future) has been shown to be related with overall program quality and lower staff turnovers (Bloom & Chu, 2003; McCollum& Kajs, 2007).

McCollum and Kajs (2007) note that “a school administrator’s efficacy is founded on self-referent judgements of his/her ‘capabilities to organize and execute courses of action required ‘ for effective school leadership and reaching desired school results” (p. 31).

Evaluating a program with various rating scales such as ECRS, ITERS, PAS, NAEYC and QRIS is a step to achieving quality programs for children. Each scale has a range of questions that evaluates components such as room arrangement, health and safety procedures, and staff qualifications. These rating scales are key so centers can evaluate their center and be on the right path to a quality center. NAEYC states that creating a program with consistent goals for children and staff promotes a positive learning environment socially, emotionally, cognitively, and physically (NAEYC, 2003). Promoting a positive learning environment is an important key when providing a quality environment for young children. When the children learn in quality facilities, it increases their social, emotional, cognitive and language ability. A positive learning environment also enhances positive interaction between the children and the staff. Making sure
the staff receives the proper training is another tool to promote a quality environment for the children. This training may be influenced by the staff’s self-efficacy. No research has investigated the link between staff, including both administrators’ and teachers’ levels of confidence/self-efficacy, and criteria for quality classroom practices.

Overall, high quality childcare can help promote social and cognitive development in children (Brown & Hallam, 2004) and promote high self-efficacy in children (Alkon, Ramlé, & Maclellan, 2003). To achieve quality care, childcare staff needs to have a degree of confidence in the implementation of quality care practices. Therefore, it is necessary to assess both administrators’ and teachers’ self-efficacy in providing quality childcare. Both administrators and teachers need to agree that quality or the best practices are vital to promoting children’s healthy development. Agreement on confidence/self-efficacy toward implementation of or readiness for training to provide quality practices may depend on the type of program in which the staffs work.
CHAPTER 3

METHODOLOGY

Participants and Procedure

Participants were recruited using convenience sampling from a rural Midwestern town area. Various childcare center program directors were invited to have their program’s administrative staff and teachers serve as participants. Participation was voluntary and on informed consent basis. Participants were recruited through phone calls, e-mail, or flyers (Appendix A) all over the area. The area Child Care Resource and Referral agency/4Cs were contacted so that the researcher can attend the local directors’ meeting to explain the study and began recruiting participants. Prior to data collection, permission to conduct this study was obtained through the Institutional Review Board (IRB) at Northern Illinois University (Appendix B). The participants were offered a copy of the results once the study has been completed.

Once early childhood programs’ administrators agreed to participate, the researcher contacted the program administrator to gather information about the number of teaching and administrative staff’s in the program. Copies of the survey instrument were dropped off at each program along with informed consent letters and instructions on when the completed surveys would be picked up from the program (see Appendix C). All teachers in each center were given a copy of the survey and included in the study. A total of 28 questionnaires were given out, including 23 teachers and 5 administrators from two child care facilities.
Because of the low number of participants in the first round of data collection, additional qualitative data was gathered from the same two child care facilities that participated in the first data collection. As in the first round of data collection, IRB approval was sought before the second round of data collection. Two early care and education centers were contacted through email and phone call. An appointment was then set up with the director’s to distribute interview questions to the staffs. Consent letter was given, along with the five open ended questions.

During the first round of data collection, a total of 28 survey questionnaires were gathered from 5 administrators and 23 teachers. The teachers ranged from 23 to 55 in age. Most of the participants were female (96.6%) and identified themselves as Caucasian (82.8%) or African American (13.8%). All of the participants had at least a Bachelor in Child Development or other related fields. Thirty one percent had a graduate degree and two individuals (7.1%) had associate degree. The participants varied in terms of their years in the current role as teacher or administrator, ranging from 1 to 30 years with a mean of 10.73 (SD = 8.86). Demographic characteristics of the study’s participants are presented in Table 1.

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(Table continued on next page)
(Table 1 cont. from previous page)

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A total of 17 participants (all Caucasian females) from two child care centers participated in the second round of data collection. Four of the 17 participants were administrators.

Instruments

**Self-Efficacy of Child Care Practices**

Self-efficacy of child care practices measure (Appendix D) was compiled from various early childhood program rating scales and NAEYC accreditation criteria that measure quality care. A total of 99 items designed to measure teachers’ and administrators’ self-efficacy concerning criteria for quality care in child care programs were developed based on adapted items from the Infant/Toddler Environment Rating Scale (ITERS-R; Harms, Cryer, & Clifford, 2006), Early Childhood Environment Rating Scale (ECERS-R; Harms, Clifford, & Cryer, 2005), and Program Administration Scale (PAS; Talan & Bloom, 2011). The developed measure used a Likert-type scale format ranging from 1 (not confident) to 6 (very confident) to examine the degree of the participant’s level of self-efficacy concerning particular criteria. Different criteria,
including items related to various developmentally appropriate practices for children and overall program practices were included. Sample items are “Provide appropriate feedback to parents and staff,” “Encourage staff interaction and cooperation,” and “Provide opportunities for professional growth.” To measure teachers’ and administrators’ self-efficacy responses, all items were averaged so that higher scores indicate greater teacher or administrator self-efficacy. The Cronbach alpha for the self-efficacy measure was .97.

**Demographic Information**

At the end of the survey, 10 demographic items, asking the participants’ age, gender, race, level of education, type of position, years in the position, type of program in which she or he is currently working, and level of involvement in quality programming, and primary and secondary sources of funding were included. Details of the demographic questions are provided in Appendix D.

**Qualitative Interview**

Five open ended questions asking the type of training, years in current role, the overall experience in current role, the trainings or knowledge the participant sees as needed in terms of providing a quality care program, and the participant’s vision for a quality care program were asked in the qualitative interview. Details of the qualitative questions are attached in Appendix E.
CHAPTER 4

RESULTS

The purpose of this study was to assess both administrators’ and teachers’ self-efficacy toward implementing quality child care practices. Two research questions were asked in this study: 1) Do teachers’ and administrators’ self-efficacy regarding quality care practices differ? and 2) What are the perceptions of teachers and administrators in regards to quality care practices? Independent samples t-test was performed to test for the first study hypothesis. To test for significant differences in the sample, alpha level was set for $p < .05$. To address the second research question, qualitative descriptions from the teachers and administrators are presented.

Correlations among Variables of Interest

Pearson correlation was run to test for the relationships among this study’s variables, including the demographic characteristics. The number of years teaching was positively associated with age ($r = .877, p < .01$) and negatively associated with levels of education ($r = -.580, p < .01$), indicating that newer teachers and administrators tend to be younger and had a higher level of education than their peers who had worked in the child care setting longer. Overall, self-efficacy was not significantly associated with education, years of teaching, and age.
Table 2

Correlations among Study Variables

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<th>3</th>
<th>4</th>
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<td>1. Education</td>
<td></td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Years teaching</td>
<td>-.580**</td>
<td>---</td>
<td></td>
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<td>3. Age</td>
<td>-.389</td>
<td>.877**</td>
<td>---</td>
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<td>4. Self-efficacy</td>
<td>.183</td>
<td>-.248</td>
<td>-.237</td>
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</table>

Note: **p < .01.

Differences in Teachers’ and Administrators’ Self-Efficacy Regarding Quality Care Practices

An independent sample t-test was conducted to investigate the difference between teachers’ and administrators’ self-efficacy. The mean for the teachers' self-efficacy was 5.43 (SD = .46), whereas the mean for the administrators' self-efficacy was 5.55 (SD = .19). Results from the t-test analysis suggests that these means were not significantly different (t = -.96, p > .05), indicating that teachers and administrators did not differ in terms of their self-efficacy regarding quality care practices.

Table 3

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>df</th>
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<tr>
<td>Administrator’s self-efficacy</td>
<td>5.55</td>
<td>.19</td>
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</table>
Perception of Teachers and Administrators Self-Efficacy in Regard to Quality Care Practices

Teachers’ and administrators’ experiences were noted as fulfilling, humbling, and positive. One of the participants mentioned, “It was a very fulfilling experience. I can’t imagine not working with children.” One of the administrative directors said that she had worked as a teacher for 15 years and enjoyed watching the children grow. As an acting director, she said that she enjoys getting to know the families. Another individual stated that she found her experience rewarding and that she has a love and passion for what she does. One teacher stated, “Teaching new student workers each semester brings challenge[s] and accomplishment[s].” Some of the participants noted that they started off as a teacher and then moved into a master teaching position or an assistant director position.

Both teachers and administrators stated that a program that was accredited through NAEYC and follows QRIS standards is a major piece of their vision for a quality program. A participant stated, “My vision for high quality care and education is to use the NAEYC standards for accreditation and the QRIS [Excelerate program in Illinois] scales for quality to keep the program moving towards excellence in all we do.” Two individuals stated that their current program meets their vision of a high quality program due to being accredited through NAEYC and the use of NAEYC standards throughout the program. Other individuals noted that their vision for self-efficacy and standards would be a program that promotes high qualified staff, promotes a warm and nurturing environment for the children, and promotes diversity and anti-bias policies throughout the program. A teacher noted that their vision for a high quality program would include “best practices followed for children’s safety, health, and soc. em/physical/language/cognitive growth,” and it would be a program in which “staff, children,
and families all [are] treated with respect.” Some of the participants noted that emergent
curriculum and an environment that went by play-based standards was a key factor in their self-
efficacy and the standards teachers and administrators envisioned for a quality program.

Overall, the teachers and administrators said they had a positive, joyful, and fulfilling
experience in their role as a teacher or an administrator. In terms of self-efficacy, all of the
teachers and administrators were confident they are able to provide high quality care to children,
as evidenced by the NAEYC and QRIS certifications their programs had received. Both the
NAEYC and the QRIS standards also contained components that showed anti-bias and promoted
positive communication with families and children. Having been involved in the accreditation
and certification processes and receiving these certifications further enhanced the teachers’ and
administrators’ confidence in their self-efficacy in regard to providing quality care to children
and their families.
CHAPTER 5

DISCUSSIONS AND CONCLUSIONS

The purpose of the study was to investigate the differences in the self-efficacy perceptions of teachers and administrators and to investigate the perceptions of teachers and administrators in regard to the quality care practices that take place within their early care and education programs. Moran and Hoy (2007) found that when teachers and administrators take the steps to become accredited through the NAEYC or QRIS or Excelerate programs in Illinois, their self-efficacy increases. Moran and Hoy (2007) state that teachers have a low self-efficacy when they have fewer years in the field. My findings showed that there was not a significant difference in administrators’ self-efficacy based on age, education and years of teaching. The differences between the current research and Moran and Hoy’s research could be attributed to the differences in population size and demographics. The current research only included 28 participants as opposed to Moran and Hoy’s 255 participants. Additionally, the current research looked at teachers and administrators in early care and education settings as opposed to Moran and Hoy’s participants who worked in elementary, middle, and high school levels. The discrepancy in self-efficacy could disappear if the studies had been more equal.

However, more research needs to be done on the relationship between years of teaching and self-efficacy. Bloom and Chu (2003) state that there is a need to research the relationship between teachers and administrators, and self-efficacy. However, my results did not focus on the relationship between teacher’s and administrator’s self-efficacy.
The literature did not look at the age, years of experience and education of teachers and administrators; however, the results of this study assessed age, years of teaching and education based on self-efficacy. The findings indicated that if the teachers or administrators were older, they tended to have more years of experience in their field. This result is not surprising because as teachers and administrators grow older, they tend to have more years within the field. However, the teachers and administrators who were younger had more education than the teachers or administrators who were in the field longer or who were older. However, this finding may be a factor of the small sample.

Bandura’s (1977) theory states that teacher’s self-efficacy is a result of the effort teachers put into teaching. However, my study shows that there is not a significant difference based on education, years of teaching and age. Effort put into teaching based on my results will not lead to achieving teacher’s and administrator’s self-efficacy.

Moran and Hoy (2007) state there is a perception that self-efficacy is a factor when taking the steps to achieve a quality program. However, my results show that there is not a significant difference in teachers’ and administrators’ self-efficacy based on years of teaching, education, and age. Based on the lack of participation from the first data sample, qualitative data were assessed through five open-ended interview questions. Responses to these questions showed that teachers and administrators associated quality childcare with accreditation standards. One teacher noted that her vision for a quality early care and education program would follow the “NAEYC Code of Ethics, [and focus] on anti-bias/multicultural curriculum, interactions, and environment.” This type of assessment was not specifically included in the studies reviewed. This result was not surprising because the accreditation process is a tool to help teachers and administrators achieve high quality early care and education programs. The
accreditation process affects self-efficacy because teachers and administrators are the ones who decide to be accredited and take the necessary steps to improve their center.

Limitations

One limitation is the lack of participation from a variety of types of programs. Participants came from primarily two types of programs, so there were not enough data to determine a definitive answer to research question 2.

Another limitation to the study was small sample size. Because the first data sample consisted of only 28 participants this study includes qualitative data. The implementation of qualitative data may create bias in regards to the response teachers and administrators give. There was also a cultural bias due to being mostly Caucasian females who were in accredited programs throughout the university.

Conclusion

Based on the review of literature and results, there is a need to further research the differences in self-efficacy between teachers and administrators at the state and/or national levels. Based on the results showing that the factors of age, years of teaching, and education did not have a significant effect on self-efficacy, there is a need to research what factors do affect teacher or administrator self-efficacy. Researchers should look into early care and education programs that are not accredited through NAEYC or QRIS to understand how these teachers and administrators perceive their self-efficacy and what factors and considerations would help them consider becoming NAEYC or QRIS accredited. Researchers should be more mindful of how directly questions are worded. Further research may allow additional focus on the 28 people
who were obtained in the quantitative data and get a more in depth picture on how the 28 teachers and administrators are understanding the idea of self-efficacy. Understanding self-efficacy is important because when teachers and administrators have positive self-efficacy perceptions, they will want to use their knowledge/skills to achieve a quality program for children, which will help children develop to their fullest potential.
REFERENCES


Head Start Bureau, 2003


APPENDIX A

FLYER
Attention: All Teachers and Administrators!

Participants are needed to help pilot confidence levels for thesis

Why? This study focuses on how teachers’ and administrators’ self-confidence regarding child care practices might differ

Who’s Invited? Teachers and administrators of child care centers

To Do What? To fill out a newly created brief survey questionnaire on self-efficacy confidence levels

Why? To pilot the use of this new tool

What do you get for participating?

Results that can be used to inform child care centers on views of the importance of child care practices

When? TBA at your center’s convenience

Where? You can return the survey questionnaire to your center’s office

If you have further questions about the project, please call:

Susan Mitchell at 815-545-4736
Linda Derscheid, Ph.D.-advisor at 753-6341
APPENDIX B

IRB APPLICATION
Application for Institutional Review of Research
IN VOLVING HUMAN SUBJECTS

Note: Please complete this form thoroughly keeping in mind that the primary concern is the potential risk (economic, ethical, legal, physical, political, psychological/emotional, social, breach of confidentiality, or other) to the participants. Provide copies of all materials to be used in the investigation. The Institutional Review Board (IRB) must have enough information about the transactions with the participants to evaluate the risks of participation.

Name(s) and employee ID for faculty, Z-ID for students

Susan Mitchell, z1590373

Status: □ Faculty  □ Graduate Student  □ Undergraduate Student

Department:

Family, Consumer, & Nutrition Sciences

Mailing Address (if not department):

800 Lucinda Avenue, Neptune West #0127, DeKalb, IL 60115

Phone: 815-545-4736  E-mail: z1590373@students.niu.edu

Project Title:

Early Childhood Program Staffs’ Self-Efficacy Concerning Child Care Practices

Proposed Data Collection Start Date:

Note: Unless the authorized departmental reviewer (e.g., chair or designee) has deemed on the screening form that IRB review is not needed, all projects must receive formal written clearance from the IRB Chair (or an IRB member designated by the Chair) prior to the start of data collection.

Type of Project (Check one)

□ Departmental Research (faculty/student projects not externally funded and not indicated below)

☑ Graduate Thesis/Dissertation (IRB application should be submitted AFTER proposal defense)

Advisor/Committee Chair (& e-mail): Linda Dersheid, Ph.D., ledersheid@niu.edu, 815-753-6341

□ Undergraduate Project (Senior thesis/capstone, research rookies, independent study)

Advisor/Committee Chair (& e-mail): 

☐ Externally Sponsored Research

A complete copy of the grant proposal or contract must accompany this application form for IRB review to take place.

• Source of Funding:

• Title of grant proposal (if different from IRB protocol):

• Name of principal investigator on grant proposal:
Part I. Purpose and Procedures:

1) Describe the purpose of your study and the reason(s) this study is needed. Include any necessary background information and a description of your hypothesis or your research question.

There are 2 research questions: 1) How do teachers and administrators' self-efficacy regarding child care practices differ? and 2) How do teachers and administrators' self-efficacy regarding child care practices differ according to type of early childhood program based on type of funding?

There are 2 hypotheses: Hypotheses 1: There is a difference between teachers and administrators' self-efficacy in regards to child care practices across three types of funded early childhood programs.

Hypothesis 2: There is a difference between teachers' and administrators' self-efficacy in regards to child care practices based on the type of early childhood program: (a) child care centers that are non-profit privately funded through parent fees, (b) programs that receive some federal or state financial support, and (c) for a profit corporate child care centers.

2) The following items will help the IRB reviewers understand the step-by-step procedures of your study:

2A) Explain the participant eligibility and exclusion criteria that will be used.

All early childhood program directors and classroom teachers will be eligible to participate. Any participants under the age of 18 will be excluded.

2B) Explain the recruitment procedures (how will participants learn about the study?). If using the snowballing technique, please explain who contacts potential participants (other participants or the researcher). Please attach recruitment scripts, flyers, or postings [Appendix A].

Directors of the local child care programs will be called asking for an appointment to discuss participation in this research project. A copy of the recruitment flyer will be left with them after showing them a copy of the survey.

2C) Explain the consent process (verbal and/or written procedures for informing participants of the nature of the study and what they will do).

[Please attach all documents (assent, consent, parent permission – Appendix B) that are appropriate for each group of subjects participating in the study. Consent forms should be prepared for adult participants (age 18 or over). Assent forms should be prepared for minor subjects appropriate to their ages, and permission form(s) for parents or legally authorized representatives should also be prepared. For children too young to comprehend a simple explanation of participation, parental permission is sufficient only if the research will provide direct benefit to the subject, a member of the subject's family, or other children with the same condition as the subject.]

Attached to each survey will be the consent form which they will keep after completion of the survey. The consent form will remind participants that turning in a completed survey implies consent. A signed consent form is not needed.

2D) Describe the data collection procedures including what data will be collected, how it will be collected (include a description of any interventions to be used), the duration of participation in the study session(s), and how the session(s) will end.
Once early childhood programs' administrators have volunteered to participate, the researcher will bring copies of the survey for all the teaching and administrative staff to a program staff meeting. At the beginning of this meeting the researcher will introduce herself and the study and hand out the surveys with the consent form. Verbal instructions will remind the participants that it should take only 10-15 minutes to complete the survey. Once participants have completed the survey, they will turn over the survey and place it in a box that the researcher will provide and take with her. Therefore only the researcher will have access to the completed surveys.

Please note: It is the researcher’s responsibility to seek out permission to use copyrighted materials. Please indicate whether you have permission to use any copyrighted materials for your project:

- [ ] Yes, I have permission to use any copyrighted materials for this project
- [ ] No, I do not yet have permission to use any copyrighted materials for this project
- [x] This is not relevant for the materials being used in this project

2E) If applicable, explain the procedures for providing compensation.

No monetary compensation will be given.

2F) If applicable, explain the procedures for debriefing participants. Please attach a debriefing script or sheet [Appendix D]

Results of the study will be offered to participating programs.

Reminder: As appendices to this application, attach copies of all: A) Recruitment information [script/flyer/etc.], B) Informed consent documents [assent/parent permission/scripts/etc.], C) Materials [questionnaires/surveys/interview questions/listing of all information/data to be collected/etc.], D) Debriefing information [documents/scripts], E) Referral list [if appropriate]. It is the responsibility of the researcher to obtain any relevant permission for copyrighted materials. If the research involves an oral interview or focus group discussion that could evolve as it progresses, include a list of discussion topics and any “starter” questions for each topic that can reasonably be expected to be covered. If a draft of a written questionnaire or survey is attached, it should be clearly labeled as such and a final version must be submitted before data collection begins. PLEASE NOTE THAT ANY ITEMS CAN BE ATTACHED AS SEPARATE DOCUMENTS IF NEEDED.

Part II: Research Participants

3) Participant demographics:

- Gender: [ ] M [ ] F [x] Both
- Estimated age(s):
  - 18 and older
- Are any subjects under age 18? [ ] Yes [x] No
- Potentially vulnerable populations (please indicate if any of the following groups are the target population of the study)
  - [ ] Pregnant women & fetuses
  - [ ] Prisoners
  - [ ] Decisionally impaired/mentally disabled
  - [ ] Specific ethnic group(s) (list in box):

If any potentially “vulnerable populations” have been indicated above, please explain the necessity for using this particular group, or if specific groups are excluded from the study, please indicate the exclusion criteria used.

- Target number of participants in the entire study (including controls) from start to finish (keep in mind that this is just an estimate of the total):
4) Please explain any outside institutional (i.e., schools, hospitals) approval you will need to obtain and how approval will be sought. Provide scripts, letters, or emails providing any information that will be used to obtain needed approvals/permission. It is the responsibility of the researcher to follow all applicable policies of any outside institution(s).

Part III: Risk/Benefit assessment

5) What knowledge/benefit(s) to the field will be gained from the study?
   The basis for examining any early childhood program is to see how and where the program is at for promoting best practices for the children and the staff. Teachers may have different feelings of self-efficacy then there directors which can influence their confidence in being willing to implement best care practices. Program administrators need to know the areas of differences in self-efficacy in order to provide training based on those discrepancies.

6) What direct benefit(s) are there to the participant(s) (if any) from the proposed research? [For example, learning a new skill, psychological insight, teaching experience] [Please note that compensation is NOT considered a direct benefit.]
   Completion of the survey may help administrators and teachers take the time to reflect about how they feel concerning their current programs' child care practices.

7) Describe any potential risks (breach of confidentiality, economic, ethical, legal, physical, political, psychological/emotional, social, or other) to the subjects posed by the proposed research. (Note: Some studies may have “no reasonably foreseeable risks.”) Investigators are required to report all unexpected and/or adverse events to the IRB. Therefore, it is important that you list all reasonably anticipated risks because unanticipated adverse events may need to be reported by NIU to OHRP. While maintaining confidentiality there should no more than minimal risks.

8) Federal regulations require that researchers use procedures that minimize any risks to participants. What procedures will be used to minimize each risk and/or deal with the challenge(s) stated in “7” above?
   Confidentially will be maintained by the data collection procedures: turning the survey upside down and placing it into a researcher supervised box with a cover.

9) If support services are required to minimize risk of harm to participants, explain what will be provided (list of services available – Appendix E). [A resource list for the DeKalb area is available on the ORC website – if using this, please provide a copy with your application.]

10) How do the potential benefits of the study justify the potential risks to the participants?

Part IV: Consent Document Variations

11) Will audio, video, or film recording be used? Yes ☐ No ☒
   If yes, specify the recording format to be used.
   Please keep in mind that specific consent must be sought in the informed consent document(s) by including a separate signature/date line giving consent for recording. This is in addition to the signature/date line giving consent to participate in the research project.
12) Will this project require the use of consent/assent documents written in a language other than English?  

Yes ☐ No ☒

Reminder: If non-English documents will be used, please have the document translator provide documentation (email or written) that the translation is equivalent to the English version. [This can be done after the protocol is approved in order to minimize the number of changes needed.]

13) Are you requesting a waiver of a signed informed consent document?  

Yes ☒ No ☐

Please indicate the justification for requesting this waiver:

☐ The only record linking the subject to the research would be the signed consent document

☒ The research involves minimal risk to the subjects and involves no procedures for which written consent is normally required outside of the research context (e.g., online surveys).

14) Are you requesting a waiver/alteration of some other aspect of the informed consent document?  

[This section is relevant for studies involving deception.]

Yes ☐ No ☒

14a) Please explain which aspects of informed consent will be missing or altered along with a justification for the change.

14b) Please explain how the project meets all of the following criteria:

1) The research presents no more than minimal risk of harm to the participants.

2) The waiver/alteration will not adversely affect the rights or welfare of the participants.

3) The research could not practicably be carried out without the waiver or alteration.

4) Whenever appropriate, the participants will be provided with additional pertinent information after participation.

15) Will any HIPAA protected health information be collected as part of the data?  

Yes ☐ No ☒

If yes, describe the procedures for protecting the information.

[Please provide a copy of your HIPAA disclosure form to be given to participants.]

16) Will any protected school records be collected as part of the data?  

Yes ☐ No ☒

If yes, describe the procedures for protecting the information.
Part V: Confidentiality and Anonymity

17) Will identifying information be connected to the data (even through an identification key linking identities to a pseudonym or code that is kept separate from the data)? Yes ☒ (confidential data)  No ☐ (anonymous data)

18) If you answered yes to the above question, describe precautions to insure the privacy of the subjects, and the confidentiality of the data, both in your possession and in reports and publications.

The survey will not ask for names or signatures. The data will be aggregated for data analysis so that only the aggregated data will be reported.

19) How will the records (data, recordings, and consent forms) be stored? Also indicate how long records will be kept and how and when they will be disposed of.

[Note: Signed informed consent documents must be maintained for 3 years following completion of the study.]

Data will be stored and locked in a closet and data analysis will be kept on a password protected computer and flashdrive. Only the researcher and advisor will have access to the data.

Part VI: Does this project involving deception

No ☐

[complete this section only if your study includes deception]

20) Describe the deception being used. Be sure to clarify whether this is deception by omission (an important aspect of the study is withheld from the participants) or commission (the participant is misled about some aspect of the study) or both. [Complete item 14 if aspects of consent are missing.]

21) Why is deception a necessary and unavoidable component of the experimental design?

22) Debriefing of participants will be:

☐ Immediate (directly following the research session)
☐ Delayed
☐ Full (all aspects of deception will be revealed)
☐ Partial (some aspects of deception will remain unexplained)

a) If debriefing is delayed, why is the delay necessary, and when will it occur?

b) If debriefing is partial, why is the partial debriefing necessary? Would the participant be harmed in any way by full debriefing?

c) If debriefing is partial, will full debriefing occur later?

d) Does the presence of deception increase risk of harm to the participants?
Part VII: Credit and Compensation

24) If participants will receive course credit for participation, please describe it below.

25) If participants will receive some other form of compensation for participation, please describe it below.

26) Describe any alternative tasks that will be available for participants to earn the credit or compensation.

Part VIII: Conflict of Interest

27) Do any of the researchers conducting this study have any potential conflicts of interest?

Yes ☐ No ☒

28) If yes to the above question, please describe the nature of the conflict of interest.

Please use the following link to access the NIU research conflict of interest policy:

Part IX: Researcher Qualifications

29) In addition to listing the investigators’ names, indicate their qualifications to conduct procedures to be used in this study (specifically describe past experience conducting research with humans or how training will occur).

Susan Mitchell has taken FCNS 604, Research Methods. She has also completed the online IRB training. This project is under the supervision of Dr. Linda Dersheid who has conducted and published several research studies and was a former ADR for 5 years.

30) State the date of completion of CITI Human Subjects Protection training program(s) for the individuals listed in the above question. [Note: NIU Policy requires that research investigators must complete appropriate training before conducting human subjects research.] If you have comparable training, please attach certification indicating this.

CITI (Collaborative Institutional Training Initiative) training is thorough and well recognized: https://www.citiprogram.org/Default.asp?

Susan Mitchell completed the CITI in April 2013 as part of the FCNS 604, Research Methods requirements. Dr. Linda Dersheid was the ADR for FCNS for 5 years and has had yearly training on IRB ethical practices. She has also taught FCNS 604 Research Methods several semesters.
REQUIRED SIGNATURES: ALL PROJECTS

CERTIFICATION

I certify that I have read and understand the policies and procedures for research projects that involve human subjects and that I intend to comply with Northern Illinois University Policy. Any changes in the approved protocol will be submitted to the IRB for written approval prior to those changes being put into practice unless it involves an immediate safety issue for the subject during a procedure. (In such instances, the researcher is required to promptly notify the IRB after the fact.) I also understand that all non-exempt projects require review at least annually.

Investigator(s) Signature(s) Date

Signature of Faculty Advisor (Student Project Only) Date

Authorized Departmental Review:

☐ Project qualifies for Administrative Review.
   Cite the appropriate exempt category:

☐ Project qualifies for Subcommittee Review.
   Cite the appropriate expedited category:

☐ Project is referred for review by the convened IRB.

Signature of Authorized Departmental Reviewer Printed name Date

Return this form, together with necessary documentation, to the Office of Research Compliance, Lowden Hall, 301. For information or additional assistance with the approval process, please call the office at (815) 753-8588 or access the ORC web page at www.orc.niu.edu.
IRB Amendment application

Any amendment to an approved protocol must be reviewed and approved by the IRB before the amendment is implemented. Such amendments may include changes to the study design, procedures, enrollment, methods of recruitment, personnel or consent form.

<table>
<thead>
<tr>
<th>IRB Number</th>
<th>HS14-0027</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Title</td>
<td>Early Childhood Program's Staffs' Self-Efficacy Concerning Child Care Practices</td>
</tr>
</tbody>
</table>
| Principal Investigator | Name: Susan Mitchell  
Phone: 815-545-4716  
E-mail: 21590373@students.niu.edu  
Address: 800 Lucinda Ave, Northern Illinois University, Neptune West 0127 |

A. If this amendment involves any change in personnel, please complete the following information:

1. List all personnel being removed from the project

Dr. Linda Berschak is being removed as the thesis supervisor.

2. List all personnel being added to the project, include a description of their qualifications to conduct the research and their training in human subjects protection (CITI training or proof of equivalent training)

Dr. Florencia Surjadi will be added as the thesis supervisor. Dr. Surjadi had completed the NIH Human Subjects Protection training and has been involved in NIH funded longitudinal studies of families since 2006. She is also the regular instructor of ECNS 604, graduate Research Methods class.

B. For all other changes to the project, please provide the following information

1. Describe the proposed changes and explain why they are being made.

Five open-ended interview questions will be added and will be administered to child care administrators and teachers. These questions are being added to provide additional data for the thesis.

2. Do the changes described above change the level of risk to the participants? If so, explain whether the risks are increased or decreased, and describe the nature of the change in risk.

No, there is no foreseeable change in the risk to the participants.
APPENDIX C

INFORMED CONSENT
Informed Consent to Participate in the Survey Questionnaire

My name is Susan Mitchell, and I am currently an Applied Family and Child Studies Master’s student at NIU. The advisor for this project is Dr. Linda Derscheid. In order to complete a thesis, I am in need of participants to fill out a survey regarding teachers’ and administrators’ confidence/ self-efficacy regarding program practices. The purpose of the present study is to gather information regarding teachers, administrators in child care programs in regards to confidence/ self-efficacy perceptions.

Instructions for Potential Participants:

I understand that if I agree to participate in this study, I will be asked to complete a short self-report survey regarding self-efficacy/confidence levels. It will take 10-15 minutes to complete. I do understand that I am requested to complete this survey questionnaire honestly and completely. I understand that the intended benefits of this study include adding to the knowledge of teachers’ and administrators’ self-efficacy/ confidence perceptions.

I am aware that my participation is voluntary and may be withdrawn at any time without penalty or prejudice, and that if I have any additional questions concerning this study, I may contact Susan Mitchell at (815)-545-4736 or the advisor, Dr. Linda Derscheid at (815) 753-6341. I understand that if I wish further information regarding my rights as a research subject, I may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8588.

I understand that all information gathered during this study will be kept confidential by not collecting identifying information on the survey questionnaire, and storing the information in a confidential file cabinet, which is locked when not in use. The survey information will only be accessible by the researcher and the advisor. I understand that completion of this survey questionnaire implies my consent to participate in this study. I understand that my consent to
participate does not constitute a waiver of any legal rights or redress I might have as a result of my participation, and I acknowledge that I may keep this consent form by submitting only the survey questions.

Thank you for taking the time to fill out this questionnaire and taking part in this important study. Your participation is highly appreciated.
APPENDIX D

QUESTIONNAIRE
Self-Efficacy of Child Care Practices

Please read each statement; circle the number that best represents your degree of confidence in doing or facilitating that task whether or not it is part of your current job responsibilities.

1 Not Confident 4 Moderately Confident 6 Very Confident

Rate your degree of confidence that you can do or facilitate the following:

1. Provide furnishings for routine care.
2. Use furnishings for learning activities
3. Use furnishings for relaxation and comfort
4. Provide multiple interest centers and visual supervision of play in your room
5. Provide displays for children
6. Provide daily arrival or departure greetings
7. Provide healthy meals/snacks
8. Provide a nap or rest time for all children
9. Plan for either diapering or toileting times
10. Provide a developmentally health policy for children
11. Implement and provide appropriate safety practices and policies for children
12. Provide informal use of language
13. Provide books and pictures in the classroom
14. Plan for activities that promote eye-hand coordination
15. Plan activities for active physical play
16. Plan daily art activities
17. Plan daily music and movement activities
18. Plan daily block play
19. Plan activities that promote pretend play
20. Plan daily sand and water play activities
21. Plan cultural awareness activities
22. Encourage peer Interactions
23. Provide daily, frequent nurturing caregiver-child interactions
24. Provide positive guidance for discipline techniques
25. Plan a schedule of daily activities
26. Provide Supervised daily activities for children
27. Promote staff interaction and cooperation
28. Provide areas and materials for exceptional children
29. Provide areas and resources for personal needs of staff
30. Provide opportunities for professional growth
31. Provide an adult meeting area
32. Provide areas and resources for parents
33. Provide indoor space
<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>34.</td>
<td>Provide furniture for routine care, play and learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>35.</td>
<td>Plan the room arrangement to facilitate play</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>36.</td>
<td>Provide space for children’s privacy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>37.</td>
<td>Provide space for gross motor play</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>38.</td>
<td>Provide appropriate books and pictures for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>39.</td>
<td>Encourage children to communicate their needs with teachers and peers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>40.</td>
<td>Encourage children to use language to develop reasoning skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>41.</td>
<td>Provide appropriate activities for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>42.</td>
<td>Encourage children to use fine motor skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>43.</td>
<td>Implement art as a daily activity for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>44.</td>
<td>Provide music/movement activities for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>45.</td>
<td>Provide blocks as a learning center for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>46.</td>
<td>Incorporate sand/water in the media table</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>47.</td>
<td>Provide a dramatic play area for children daily</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>48.</td>
<td>Implement nature/science activities for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>49.</td>
<td>Provide math/number activities for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>50.</td>
<td>Provide use of TV, video, and or/ or computers when needed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>51.</td>
<td>Encourage promoting acceptance of diversity for all children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>52.</td>
<td>Provide general supervision of children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>53.</td>
<td>Implement appropriate discipline with children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>54.</td>
<td>Provide and implement program structure for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>55.</td>
<td>Provide and implement a structured schedule daily for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>56.</td>
<td>Provide free play for children daily</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>57.</td>
<td>Implement group time daily with children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>58.</td>
<td>Provide provisions for children with disabilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>59.</td>
<td>Provide appropriate feedback to parents and staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>60.</td>
<td>Provide space and resources for parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>61.</td>
<td>Provide provisions for personal needs of staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>62.</td>
<td>Provide provisions for professional needs of staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>63.</td>
<td>Encourage staff interaction and cooperation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>64.</td>
<td>Encourage supervision and evaluations of staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>65.</td>
<td>Provide opportunities for professional growth</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>66.</td>
<td>Provide staff orientations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>67.</td>
<td>Advocate for adequate compensation to staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>68.</td>
<td>Advocate for benefits to staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>69.</td>
<td>Implement staffing patterns and scheduling of staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>70.</td>
<td>Implement center operations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>71.</td>
<td>Provide risk management trainings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>72.</td>
<td>Assess internal communications</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>73.</td>
<td>Provide child assessment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>74.</td>
<td>Provide and implement screening and identification of special needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>75.</td>
<td>Assess fiscal management of budget</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
76. Advocate and adhere to a balanced budget
77. Implement sound accounting practices
78. Implement program evaluations of all staff
79. Implement strategic planning
80. Provide family partnerships
81. Provide family communications
82. Encourage family support and involvement
83. Implement marketing and public relations
84. Provide community outreach activities
85. Use technology to enhance job
86. Provide technological resources for staff
87. Stress staff qualifications
88. Advocate for qualified administrators
89. Advocate for qualified lead or head teachers
90. Advocate for qualified assistant teacher/aide for children
91. Promote positive staff-child relationships
92. Provide appropriate curriculum for children
93. Implement appropriate teaching strategies
94. Provide assessment of children's progress to parents and staff
95. Stress the importance of health-related practices
96. Encourage families to participate in children's school
97. Promote community relationships
98. Promote a positive physical environment for children
99. Encourage leadership and management of staff

Demographic Questions:

1. Education (check the highest level achieved): High school diploma
   Associate’s degree In _____, Baccalaureate Degree In _____, Graduate Degree In _____, Other degree

2. Your position: Administrator, Head/Lead Teacher, Teacher, Assistant/Aide, Other

3. Years in field:

4. Years teaching:

5. Your Age: (closest year)

6. Sex: Male Female

7. Race: Asian/Pacific Islander, African American, Caucasian, Hispanic/Latina, Native American, Mixed Heritage, Other

8. Involvement in QRS/QRIS: Yes How so? No

9. Involvement in program Accreditation: Yes How so? No
10. Type of program in which you are currently working: privately owned, non-profit child care center _______, Head Start _______, University/College associated child care center _______, Corporate/for-profit child care center _______, Private preschool program _______, Pre-K _______, Other? __________________________

Thank you for your input!
APPENDIX E

CONSENT/OPEN ENDED INTERVIEW QUESTIONS
Informed Consent to participate in the interview questions

My name is Susan Mitchell, and I am currently an Applied Family and Child Studies Master’s student at NIU. In order to complete a thesis, I am in need of participants to answer five interview regarding teachers' and administrators' confidence/self-efficacy regarding program practices. The purpose of the present study is to gather information regarding teachers, administrators in child care programs in regards to confidence/self-efficacy perceptions.

Instructions for Potential Participants:

I understand that if I agree to participate in this study, I will be asked to complete a short self-report survey regarding self-efficacy/confidence levels. It will take 35 minutes to complete. I do understand that I am requested to complete these interview questions honestly and completely. I understand that the intended benefits of this study include adding to the knowledge of teachers' and administrators' self-efficacy/confidence perceptions.

I am aware that my participation is voluntary and may be withdrawn at any time without penalty or prejudice, and that if I have any additional questions concerning this study, I may contact Susan Mitchell at z1590373@students.niu.edu or (815)-545-4736 or the thesis advisor, Dr. Flora Surjadi at fsurjadi@niu.edu or (815) 752-7083. I understand that if I wish further information regarding my rights as a research subject, I may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8588.

I understand that all information gathered during this study will be kept confidential by not collecting identifying information on the interview questions, and storing the information in a confidential file cabinet, which is locked when not in use. The interview information will only be accessible by the researcher and the advisor, I understand that completion of the interview questions implies my consent to participate in this study. I understand that my consent to participate does not constitute a waiver of any legal rights or redress I might have as a result of my participation, and I acknowledge that I may keep this consent form by submitting only the interview questions.

Thank you for taking the time to answer the interview questions and taking part in this important study. Your participation is highly appreciated.
Open ended interview questions

Interview Questions:

1. What type of training have you received related to this position?
2. How many years have you been in the current position?
3. Can you describe your experience as a director/ administrator/ teacher in early care and education programs?
4. What type of additional knowledge/ training do you believe would be beneficial?
5. What is your vision of a high quality early care and education program?