



Introduction

Research indicates that high-quality center-based care can significantly influence children's developmental and early academic outcomes.

For children in child welfare, a high-quality early learning environment may provide consistency, early intervention, and the basic foundations that promote resilience in children facing challenges.

Voluntary accreditation systems, such as NAEYC and APPLE, have established professional standards of quality for early learning programs that align with the quality standards valued by both the scientific and policy-making communities.

Exploring the associations of accreditation on the outcome of children within the child welfare system is important because:

1. Accreditation is a central, convenient, and comprehensible factor that provides some information about the quality of care provided at an early childcare and education center.
2. Requiring children in child welfare to attend an accredited childcare center has become the focus of policy discussions in some states and locales.

Research Questions

1. Do pre-k children in the child welfare system who attend an accredited early education center perform better on developmental outcome measures than pre-k children in the child welfare system who do not attend an accredited early education center?
2. Does center accreditation have a more positive effect for preschool children in the child welfare system compared to their non-child welfare counterparts?

Participants

The present study included 164 low-income four and five-year-old children from Miami-Dade County, FL enrolled in community-based childcare.

Group	N	Demographics			In acc. center
		Male	Black	Hispanic	
Comparison	82	44%	63%	29%	55%
Child Welfare	82	44%	63%	29%	30%

Method

Children's outcome was collected with the LAP-D assessment at the end of the academic year (March to June).

Accreditation status of the center each child attended was obtained from the county oversight agency.

All participating children were assessed on the complete Learning Accomplishment Profile-Diagnostic (LAP-D).

The **Learning Accomplishment Profile-Diagnostic** (Nehring, Nehring, Bruni, & Randolph, 1992) is a standardized assessment designed to measure the developmental abilities of children aged 30 to 72 months.

The LAP-D assess four developmental domains across eight subscales:

- 1- Cognition : (a) cognitive matching and (b) cognitive counting
- 2- Language: (a) language naming and (b) language comprehension
- 3- Fine Motor: (a) fine motor manipulation and (b) fine motor writing
- 4- Gross Motor: (a) gross motor body and (b) gross motor object

Results

➤ The comparison sample had a significantly higher percentage of children in accredited centers compared to the child welfare group, $\chi^2(1) = 9.97, p < .01$.

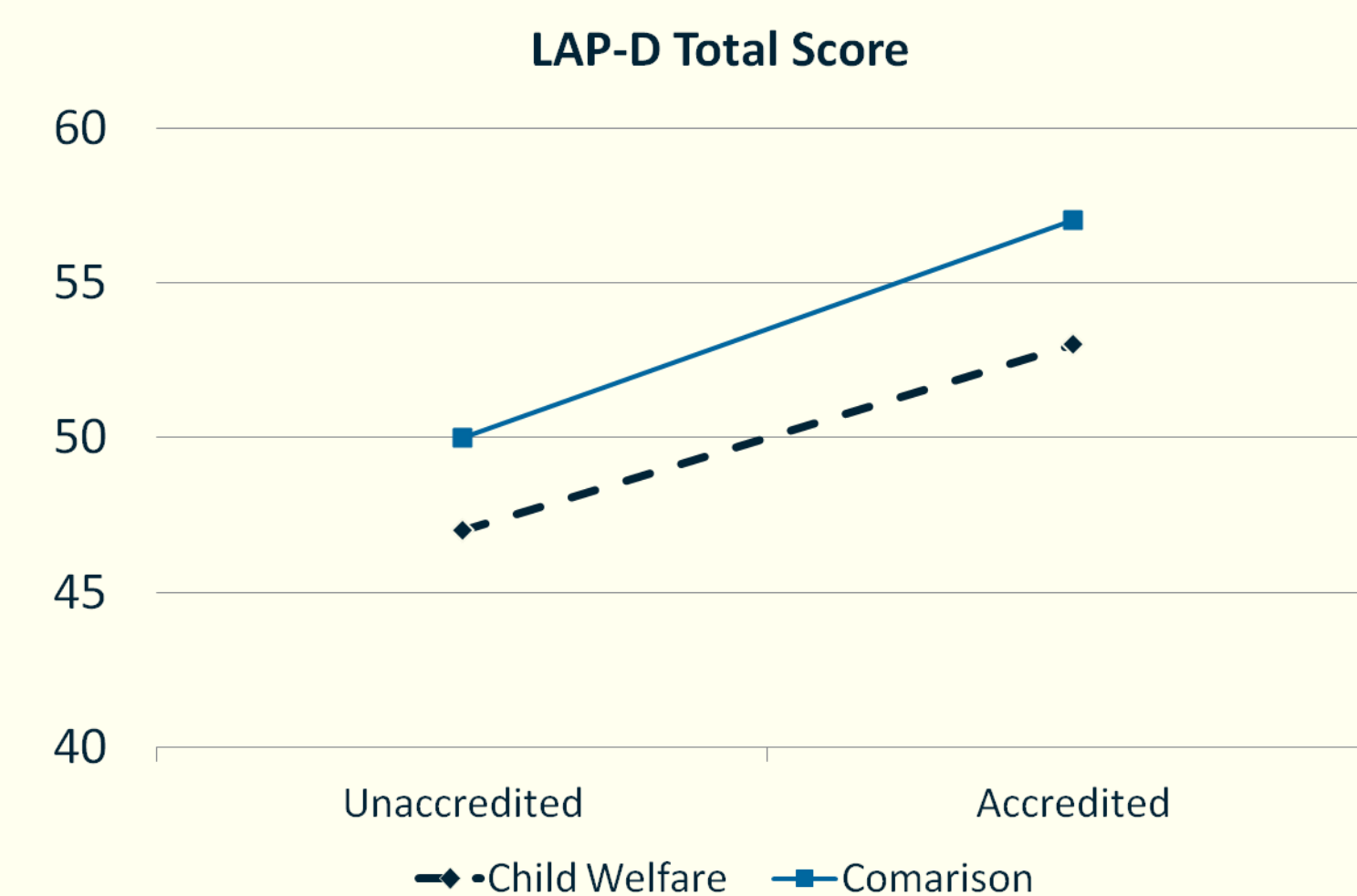
➤ SPSS Mixed Models were used to explore the effects of GROUP (welfare, not) and ACCRED (yes, no) on LAPD subscales, controlling for sex, age, and ethnicity.

➤ The main effect for accreditation was significant for the overall/total score, language naming, cognitive matching, fine motor writing, and fine motor manipulation

➤ The main effect for child welfare was significant for the overall/total score, language comprehension, and gross motor object.

➤ Only the cognitive counting subscale yielded a significant interaction effect between accreditation and child welfare. The effect of accreditation on cognitive counting was only apparent in children in the comparison sample.

Figure 1. Significant main effect of accreditation on LAP-D Total score and significant main effect of group on LAP-D Total score



	Statistical Test	
Overall/Total Score	F	p
Accreditation (Y/N)	12.06***	.001
Child Welfare (Y/N)	5.69*	.018
Accreditation x Child Welfare	0.22	.643
Language Naming		
Accreditation (Y/N)	8.59**	.004
Child Welfare (Y/N)	3.04	.083
Accreditation x Child Welfare	1.18	.279
Language Comprehension		
Accreditation (Y/N)	3.18	.077
Child Welfare (Y/N)	5.52*	.020
Accreditation x Child Welfare	1.41	.237
Cognitive Counting		
Accreditation (Y/N)	1.64	.204
Child Welfare (Y/N)	0.26	.610
Accreditation x Child Welfare	4.25*	.041
Cognitive Matching		
Accreditation (Y/N)	15.93***	.000
Child Welfare (Y/N)	0.75	.388
Accreditation x Child Welfare	0.04	.846
Fine Motor Writing		
Accreditation (Y/N)	6.25*	.014
Child Welfare (Y/N)	2.93	.089
Accreditation x Child Welfare	0.54	.466
Fine Motor Manipulation		
Accreditation (Y/N)	12.51***	.001
Child Welfare (Y/N)	1.67	.199
Accreditation x Child Welfare	0.00	.976
Gross Motor Body		
Accreditation (Y/N)	2.62	.109
Child Welfare (Y/N)	2.26	.135
Accreditation x Child Welfare	.46	.501
Gross Motor Object		
Accreditation (Y/N)	3.15	.079
Child Welfare (Y/N)	7.17**	.008
Accreditation x Child Welfare	1.17	.282

* p < .05. ** p < .01. *** p < .001.

Discussion

Children in child welfare, who attend accredited childcare centers, have significantly better developmental and early academic outcomes than children in child welfare enrolled in unaccredited centers.

Accreditation did not have a more positive effect for children in child welfare compared to the comparison group, as hypothesized. Both children in child welfare and children in the comparison group enrolled in accredited child care centers performed better on the LAP-D than those enrolled in unaccredited centers.

Overall the results of the study reveal three unique findings that serve to inform the field and provide a foundation for future research:

1. Attending an accredited childcare center results in better developmental outcomes for all children, including children in the child welfare system.
2. Children in child welfare system are far less likely to attend accredited child care centers than their non-child welfare counterparts.
3. Children in child welfare system demonstrate poorer performance at the end of pre-k compared to children not in the child welfare system.

Together, the prominent main effects of accreditation and the low proportion of children in child welfare enrolled in accredited centers, suggest that greater efforts should be made to place children in child welfare in accredited centers.

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