

Quality in Child Care Centers

MILLIONS OF YOUNG children in the United States are cared for by someone other than their parents. Much of this care is provided by extended family members, friends, or neighbors. An increasingly large number of children, however, are cared for in child care centers. The need for affordable child care will increase under the new welfare provisions of Temporary Assistance for Needy Families (TANF), as access to child care becomes a critical ingredient of welfare recipients' employability.

What Are the Issues?

Quality child care is important for the well-being of young children. Higher quality ought to result in better outcomes for children. But what is quality and how can it be measured? How good is the quality of child care programs in the United States today? Most importantly, what do we know about the relationships between quality of child care and outcomes for children?

Quality in Child Care Centers

Quality can mean different things to different people. Some focus on structural features such as group size, child-staff ratios, physical space, teacher qualifications, staff training, wages, and safety. Others focus on how caregivers interact with children and the actual experiences children have. Useful measures have been developed, so that the many dimensions of quality can now be assessed with

accuracy and confidence.

Despite the availability of good measures, little nationally representative data are available. Thus researchers and policy makers must rely on knowledge from studies conducted in particular areas of the country or with particular types of centers. An analysis of these studies indicates that typical quality is considerably below what is considered good practice. The *Cost, Quality, and Child Outcomes Study* (CQO, 1995) reported that of the more than 400 centers studied in four states, only 8% of infant classrooms and 24% of preschool classrooms were of good or excellent quality. In 10% of preschool programs and 40% of infant programs the quality was rated as poor. As displayed in the graph on page 2, less than adequate quality has been reported in a number of studies, and a synthesis of this research (Love, Schochet, & Meckstroth, 1996) suggests that the findings are so consistent as to raise broad concern about the quality of care in early childhood settings nationwide.

Three additional facts confirm that quality of care is less than what most parents would want for their children:

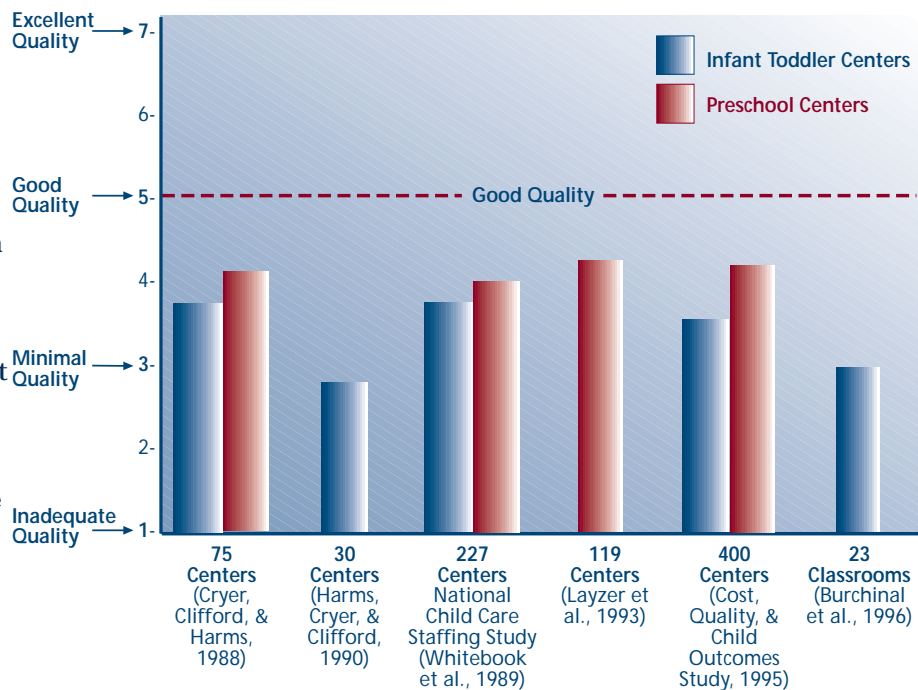
- ☉ The education credentials of staff who work in child care centers are often inadequate relative to the skills required. The CQO Study found that only 36% of teachers had a bachelor's degree or higher. The *NICHD Study of Early Child Care* (1996) found that

(see *OUTCOMES* page 2)



Program Quality for Young Children Across Multiple Studies

These 6 studies each rated the quality of a sample of programs for young children using either the *Early Childhood Environment Rating Scale* or the *Infant-Toddler Environment Rating Scale*. Each scale contains a set of items rated on a 1–7 scale, with ratings reflecting inadequate (1), minimal (3), good (5), or excellent (7) quality. The values on the chart represent the mean item rating for the centers observed. A rating of 5 is considered the minimum rating for reasonable quality. The figure shows that all studies reported average quality ratings below 5, and that infant programs were always rated lower in quality than preschool programs.



OUTCOMES

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only a third of infant child care providers had any specialized training in child development and only 18% had a bachelor's degree or higher.

- ☉ Staff turnover is high, ranging from 25% to 50% each year. This means that children are constantly adapting to new caregivers and administrators are constantly orienting and training new staff (Whitebook, Howes, & Phillips, 1989; CQO Team, 1995).
- ☉ Staff compensation, including wages and benefits, is exceptionally low. Child care staff are among the lowest paid of all classes of workers in the US. Staff compensation is significantly related to the quality of care provided (Whitebook, Howes & Phillips, 1989; CQO Team, 1995).

The Effects of Quality on Children

Over the past 15 years a number of studies have examined the effects of varying levels of quality on children's behavior and development. Each reached the same conclusion: *a significant correlation exists between program quality and outcomes for children* (Frede, 1995). Outcomes related to quality include cooperative play, sociability, creativity, ability to solve social conflicts, self control, and language and cognitive development. For example, findings from the NICHD study of early child care indicate that quality of provider-child interaction is related to better cognitive and language scores for children and to more positive mother-child interactions across the first three years of life (NICHD Network, 1997).

What characteristics of child care are especially important? Features such as the number of children per adult, and caregiver/teacher qualifications are important for setting the stage for better quality (Whitebook, Howes, & Phillips, 1989; NICHD Network, 1996). Alone, these features do not create quality. They provide the context, however, in which quality is more likely to occur. As research has become more sophisticated, it is clear that features such as responsiveness of the caregiver, individualization of care, language used in the classroom, and the appropriateness of learning activities, are the key dimensions of quality that affect outcomes for children.

Some have argued that poor quality is of concern only for children living in poverty. Research suggests, however, that quality is important for all children, regardless of family income level (CQO Team, 1995; Love et al., 1996; NICHD Network, 1997).

What Do We Need To Learn?

Much research has documented quality in child care programs and the relationship between quality and outcomes. However, additional work is needed to inform both policy and practice. We recommend the following:

- ☰ **A periodic nationally representative study of child care practices and quality** would provide an important basis for understanding the current state of affairs and for evaluating the effects of changes in state and federal policies. States could implement their own systems for tracking quality, but a national study would provide better data and allow for comparisons. This study should involve on-site observations rather than relying solely on questionnaires.
- ☰ Most research has looked at the relationship between quality and outcomes. We need more **specific studies that identify unacceptable levels of quality below which children's development may be compro-**

mised, as well as thresholds of quality that must be exceeded before programs can expect to have a meaningful impact.

- ☰ Although much is known about quality, **more research is needed to identify particular practices** that are especially important in promoting development. This work needs to be experimental (in which different conditions are compared) rather than simply correlational (studies in which factors appear to be related to each other). We need to know the extent to which these practices are used, identify barriers to their use, and develop models and procedures for supporting improvement in caregiving.
- ☰ **Studies are needed in which children's development and behavior are tracked longitudinally.** We need to know how factors such as the home environment, family income, parenting style, family values, and parental choices about child care interact with program quality to affect outcomes for children. ☰

What Policy Changes Are Needed?


Although more research is needed, *there is now little doubt that the quality of child care needs improving.* For this to occur, we urge legislators, agencies, and organizations to consider the following:

- ☰ **Strengthen standards and regulations for child care programs.** The CQO study found a relationship between state standards, the quality observed in centers, and outcomes for children. A recent study found that centers achieving accreditation by the National Association for the Education of Young Children had higher quality than those that tried but did not achieve accreditation (Whitebook, Sakai, & Howes, 1997). Well-accepted professional standards exist for child-staff ratios, group size, and other structural variables, and states should require programs to adhere to these standards. States also need to set standards for quality caregiving, monitor the extent to which quality caregiving exists, and provide incentives and consequences for meeting these standards.
- ☰ **Require initial and ongoing training for staff working in child care programs.** Staff training and support are essential to quality caregiving. The profession must find ways of

providing this training that are not expensive and allow caregivers to continue their work.

- ☰ **Find ways to recruit and retain more highly educated and skilled staff.** This means finding ways to support higher wages, benefits, and improved working conditions.
- ☰ **Inform parents about the importance of quality child care and its effects on children.** Child care consumers need to be aware of the quality that is available in specific programs so that they can make informed choices. This calls for the development of guides for parents and other ways of conveying this information on a regular basis, a role that could be assumed by resource and referral agencies.
- ☰ **Identify ways to support the costs of higher quality child care.** Improving the quality of child care in most instances will require more money. States, advocacy groups, providers, and consumers need to come together to develop a package of incentives and supports that make high quality attractive to providers and consumers alike and create the conditions so that quality is affordable. ☰

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