Places for Growing

HOW TO IMPROVE YOUR CHILD CARE CENTER

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Heidi M. Ferrar

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Development of the Guide

This guide, as well as a companion piece describing quality goals for family child care, was developed as part of the Expanded Child Care Options (ECCO) demonstration, to test the effects of greater social investments in child care. Because many children spend a large part of the day in child care, the quality of their relationships with teachers and other children and the quality of their opportunities for playing and learning while in child care may strongly influence their school readiness and later success in life. In addition, child care that supports the family may help a child's parents become better parents and providers.

From 1988 to 1995, the Rockefeller Foundation funded ECCO to show how more financial assistance for child care and higher quality child care might affect children and their families. ECCO researchers also developed techniques for improving the quality of child care in centers and family child care homes. As part of this effort, Mathematica Policy Research, Inc., developed this guide describing a high quality child care center and suggesting ways that center directors, teachers, and other staff can move toward quality.

ECCO was originally designed to promote high quality child care in low-income urban neighborhoods. But the fundamental principles of high quality child care and professional development are the same in all settings. Child care centers in all neighborhoods and in all parts of the country can use the quality principles and strategies presented here to make child care centers even better places for growing.

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How to Use This Guide ·

Child care centers are places in which young children do much of "the work of childhood"—playing, growing, and learning. Most center directors and teachers put a lot of effort into offering good quality care. At the same time, many could benefit from seeing what a high quality center looks like. This guide paints a picture of high quality child care centers for preschoolers, describing daily routines, mealtimes, how the classroom is arranged, materials and equipment, and other features of a high quality center.

Many parents think a child care center is high quality if it meets certain conditions—for example, if it meets state licensing standards or is accredited by the National Association for the Education of Young Children (NAEYC). Yet, child care centers have the potential to achieve even greater quality, and centers that meet and then reach beyond these thresholds can help children to also reach their highest potential.

Although quality in child care centers can go beyond the requirements for licensing and professional accreditation, these are important steps, or milestones, on the road to quality. This guide describes quality in terms of goals—objectives directors and teachers can measure their progress against and work toward. As center staff members work toward these goals, they should obtain the professional recognition of NAEYC accreditation or the Child Development Associate (CDA) credential. After reaching these important milestones, staff should continue working toward the other goals for quality child care. The goals will not be reached in a year or two, as accreditation or credentials might be. Instead, they are objectives for the ongoing development of the center director, teachers, and other staff as professionals.

The quality goals presented here set high standards for child care centers. The goals cover four areas: (1) the classroom environment and daily program; (2) supportive services; (3) program administration; and (4) safety. In developing these goals, we used checklists and rating instruments that child care researchers and practitioners agree represent quality in center-based child care. These instruments are listed at the end of this guide in "For Further Reading."

The quality goals offer easy-to-use standards for assessing the quality of a child care center. After assessing quality in a center, the director and staff can come up with a schedule and a list of topics for professional development. All staff members, regardless of their position or title, should participate in this process as a team. The staff development approach described here recommends that the center develop an in-house capacity to offer staff development and maintain high quality care over time. This capacity can be created by identifying a staff member who can train staff using an on-the-job mentoring process of working directly with teachers in the classroom.

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Why High Quality Child Care Is Important

Your child care center is one of a growing number of places that parents rely on to keep their young children safe and happy during the day, often while the parents work. Nationwide, about 10 million children under age five are cared for by someone other than their parents for at least part of the day. Nearly 4 million of these children are in child care centers.[1]

When parents look for child care, they want a place where their child will be safe, where they can share information about the child with teachers, where the child will be prepared for elementary school, and where the child can enjoy a warm and caring relationship with teachers. A child care center must also be affordable and near the parents' home or job. Parents are often worried about leaving their most precious possessions in the hands of another person. A skilled and caring child care teacher can lessen some of the parents' fears so they can go to work with a sense of confidence about the care their child is receiving.

Many children spend the most active and important parts of their day in child care. In a high quality child care center, children are active learners and develop skills that are important for their ability to succeed in elementary school. These skills include curiosity and an interest in learning, cooperation, self-control, and the ability to follow simple directions. In high quality child care, children also grow socially and emotionally so they can meet the challenges of the larger world. They learn to trust adults and develop warm and caring relationships with them and with other children.

A recent study found that children in high quality child care centers had better language skills and early math skills and were more creative, independent, able to concentrate on a task, and interested in playing with other children.[2] They also were more likely to have warm, open relationships with their child care teachers. Other research has shown that high quality centers help economically disadvantaged children perform better when they enter elementary school. This appears to enhance their success in school and later life.[3]

Child care researchers, child development specialists, and people from child care organizations do agree about what makes up a high quality center. The National Association for the Education of Young Children (NAEYC) has been offering accreditation to centers that meet quality criteria described in *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8*.[4] The Panel on Child Care Policy of the National Academy of Sciences endorsed similar quality criteria for child care centers.[5]

Studies have found that a lot of center-based child care in the United States needs improvement. In a recent study in California, Colorado, Connecticut, and North Carolina, researchers spent two hours looking at each classroom, the teachers, and the children receiving care and rated what they saw on a scale from inadequate to excellent.[6] Nearly three-quarters of the centers offered care that was adequate. Just over 1 in 10 offered care that was inadequate. About one in seven was rated as good to excellent. Furthermore, good quality centers cost only a modest amount more (10 percent) than lower quality ones.

This guide describes practices that help create a high quality child care center. You can use the next section, which looks at quality centers, to assess how well your center meets goals for quality and identify where improvement is needed. The last section describes how to develop and maintain quality in a center over time.

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What a High Quality Center Looks Like

This chapter describes a high quality preschool child care classroom. Although most working parents choose family child care for infants and toddlers, they usually choose child care centers for preschoolers ages three to five. This increased use of centers probably reflects parents' desire for their children to be in a larger and more structured educational setting before entering kindergarten. It might also result from the large number of centers that enroll three- to five-year-old children. As a result, our quality criteria for child care centers focus on children in the three-to-five age range.

Quality Principles ·····························

Historically, child care has been viewed as a service designed to allow parents to get and keep jobs. As a result, child care regulations have primarily involved health and safety issues.

In the 1960s, some early-childhood programs began to focus more on the child and to offer a range of services to promote children's development. Programs such as Head Start were created to address the child's educational, social, emotional, and physical needs. Yet, these programs did not and still do not usually meet the child care needs of parents who work full-time, because they are primarily part-day, part-year programs for four-year-olds. Recent federal Head Start efforts, however, have started to address the child care needs of parents who work full-time by expanding the program's hours and the number of days offered per year. Head Start is also being offered to younger children.

In contrast to these earlier approaches, we have kept the needs and interests of both children and their working parents in mind in adopting the following seven quality-care principles for child care centers:

1. A child learns best in an environment that builds on his or her unique needs and strengths and is designed to help the child fully develop cognitively, socially, physically, and emotionally in a manner appropriate to his or her age and stage of development. The principle is intended to help children attain the highest level of educational and social proficiency they can.

2. Subject areas are part of a varied daily program that includes individual, small-group, and large-group activities and that emphasizes opportunities for children to learn through play, rather than academic content.

3. Equipment and materials are appropriate for the child's age, varied, and arranged so that the child can use them with minimal help from adults.

4. If the child and/or his or her family have problems, prevention, early identification, and early intervention are necessary to maximize the child's development.

5. Parents are the primary educators and the most fundamental influence in the development of their children. They must be actively involved in their children's education and care.

6. The framework for the program, including the length of the day, the number of days of service, and time constraints for parents' participation, meets the needs of parents in the community, including working parents.

7. Cultural and racial/ethnic diversity is promoted, accepted, and respected.

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. . . some children are cared for in enriched settings and some are cared for in low-quality settings.

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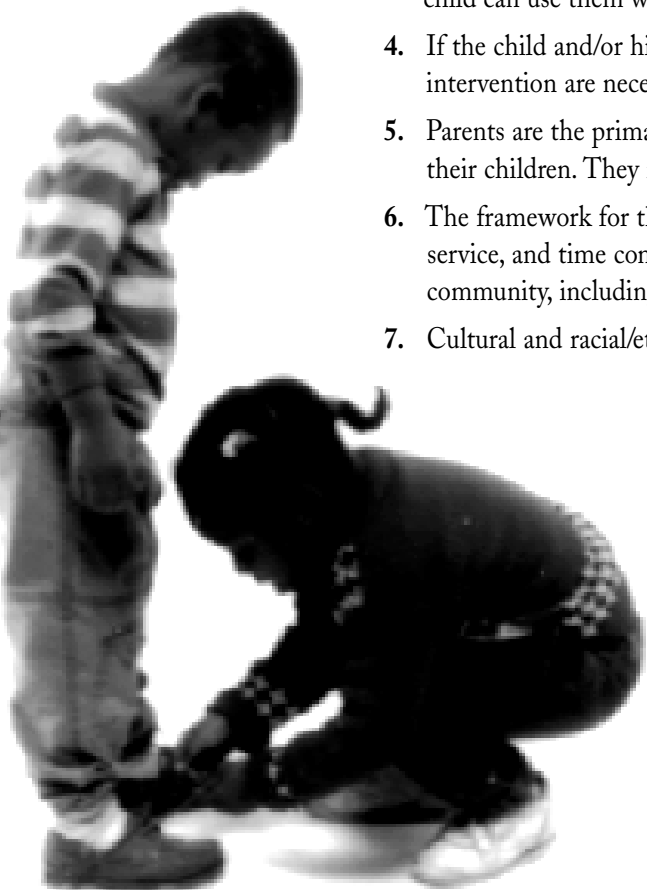
Quality Goals . . . .

The quality-care goals set high standards for centers that enroll preschoolers. These standards reflect the fact that child care quality varies and exists along a continuum. In all socioeconomic groups and all regions of the country, some children are cared for in enriched settings and some are cared for in low-quality settings. Research has found that most children are cared for in settings that are of moderate quality, neither enriched nor likely to be detrimental to their welfare.[7] A recent study, however, found that 12 percent of the centers in the four states studied offered low quality care, and only 14 percent offered high quality care.[8] Clearly, improving the quality of the child care that our children receive is an important task.

It is also important to recognize that the quality standards are goals to work toward. Although centers will probably not meet the standards at first, they will move along the continuum of quality until they approach or reach the goals. The rates at which centers move will vary, as will the help available to meet the standards. It is important for centers to view the standards as professional development goals and to work continually toward them, through initial training, program evaluation, and further training. As centers move toward the quality goals, staff can also earn professional recognition, such as the Child Development Associate (CDA) credential or accreditation by the National Association for the Education of Young Children (NAEYC). Professional and program development should continue, however, because these credentials indicate only that minimum requirements have been met, not that the goals for program quality have been fully achieved.

We define quality in four areas:

1. The classroom
2. The program's overall supportive services
3. Program administration
4. Safety

Although previous definitions of child care quality have included these four areas, they have emphasized the classroom and safety over supportive services and program administration. To achieve overall program quality, centers should balance their efforts to achieve quality in each of the four areas.

Quality Goals in the Classroom

Children spend a large amount of time in the classroom each day. While there, they should receive nurturing, supervision, food, and rest, as well as the skills they need to learn successfully. Because every classroom is different, each one will adapt the definition of classroom quality somewhat. Our definition is based on meeting the individual needs of each child.

Daily Routines

Staff should greet children and parents warmly when the children arrive and depart. When parents drop off and pick up children, staff and parents should take a moment to share information each day. A parent can provide insights into how the child is feeling (for example, "Maria didn't sleep well last night,"), so the staff can address the child's needs during the day. Staff can

When parents drop off and pick up children, staff and parents should take a moment to share information each day.

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give the parent insights into what the child did during the day (for example, "Maria painted a very pretty picture of her cat to hang in her room"), so the parent can stay involved in the child's activities.

Meals and snacks should be offered at intervals that keep children nourished throughout the day. The timing of meals and snacks will depend on children's ages and should complement the meals and food children receive at home. Mealtimes should be long enough so that they can be used as social and learning activities. Teachers should eat with the children and use mealtime to talk with them and to promote healthy eating habits.

Nap or rest time should also be scheduled to meet children's needs. Naps should not be too long or too short, and activities should be available for children who cannot sleep and for those who wake early. The space should be comfortable and conducive to rest. Children must be supervised while napping or resting.

Time for diapering should be established as part of the daily routine. Children should be offered time to use the toilet when they are likely to need it, although diapering and toileting times will also have to be flexible to meet children's needs. Children should wash their hands after using the toilet and before meals, and they should brush their teeth after meals. The bathroom should be clean and convenient to the classroom, and soap, toilet paper, paper towels, and other supplies should be adequate and well organized. These tasks should be handled in a relaxed and individualized manner and should provide an opportunity for pleasant conversation between children and teachers.

A *well-planned environment should be child-sized, welcoming, and comfortable.*

Physical Environment

A well-planned physical environment, both indoors and outdoors, is fundamental to high quality care. A well-planned environment should be child-sized, welcoming, and comfortable. The heights of tables and chairs should reflect the size of children. Child-sized toilets and sinks will help children use them independently. The furniture, classroom, and playground should be clean and in good repair. Materials that children use should be no higher than 48 inches from the floor, so that children can see them. To visualize the level at which children live and work, an adult should kneel and draw an imaginary line four feet above the floor. Anything higher is for adults. In addition, each child should have a space to call his or her own, such as a place to hang coats or to leave a favorite toy. Children should be able to identify their spaces, through pictures for younger children or printed labels for older ones.

   The classroom should have a variety of areas for learning and play. These should include blocks, manipulatives, and books, as well as areas for dramatic play, science, music, and art. The boundaries should be well-defined by bookcases or other dividers. Each area should have the right equipment (for example, water should be provided near painting easels). Areas should also be arranged so that children can use them without help (for example, with labeled, open shelves or convenient drying racks for artwork). Quiet areas should be separated from noisy ones, as should wet and dry spaces. Soft, quiet, inviting areas should be provided, so that a child can read a book, talk to a friend, or simply get away from classroom activity for a few minutes. The classroom should have adequate storage space for children and adults. Finally, the classroom should be arranged so that children can move smoothly from one activity to another. For example, children should not have to walk through the block area, disturbing the work there, to get to the art area.

   A quality classroom program must have enough square footage. At least 30 square feet of wall-to-wall space per child is required, although 35 square feet is preferable.

Materials and Equipment

Children learn best through active exploration. To ensure that they have a chance to develop a wide range of skills, children must be involved in a variety of hands-on activities and must have many activities to choose from. Each classroom should have enough developmentally appropriate materials and equipment so that several children can play with the same toy at the same time. Children should be able to use these materials independently. Materials should also be stored where children can reach them and return them to their original places, with minimal help from the teacher.

   Because children are naturally creative, they should have a supply of materials that can be used in a variety of ways. For example, children can use blocks in the block area but can also carry them to the dress-up corner to build a stage for a play. The supply of materials should be plentiful, so that several children can work on a project at the same time. From time to time, some materials should be put away and other materials should be taken out to give children variety. Multicultural and nonsexist toys and books should be in good supply. Books, displays, and dolls should represent different racial and ethnic groups, including those of children attending the center.

   Children should be encouraged to play with any toys they wish, and no toys should be labeled "boys' toys" or "girls' toys." To allow for individual differences, materials should reflect different developmental levels. For example, some children may only be able to use large crayons or markers, but others may be able to handle regular-sized crayons. Appropriate materials should be available for all the different developmental levels children display.

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Daily Schedule

The daily schedule should be designed to consider the needs of children in each classroom. The schedule should balance indoor time with children's need for physical outdoor activities. More small-group and individual activities and fewer large-group activities should be offered. The schedule should also include a large amount of "free play" time.

Transitions between activities should be smooth, and classroom routines should be clear so that children can understand them. Children need to know that the day progresses in an orderly fashion (for example, free play is followed by a snack, and hands are washed before a meal). Good classroom scheduling helps children learn cues that signal a change in activity and helps them build self-esteem as they develop habits and routines. Children who are comfortable with a classroom schedule have an easier time adjusting to the kindergarten schedule when they start school.

Most important, the daily schedule should be flexible. If children are involved in an activity when the time scheduled for it ends, the teacher should allow children to finish. Doing so will help them develop concentration skills and the ability to finish projects.

Developmentally Appropriate Learning Activities

A wide range of developmentally appropriate learning activities should be available in the classroom. Children should be able to choose from a variety of activities reflecting their developmental levels, including those of children with special needs. To provide appropriate activities, staff should observe children directly and rely on parent and teacher reports of children's skills, abilities, and interests.

Activities should focus on language development, fine- and gross-motor skills, creative expression, and social development. Activities should engage children directly in hands-on work, rather than have them sit and passively watch an adult. Children should choose activities with minimal guidance from the teacher, and then clean up and put materials away before moving on to something else. Individual expression should be encouraged by having very few materials that are alike. The teacher may need to structure some activities, but at no time should the teacher dominate children's play. Activities should allow children to choose from many creative alternatives. This is especially important in the areas of arts and crafts and dramatic play, where too much structure may inhibit creativity. Workbooks have no place in a quality child care program, and coloring books should be used rarely. Teachers may want to supply cut-out figures for a craft project, but they should not insist that children glue them in a particular spot. Teachers should, however, encourage children to participate who are shy or need more direction.

Staff-Child Interactions

Positive interactions between teachers and children are an important part of quality child care. Each child's developing sense of self is based on the responses, such as talking, listening, and reactions to physical needs or crying, that he or she receives from caring adults. Teachers should listen attentively to children and respond pleasantly to their requests for attention, help, or other needs. Staff members should act as facilitators, giving help when needed and praising a child for a job well done.

Classroom staff should encourage children to use language throughout the day. Children should speak to other children and to adults, and adults should speak to children. To stimulate children's reasoning abilities, staff should talk, listen, and question. Staff should try to have

Staff members should act as facilitators, giving help when needed and praising a child for a job well done.

informal conversations with each child every day. Voices should be cheerful, and a calm atmosphere should prevail; problems should be solved in a constructive manner, without shouting.

Adults and children should show each other respect. Although staff should always supervise children so that they do not injure themselves, staff should also talk to children about their play, help play develop by providing the right materials and equipment, and encourage children to interact well with others.

Staff Collaboration and Support

Effective classroom management and quality education depend on quality interactions between adults and team planning. All classroom staff members, regardless of their positions or titles, must understand their roles, responsibilities, and relationships to other staff. This information can be conveyed through written job descriptions, staff manuals, training, and annual reviews. Staff need to use a team-teaching model, in which adults share equally in performing activities and interacting with children throughout the day.

A good team teacher always knows where other staff members are at all times. In this way, a teacher who needs assistance can usually get help through nonverbal communication, while continuing to remain attentive to children.

Classroom staff should be guided by a team planning and evaluation process. Regular team meetings are important for planning and evaluating the daily routine on the basis of children's experiences and social interactions. To plan effectively, staff should discuss their observations about children's growth and development.

A well-trained and educated staff is an important part of a high quality child care center. Centers should support and encourage staff training and education to the extent possible. On-the-job training should be routinely provided (this topic is discussed in more detail in Chapter 3). Further education and training should be supported through time off from work and/or financial rewards (bonuses and salary or wage increases). A center's staffing structure and pay scale should take into account the amount of training, experience, and responsibility required of staff members. Pay for lead classroom teachers and administrative staff should correspond to their level of responsibility.

Table 2.1 summarizes the classroom quality-care goals.

Staff need to use a team-teaching model, in which adults share equally in performing activities and interacting with children throughout the day.

Table 2.1	CLASSROOM GOALS
Area	**Goals**
Daily Routines	• Staff greet children and parents warmly. Staff and parents use greeting and departure times to share information. • Well-balanced meals and snacks are provided on a regular schedule that allows time for staff and children to interact socially. • Nap/rest time is scheduled appropriately, and supervision is provided. Space is adequate and conducive to rest. Quiet activities are available for early risers and children who do not nap. • Toileting, diapering, hand washing, and teeth brushing are part of the daily schedule and provide time for adult/child conversation.
Physical Environment	• Table and chair heights reflect the height of children. • Child-sized toilets and sinks are used to promote independent use. • The furniture and overall environment are clean and in good repair. • The space for displaying children's work is well-defined and is no higher than 48 inches from the floor. • Each child has his or her own personal space. • Numerous learning areas, including a sand/water table and woodworking bench, are available and arranged for independent use. • The borders of areas are clearly defined by bookcases or other dividers. Areas are equipped for children's activities. • Appropriate, adequate storage space is provided. • Quiet and noisy areas are separated, as are wet and dry ones. Soft, quiet areas are provided. • The classroom is arranged so that children can move smoothly from one activity to another.

Table 2.1	CLASSROOM GOALS
Area	**Goals**
Materials and Equipment	• An adequate and diverse supply of developmentally appropriate materials is available so that several children can work on a project at the same time. • Materials are displayed on low shelves, where children can reach and use them independently. • At least 10 to 20 percent of available materials are multicultural and nonsexist. • Materials and activities are scheduled to help children develop a better understanding of language. • Materials are child-sized and developmentally appropriate. • Materials lend themselves to multiple uses. • Staff encourage children to develop reasoning skills through developmentally appropriate materials and activities.
Daily Schedule	• The daily schedule includes a balanced program of indoor and outdoor activities. • There are more small-group and individual activities and fewer large-group ones. • The schedule balances children's needs for routine care, quiet and active play, independent and group activity, and structure and free play. • Transitions between activities are smooth. • The schedule includes large blocks of time for free play.
Developmentally Appropriate Learning Activities	• Staff plan activities on the basis of their observations and their records of children's skills, abilities, and interests. Activities reflect children's developmental levels. • Children choose activities, with minimal guidance from staff. • Activities allow children to express themselves verbally and through language-related materials, such as puppets, finger plays, singing, rhymes, and dramatic play. • Activities focus on language development, fine- and gross-motor skills, creative expression, and social development. • Activities reflect children's different developmental levels. • Activities are hands-on. • Individual expression is encouraged.

Table 2.1	CLASSROOM GOALS
Area	**Goals**
Staff-Child Interactions	• Staff facilitate but do not direct children's activities. • Staff speak to children informally every day, expanding on their ideas and encouraging them to talk about emotions, problems, routines, and events in their lives. • Voices are cheerful. A calm atmosphere prevails, and problems are solved in a constructive manner, without shouting. • Children and adults show each other respect. • Supervision involves talking to children about their play, helping them find resources to enhance play, and building social skills, rather than merely standing by to ensure that they do not get hurt.
Staff Collaboration and Support	• Staff use a team-teaching model, with adults sharing responsibility for activities equally and interacting with children throughout the day. • Regular team meetings are held to plan and evaluate the daily routine, children's key experiences, and the overall program, using individual children's development as the basis. • Staff share their observations about children's growth and development. • Staff roles, responsibilities, and relationships to other staff members are clearly stated in job descriptions, staff manuals, training, and/or annual reviews. • Staff and members of the community evaluate the program together and plan for improvement as a team. • Staff are supported (through financial rewards and/or time off from work) to continue their education and training. In-service training is provided, and further education and training are encouraged and linked to salary or wage increases. • The staffing structure and pay scale take into account the amount of training, experience, and responsibility required of staff members. Pay for lead classroom staff and administrative staff corresponds to their level of responsibility.

Quality Goals in Supportive Services

Supportive services, which include physical health, mental health, nutrition, parent involvement, and social services, help children live up to their potential and "be all they can be" by reducing barriers to learning. Parents might also need supportive services, if they find it difficult to manage the demands of work and family, their home life presents barriers to self-sufficiency, or they need support to get through rough periods in their lives.

Supportive services provide potentially large benefits to the entire family, as well as to the individual child. Although programs such as Head Start often provide supportive services directly, centers can easily link parents to these services in the community. It is important that a staff member take responsibility for coordinating supportive services.

Health Services

Health services should be a central part of a high quality program for children. To ensure the healthiest possible setting, all children must have a complete physical before entering the child care program. The results of the physical should be submitted to center staff along with a complete immunization record and a health history (showing, for example, allergies or chronic illness). Children's health records must be confidential. Staff should also have physicals before starting the job and regularly scheduled physicals afterward.

To deal with medical emergencies, the center should maintain records for each child, listing the source of emergency care, and parental consent forms to authorize treatment in an emergency. A written policy should exist for giving children medication at the center. Staff must be trained in basic first aid and cardiopulmonary resuscitation (CPR). A staff member certified in CPR must be available at all times when children are present.

The bathrooms in the center should be cleaned and disinfected daily, bedding and cots should be washed frequently, and equipment and materials should be well maintained.

Health education should be part of ongoing classroom activities. For example, hand washing and tooth brushing should be part of the daily routine, and preventive practices (such as covering the mouth when sneezing) should be encouraged. Health education can also help children feel more comfortable with doctors and nurses and lessen any fear. Related activities might include having a dentist visit the center, followed by visiting the dentist's office and then reading books that discuss young children's experiences with the dentist.

Staff should be alert to the health of each child. Any medical problem or accidents that occur at the center should be reported to other staff and parents and recorded on a form designed for this purpose; a copy should be kept in an accident file at the center. Parents should be given a list of places in the community to go for ongoing preventive health care or treatment of health problems. Notifying parents about free eye screenings or blood pressure clinics is one way of involving them in their children's health. Center staff should help parents by referring them to service providers, when necessary.

Nutrition

Nutrition is an important part of every child care program. Children spend as much as 11 hours a day in child care and need to obtain a large part of their daily nutrition there. Quality child care centers should participate in the U.S. Department of Agriculture's

Health education should be part of ongoing classroom activities.

Child and Adult Care Food Program (CACFP) or provide food that meets CACFP standards. The CACFP, along with the American Academy of Pediatrics and the American Dietetic Association, recommends that meals and snacks meet a child's nutritional requirements in proportion to the amount of time the child is in the program. For example, children attending a child care program full-time should receive one-half to two-thirds of their daily nutritional requirements from meals and snacks the program serves. Meals and snacks must be scheduled appropriately to meet children's needs, because hungry children cannot be expected to be active, engaged learners. For example, if children are arriving at the center hungry because their parents did not have time to fix breakfast, the center should provide breakfast instead of, or in addition to, a midmorning snack (depending on how early the center opens).

Meal and snack times should be pleasant learning experiences. Children should help set the table, bring the food to the table, and clean up. All meals and snacks should be served family style, with staff and children eating together from the same menu, preferably in the classroom. The meal should not be rushed. Staff should talk to children about the food, asking such questions as, "What do you like best? What color are the peas? How many sandwiches are on the plate?" The food served should broaden children's experiences with food, in addition to considering their own cultural and ethnic preferences. There should be enough food so that children can eat until they are full. Food should never be used as a punishment or a reward, and children should be encouraged but not forced to eat.

Preparing food should be part of the classroom program. Cooking can be fun for both staff and children and involves math and science, as well as language. Older children can follow recipes that are presented in pictures. Cooking can be part of the total classroom program. For example, staff and children can make cranberry relish in the fall, read stories about the season, and visit a market to see where cranberries are sold.

Nutrition also provides an easy way to involve parents in the child care program. Although work may limit parents' involvement, they may sometimes be able to help serve and eat lunch with their children. Parents can be asked to cook with the children, prepare their child's favorite dish or an ethnic specialty, and help plan menus. Parents should receive copies of the week's menu for all meals and snacks.

Mental Health Services

Mental health supportive services should be offered through existing community resources. Almost all communities have mental health providers (for example, psychologists, psychiatrists, and social workers) that are available to parents. The program should develop relationships with these service providers that will make it easier to refer children or families who need mental health testing or treatment. In the classroom, a child who needs these services will often be disruptive or withdraw from classroom activities.

Social Services

Social services are growing in importance as a way to increase some families' stability and chances for economic independence. Child care workers, especially those in low-income urban areas, say more children are coming to centers with problems associated with poverty, child abuse, drug problems in the family, and homelessness.

Center staff must be aware of potential social service needs. For example, staff must be able to identify and report child abuse and neglect. Staff should monitor children's attendance and

investigate repeated or frequent absences. Staff should also work to build trust with parents and should be prepared to deal with social service issues that parents bring to them. Training can provide staff with the necessary information to identify social service needs.

Child care programs should develop relationships with groups and individuals in the community that provide counseling, emergency assistance, and crisis intervention. They should also encourage families who need to use these resources. Some families that have been on welfare may be reluctant to get involved with the social service system again, and even families that have not had any experience with the system may be reluctant to become part of it. In either case, staff support will help ensure that a family obtains the social services it needs.

Parent Involvement

Parents are the key to working effectively with children. Classroom staff must develop positive relationships with parents. Unlike public school teachers, most early-childhood educators have always encouraged parents to participate in their children's education and activities. Centers should give parents unlimited access to the program. Staff of high quality programs should not feel threatened by unannounced visits from parents. Parents should always be considered welcome visitors who enhance, rather than disrupt, the center. Classroom staff should be flexible enough to welcome parents whose schedules permit a quick visit and should allow parents to participate fully with their children while visiting.

Staff should encourage parents to express their concerns or ideas. Open, informal, and frequent communication should be supplemented by more formal contacts, such as parent-teacher conferences. The director should always have time to talk about parents' concerns. Mutual respect and trust between staff and parents should be encouraged.

A high quality center should give parents a written description of the program's philosophy and operating policies. A formal orientation for parents and children should exist. The orientation can include allowing children to visit before they start attending, offering parent orientation meetings, or introducing children into the program gradually. Many centers use newsletters or bulletin boards to give parents up-to-date information about events at the center. Frequent notes or telephone calls should also be used to give parents information.

High quality centers should have a parent advisory committee to guide operations. Parent input is essential to the success of a program in meeting parents' and children's needs. A parent advisory committee provides a forum for working out problems to the benefit of staff, parents, and children.

Many high quality centers conduct occasional workshops on parenting skills. These workshops focus on parents' interests and needs for information and can include child development, discipline, home management, and access to services.

Table 2.2 summarizes the supportive services quality-care goals.

Quality Goals in Administration

Children and parents cannot benefit fully from a quality center or from supportive services if the center as a whole does not function well. Overall administrative leadership from the director, well-defined and well-executed program goals, high quality staff, and appropriate adult-child ratios all contribute to the success of a quality child care program.

Parent input is essential to the success of a program in meeting parents' and children's needs.

Table 2.2	SUPPORTIVE SERVICES GOALS
Area	**Goals**
Health Services	• Each child has a complete physical before entering the program. A complete health history, record of immunizations, and emergency medical records are obtained, updated periodically, and kept confidential. • A written policy exists for giving medications. • Staff have physicals before starting employment and regularly scheduled physicals afterward. • Bathrooms are cleaned and disinfected daily, bedding and cots are washed frequently, and equipment and materials are maintained. • Staff are trained in basic first aid and cardiopulmonary resuscitation (CPR). A staff member certified in CPR must always be available when children are present. • Health education is part of classroom activities. • Individual medical problems and accidents are recorded on a form and reported to other staff and parents. • Parents receive a list of resources in the community for preventive health care and treatment of health problems.
Nutrition	• Meals and snacks meet children's nutritional requirements in proportion to the amount of time children are in the program, as recommended by the CACFP, the American Academy of Pediatrics, and the American Dietetic Association. • Meals and snacks are served family style, with staff and children eating together from the same menu, preferably in the classroom. Meals are pleasant learning experiences and are scheduled to meet children's nutritional needs, taking into account meals children might not receive at home. • Enough time is allowed for meals and snacks. • The food served broadens children's experience with food and meets their cultural and ethnic preferences. • Food is never used as a punishment or reward, and children are encouraged, but not forced, to eat. • Nutrition education is part of the classroom program. • Parents are encouraged to be involved in nutrition. At a minimum, they receive copies of lunch menus.

Table 2.2	SUPPORTIVE SERVICES GOALS
Area	**Goals**
Mental Health Services	• Parents receive a list of resources in the community for help with mental health problems. • Program staff develop relationships with groups and individuals in the community who can help evaluate the mental health needs of children and their families. • Families are referred to appropriate service providers for treatment.
Social Services	• Children's attendance is monitored, and staff members contact the family about recurring or frequent absences. • Program staff develop relationships with groups and individuals in the community that provide counseling, emergency assistance, and crisis intervention. • Referrals are made to resources in the community that can assist parents with social service needs. • Staff are trained to identify child abuse and child neglect.
Parent Involvement	• Parents are always welcome visitors in the center. • Staff see parents as the key to working effectively with their children. Mutual concern exists for children's progress. • Staff have a formal system for sharing information with parents on each child's development. Staff and parents talk when the parents drop off and pick up children. Parent/teacher conferences are held regularly. • Parents receive a written description of the program's philosophy and operating policies. • A formal orientation program exists for parents and children. The program may include a visit before children enroll, a parent orientation session, or introducing children into the program gradually. • Parents are kept up-to-date on center activities. Frequent notes or telephone calls are used to inform parents of their children's activities and progress. • A parent advisory committee guides center operations. • Workshops for parents are offered occasionally on topics such as improving parenting skills, discipline, and understanding the developmental stages of a child's growth.

Adult-Child Ratios and Group Size

Programs should meet the NAEYC guidelines for group size and adult-child ratios. These ratios, shown in Table 2.3, have been widely reviewed and agreed on by early-childhood professionals. The ratios are based on the fact that children learn best in small groups, with enough adults to provide high quality interaction and supervision.

Staff Qualifications

Staff must have the skills needed to provide a quality learning experience for children. Quality staff have both formal education and training as well as experience working with children. The combination of education, training, and experience is the foundation for the staff development strategy discussed in Chapter 3. Staff must demonstrate a willingness to learn and to change in order to develop the skills needed to provide children with quality learning experiences.

Centers should use the staff qualifications NAEYC recommends, which have been widely reviewed and agreed on by early-childhood professionals. As Table 2.4 shows, each center needs one staff member with at least a bachelor's degree in early-childhood education or child development. This person is usually the director, education director, or head teacher.

Each center also needs one staff member who is qualified to provide on-site training for other staff. This person should be given enough time away from the classroom to offer training, so that staff development can occur primarily through on-the-job training and mentoring. This strategy is described more fully in the next chapter.

Planning and Evaluation

Administering a quality program efficiently and effectively requires long-range planning and evaluation, as well as sound financial planning. The process should include a yearly assessment of the child care program's strengths and weaknesses, to track progress and set goals for the upcoming year. Parents should help in evaluating how effectively the program meets the needs of children and their families. Outside professionals, such as accountants, social workers, and community leaders, can also play a role. A written curriculum plan should be developed to reflect the program's philosophy and goals.

Staff development should be ongoing and intensive. As discussed in Chapter 3, research has confirmed that high quality programs generally have a well-trained and educated staff.

Employment Practices

High quality centers should have written policies covering employment procedures and practices. These procedures should be fair and followed by staff. Centers should keep current, accurate, and confidential records of staff qualifications on file, including school transcripts, certificates of training completed, or other documentation of continuing education and in-service training. Centers should have written personnel policies, outlining job descriptions, compensation guidelines, resignation and termination benefits, and grievance procedures. Hiring practices must be nondiscriminatory. A new staff member should attend an orientation session on the center's goals and philosophy, emergency health and safety procedures, special needs of children assigned to the staff member's care, guidance and classroom management techniques, and planned daily activities. A probationary period should be used to assess a new staff member's physical and psychological ability to work with children.

…children learn best in small groups, with enough adults to provide high quality interaction and supervision.

Administering a quality program efficiently and effectively requires long-range planning and evaluation, as well as sound financial planning.

Table 2.3	NAEYC ADULT/CHILD RATIOS AND GROUP SIZES									
Age of Children[a] ▼	**Group Size**									
	6	**8**	**10**	**12**	**14**	**16**	**18**	**20**	**22**	**24**
Infants (Birth to 12 Months)	1:3	1:4								
Toddlers (12 to 24 Months)	1:3	1:4	1:5	1:6						
Two-Year-Olds (24 to 36 Months)		1:4	1:5	1:6*						
Two- and Three-Year-Olds			1:5	1:6	1:7					
Three-Year-Olds			1:5	1:6	1:7	1:8				
Three- and Four-Year-Olds					1:7	1:8	1:9	1:10*		
Four-Year-Olds						1:8	1:9	1:10*		
Four- and Five-Year-Olds						1:8	1:9	1:10*		
Five-Year-Olds						1:8	1:9	1:10		
Six- to Eight-Year-Olds								1:10	1:11	1:12

Note: The ratios in this table must be compared with ratios set forth in a state's licensing or registration requirements. These requirements may dictate different ratios.

[a]Grouping children of different ages is both permissible and desirable. When no infants are included, adult/child ratio and group size should be based on the age of the majority of the children in the group. When infants are included, the ratio and group size for infants must be maintained.

*Smaller group sizes and lower child ratios are optional. Larger group sizes and higher adult/child ratios are acceptable only if staff are highly qualified.

Table 2.4	NAEYC STAFF QUALIFICATIONS
Position	**Qualifications**
Early Childhood Specialist	• B.A. in early-childhood education/child development and at least three years of full-time teaching experience with young children and/or a graduate degree in early-childhood education/child development
Teachers	• A CDA credential or an A.A. in early-childhood education/child development or the equivalent
Teacher Assistants	• High school graduate or the equivalent who has participated in a professional development program

Staff should reflect the racial and ethnic backgrounds of children in the center, if this type of staffing would provide role models for the children and a better cultural understanding of families and children in the center. It is desirable for at least one staff member to speak the language of any child whose primary language is not English, so that children can communicate with staff.

The director or other supervisor should evaluate each staff member at least once a year, using written standards shared with staff in advance. The results should be in writing and should be discussed privately with the staff member. The evaluation should include an observation of the staff member in the classroom.

As noted, planning is important in a high quality center. Staff should have regular meetings to discuss overall program planning issues, to design activities for individual children, and to talk about working conditions. Staff should be given paid planning time that occurs when they are not responsible for children. In addition to paid planning time, all staff members need some time away from children each day.

Continuity of Care and Transitions to New Settings

High quality child care involves continuity within the classroom—in other words, children should interact with the same people every day. In a high quality center, administrators should also develop procedures to help children make transitions in care. For example, children may move to a new classroom, to a new child care center, or, eventually, to kindergarten. Children need to be prepared for the move, and parents may also need help choosing a new child care arrangement or school. Both children and parents may need help understanding and feeling comfortable with a new setting. In addition, administrators need to make sure that teachers in the new setting get information about the child, so that they begin with an understanding of the child's development and temperament.

Table 2.5 summarizes the administrative quality-care goals.

Quality Goals in Safety

A quality child care program must ensure the physical safety of children and staff. Each state has standards and regulations for licensing child care centers. These standards and regulations often focus on health and safety issues, without going beyond these concerns to also cover aspects of the program that affect children's intellectual and social development. This limited focus on health and safety issues is consistent with the traditional view of child care as primarily ensuring children's physical safety while their parents work, rather than including the full range of factors affecting children's development.

All high quality centers should hold a current state license (or meet licensing standards); however, quality child care goes beyond most state licensing requirements. In particular, some state licensing requirements in health and safety do not adequately reduce the risk of illness or injury in child care centers. These requirements sometimes do not ensure that child care programs meet children's other needs for learning, pleasant play experiences with other children, and healthy relationships with teachers.

High quality child care involves continuity within the classroom— in other words, children should interact with the same people every day.

Table 2.5	ADMINISTRATIVE GOALS
Area	**Goals**
Adult-Child Ratios and Group Size	• Center meets NAEYC standards.
Staff Qualifications	• Center meets NAEYC standards. One staff member is qualified to provide on-site training.
Planning and Evaluation	• Center is assessed yearly to document progress and to set goals for the upcoming year. • Parents and professionals in the community, such as doctors and social workers, are involved in evaluating how effectively the center meets the needs of the children and families it serves. • A written curriculum plan reflects the center's philosophy and goals. • Regular staff meetings are held to discuss program planning, plans for individual children, working conditions, and program operations. • Staff have paid planning time. • Staff have some time away from children each day.
Employment Practices	• The staff training program includes orientation for new staff, ongoing training of all staff, role-specific training, and mentoring. • Staff receive copies of written personnel policies covering job descriptions, compensation, resignation and termination, benefits, and grievance procedures. • Hiring practices are nondiscriminatory. • New staff members are informed about the center's goals and philosophy, emergency health and safety procedures, special needs of children in their care, guidance and classroom management techniques, and planned daily activities. • Staff reflect the racial and ethnic composition of the children. It is desirable for at least one staff member to speak the language of a child whose primary language is not English. • Staff are evaluated at least once a year by the director or other supervisor, using standards that have been shared with the staff member in advance. • Evaluation results are put in writing and discussed privately with each staff member.
Continuity of Care and Transitions to New Settings	• Efforts are made to ensure continuity of staff in the classroom. • Each child's move to a new setting, such as kindergarten, is made easier by preparing the child and parents and sharing relevant information with new teachers.

Facility

Many buildings in low-income urban areas have serious limitations, and it can be expensive to upgrade these buildings to meet safety standards. A building must have two exits. The building, playground, and all equipment must be in safe, clean condition and in good repair. Nontoxic building materials should be used or, if toxic materials are present (for example, lead paint or asbestos), they should be properly removed or contained. Classrooms should be located no higher than the third floor because, in a fire, it would be difficult to move children down more than two flights of stairs.

Indoor areas used by children should be well lighted and well ventilated and maintained at a comfortable temperature by a safe and effective heating and cooling system. Stairways should be well lighted and equipped with railings. All windows that open should have screens. If the distance from a window sill to the ground is more than five feet, a window guard should be installed. The building must have smoke detectors and fire extinguishers that are checked regularly. The premises should be kept free of rodents, insects, and other pests, as well as any conditions that contribute to infestations. The building or center should have enough toilets and sinks that children can reach easily. Adults should have a separate bathroom. No door to a bathroom, closet, or other enclosed space should be lockable from the inside.

Outdoor Play Space

Outdoor play areas should be enclosed by a fence that is at least five feet high. If roof-top play areas are used instead of ground-level space, they must be enclosed by a fence that is at least 10 feet high and cannot be climbed. Climbing equipment, swings, and other large pieces of play equipment should be anchored to the ground. To prevent injury from falls, a soft surface, such as a rubber mat or wood chips, should be placed under play equipment.

Safety Procedures

Safety procedures are fundamental in a high quality child care center. Written procedures for emergencies should be posted in a place where they can be easily seen. To avoid major injury, staff should know about primary and secondary exits from the building and practice evacuating children from the building each month. Emergency telephone numbers, including those of the police, fire department, rescue squad, and poison control center, should be posted by the telephone.

Staff should keep flammable and other dangerous materials and potential poisons in locked cabinets or storage that only authorized persons can open. A first-aid kit, equipped for the treatment of cuts and burns, should be easy for all staff to find in an emergency. Staff should develop and follow a system that ensures children are released only to a parent or parents, or people they authorize to pick up their children.

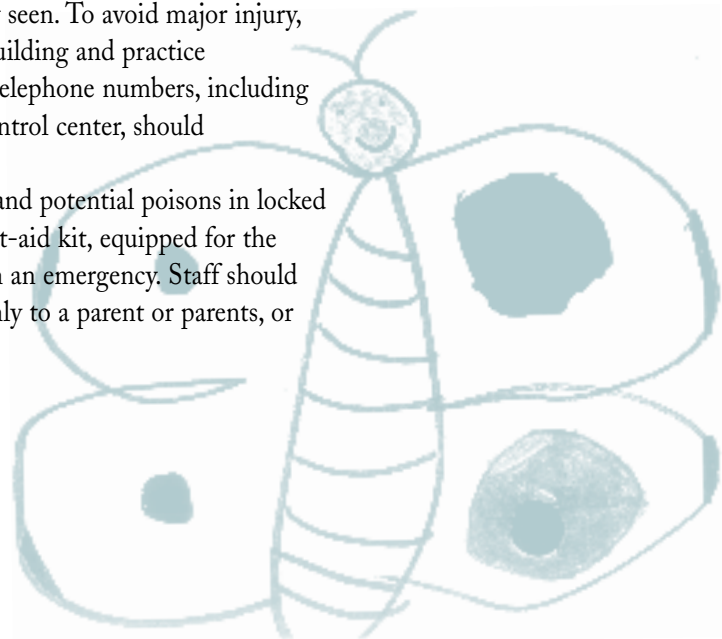The quality-care safety goals are summarized in Table 2.6.

The building, playground, and all equipment must be in safe, clean condition and in good repair.

Table 2.6	SAFETY GOALS
Area	**Goals**
Facility	• Classrooms are located on the first, second, or third floors only for fire safety. • Two exit routes are available. Staff are familiar with primary and secondary exit routes and practice evacuation procedures monthly with children. • The building is maintained in safe, clean condition and is in good repair. • Nontoxic building materials are used or, if toxic materials are present, they are properly removed or contained. • Areas used by children are well lighted, well ventilated, and maintained at a comfortable temperature through a safe and effective heating and cooling system. • All windows that open have screens. • If the distance from a window sill to the ground is more than five feet, a window guard is installed. • Smoke detectors and fire extinguishers are available and checked regularly. • The building is free of rodents, insects, and other pests, as well as any conditions that contribute to infestation. • Enough toilets and sinks that children can reach easily are available. • Adults have a separate bathroom. • Doors to bathrooms, closets, or other enclosed spaces cannot be locked from the inside.
Outdoor Play Space	• The playground and all equipment are in safe, clean condition and good repair. • The playground is enclosed by a fence that is at least five feet high. • Play roofs are enclosed by a fence that is at least 10 feet high and cannot be climbed. • Climbing equipment, swings, and large pieces of equipment are anchored to the ground. • A soft surface is placed under play equipment.
Safety Procedures	• Written emergency procedures are posted in a place where they can easily be seen. • Flammable and other dangerous materials and potential poisons are stored in locked cabinets or closets that only staff can open. • Emergency telephone numbers, including those of the police, fire department, rescue squad, and poison control center, are posted by each telephone. • A system is in place to ensure that children are released only to a parent or parents, or to a person authorized by a parent to pick up the child. • A first aid kit, stocked for the treatment of cuts and burns, is easy for staff to find in an emergency.

Measuring Quality . . . .

Many excellent tools can be used to measure overall program quality. For example, the Harms and Clifford Early Childhood Environmental Rating Scale (ECERS), the Head Start Self-Assessment Validation Instrument (SAVI), the NAEYC Accreditation Tool, and the High Scope Foundation's Program Implementation Profile (PIP) are all useful tools. Because there are so many tools for measuring quality, however, the child care research community clearly lacks one measure that everyone agrees on. In addition, many child care quality measures do not include supportive services, which are important to high quality care.

To assess all aspects of high quality care as defined here, we have combined the existing rating instruments in an easy-to-use method. The quality goals address four areas:

1. The classroom
2. The program's supportive services
3. Program administration
4. Safety

In the following sections, we discuss how each part of our measure was developed.

Classroom Assessment

We suggest using the first 33 items on the ECERS to measure classroom quality. The child care research field recognizes that the ECERS measures quality in child care settings and has been linked with positive developmental outcomes for children.

Each item on the ECERS gets a score of between 1 and 7, allowing a center to identify where it is on the continuum of quality. A score of 1 is inadequate, 3 is minimal, 5 is good, and 7 is excellent. Scores of 1 are to be avoided, but scores of 7 describe ideal conditions. Our quality goals for classrooms aim for a score of 7 for each ECERS item. Of course, centers will start out the improvement process at different levels and will work toward some goals while simply maintaining quality levels in other areas.

The ECERS is easy to administer, provides feedback that staff can use for self-assessment and training, and shows where a classroom ranks on the continuum of quality. To measure an individual classroom in more detail, the ECERS could be supplemented with Standards for Classroom Management and Observation and Recording from NAEYC, and Adult-Adult Interaction from the PIP.

Supportive Services

The Head Start SAVI provides the most comprehensive measure of supportive services. We do not expect most child care programs to have enough resources to provide as many supportive services as Head Start, however. A number of different tools can be combined to measure the level of supportive services a high quality child care center should provide.

Administration

Overall quality of program administration should be measured with the NAEYC assessment instrument, which is quite comprehensive. The only item this assessment does not include is children's transition to the next step (for example, kindergarten). In addition, training areas in the NAEYC instrument are somewhat different than those in the next chapter.

Safety

The NAEYC instrument (both classroom and administrative parts) should be the basis for measuring program safety. This instrument should be supplemented by items from the ECERS and SAVI.

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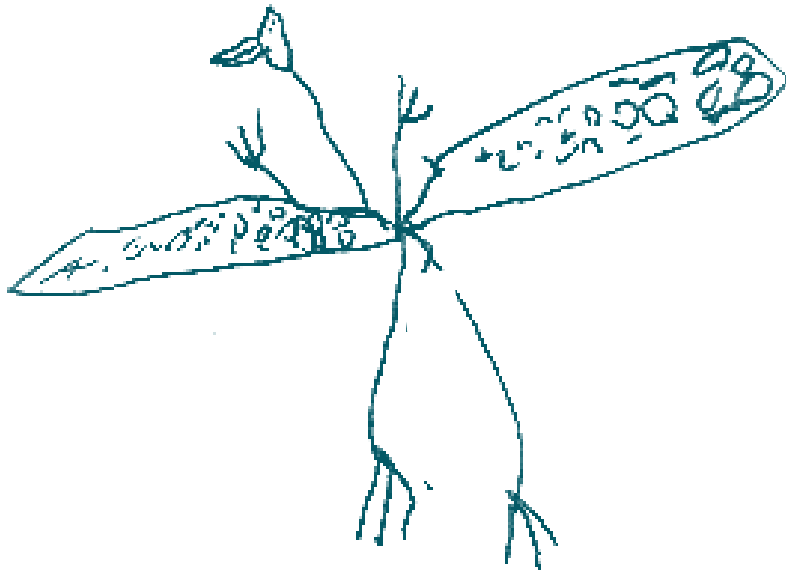
Staff Development Strategy

This chapter describes a way to begin making changes in a child care center to move toward higher quality care. The process will be easier if staff members see a need for change, are interested in improving services for children and families, and can immediately apply the things that they learn as they work with children in the classroom. In addition, all staff members, no matter what their positions or titles, must work together as a team for change to be successful.

Some of the changes needed to achieve high quality care are easy to make. The goals in the previous chapter can help centers identify the materials and equipment they need to achieve high quality care. For example, a center might need to get a set of blocks, manipulatives, dress-up clothes, or books. These materials can be obtained pretty quickly. Training staff to use these new materials effectively, however, might take longer.

Other changes related to high quality care might take a lot of time and energy and disrupt a center's day-to-day routines. For example, the daily schedule might need to change to allow meals to be served at different times, which might, in turn, change the cook's hours. New staff members who are hired to meet quality staffing standards might offer new ideas and fresh perspectives. They might also change staff relationships and classroom routines, and this change could be unsettling to adults and children. In addition, new staff must learn to fit into established classroom teams.

Our training process avoids some common problems because training occurs on site, in the classroom, with real children and real situations. All staff, whatever their positions or titles, are part of the team. Most of the training uses an on-site training coordinator, rather than outside consultants, to work one-on-one with teaching staff. Training is based on hands-on, active learning rather than lectures and workshops. The content is customized to the needs of a center and its staff. This process allows staff to make positive changes in child care centers.

# Rationale for Training . . . .

In a quality child care program, well-trained and talented people provide a stable, enriched learning environment for children. Studies have found that staff training and course work in child development and early education have a positive association with children's achievement or "readiness" for school.[9] One study found that, in programs with high staff turnover, the quality of the classroom environment and children's experiences were lower.[10] Other researchers found that lower staff turnover is associated with good developmental progress for children, particularly younger ones.[11]

Nationally, the rate of staff turnover in child care centers has been rising dramatically. During a six-month period in 1988, 37 percent of the staff in child care programs across the country left and had to be replaced.[12] A 1990 study by the General Accounting Office found a 26 percent annual turnover rate for teachers and a 54 percent rate for teacher aides in centers accredited by the National Association for the Education of Young Children (NAEYC). The numbers of qualified people are shrinking, and many workers are leaving the child care field because of low salaries and little chance for professional growth.[13]

Researchers clearly summarize the implications for the child care field: "Program quality will be enhanced when appropriately trained staff are recruited and retained.[14] Failing to provide appropriate staff will place program quality—and, by implication, children and public resources—in jeopardy."

Our staff development process is based on the following:

- Child care centers need to develop their existing staff rather than assume that they can recruit new staff with the right skills for working with young children.

- Despite centers' best efforts to keep staff, some will leave, so it is important to be able to train new staff in-house.

- Giving staff a chance to develop professionally may help reduce turnover. For example, a study of a New York City child care program with an intensive staff training component found that turnover was very low—7.5 percent in 1987-1988 and 4.5 percent in 1988-1989.[15]
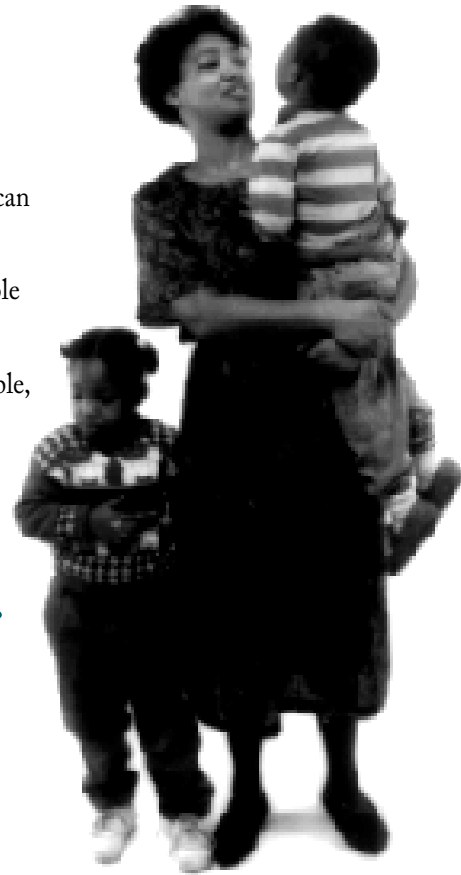
Goals of Staff Development . . . .

Our staff development process has three goals:

1. Making sure that staff acquire the knowledge and skills they need to deliver high quality care

2. Getting staff to support a process of continual change as a way to move toward quality goals

3. Developing the capability within a center to support and maintain high quality care over time

For a child care center to reach these goals, the staff development process must include ways to work around problems related to training staff in a center. These problems include finding large chunks of time when training can take place, giving staff time for training while making sure that children continue to be supervised properly, finding money for training when finances are already tight, dealing with high rates of staff turnover, and maintaining the schedule of care to meet the needs of working parents. For example, it is often hard for centers to close down for a period to provide training, to pay staff to attend training on weekends or evenings, to find substitutes who are qualified to teach while regular staff train, or to use children's nap time for training.

Our staff development process recognizes these limitations and is founded on the following principles:

- Targeting resources efficiently

- Seizing "teachable moments"—training opportunities related to events that occur in day-to-day classroom activities

- Providing staff with a shared vocabulary, philosophy, and goals

- Developing staff's ability to work in teams and to view change positively

Studies have found that staff training and course work in child development and early education have a positive association with children's achievement or "readiness" for school.

The Staff Development Process . . . .

The process described here is based on the idea that staff development is most successful if it includes the broad range of experiences with children in the classroom. Trainers should use day-to-day experiences to teach many related skills, rather than separating training into several disconnected content areas. Key features of the process include using a variety of ways to deliver training, using the classroom as the primary training site and the place to apply and reinforce the skills learned in training, and keeping staff enthusiasm high to promote change over the long term.

The staff development process avoids terms such as "pre-service" and "in-service" commonly found in training plans. These terms suggest that the time frame for acquiring information is limited to training sessions. They also suggest that, after information has been presented and acquired, it does not have to be repeated or tried out in other contexts. For change to be effective, learning must be ongoing.
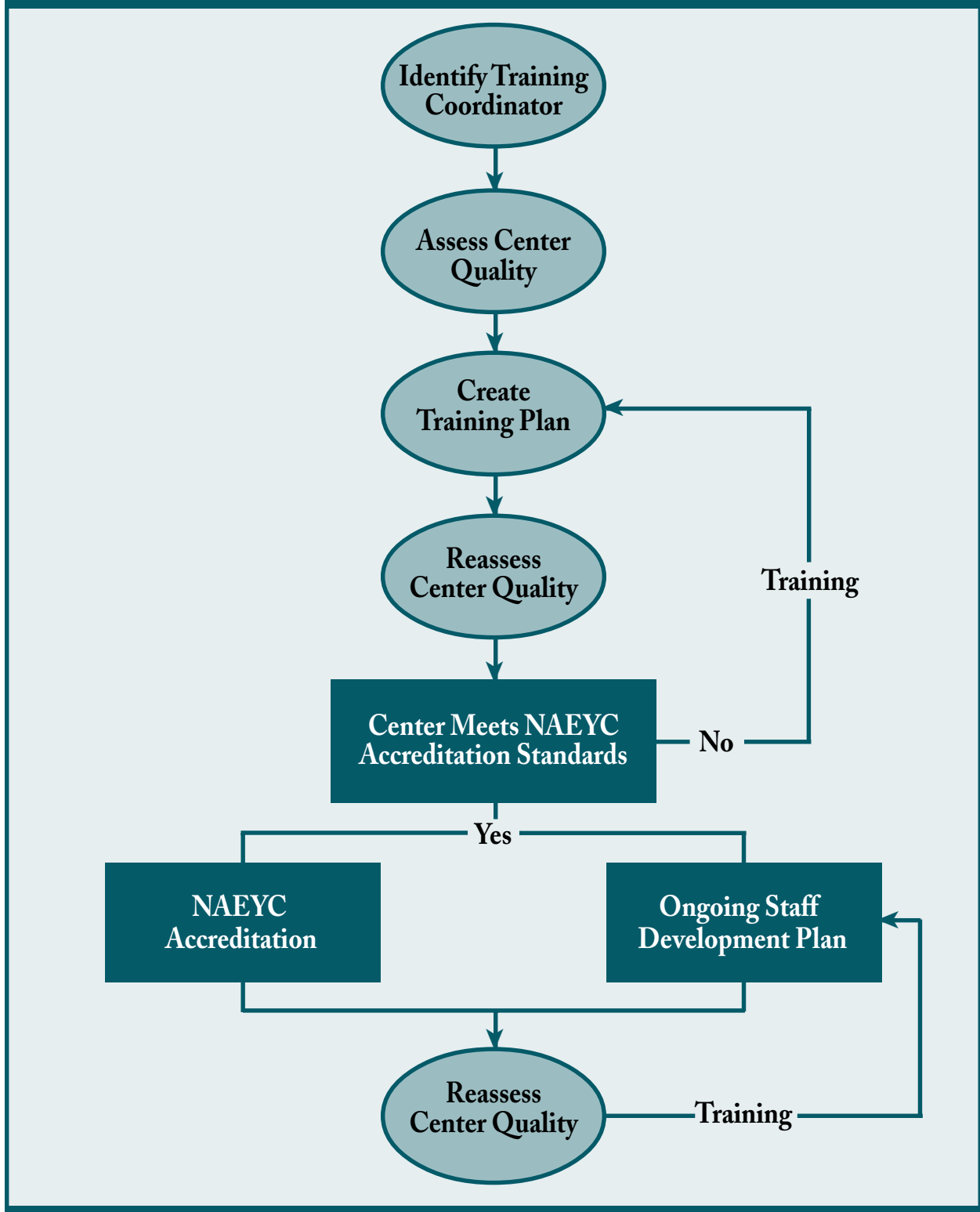
We recognize that child care centers may have to make many improvements to meet high standards. Some types of change, such as providing more developmentally appropriate materials, furnishings, and equipment, can take place rapidly. Other types, especially those requiring staff to change the way they interact with children or use language in the classroom, may take longer.

The staff development process works like this. A child care center identifies a training coordinator for the site. This person can be a trainer from an outside agency, an outside trainer who teaches through an on-the-job mentoring approach, or a staff person whose primary role is to offer on-the-job training and mentoring to center staff. The training coordinator leads the center in assessing the quality of the care it provides, using the quality goals described in the previous chapter. The coordinator then works with center staff to create and implement a training plan based on the center's needs, using the center training topics and strategies described here and in Tables 3.1 and 3.2. After planning and completing the training, the coordinator leads another assessment of the center's quality. The coordinator should also measure the center's progress toward NAEYC accreditation standards as an intermediate goal or milestone in the quality process and take steps to get this accreditation when the center is ready. Similarly, center staff may want to pursue the Child Development Associate (CDA) credential as an intermediate goal. A center should look at accreditation and staff credentials as major milestones in the ongoing process of professional development and should continue to assess quality according to the quality goals and to plan staff development activities. In this way, the program will develop the in-house capability to improve quality and maintain high quality child care over time.

Figure 3.1 illustrates the staff development process.

Figure 3.1   TRAINING STRATEGY FOR CHILD CARE CENTERS

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        ┌───────────────────┐
        │ Identify Training │
        │   Coordinator     │
        └─────────┬─────────┘
                  │
        ┌─────────▼─────────┐
        │  Assess Center    │
        │     Quality       │
        └─────────┬─────────┘
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        ┌─────────▼─────────┐
        │     Create        │◄──────────┐
        │  Training Plan    │           │
        └─────────┬─────────┘           │
                  │                Training
        ┌─────────▼─────────┐           │
        │    Reassess       │           │
        │  Center Quality   │           │
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        │ Center Meets NAEYC│── No ──────┘
        │ Accreditation     │
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              Yes
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│    NAEYC      │            │   Ongoing Staff       │◄──┐
│ Accreditation │            │  Development Plan     │   │
└───────┬───────┘            └───────────┬───────────┘   │
        │                                │            Training
        └──────────────┬─────────────────┘               │
               ┌────────▼────────┐                        │
               │    Reassess     │── Training ────────────┘
               │  Center Quality │
               └─────────────────┘
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The Training Coordinator

One of the innovative aspects of our staff development process is the training coordinator at each center. Although this method is more costly than sending staff to outside training sessions, it is also a lot more effective. The coordinator can train staff during real classroom situations and can help staff apply new ideas in the classroom. Adults, just like children, learn best when they can apply the things they have learned right away. In addition, the real world offers learning situations that cannot be duplicated in a training classroom. The coordinator will become the main person who helps and encourages staff to make changes that will improve quality in a center.

After leading the assessment of center quality, the training coordinator works with staff to create and implement a training plan based on the center's needs, using the center training topics and strategies. The training coordinator should work closely with teachers in the classroom, providing one-on-one help, demonstrating appropriate behavior, and giving feedback to teachers as they implement new ideas. He or she can also train new staff.

The amount of time the training coordinator needs for these tasks will vary according to the size of the center and the level of training provided. If a staff person is used to provide training, he or she cannot have full-time classroom or administrative responsibilities.

Adults, just like children, learn best when they can apply the things they have learned right away.

Center Training Topics

We have identified 15 training topics that cover the fundamentals needed to meet the quality goals and to create a high quality child care center. The topics were selected in consultation with almost 50 experts in staff development and early-childhood care.

These topics should be used by training coordinators from outside agencies as well as by those who are members of center staff, to ensure that everyone works from the same framework. The topics permit flexibility and can be arranged in a different order to meet each center's training needs.

The training topics are listed here and described in more detail in Table 3.1:

- Team building/planning

- Child development

- Environment

- Health and safety

- Social competence

- Importance of play

- Team planning for children's individual growth

- Communicating with children

- Appropriate activities for young children

- Guiding children's behavior

- Understanding diversity

- Child abuse and neglect

- Working with parents

- Nutrition

- Professionalism

Table 3.1	CENTER TRAINING TOPICS

1 Team Building/Planning

- Defining the team: characteristics and positive behaviors that build a team
- Learning about yourself
- The role of communication in team building
- Implementing a process for shared decision making

- Successful approaches to problem solving
- Working together to achieve high performance
- Reaching consensus on developmentally appropriate practices
- The role of team planning in bringing about change

2 Child Development

- The role of child development in developmentally appropriate care
- Relating child development theory to children's growth

- How infants, toddlers, and preschoolers grow and develop physically, socially, emotionally, and cognitively; developmental milestones associated with each age group

3 Environment

- Designing environments to meet the needs of each age group
- The role of the environment in fostering children's learning
- Selecting materials that reflect the racial, ethnic, and cultural backgrounds of children and their families
- Selecting materials that reflect children's ages, stages, needs, skills, and interests
- Arranging materials so that children can select them and put them away on their own
- Designing indoor and outdoor environments that facilitate learning

- The importance of routines, transition times, and consistency in developing a daily schedule for toddlers and preschoolers
- Using routines as opportunities for learning
- Designing schedules that provide a sense of order but are flexible enough to incorporate "teachable moments"
- Designing age-appropriate schedules that balance child-initiated and teacher-initiated activities, individual and group activities, and active and quiet activities

4 Health and Safety

- Checking children daily for signs of illness
- Preparing children and families for health screenings
- Promoting home health care
- Following procedures for referring parents to community agencies

- Healthy diapering and toileting practices
- Hand-washing procedures and practices
- Using a checklist to identify and address potential health and safety problems
- Recognizing potential safety hazards in furniture, materials, and play equipment

| Table 3.1 | CENTER TRAINING TOPICS |

5 Social Competence

- The importance of social skills
- Helping children make friends
- Building a sense of community in the classroom
- Helping children deal with sources of stress (poverty, violence, homelessness, substance abuse, chronic illness)
- Helping children develop skills to handle conflicts

6 Importance of Play

- The role of play in children's learning and development
- Reinforcing and extending children's learning through open-ended questions
- How children learn through play
- Four types of play:
  (1) Functional (3) Dramatic
  (2) Constructive (4) Games with rules
- The relationship between play and academic learning
- Solitary, parallel, and cooperative play

7 Team Planning for Children's Individual Growth

- Importance of planning to address individual and group needs
- How to observe children
- Developmentally appropriate assessment
- Observing children to determine where they are developmentally
- Using checklists and portfolios
- Using observations to create an individualized program, measure children's progress over time, and guide parent-teacher discussions and conferences

8 Communicating with Children

- Responding positively to children in ways that build self-esteem and consider developmental needs
- Asking open-ended questions that encourage children to express their thoughts
- Giving children opportunities to express themselves nonverbally or indirectly through art and dramatic play
- Demonstrating effective communication skills
- Promoting children's language development

9 Appropriate Activities for Young Children

- Block building
- Creative art
- Cooking
- Music and movement
- Table toys
- Sand and water play
- Outdoor play

Table 3.1

CENTER TRAINING TOPICS

10 Guiding Children's Behavior

- The difference between discipline/guidance and punishment
- The importance of self-discipline and external control
- Using positive guidance techniques to help children develop self-control
- The role of positive guidance in building self-esteem

- Eliminating potential problems through developmentally appropriate room arrangements (for example, separating noisy from quiet areas) and scheduling techniques (for example, balancing active time and rest time according to children's ages)
- Observing children and analyzing their behaviors
- Helping children learn to resolve their conflicts without adult intervention

11 Understanding Diversity

- Selecting classroom materials and artwork that are free of gender, racial, and ethnic bias, as well as bias toward people with disabilities
- Soliciting parents' input on cultural or ethnic activities that can be incorporated into the daily program
- Providing books and using labels in languages other than English

- Regularly scheduling field trips to places in the community and to museums, art galleries, and other places that expose children to a range of cultural offerings
- Finding constructive ways to deal with one's own biases
- Valuing diversity in the center's staff and families

12 Child Abuse and Neglect

- The important role early childhood professionals play in preventing and identifying child abuse and neglect
- Defining the four types of maltreatment:
  (1) Physical abuse
  (2) Physical or emotional neglect
  (3) Emotional abuse
  (4) Sexual abuse
- Signs that may indicate a child is abused or neglected

- Legal responsibilities of child care center staff for reporting suspicions of child abuse or neglect
- Procedures outlined in state laws for reporting suspicions of child abuse or neglect
- Center policies for reporting child abuse and neglect
- Overcoming barriers to reporting maltreatment

13 Working with Parents

- Parents' role as the primary educators of their children
- Helping parents understand how their children learn and grow
- Techniques for building a partnership with parents
- Providing a variety of ways for parents to be involved in the program

- Communicating with parents in both formal and informal ways
- Communicating with parents in ways that convey respect for them as individuals and as partners in child care
- Techniques for resolving differences with parents

Table 3.1	CENTER TRAINING TOPICS

14   Nutrition

- Planning and recognizing components of healthy meals and snacks
- The social, educational, and emotional benefits to children of family-style dining
- Removing food from the context of reward and punishment
- Working with parents to provide classroom cooking experiences that reflect children's diverse backgrounds
- Helping children develop good eating habits
- Integrating nutrition into the classroom curriculum

15   Professionalism

- What is a professional?
- How professionalism enhances self-esteem and the field of child care
- Assessing one's own performance
- Ethical standards for the early childhood field
- Organizations that promote professionalism
- Developing plans for short-term and long-term professional growth and development

Center Training Strategies

Each child care center is different. Staff's skills, knowledge, and experience; children's and parents' needs; and a center's policies and practices all combine to create different strengths and needs. As a result, each center will require different training to improve quality. Centers can offer four types of training:

1. Large group   **3.** Individualized

2. Role specific   **4.** New staff training

Table 3.2 summarizes the purpose, target group, and general approach for each type of training.

Large Group

Large-group training helps all staff provide quality services for children and their families. This type of training works well in ensuring that all staff hear the same message at the same time. It should be offered to the director and teaching staff as well as to cooks, custodians, and

Table 3.2	CENTER TRAINING STRATEGIES			
Purpose	**Target Group**	**Training Method**	**Trainer**	**Training Place**
Large-Group Training				
• Develop a common understanding and vocabulary • Develop a team planning approach and define roles	• All center staff	• Workshops	• Consultants	• Off site
Role-Specific (Small-Group) Training				
• Gain skills unique to position • Gain skills necessary to meet quality threshold requirements	• Directors • Training coordinator • Teaching teams • Coordinators for social services, health, and other program components	• Small-group discussions, role playing	• Consultants • Training coordinator	• On site • Off site (for example, college campus)
Individualized Training				
• Address individual weaknesses	• Teaching staff	• Mentoring	• Training coordinator	• Classroom
New Staff Training				
• Orient new staff to project goals • Provide common framework and vocabulary	• New staff	• Individual or small-group sessions	• Training coordinator	• On site

administrative support staff so that they all have a common framework for implementing many of the changes needed to improve quality. The emphasis of our quality goals on comprehensive services means that all participants are important. For example, the cook is a central part of a quality center's nutrition component; he or she prepares nutritious meals and also helps teaching staff make nutrition a part of classroom activities.

Large-group training is an important part of an overall training approach, but it cannot be used frequently because getting the entire staff together for training at once can be difficult. Large-group training can be used early on to make sure that all staff are familiar with the goals for training and staff development. These training sessions can take place in the evening or on weekends, so the center does not have to close for training. Staff can also be split into two groups and trained during working hours, with substitute staff filling in for trainees.

Most centers will need instruction in team building and core child development concepts. The level of detail will vary depending on each center's needs. Training content should be based on the training topics discussed here. Consultants or local agency staff with relevant expertise can conduct the large-group sessions.

Individualized training and mentoring form the core of the staff development process.

Role-Specific

Some staff members whose training needs are unique to their positions will require role-specific training. For example, many directors will have been trained in early-childhood education rather than in administration and may need to improve their administrative and financial management skills. These skills include bookkeeping, inventory control, fee collection, and internal control procedures. A training coordinator who was chosen from the center's staff and who is a fine teacher might need training in adult learning to work more effectively with other teaching staff. In addition, most staff will need training in coordinating supportive services.

Role-specific training can also be used to modify individual classrooms, and, in particular, to develop the teamwork needed to create a high quality classroom. Team training in this area will generally take place in small groups. When several teams have similar training needs, combined team training can be used. Consultants or the training coordinator can conduct role-specific training, using the content specified in the training topics. In addition, specially designed workshops and community resources, such as college courses on managing child care programs, can be used to meet the training needs of individual groups.

Individualized

Individualized training and mentoring form the core of the staff development process. The training coordinator is responsible for observing each teacher's performance on an ongoing basis. In addition to providing feedback to teachers, the coordinator can demonstrate and suggest appropriate behaviors and activities. The training coordinator can also help teaching staff use concepts in the classroom that were acquired in large-group or small-group sessions.

All individuals in a child care center, especially classroom staff members, will have unique training needs that can be identified and addressed by individualized methods. For example, a teacher might have difficulty controlling a classroom or using materials appropriately, or a teaching assistant might need practice working individually with children. Staff will need different levels of intervention before real changes in their behavior occur.

Training for New Staff

Because some turnover is inevitable, the training coordinator should help new staff members to become part of the center's team. This training should inform new staff members about the philosophy and goals of the center, familiarize them with the common vocabulary and framework for creating high quality centers, help them feel like part of the team, and assess their ongoing training needs.

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Training is based on hands-on, active learning rather than lectures and workshops.

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End Notes . . . .

1. Hofferth, Sandra L., April Brayfield, Sharon Deich, and Pamela Holcomb. *National Child Care Survey, 1990.* Urban Institute Report 91-5. Washington, DC: The Urban Institute Press, 1991.

2. Cost and Quality Study Team. *Cost, Quality, and Child Outcomes in Child Care Centers.* Denver: Economics Department, University of Colorado at Denver, 1995.

3. Schweinhart, L.J., H.V. Barnes, and D.P. Weikart. "Significant Benefits: The High/Scope Perry Preschool Study Through Age 27." *Monographs of the High/Scope Educational Research Foundation. 10.* Ypsilanti, MI: High/Scope Press, 1993. Lazar, Irving, R.B. Darlington, H. Murray, J. Royce, and A. Snipper. "Lasting Effects of Early Education: A Report from the Consortium for Longitudinal Studies." *Monographs of the Society for Research in Child Development,* vol. 47, nos. 2-3, serial no. 195, 1982.

4. Bredekamp, Sue. *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8.* Washington, DC: National Association for the Education of Young Children, 1987.

5. Hayes, C., J. Palmer, and M. Zaslow. *Who Cares for America's Children? Child Care Policy for the 1990s.* Washington, DC: National Academy Press, 1990.

6. Cost and Quality Study Team 1995.

7. Cost and Quality Study Team 1995. Galinsky, Ellen, Carollee Howes, Susan Kontos, and Marybeth Shinn. *The Study of Children in Family Child Care and Relative Care: Highlights of Findings.* New York: Families and Work Institute, 1994. Hayes et al. 1990. Hofferth et al. 1991. Kisker, Ellen Eliason, Rebecca Maynard, Anne Gordon, and Margaret Strain. *The Child Care Challenge: What Parents Need and What Is Available in Three Metropolitan Areas.* Princeton, NJ: Mathematica Policy Research, Inc., February 1989. Kontos, Susan, Carollee Howes, Marybeth Shinn, and Ellen Galinsky. *Quality in Family Child Care and Relative Care.* New York: Teachers College Press, 1995.

8. Cost and Quality Study Team 1995.

9. Howes, Carolee, Ellen Smith, and Ellen Galinsky. *The Florida Child Care Quality Improvement Study: Interim Report.* New York: Families and Work Institute, 1995. Berk, L. "Relationship of Education to Child-Oriented Attitudes, Job Satisfaction, and Behaviors Toward Children." *Child Care Quarterly*, vol. 14, 1985, pp. 103-129. Clarke-Stewart, Allison, and C. Gruber. "Daycare Forms and Features." In *Quality Variations in Day Care*, edited by R.C. Ainslee. New York: Prager, 1984. Fenney, S., and R. Chun. "Research in Review: Effective Teachers of Young Children." *Young Children*, vol. 41, no. 1, 1985, pp. 47-52. Howes, C. "Caregiver Behavior in Center and Family Day Care." *Journal of Applied Developmental Psychology*, vol. 4. 1983, pp. 99-107. Ruopp, Richard, J. Travers, Frederick Glantz, and Craig Coelen. *Children at the Center: Final Report of the National Day Care Study.* Cambridge, MA: Abt Associates, Inc., March 1979.

10. Whitebook, Marcy, Carollee Howes, and Deborah Phillips. *Who Cares? Child Care Teachers and the Quality of Care in America.* Final Report. National Child Care Staffing Study. Oakland, CA: Child Care Employee Project, 1989.

11. Clarke-Stewart and Gruber 1984. Cummings, E. "Caregiver Stability and Day Care." *Developmental Psychology*, vol. 16, 1980, pp. 31-37.

12. Layzer, Jean I., Barbara D. Goodson, and Judith Layzer. *Evaluation of Project Giant Step, Year Two Report: The Study of Program Effects.* Cambridge, MA: Abt Associates, Inc., June 1990.

13. Layzer et al. 1990.

14. Granger, Robert, and Elisabeth Marx. *Who Is Teaching?* New York: Bank Street College of Education, May 1988.

15. Layzer et al. 1990.

For Further Reading . . . .

Quality of Child Care in the United States

Cost and Quality Study Team. *Cost, Quality, and Child Outcomes in Child Care Centers.* Denver: Economics Department, University of Colorado at Denver, 1995.

Galinsky, Ellen, Carollee Howes, Susan Kontos, and Marybeth Shinn. *The Study of Children in Family Child Care and Relative Care: Highlights of Findings.* New York: Families and Work Institute, 1994.

Kontos, Susan, Carollee Howes, Marybeth Shinn, and Ellen Galinsky. *Quality in Family Child Care and Relative Care.* New York: Teachers College Press, 1995.

Layzer, Jean I., Barbara D. Goodson, and Marc Moss. *Observational Study of Early Childhood Programs, Final Report Volume 1: Life in Preschool.* Washington, DC: U.S. Department of Education, 1993.

Whitebook, Marcy, Carollee Howes, and Deborah Phillips. *Who Cares? Child Care Teachers and the Quality of Care in America.* Final Report. National Child Care Staffing Study. Oakland, CA: Child Care Employee Project, 1989.

Supply and Use of Child Care in the United States

Hofferth, Sandra L., April Brayfield, Sharon Deich, and Pamela Holcomb. *National Child Care Survey, 1990.* Urban Institute Report 91-5. Washington, DC: The Urban Institute Press, 1991.

Kisker, E., S. Hofferth, D. Phillips, and E. Farquhar. *A Profile of Child Care Settings: Early Education and Care in 1990.* Washington, DC: U.S. Department of Education, 1991.

Willer, B., S. Hofferth, E. Kisker, P. Divine-Hawkins, E. Farquhar, and F. Glantz. *The Demand and Supply of Child Care in 1990: Joint Findings from the National Child Care Survey 1990 and A Profile of Child Care Settings.* Washington, DC: National Association for the Education of Young Children, 1991.

Guidelines for Quality

American Public Health Association and the American Academy of Pediatrics. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* Washington, DC: APHA; Elk Grove Village, IL: AAP, 1992.

Bredekamp, Sue. *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8.* Washington, DC: National Association for the Education of Young Children, 1987.

Bredekamp, Sue, and Teresa Rosegrant, eds. *Reaching Potentials: Appropriate Curriculum and Assessment for Young Children. Volumes 1 and 2.* Washington, DC: National Association for the Education of Young Children, 1992 and 1995.

Hayes, C., J. Palmer, and M. Zaslow. *Who Cares for America's Children? Child Care Policy for the 1990s.* Washington, DC: National Academy Press, 1990.

Measures of the Quality of Child Care

Abbott-Shim, Martha, and Annette Sibley. *Assessment Profile for Early Childhood Programs: Preschool, Infant, School-Age.* Atlanta, GA: Quality Assist, 1987.

Council for Early Childhood Professional Recognition and University of North Carolina at Chapel Hill. *Child Development Associate Advisor's Report Form.* Washington, DC: Council for Early Childhood Professional Recognition, 1995.

Harms, Thelma, and Richard M. Clifford. *Early Childhood Environmental Rating Scale.* New York: Teachers College Press, 1980.

Harms, Thelma, Debby Cryer, and Richard M. Clifford. *Infant/Toddler Environment Rating Scale.* New York: Teachers College Press, 1990.

Measures of Children's Development

Brigance, A. *Brigance Inventory of Early Development—Revised.* North Billerica, MA: Curriculum Associates, 1991.

Frankenburg, William K., Josiah Dodds, Phillip Archer, Beverly Bresnick, Patrick Maschka, Norma Edelman, and Howard Shapiro. *Denver II: Technical Manual, and Denver II: Screening Manual.* Denver: Denver Developmental Materials, Inc., 1990.

Newborg, J., Stock, J., Wnek, L., Guidubaldi, J., and Svinicki, J. *Battelle Developmental Inventory.* Allen, TX: DLM Teaching Resources, 1984.

Places for Growing

HOW TO IMPROVE YOUR CHILD CARE CENTER

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