From professional conference presentations and public school teachers’ meetings to CDA classes and legislative hearing rooms, conversations about early care and education programs inevitably turn to the issue of quality—what it is, how it’s identified, and whether it matters.

In the early 1800s, when the first early education programs strove to counter the negative effects of poverty and brutal child care and employment practices, educators initiated the quality debate. They asked what children really need for optimal development, how families and educators might work together to build skills, and whether quality—and its costs—made a measurable difference in children’s lives.

Over two centuries, research and practice evolved according to cultural, economic, and social demands. Pestalozzi supported children’s learning by discovery, Montessori focused on the learning environment, the Head Start program addressed childhood poverty and learning delays with child development centers, and the National Association for the Education of Young Children brought *developmentally appropriate practice* to the conversation.

The quality issue reached its current fevered pitch in 2001 with the No Child Left Behind Act and its expectation of accountability: Programs can’t just claim success; they have to make a measurable difference. And while not all educators agree on how to achieve quality, there is agreement, and public support, for efforts that improve children’s achievement to close the gaps that damage prospects for long-term academic, social, and financial stability and success.

**Quality definitions**

The definition of *quality* reflects the diverse perspectives of the impacted populations—children in care, the families of children in care, teachers and care providers, and taxpayers whose money helps support early care and education programs. Unfortunately, because of unique and sometimes competing interests, a universal definition of quality is impossible.

Quality indicators change with the ages of children in care—infants require different environments and interactions, for example, than 6-year-olds. Similarly, urban families often have different expectations of programs than rural families. Affluence, too, has an impact on what families expect of early care and education programs. For many families, cost and accessibility are paramount; for a single parent who cobbles together several minimum wage jobs, quality of care may be less important than an assurance that a child is safe, sometimes with multiple providers (Phillips 1995).

Lilian Katz (1993) argues that quality can be seen from four distinct perspectives:
researchers and early care and education professionals,
the parents using child care services,
teachers and child care providers, and
the children in care.
The perspective of researchers and professionals sometimes outweighs that of the other three groups, and it often has the most impact on family policy and on classroom best practices.
In the eyes of a child, quality may mean feeling accepted and included—without regard to the child’s ability or culture. It means having friends, interacting with responsive and respectful adults, and being emotionally and physically comfortable. Meals are tasty (and nutritious), and activities are engaging and fun.

A UNIVERSAL DEFINITION OF QUALITY IS IMPOSSIBLE.

To parents and guardians, on the other hand, quality ensures a child’s health and safety. Children are happy, eager to join activities, and enthusiastic about how they will spend the day. The program is conveniently located, offers flexibility in hours of operation, and is affordable. For many families, quality child care is an essential component in maintaining a work-family balance; it offers the parents (and employers) the necessary peace of mind for worker efficiency. Some parents rate school readiness activities as quality indicators; others put a higher priority on cultural respect.

From all perspectives, and while there is no single definition of _quality_, some overall elements emerge as critical to the well-being of children, including the following:
- health, safety, and proper hygiene
- good nutrition
- a well-maintained environment appropriate to the interests, skills, and needs of the children
- an adequate number of staff who are sensitive, responsive, and well-equipped to care for a group of children
- opportunities for active play—especially outdoors
- opportunities for quiet play and rest
- materials, equipment, and activities that support development across all domains
- positive interactions with adults
- practices that support positive interactions among children
- communication with and support for families
- respect for diversity and differences, gender equality, and inclusion of children with developmental delays and disabilities
- clear, broad, and specific goals for each child

A high quality program is a toolbox of attitudes, skills, policies, and dispositions that support children and their families across cultural, economic, and social lines.

Quality indicators
The National Scientific Council on the Developing Child (2007) identified features of early care and education programs that have a positive impact on children’s development. These features include the following:
- highly skilled staff,
- age-appropriate curricula,
- a language-rich environment,
- small class size and a high adult-to-child ratio,
- stimulating materials in a safe physical setting, and
- warm, responsive interactions between staff and children.

Researchers and professionals frame these features as quality indicators, specifically:
- adult-to-child ratios and group size,
- the physical environment and materials,
- administrator, director, teacher, and provider training,
- communication with families,
- classroom learning practices and curriculum, and
- interactions among children and adults (Bredekamp and Copple 2009; Paro, Thomason, Lower, Kintner-Duffy, and Cassidy 2012).

Each of these factors contributes to the definition of _quality_—and to the outcomes desired by teachers, parents, and the community at large. The correlation between program quality and a child’s developmental outcomes is well established: The stronger the early care and education program, the more prepared the child is to regulate behavior and to approach later academic endeavors with a disposition for learning. Economic resources tend to magnify the correlation: children from families living in poverty (financial and social) and children with developmental delays...
or disabilities are less likely to have access to high quality programs and their correlated successes (NICHD 2010; Klein and Knitzer 2006).

To experience the benefits of quality early care and education, children need professional educators with foundational knowledge of child development theory and best practices coupled with the conviction that every child can learn by building skills across all developmental domains. No matter the title—teacher, caregiver, or child care worker—educators must understand that each child is unique in skill and need, that engagement is essential, and that helping children build new skills requires the willingness to juggle the sometimes competing interests, dispositions, temperaments, expectations, and abilities of the children and their families. Key is their respect for children and their families—across cultures, economic status, education, and skill levels.

Teachers and other primary care providers must know how children learn and strive to provide the equipment, materials, and interactions that enrich children’s environments with the tools for meaningful engagement, exploration, and discovery. Increasingly, programs rely on rating scales, accreditation criteria, and child evaluation tools to verify their status as high quality.

**Quality rating and improvement systems**

Currently 39 states (including Texas) participate in a quality rating and improvement system (QRIS) intended to assess, improve, and communicate the level of quality in early care and education programs. Typically, QRIS awards incremental quality designations (like stars or bars—the greater number indicating higher quality) to programs that meet a set of defined program standards that go beyond state minimum standards. QRIS includes five common elements: program standards, technical assistance to programs and practitioners, financial incentives featuring reimbursement rates that increase with quality, quality assurance with ongoing monitoring, and consumer education about levels of quality (QRIS 2015).

**Each Child is Unique in Skill and Need.**

QRIS derives from several premises, each designed to build a safety net for individual children and their families with the belief that high quality programs improve long-term social and academic outcomes. These include the following:

- Subsidized child care is essential to enabling low-income families to achieve self-sufficiency.
- Quality child care is vital to the development of a future workforce.
- Quality criteria raise the norm for all child care providers and programs.

QRIS establishes a continuum of care reflecting regulatory requirements (minimum child care licensing standards) that range from the minimal acceptable level of care to measurable quality indicators that exceed a state’s minimum standards. The continuum reflects a systematic progression of quality in early care and education programs. Data related to a facility’s physical space, group sizes, and ratios are collected in partnership with state agencies. Additionally, other data related to teacher performance, including activities, curricula, interactions, and staff qualifications and training, are reported by the program. Based on the data collected, QRIS may offer technical assistance, training, and resources to improve outcomes for the children in care.

With QRIS, states are able to go beyond simple rat-
ing and instead incorporate program changes that are meaningful and long-lasting. QRIS can align early care and education standards with professional growth and skill—beyond the minimum regulatory standards on health and safety. It supports program teachers in their professional development with coaching, financial support, and training. It helps educate consumers—and taxpayers—about quality and why it matters. And finally it can link higher quality child care options with financial incentives like differential reimbursement rates. Together these elements have the potential for building a well-financed early care and education system that supports the optimal growth and development of children while balancing the business needs of programs and the financial security of families.

References


