

# Role of National Funding/Accreditation Standards for the Quality Control of Early Childhood Care and Education in the U.S.A.: Implications for Korea<sup>1)</sup>

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## 1. Introduction

Since the early 1990s, the institutions of early childhood care and education have increased dramatically in Korea. This change represents a response to an increase in the participation of women in the work force, to changes in the family structure, and to a decrease in the size of the family and the birth rate of children. In 1994, 18.38 percent of children under the age of six were enrolled in institutions operated by diverse organizations such as nonprofit and for-profit child care centers, and public and private kindergartens (Yang et al., 1998).

The rapid growth of these institutions has produced large numbers of people with poor preparation entering the early childhood care and education field as teachers and caregivers (Joo, 1990; Korean Society for Childhood Education, 1996). Just as early childhood educators vary in their understanding and acceptance of the needs of children and their families, variations in the definitions of quality child care and early childhood education exist among the institutions. In order to guide the institutions of early childhood care and education so that they can provide a quality

program for children and their families, it is necessary to have some form of evaluation standards for quality control at the national level.

National evaluation standards applied to facilities include licensing regulations, funding standards, and accreditation systems (Morgan, 1996; Murray, 1996; Vaughan & Cahir, 1996). Licensing and other regulatory approvals are connected to the issue of minimum quality control, delineating a basic level of standards below which no service may legally operate. Unlike licensing, funding and accreditation standards represent a higher level of evaluation.

Quality control systems should be concerned with improvement, not merely the maintenance of a minimal quality level. Since the licensing standards vary so substantially from province to province in Korea, they can be seen as setting the floor rather than ensuring high quality. Recently, the country has been moving toward decentralization and less government regulation. There is also an increased demand for high quality in early childhood care and education programs which focus on the needs of both children and families. In this context, one effective strategy for meeting the needs of both society as well as children and their families would be the use of funding and/or accreditation standards

(hereafter: "funding/accreditation standards") at the national level.

There are, however, no national funding/accreditation standards in Korea. Licensing standards are the only existing evaluation system of quality control for child care centers or kindergartens. In this study, I will review national funding/accreditation standards for the institutions of early childhood care and education in the United States which have implications for developing a model of national funding/accreditation standards applicable in Korea.

Funding/accreditation systems for the early childhood care and education programs have been well implemented in the United States. The policies of decentralization, deregulation, and privatization of early childhood care and education in the 1980s have resulted in the development of professionally sponsored, private funding/accreditation systems. According to Esping-Andersen's (1990) criteria, both the United States and Korea are classified as liberal welfare states (Yang et al., 1998). Therefore, we might reasonably expect that what works in the United States would work in Korea. The policies and programs for early childhood education in the United States have influenced Korea a great deal, which also suggests that a United States model for early childhood education is useful for Korea.

## . National Funding/Accreditation Systems and Public Policy

National funding/accreditation standards for the institutions of early childhood care and education play an important role in public policy. The impetus for the development of these systems in the United States came from professional organizations and public policymakers at the state and local level who realized in 1981 that the federal government would not institute the

high-quality licensing standards that had been created by the Federal Interagency Day Care Commission (Howes & Galinsky, 1996). Decentralization was a key concept. At that time, state governments' growth was prohibited to minimize bureaucracy. Thus, policymakers attempted to downsize and privatize early childhood care and education. With an emphasis on privatization and deregulation, policymakers seeking to improve quality often refrained from mandating higher standards or increasing bureaucracy.

Fees for early childhood care and education services represent a substantial portion of family expenses, so that parents are sensitive not only to the fees charged but also to how much and what quality of service they can purchase at a given fee. The public at large holds policymakers accountable for the quality of services provided in or by government entities. Nevertheless, there is considerable evidence from previous research that many high-quality institutions do not charge higher parent fees. High-quality child care centers in the United States, for example, cover a significant percentage of their overall program expenses through in-kind donations, cash contributions, and government funding, and shift the savings into higher labor costs (Cost, Quality & Child Outcomes Study Team, 1995).

When public funds are given to an institution, policymakers must ensure that those funds are spent to guarantee acceptable quality. There should be mechanisms to raise the necessary public funds to support a single, comprehensive early care and education system which includes a quality infrastructure, and quality early care and education programs (Kagan & Cohen, 1996). How can the policymakers be sure that their funds are used to purchase quality? The answer is to impose funding standards.

In the United States, institutions with public

funding are generally tied to higher standards and providing higher quality care than other institutions. Publicly operated institutions are those located in public schools and at state universities, operated by municipal agencies, or sponsored by employers. They all have higher expended costs and total revenue per child hour, more donated resources, and are less dependent on parent fees than other institutions. They also pay higher wages, provide more staff benefits, and have fewer children per staff member. Teachers in these institutions also have more education, more specialized training, and longer tenure than other institutions (Cost, Quality & Child Outcomes Study Team, 1995).

Funding standards in the United States most often apply to child care and education purchased under a grant, contract, or voucher. Early childhood care and education institutions that receive grants or contracts are most often requested to comply with staff educational requirements, higher staffing ratios, or other requirements that exceed the state's minimum licensing standards. Head Start and public prekindergartens are examples. In many cases, voucher systems also demand providers to comply with all applicable state or local regulatory requirements. In the United States, a mix of voucher and contract systems appears to provide the flexibility that many parents need (Larner, 1996). Unlike grant and contract systems, however, voucher systems do not impose any additional standards.

Like Korea, the United States' current method of financing early childhood care and education services reflects a mixture of programs. Some subsidized programs focus on meeting the needs of children in the educational or child welfare system. Other programs focus on meeting the needs of parents who are employed, on public assistance, or undergoing on-the-job training. This tendency results from the view that child care and early childhood

education differ from one another (Stoney, 1996). Thus, it is necessary to develop new funding standards that can view child care and early childhood education services as a unified system.

If governments or funding agencies request kindergartens and child care centers that receive their funds to comply with a standard, it is effective to adopt an existing national accreditation system as a funding standard. By requiring the institutions to complete the accreditation process, governments and funding agencies are able to be accountable for the quality of early childhood care and education services provided to the public. They can also make high-quality early childhood care and education a goal "without entering into politically risky battles over regulatory requirements" (Stoney, 1996: 116).

Despite their merits, there remain a few problems with the funding/accreditation standards as an evaluation system, particularly in the cases where funding is contingent upon participation in accreditation. Institutions would be unlikely to be denied accreditation provided they are financially secure (Mayhew, Ford, & Hubbard, 1990). Once accredited, they would be in almost no danger of losing accredited status, regardless of how their children performed.

## . National Funding/Accreditation Systems and Quality Programming

Since the 1980s, there has been an increasing demand for a quality system of early childhood care and education in the United States. The number of children under the age of six has held steady at 21-22 million (National Center for Children in Poverty, 1990). In 1987, 10.6 million of these children needed care while their parents were in the labor force. Of these, 5.7 million

children were cared for by their relatives and 4.8 million attended child care centers or homes (Schweinhart, 1992).

The centerpiece of a quality system is quality programming. To ensure that children can have access to an acceptable program, funding/accreditation standards for the institutions of early childhood care and education need to be established from the children's perspective. National funding/accreditation as a means of ensuring quality outcomes for children is related to the improvement of programs. The underlying assumption is that quality programs promote children's optimal development (Interim National Accreditation Council, 1992).

Previous studies show that quality programming makes a difference in the developmental outcomes of children. Many researchers in the United States indicate that the primary factors linked to positive outcomes for children are program inputs, such as staff-child ratio and group size. There is strong evidence that children in high quality early childhood care and education programs have better cognitive development (Burchinal, Lee, & Ramey, 1989), language development (McCartney, 1984), and social competence (Holloway & Reichhart-Erickson, 1988; Phillips, McCartney, & Scarr, 1987) than children in poor quality programs. In this context, researchers have attempted to define the construct "quality", by studying thresholds of quality (Howes, Phillips, & Witebook, 1992), the proximal and distal features of quality (Dunn, 1993), and the characteristics of different instruments for measuring quality (Scarr, Eisenberg, & Deater-Deckard, 1994). Quality has an even stronger positive impact for certain children, especially on the receptive language ability of minority children and on the self-perceptions of children of less educated mothers (Cost, Quality & Child Outcomes Study Team, 1995).

Quality programming is far from assured at institutions of early childhood care and education. A nationwide survey by the Cost, Quality & Child Outcomes Study Team (1995) in the United States identifies that child care centers are rated poor to mediocre, with 40% of infants and toddlers in rooms of "less-than-minimal" quality. It also reveals that states with more stringent licensing standards have fewer poor quality centers. Centers that comply with additional standards beyond those required for licensing, such as funding/accreditation standards, provide relatively high quality services. In addition, this study makes clear that high quality services cost more than those of poor quality, but not a lot more.

It has been argued that fragmented early childhood care and educational arrangements cannot guarantee the program quality necessary for children's healthy development and well-being (Carnegie Corporation of New York, 1994). The effects that programs have on children's development must be determined with a unified conception of child care and education. The conception must also be expanded to integrate the needs and perspectives of families. A provision of comprehensive services in a family-centered context is crucial to quality practice in early childhood care and education (Bowman, 1997; Cohen & Ooms, 1994; Dunst & Wolery, 1997; Phillips, 1996; Powell, 1997). Head Start in the United States has been a pioneer in offering a "two-generational assault on poverty" (Zigler & Mucenchow, 1993: 245). With the integral involvement of children and their families, the Head Start program includes parental involvement, social services, and community-based services that are not provided by most of the other programs in the United States (Lerner, 1997; Layzer, Goodson, & Moss, 1993; Rosenkoetter & Cohen, 1997; McWilliam, McMillen, Sloper, & McMillen, 1997). Furthermore, quality programs

need to respond effectively to the cultural diversity by seeking out commonalities while respecting differences in a multicultural society (Derman-Sparks & the ABC Task Force, 1989).

Institutions of early childhood care and education provide acceptable quality when they have access to extra resources (Ebbeck, 1993; Jackson, 1996). The organizational climates of the institutions affect the quality of programs. Research in the United States suggests that quality outcomes for children can not be guaranteed without having quality working conditions for staff, such as training and education, salaries and compensation, and an adequate working environment (Whitebook, Howes, & Phillips 1989). In order to meet the demand for quality programming, it is necessary for the entire U.S. early childhood care and education system to be infused with diverse funding sources, both private and public (Bellm, Burton, Shukla, & Whitebook, 1997; Whitebook, Sakai, & Howes, 1997).

Failing to meet the needs of the staff threatens children's development and well-being. Staff salaries and benefits, along with staff-child ratio and supplementary services such as home visits, staff development, meals, referrals, and assessment, affect program cost (Scheinart, 1993). Scheinart's (1993) extensive study in the United States finds that the average teacher salary in NAEYC accredited centers was only \$13,700 a year. Similarly, his analysis of Head Start reveals that the average salary of the Head Start teachers is \$12,074 a year. With the exception of public schools, salaries in the institutions of early childhood care and education are low, and consequently staff turnover is high (Cost, Quality & Child Outcomes Study Team, 1995; Whitebook, 1995).

Although there has been little empirical research in the United States that treats funding/ accreditation status as independent variables, there

is some evidence that staff in accredited institutions report positive experiences of accreditation (Bloom, 1996; Bundy, 1988; Herr, Johnson, & Zimmerman, 1993; Mulrooney, 1990). In a study of 5,008 directors, teachers, and support staff who worked in 380 child care centers in 33 states, Bloom (1996) identifies notable differences between accredited and nonaccredited programs relative to the quality of work life for staff. In all 10 dimensions of organizational climatescollegiality, professional growth, supervisor support, clarity, reward system, decision making, goal consensus, task orientation, physical setting, and innovativeness there are differences between accredited and nonaccredited programs. The four dimensions that together accounted for the greatest variation in differences were innovativeness, goal consensus, professional growth, and clarity. It also appears that accreditation status may be a strong predictor of staff job commitment and turnover, as well as teachers' current and desired levels of decision making influence.

These results seem to be associated with the nature of accreditation which is self-selected by institutions that seek to be recognized for their program quality. Institutions in the accreditation process may have already been providing high quality programs for children, families, and staff, compared with the institutions that do not enter the accreditation process. In the study done by the U.S. National Center for the Early Childhood Work Force (1997), it indeed appears that accreditation status is a strong predictor of overall classroom quality at the time of embarking on the accreditation process. This study also shows that improvement in overall quality ratings, staff-child ratios, and teacher sensitivity scores of accredited programs is greater than of nonaccredited programs. In addition, it is reported that the quality of programs improves through the self-study process for accreditation even at the institutions in which

improvement of program quality is not the major goal (Herr, et al., 1993).

Some problems, however, still exist in the self-study process. Self-studies by weak institutions sometimes resemble a "lawyer's brief" showing a mosaic of information in ways most favorable to an institution (Mayhew, et al., 1996: 216-231). Over time, the objectives of the system tend to diminish from high standards assuring quality to maintenance of their previous level. Research done with institutions of early childhood care and education in the United States (e.g., Sibley & Abbott-Shim, 1996) also identify that for the more vulnerable institutions, accreditation self-study may not be beneficial in ensuring continued program development.

#### IV. Exemplary Models of National Funding/Accreditation Standards

Since licensing standards for early childhood care and education typically focus on health and safety issues, many states implement some types of existing national funding/accreditation standards for their institutions of early childhood care and education. In the United States, some states and local governments depend on Head Start Program Performance Standards or local school codes (Adams & Sandfort, 1994). Others apply existing national accreditation systems offered by early childhood professional organizations, or establish their own standards (Bjorklund, 1994).

Head Start Program Performance Standards, devised by the Head Start Bureau in the U.S. Department of Health and Human Services, have been identified as a federal regulation since the early 1970s. It is a single set of standards for Head Start programs targeting disadvantaged children from birth to age five, and serves as an evaluation system for controlling the quality of

services for the 2,112 community-based organizations administering Head Start as grantees or delegate agencies (U.S. Department of Health and Human Services, 1996). Furthermore, this system is clearly recognized in the field of early childhood care and education as a valid evaluation system not only for the quality of programs, but also for funding at the national level (Morgan, 1996; Zigler & Muenchow, 1992).

Head Start Program Performance Standards have a long history of development and revision. A recent version of the standards was revised in 1996. The revised standards come as a response to the 1994 amendments to the Head Start Act. Key provisions in the 1994 amendments include services to low-income pregnant women and families with infants and toddlers. They provide the regulatory structure for the evaluation of quality standards in Head Start and serve as an educational guide for staff and parents. They allow individual programs to reflect the needs of the local community, as local grantees and delegated agencies are expected to recognize the uniqueness of local programs as well as the differences between them. The revised standards are also designed to improve accountability at the local level. These standards went into effect January 1, 1998.

There are also several national accreditation systems for the institutions of early childhood care and education in the United States. These include systems developed by the National Accreditation Council for Early Childhood Professional Personnel and Programs, the National Association for Family Child Care, the National Association for the Education of Young Children (NAEYC), and the National Early Childhood Program (NECP).

The National Accreditation Council for Early Childhood Professional Personnel and Programs established its accreditation standard in 1992 and has accredited 80 programs in five states (U. S.

Department of Health and Human Services, 1995). The standard established by the National Association for Family Child Care is designed for accrediting family child care, not center based programs. During 1991-1992, the National Child Care Association, the organization representing the private-for-profit sector in child care, developed the NECP accreditation based on the NAEYC accreditation (Fiene, 1996). Since 1992, 44 child care centers in 10 states have been accredited by this system. The most professionally well recognized, center-based accreditation system is, however, the NAEYC which was developed by the institution of the same name in 1984. This system has become a benchmark for early childhood care and education in the United States (Cost, Quality & Child Outcomes Study Team, 1995). In 1996, 4,527 institutions were accredited by the NAEYC, and another 8,731 institutions were in the process of being accredited. These figures represent 15 percent of the 80,000 institutions in the United States (Howes et al. 1996).

The NAEYC accreditation system often influences licensing standards or funding guidelines because of its reliance on a comprehensive, instrument-based program monitoring system (Fiene, 1996; Herr, et al. 1993). In 1997, for example, several states such as Arkansas, Louisiana, Minnesota, Vermont, and Wisconsin began to provide higher reimbursement rates to institutions that had achieved accreditation through the NAEYC. Florida offers a Gold Seal Certificate to child care centers accredited by NAEYC. In addition, North Carolina reimburses the institutions if they achieve the state-defined accreditation (Bellm et al., 1997; National Center for the Early Childhood Work Force, 1997).

Unlike Head Start Program Performance Standards, the NAEYC accreditation system is available for before- or after-school programs as well as for early childhood institutions with children under the

age of five. Primary attention of the NAEYC system is devoted to stimulating program improvements through a self-study process and technical assistance while simultaneously minimizing costs (Bredenkamp, 1985). With the emphasis on the nature of the child's experience, major concern is given to interactions between staff and children and the "developmental appropriateness of the curriculum" (National Association for the Education of Young Children, 1991a, 1991b).

Although there is no research on the effect of the revised Head Start Program Performance Standards on children and the Head Start programs (Bloom, 1996; Ethiel, 1997; Howes & Galinsky, 1996), there are a few studies on effects of the NAEYC standards. Analyzing directors' self-report in accredited child care centers, Herr, Johnson, and Zimmerman (1993) report that NAEYC accreditation results in the improvement of some components such as curriculum, administration, health and safety, and the physical environment. Furthermore, extensive research done by National Center for the Early Childhood Work Force (1997) shows that institutions accredited by NAEYC employ more teachers with a college degree or CDA and provide higher staff salaries and better working conditions.

In order to promote result-based accountability and improve program quality in a cost-effective way, it is necessary to incorporate Head Start Program Performance Standards into NAEYC accreditation. These standards can also generate consensus on early childhood care and education, and a common commitment to excellence for communities.

## V. Conclusion

Korea, a welfare state similar to the United States, has been greatly influenced by the U.S. early childhood care and education systems. Given

the benefits of national funding/accreditation standards for the institutions of early childhood care and education in the United States, I predict that they can fruitfully be applied to Korea. By adopting national funding/accreditation standards as a benchmark for all programs, public administrators and policymakers can hold the institutions of early childhood care and education accountable for the quality of their programs. Parents may use the funding/accreditation status in making decisions about programs for their children, while institutions use it as a valuable marketing tool.

Below are some recommendations useful for developing a framework of national funding/accreditation standards for the institutions of early childhood care and education in Korea:

1. Support building a national evaluation system in which the two systems of funding and accreditation standards complement one another in the interest of quality. It is reasonable to incorporate Head Start Program Performance Standards into NAEYC accreditation. These standards can be seen as a complementary and integrated quality control system which has the potential to promote the social accountability and improve the quality of programs. While child care and early childhood education regulations are controversial, they may help not only to build bridges among the various early childhood care and education programs, but also to establish uniformity among the practitioners in a wide range of settings.

2. Devise a specific definition for "quality" programming with a unified conception of child care and education, and launch educational efforts in the public and private sectors so that the public can distinguish between high and low quality programs. The conception must be expanded to integrate the needs and perspectives of families.

3. Provide financial incentives that enable the institutions of early childhood care and education to implement national funding/accreditation standards at the local and national levels. Governments may, for example, support a higher dependent care tax credit to families using accredited institutions.

4. Encourage the institutions of early childhood care and education to attract funds from multiple sources, and to blend and use them in providing coordinated services to families. Inaugurating funding/accreditation standards for early childhood contract and grant programs helps to facilitate blended financing across a range of systems.

5. Establish national funding/accreditation standards which reflect the needs of local communities and emphasize accountability at the local level.

6. Bolster strong licensing standards. Accredited institutions with higher staffing ratios are, for example, possible only in provinces with higher requirements.

7. Invest more national and local government and private-sector funds in salaries and benefits as well as pre-and in-service training for early childhood educators to increase staff job commitments and decrease staff turnovers.



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