

# Quality Rating In Michigan: A Great Start for Kids

Recommendations for a  
Child Care Quality  
Rating System  
**DRAFT**

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*Letters of endorsement for the following recommendations have been procured from: Michigan Head Start Association, Michigan Early Childhood Professionals, Michigan Association for the Education of Young Children, Michigan Community Coordinated Child Care Association, and the Michigan Association of United Ways.*



## Introduction

*“If the brain is purposefully stimulated and nurtured before a child is old enough to tie his or her shoes, that child’s lifelong capacity to learn will be forever enhanced. And, unfortunately, if it is not, an opportunity is lost forever.”*

- Governor Jennifer Granholm

This paper represents recommendations for an early childhood education and care quality rating system from the Quality Rating Systems (QRS) Workgroup (for a complete listing of workgroup members, see Appendix A). The term early education and care indicates that all programs with responsibility for young children necessarily provide both education and care.<sup>1</sup> Recommendations have been made based on current research, Michigan data, and provider and advocate input.

The recommended system provides a plan for systemic change in order to increase early childhood education and care quality in the state of Michigan. Increases in quality allow for higher child outcomes. The goal of this system is to increase access to high quality early education and care for all young children and their families.<sup>2</sup>

## Child Care in Michigan

Child care is a matter of economics. There are nearly half a million children in Michigan who have both parents in the labor force. The last several decades have also shown an increase in single-parent households. In 1970, only 30 percent of mothers with young children were in the workforce, in 1999, 60 percent of mothers with young children were working outside the home.<sup>3</sup> Because of the growing number of parents in the labor force, the state has seen an increase in demand for child care – more children are spending more time in care outside the home.

### The Child Care Climate

Michigan offers many options for child care, including relative care providers and day care aides, child care centers, family and group homes, Head Start, and the Michigan School Readiness Program (MSRP). However, not all options are available to every family due to cost, geographical location, or capacity within their community. Parents are often faced with a decision between low-cost child care and high quality child care.

### Child Care Licensing

There are currently 18,007 licensed child care and early education providers and facilities in the state of Michigan, which serve a total of 351,706 children and their families. Currently, there are only 60 child care licensing consultants in the state available to make initial, regular and follow-up visits as well as perform investigations of all these facilities. This puts Michigan in the bottom 15 states for average caseload number at 307 facilities per consultant.<sup>4</sup> The nationally recommended average caseload number is 75.<sup>5</sup>

### Monitoring Quality

Basic child care licensing offers one of two types of quality regulation for child care in the state. National accreditation offers another. Child care licensing offers regulation of only basic health and safety and minimal qualifications for providers. Only about 6 percent of providers are accredited in the state.<sup>6</sup> Even worse, relative care providers and day care aides – who provide child care to the largest



number of Michigan families – are completely unregulated. This means that we cannot now determine or assure even the most basic health and safety standards for the largest group of Michigan children in child care.

## What is a Quality Rating System?

A QRS is used as a child care consumer guide comparable to a “report card” for quality in early education and care settings. A QRS for early childhood care and education is a way to define, measure, and improve the level of quality in different early care and education settings. A QRS offers providers and parents a better understanding of the quality level of care young children receive and offers a clear visual indicator of high quality programs by awarding stars for quality. A QRS provides a clear definition of the highest level of quality and a detailed explanation of how to achieve that highest level through professional development, program policy and administration additions or changes, staff retention plans, and program improvement assessments. A QRS brings together all child care quality initiatives and efforts within the state.

## Why Quality Rating?

A QRS serves several functions. First, it rewards the early education and care community for providing high quality care. Rewards come in the form of stars and incentives for further improvement. Next, a QRS alerts consumers to the level of care given by a provider. Finally, a QRS drives the early education and care market by creating a savvy consumer – aware that high quality early education and care means higher child outcomes and better results for their family. Market forces serve to increase quality throughout a community by creating competition. Community-wide quality improvement leads to increased access to high quality early education and care programs for young children and their families. Increased access to high quality early education and care provides critical support to working families.

A QRS promotes several quality improvement strategies to help reach the overall goal of increasing access to high quality early education and care:<sup>7</sup>

- Building and strengthening child care licensing components of early childhood care and education
- Increasing consumer demand of high quality early childhood care and education
- Providing accountability for the early childhood care and education industry
- Increasing professional development among early childhood care and education providers
- Increasing alignment of all early childhood quality initiatives in the state

*“...the positive relation between child care quality and virtually every facet of children's development that has been studied is one of the most consistent findings in developmental science. While child care of poor quality is associated with poorer developmental outcomes, high-quality care is associated with outcomes that all parents want to see in their children, ranging from cooperation with adults to the ability to initiate and sustain positive exchanges with peers, to early competence in math and reading.”*

*-National Research Council and Institute of Medicine (2000)*

Michigan will see quality improvement in early childhood education and care as providers move through the QRS. Success of a QRS is measurable by the number of providers participating in the system, and by how many of the participants are moving toward higher tiers each year. The long-term success of a QRS is also measured in higher child outcomes<sup>8</sup>:



- Increased rates of school readiness
- Increased rates of high school graduation
- Decreased rates of grade retention
- Decreased rates of children needing special education
- Decreased rates in future delinquency

A QRS brings clear definition of high quality education and care, allows measurement of defined high quality care, and promotes improvement of early childhood education and care. Building quality to better serve children and their families must start with an understanding of where we are and where we must go. A successful QRS provides such insight and guidance.

## Research Findings on High Quality Early Education and Care

Research on brain development has clearly shown that an enormous potential for learning exists during the first five years of life.<sup>9</sup> Too often this potential is left unrealized. The numbers of children who spend time in low quality and potentially harmful care situations are growing nationally.<sup>10</sup> Time spent in these types of low quality environments can significantly limit the cognitive, social, emotional and physical developmental potential for children.

High quality early education and care help to improve the achievement gap in Michigan. National research proves without a doubt that high quality early education and care programs help prepare children for kindergarten. Studies have shown that high quality early education and care produces better cognitive development in young children. Positive child-adult interactions (an indicator of quality) influence social development in the early elementary years.<sup>11</sup> In fact, the benefits of such programs last well into late adolescence with lower rates of grade retention and higher percentages of children completing high school.<sup>12</sup> Children who are considered at risk for school success reap the most benefits from high quality early education and care.<sup>13</sup>

National studies including the Cost, Quality, and Outcomes Study in 1995<sup>14</sup>, the National Child Care Staffing Study<sup>15</sup>, and a report on the National Association for the Education of Young Children<sup>16</sup> confirm that the lasting benefits of high quality early education and care for families and young children start with raising expectations in the areas of provider qualifications, director qualifications, professional practices, learning environment and child-adult interaction.

### Types of Quality

Two types of quality exist in early childhood care and education: structural quality and process quality.<sup>17</sup>

Structural quality is made up of items such as provider/director qualifications, and professional practices. These aspects of child care quality are affected by government regulations, program policies, and economic climate. There is a significant body of research that identifies correlations between caregiver education levels, low child to teacher ratios, and high quality, intellectually stimulating care.<sup>18</sup> Process quality refers to quality indicators such as child-teacher interaction, and learning environment.

Structural quality indicators are predictors of process quality. Process quality indicators are the action results of high structural quality. For example, training and professional development are put to use in the classroom and directly correlate with the quality of child-teacher interaction and learning environment. Research has proven that high process quality is a result of high structural quality.<sup>19</sup>

## QRS Recommendations – The Rating System

The workgroup recommends two parallel tracks for quality rating – one for licensed center-based care and one for registered family home providers and licensed group home providers. Each track takes into account the differences and similarities of each type of care, while remaining consistent in quality indicators.

The recommended system assumes all registered family home providers and licensed providers will be offered the opportunity to achieve the first tier of quality upon licensure (or registration for family home providers). Participation in the QRS is voluntary for all providers.

Eventually, providers will be able to move through five tiers of quality, or earn up to five stars within the QRS. Each tier or star will represent a higher level of quality consisting of a range of possible points which providers earn by meeting specified quality standards. The number of points accumulated determines what quality level a provider is awarded. If a provider wishes to move to the next tier, higher quality must be achieved.

Tiers one, two, and three (Phase I) are based upon structural quality indicators, together worth 30 points. Tiers four and five (Phase II) are based on process quality indicators, worth 20 additional points.

### **How Points are Earned for CHILD CARE CENTERS in Phase I**

#### Section I: Director Qualifications

Director characteristics influence quality. The more training and education achieved by directors, the more skilled they are at helping their staff and young children thrive. Directors must have the ability to conduct business, provide leadership, develop personnel policies, communicate effectively and at times, be in the classroom, making education profoundly important.<sup>20 21</sup>

Centers earn points based on the qualifications of their directors according to the following scale. Five points are possible; points are not cumulative.

Points Possible	Director Qualifications
1	60 Semester hrs w/ 1920 hrs of experience including a minimum of 18 hrs in Early Childhood Education / Child Development
2	Child Development Associate or Montessori credential with 960 hrs of experience including a minimum of 18 hrs in Early Childhood Education / Child Development
3	Associate's degree in Early Childhood Education / Child Development with 480 hrs of experience including a minimum of 18 hrs in Early Childhood Education / Child Development
4	Bachelor's degree or higher in child related field including a minimum of 18 hrs in Early Childhood Education / Child Development
5	Bachelor's degree or higher in Early Childhood Education / Child Development OR child related field (including a minimum of 18 hrs in Early Childhood) including 3 credits in administration

**Section II: Lead Caregiver Qualifications**

Lead caregivers with specialized training and college education are proven to be more effective in the classroom, producing better results for young children and their families. Research shows children in classrooms with better-educated caregivers have more opportunities for social, emotional, linguistic and cognitive development.<sup>22</sup>

Centers earn points based upon the qualifications of their Lead Caregivers. The number of points accumulated by a center depends on the percentage of lead caregivers/teachers that meet the following qualifications. Ten points are possible; points are not cumulative.

**Teaching Staff Qualification Definitions:**

- Teacher with credit: Teacher has High School Diploma/GED plus a minimum of six credits in Early Childhood Education / Child Development or nine CEUs/90 clock hours (including I/T requirements if necessary)
- Teacher with credit plus: Teacher has high school diploma/GED plus Child Development Associate or Montessori credential (including I/T requirements if necessary)
- Teacher with degree: Teacher has an Associate’s degree in Early Childhood Education / Child Development or a Bachelor’s degree in related field (including I/T requirements if necessary)
- Teacher with degree plus: Teacher with Bachelor’s degree or higher in Early Childhood Education / Child Development (including I/T requirements if necessary)

Points	Lead Caregiver/Teacher Qualifications
1	100% of classrooms have teachers w/ credit
2	25% of classrooms have teachers w/ credit plus
3	50% of classrooms have teachers w/ credit plus
4	100% of classrooms have teachers w/ credit plus
5	25% of classrooms have teachers w/ degree
6	50% of classrooms have teachers w/ degree
7	100% of classrooms have teachers w/ degree
8	25% of classrooms have teachers w/ degree plus
9	50% of classrooms have teachers w/ degree plus
10	100% of classrooms have teachers w/ degree plus

Section III: Professional Practices

Quality has the best chance of flourishing in centers where professionalism is stressed. Research shows that centers that have documented policies and procedures for maintaining ratios and group size, adequate staffing plans, and communication with parents tend toward higher quality.<sup>23</sup>

Centers earn points based upon the following indicators. Any center that is accredited by a nationally recognized (to be determined) accrediting body automatically receives the maximum number of points for this section. Fifteen points are possible; points are cumulative.

<b>Points</b>	<b>Qualifications</b>
1	Program has policies and resources in place to assure that licensing ratios and group sizes are met or exceeded
1	Program has procedure(s) in place for continual maintenance and updating of administrative records
5	Program has written personnel policies and procedures which improve and lead to staff retention <ul style="list-style-type: none"><li>• Procedure(s) in place for staff evaluation (1 point)</li><li>• Procedure(s) for individual or collaborative professional development plan for staff members (1 point)</li><li>• A documented, graduated salary scale for staff that takes into account education and experience (1 point)</li><li>• Health benefit plan for staff (1 point)</li><li>• Paid leave time including: holiday, vacation, and sick time (1 point)</li></ul>
4	Program has written policies and procedures to promote parent involvement <ul style="list-style-type: none"><li>• Parent participation in governance (1 point)</li><li>• Parent education opportunities (1 point)</li><li>• Ongoing opportunities for informal communication with parents as well as some opportunity for formal communication (i.e. parent/teacher conferences, home visits) to inform parents of children’s developmental progress (1 point)</li><li>• Program provides a parent handbook to parents (1 point)</li></ul>
3	Program has written policies and procedures to promote community involvement <ul style="list-style-type: none"><li>• Participation in community associations/collaboratives (1 point)</li><li>• An updated community resource and referral list available to parents (1 point)</li><li>• Community participation in governance (1 point)</li></ul>
1	Program engages in annual program improvement measures

**How Points are Earned for FAMILY AND GROUP HOME PROVIDERS in Phase I**

Section I: Provider Qualifications

Education and training are predictors of global quality in family and group homes. Research shows providers with higher levels of education and more specialized training provide higher quality care than those without such credentials.<sup>24</sup>

Providers earn points based upon the following indicators. Twelve points are possible; points are not cumulative.

Points	Provider Qualifications
2	Provider has High School Diploma or GED plus 10 hours of professional development in the past 12 months
4	Provider has a high school diploma or GED plus 20 hours of professional development within the past 12 months
6	Provider has high school diploma or GED plus 30 hours of professional development in the past 12 months
8	Provider has an Associate's Degree in Early Childhood Education or a related field or a CDA or Montessori Credential with 3 CEUs or 30 clock hours or professional development in the past 18 months
10	Provider has an Associate's Degree in Early Childhood Education or a related field plus 6 CEUs or 3 college credits in child related field within the past 36 months
12	Provider has a bachelor's degree or higher in Early Childhood Education or related field plus 10 hours of professional development in the past 12 months

## Section II: Professional Practices

The majority of family and group homes in Michigan are independently owned and operated as small businesses. Promoting professionalism in these homes has been found to help raise quality.<sup>25</sup>

Providers earn points based upon the following indicators. Providers who are accredited by a nationally recognized accrediting body (to be determined) receive eighteen points for this section. Eighteen points possible, points are cumulative.

Points	Qualifications
1	Provider has policies and resources in place to assure licensing ratios are met or exceeded
1	Provider has procedures in place for the maintenance and continuous updating of staff and child administrative records
2	Provider belongs to a relevant professional association
6	Provider provides a basic contract for services rendered (1 point) Contract should also include: <ul style="list-style-type: none"> <li>• Description of payment schedule (1 point)</li> <li>• Description of provider or child vacation (1 point)</li> <li>• Description of sick leaves for child (1 point)</li> <li>• Description of alternate care options (1 point)</li> <li>• Description of provider's termination policy (1 point)</li> </ul>
3	Provider has liability/accident insurance
3	Provider has activities or procedures in place that promote parent/child/provider relationships <ul style="list-style-type: none"> <li>• Promoting communication (1 point)</li> <li>• Promoting activities (1 point)</li> <li>• Using parents as resources (1 point)</li> </ul>
2	Provider makes an effort to promote good nutrition <ul style="list-style-type: none"> <li>• Provider follows USDA Child and Adult Food Program Guidelines</li> </ul>

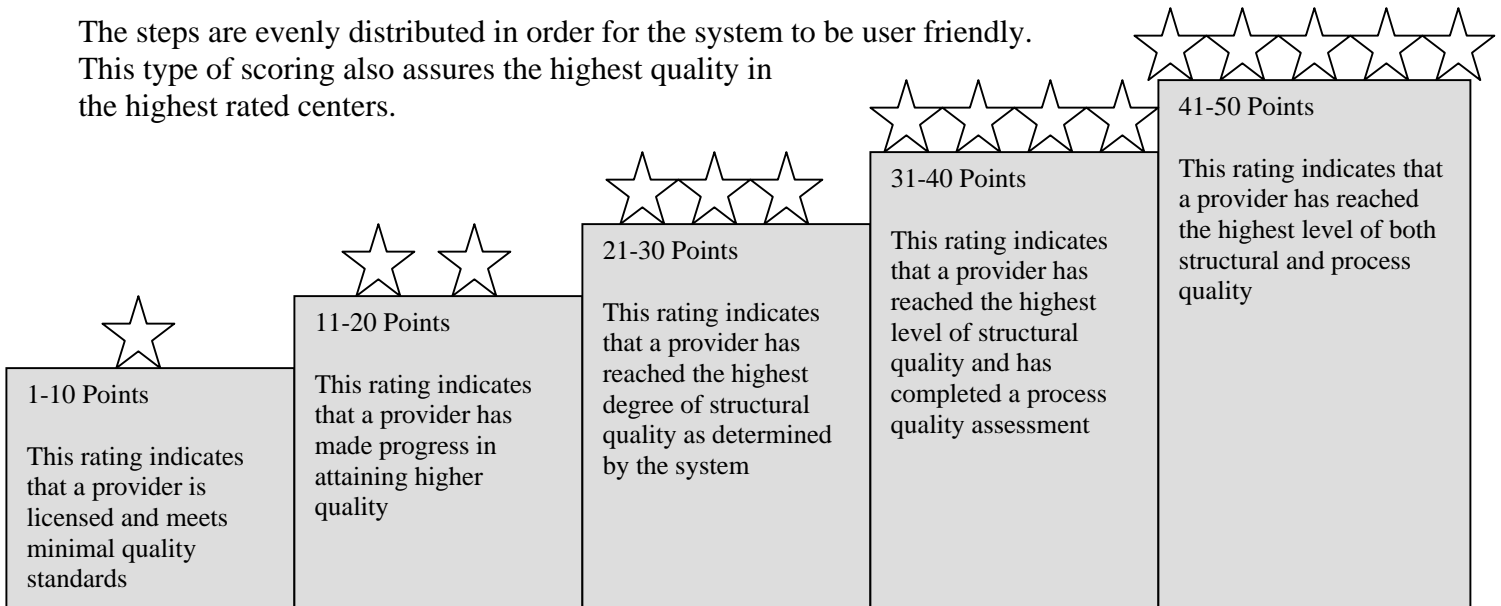


## How Centers and Family and Group Homes Earn Points in Phase II

Phase II monitors process quality by an on-site assessment. This phase will add 20 more points and two more tiers to the system. The specific tool used for this assessment has not yet been identified.

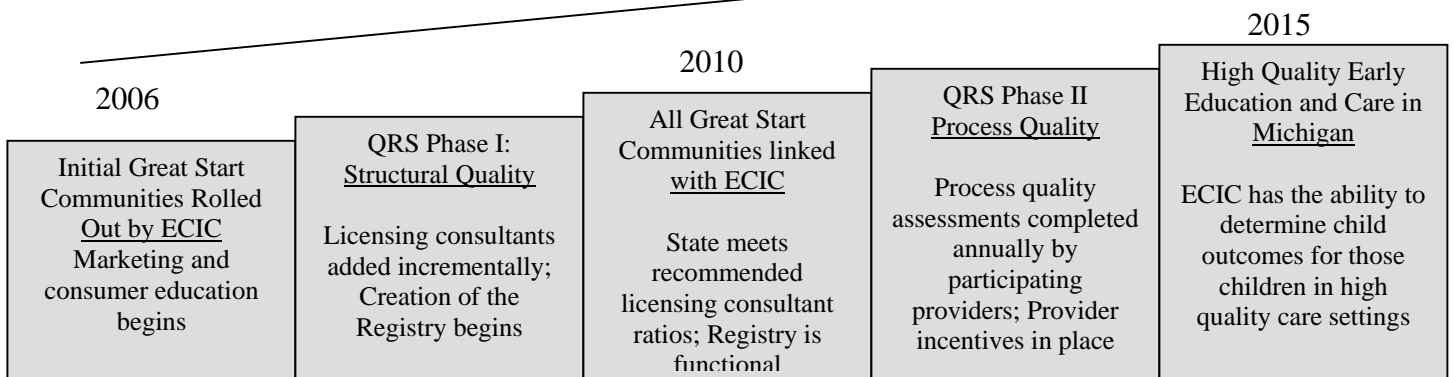
### Scoring System for Centers and Family and Group Homes

The steps are evenly distributed in order for the system to be user friendly. This type of scoring also assures the highest quality in the highest rated centers.



### QRS Recommendations: Implementation

With the development of the Early Childhood Investment Corporation (ECIC), Michigan has an excellent opportunity to increase the quality of services provided to young children and their families. It is recommended that the QRS be an integral building block of the ECIC.



Phase I of the QRS is rolled out in conjunction with the roll out of Great Start Communities. Phase II begins after all Great Start Communities have been formed. This implementation strategy allows the state to follow research that states a sound base of structural quality is necessary before any type of process quality may be monitored.<sup>26</sup>



As basic child care licensing is the entry point into the QRS and in an effort to keep any interruptions to a child care facility's program to a minimum, the Office of Children and Adult Licensing is responsible for implementing Phase I by monitoring structural quality. It is estimated that this will add approximately 30 minutes on to a licensing visit. The licensing consultant uses a checklist to verify specific structural quality indicators (See Appendix B). To guard against ethical dilemmas the ECIC, not the licensing consultant, is responsible for awarding quality levels based upon information verified by the licensing consultant at the licensing visit.

Group home providers and centers have an annual opportunity during licensing visits to increase their star ratings. Registered family home providers also have an annual opportunity to mail in credentials to increase their star ratings. If proper documentation is not presented at the time of the licensing visit, or by the annual deadline, the provider or program must wait until the next licensing visit or annual deadline to increase its star rating.

More work needs to be completed in the following months to determine the specific instrument used and the logistics of monitoring Phase II (process quality).

#### Monitoring and Technical Assistance

The ECIC acts as a clearinghouse for information and overall technical assistance for Great Start Communities, and thus for the QRS standards. The ECIC will manage an automated registry – a database of teacher qualifications and professional development – that can be used to calculate the professional development points of the ratings. As well, the ECIC acts as a critical hub for developing funding strategies for quality improvement in centers and family and group homes.

On-site technical assistance for centers/homes that wish to increase their star ratings will also come from the Great Start Community. Through the process of giving technical assistance, the Great Start Community will become more aware of the professional development needs of the local centers and homes. This will allow state and local agencies to better plan the types of professional development they offer.

### **QRS Recommendations: Incentives**

Michigan's early childhood education and care industry needs crucial dollars to raise quality. Thirty-six other states have implemented or are in the process of implementing QRSs. Almost every state offers some sort of incentives for centers and providers to increase quality.

Michigan's QRS utilizes market forces as its major incentive. Savvy consumers determine the level of child care quality that is best for their family. As consumer demand for high quality care increases, more providers need to comply with high quality standards.

With the current fiscal climate in Michigan, it is difficult to imagine cash incentives being available. However, as soon as the budget allows, the Workgroup recommends choosing some of the following incentives:

- Tiered Reimbursement
- Cash incentives for providers and programs that achieve higher levels of quality
- Equipment and materials grants



- Tax credits for programs and providers that achieve higher levels of quality
- Grants and technical assistance for those programs that wish to become accredited
- Training opportunities

Low compensation for providers is a significant barrier to quality improvement that must be addressed. Low compensation rates contribute to an annual 35 percent staff turnover rate.<sup>27</sup> Any incentive package must take into consideration ways to improve provider compensation and retention.

## QRS Recommendations: Infrastructure Supports and Needs

Michigan has numerous resources for building and maintaining a QRS, including state agencies and collaborations as well as advocacy organizations.

### Supports

- The Children’s Cabinet
- Head-Start State Collaboration Program
- T.E.A.C.H. (Teacher Education And Compensation Helps)®
- Michigan Community Coordinated Child Care Association and Regional Offices
- ACCESS (American Associate Degree Early Childhood Educators)
- Early Childhood Investment Corporation
- Early On® Training and Technical Assistance
- Great Start Professional Development Initiative
- Michigan Association of Early Childhood Teacher Educators
- Michigan Head Start Association
- Michigan State University Extension
- USDA Child and Adult Care Food Program
- Michigan Association for the Education of Young Children
- Michigan Child Care Task Force

### Infrastructure Needs

Michigan is at the beginning of a long and important road. There are four very important ways in which the state can improve its ability to implement a QRS. More research is necessary in determining the cost estimates of these four infrastructure pieces. However, it is recommended that the Department of Human Services look at how the Child Care Quality dollars are budgeted and, if necessary reallocate some of those funds to support the following infrastructure needs.

#### 180 New Licensing Consultants

Michigan must increase the number of child care licensing consultants. Each licensing consultant currently carries a caseload of over 300 providers.<sup>28</sup> The nationally recommended average caseload for child care licensing consultants is 75.<sup>29</sup> Because meeting basic child care licensing requirements is the first step in achieving quality, decreasing the caseload number for licensing consultants is vital to providers entering the QRS.

In order to reach the recommended caseload, Michigan needs to add 180 more child care licensing consultants (FTEs) to its current staff for a total of 240

*“Consultants with reasonable caseloads can form relationships of trust with providers; provide training, technical assistance, and support; and help child care providers comply with licensing and other quality standards.”*

-Michigan’s Children (2005)



child day care licensing consultants. Fiscal year 2006 estimates indicate that the cost to the state, utilizing salary ranges for existing licensing consultants, will build to approximately \$17 million. Not all additional consultants are needed the first year, but added over four years as the Great Start Communities are rolled out. The cost to the system will gradually increase as full staffing is attained. The shortage of licensing consultants is the biggest and most costly barrier to creating and monitoring a QRS in the state of Michigan.

Without the addition of necessary licensing consultants, a successful QRS is unattainable. Child care licensing is in place to assure basic health and safety and minimal provider qualifications. Without structured, reliable, and meaningful monitoring of these minimal standards, there is no sound edifice on which to build quality child care.

### Professional Development System

Research proves a correlation between professional development and high quality early care and education. To better determine the status of the early childhood education and care workforce in Michigan, a workforce study has been planned. Once complete, this study will provide the Professional Development Workgroup, policy makers and advocates an essential baseline of information for the characteristics of the early childhood education and care workforce and influence the implementation of a professional development system.

Although Michigan does not yet have a complete professional development pathway for directors and caregivers, significant work is in process by the Professional Development Workgroup to develop these pathways and to develop articulation agreements for informal and formal training, and two and four-year early childhood education/child development programs. These pathways and articulation agreements will benefit young children and their families, child care programs, and the state by allowing providers to increase their skills and training, which will ultimately increase quality of care and child outcomes.

A professional development system facilitates the ability for providers to move through a career pathway from a variety of starting points, with the ultimate goal that all providers have access and opportunity to move from one end of the pathway to another.

### Registry

In an effort to increase professionalism in early childhood care and education, 23 states have implemented a computerized practitioner training registry, which documents levels of professional development as one proceeds along the career lattice.<sup>30</sup>

While Michigan's K-12 public education system has the Registry for Educational Personnel (REP), there is no repository for the documentation of such credentials for early education and care providers. A registry provides a repository and allows easier access to this information for Great Start Communities and child care licensing consultants. The creation of an automated registry for early education and care providers is necessary to ensure an accurate and cost effective system. Participation allows providers to track their professional records as well as informs consumers, the Office of Children and Adult Licensing, and the Michigan Department of Education of the provider's level of professional development. Specifically, the registry is intended to:<sup>31</sup>

- Develop a knowledgeable and skilled early childhood workforce that is competent to teach and care for young children, support families and instruct practitioners;



- Help consumers, employers, and others know a practitioner's level on the Career Path and their experience and knowledge of child growth and development, early childhood education;
- Raise the status of and compensation for early care and education as a viable and critical profession in our society

Marketing and Consumer Education

Parents want the very best for their children. Parents and the public need current and correct information to be able to determine what high quality early education and care means for their family. As long as consumers lack this critical knowledge, they will never demand the highest quality early education and care for their children – they won’t have the tools they need to advocate for themselves or their children.

Building public will for high quality early education and care will take time and a great deal of effort. Without this critical component, it will be difficult to move forward with any quality improvement initiatives.

**Next Steps and Conclusion**

The QRS Workgroup recognizes that there is still work to be done in the planning of such a system. The Workgroup recommends that this work be assigned to the ECIC and Great Start Communities. Please see the chart below for a recommended timeline of continued work and responsible entities:

Action	Responsible Agency/ Workgroup	Action Completion Date
Conduct Consumer/Provider Focus Groups	QRS Workgroup	December 2006
Develop QRS incentive strategies (including cost estimates)	QRS Workgroup	December 2005
Develop and implement marketing and consumer education plan	Early Learning Michigan	December 2006
Complete recommendations for the development of an automated provider registry (including cost estimates)	Professional Development Workgroup	December 2005
Complete recommendations for the development of a professional development system (including cost estimates)	Professional Development Workgroup	December 2005
Develop funding strategies to support additional licensing staff	Department of Human Services/ ECIC	January 2006
Research and choose a process quality assessment (including cost estimates)	QRS Workgroup	December 2006

Michigan’s young children deserve better than they are getting. A child care QRS presents an exciting opportunity to raise the quality of early childhood education and care in Michigan – and thus, as Governor Granholm says, to forever enhance our children’s lifelong capacity to learn.

## Endnotes

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- <sup>2</sup> This goal comes from recommendations made in the Early Childhood Comprehensive Systems Project presentation to the Children's Cabinet and Children's Action Network in November 2004.
- <sup>3</sup> See Sorenson and Lower 2004
- <sup>4</sup> Information provided by the Office of Child and Adult Licensing, Michigan Department of Human Services
- <sup>5</sup> NAEYC (1998). *Licensing and public regulation of early childhood programs: As position statement of the NAEYC*. Retrieved from: <http://naeyc.org/about/positions.asp#where>
- <sup>6</sup> Percentages taken from the NAEYC and NAFCC websites.
- <sup>7</sup> NCCIC (2005). *State QRSs: How states are financing and improving the quality of early childhood education programs*.
- <sup>8</sup> See Kagan and Neuman (2000); National Research Council and Institute of Medicine (2000); Schweinhart, L.
- <sup>9</sup> National Research Council and Institute of Medicine (2000)
- <sup>10</sup> See Sorenson and Lower 2004
- <sup>11</sup> Peisner-Feinberg et al. (1999). *The children of the cost, quality, and outcomes study go to school: Executive summary*.
- <sup>12</sup> See Schweinhart
- <sup>13</sup> See Peisner-Feinberg et al.
- <sup>14</sup> See Peisner-Feinberg et al.
- <sup>15</sup> Whitbook, M., Howes, C., & Phillips, D (1989). National child care staffing study. Oakland, CA: Child Care Employee Project
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- <sup>17</sup> UCLA Center for Healthier Children, Families, and Communities: Policy Brief: Improving Child Care. Full report available at: <http://www.healthychild.ucla.edu/Publications/Documents/Improving%20child%20care1200.pdf>
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- <sup>19</sup> See UCLA
- <sup>20</sup> Cost, Quality & Outcomes Study Team (1995). *Cost, quality, and child outcomes in child care centers, Public Report*. Denver, CO: University of Colorado, Economics Department
- <sup>21</sup> Wisconsin Child Care Research Partnership (2002). What is the relationship between child care directors and quality? Issue Brief No. 9. Retrieved from: <http://www.uwex.edu/ces/flp/wccrp/pdfs/brief9.pdf>
- <sup>22</sup> NIEER 2003 Preschool Policy Matters: Better Teachers, Better Preschools
- <sup>23</sup> See Peisner-Feinberg et al.
- <sup>24</sup> Burchinal, M.R., Cryer, D., Clifford, R.M., & Howes, C. (2002). Caregiver training and classroom quality in child care centers. *Applied Developmental Science*, 6(1), 2-11.
- <sup>25</sup> Wisconsin Child Care Research Partnership (2002). *Family child care providers in the subsidy system*. Issue Brief No. 4
- <sup>26</sup> See UCLA
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- <sup>28</sup> Information provided by the Office of Child and Adult Licensing, Michigan Department of Human Services
- <sup>29</sup> NAEYC (1998). *Licensing and public regulation of early childhood programs: A position statement of the NAEYC*. Retrieved from: <http://naeyc.org/about/positions.asp#where>
- <sup>30</sup> NAEYC 2004
- <sup>31</sup> Montana Early Childhood Project 2004



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## Appendix A: QRS Workgroup Members

### Workgroup Members

The QRS workgroup is a Joyce Foundation supported sub-group of the Children's Action Network. The Michigan Association for the Education of Young Children provided research and technical assistance for the QRS Workgroup. The QRS Workgroup met eight times between January and June of 2005. Subgroups of the QRS Workgroup also met numerous times. Significant research was completed on quality rating systems in other states.

The workgroup was comprised of over 25 representatives from different state and private agencies as well as child care providers. The workgroup was aided by several outside organizations including: High/Scope® Educational Research Foundation, members of the Wisconsin KidsFirst Task Force, The National Child Care Information Center (NCCIC) and the Center for Law and Social Policy (CLASP).

Janet Baldwin	EightCAP, Inc.
Kimberly Becker	EightCAP, Inc.
Tama Beeson	Kidsland Childcare
Susan Bennett-Armistead	Child Development Laboratory Michigan State University
Cindy Bewick	Kalamazoo Public Schools
Lisa Brewer Walraven	T.E.A.C.H. (Teacher Education And Compensation Helps)®
Lindy Buch, Ph.D.	Office of Early Childhood Education and Family Services-Michigan Department of Education
Jeanne Chaffin	EightCAP, Inc
Marijata Daniel-Echols	High/Scope® Educational Research Foundation
Blanche Deren	Early Childhood Education and Family Services-Michigan Department of Education
Cheryl Hall	Early Childhood Education and Family Services - Michigan Department of Education
Richard Lower	Michigan Head Start Association

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Kristen McDonald	Michigan Department of Human Services
Susan Miller	Early Learning Michigan
Keith Myers, Ed.D. (Chair)	Michigan Association for the Education of Young Children
Laurie Nickson	Michigan Early Childhood Professionals
Bob Parks	Michigan Association of United Ways
Kathi Pioszak	Department of Human Services
Nancy Secor	EightCAP, Inc.
Laura Silvis	EightCAP, Inc.
Jim Sinnamon	Michigan Department of Human Services
Megan Smith	Michigan Association for the Education of Young Children
Mark Sullivan	Michigan Community Coordinated Child Care Association
Carolyn Tyson	Retired Provider
Candra Womble	Wombleland Childcare

In addition, the QRS Workgroup would like to thank Jean Dasuqi, Kalessa Edgerson, Chamayne Green, and Andrea Sauwood for their valued comments and opinions throughout the process

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## Appendix B: Family and Group Home QRS Licensing Checklist

### Section I

#### Provider Qualifications

- 1.1 \_\_\_\_\_ The provider has a high school diploma or GED plus 10 hours of professional development in the past 12 months [**Meets R400.1902(b) and R400.1905(1)**]
- 1.2 \_\_\_\_\_ The provider has a high school diploma or GED plus 20 hours of professional development in the past 12 months
- 1.3 \_\_\_\_\_ The provider has a high school diploma or GED plus 30 hours of professional development in the past 12 months
- 1.4 \_\_\_\_\_ The provider has an Associate’s degree in early childhood education or a related field or a CDA or Montessori Credential including 3 CEUs or 30 clock hours of professional development in the past 18 months
- 1.5 \_\_\_\_\_ The provider has an Associate’s degree in early childhood education or a related field plus 6 CEUs or 3 college credits in child related field within the past 36 months
- 1.6 \_\_\_\_\_ The provider has a Bachelor’s degree or higher in early childhood education or a related field plus 10 hours of professional development in the past 12 months

### Section II

#### Business Practices

- 2.1 \_\_\_\_\_ There is a documented plan to ensure that licensing ratios are met
- 2.2 \_\_\_\_\_ Administrative records are up to date
- 2.3 \_\_\_\_\_ Evidence of provider belonging to a relevant professional association
- 2.4 \_\_\_\_\_ Evidence of provider having a basic contract for services rendered  
Contract includes:  
\_\_\_\_\_ Description of payment schedule  
\_\_\_\_\_ Description of provider or child vacation time  
\_\_\_\_\_ Description of sick leaves for child  
\_\_\_\_\_ Description of alternate care options  
\_\_\_\_\_ Description of provider’s termination policy
- 2.5 \_\_\_\_\_ Evidence of liability/accident insurance
- 2.6 \_\_\_\_\_ Evidence which supports parent/child/provider relationships  
\_\_\_\_\_ Promoting communication



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- \_\_\_\_\_ Promoting activities
  - \_\_\_\_\_ Using parents as resources

2.7 \_\_\_\_\_ Evidence of provider following USDA Child and Adult Food Program Guidelines

2.8 \_\_\_\_\_ Evidence of program accreditation

### **Technical Assistance**

#### **Section I**

##### **1.1-1.6**

The provider shall be able to show evidence to support claims of professional development and degrees. Acceptable forms of evidence are:

- High School transcripts
- High School Diploma/GED certificate
- College transcripts
- Certificates of completion for professional development
- CDA
- Montessori Credential

For quality rating system purposes, the following definitions come from licensing R400.5103a and R400.1905(1)

- Related fields include elementary education, child guidance/counseling, child psychology, family studies and social work.
- CEU is a continuing education unit awarded by a state board of education or an accredited college or university sponsor of continuing education units
- Child Development Associate credential is a credential awarded by the Council for Professional Recognition or similar credential approved by the department
- Montessori Credential is a credential issued by the Association Montessori International (AMI), American Montessori Society (AMS) or any Montessori teaching/training institution recognized by the MACTE that meets or exceeds 270 hours of academic training
- Professional development shall be related to child development, program planning or administrative management for a child care business and does not include first aid or CPR [R400.1905(1)]

#### **Section II**

If a provider is accredited by a nationally recognized accrediting body (yet to be determined), the provider will receive the maximum number of points for this section.

##### **2.1 – 2.8**

2.3 A relevant professional association means an association related to the development and care of young children or administrative management.

2.4 Some providers may choose to include contractual information within a parent handbook. Presentation of such a handbook marked specifically for this purpose will serve as evidence of a contract.



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- 2.6 Items serving as evidence for promoting parent/child/provider relationships are:
- Promoting communication: parent handbook, newsletters, offering orientation for parents, parent/provider conferences, a web page
  - Promoting activities: family field trips, having an open house
  - Using parents as resources: Using parents as resources ie: parents that are fireman can bring the fire truck, paramedics bring an ambulance, taking field trips to parents place of business to show the children what they do, using parents as volunteers
- 2.7 Items serving as evidence are menus that correspond to USDA recommended serving and portion sizes for specific age groups

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## Appendix C: Child Care Center QRS Licensing Checklist

### Section I

#### Director Qualifications

- 1.1 \_\_\_\_\_ The Director has 60 semester hours with 1920 hours of experience including hours in early childhood education or child development [**Meets R400.5103(4)(f)**]
- 1.2 \_\_\_\_\_ The Director has a Child Development Associate (CDA) or Montessori credential with 960 hours of experience including a minimum of 18 hours in early childhood education or child development [**Meets R400.5103(4)(d)(e)**]
- 1.3 \_\_\_\_\_ The Director has an Associate's degree in early childhood education or child development with 480 hours of experience including a minimum of 18 hours in early childhood education or child development [**Meets R400.5103(4)(c)**]
- 1.4 \_\_\_\_\_ The Director has a Bachelor's degree or higher in a child related field including a minimum of 18 hours in early childhood education or child development [**Meets R400.5103(4)(b)**]
- 1.5 \_\_\_\_\_ The Director has a Bachelor's degree or higher in early childhood education or child development or a child related field including a minimum of 18 hours in early childhood education or child development with 3 credits in administration [**Meets R400.5103(4)(a)**]

### Section II

#### Lead Teacher Qualifications

- 2.1 \_\_\_\_\_ 100% of classrooms have lead teachers with credit
- 2.2 \_\_\_\_\_ 25% of classrooms have lead teachers with credit plus
- 2.3 \_\_\_\_\_ 50% of classrooms have lead teachers with credit plus
- 2.4 \_\_\_\_\_ 100% of classrooms have lead teachers with credit plus
- 2.5 \_\_\_\_\_ 25% of classrooms have lead teachers with a degree
- 2.6 \_\_\_\_\_ 50% of classrooms have lead teachers with a degree
- 2.7 \_\_\_\_\_ 100% of classrooms have lead teachers with a degree
- 2.8 \_\_\_\_\_ 25% of classrooms have lead teachers with a degree plus
- 2.9 \_\_\_\_\_ 50% of classrooms have lead teachers with a degree plus

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2.10 \_\_\_\_\_ 100% of classrooms have lead teachers with a degree plus

### **Section III**

#### **Policies/Administration**

- 3.1 \_\_\_\_\_ Staffing plan assures that ratios and group sizes are met
- 3.2 \_\_\_\_\_ Administrative records are up to date
- 3.3 \_\_\_\_\_ Evidence of an annual staff evaluation
- 3.4 \_\_\_\_\_ Dated professional development plans for staff
- 3.5 \_\_\_\_\_ Evidence of salary scale
- 3.6 \_\_\_\_\_ Evidence of health benefit plan for staff
- 3.7 \_\_\_\_\_ Evidence of paid leave time for staff
- 3.8 \_\_\_\_\_ Evidence of parent participation in governance
- 3.9 \_\_\_\_\_ Evidence of community participation in governance
- 3.10 \_\_\_\_\_ Evidence of parent education opportunities
- 3.11 \_\_\_\_\_ Evidence of staff-parent communication
- 3.12 \_\_\_\_\_ Evidence of a parent handbook
- 3.13 \_\_\_\_\_ Evidence of participation/membership in a community collaborative
- 3.14 \_\_\_\_\_ Evidence of an up to date resource/referral list for parents
- 3.15 \_\_\_\_\_ Evidence of an annual written plan for continuous program quality improvement
- 3.16 \_\_\_\_\_ Evidence of accreditation

### **Technical Assistance**

#### **Section I**

##### 1.1-1.5

This section is a primary indicator of director qualifications and follows licensing R400.5103(4)(a-f) and should be easy to document. The director shall provide evidence of their qualifications.

Acceptable forms of evidence are:

- High School Diploma/GED
- High School Transcripts
- College Transcripts
- CDA



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- Montessori Credential
  - Employment Records (for experience)

For quality rating system purposes, the following definitions come from licensing R400.5103a

- Related fields include elementary education, child guidance/counseling, child psychology, family studies and social work.
- CEU is a continuing education unit awarded by a state board of education or an accredited college or university sponsor of continuing education units
- Child Development Associate credential is a credential awarded by the Council for Professional Recognition or similar credential approved by the department
- Montessori Credential is a credential issued by the Association Montessori International (AMI), American Montessori Society (AMS) or any Montessori teaching/training institution recognized by the MACTE that meets or exceeds 270 hours of academic training

## Section II

### 2.1-2.10

This section is a primary indicator of lead caregiver/teacher qualifications and follows licensing R400.5103a(4)(a)(b)(c)(f). Evidence shall be provided that verifies lead caregiver/teacher qualifications. Acceptable forms of evidence are:

- High School Diploma/GED
- High School Transcripts
- College Transcripts
- CDA
- Montessori Credential
- Employment Records (for experience)
- Professional Development Records

**Teacher with credit:** Teacher has a high school diploma or GED plus a minimum of six credits in early childhood education/child development or 9 CEUS/90 clock hours (including I/T requirements if necessary) [**Meets R400.5103a(4)(f)**]

**Teachers with credit plus:** Teacher has high school diploma or GED plus a CDA or Montessori Credential (including I/T requirements if necessary) [**Meets R400.5103a(4)(c)(b)**]

**Teacher with degree:** Teacher has an Associate's degree in ECE/child development or a Bachelor's degree in a child related field (including I/T requirements if necessary) [**Meets R400.5103a(4)(a)**]

**Teacher with degree plus:** Teacher has a Bachelor's degree or higher in ECE/child development (including I/T requirements if necessary) [**Exceeds licensing requirements**]

For quality rating system purposes, the following definitions come from licensing R400.5103a

- Related fields include elementary education, child guidance/counseling, child psychology, family studies and social work.
- CEU is a continuing education unit awarded by a state board of education or an accredited college or university sponsor of continuing education units

- Child Development Associate credential is a credential awarded by the Council for Professional Recognition or similar credential approved by the department
- Montessori Credential is a credential issued by the Association Montessori International (AMI), American Montessori Society (AMS) or any Montessori teaching/training institution recognized by the MACTE that meets or exceeds 270 hours of academic training

### Section III

If a program is accredited by a nationally recognized accrediting body (to be determined), it will automatically receive the maximum number of points for this section. This section is a primary indicator of policies and procedures that lead to quality. Evidence shall be provided that verifies these policies and procedures. Acceptable forms of evidence are:

- 3.1 Documented staffing plan and absentee protocol
- 3.3 Previous staff evaluations (over an extended period of time)
- 3.4 Staff files with professional development plan
- 3.5-3.7 A staff handbook or employee manual, human resources manual/staff handbook or employee manual with policies highlighted
- 3.8-3.9 Listings of board of directors, parent boards, policy boards
- 3.10 Sign in sheets, flyers, pamphlets (over an extended period of time)
- 3.11 Newsletters, parent/teacher conferences, web page, daily information sheets
- 3.12 A parent handbook
- 3.13 Paperwork, mailings
- 3.14 Updated resource and referral list for parents that includes local mental health facilities, local Department of Human Services listings, parent hotlines, after-hours medical facilities, library listings, etc.
- 3.15 Evidence of a written program improvement plan; evidence of parent and staff surveys; summary sheets from parent and staff surveys
- 3.17 Certificate of accreditation



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## Appendix D: Definitions

For the purposes of this paper, the following definitions have been written by the QRS Workgroup.

**Administrator/Director:** means an adult responsible for developing, implementing, and directly supervising the total program for children.

**Child Related Field:** elementary education, child guidance/counseling, child psychology, family studies and social work.

**Community Associations or Collaboratives:** means any local association or collaborative involving the community and that benefits the program and young children and their families.

**Early Education and Care Programs:** means both center-based and home-based services that provide non-parental care and education for young children.

**Lead Caregiver:** means the person responsible for the supervision of care giving staff for a specific group of children and for the overall care and supervision of children. The lead caregiver shall oversee the planning, implementation, and evaluation of the classroom program and child assessment.

**Learning Environment:** means curriculum, daily routine, materials and equipment, and lesson plans.

**Provider:** means any adult meeting regulatory standards who provides early education and care to young children. This person may work in a family home, group home, or a center.