We in the early childhood field know quality when we see it. We recognize it in the welcome we find when we visit a program, in the magic feeling of community among the children and staff, in the way in which people are engaged in what they are doing, in the relationships, in the sound the smell and the feel of the place. We want that magic for all children; and we are appalled when our nation complacently accepts less than that for its children.

When the National Association for the Education of Young Children embarked on an accreditation program, we enthusiastically embraced the idea. At last we were doing something active and valuable toward our goal of quality. Many of us saw accreditation as similar to licensing only better. It was better, many of us thought, because the standards were higher and because it wasn’t policing. We want to be helpers not police persons, we believed. What many of us really wanted, way down deep, was a law that would make people follow our advice.

However, we have never fully refined our assumptions about quality, and never fully communicated them to policy-makers. In an era where licensing is seriously threatened, it is time to think through our approaches to quality in a much more sophisticated way. It may be that our enthusiasm for accreditation, our emphasis on quality without any definition of levels, and our lukewarm view of licensing may contribute to a weakening of the basic protective level of quality for all children. It may be that a successful high quality accreditation program needs to count on a strong basic licensing program.

This paper will attempt to refine approaches to quality in order to develop more effective approaches for the future. To do that, it will discuss various continua: i.e., levels of standards, levels of intentionality, levels of quality, and the movement from input standards to outcomes.

The important issues of credentialing are relevant to this topic, but are outside the scope of this paper, which will address quality primarily as it is affected by facility licensing and facility accreditation. Levels of facility standards in general, advocates in this field do not define levels of quality. We want only the best for America’s children. We have given policy-makers the impression that we are in favor of unnecessary expense, “Cadillac Child Care.” to benefit ourselves and our field.

To quote an influential author in the present climate, (Howard, 1994) “What they dream up, and then turn into law, is their view of the ideal facility. It is as if the illustrator Norman Rockwell had been made dictator and ordered everyone to do things his way.” Howard has not been careful with his facts. “Under Massachusetts law,” he writes, a nursery school “must be run by a teacher with almost the equivalent of a master’s degree.”

In actual fact, Massachusetts requires only one college level course. Unimpeded by facts, Howard goes on to say that “Less idealized rules would permit affordable day care for parents who can’t possibly pay $4,000 for each child, while still providing a basic oversight function. This would require, however, accepting the idea that everything can’t be perfect.”
Norris Class presented a conceptual framework for levels of standards for early care and education at an NAEYC meeting in Seattle many years ago. Since then the concept has been summarized a number of times in print. A chart based on Norris Class’s levels of standards is included below.

Licensing and the other regulatory approvals that are associated with it represent the basic level of standards. Licensing is an official permission to operate a center or family child care home. Without this permission, or permit, it is against the law to care for children.

The standards at this basic level therefore define the necessary level of quality at which the citizens of a state collectively agree that child care must meet. It is the line drawn in the sand, state by state.

In some states, citizens set that necessary level at a higher level than the citizens set it in other states. Research (Galinsky, Whitebook) finds that outcomes are better in the states with higher licensing standards. In all the states, the line moves as these standards are constantly reexamined and revised. States revise their licensing on an average of every four or five years. When they revise them, they look at where their state stands in relation to other states. If they want to be the best, they might find they have fallen behind another state. If they want to be in the middle, compared to other states, they may find that the middle has moved.

Anyone familiar with this level is aware that no state is requiring “ideal” quality, or “Cadillac child care.” The fact that there is a massive misperception of licensing may tell us that we as advocates may have given the impression that we want licensing to mandate the ideal. In our pursuit of quality, we may have reinforced the views of the anti-regulators.

The next level up of standards would be funding standards. A funding source might specify that programs receiving its dollars should not only meet basic licensing requirements, but should additionally reach a higher level of quality. Programs not receiving these funds are not obligated to meet these standards, but the funding source can specify a level of quality it wishes to procure to achieve its goals. Head Start’s performance standards are one example of funding standards.

Accreditation standards represent a level of quality that is voluntarily sought by programs that wish to be recognized for their higher quality. Guidance standards, such as those developed by the American Academy of Pediatrics and the American Public Health Association (Caring for Our Children), represent the best practice recommendations from experts. These standards are used by programs themselves to improve their practice, and by standards-writing groups at all levels.

**Levels of Quality**

The levels described above represent different types of standards applied to facilities. Despite our standards, we now know (Cost Quality and Outcomes study) that only 14% of centers can be described as good or excellent, and the rest are mediocre to poor. We have set no short term or long term targets for the percentages we would like to see at different levels of quality. Do we
expect all programs to be excellent? That is our long term goal, undoubtedly, but our country has not made a commitment to support the affordability of child care, to provide infrastructure support in the form of training and quality enhancements to make this goal achievable in 1995. While we try to get more support for quality from public and private sources of funds, we need to be clear on different levels of quality. In fact, if we are not clear, we will not be able to get the dollars we need for quality.

Different strategies are needed to address different levels of quality. Conceptually it might be useful to define four levels:

• harmful quality, which is unacceptable
• good enough quality so that it can be permitted to exist o good quality
• the level of pursuit of excellence

Harmful, or unacceptable quality Strategies toward care at the level of harm must address reducing the risk of harm. A first principle has to be “First do no harm.” There are many research findings that harm is more likely to come to children in programs at higher ratios, with untrained teachers, and under various other conditions that licensing rules seek to eliminate.

We need to make the case against harm. We may have been so busy advocating high quality that we forgot to make the case against harm, or did it inadequately. There are at least four types of harm that we can document (Morgan, 1995):

• the spread of disease, not only among children and staff in the programs, but also in the community at large
• the risk of tire in buildings, as well as other building safety hazards
• the risk of injury
• the risk of developmental impairment.

While we may get a “ho-hum” or “so-what” reaction to our advocacy for high quality, there is certainly a national consensus against harm to children. Very few elected or appointed officials wish to be known for opposing steps to protect children from harm.

While they may discount our efforts to achieve an undefined level of “quality” which they may associate with child care licensing rules, they tend to support without question “health and safety regulation.”

The spread of disease is addressed in state and local health code enforcement, and building safety is addressed in state and local building code enforcement. Harm from both injury and developmental impairment, however, is addressed only by child care licensing rules.

All four types of harm need to be reduced or eliminated.

Licensing is a powerful and time-honored state intervention into the right of citizens to earn a living caring for children, on behalf of children’s right not to be harmed. Licensing laws have been in place in the states for many years, the first passed in Pennsylvania in the 1880s. The law usually begins by completely outlawing the service, because the legislative body has determined there is a risk of harm. Permission is then
restored to certain individuals who have met standards, and received an official license, or permit, from the state.

There is no way that any legislative body will support such a strong state action on a rationale of “quality.” These laws were passed to prevent harm, and they will continue only if citizens continue to make a strong case that they are preventing harm. Much of our policy research is couched in language that assumes the pursuit of “quality” rather than prevention of harm, although the findings are clear enough. Legislators and policy-makers need to hear the case against harm.

“Good enough” quality Assuming that our licensing efforts continue, we should expect that harmful conditions will be greatly reduced in the future, as in the past. Programs that put children at risk are eliminated or improved. New programs are assisted to a level of quality beyond the level of risk. A clear goal of licensing is to make sure that programs are at least “good enough.”

Licensors will encounter three kinds of program operators, and will assure that they are “good enough” in three ways. The first and rarest type of program operators will be those that have no intention of meeting licensing rules. They will, as state laws anticipate, “willfully, deliberately, repeatedly, continually” fail to comply with the rules. While most operators are well-intentioned, the law must, and usually does take into account the fact that a few are not.

Advocates and the other operators should welcome strong state action to close down programs that are not making the effort to be at least “good enough” to meet the state’s definition of necessary quality. Eliminating the operators who are unscrupulous is important to the well-intentioned operators who must compete against them in pricing.

Further, when harm comes to a child in a program that is not good enough, the image of the entire child care field is unfairly tarnished.

The second type of operator the state will encounter is the newcomer to the field. Someone who wants to start a new program uses the state’s rules as a definition of what he or she has to do to operate within the law. The licensing rules have an important educational value for these individuals, because many of them may not yet have the knowledge and experience they need to operate their program. For the beginner, the rules are start-up specifications. It is to be hoped that the newcomer will also encounter other sources of knowledge about higher levels of quality to which the program may aspire, but at the very least they must know what it means to be “good enough” to get their license.

As they begin operating, depending on the skill of the director, they may inadvertently fall into non-compliance in many areas. It is not easy to manage a program, and the new directors of new programs may need attention from licensers to help them maintain compliance. However, the goal of licensing for this second type of operator is not to harass or eliminate them, but to help them achieve and maintain compliance with the rules that define what the state believes is “good enough.”

The third type of operator includes everybody else. These are programs that understand and
agree with the rules, and have every intention of complying with them. However, the director reasons, we didn’t quite comply today because the plumbing overflowed, I had to fire a staff person, and that parent with a serious problem spent so much time in my office.

The next day, the director will have three other reasons why crises and other priorities impeded the day-to-day meeting of the requirements. It may well be that there are reasons almost every day where something interferes with meeting the rules that day. The program might almost never be in compliance.

However, the fact that licensing is in place gives priority to meeting the rules. It makes the level of day in and day out quality a priority that cannot be set aside because of the events of the day. Licensing, by its very existence, raises the level of priority in most centers to maintain their commitment to being “good enough,” despite other priorities of the day.

As a tool for policy, licensing cannot go beyond “good enough.” It can eliminate intentionally harmful programs, reduce risks, educate new providers, and maintain a level of “good enough” care. But it cannot go beyond “good enough” until the citizens of a state raise the bar and redefine what is “good enough,” --which they will eventually do.

The level of “good enough” is agreed on when there are programs in a state able and willing to meet the rules. If a state sets its rules higher than the field of practice can meet, --an unlikely possibility --they will not be able to enforce the rule, and widespread waivers will result.

However, the field of practice is continually learning, and improving beyond what is required. Accreditation, training programs, and expert advice, affect practitioners. At intervals when the state is rewriting its rules, there will be more practitioners able to reach a higher level of quality, and a redefinition of “good enough” based on new knowledge of how to prevent harm to children.

Licensing therefore tends to continue to raise its level of required “good enough” quality, over time, as more and more practitioners improve their programs and are able to meet the new rules.

A strategy that has been successfully used in many states in recent years (GA, NC, TX) has been to adopt new rules, and to postpone the effective date for implementing them. In that way, opposition to change-can be defused by giving operators time to make the transition.

As the field of practice raises its own level, influenced by higher education, professional meetings, and accreditation, licensing can and does raise its standards. The enemy of regulation might argue that this Pollyanna like view of a process of improvement in the states means that the advocates are indeed imposing unnecessarily high quality through licensing, but doing it gradually. However, research makes clear (Cost, Quality and Outcomes study) that we have a long way to go before we need fear the imposition of high standards, if only 14% of centers are at the level rated “good” or better.

**Good Quality**

Obviously, we as advocates should not settle for “good enough,” as the standard for our
communities, even though that is as far as licensing as a strategy can take us. We should pursue other ways of achieving higher quality through training, accreditation, resource and referral, consumer education, education of the public, financial incentives, and sliding fee subsidy.

But we should not trade off “good enough” either. We must insist that all child care be at least “good enough” to do no harm. It is only from this base of good enough care that we can pursue high quality. It would be a tragic error to allow our basic prevention of harm to deteriorate while we pursue high quality.

We want many of our programs to be more than good enough. We want them to be good or excellent, and we want that for as many as possible. We may not be able to deny them permission to operate, or fine them, or put them in jail, if they fail to achieve goodness or excellence, but we will want to use all means possible to help programs surpass the level of good enough, while we strongly support the safety net that prevents harm.

Accreditation is one of our best tools for stimulating programs to be “good” or to pursue excellence. The bottom line for accreditation cannot be “good enough,” it has to be “good.”

Accreditation assumes that licensing is in place, that building safety standards have been met, that health codes have been met, that injury prevention rules have been met, and that the state has been inspecting and maintaining its “good enough” commitment. That conceptual assumption may be incorrect in a given state, but it should be a goal for the advocates.

Programs with the will toward higher quality voluntarily apply for accreditation, which recognizes their will and their accomplishments. The standards for accreditation, because they are voluntary, can emphasize the important intangibles that are difficult for the states, with due process responsibilities to citizens, to enforce. Accreditation gets us from “good enough” to “good” and sometimes even to “excellent.” Licensing and accreditation dovetail and complement one another well; they are not rival approaches to quality.

**Pursuit of Excellence.**

Excellence is a pursuit that never ends. We should not be satisfied with “good” programs, even those that meet every accreditation standard. It is important to take a look at our excellent programs, and at excellence in other fields to see what we can do to inspire and challenge the field of early care and education to pursue excellence.

Programs for children younger than school-age often have a high degree of program autonomy, with a minimum of the red tape and bureaucracy that impedes school reform. Each small licensed program can be establishing its own unique place in the community, and pursuing its own unique vision. This pursuit of excellence must not be impeded by over-regulation. There is a chance that reliance on standards might actually impede the pursuit of excellence. When we achieve the “good” level of quality, and meet the accreditation standards, we may believe we have become as good as we ever need to be. If we rely on standards, there may be nothing that inspires us to go further. The standards themselves may tell us we have no more improvements to make; we have met the goal.
Further, the standards may fail to inspire us to pursue our own unique vision of excellence, to be different from other programs. Standards have not had a standardizing effect on our field, but in themselves they do not lead us toward our uniqueness. That inspiration comes from somewhere else.

Knowing this, we might think of ways of writing accreditation standards that will expect continuous improvement, and inspire excellence. We might consider whether we could ask programs to identify further improvement beyond accreditation standards that they intend to make, and ask for a progress report at the time for re-accreditation.

If our lawyers talk us out of trying to achieve continuous improvement through accreditation, as they may well do, we will need to rely on other strategies beyond accreditation for pursuing excellence.

Some promising avenues for improvement would include much more attention to director qualifications, in both licensing and accreditation. Much of our emphasis has been on assuring that directors are qualified in child development. However, they need to understand management; how to maintain policy in their operations; how to give feedback to their staff. They need to know basic marketing concepts, so they can design their programs to meet the changing needs of the families and children who use them.

Funding strategies can and should be tied to quality. We certainly should not fund the programs that are low in compliance to licensing. Texas now has a system of rating centers on their level of compliance. Centers with high compliance are rated with a 3, and are visited less often by licensors. Those with a 1 are visited more often. The state will not fund centers that are rated with a 1.

States have begun to pay higher reimbursement rates for accredited centers and homes. That idea can be extended to include higher rates for a higher percentage of well-qualified staff, or credentialed directors. These are good ways of capturing the attention of the “good enough” centers and offering them incentives to move to “good.”

Incentives to move to the pursuit of excellence might include some kind of award, such as the awards that have inspired total quality management in business. But certainly the incentives to further training through scholarship programs such as the T.E.A.C.H. Early Childhood Program in North Carolina can inspire the field of practice to move to another level.

There are many ways in which the community-based Child Care Resource and Referral agencies can inspire the pursuit of excellence, if they have the resources to offer consultation in quality; more detailed information to parents. Most of the strategies for the pursuit of excellence will not be based on standards alone.

**Input vs. Outcomes**

As we entered the computer age, we learned to think in computer terminology: input, throughput, and output. This way of thinking may to some extent have affected the way we think about
standards.

Licensing requirements are primarily input standards, that is, they define what goes into a program, and not what it accomplishes. This type of requirement is useful because it is clear and measurable, and it relies on assumptions that creating these conditions in every program will reduce the risk of harm. The licensing agency can prove whether or not the requirement was met, in legal terms. It can remove a license for cause, if an operator is not willing to comply.

Of course, the licensing requirements themselves do not define or guarantee quality, not even “good enough” quality; they simply correlate with quality. Ratios are not quality; but they do assure that there are not too many children to get adequate attention from a caregiver. Training is not quality, but it is known to improve quality.

There is a strong view among policy-makers and researchers that inputs alone are not adequate for public policy; we need to measure the effects of these inputs. During the decade ahead, we will need to define the outcomes of licensing; and we will need to show a reduction in the risk of harm, as an outcome of licensing.

“Throughputs” in computer terminology refers to the processes that go on between what goes into a program, and what comes out. These processes are what is happening – the activities, the caring relationships.

Accreditation focuses to a large extent on processes, interactions, and relationships. Licensing cannot deal with this process type of standard as well as accreditation can, because licensing is so strong a public intervention that it is constrained to respect the rights of the licensees. A licensor cannot in fairness try to enforce a rule about relationships, or caring, because the judgment about its presence or absence is much more difficult to measure and prove.

The emphasis today is on outcomes. In today’s value system, measured outcomes could some day take the place of all standards and regulation. However, we have not yet figured out how to measure well the outcomes of early childhood programs. It seems too early to throw away the input and process standards, until we can fully identify the outcomes we want and how to measure them.

Many of the really important outcomes of early childhood programs will not happen for ten or fifteen years, or more, when we can measure how children did overall in school, whether they attended college, how many of them stayed out of trouble with the law, how many had stable families, and jobs. Because much of the outcome is the prevention of harm, we may have to wait some time to see if the harm occurred.

One avenue of outcomes that could more easily be measured sooner, is the effects on parents. For parents, the outcomes are not in the distant future, they are now. Parents may become more skilled as parents, they may earn more money, move to a safer neighborhood, put better food on their table, may be better supported by a network of their community, may become more effective as citizens, all as a short term effect of early care and education.
The emphasis on outcomes as the only useful approach may be tempered over time. It’s possible that the very processes that NAEYC is identifying in its accreditation are an end in themselves, rather than a means to an outcome.

Parents do not place the same weight on licensing and on these requirements that correlate with the reduction of harm and with quality. They are looking for quality itself. The quality of life for a child may come to be valued in its own right, as a goal. Current policy climate does not support such a conclusion, but it is an idea worth holding for the future.

The process-oriented focus of accreditation may help to temper over-emphasis on inputs and outcomes. In the end, all three are important.

Some of the Problems with Standards

Do standards inhibit quality? At the same time that the early childhood field has been vigorously pursuing quality through standards, the field of public education has focused on the adverse effects of rules and bureaucratic red tape. When inner city schools become known for achieving strong outcomes, it appears that in every case someone was permitted to break out of the rules and procedures that are currently viewed as strangling the possibility of excellence. Solutions that are proposed include school-based management, charter schools, and other means to restore some autonomy for the individual pursuit of excellence at a school.

Some of that negative view of regulation makes dialogue very difficult between the school reformer trying to break the control of rules and the early care and education reformer who pins his or her hopes on standards.

Of course they are not talking about the same thing. The school reformer is trying to reduce the procedural rules that inhibit the autonomy of the decision-making at the school.

In licensing, there are many similar procedural rules also in need of reform. However, licensing is a consumer protection program, and not a publicly managed system. The rules that need to be preserved from the anti-regulatory movement are those designed for prevention of harm to children.

Will policy support positive effects and quality without focus on the potential for harm? Licensing is written into laws on a rationale of harm. However, licensing, like accreditation, also has positive effects on quality beyond good enough quality. Research indicates that taken as a whole, licensing rules and their enforcement have had a positive effect on child outcomes. It remains to be seen whether the policy-makers will retain their support for licensing in response to data on positive outcomes, without strong arguments for reducing the risk of harm. But on the continuum from harm to good enough to good to excellent, licensing has not only prevented harm, it has had positive effects on children.

We need to study the effects of accreditation, as well. Outcomes from the strategy overall might be that accredited programs are good, rather than just good enough, and that some of them are pursuing excellence.
Those effects can be measured overall, and have been for licensing. In any individual case, however, it is important to remember that a program can meet all the licensing standards, and all the accreditation standards, and still be very low in quality. Standards alone are not enough. We cannot put all our quality eggs in the standards basket.

**How flexible can accreditation be about ratios?** An issue for accreditation is whether a program can achieve the “good” level of quality while not meeting the NAEYC accreditation standards. Since accreditation focuses on processes and not on inputs, in theory it can accredit programs that are “good” even if they do not meet the concrete standards, such as ratios.

However, the rationale for adopting the ratios has been that they are necessary to quality, i.e. that a program cannot be good if its ratios are too high. If a program can be good without meeting the ratio standards, it raises the question of whether the standard is necessary.

Ratios are an input standard, important to licensing because they correlate with reduction of harm. Research findings are strong in making this correlation. This is an area where we need more study of trade-offs, to determine whether more highly trained staff, for example, could care for substantially more children.

In the meantime it may be that NAEYC should consider broadening its range of permissible ratios. Rather than setting a range of ratios and then accrediting centers that fall completely outside the range, it would make sense to permit a wider range of ratios.

However, it is possible to accredit centers with higher child:staff ratios only in states that permit these higher ratios.

**To do so might undermine licensing in the states with higher reduction of discretion.** The seventies and eighties saw an effort to reduce the discretion of licensers by writing very concretely detailed rules. This effort may now be on the verge of changing directions. Today’s criticisms of licensing often include recommendations for more discretion by licensers. (Howard) If that comes about, then we will need to take another look at the training and qualifications of licensers.

In accreditation, the emphasis has been on the processes, and a system has been designed that reduces the discretion of the validators, whose role is simply to determine whether the applicant has supplied accurate information. Here, too, in a new climate of opinion, we might re-examine the issue of discretion. However, as with licensing, the system has been designed to reduce discretion for good reason.

Licensers must protect the rights of citizens to be dealt with fairly, and must avoid making the state liable to lawsuits. NAEYC faces serious liability problems, too, if it takes a negative action. These legal issues create strong pressures to compromise. Particularly in states where the citizens have not set a line of “good enough” quality that can prevent harm, there will be legally operating programs that are borderline, not bad enough to close down right away, but creating some risk of harm to children. If a child is hurt, the state could be sued, but the licenser has
difficulties building a case for action in these borderline centers.

For accreditation, it might seem simple enough to defer the accreditation, even if the program is licensed, since the accreditation standards are quite different. However, this may be the first program in a geographic area ever to aspire to become accredited; its strong community reputation will be impaired by the deferral.

NAEYC faces some risk of liability when it refuses to accredit a program, and some other risk of liability if it accredits it. The risk and bad feeling coming from refusal to accredit comes from the loss of status and reputation that a deferral might cause. This risk might be even greater if a program has been accredited in the past, and has become well known for its higher status in the community. Now, moved to a new location, the center must be reaccredited and the national organization cannot in conscience accredit it.

Providers’ rights make it hard for the national organization to refuse accreditation. On the other hand, granting accreditation in shaky cases, particularly in states where licensing is weak, means that NAEYC may face liability if a child is hurt in the program. Parents who may have chosen the program for the extra safety they thought accreditation would bring them, may hold NAEYC accountable.

A lot of national strategies are linked to the assumption that NAEYC can maintain its standards. Corporations are requiring that centers be accredited to receive corporate dollars; some states are paying a higher rate for accredited programs.

If NAEYC is accrediting “good enough” centers in some geographic areas because there are no “good” ones applying, then accreditation cannot move centers to the “good” level, and the field of practice will not improve to the point where the licensing rules can be raised.

As NAEYC turns the corner to an era where centers finally understand the importance of accreditation, and where they will seek accreditation in greater numbers, these issues will become acute. At the same time, the greatly increased volume of accreditation will put strains on the feasibility of the system itself. Both licensing and accreditation are imperfect processes. Both face serious complaint issues. Both need support from the early care and education field. Further we need an overall quality strategy, or set of strategies, that views these two important efforts in some coherent relation to one another and to the effort to improve quality overall.

This is a good time to think about how to build a system where licensing and accreditation support one another even more than they have in the past, and where the field as a whole has a better understanding of how they complement one another in the interest of quality.

REFERENCES
Norris E.Class, Safeguarding day care through regulatory programs, the need for a multiple approach. Presented at the Annual Meeting of NAEYC, Seattle WA. 1969.
Kenneth Culp Davis, *Discretionary Justice*