



The Muttart Fellowships



**Accreditation of  
Child Care Centres**

Margaret Anne Golberg

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**Accreditation of  
Child Care Centres**

**A Muttart Foundation  
Fellowship Project  
August, 1999**

Margaret Anne Golberg

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# Dedication

This project is dedicated to the possibility that some day all children will be loved by their families and cherished by their communities. It is also dedicated to those worthy individuals who devote their careers to nurturing young children, in hopes that they will be respected and valued for the crucial role they play.

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**Executive  
Summary**

# Executive Summary

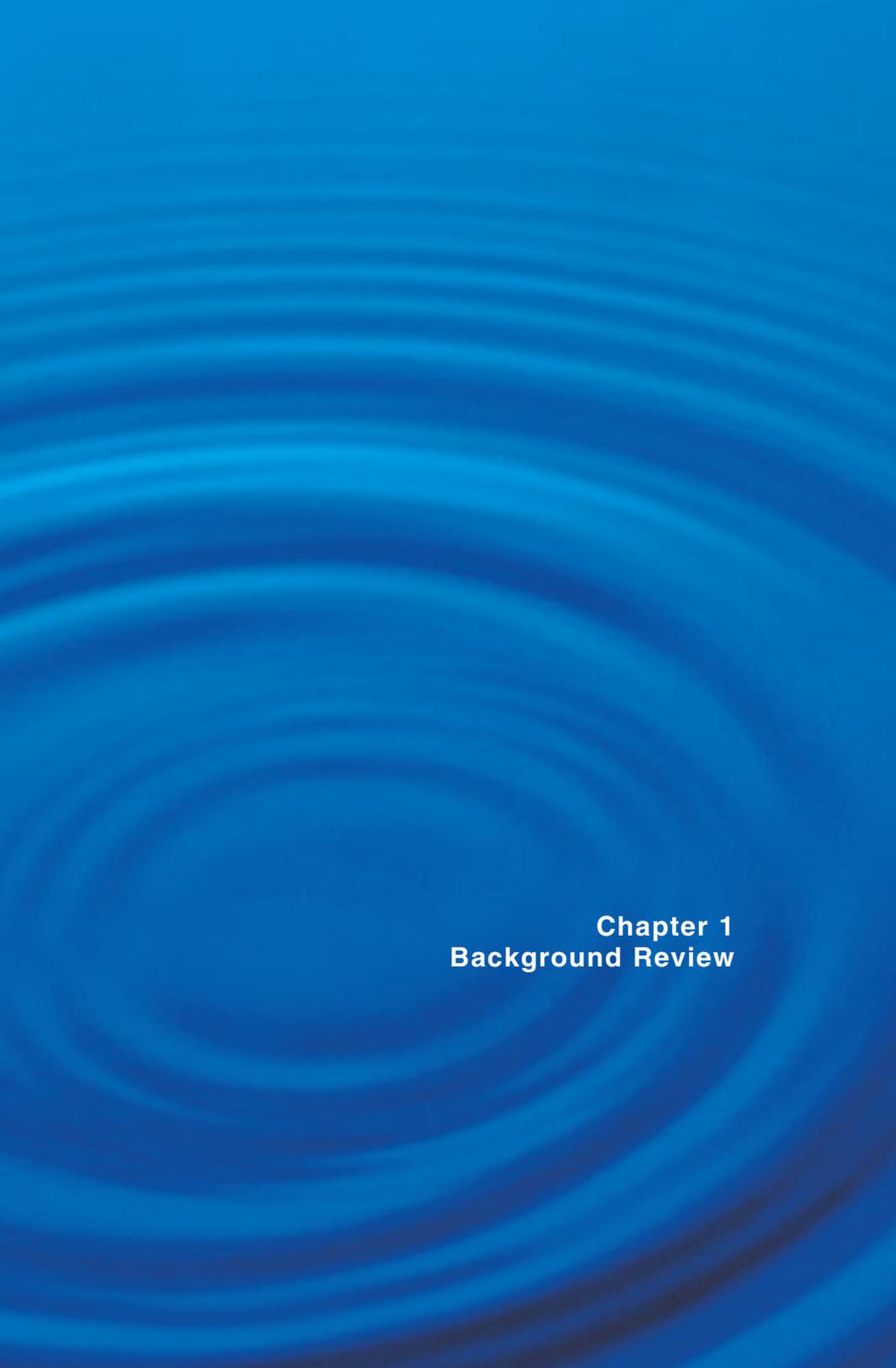
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The accreditation of Alberta day care centres and family day homes is recommended in this report as an important means of identifying programs that offer quality child care. With the establishment of consistent quality criteria, child care providers are given a tool to measure and improve program delivery. Parents are offered an opportunity to make an informed choice as child care consumers. Community dollars can be invested wisely in programs that ensure positive outcomes for children. The accreditation system proposed establishes quality standards and methods for measuring and auditing the delivery of child care services in Alberta.

What is accreditation and what constitutes quality child care? A glimpse at accreditation in various disciplines accompanies the definition of accreditation and the unique terms of “child care” accreditation. Because quality is a relative term, the basis for the term “quality care” is explored and established. Many models of accreditation and excellence in child care are described as a background to the selection of an Alberta system. The need for accreditation as a means of identifying quality care is emphasized by an in-depth review of literature on how parents make child care choices. This research reveals that parents have a limited base from which to recognize quality indicators. In fact, most parents rated very highly the programs that trained observers found potentially harmful to children. Yet the early years are the critical time for brain development and establishing patterns of learning, as explained in the discussion on the importance of quality child care. The variables of child care that impact child growth and development are summarized and factors to be considered before establishing an accreditation system in Alberta are examined.

The system proposed and outlined is based on a model of accreditation recently developed by the Child and Family Resource Association in Edmonton. The quality standards assessment includes two components. The first is an onsite review of programming criteria, based on an internationally recognized and validated measurement tool. The second is an onsite program audit of staff qualifications, child guidance, family support, and administrative criteria. Intended to be both a program improvement and quality assurance mechanism, the proposed system is user friendly and inexpensive.

In conclusion, the pros and cons of accreditation are reviewed, along with a discussion of implementation issues. The development of a made-in-Alberta child care accreditation system gives quality child care a voice and parents access to informed choice. The ultimate benefit is providing the children of Alberta with their right to quality child care.

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**Chapter 1**  
**Background Review**

# Background Review

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## Defining Accreditation and Quality Child Care

An accreditation system for Alberta would give child care service providers a provincial standard of quality child care delivery by which they could measure and improve their program. At the same time such a system offers parents and regional authorities a valid way to identify programs which are enhancing the lives of the children and parents they serve. But exactly what is accreditation and how is quality child care defined?

The Canadian Oxford Dictionary describes being accredited as “officially recognized as meeting certain standards.” Accreditation involves establishing standards that prescribe a desired level of quality and the process of verifying the level attained and maintained. An accrediting body is responsible for determining and maintaining the standards, process, and management of the system. The scope of membership in an accrediting body ranges from local to international. For example, the Committee of Law Enforcement Agents, through which the Edmonton Police Service is accredited, is an international body which has established professional standards of management and program requirements. In Canada, accreditation is typically associated with hospitals and seniors’ group homes. However, accreditation is spreading into many areas. For example, in British Columbia schools must be accredited through the British Columbia School Accreditation Program.

There is an accreditation system developed by the Alberta Association of Services for Children and Families, which has set standards for child welfare agency programs. While the standards

were being developed, this accreditation was voluntary, but for the past five years accreditation has been mandatory for agencies of this organization. The types of agencies included are foster care, youth shelters, in-home family supports, clinical assessment and treatment, group care, and crisis nurseries. The Association is considering expanding to include women's shelters. Currently this Association is funded through the Alberta government. It is not certain whether funding will change to a regional level with the move to regional authorities and funding of children's services.

Alberta child care services are not served by this organization, nor does the Association intend to expand to include child care. The only existing model of child care accreditation in Canada is that of the Child and Family Resources Association, in Edmonton, Alberta, described later in this paper.

#### **Child care accreditation is defined by Gillian Doherty as:**

a process by which a representative body, recognized by both the service community and the community in general, establishes standards for services. The standards are above the minimum regulatory requirements of the government. Programs can apply on a voluntary basis for evaluation against the standards and if found to meet or surpass them, are granted a certificate which recognizes this fact. (Doherty-Derkowski, 1994, p. 113)

Another way to view accreditation is as "the evaluation of the infrastructure that supports child care practice" (*Ferguson, undated, p. 25*). Accreditation involves establishing standards of quality by which to measure the extent to which a child care program is delivering that standard of quality in its program. If a program meets or exceeds the established quality standard, it is granted certification of its accredited status. Accreditation in child care signifies that the program not only provides the baseline services established by the government to ensure basic health and safety standards, but has also met standards of quality established by the early childhood community.

Accreditation builds on the base set by regulations, however it must be emphasized that while regulations are necessary they are not sufficient to ensure quality. Accreditation is necessary to bridge the gap between the minimal level of quality set by regulations and the level of quality that should be right for all children. (Wangmann 1992, p. 27)

A precise definition of quality in early childhood does not exist, because quality is defined from many different values and perspectives. As stated by the European Commission Childcare Network, in the discussion paper *Quality Services for Young Children*:

Any definition of quality is to an extent transitory; understanding quality and arriving at quality indicators is a dynamic and continuous process of reconciling the emphases of different interest groups. It is not a prescriptive exercise. On the other hand it needs to be a detailed exercise which is of direct practical use to those working with young children. (Balageur, Mestres and Penn, 1990, p. 5)

In *Valuing Quality in Early Childhood Services*, Peter Moss states that “The process of defining quality involves stakeholders setting goals for particular groups. The goals set by stakeholders will reflect their needs, interests, concerns, and priorities These in turn will be influenced by values and beliefs.” (Moss in Moss and Pence, eds. 1994, p. 4). The stakeholders who have defined quality in the accreditation models described in this paper are early childhood professionals and researchers who are influenced by their training, philosophy, ideology, and personal bias.

**Another way to look at quality is from the perspectives set out by Katz (1993):**

1. top-down: factors of quality such as equipment and setting
2. bottom-up: the experience of the child
3. outside-inside: the experience of the family
4. inside: the experience of the staff
5. outside: the program in relation to the community.

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It is important to consider these various perspectives and their inter-relatedness in defining quality. An accreditation system is value-laden: certain criteria for identifying quality must be identified and selected. “...accreditation occurs in and is influenced by social, political and cultural contexts” (Bredenkamp, 1999, p. 61). In developing an accreditation system for Alberta, it would be ideal to consider both the quality criteria established by early childhood researchers and professional bodies and the inclusion of a wide range of stakeholders such as children, parents, and the community in defining quality. Since involving stakeholders is a lengthy and

ongoing process, and the period of time for this project is limited, this proposal for an accreditation system is primarily based on the review of early childhood research. The ongoing development of accreditation in Alberta should include an endeavor to include stakeholders.

**For the purpose of this project, high quality will be defined as follows:**

A high quality program is one that:

- supports and assists the child's physical, emotional, social, language, and intellectual development; and
- supports and complements the family in its child-rearing role. (Doherty-Derkowski, 1995, p. 4)

## Models of Accreditation in the United States

### National Association for the Education of Young Children

The National Association for the Education of Young Children [NAEYC] accreditation system was originally developed over a three-year period by reviewing research literature, reviewing existing standards, and soliciting input from early childhood professionals (NAEYC, 1998a). In existence since 1985, it has been continually reviewed, with the most recent revision of criteria being published in 1998. Accreditation is granted to programs that voluntarily demonstrate compliance with the NAEYC's *Criteria for High-Quality Early Childhood Programs* (NAEYC, 1998a). It is a self-study, formative process. The three steps to accreditation are through the NAEYC accreditation process:

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1. The program conducts a self-study to assess how well it meets NAEYC criteria, makes improvements as needed, and then submits a Program Description which details compliance to criteria. The self-study includes a report completed by the program administrator, a staff questionnaire, and a family survey, each related to the criteria for accreditation. There is also an Early Childhood Observation Scale (NAEYC, 1998b) which is used in actual observation of the program in action.

2. An onsite inspection is made by validators. Validators are selected by the National Academy of Early Childhood Programs, the division of NAEYC that administers the accreditation system. Validators must have a college degree in early childhood education or equivalent. They are selected and trained by the Academy but act on a voluntary basis, being reimbursed for expenses only. The validators verify the accuracy of classroom observations and administration criteria compliance, which were submitted in the Program Description, discuss all non-validated criteria with the director of the program, and mail the validated Program Description to the Accreditation Commission. The director signs a release certifying that the validation procedures were correctly implemented and that the validated Program Description is accurate.
3. The Accreditation Commission Decision Panel is a group of early childhood professionals, appointed by NAEYC Governing Board who meet monthly in Washington, D.C. The accreditation decision is made by this panel after an internal staff review. Accreditation is granted for three years, with the requirement of an annual report detailing program improvements and changes. If the decision is to defer accreditation, the program receives specific reasons and recommendations for improvement, and a copy of the appeal procedure. The Academy retains the right to revoke accreditation if the program does not comply with Academy Criteria. NAEYC does not accredit programs outside the United States, unless they are affiliated with the United States government (*NAEYC, 1998b*).

The accreditation system is sustained by fees paid by the participating programs. Fees vary depending on the number of children enrolled in the program: the application fee ranges from \$125 to \$300, and the validation fee ranges from \$300 to \$700. Other costs associated with accreditation include the time required to complete the self-study and cost of facilitative strategies such as onsite assistance from an Early Childhood Education professional, training for staff, cost of relief time to train staff, and cost of training and retraining validators. Facilitative costs are met through various government and charitable foundation grants. Support for centres seeking accreditation comes from a broad range of funders: corporations, unions, community groups, and all levels of government.

## National Association for Family Child Care

The *Quality Standards for National Association for Family Child Care Accreditation (The Family Child Care Accreditation Project, Wheelock College, 1998)* were developed in a three-year period beginning in 1994 by the Family Child Care Project at Wheelock College and NAFCC. Input from providers, parents, resource and referral personnel, and early childhood experts was combined with extensive research. Further feedback was obtained in 1998 by doing a pilot project in various communities. The process of accreditation requires that the provider review the Quality Standards, identify areas for improvement, design a Professional Development Plan, make improvements as necessary, complete information for an Observer Visit, and undergo the Observer Visit. The NAFCC scores the visit according to their established standards. To be accredited, a provider must have 100 per cent compliance to defined criteria and 90 per cent to remaining criteria, generally positive parent surveys, and all required records. Accreditation is granted for a three-year period. The system is funded by accreditation fees, contributions, and grants. It is not affiliated with NAEYC.

## National School Age Care Alliance

The National School Age Care Alliance (NSACA) carried out several years of research and field-testing beginning in 1995 and completed in 1998, resulting in *The NSACA Standards for Quality School-Age Care (Roman, ed., 1998)*. The standards are intended for use by programs with children five to 14 years old, and are used as the assessment tool for accreditation. The process for accreditation requires the provider to:

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- prepare by reading the standards and guiding questions
- plan and implement improvements
- carry out the self-study along with resulting action plan and further improvements
- apply for accreditation.

The process may take from one to two years to complete, depending on the individual program. An onsite visit is then carried out by endorsers who forward a report and recommendation.

Endorsers are selected individuals who have a background in school age child care, hold a college degree, and have strong interpersonal skills. They are trained at a three-day event, funded by a variety of sources. The NSACA grants accreditation or the program may be deferred, requiring further improvements and another visit. The cost for the self-study materials, which includes the application, is \$150 and the cost of the endorsement visit is \$750. The program can look to local funders and grants to help cover cost of accreditation and program improvement strategies. The accreditation lasts for three years with an annual report required. If an annual report is not submitted, accreditation is suspended. NAEYC does accredit school-age programs, so the two organizations are considering a way to offer joint accreditation in the future. For now, if a program serves mainly school-age children and youth, NSACA is considered the best-suited accreditation, whereas if the children are mainly preschool age, NAEYC is considered more suitable.

## Other

The National Child Care Association is an affiliation of for-profit child care centres that developed their own accreditation system, and has accredited 44 centres in 10 states. Their system is called the National Early Childhood Program Accreditation System. Developed by Dr. Richard Fiene, it is a streamlined version of the NAEYC system. Another system, the National Accreditation Council for Early Childhood Personnel and Programs, has accredited 80 programs in five states. These accreditation systems are considered to be in competition with the more widely known and accepted system of the NAEYC (Ethiel, ed., 1997).

Head Start U.S.A. has developed program standards, based on the particular services they offer and tied to the type of government funding they receive (*Code of Federal Regulations, 1997*). Some Head Start programs participate in the NAEYC accreditation as well as their own evaluation program.

# Other Models of Accreditation

## Australia: Quality Improvement and Accreditation System

The Australian accreditation program is based on the NAEYC process, which was modified for Australian use by personnel at Queensland University of Technology (*Burdon, 1991*). Input was obtained from the Early Childhood Association (*Sims, 1995*), parents, and the child care industry. A mandatory process, administered by the National Childcare Accreditation Council (NCAC), the Quality Improvement and Accreditation System (QIAS) requires child care centres to complete the following five steps to accreditation:

1. Registration
2. Self-study—Each centre must establish a Quality Improvement and Accreditation Committee, which includes the director, staff representatives, and parent representatives. The owner or a representative of the body operating the centres may also be on the committee. The responsibility of the committee is to coordinate the self-study process, assessing the quality of care against the 52 principles in the *Quality Improvement and Accreditation System Handbook (NCAC, 1993)*, preparing a plan of improvement, and monitoring progress. Parent involvement is a key component of the process.
3. External Review—The internal committee applies to NCAC for a voluntary peer reviewer to visit the centre, validate the self-study report, and comment on the improvement action plan. Reviewers are selected by the NCAC on the basis of early childhood education and experience, letters of reference from various sources, and permission from their employers to participate in the training program and review visits.
4. Recommendation by Moderators—Moderators are early childhood experts, selected by the NCAC, who examine the centres's self-study report and plan of action, and the reviewer's report. They make a recommendation to the NCAC on whether the centre should be accredited for a one-, two-, or three-year period, and whether the plan of action for improvement should be approved.
5. Decision by the NCAC—This body makes the final decision on accreditation and the length of the accreditation period. If a centre is not accredited, the NCAC approves a plan of

improvement within an established time frame. Should the centre fail to make satisfactory progress, NCAC advises the Minister of Family and Social Services, who may name the centres in Parliament as a “centre of concern.” If the noncompliance continues, the centre may no longer be eligible for Commonwealth funding.

The system was implemented on January 1, 1994, and is funded by the government of Australia. Only long-day cares (programs providing full-day, centre-based child care) are mandated to participate, but the government intends to develop quality assurance for other children’s services. Research has already begun in the family day care sector.

### **New Zealand: The New Zealand Charter System and Developing Quality Indicators**

Introduced the late 1980s’, the charter system was intended to be a quality assurance mechanism. The concept of the charter was to maintain the diversity of programs, philosophies, and cultural values that existed in the New Zealand early childhood programs, while ensuring a national standard of quality child care. The individual program—through consultation with staff, parents, and the community—was asked to set out its program philosophy and values in a written contract with the government. The government stipulated that the program must include a plan to work toward stipulated standards that were much higher than the minimum licensing standards. These standards were set out in the National Guidelines in the Management Handbook, and included specifics such as child/staff ratios, group size, value issues, curriculum, advisory support, and physical plant. The intent was that funding be tied to meeting these high standards. However, after a change in government in 1989, a new document, *The Statement of Desirable Practice*, removed the requirements to meet higher standards and the requirement to involve stakeholders in the writing of the charter. Funding was frozen and only minimum standards were required to receive funding. The unique potential of the chartering process to retain a program and cultural diversity within a national framework of high quality child care was limited by lack of government commitment to the ideals and values upon which the concept was founded (*Smith and Farquhar, in Moss and Pence, eds., 1994*). In 1998, the charter guidelines were revised to include *Te Whariki, Early Childhood Curriculum* (*Minister of Education, New Zealand, 1996*),

adding curriculum principles into the requirement (Meade, 1999). New Zealand is unique in having a national early childhood curriculum required of all chartered early childhood services, including child care centres, kindergarten, day homes, and playgroups.

Charters are required and are an accepted practice, and are regarded as a useful tool to set out program, policy, and objectives. Some parents do consult the charter prior to enrolling their children (Smith and Farquhar, in Moss and Pence, eds., 1994). Government funding is tied to certain criteria. Minimum funding is available to unlicensed programs. Rate 1 funding is obtained by licensed, chartered early childhood programs; Rate 2 by programs with better child/staff ratios and trained staff; and Rate 3 to kindergartens. Monitoring and funding of programs is the responsibility of the Department of Education.

The New Zealand Child Care Association (NCZA) has recently developed its own accreditation system called the Quality Register. A national system of quality assurance is in the process of being developed, under the direction of Dr. Anne Meade, who was also responsible for the development of the charter system. Her work on *Quality Indicators in Early Childhood Services* is an outcome of a 1998 government decision to encourage higher quality in early childhood services. The Rate 3 funding historically available only to kindergartens may be opened to child care programs once quality indicators are established that address both structural and process criteria (Meade and Kerslake Hendricks, 1999).

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The *Quality Indicators in Early Childhood Services* proposes that there are three cornerstones of quality. Structural criteria such as child/staff ratio and group size are already required for Rate 2 funding. The new quality criteria are to include systems criteria and teaching/learning/development process criteria. The systems criteria would be established by various early childhood organizations. The NCZA Quality Register, for example, would be considered as a systems quality assurance tool. The teaching/learning/development criteria would require early childhood programs to establish a quality assurance cycle of planning and evaluation of program components. These include leadership, staffing, parent involvement, and education, and implementing *Te Whariki, Early Childhood Curriculum* with emphasis on children's learning. In addition to physical, social, intellectual, and emotional learning, consideration must be given to learning areas which are defined as "working theories"—the ways the child makes sense of the world—and "dispositions"—the way the

child learns. It is proposed that external evaluators audit the systems criteria and assess the teaching/learning/development criteria against a set of process indicators (*Meade and Kerlake Hendricks, 1999*).

Implementation of this new system in New Zealand will consist of three parts. The first is the development of a quality assurance resource for programs to use in introducing the new system. The first is self-study to identify the required quality components. Second is the “measure,” which assesses the effectiveness of teaching/learning/development process within the program. The third component is support, which will be provided to programs in various ways depending on their needs. All of this is in development. (*Bliss, 1999*).

## Models of Excellence in Europe

“The most highly developed early childhood systems may be found among the nations comprising the European Community plus the Nordic nations” (*Boocock, 1995, p. 5*).

Excellent models of child care are dependent on many supporting factors. In Denmark, the government supports child care through public funding. It sets out general guiding principles as well as standards for training, salaries, and working conditions. The result of a basic three-and-a-half-year training program and post-secondary specialization is a stable and mature child care workforce. Danish society generally values children and the importance of play, and parents take an active part in child care, resulting in diverse programs that meet the needs of the children (*Hunter and Pence, 1995*). Reggio Emilia child care programs in Italy have become the focus of worldwide interest because of their innovative approach deriving from community support (*Hunter and Pence, 1995*). The whole community is involved in the system of early childhood services and contributes 12 per cent of the municipal budget to provide these services. Documentation of the children’s work through video camera, tape recorder, photos, and other processes leads to a learning process for the children, furnishes parents with information on their child’s participation in the program, and provides a vehicle for teachers to reflect on and adapt their practices (*Jensen in Moss and Pence, eds., 1994*). In Sweden and Spain all systems for children below compulsory school age are integrated into a common system of early

childhood care and education, providing a coherent approach to funding, administration, and the concept of quality (*Moss in Moss and Pence, eds., 1994*).

**Boocock (1995) has summarized the results of numerous early childhood research results in Western Europe as follows:**

- Large-scale studies of French, British, and German preschools indicate attendance in preschool programs has a positive effect on school readiness and subsequent academic performance regardless of the diversity of programs.
- Small focused studies in Sweden indicate that child care can benefit children, especially if high in quality.
- A compensatory program in Ireland resulted in long-term gains for children in school performance, but few impacts in employment and crime.

The funding, regulations, and support of early childhood programs in Western Europe have resulted in excellent child care programs, and approaches that consider child care to be educational rather than merely custodial. “Such comprehensive and public early childhood services can be more inclusive than any other arrangement; they do not need to segregate children according to the income of their parents, or to the perceived inadequacies or needs of either parents or children; they are equally for all children” (*Penn, 1999, p. 22*).

# Models of accreditation in Alberta

## The Medicine Hat Evaluation Instrument

A committee was formed in Medicine Hat in 1983 to develop an evaluation instrument to measure quality child care. The committee comprised a parent, two licensing officers, the City of Medicine Hat Day Care Services Coordinator, and a director of a commercial child care program. Preliminary research led to adoption of Dr. R. Fiene's Pennsylvania Evaluation System (*Charlton, 1988*) and funding from Alberta Social Services to fund designing, developing, and field testing the instrument. The areas addressed in the instrument include care-givers, size of centres and groups, physical facility and equipment, nutrition, program activities, parent involvement, and administrative support. The process of information-gathering includes a survey of the centres' licensing file, an administrative questionnaire, staff interviews, parent questionnaires, site reviews, and child observation (*Medicine Hat Community Services Department, 1987*). Although it was pilot-tested in 27 centres and validated by a government consultant as an approach suitable for centres' evaluation and licensing, further testing and distribution were halted due to lack of funding (*Charlton, 1991*). The instrument has not been actively used for a number of years. It was designed prior to the development of the Alberta Day Care Licensing Manual, and some of the criteria are now required for licensing.

## Child and Family Resource Association (CAFRA)

CAFRA is an organization dedicated to developing, implementing, and maintaining a superior level of child care and related family services in the Edmonton area. Its members include individuals and 34 Edmonton area centres providing quality child care and family resources as well as day care. CAFRA's mandate is to provide a forum for strategic planning for its member centres, enabling them to establish themselves as a single, unified voice. The CAFRA accreditation tool was developed by a dedicated volunteer group of early childhood educators and fine-tuned with the input of all the member centres. The accreditation process was implemented in 1997-98 and is evolving as the organization implements it. One program within the organization, "Community Options," has taken a lead role in being the contact point for dissemination of information to the public and requirements and contracts for accreditation to the centres.

The system for active, onsite monitoring which is being developed, involves administration of the *Early Childhood Environmental Rating Scale* (ECERS) (Harms and Clifford, 1980). In 1999, CAFRA switched to the updated version ECERS-R (Harms, Clifford and Cryer, 1998). The criteria for accreditation includes a section on staff qualifications and training, program assessment, children's behavior guidance, family support, and written policies and procedures. Accreditation is granted for a one-year period.

CAFRA has been successful in establishing its member centres as ones that provide a superior level of child care services. The CAFRA contact phone number receives many calls from parents interested in securing information on accreditation standards and names of accredited centres. The struggle it is experiencing now is the establishment of an effective monitoring process. Currently, member centres pay \$135 per year and the organization has not yet established the actual cost of accreditation. This would include some administration costs as well as the cost of monitoring visits. The challenge of training evaluators and establishing the annual on-site evaluation will take time to resolve, but this organization is actively working on the process.

## How Parents Make Child Care choices

Accreditation can serve as a means for educating parents on the importance of high standards of quality care and ensuring that demand for quality care comes from the users. It is, then, important to examine how parents make child care choices. Larner and Phillips state "parents want assurances that their individual child's experiences will be safe, pleasant, and developmentally sound. The critical difference between parent and professional perspectives on child care is that parents are seeking a child care arrangement that will meet the needs of their own child and family..." (Larner and Phillips, in Moss and Pence, eds. 1994, p. 46). In their review of research in the United States, they noted the following conclusions about parental choice:

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- Of families with employed mothers having children under five years, 28 per cent are in centres care, 24 per cent are in family day homes, 18 per cent are cared for by relatives, and 30 per cent by parents themselves.

- This pattern varied slightly by family income and ethnicity.
- The pattern varied significantly dependent on the child's age, with 60 per cent of infants being in family care and 43 per cent of preschoolers being in centres' care.
- Child care characteristics rated by parents as important were: health and safety, how children get along with each other and adults, and care givers' child-rearing philosophy.
- Parental explanations of child care choice most often included number of children and adults; provider warmth, training, or style; program characteristics; safety and equipment for children; and a general preference for a relative as care giver. Least often answers given were cost, location, and hours.
- Parents pay relatively little attention to licensing and care giver training: they are not informed on regulations and believe that the care givers' nurturing abilities are more essential than training.
- Parents' views differ dependent on the age of the child: care for under three's is viewed as a substitute parental care, while for over three's tended to be seen as an educational opportunity.
- Many parents choose care givers who share their cultural background and values.
- Mothers face hostility and criticism from care givers who tend to disapprove of working mothers.
- In interviews, parents did not rate practical issues such as cost and location very highly, but in practice these factors were crucial.

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Larner and Phillips conclude that "good practice must be respectful and inclusive of parents" and that "it will not be easy to convince parents to actively express their views of child care they want and need..." (*Larner and Phillips, in Moss and Pence, eds., 1994, p. 58*).

In a study of parental choice-making in family child care and relative care, Kontos, Howes, Shinn, and Galinsky found that mothers, regardless of ethnicity or income, concur with providers on five essential components of quality: "attention to children's safety, provider's communication with parents about their children, cleanliness, attention children receive, provider's warmth towards children" (*Kontos et al., 1995, p. 127*). These authors collected data demonstrating the crucial importance of training and regulation to

quality care and were concerned that neither mothers nor providers recognized the importance of these factors. They conclude that child care consumer education should be a priority.

In a Canadian policy study, Cleveland and Krashinsky suggest that child care choices are related to cost. “Nearly half of families with preschool children use non-market care (off-shifting by the child’s father, care by other relative inside and outside the child’s home) to allow mothers to work. Although the monetary costs of these arrangements is generally zero, this is misleading. The use of non-market care is strongly and adversely associated with the mother’s income, suggesting that women are more likely to take only a part-time job when using family members to care for children and that women with low earning capacity may be compelled to use unpaid care.” (*Cleveland and Krashinsky, 1998, p. 42*).

Addressing the needs of cultural and racial minorities, another Canadian study found the most preferred model to be integrated community-based centres care with a multicultural curriculum and well-trained, multilingual, multiracial staff sensitive to the backgrounds and needs of the children and families (*Mock, 1988*). In looking at unlicensed family day homes in Canada, it was noted that parents look for the following: parent/provider compatibility, care givers to be warm and nonjudgmental, convenience of location, care giver’s reliability, dependability and previous experience, and ability to access community resources (*Young, 1996*).

The basis on which parents make child care choices may be erroneous as demonstrated in various early childhood reports. The Kontos *et. al.* study, regarding parental assumptions about relative and family day care, noted that:

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- Children will not necessarily receive the best care from a relative. They found that relatives were “less sensitive and responsive in their interactions with the target child (usually a grandchild) and were more likely to be providing care that was rated as inadequate. Children were no more likely to be securely attached to a relative than to a provider who was a non-relative.” (*Kontos et al., 1995, p. 204*)
- There is a range of quality in all types of care; care in a home setting is not always a better choice for children.

- Experience is not a better indicator of quality care giving than training.
- Children are not likely to get more attention in groups of one or two; they are more likely to get better attention in groups of three to six.
- Regulation is the best indicator of quality in family child care.

The Cost, Quality and Outcomes Study Team, which examined centres-based care, revealed that “Ninety per cent of parents rate programs as very good while the ratings of a trained observer indicate that most of these programs are providing care that is mediocre.” (*Helburn, ed., 1995, p. 9*). A New Zealand study which related parents’ satisfaction with a centre versus research based measures of quality found correlations near zero. They noted that some of the programs that alarmed researchers because of possible harmful effects on children were perceived favorably by parents. Their study indicated that parents are concerned with convenience and cost of the service. Authors noted that parents have a limited knowledge base for comparing child care choices and may deny feelings about poor quality to protect themselves from guilt (*Smith and Barraclough, 1999*).

Parents make child care choices based on a wide range of variables: their own background and education, their economic status, cultural assumptions, and practical logistics. Research indicates that they do not have sufficient information to enable them to distinguish the level of quality care. With the advent of community-driven services in Alberta, the demand for quality care needs to come from the users (Hayden, 1997). An important role for the accrediting body is to disseminate information to help parents make an informed choice on the quality care. “... where the marketplace works, it works with regard to convenience, with regard to price, with regard to hours and extra service. Where it doesn’t work very well is in discriminating the fundamental quality that exists in the classroom.” (*Brown in Ethiel, ed., 1997, p. 14*). As consumers, parents make an investment in their child’s future, and accreditation gives them an avenue for informed choice.

## Why is Quality Care Important?

“Almost daily there are new discoveries about the importance of the early years in terms of later growth and development. These would suggest that there are critical points in children’s development where it is important to ensure that children are having the kinds of experience that support their growth and development.” (*Evans, 1999, p. 5*).

The development of the core components of the brain takes place, and coping skills are strongly influenced, by how well the child is nurtured during the first years of life. The risk for disease in adult life is partly shaped by competence and coping skills set in the earliest years of life (*Hertzman and Mustard, 1997*). Adult interaction with the child provides stimuli that will influence how the brain develops and how children respond. Children who have an adverse situation in early life, such as an abusive family, may develop a heightened anxiety response to stimuli resulting in adverse behavioral responses and difficulty coping in the school system. The brain is very plastic in these early years but the ability to rebound decreases as the child grows older. There are critical periods when the brain establishes and stabilizes long-lasting structures to facilitate learning (*Cynader and Mustard, 1997*). Child development is influenced by parenting styles, maternal education level, extent of parent stress, extent of stimulation provided by parents, household income and family structure, and neighborhood characteristics (*Doherty 1998*). “The unfolding research on the brain is unequivocal testimony to the fact that the future of any community rests on the laps of those who nurture its youngest members.” (*Karr-Morse and Wiley, 1997, p. 297*).

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The quality of child care is an important factor in the child’s development, as demonstrated by research in Canada and the United States. While good quality child care can positively influence development, poor quality can negatively impact development and the effects may be life-long. High quality care is linked to:

- increased social competence
- better language and play development
- better control over aggression
- increased compliance with adults
- fewer behavior problems in Grade 1 as reported by the teacher
- better learning orientation and better school readiness.

Poor quality had the opposite impact to the above (*Bertrand, 1993*).

# Setting Standards for Quality Care

Various research studies have looked at the child care environment to determine what variables impact children's growth and development. Quality is linked with both structural variables, such as child/staff ratio, group size and staff training, and process variables such as adult/child interactions and child/child interactions. Contextual factors such as level of funding available, staff salary and benefits, and level of enforcement of standard regulations have also been linked to quality. Among the most important components of quality care are:

- Care giver provides warm, sensitive, nurturing interactions with children.
- Physical environment is enhanced for everyone, including care givers.
- Program planning and curriculum enhance socio-emotional development and cognitive development.
- Joint attention/shared cognition exists between adults and children.
- Peer group harmony exists.
- A child/staff ratio and group size allows interaction to be frequent, personal, and individual.
- Staffing is stable and has formal schooling specific to early childhood.
- Favorable staff wages and working conditions exist.
- Health and safety practices ensure each child's well-being.
- There is communication with and cultural sensitivity to parents.

*(Hayes et al. 1990, Lero & Kyle 1985, Whitebrook, Howes & Phillips 1989; Helburn, ed., 1995, Smith 1996, Carr, 1998).*

It is essential to note that quality is complex and the relationships among these many variables are intertwined. "... quality cannot be defined by listing its components separately." *(Bredenkamp, 1999)*. Gillian Doherty *(1998)* cautions that measuring quality by program components is not appropriate — it is the daily experience of the child in care and the support provided to parents that impacts the child's development. It is the complex mix of all the components which can provide an enriching experience for the child and family.

# Factors to Consider in Developing an Accreditation System

There are a number of factors to be considered in developing an accreditation system. Based on lessons learned from the NAEYC accreditation review (Bredenkamp, 1999), the following four factors are key.

## 1. Accreditation operates in context

- Licensing regulations set standards of basic safety to protect children while in care. “A successful high quality accrediting program needs to count on a strong, basic licensing program” (Ethiel, ed., 1997, p. 129). In Alberta, day care centres, nursery schools, drop-in centres, and on-reserve child care are licensed. Specific standards are established for day cares regarding educational qualifications of program directors and staff, child/staff ratios, and maximum group sizes. *The Alberta Day Care Licensing Policy Manual (1993)* interprets the legislation. It is anticipated that regional authorities will adopt this manual in the move to regional service delivery. The government enters into contracts with family day home agencies which approve and monitor providers according to provincial standards. There are regulations regarding maximum capacity for family day homes, but not for provider training. The province licenses out of school care, but there are minimal policies or regulations for these programs.
- Training or educational systems are required to produce qualified, credentialed early childhood staff. Alberta is fortunate to have both colleges and universities that offer early childhood education. As well, the Alberta government currently offers a 50-hour orientation course which gives staff minimal training in early childhood at no cost. The Alberta Day Care Staff Qualifications assess training levels and grants certification accordingly. A Level One is granted for the orientation course or a course equivalent; Level Two for a one-year public college early childhood certificate; and Level Three for a two-year public college diploma or equivalent. All staff working in Alberta day care centres must have Level 1, one in four must have Level 2, and the program director must have

Level 3. Exemptions are made to these regulations, however, which weakens the system. Although not required to have formal training, many family day home providers are encouraged by their contracting agency to participate in the training program *Step Ahead*.

- Accreditation procedures should identify programs that offer more than basic health and safety needs for children. Accreditation should ascertain which programs support children's learning and development and lead to quality outcomes. Accreditation needs to include process criteria as well as structural quality, assessing standards indicated in the previous section on quality. Alberta Day Care Licensing uses the *Early Childhood Environmental Rating Scale* (and has recently introduced the revised edition of the tool, ECERS-R) and the *Infant Toddler Environmental Rating Scale (ITERS; Harms, Cryer and Clifford, 1990)* as a tool for program assessment and guiding program improvement. This is an internationally recognized program assessment tool and provides a series of specific program assessment tools including the Family Day Care Rating Scale (*FDCRS; Harms and Clifford, 1989*) and the School-Age Care Environmental Rating Scale (*SACERS; Harms, Jacob and White, 1996*). These tools can be utilized as a systematic means of peer review within or between centres. Program staff can use feedback from the observations gathered as a means to reflect on and improve program practice. It seems to be a logical choice as a means of onsite assessment use in an Alberta accreditation system, because it is a tool day care providers are already familiar with and because this rating system has been tested for reliability and validity. Rating scores can be used as a quality assessment indicator. No tool can completely assess the child's daily experience in child care, but this tool at least begins to address both process and structural components of child care. A tool the accrediting body may want to consider adding in the future is "the measure," which is Dr. Meade's proposed assessment of teaching/learning/development processes (*Meade and Kerslake Hendricks, 1999*). It examines interactions between adults, between adults and children, and between children, with an emphasis on children's learning. This instrument has not yet been validated, but appears to be an exciting addition to assessment of the teaching and learning that occurs in early childhood settings.

- With regard to contextual factors of quality, financing should provide sufficient resources to meet standards set by licensing and accrediting bodies. Funding is a problem in Alberta. With the change to regional authorities in Alberta, great uncertainty exists regarding funding. Staff wages are very low and are not subsidized in any way by the government. Day care centres are having trouble attracting qualified staff, and day home agencies are having difficulties attracting new providers. There is a very high staff turnover rate. Research links low wages to job dissatisfaction, high turnover rates, and poor quality care. It is possible that the accrediting body can lobby for funding at the regional levels, and certainly the regional authorities will be seeking ways of identifying best practices deserving funding in their region. Accreditation can serve as a valuable tool in identifying programs that provide positive outcomes for children and hence deserve investment of community dollars. Funding is very weak in Alberta and ultimately must be addressed to improve the quality of child care available.

## **2. Accreditation is a quality audit of infrastructure areas**

Elaine Ferguson (*undated*) proposes that accreditation is a quality audit of the infrastructure that supports excellence in child care practices. Criteria need to be developed around the following areas:

- facility
- funding
- policy and procedural guidelines
- legal responsibility
- management information systems
- strategic planning
- integrity of public relations and promotions
- hiring and management of a qualified administrator.

All of these factors work interdependently.

### **3. Accreditation establishes quality standards for practice**

Accreditation cannot guarantee quality but it establishes which standards of practice are most likely to ensure quality care: the opportunity for the child's enhanced experience in his/her formative years and for parents to receive support in their child-rearing role. Accreditation criteria should be based on standards of practice demonstrated by research to impact children's growth and development. The accreditation process serves as a means for a program to assess quality and implement continual improvement. Accreditation criteria will need to be examined and updated by the accrediting body on a continual basis in response to current research and input from the Alberta child care community. As previously discussed, the accrediting body should seek input from various stakeholders—such as children, parents, and the community—in the further development of the accreditation system. However, it is up to the accrediting body/early childhood professionals to make the final value judgement as to what constitutes quality care.

### **4. The child's experience and the role of the accrediting body**

No matter how high the standards are set, what ultimately counts is the child's daily experience. Is the child care program enhancing the child's development, and is the program supporting the parents in their role? It would be impossible for the accrediting body to determine the individual daily experience of each child. However, an observational assessment of the program should give a picture of the typical experience of the child. The observational assessment should be carried out by persons trained in the use of the observational tool in order to get reliable results. Results should be shared with the program to provide them with a picture of the strengths and weaknesses observed.

The accrediting body must set up standards regarding who can be an observer, how to provide training for observers, when and how results are shared with the program, and the level of results required in the observational process as well as the other criteria required for accreditation. A decision-making panel must be established by the accrediting body. It is responsible for the final decision regarding whether or not a program will be accredited. If accreditation is not

granted, there should be an appeal process to allow programs the opportunity to be re-evaluated within a reasonable period of time. A complaint process should be available to the public to allow for reporting of noncompliance to accreditation standards, and a means of revoking accreditation should exist. The period of accreditation and conditions of evaluation between accreditation has to be established. The legal responsibilities of administering the accreditation process, and the risk of liability from parent lawsuits would have to be assumed by the accrediting body.

## **Proposed Process and Criteria**

Considering all the above factors, the CAFRA model of accreditation is being proposed as the basic model to form a system of accreditation for day cares and day homes in Alberta. It is a model that was developed by early childhood educators active in the field of child care. The Alberta Day Care Licensing Department has assisted CAFRA with training endeavors regarding the use of ECERS and ITERS as a project in the development of best practices. A model that is actively being used, recognized by a government department, and beginning to gain public attention would seem a good choice for a provincial model. It is a simple, inexpensive system. The onsite review of programming is carried out by peer reviewers using an internationally recognized measurement tool.

The model proposed is based on the CAFRA model, but it has been revised and expanded. Goals and rationale were clarified, and several quality criteria were added. The standards were expanded to include of family day homes.

**Chapter 2**  
**Accreditation System for**  
**Alberta Day Cares**  
**and Day Homes**

# Accreditation System for Alberta Day Cares and Day Homes

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## Process

### 1. Preparation Phase

- ❑ Programs wishing to become accredited must be licensed through Alberta Day Care Licensing or their designated authority. Compliance with Alberta Day Care Licensing regulations and policies is an initial condition of accreditation.
- ❑ Programs should obtain the Alberta accreditation process and criteria and evaluate their program internally prior to application. Parents, staff, and management should be aware of and involved in the process of becoming accredited.
- ❑ Programs will obtain an application for accreditation from the accrediting body. (The accrediting body may wish to request an application fee, in which case, fee payment becomes a part of the process.) Programs with several locations must apply separately for accreditation of each program site.
- ❑ The program submits an application and request for onsite observation. (The accrediting body must establish a fee for onsite observation in order to pay an honorarium to onsite reviewers. This fee would be submitted with the completed application.)

- The accrediting body establishes a date or dates for program observation and the program audit, and assigns onsite reviewers. The accrediting body gives the program notice of the names of assigned reviewers. If the program objects to the assigned reviewer(s), the accrediting body may reassign reviewers, but the final decision on assignment of reviewers will be the decision of the accrediting body.

## 2. Assessment Phase.

- The onsite observation is conducted, utilizing the *Early Childhood Environmental Rating Scale–Revised*, *Infant Toddler Environmental Rating Scale*, *School Age Care Environmental Rating Scale*, or *Family Day Care Rating Scale* depending on the age served and type of program. In programs with several classrooms onsite, the observation should be carried out in each classroom. The reviewers will return a written report regarding the observation within one week of the program visit. (This will give staff and program director immediate feedback for program improvement.)
- The program auditor will interview the program administrator and review written policies, procedures, and records, as well as assess by observation onsite. This information is recorded in the “Program Audit” to determine if the program is meeting specified criteria for accreditation.

## 3. Decision Phase

- The written observation component of the onsite observation and the Program Audit are submitted to the accrediting body’s review committee, which makes the accreditation decision. If accreditation is not granted, the program will receive a report recommending areas for improvement. If accreditation is granted, the program will receive an accreditation certificate, and the right to publicly acknowledge their accreditation status.

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## 4. Accreditation Phase

- The accreditation period is three years. An annual accreditation fee and report are required, prior to the anniversary of accreditation, to maintain accreditation status. Review of accredited status is automatically required if there are significant changes in management, ownership, or policy.

- ❑ Accreditation may be revoked if the accrediting body verifies that the program is not meeting accreditation criteria or does not pay annual dues. The accrediting body may request a review of records and an onsite observation of the program, if there are complaints that the accredited program is not meeting accreditation criteria. The standard Program Audit and onsite observation may be conducted, and the program will receive a written report either revoking accreditation or confirming that accreditation status remains valid, and a report on suggested areas of improvement.
- ❑ The final decision regarding granting of accreditation status rests with the accrediting body.

## **Selection and Training of Reviewers**

### **1. Onsite Review**

- ❑ Individuals willing to carry out onsite reviews must hold current, individual membership in the accrediting body.
- ❑ The accrediting body will provide training and/or review records of training of the individual to ensure that the individual is reliable in the use of one or more of the observation tools.
- ❑ The individual must verify to the accrediting/training body that their employer is willing to give them release time to attend training and/or conduct reviews.
- ❑ The accrediting body will appoint reviewers as needed.

### **2. The Program Audit**

- ❑ Program auditors must attend specific training on the audit criteria, to be provided through the accrediting body.
- ❑ Program auditors are selected and appointed by the accrediting body.

# The Quality Standards Assessment

Granting of accreditation recognizes that the program is not only meeting the basic health and safety needs of the child but is providing a quality program that:

- supports and enhances the child's development
- supports the family in its child-rearing role.

The following criteria must be demonstrated in a program to obtain and maintain accreditation.

## THE ONSITE REVIEW

### Program Criteria

**Goal**—The program provides a variety of activities that actively engage children in the learning process, providing a safe, developmentally appropriate learning environment where staff foster each child's physical, intellectual, creative, social, and emotional development.

**Rationale**—Children are active learners and each child is unique. Adults can effectively support children's learning and development through planned activities and regular routine and through reflective practice.

**Assessment**—Programs are assessed by use of *Early Childhood Environmental Rating Scale—Revised*, *Infant Toddler Rating Environmental Scale*, *School Age Care Environmental Rating Scale*, or the *Family Day Care Rating Scale*, depending on the age of children served and the type of program provided.

### Criteria—

- Programs will demonstrate that they use ECERS, ITERS, SACERS, and FDCRS on a regular basis to assess and monitor their programs. Other means of improving program practice are also encouraged.
- Accredited centres/day homes must score a minimum average of five on the seven-point rating scales for each category of assessment. In the case where the child care facility configuration impacts the score, the accrediting body has the

authority to exempt related categories if the program demonstrates that they are providing quality programming for children in all other areas. The program should prepare a written request for exemption for certain categories which it knows will be impacted by facility configuration.

## The Program Audit

### Staff Qualification and Training Criteria

**Goal**—“The program is staffed by adults who understand child and family development and who recognize and meet the learning needs of children and families.” (*NAEYC*, 1998, p. 35)

**Rationale**—“The quality of the staff is the most important determinant of the quality of an early childhood program. Research has found that teachers’ level of formal education and professional preparation in child development and/or early childhood education is related to positive outcomes for children such as increased social interaction with adults, development of prosocial behaviors, and improved language and cognitive development.” (*NAEYC*, 1998, p. 35)

**Assessment**—The accreditation application will require a list of staff and qualifications. The annual report will also require this list. During the program audit, the qualifications of staff onsite will be recorded, and the staff list submitted with application will be reviewed with the program director to record any changes.

**Criteria**—

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### DAY CARES

Accredited centres will maintain staffing standards to meet the following minimum criteria:

#### 1. Program Director

- Full Level 3 Alberta Day Care Qualification Certificate: no provincial exemptions will be recognized.
- Two-year diploma in Early Childhood Development from a recognized public college or university.

- Certificate in First Aid in Child-Care.
- Current Security Clearance Detail and clear Child Welfare Record Check.
- Two years of child-care or related experience.

## **2. Primary Staff**

- 50 per cent or more of the permanent primary staff will have a Diploma in Early Childhood Development from a recognized public college or university and a Level 3 Alberta Day Care Qualification Certificate. No provincial exemptions will be recognized.
- 25 per cent of primary staff will have successfully completed one full year of course work or a one-year Certificate in Early Childhood Development from a recognized public college or university, and a Level 2 Alberta Day Care Qualification Certificate, and be involved in ongoing professional development.
- All remaining primary staff will have a Level 1 Alberta Day Care Qualification Certificate and be enrolled in public college Early Childhood Development courses.
- All primary staff will hold certificates in First Aid in Child Care.
- All primary staff will provide clear Security Clearance Detail and clear Child Welfare Record Check annually.

## **3. Temporary, Relief/Casual Staff**

- Level 1 Alberta Day Care Qualification Certificate.
- Certificate in First Aid in Child Care.
- Annual clear Security Clearance Detail and clear Child Welfare Record Check.

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## **DAY HOMES**

Accredited day homes will maintain staffing standards to meet the following minimum criteria:

### **1. Agency Director**

- Post-secondary education which includes knowledge of child development plus adult learning. Example: B.ED, BA Family Studies, RN, BSW.

- ❑ Two years' experience in child care or related field.
- ❑ Annual clear Security Clearance Detail and clear Child Welfare Record Check.

## 2. Day Home Provider

- ❑ Completed training in the program *Step Ahead* (used in conjunction with the text *Family Day Care: A Caregiver's Guide*, Alberta edition) or equivalent training.
- ❑ Current certificate in First Aid in Child Care.
- ❑ Annual clear Security Clearance Detail and clear Child Welfare Record Check.
- ❑ Involvement in ongoing professional development.

## Child Guidance Criteria

**Goal**—The goal for guiding young children is to promote self-control, encourage independence, enhance self-esteem, and encourage care for others. Staff provide an environment in which children feel secure and confident, and experience success. Mistakes and conflicts are seen as learning opportunities. Children are accepted for who they are, and all differences are recognized and appreciated.

**Rationale**—Staff establish an emotional climate in which they can help a child feel safe, nurtured, and appreciated, setting the foundation of security and trust which supports the child's full development.

**Assessment**—During the program audit, the auditor will make some general observations and notes about child guidance practices. All adults, including staff, students, and volunteers should follow practices to support and nurture children. The program auditor will interview the Program Director and review written policies regarding child guidance to determine if the program policies support the criteria.

- ❑ Adults model appropriate language and behavior in their interactions.
- ❑ The adult shows affection to each child in some way.
- ❑ Adults provide safe, healthy, child-centered environments where:

- children have opportunities to make choices when and where appropriate
- adults use transitions and daily routines to support children's growth and development
- adults schedule long periods of child-selected play.
- ❑ Adults develop limits and expectations to keep children safe, help children develop responsibility, and protect program materials:
  - adults are flexible and adaptable within limits
  - adults respectfully explain the reasons for limits to children
  - adults focus on what children can do rather than what they cannot do.
- ❑ Adults set consequences for inappropriate behavior. Consequences are natural, reasonable, respectful, and related to behavior. Adults explain the consequences for inappropriate behavior in language the child understands.
- ❑ Adults encourage children to resolve conflicts with other children. Adults apply problem-solving approaches which encourage and support children in developing self-control, a sense of responsibility, and a recognition of others' needs.

Adults:

- use active listening to acknowledge children's feelings
- help children identify the problem, contribute ideas toward a mutually agreeable solution, and implement the solution.
- ❑ When there are situations of continued inappropriate behavior, staff meet with the child's family member. Staff suggest and access community resources for referral and consultation as appropriate and with parental permission.

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### **Family Support Criteria**

**Goal**—The goal is to develop partnerships with family members in the best interests of the child.

**Rationale**—Communication between the parents and the staff helps to increase the continuity and consistency for the child.

**Assessment**—The lead reviewer will interview the Program Director during the onsite visit and will review written policies to determine if the program demonstrates the criteria.

- ❑ One of the program’s goals is to work in partnership with families. All policies and procedures reflect supporting families.
- ❑ The program has and honors an open-door policy. Families are welcome at all times.
- ❑ Family members are greeted warmly at arrival and departure. All interactions demonstrate caring, respect, sensitivity, and nonjudgmental attitudes.
- ❑ Many opportunities each day enable parents to observe staff modeling appropriate adult-child interactions.
- ❑ The staff shares information about the child’s day with family members regularly. This is accomplished through face-to-face interactions, telephone conversations, notes, *etc.*
- ❑ The program provides information to families regarding parenting issues. This may be done through bulletin boards, one-to-one conversations, workshops, courses, resources, or a parent corner.
- ❑ The staff actively listens to family members and works cooperatively with them.
- ❑ The program refers family members to various community resources appropriate to the family’s expressed needs.
- ❑ The program provides opportunities for families and staff to interact socially, with activities such as potluck suppers, picnics, winter festivals, *etc.*
- ❑ The program provides opportunities for and encourages parents to support each other with activities such as parent support groups, networking time for parents, *etc.*
- ❑ Staff demonstrates to family members their genuine interest in the child. This is accomplished through sharing information in positive ways.
- ❑ Staff relates to family members as individuals — as people with separate identities from their children. They demonstrate this by calling family members by their name, asking them about their day, and commenting on their interests.

- ❑ A formal mechanism exists for family members to provide meaningful input to the centre's management and to be included in the accreditation process.

### **Administrative Criteria**

**Goal**—The goal is to ensure that written policies and procedures are in place and freely available to families and staff, and that the organizational climate is supportive to ongoing program improvement.

**Rationale**—Clear policies help guide program practice and facilitate evaluation, so that services to children can be improved continually.

**Assessment**—The day home agency director will be interviewed, in the case of day homes. The program director will be interviewed, in the case of day cares. The program auditor will review written policies and procedures to determine if the program meets criteria.

- ❑ Programs have written Personnel Policies that are reviewed regularly.
- ❑ Staff is evaluated annually and goals are set for continuing professional development.
- ❑ Program provides parent information handbooks to families when they enroll their children and when changes are made.
- ❑ Program displays all licences and permits, and most recent Licence Monitoring Report, and Public Health and Fire Inspection Reports. Previous reports are freely available to parents upon request.
- ❑ The program or agency director is able to discuss leadership initiatives, program innovations, staff support mechanisms, and/or any quality aspects of the program of which the accrediting body should be aware.

**Chapter 3**  
**Discussion of Further**  
**Steps to Development**  
**of System**

# Discussion of Further Steps to Development of System

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## The Pros and Cons of Accreditation in Child Care

An independent evaluation of the (Australian accreditation) System carried out by Coopers and Lybrand last year found that “overwhelmingly centres believed that they had improved the quality of care for children since participating in the Quality Improvement and Assurance System...”. This is what matters. This is what it is all about. (*Bryce in Smith and Taylor, eds., 1996*)

Improving the quality of child care is essential, because of the numbers of children in child care settings, the length of time they spend there, and the importance of the early childhood years in setting a foundation for learning and living. Accreditation is one strategy that addresses the issue of the quality of care provided, and it has the potential of providing parents and the community with some knowledge about the quality care standards. However, it cannot guarantee quality and it is not the only strategy to be considered in improving child care services.

Positive results of accreditation have been noted in research studies of both the QIAS in Australia and NAEYC system of accreditation in the United States. In both systems, the self-study process involved in seeking accreditation has stimulated improved program practice. Use of a formative evaluation tool has led staff to reflect upon and discuss program practice, establish common goals, and develop team ownership (*Sibley and Abbott-Shim in Bredekamp and Willer, eds, 1996, Bryce and Johnson, 1995*). It enhances professional development in the early childhood field by acting as a stimulus for people to seek formal training and by offering opportunities for professionals in the field to develop the skills necessary to act as evaluators (*Bredekamp and Glowacki, in Bredekamp and Willer, eds., 1996*). Accredited centres tend to offer better pay, and have better-trained staff and lower staff turnover. Significant differences in the organizational climate of an accredited program results in innovation, goal consensus, clarity, and opportunities for professional development for staff (*Bloom in Bredekamp and Willer, eds., 1996*). The QIAS self-study process resulted in increased parental input and knowledge (*Bryce and Johnson, 1995*). Accreditation has been linked to overall program quality, provision of developmentally appropriate program practice, and employment of more sensitive teaching staff (*Whitebrook in Bredekamp and Willer, eds., 1996*). Research substantiates the relationship between accreditation and positive outcomes for children (*Bredekamp and Glowacki in Bredekamp and Willer, eds., 1996*).

Research has also revealed a number of concerns about accreditation. Accreditation does not necessarily guarantee high quality, it is costly, and it could lead to an emphasis on marketability of the accredited status instead of improved services for children. There are issues around quality control in the NAEYC accreditation because of variations of decisions of validators and lack of uniform staff training standards and state licensing standards. One study found accredited programs in the United States scored as mediocre in quality on the ECERS and ITERS scales (*Helburn, ed., 1995*). The self-study and whole process of becoming accredited is very time-consuming for program directors and staff (*Bryce and Johnson, 1995, Talley, 1997; Zellman and Johansen in Bredekamp and Willer, eds., 1996*). There is a high rate of drop out from the NAEYC, with only 42 per cent of programs achieving accreditation within a two-year framework. Program improvements made as part of the accreditation process may not be sustained when highly skilled staff leave the program (*Whitebrook, Sakai and Howes, 1997*). Accreditation does not address two areas that have been linked to high quality: staff salaries and staff turnover. Another criticism of accreditation is the associated cost. A program

seeking accreditation assumes costs for the self-study materials and invests in new equipment and program improvements, administrative time/attention, staff training, and release time. For the accrediting body, costs include consultants' time/travel costs, training evaluators, paying the evaluator's honorarium, and producing marketing materials to inform parents and the public. Marketing leads to another area of concern regarding accreditation. Where accreditation is linked to market value, there is a potential risk for programs seeking the public status of accreditation without truly engaging in the improvement process. Parents choosing child care based on accredited status create liability issues for the accrediting body. Also, competing systems of accreditation can be confusing to parents (*Bredenkamp and Glowacki in Bredenkamp and Willer, eds, 1996*).

### **Is accreditation the right decision for child care services in Alberta?**

Accreditation of child care in Alberta can provide a positive strategy for improving service to children and families. Despite the issues associated with accreditation, accreditation is a direction those in the early childhood field in Alberta have identified as worth pursuing. The Alberta Alliance for Family and Children's Services is an association of various organizations representing early childhood affiliations in Alberta, including both commercial and nonprofit programs, family day home agencies, the Early Childhood Professional Association, and the Alberta Association for Young Children. The Alliance has identified accreditation as one of its primary goals. In Alberta, accreditation fits well with the government emphasis on outcome measures and its philosophy of making parents responsible for child care choice. "In a free market the only mechanism available for fostering the development of good quality is free choice, so a great deal of emphasis is put on parent choice." (*Smith, 1993*). Accreditation provides parent/consumers with a basis for comparison and choice. It sets quality standards and a means of measuring services to children, providing a mechanism through which funders can verify that money invested is being used to deliver quality care. For child care services it provides a means of reflecting on and improving program practice. "I believe that a pedagogy should be conscious, and that teachers should know what they are doing, why they are doing it and be able to reflect in a collaborative way with colleagues and parents about the success of their programs." (*Smith, 1995*). The system proposed would encourage professional practice not only within a centre, but also allow interested individuals to become trained to evaluate and review other programs. A

peer review system, as outlined, would have some costs, but not the type of cost associated with either the NAEYC or QIAS accreditation. If children benefit, even in a limited number of programs, accreditation is a goal worth pursuing. One could argue that programs seeking accredited status are already of high quality, but even if that is the case, it gives these programs a means of continual examination of program practice and reliable suggestions for improvement. Certification also offers a means of verifying the provision of high quality standards. As parents begin to seek accredited programs, other programs will have incentive to become accredited.

### **The path to child care accreditation in Alberta**

Research reading and discussions regarding development of accreditation systems, reveal that an accreditation system is usually two to three years in development. It begins with a release of a proposal, with request for feedback from the early childhood community, including individual day cares and day homes, agencies, organizations, academics, and individuals with an interest or involvement in the field. Feedback is used to revise the original proposal, which is then tested for feasibility and validity in a sample of early childhood programs. Revisions may again be required, and the system tested again. The accrediting body assumes responsibility for the development process and the ongoing responsibility of managing all aspects of the system, such as training evaluators, distributing self-study materials, and marketing. Once a baseline number of programs has achieved accredited status, the system can be marketed to parents and the public. This would give parents a much needed means of selecting a quality child care setting and incentive for unaccredited programs to achieve accredited status. Ultimately, this can lead to an improvement in the delivery of services for the children of Alberta.

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The road to accreditation of child care services in Alberta will not be an easy one. Resources in child care are stretched so thin that it is difficult for those interested in working together on this concept, or any issue of concern, to get time away from the programs in which they work. Day care programs have difficulty attracting and retaining trained staff. Day home agencies have trouble attracting new providers. Wages for staff are pathetic considering their level of responsibility, training, and years of experience. Very few programs offer staff benefits. Is it any wonder there is high turnover and difficulty retaining energetic, enthusiastic people in this field? The

difficulty of managing or working in the day-to-day operation of child care programs can overwhelm the desire to work toward the overall improvement of services for children and families. A provincial organization such as the Alliance has the added difficulty of the cost and time it takes to bring together representatives from throughout the province. Nevertheless, individuals in the field are committed to improvement, and with determination, these few can act in a leadership role to the field as a whole.

Ultimately, the issue of quality child care services should not rest on the shoulders of those in the early childhood field. The harmful effects of poor quality child care are far-reaching. Educational underachievement, increased crime, and social problems are the consequences to a society that is unwilling to recognize the importance of the early childhood years. Governments abdicate responsibility because the public allows them to do so. With new research on brain development, government and the public have begun to show more interest in children. Ideally, child care will come to be recognized and funded as education and gain the status, recognition, and training requirements attached to education services. Whitebrook, Sakai and Howes (1997) noted that high quality child care is predicted by a combination of factors. Their study found that centres that provided better staff wages and working conditions, that had more highly trained staff, that provided consistent caregivers for children, and that were accredited were providing high quality child care. If funding is to be considered, it should support this combination of factors to ensure high quality care can be achieved. There must be mechanisms in place to ensure that early childhood programs are providing high quality services but these require funding and support.

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The federal government has been promising child care funding for years on end. Will those promises ever be acted on? The Alberta government has cut child care operating allowances and is now putting the responsibility for funding on regional authorities. Is it possible that child care will ever achieve the funding and recognition that are so badly needed to ensure that children are ensured of a caring, educational setting while parents work or seek further schooling? With or without funding, the number of children placed in child care and the hours they spend in child care settings continues to increase. Early childhood educators have always realized the importance of the early childhood years and the need for improved services for children and families. Accreditation is one strategy that

Alberta child care providers have identified as a means of working toward provision of high quality services. Accreditation of Alberta child care services is recommended as a worthy strategy in the quest to provide children with their right to quality child care.

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## The Muttart Fellowships



### **Margaret Anne Golberg**

1997 Muttart Fellow

Margaret Anne Golberg has a passionate commitment to the care and education of young children. She holds a Bachelor of Education degree and Early Childhood Diploma from the University of Alberta. Her career has included being a child care

worker, kindergarten teacher, and an aide to children with disabilities. Her work in that area led to the Certificate of Merit awarded by the Gateway Association for Community Living. As the Executive Director of St. Albert Day Care Society since 1990, she has focussed on the provision of quality child care services and collaboration with other community agencies to enhance the lives of children.

Golberg has had various volunteer involvements with organizations supporting children's interests ranging from long-term service with Girl Guides of Canada to involvement with production of children's books by local authors. As an advocate for quality care for young children, she has been involved in various professional organizations. She is currently serving as the vice-chair of the Child and Family Resources Association (CAFRA) and the chair of the Alberta Alliance of Family and Children's Services.

An avid reader and life-long learner, Golberg is also very active with running, downhill skiing, Toastmasters and travel with her husband. She is very proud of her three children and three step-children who are all university students or graduates.