The concept of having national child care standards or benchmarks has a controversial and long history. For some, it is a major problem because we are the only major industrialized country that does not have national child care standards. For others, they don’t want to have the federal government be part of establishing national child care regulations for young children. The premise of this is that by default because of the tremendous advocacy work done by the National Association of Child Care Resource and Referral Agencies (NACCRRA) we have evolved to the point through a voluntary approach where we do have national child care benchmarks in place.

Introduction

The federal government started to support state agencies in helping them to improve their respective child care monitoring systems and a group of five states. Pennsylvania (as lead), California, West Virginia, Michigan, and New York received a grant to develop this system. The group of five states called themselves the Children’s Services Monitoring Transfer Consortium (CSMTC) and started to look at Pennsylvania’s CDPE system. The focus of the CSMTC was to take the CDPE system and make it a more generic system that could be used by all of states and in the remaining 45 states for monitoring their child care systems. The result was two systems called the Instrument Based Program Monitoring System (IPM) (Flene & Nixon, 1981) and the Indicator Checklist System (ICS) (Flene & Nixon, 1983). This IPM and ICS systems were pilot tested in five of the states and the results compared to see if there were similarities in the results obtained. There were similarities and a combined data base was begun of the five states and a Generic Child Care Indicators Checklist System was developed (Flene & Nixon, 1985). Based upon these findings and publications, other states began to use the IPM and ICS systems in their respective states and by 1989 approximately 30 states were using the methodology or tools or systems (GAO, 1989). What was appealing to states was the simple and straightforward approach of the IPM and ICS systems. Also, what was occurring were the identification of a small group of key licensing child care indicators that could be used by all states as they developed their respective child care regulatory systems.

In 1987, a study was conducted in Pennsylvania utilizing the CDPE (IPM) (Flene, 1994a) and ICS (Fiene, 1994b). ECERS – Early Childhood Environment Rating Scale (Harms & Clifford, 1980) and looked at child development outcomes in a small group of child care programs mainly in the Northeastern part of the state. Based upon this study, a clear relationship was developed between scores on the CDPE/ICS (Flene, 1984b) and how well children were doing in the respective programs (Kontos & Flene, 1987). This study showed that by utilizing it they may have huge dividends for states in how they monitored their child care delivery systems. There are other developments of efficient methodology that produced positive outcomes for children.

By the early 1990’s a federal grant obtained by Zero to Three and three states, Utah, Florida and Illinois were to take the IPM/ICS methodologies and to expand them into a comprehensive child care program quality model involving training, technical assistance, monitoring, program evaluation, resource and referral, and parent education (Griffin & Flene, 1995). This new comprehensive child care program quality model became the precursor to the development of the Quality Rating Systems that are very popular with states today. Two other developments during the 1990’s involved the use of the ICS methodology. The first involved the National Child Care Association, which began a new accreditation system based upon the ICS approach. This new system was studied extensively between 1991 till 1994 and the results of this study were published by NAECY in a monograph on child care accreditation (Flene, 1996).

The second involved the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA), when they jointly published a voluntary set of health and safety guidelines. Caring for Our Children (AAP/APHA, 1992). Because of their comprehensive nature and the great length of the standards, a shorter version utilizing the ICS methodology was proposed and created called Stepping Stones (AAP/APHA, 1995) to assist them as they revised their child care regulations.

In the late 1990’s and early 2000’s, the National Center for Health and Safety in Child Care (NHSCSC) and the Assistant Secretary’s Office for Planning and Evaluation (ASPE) were interested in monitoring child care indicators. Two researchers in Pennsylvania, Susan Aronson, a pediatrician with a strong interest in child care, and Richard Fiene, a child care policy analyst with a strong interest in child care public policy research had developed an innovative Child Care Program Evaluation (COPE) (Flene, 1985). A group of five states, Pennsylvania (as lead), California, West Virginia, Michigan, and New York received a grant to develop this system. The group of five states called themselves the Federal Interagency Day Care Requirements (FIDCR). The IPM and ICS systems were pilot tested in the five states and the results compared to see if there were similarities in the results obtained. There were similarities and a combined data base was begun of the five states and a Generic Child Care Indicators Checklist System was developed (Flene & Nixon, 1985). Based upon these findings and publications, other states began to use the IPM and ICS systems in their respective states and by 1989 approximately 30 states were using the methodology or tools or systems (GAO, 1989). What was appealing to states was the simple and straightforward approach of the IPM and ICS systems. Also, what was occurring were the identification of a small group of key licensing child care indicators that could be used by all states as they developed their respective child care regulatory systems.

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