

INSIDE THE CHILD CARE CENTER: HOW TO ENSURE QUALITY CHILD CARE PRACTICES

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Abstract

Ensuring staff display best practices when handling children at childcare center is a task that requires the management to instil knowledge of child development and develop the skills for maintaining childcare. This paper unfolds the initiative of a childcare manager who believes in the necessity of conducting research about staff skills and level of knowledge to ensure the quality of childcare service. Therefore, a case study was conducted to identify the key areas of a quality childcare centre: staff relationships with children and peers, partnerships with families, programming and evaluation, children's experiences and learning, protective care and safety, health, nutrition and well-being, and management to support quality. The questionnaire was adapted from the *Quality Improvement Accreditation System (QIAS)* model and administered to all staffs at the center. This research discovers three areas that each of them (1) reflect staff ability to implement new knowledge, (2) need further training and guidance; and (3) need urgent consistent training and monitoring. Furthermore, this study also presents discussion between the researcher and the manager to enhance staff development.

Keywords: Quality Improvement Accreditation System (QIAS), childcare center management, quality childcare.

Introduction

Research into the quality of childcare center is seen as a requisite demand to ensure that the children are provided with a healthy environment in order to develop their potentials, well-being, and learning. Research about quality of childcare center is also accepted as a method to improve early childhood provision for the future (Sylva, Siraj-Blatchford, Taggart, Sammons, Melhuish, Elliot & Totsika, 2006). When childcare providers implement quality practices, there are plenty of benefits that can be gained, as follows: (a) to enhance children's cognitive, social (Burchinal & Cryer, 2003) and academic development (Ishimine, Wilson & Evans, 2010); (b) to increase their emotional and social skills (Landry et al., 2013); (c) to help children to be more social and positively engaged with their peers (Vandell, 2004); (d) to provide a foundation for their school

success (Shonkoff & Phillips, 2000); (e) to establish a basis for skill acquisition later in their life (Heckman, 2006); and (f) to decrease children's anxiety, and lessen the possibility to place them in special education classes (Committee for Economic Development, 2006).

Generally, those aforementioned positive outcomes are linked to several aspects, namely: better quality programs (Love et al, 2003; Peisner-Feinberg et al, 2001; Sims, Guilfoyle, & Parry, 2005), quality teacher-child interactions (Kontos & Wilcox-Herzog, 2001), qualified early childhood teachers (Victorian Children's Services Regulations, DEECD, 2009) and teacher leadership (Sammors et al., 2002; Sylva et al., 2003). Thus, when childcare centers provide quality services to the children, it will lead to less negative behaviour and even eliminate social incompetency (Howes, Phillipis, & Whitebook, 1992).

Objective

The objective of this study was to identify the level of quality childcare practices in the childcare centre under investigation. Thus, this study focused on areas that provided high, average or low quality practices.

Significants of The Study

The findings of this study will be used: (a) as a guideline to define and measure the quality of childcare practices provided by childcare providers in the center; (b) as an indicator of prevalent strength and weakness in the childcare program that is currently being used; and (c) as a source of reference to create in-house training and professional development.

Quality Childcare Center

The quality of childcare is generally accepted as having two dimensions—structural quality (e.g. childcare provider's level of education, experience and specialised training/qualifications, number of children in the group, number of childcare providers in the group) and process quality (e.g. staff-child interaction, language stimulation and the extent to which relationships between adults and children are warm and supportive) (NICHD ECCRN, 2000). These dimensions were found to be significant aspects in childcare quality that foster children's overall development. However, for the purpose of this study, the process of quality practices will be the area of concern as the process will answer the objective of this study.

Furthermore, effective management is needed in every childcare center, whether the business is run by an agency, school, business, or family, and whether it is operated for profit or non-profit basis. The goal is to attain the desired objectives with the least expenditure of time, energy and money. One approach to assess quality management of early childcare centre, which has gained increasing popularity in Australia is *The Quality Improvement and Accreditation System* (QIAS). This

accreditation system is used to assess the quality process of children's experiences during their stay at the centre. This system covers the following items of quality areas:

1. staff relationships with children and peers;
2. partnerships with families;
3. programming and evaluation;
4. children's experiences and learning;
5. protective care and safety;
6. health;
7. nutrition and well-being; and
8. management to support quality.

Method

This is a case study conducted in a childcare center. It combines both quantitative and qualitative methods. The analysis of quantitative data used Statistical Package for the Social Science (SPSS) version 16, in order to obtain the mean descriptive for the level of quality management practices in the childcare center under study. Interviews were done to support findings of quantitative data. The use of mixed methods approach provides a clearer picture of what has been implemented by the management and how much has been internalised and practiced by the childcare providers. Thus, the findings from both methods offered a stronger platform to inform the management on the strengths and weaknesses of the current practices at the center. Lastly, questionnaire was administered to the childcare providers while interview was done to the manager.

Quality Improvement and Accreditation System (QIAS) is used to gauge childcare centres in Australia and has been reported to have higher standard of quality in formal childcare services than those reported for US and UK (Harrison, 2008).

QIAS was used as an instrument to assess the quality process of the children's experiences during their stay at the centre. The QIAS items were adapted to fit into the Malaysian context. The items covered the following quality areas:

Table 1.
Ranking of Quality Areas

Quality Area	No. of Item	Mean Value
Quality Area 6 Health, Nutrition and Wellbeing	8	3.79
Quality Area 5 Protective Care and Safety	6	3.76
Quality Area 7 Managing to Support Quality	5	3.74
Quality Area 4 Children's Experiences and Learning	10	3.71
Quality Area 2 Partnerships with Families	4	3.68
Quality Area 1 Staff Relationships with Children	7	3.67
Staff Relationships with Peers	3	3.43
Quality Area 3 Programming and Evaluation	4	3.46
Level of quality practices		3.68

Ranking scale: 1.00-2.50 = low, 2.51-3.50 = average, 3.51-4.00 = high

1. Quality Area #1 staff relationships with children and peers (10 items);
2. Quality Area #2 partnerships with families (4 items);
3. Quality Area #3 programming and evaluation (4 items);
4. Quality Area #4 children's experiences and learning (10 items);
5. Quality Area #5 protective care and safety (6 items);
6. Quality Area #6 health, nutrition and well-being (8 items) and
7. Quality Area #7 managing to support quality (5 items).

QIAS ratings for each quality area ranged from score of 1 = unsatisfactory, 2 = satisfactory, 3 = good quality, and 4 = high quality. However, for this study the scale was adjusted to: 1 = unsatisfactory, 2 = least satisfactory, 3 = satisfactory, and 4 = highly satisfactory. This adjusted scale was used to enable the childcare providers to understand the scale better. The quality area scores were combined to form an average QIAS score for each quality area. The overall quality area ranged from average to high: 1.00 - 2.50 = low, 2.51 - 3.50 = average and 3.51 - 4.00 = high. The instrument reliability was high, ranging from 0.84 – 0.94.

The childcare center is situated in an urban area, run by a manager, seven childcare providers and a cook. The minimum qualification of the childcare providers is high school certificate. Their qualification varies

from high school to college degree. The center provides childcare services to 41 children, aged 2 months to 4.5 years old.

Result and Discussion

Table 1 presents ranking of the quality areas according to the mean for each quality area. Based on the analysis, the overall level of quality practices for the center was high (mean = 3.68). Quality Area 6, 5, 7, 4, 2 and 1 were rated high except for Quality Area 3 which was rated average (mean = 3.46).

Result and Discussion

Quality Area 1 Staff Relationships with Children and Peers

The staff relationships with children and peers were combined but for this study we decided to separate these aspects into two sub-areas: *Staff relationships with children* and *Staff relationships with peers*, in order to gauge the level of specific relationships (Table 1).

The overall mean for Quality Area #1 of staff relationships with children and peers was high (Table 1). However, when the relationship was split between children and peers, the ratings were different. Staff Relationships with Children was high (mean = 3.67) while Staff Relationships with Peers was high average (mean = 3.43). The high rating for staff relationships with children reflected that the childcare providers believed that they have close relationship with the children at the center.

The following excerpt was the manager's response about staff relationships with children:

...in order for children to learn, they need to be able to have really good ... they need to build that bond...that positive attachment with their careers...because if they don't then they don't feel safe, they don't have that good relationship... they won't be able to explore further...there won't be bonding... Bowlby's theory of attachment... (Manager)

How do you build your staff relationship with children? (Researcher)

... we encourage bonding between carers and children ... not just through the activities ...it is actually operational... you need to have that special time with the children... For example, when children first start... there's the settling period... one practitioner will be assigned to the child... with the parents around, slowly they get to know each other; use to each other and so on... (Manager)

Relationships will only be built when interactions between childcare providers and the children are created. This interaction may take a form of consistent inter-personal communication between the childcare providers and the children in the center, and this interaction will develop mutual understanding between them (Liu-Yan, 2008). During this interaction, childcare providers may offer emotional support, reciprocal communication, and cognitive stimulation which may act as scaffolding to enhance the child's learning (Ainsworth et al., 1978; Olson, Bates & Bayles, 1984).

The mean for the relationship between staff and peers was 3.43 (Table 1), reflecting that the childcare providers believed that their relationship with their peers was just average. The reasons could be that the childcare providers did not communicate effectively among themselves to promote respect and they

did not create a healthy working environment to promote understanding among themselves. However, the following excerpt is the Manager's response to address this issue:

*... I encouraged them to be open... I become their psychologist ...
...we always have briefing...I want the staff to know what's happening ... parents saying this...asking their opinion, how can we make it happen...yes... it's important they have close relationships with each other... so they can work together; help each other... (Manager)*

The manager believed that relationship between staff and peers was important. Therefore, she has initiated several ways to ensure good relationship between the childcare providers. However, that was not what the childcare providers perceived. They felt their relationship was just average. Therefore, this is the aspect that the manager needs to deal with.

Quality Area 2 Partnerships with Families

Based on the findings, the overall mean for Quality Area #2 was high (Table 1), reflecting that the childcare providers created a very good partnership with families. This strong partnership with families could have been achieved through efforts made by the manager, as revealed in the following excerpt:

That relationship is important especially when they're settling in... children are actually observing how we are interacting with their parents and if they see parents are trusting us they will have that trust in us too... that is why that is a sensitive period during the settling in...if this does not happen then the children will take a longer time to settle in...

And also information from the parents is important so that we can give the right care for their children and also if there are little issues at all...it is so important to handle it right...

Having the relationship is where I can call them and talk heart to heart on what I'm doing and from there I'll find out whether they're happy and so on... and also supporting the parents for example in terms of information... support or anything that we can do (Manager)

The findings revealed that both manager and childcare providers had done well in ensuring that strong partnership between them and the parents.

Generally, staff and parents have similar goals and outcomes for the children. Thus, creating a strong partnership will benefit both parties. This partnership was developed through active communication and consultation between childcare providers and parents. Studies have reported that when mothers and childcare provider consistently communicate the child's development, the interactions between childcare provider and the child and between mother and child will be increasing (Owen, Ware, & Barfoot, 2000). Others have emphasized that such partnerships are vital to the child's well-being, development and progress (QIAS Quality Practices Guide, 2005). This partnership is also linked to the development of child's positive socialization skills (Rentzou, 2011) and it can be the single factor that increases parent and community involvement in children's education (Magelky, 1990).

Quality Area 3 Programming and Evaluation

Based on the findings, the overall mean for Quality Area #3 was average (Table 1). This could be due to the childcare providers' belief that the program did not reflect much of the center's vision and mission and did not really nurture each child into a successful learner. In addition, there was not much emphasis on documenting the child's learning. However, the Manager stated the following response to address program and evaluation issues:

Yes. We do. Basically, our program is learning through play. However, the day to day we teach will basically be set... activities will be based on six area of learning...the personal social emotional, the cognitive, knowledgeable understanding development and so on.

...we have planning meeting so the teachers will give their opinion in terms of what activities that we think is suitable. Once the topic is finished, we will have another meeting and... will... to evaluate how well it went. But our evaluation I think is quite weak...

...so we evaluate how well it went, what can be improved and so on and is all written there by the practitioner and then after that is when we sit down and actually discuss about it together.

The findings revealed that the childcare providers did not do the tasks as expected by the manager. Therefore, she needed to focus on ensuring whether the expected program and evaluation are being well-comprehended or not.

The childcare curriculum plays an important role in children's development. High-quality programs create positive effects on children's brain development, especially in language skills and also provide the basis for future school success (Shonkoff & Phillips, 2000). Moreover, this instills in the children sense of perseverance and motivation in their lives (Heckman, 2006). Similarly, assessment is a necessary tool to gauge the progress of the child. Through assessment, the childcare providers and parents will be informed of the child's progress at the center (Korjenevitch & Dunifon, 2010) and this is where improvements can be made.

Quality Area 4 Children's Experiences and Learning

Based on the findings, the overall mean for Quality Area #4 was high (Table 1). Both the childcare providers and the manager agreed

that children needed a lot of experiences in order to learn, as reflected in the following interview excerpt:

Good practice is about allowing the children to choose activities and encourage them to join the activities. If they cannot or don't want to join the activities, it's ok they can choose another one, right. Because it's basically maybe that activity is very boring for them...

....For them to understand the concept of sharing... effect on their relationship whether they can play together or not. We have lots of ready steady go games, turn takings and things like that...Sometimes we talk about who is your best friend, why do you like to be your friend...

...we'll be having like the jungle walk and hide-and-seek. It's actually quite physically active but I don't think it's enough...

The childcare center should be filled with rich resources such as educational materials and equipments to give children opportunity to explore and discover what are around. In addition, they should be allowed to play, interact with peers as well as adults in the center to enable them to learn social skills, increase their language proficiency, and share ideas and relationships (QIAS Report, 2008, p. 37). Therefore, childcare centers should create programs that will enrich children's experiences and learning.

Liu-Yan and Pan (2008) also emphasized the role of 'physical environment' in the childcare center. Thus, it is a necessity to create learning corners and play materials to get children involved in active play and learning. Such an environment will support the development of children's cognitive competency (Vandell, 2004), create positive engagement with peers and less likely to have negative peer interactions (Holloway & Reichart-Erickson, 1989; Wishard, Shivers, Howes, & Ritchie, 2003).

Quality Area 5 Protective Care and Safety

The overall mean for Quality Area #5 was high (Table 1), reflecting that the level of perception of the childcare providers towards protective care and safety at the center was high. This area was rated as the second highest among the seven quality areas. During the interview, the manager stated that:

...or they're climbing stairs... making sure that there... need to be somebody there. Not to actually like helping them because they need to have that independence, they need to be able to do it themselves, but making sure that they are safe and if there is anything that they need to that they can act quickly...

...and also that when anybody is coming to pick up the children and so on...if it's a stranger they don't allow that and they normally would call the parents because we have a set procedure for that...

...we had activities where we allow the children to cut vegetables... but we are there holding their hands and so on... I know there are lots of people that will not agree with that... but this is the real world and they need that opportunity... Basically every morning they will do the floor checks... the toilets checks and things like that we do that regularly, as a matter of fact we do have that toilet check timetable...

Protective care and safety of the children should always be the main consideration of the manager, childcare providers and families (QIAS, 2008). Therefore, the childcare providers should believe that it is their responsibility to ensure that children are protected against injuries and accidents (Lewis, DiLilloanswer & Peterson, 2004; Morrongiello, Corbett, & Bellissimo, 2008). However, most childcare centers tend to overlook the occupational health and safety issues of their childcare providers. Even though

there are few studies about investigating health and safety of childcare providers, but it does not mean that it is less important than the health and safety of children. If childcare providers experience health and safety hazards in the childcare center, this will have serious health effects on the children under their care.

Quality Area 6 Health, Nutrition and Well-being

Based on the findings, the overall mean for Quality Area #6 was high (Table 1). In fact, this area was rated the highest among the 7 quality areas. During the interview, the manager stressed:

...well, we actually have a very good food menu here. And you know, at one point, I even serve yoghurt to the children. We don't even serve the children fish cake, fish balls or whatever. If we want to make fish cakes, we make the fish cakes using real fish and fish balls and things like that...

...so when the children arrive in the morning, first we check their body temperature, we do the body check and let's say their temperature is high, they are not allowed to be in the centre...

Well... through our activities... through the practitioners, good practitioners will make the children happy...

I'm actually looking at our first aid training as well at the moment, and although food preparation as well so that they are aware about hygiene and transmitted diseases and things like that...

Managers as well as childcare providers' knowledge and beliefs on health, nutrition and well-being play a vital role in ensuring children to be healthy and happy at the center. The providers who believed that inculcating healthy eating habits and instilling positive and healthy behavior at mealtimes are among their responsibilities (Moore et al., 2005;

Pagnini, Wilkenfeld, Ling, Booth, & Booth, 2007). Such beliefs will have positive impact on children's well-being.

Children will spend hours at the center, from the time the parents drop them on the way to work and fetch them on the way home from work. Lack of knowledge on the effects of overeating and consuming unhealthy food may have negative impact on childhood dietary habits (Mikkelsen & Chehimi, 2007).

Quality Area 7 Managing To Support Quality

Based on the findings, the overall mean for Quality Area #7 was rated high (Table 1). The manager pointed out:

...yes, we have our policies, on even managing children's behavior we have that. Policies on admission, policies on sickness, polices on administration of medication, polices on our curriculum, yes we do have that...

When asked on whether she provided the staff with written management procedures of this task [childcare center] (Researcher), the manager responded:

...Yes we do. It's actually written in their contract as well. It's attached in their contract. But I'm actually reviewing it at the moment because there're a few things that needs to be taken out and put in.

When asked whether parents were informed of how the task [childcare center] is managed (Researcher), the manager responded:

...yes, they are actually made aware of our policies when they are given handbook when they actually register. Not just that, on the first day of their settling in normally I will spend time with them, talking to them to make them understand about our policies and so on. As a matter of fact, our admission form even it says that here

are our policies, and parents has to sign saying that they acknowledge that but it's probably something that needs to be reminded to them from now and then.

Thus, those findings showed that efforts were made by the manager to ensure that childcare providers and parents understand the policies and regulations set by the center. This is to ensure all stakeholders play their roles properly in order to support quality practices at the center.

Conclusion

The study was done to gauge the levels of 7 quality areas that were proposed by QIAS as the indicators of a quality childcare center. The QIAS was used as the tool to conduct the study by the Australian National Childcare Accreditation Council Inc. (2005) to accredit childcare centers in Australia.

The findings reported that the center has high quality overall practices (mean = 3.68). It was found that 6 quality areas were rated high and 1 area, Quality Area #3 Programming and Evaluation was rated average (mean = 3.46) by the childcare providers. Even though 6 areas were rated high, but that did not mean that this center was above average in terms of quality. For a center to be accredited as "quality", it should have high quality practices in all the identified quality areas. Therefore, the management should examine carefully each quality area by referring to the mean of each item in each quality area. This would clearly reflect the specific practice of the childcare providers that needed attention so that planning can be done to ensure the center can sustain or seek to achieve higher ratings so as to hit the 4.00 mean mark. The following are the areas that were ranked average and the manager and the researcher discussed ways to improve these areas. Below are the summary of the suggestions made.

Following are some specific areas that need to be improved in Quality Area #1 Staff Relationships with Children and Peers:

Quality Area 1 comprised into 7 items for Staff Relationships with Children. Six of the items were rated high except for item number 7, which was rated average. The "Staff treat all children equally" relationship item was perceived by the childcare providers as being average. Thus, the manager realized that there is a need to instill awareness to the staff, in order to build positive effects in ensuring that the staffs should treat all children equally and irrespective of their parents' socio-economic status, the child's physic, and development. Some of the suggested positive outcomes are: (a) providing immediate responses to a child's need in order to build trusts and promote cooperation between the child and the care provider (Ainsworth et al., 1978); and (b) creating responsive care providers to help children foster closer relationship with their care giver and this in turn may reduce behavioral and emotional problems (Landry, 2013).

Quality Area 1 on Staff Relationships with Peers was rated average. There were 3 items with one item being rated high and the other two was rated average. The two items were: "Staffs communicate effectively among themselves to promote respect" and "Staffs create a healthy working environment to promote understanding among themselves". Therefore, the manager decided to increase activities in the center that required teamwork and joint decision making. In addition, there should be a more open and transparent discussion on particular classroom challenges, as this may promote collaborative behavior among the childcare providers and improve the quality of their practices.

The next area that was rated average was Quality Area 3 Programming and Evaluation. There were four items but only one was rated high and the other three were average, namely: "The early childcare program reflects a clear statement of the centre's vision and mission," "Each child's learning is documented" and "The program nurtures each child to be a successful learner." During the discussion,

the manager explained that the center has its own vision and mission. However, it was not displayed nor disseminated to the staff. As such, the manager will give every staff and parents a copy of the center's vision and mission. In addition, a copy will be framed on the wall in the childcare center that will be easily viewed. As for documenting each child's learning, this exercise needs to be fully implemented at the center. Currently the center does have templates on documenting each child's progress but it is not done on a regular basis. Therefore, there is a need to conduct in-house training on the process of documenting children's learning. There is also a need to re-examine the program and ensure the center's mission and vision should be clearly stated in the program. Finally, the program must have elements to nurture each child to be a successful learner.

The study managed to identify the level of the seven quality areas in the center. In addition, it also highlighted the exact area that needs further improvement so as to be rated high. The discussion with the manager has revealed the ways to enhance the childcare providers' quality practices.

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