

Kim, Inkyung

Research Report

Strengthening the Quality of Care Centers for Young Children

KDI Focus, No. 95

Provided in Cooperation with:

Korea Development Institute (KDI), Sejong

Suggested Citation: Kim, Inkyung (2019) : Strengthening the Quality of Care Centers for Young Children, KDI Focus, No. 95, Korea Development Institute (KDI), Sejong, <https://doi.org/10.22740/kdi.focus.e.2019.95>

This Version is available at:

<https://hdl.handle.net/10419/213868>

Standard-Nutzungsbedingungen:

Die Dokumente auf EconStor dürfen zu eigenen wissenschaftlichen Zwecken und zum Privatgebrauch gespeichert und kopiert werden.

Sie dürfen die Dokumente nicht für öffentliche oder kommerzielle Zwecke vervielfältigen, öffentlich ausstellen, öffentlich zugänglich machen, vertreiben oder anderweitig nutzen.

Sofern die Verfasser die Dokumente unter Open-Content-Lizenzen (insbesondere CC-Lizenzen) zur Verfügung gestellt haben sollten, gelten abweichend von diesen Nutzungsbedingungen die in der dort genannten Lizenz gewährten Nutzungsrechte.

Terms of use:

Documents in EconStor may be saved and copied for your personal and scholarly purposes.

You are not to copy documents for public or commercial purposes, to exhibit the documents publicly, to make them publicly available on the internet, or to distribute or otherwise use the documents in public.

If the documents have been made available under an Open Content Licence (especially Creative Commons Licences), you may exercise further usage rights as specified in the indicated licence.



KDI FOCUS

August 21, 2019 (No. 95, eng.)

For Inquiry: KDI Communications Unit

Address: 263, Namsejong-ro, Sejong-si 30149, Korea

Tel: 82-44-550-4030 **Fax:** 82-44-550-0652

Authors | Inkyung Kim, Fellow at KDI (82-44-550-4173)

KDI FOCUS | Analysis on critical pending issues of the Korean economy to enhance public understanding of the economy and provide useful policy alternatives.

The views and opinions expressed by contributors are their own and do not necessarily represent or reflect the views and opinions of KDI.

Korea's Leading Think Tank

www.kdi.re.kr

Strengthening the Quality of Care Centers for Young Children

Inkyung Kim, Fellow at KDI

“Public concern over the quality of child care has risen in recent years, deepening the distrust of child care centers. To assure parents of their children’s safety and well-being at care facilities, consistent and full access to the operations of centers must be guaranteed. Based on this openness, parental participation should be encouraged in regards to the decision-making process on care quality as well as active parent-teacher interaction to devise programs that could help children develop essential future skills. It is also important that the detailed results of center evaluations are placed in the public domain to enable the evaluation and accreditation system to contribute to enhancing the quality of child care. Furthermore, teachers should be provided with training programs.”

I . Issues

The quality of child care in Korea is being increasingly called into question. In January 2015, a child abuse case at a care facility in Incheon sent shock waves throughout the nation, prompting the mandatory installation of CCTV cameras at all child care centers. Despite such efforts, however, reports of abuse and poorly-run meal programs, among others, continue to flood the news. In response, the government recently took action to increase the number of public child care centers to facilitate 40% of the total number of children needing child care, and to make evaluations and accreditation compulsory from June 2019.

In response to the growing concerns over the quality of child care, the government has consistently increased the number of public centers and mandated evaluations and accreditation.

* Based on Kim, Inkyung, *Maternal Employment and Child Care: Korea's Experience*, Policy Study 2018-13, Korea Development Institute, 2018 (in Korean); 'Quality Improvements in Child Care and Education: What and How,' Session 4. Child Care and Education, Policy Conference on Development Direction to Advance the Service Industry: Upgrade for Better Quality of Life and More Job Creation, Korea Development Institute Policy Forum, Korea Chamber of Commerce and Industry, Seoul, April 3, 2019 (in Korean).

Nevertheless, there are no guarantees that these measure will alleviate the already deep-rooted distrust in child care centers. Reports of abuse at highly accredited centers can be often found, and incidence rates show that there are more occurrences of abuse at public centers—favored by parents—than at private facilities (Kim Myung-yeon, Assemblyman’s Office, September 26, 2018).

To supplement this government-led action, and to effectively dissipate the growing concern, additional measures are needed to enhance the quality of not only public and accredited centers but all types of care facilities—while 40% are able to receive child care at public centers, the remaining 60% will have to attend other facilities. Also, infants who are unable to travel long distances must be assured quality child care near their homes.

Thus, this study analyses the effects of the supply of public and accredited centers and recommends policy measures to upgrade the overall quality of child care centers, referencing case studies from Norway and the Netherlands.

II. Effects of the Supply of Public and Accredited Centers

According to the 2018 National Child Care Actual Conditions Survey, about one in three mothers who experienced career breaks pointed to the unavailability of trustworthy child care centers as the reason. Indeed, if there were local public and accredited centers that could provide satisfactory care for their children, the probability of mothers having to leave their jobs would decline.

Combining the panel data from the 2010-2017 Korean Longitudinal Survey of Women and Families, this study analyzed how the capacity (by child’s age) of child care centers (by facility type) to the total child resident population (by subregion i.e. ‘*si*,’ ‘*gun*’ and ‘*gu*,’ and by child’s age) ratio—hereinafter capacity ratio—affects maternal employment and the use of child care services. Take one respondent of the 2017 survey, a mother of a two-year old living in Jongro-gu, as an example. The capacity ratio of public child care centers in the district was obtained by dividing the number of two-year olds in public child care in Jongro-gu by the total population of two-year-old residents in the area. The same equation was used for the capacity ratio of accredited centers. This method of data integration considers the fact that ‘proximity’ plays an important role in the selection of child care facilities, and is based on the assumption that parents will register their children at a care center that is in their area.¹⁾

The results reveal that the capacity ratios of public and accredited child care centers do not effect maternal employment and use of care facilities. In other words, even when the capacity ratio increased and more opportunities to enroll were available, mothers did not show a stronger inclination to seek employment or to use child care. Similar observations were confirmed through an analysis on the capacity ratios of other facility types including private, home, incorporated, corporation and cooperative child care centers. These findings suggest that the overall quality of child care had not been high enough to ease parents’ concerns while they are at work.

1) Samples were limited to mothers with at least one child aged 0-2 years who can attend child care centers at the time of the survey. Children aged 3-5 years can not only attend child care centers but also kindergarten. And as the evaluation and accreditation policy was applied only to child care centers during the survey period, women with children in this age group or older were excluded from the analysis sample.

If local public and accredited centers had sufficient placements and parents were satisfied with the quality of care, mothers would more likely use child care and continue their careers.

According to an analysis of the Korean Longitudinal Survey of Women and Families, an increase in the capacity ratio of local public and accredited child care centers has no impact on maternal employment and use of child care facilities.

<Table 1> Correlation between Maternal Employment, Use of Child Care Centers and Centers' Capacity Ratios

Category	Probability of maternal employment	Probability of use of child care centers
Capacity ratio of public child care centers	n.s.	n.s.
Capacity ratio of private and home child care centers	n.s.	n.s.
Capacity ratio of incorporated child care centers	n.s.	n.s.
Capacity ratio of corporate and cooperative child care centers	n.s.	n.s.
Capacity ratio of accredited child care centers	n.s.	n.s.
No. of preschool children	n.s.	n.s.
No. of school-age children	(-)	(+)
Have children below 1 yr	n.s.	(-)
Have 1 yr-old children	n.s.	(-)

Note: 1) (-) and (+) denote positive and negative figures and are statistically significant while 'n.s.' denotes no statistical significance.

2) The empirical analysis first estimated women's labor income using Heckman's sample selection bias model and then used the bivariate probit model which controls women's earned income estimate. Other control variables controlled but not shown in the above table are women's earned income estimate, age and age square, education level, whether the women's mothers or mothers-in-law are alive, husbands' income, other household income, limit for necessary expenditures, location of residence at the subregion level, and survey year.

III. Policy Suggestion

The aforementioned results imply that improvements are needed in Korea's child care policy to enable mothers to work and use child care facilities without having to worry about their children's growth and development. Also, children in non-public facilities (due to a lack of placements at public centers near their homes) should be afforded the same quality of care as those in public facilities. Policies must aim to universally guarantee children with access to acceptable quality child care. In the meantime, the evaluation and accreditation system should be effectively managed to ensure the quality.

From this perspective, cases from Norway and the Netherlands offer significant implications. As is well known, a large proportion of early childhood education and care (ECEC) services in both countries is managed by the private sector, and regardless of type, these facilities provide excellent care. In Norway, as of 2017, 49.6% of all kindergarten-age children (aged 1-5 yrs) attend private care centers and in the Netherlands, all child care facilities (targeting children aged 3 mths-4 yrs) are run privately. And although it is common for the cognitive skills of children in child care to improve while their social and emotional skills deteriorate, no cases of the latter have been reported in either country, according to numerous literature.

When selecting ECEC services, Norwegian and Dutch parents place more value on proximity and satisfaction level than on type. They are guaranteed a voice in terms of center operations, which elevates qualitative transparency, and facility evaluations are not only used as a diagnostic tool for the quality of care, but they are a capacity-building opportunity for both parents and teachers. At the same time, ECEC programs pursue development and happiness over everything else, and are designed to flexibly provide—in consultation with teachers and

Every child deserves good quality care at any type of facility.

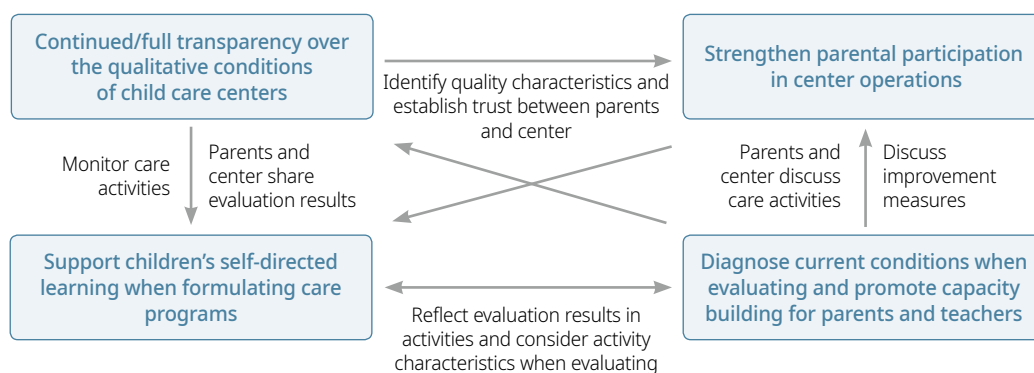
In Norway and the Netherlands, parents are guaranteed involvement in center operations to improve qualitative transparency, and evaluations are not only diagnostic tools but opportunities to enhance the capabilities of both teachers and parents.

At the same time, ECEC programs prioritize the children's development and happiness and are designed to flexibly provide various programs that meet educational needs in consultation with teachers and parents.

parents—diverse activities that meet the educational needs of the children.

[Figure 1] presents recommendations on improving the quality of child care centers in Korea with reference to the cases from Norway and the Netherlands. The following sections present detailed discussions on the measures shown in the figure.

[Figure 1] Improving the Quality of Child Care Centers



1. Strengthening Parental Participation in the Operation of Child Care Centers

Evaluations on care quality require a deep understanding of facility operations and close observation in the field. While outsiders intermittently monitor the quality of care for a scheduled period of time, parents using care centers are able to observe first-hand the physical environment (nutrition, safety, hygiene) surrounding their children and the interaction between teacher and child. They also communicate with the teaching staff on a daily basis. As such, parents have a tighter grasp on the inner workings of their respective centers, qualifying them to present effective measures to enhance the quality of care.

Centers have, of course, operations committees that serve as a channel for parents to engage in efforts to improve quality, but their roles are limited. The committees are formed of the center head, teachers, parents and figures from the local community, and have the authority to hold deliberations on issues pertaining to the children's health, nutrition, safety, care hours, curriculum, management procedures and environment. However, for parents to actually engage in discussions regarding teacher placement, meal balance, and program contents, they require prior understanding and knowledge of how the center's budget is executed and how care is provided as a result. This method will enable parents to assess whether the spending is justified by the level of care and to also present detailed suggestions about quality.

To maintain a high level of care, information on the children's time at the center and the center's financial status must be made transparent to parents. And based on this information, parent committee members should be allowed to offer their opinions on the quality of care, the curriculum and on the propriety of their share of the costs. Parents can be informed of these rights when they register their children at a center or when they apply for government child care vouchers.

In Norway and the Netherlands, parents can accompany their children into the classroom and share their ideas on conditions or meals, etc. with the teachers. They are also free to talk to

Only when parents have access to budgetary details and consistently observe the quality of care can they substantially participate in the decisions over quality.

the faculty about the physical and mental state of their children, forming a trusting relationship between them. In Norway, kindergartens must first gain consent from the parent committee before imposing education fees that exceed the ceiling of government subsidies. Moreover, parents and center employees plan the annual educational programs together.

Care facilities in the Netherlands are obligated to consult with the parent committee and submit the necessary documents before making any decisions on the quality of care or fees. In turn, the management can reject any request that undermines the care or increases the burden on parents. And like in Norway, child care facilities in the Netherlands must first consult with the parent committee before designing care programs.

2. Enhancing the Quality of Child Care Centers via Evaluations

Currently, child care centers are evaluated by field inspectors who visit, inspect and evaluate based on four criteria: environment; management; faculty and; health/safety/curriculum/interaction. For the narrative, this study classified the evaluation criteria into five categories and discusses the underlying problems and solutions of each. <Table 2> presents a partial extract from the evaluation system's category and items.

<Table 2> Evaluation Categories and Items for the Child Care Center Evaluation and Accreditation System

Evaluation category	Items
1. Management	<ul style="list-style-type: none"> • Compliance to regulations on class organization • Documentation of individual children's records • Disclosure of budget and financial statements
2. Health and safety	<ul style="list-style-type: none"> • Cleanliness and safety of indoor and outdoor spaces • Nutritional balance • Hygiene of food purchases/storage, cooking and distribution • Provision of health and hygiene education to students
3. Curriculum and interaction	<ul style="list-style-type: none"> • Balanced and comprehensive curriculum consisting of play, activities and everyday life experiences appropriate for child's age • Attentive teachers with proper responses to children's character, emotional state, interests and play preferences
4. Care environment	<ul style="list-style-type: none"> • Themed rooms with sufficient space taking into account age and development characteristics • Various spaces that meet the needs of young children
5. Faculty	<ul style="list-style-type: none"> • Teachers and staff are respected by the center head, and provided with one-on-one meetings and support for development • Regular meetings are held by the head to fairly gather opinions of the staff and faculty

The evaluation results and corrective measures for the 'Management' and 'Health and safety' categories can be delivered relatively explicitly, and parents can check whether the necessary actions are being taken. As such, it is recommended that the current evaluation procedures for these two categories be maintained, and parents should be allowed to check on the progress of the corrective measures.

In the Netherlands, inspection reports must be submitted to and discussed with the parent

committee in order to provide parents with a professional's opinion on the condition of care given to their children. As aforementioned, the parent committee is actively involved in center operations and parents are free to submit suggestions for improving care quality; to which the centers are obliged to respond. Thus, parents, who have first-hand knowledge about the daily operations of their respective centers can check whether the evaluation results have been conveyed and properly followed-up.

The 'Curriculum and interaction' and 'Care environment' categories are classified as care practices. As such, abstract evaluations will not be able to motivate centers to seek improvements.

Evaluations for 'Curriculum and interaction' and 'Care environment' should be conducted by field inspectors who have sufficient knowledge of the characteristics of high quality care, and reports must include concrete descriptions of the children's development taking the care environment into account in the ex ante and ex post context. Because both categories belong to a group of practices that are based on the premise that all children are individual, it is difficult to designate specific language and behaviors that teachers must adhere to. As such, inspectors must apply their expertise to conduct detailed evaluations in order to not only diagnose the current state of the centers but to also provide teachers and parents with the opportunity to foster their capabilities.

The evaluation reports for these categories must contain detailed descriptions of child care practices and their meaning from the perspective of child development.

Korea's evaluation and accreditation system uses ambiguous terminology such as 'high level,' 'integrative and balanced' and 'fairly good' which do not help faculty members implement the relevant improvements, nor do they provide parents with quality information about the facilities caring for their children. In the Netherlands, evaluators draw up detailed inspection reports on their observations and share the information with the parents. In particular, the observations are diligently classified into whether they promote the 1) emotional stability of the children; 2) enhancement of the children's personalistic capacities (resilience, independence, self-esteem, flexibility, creativity); 3) development of social competence and; 4) understanding of social norms and values. The reports are so informative that they can be used to fortify teachers' capabilities and parents' child-rearing skills. The following <Box> is a partial extract from such a report. These types of reports enable teachers to better understand their strengths and motivate them to further develop themselves and apply their skills. Moreover, they can provide parents with more insight into what parenthood means.

<Box> Inspection Report on a Child Care Facility in the Netherlands

Basic objective: To offer emotional stability to children.

Criteria to measure the attainment of objectives: Teachers should communicate with children while actively showing that they understand their intentions.

Observation: While all of the other children sat at the table for lunch, one boy continued to play with toy blocks. His teacher, standing next to him, asked, "OO, are you coming to the table?" The boy tried to add another block to his toy car but kept failing. The teacher responded sensitively, saying that she would wait until he finished. And when he tried again and failed, the teacher offered help. She soon found out that the size of the block did not fit and explained to him that the block was probably from the BSO (after-school care) class. Then, the boy put down the block and joined the table.

Note: Extract from an inspection report on 't Kompas (name of a daycare center) released on Sept. 6, 2018.
Source: The Netherlands' National Childcare Register (<https://www.landelijkregisterkinderopvang.nl>, last access: Dec. 6, 2018).

Additionally, teachers should be provided with consultation services to instill in them an acute understanding of what a 'proper class' is, and to encourage them to reinforce their

willingness and capabilities in regards to care. Using the class contents, observation records (on the children) and child support plans, the consultants need to understand the state of the classes from a child-development perspective. Once this has been achieved, they must share their findings with the teachers. During the feedback, consultants should highlight specifically the positive aspects of a class—taking into account the human, psychological and organizational traits of the center—to elevate the teachers' confidence. In doing so, teachers will be able to better recognize the elements of a 'good class,' and be encouraged to maintain and proactively expand on these elements.

Meanwhile, discussions between teachers and consultants on the composition of care programs should not influence evaluations. Linking the consultations and evaluations would make it difficult for teachers to honestly express their concerns and struggles, and to regard the consultations as an opportunity to improve their abilities.

In 2019, pedagogical policy officers (*Pedagogisch Beleidsmedewerke*) were dispatched to every care facility in the Netherlands to provide customized capacity building programs. The officers play a coaching role and provide advice on routine care activities to enable teachers to contemplate the adequacy of the center's programs and whether they are in line with the center's educational vision.

In terms of evaluating the faculty, the evaluation on leadership serves as a channel to examine the democracy and rational consensus building of a center. However, the current one-day evaluation system does not give evaluators sufficient time to properly assess a center's organizational hierarchy, conflicts and level of communication, among others. Also, such field visits may become an extra burden to teachers who have to prepare and gather data for the evaluation and participate in interviews. Leadership evaluations are, of course, significant as they provide insight into achieving the 'desirable organizational structure.' However, merely presenting teachers with a list of rationales will not inspire substantial change.

Because field inspectors, as outsiders, face practical limitations in objectively evaluating leadership in such a short period of time, the category should be excluded from the evaluation criteria. Instead, if teachers are exhibiting varying abilities in their performance after consultation—which may be an indication of inefficiencies in communication and support²⁾—manager support programs should be provided to address organizational weaknesses in, for example, day-to-day planning, carrying out daily routines, providing guidance and recording observations of the children, etc. And again, the details and results of these programs should be kept separate from evaluations as any negative impact would discourage teachers from showing consultants the realities of their classrooms.

3. Supporting Children's Self-directed Learning

As parents become more actively involved in the management of centers, demands could be made for tangible results that are focused on accelerating the children's acquisition of knowledge. Under such circumstances, it would be difficult to consider when designing and implementing care programs the children's individual educational experiences, ensuing

2) Chung *et al.* (2017) show that child care centers with child abuse records have conflicts between the teachers or between teachers and the head, and poor communication.

Child care centers should be provided with consultation services and leadership training for managing staff if teachers exhibit varying abilities in executing care programs.

As parental participation becomes more active, programs may overly emphasize the faster acquisition of knowledge.

interests and their desire to explore. In particular, excessive emphasis could be placed on special or specialized activities (class and field experience) which are taught by outside instructors or center teachers who set specific themes or formats to teach the over two-year-olds.

In order for children to effectively acquire knowledge, they must be allowed to voluntarily participate in the learning process and interact with others to apply what they have learnt in real life. In other words, children are motivated to take part in activities that peak their interests, and their learning is enhanced when they think about how they can use their new-found knowledge and exchange their thoughts and opinions about it with others.

Constructing knowledge is a part of developing problem-solving skills which are needed in everyday life. Such skills are used to seek solutions through the interaction with others to extract and consolidate information from and with each other to overcome a specific problem. In the future, developing problem-solving skills will become more important than acquiring knowledge to flexibly adapt to the rapidly changing work environment.

Given these considerations, active communication is needed between parents and teachers as well as a solid consensus on the ideal care programs and operation to consistently support children's self-directed learning both at home and at the centers. If teachers were to design the activities alone, there is the risk that the theme will not interest the child which, in turn, would deprive the child of the opportunity to experience self-directed deeper learning by exploring answers to questions. Simply put, when using education tools in the form of play, the choice of the play must be left entirely up to the child, and not the teacher.

In Norway and the Netherlands, care centers flexibly establish their ECEC programs through negotiations between the parents and faculty—facilitated by the operations committee—in order to understand and support the children's individual wants and needs. Kindergartens in Norway encourage children to express their feelings and opinions. They are often given the opportunity to choose their own activities and plan future ones. Also, based on the recognition that children's expressions (verbal and non-verbal) and participation can vary according to their tendencies, age, experiences and needs, significant weight is placed on observing and responding to each child's expressions and requirements. Likewise, in the Netherlands, the goal of care programs is not to simply meet certain targets but to enhance the emotional stability of children by: respecting their autonomy; establishing rules and boundaries for their actions and; responding attentively and sensitively to them.

If additional costs are incurred during the design and implementation of such child-centric ECEC programs, care centers in both countries are able to set the fees above what is given in terms of government subsidies; albeit with the consent of the parent committee. This is made possible by the trust—built on transparency and openness—that has been formed between the center and parents.

Korea should pursue government-led universal care programs that are customized to each developmental stage of a child while also implementing child-centric care programs that consider children's interests and experiences, and the ECEC resources of each region. The costs incurred in providing such programs may differ from center to center as different learning tools and teaching capabilities will be needed to cater to children's differing needs and interests.

Problem-solving skills, a key future ability, can be developed when children voluntarily engage in activities that spark their interests, communicate with others in this process and then apply their experiences to real life.

To consistently support children's self-directed learning at home and at the center, parents and teachers must actively communicate with each other and build a consensus on the ideal care program and operation.

If a program demands more resources than what is subsidized by the government and additional support from the parents, the operations committee can hold deliberations to decide on raising the fees.

And, if indeed the costs exceed the government's child care subsidy, the operations committees should be allowed to charge additional fees. In cases such as these, the government could provide extra support (with a ceiling) based on the parents' income level to lessen their burden.

References

- Chung, Shunah, Wan Jeong Lee, Hwa Jung Jang, Kyung Hee Kim, Mi Kyung Kim, Bo Young Park, Sunwoo Jin Hee and Young-Eun Lee, *In-depth Analysis of Child Abuse Cases in Day Care Centers*, Ministry of Health and Welfare and National Child Protection Agency, 2017 (in Korean).
- Kim, Inkyung, 'Quality Improvements in Child Care and Education: What and How,' Session 4. Child Care and Education, Policy Conference on Development Direction to Advance the Service Industry: Upgrade for Better Quality of Life and More Job Creation, Korea Development Institute Policy Forum, Korea Chamber of Commerce and Industry, Seoul, April 3, 2019 (in Korean).
- Kim, Inkyung, *Maternal Employment and Child Care: Korea's Experience*, Policy Study 2018-13, Korea Development Institute, 2018 (in Korean).
- Kim, Myung-yeon, "More Child Abuse Cases in Public Child Care Centers than in the Private Sector," Assemblyman's Office, September 26, 2018 (in Korean).
- Korean Longitudinal Survey of Women and Families (<http://klowf.kwdi.re.kr>, last access: May 30, 2018) (in Korean).
- Ministry of Health and Welfare and Korea Institute of Child Care and Education, *2018 National Child Care Actual Conditions Survey: Report on Household Survey*, 2019 (in Korean).
- The Netherlands' National Childcare Register (<https://www.landelijkregisterkinderopvang.nl>, last access: Dec. 6, 2018).