

The Kellogg Child Development Center: High-Quality Child Care

By LORNA KELLOGG

ABSTRACT: After a 10-year, hands-on study of high-quality child care both in the United States and abroad, Lorna Kellogg founded a child care program intended to be a model for high standards in the field. The Kellogg Child Development Center of Boulder, Colorado, in less than four years of operation, has become renowned for its deceptively simple solutions to some of the largest problems that plague child care centers in general. This success has enabled the center to begin actively pursuing the second half of its mission, to improve the quality of care provided in child care centers everywhere. It is Lorna Kellogg's firm belief that it is absolutely possible for every child growing up outside of his or her home to have high-quality, affordable child care.

Lorna Kellogg is the founder and executive director of the Kellogg Child Development Center in Boulder, Colorado. She has worked extensively in the field of early childhood education as a teacher, nanny, director of child care centers, and consultant to families hiring in-home child care providers, as well as in programs trying to increase the quality of care provided in their center. Named for her grandparents, the Kellogg Center is both a model high-quality child development center and a quality standards advocacy group.

TWO generations ago, the typical American family had 2.6 children. Today the typical child has 2.6 parents. The problem is that while there are statistically more parents, there is significantly less parenting. This is due to a variety of forces outside the control of individual families. The trade deficit, the global economy, inflation, and corporate restructuring have created a need for the two-income family. But if parents need to work in order to support a family, who is going to raise the children?

Unfortunately, the raising of our children has fallen to a workforce that is largely ill prepared and inadequately compensated for the job. Consequently, at the most important time of their lives, our children are enduring highly inconsistent standards of caregiving. Today's children are shuttled through a succession of underpaid, randomly trained, overworked, and stressed-out child care personnel. Many highly motivated caregivers leave the field rather than remain in a situation where they are unable to provide the level of care they believe to be essential. But, of course, the children remain.

THE KELLOGG MODEL

This so-called "quiet crisis" is described, along with a call to action, in the Carnegie Corporation's 1994 report *Starting Points: Meeting the Needs of Our Youngest Children* (Carnegie Task Force 1994). The Kellogg Child Development Center (KCDC), in Boulder, Colorado, was founded in 1994 in response to this "quiet crisis." The Kellogg Center

incorporates all the recommendations in *Starting Points* for quality child care (low teacher-child ratios, small group sizes, qualified caregivers, health and safety as priorities, linkage to parents and the community) and has attracted the interest of families, government, foundations, and early childhood educators. The Kellogg Center is a successful and replicable model program that utilizes simple, cost-effective solutions to address the spectrum of problems that plague child care centers.

Two goals motivate our work at the Kellogg Center—to be a replicable model of a high-quality child care program and to be part of the national and international movement to raise quality standards in the field of early childhood education (ECE). While it is unusual to house a child care center and advocacy group under the same roof, I believe it is essential to have an exemplary model program dedicated to providing high-quality care that can be easily emulated by others. In turn, we must be part of the larger movement to both benefit from and contribute to it. This article focuses on our narrower challenge of creating a model program and only briefly discusses our broader objective.¹

Part of our long-term goal is to help diffuse good practice throughout ECE. A common complaint among early childhood educators is that, unlike the fields of science or medicine, where new information and better methodologies are implemented quickly, child care programs do not regularly utilize available knowledge to improve the quality of the care provided to families. For

example, the large body of research on brain development is underutilized in this field. Professor Linda Darling-Hammond of Columbia University's Teachers College notes that "in most states, neither teachers nor administrators are required to know much about how children learn in order to be certified" (Begley 1996, 59). At the Kellogg Center, we work hard to stay abreast of new findings and incorporate them into our work.

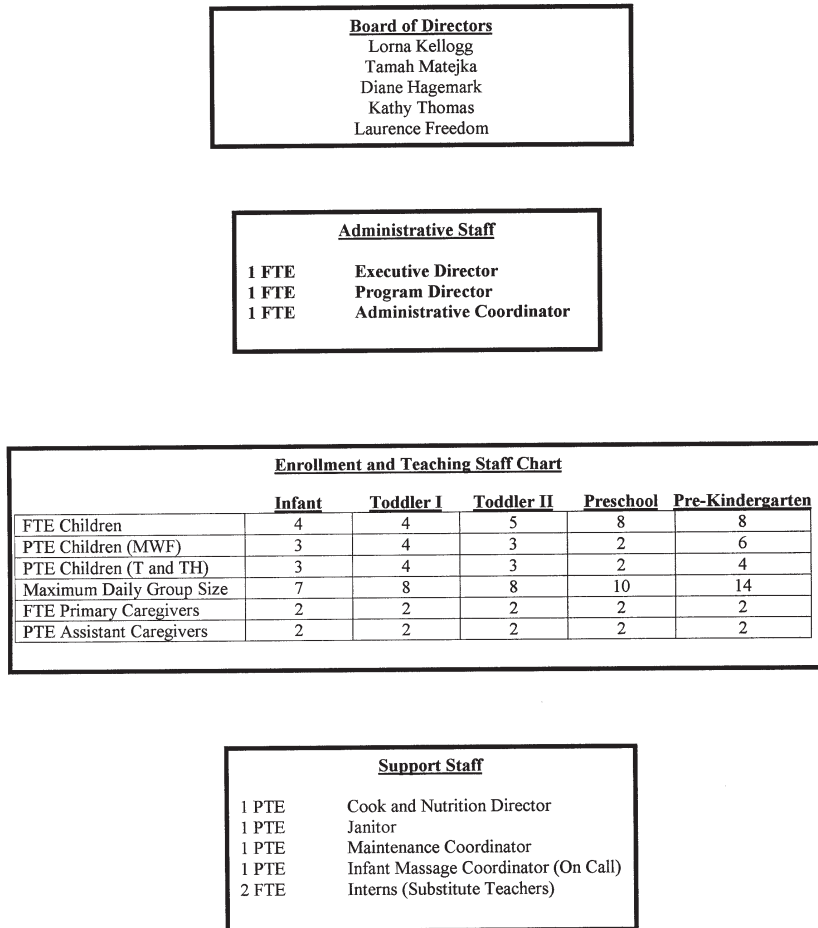
In addition, we feel strongly that child care centers, both for-profit and nonprofit, must behave more like businesses, not just human service organizations. To be successful, they must also be financially viable. A commitment to financial stability and programmatic improvements involving ongoing self- and external evaluation continually increases the quality of care in our center.

Our center is housed in a 3000-square-foot ranch-style house that had been renovated for child care use prior to our renting it. (Our long-term goal is to raise funds to construct a new building since our current facility meets only our minimum needs.) We have five classrooms, a kitchen, a tiny administrative office, and a few small playground areas. We are licensed for 52 children aged 6 weeks to 6 years. We are open from 7:30 a.m. to 5:30 p.m., Monday through Friday. Our infant nursery has a maximum of seven infants. We encourage parents to use our center for part-time care but also offer full-time care to serve parents who do not have flexible employment situations. Figure 1 outlines our organizational structure.

We believe that the problems prevalent in child care centers are solvable. We have found practical solutions for everything from low teacher salaries and the corresponding low levels of teacher education, to high child-teacher ratios and inadequate individual attention to children, to lack of curriculum and developmentally appropriate intellectual stimulation, to lack of appreciation for diversity, to lack of affordability for low-income parents, and to general neglect of children. These are all issues that educators, parents, and government can work together to solve. We work closely with our families, businesses, community members, and the city of Boulder to jointly address these issues. Indeed, as Hillary Clinton and Marian Wright Edelman have emphasized, it does take a village to raise a child.

The motivation to create the Kellogg Center came after 10 years of international hands-on study of high-quality child care programs as well as my own childhood experience with primary care. I had the same teacher, Brucie Tucker, from kindergarten through second grade. The individual attention she gave me, along with the support in strengthening the areas that were challenging for me as a student, made a world of difference to me. I fully credit Brucie Tucker and New Canann Country School for providing the foundation I needed to have success in all areas of my adult life. My experience visiting and working in child care centers in developing countries also had a profound effect on the design of our program. In these nonindustrialized

FIGURE 1
THE ORGANIZATIONAL STRUCTURE OF THE KELLOGG CENTER



NOTE: "FTE" stands for "full-time employee(s)"; "PTE," for "part-time employee(s)"; "M," "W," "F," "T," and "TH," for the days of the week.

countries where there is strong societal support and appreciation for children, I found a high level of self-esteem among children. This was often a direct result of extended family members' living together and showering children with individual attention. I found this especially true in West Africa. Since high self-

esteem is a key element for a successful life, I became determined to emulate the "It takes a village" model in the Kellogg Center. Having a familylike atmosphere in our center is therefore the first of three guiding principles that underlie our work.

The second principle is primary caregiving. In the early childhood

literature, I found validation for my own experience that what often makes the difference between a child's success and failure in life is the emotional support and intellectual stimulation from just one adult who takes special interest in the child. This view has been substantiated by Ann Masten and J. D. Coatsworth's resilience research on children who succeed despite tremendous environmental and economic forces working against them (Masten and Coatsworth 1995). This suggests that one of the crucial factors for children growing up outside of the home is continuity of care and emotional attachment between the child and his or her caregiver. The centrality of the teacher-child relationship is therefore a philosophical foundation of KCDC.

Our third principle combines the benefits of long-term relationships with essential developmentally appropriate practice (Bredekamp and Copple 1997). Developmentally appropriate practice identifies developmental phases that children move through in early childhood education and the appropriate language, curriculum, and activities that early childhood educators should use with each developmental phase. Surprisingly, many teachers are not even familiar with the term, let alone developmentally appropriate practice itself.

The teachers at the Kellogg Center are all professional early childhood educators. I consider it essential that primary caregivers have a minimum of a bachelor's degree in early childhood education as well as teaching experience in an early

childhood environment. If teachers lack basic knowledge of the various developmental stages that infants, toddlers, and preschoolers move through, the children are then at risk for understimulation intellectually, emotionally, socially, and physically. Since we now know that the first five years in a child's life are the most important for brain development, we place an emphasis on a high level of teacher (adult) education.

Our program director and I also network in the early childhood community, both locally and internationally via the Internet and e-mail. We have found that by participating in research projects on high-quality care, attending workshops and seminars, brainstorming with other educators, and continuing our own education in our field, the quality of care in our program continues to improve. I used this same approach to design our program. Based on years of research and interviews with other early childhood educators, I discovered that my ideas were not unique and already existed under the name of primary caregiving.

Why primary caregiving?

The design of our primary caregiving program is simple and focuses on individual care and attention for each child. Children enter the program as infants, toddlers, or preschoolers and are placed in a small cluster of two to six children of similar age and development. Each cluster stays together with one primary caregiver throughout their years at the center until the children leave for kindergarten. The children shift classrooms together with their

teachers every fall when the oldest cluster graduates to kindergarten. The teachers of the graduating class are then available to start over with a new cluster of infants.

Our primary caregivers are all professional early childhood educators with a variety of backgrounds, areas of expertise, and pedagogical approaches. Teacher-to-child ratios are 1:3.5 for infants (seven infants with two teachers in the nursery), 1:4.0 for 1- and 2-year-olds, 1:5.0 for 3-year-olds, and 1:6.0 or 1:7.0 maximum for 4- and 5-year-olds. Low ratios produce beneficial results in both obvious and subtle ways. Teachers and children form close emotional bonds, and children develop levels of security and trust similar to those in familial relationships. Each teacher becomes, in essence, a surrogate parent and a very important partner in parenting with the child's family. The following describes a typical moment in our 2-year-old room. Two-and-a-half-year-old Sally (not her real name) wanted very much to play with a toy her friend was using. Normally, a 2-year-old would walk over, thump her friend on the head, and grab the toy. However, in this instance, after negotiating an agreement that her turn would be next, Sally sat down on a chair a few feet away and watched her friend for several minutes until her teacher asked her, "Sally, what are you doing sitting there so quietly on that chair?" Sally promptly replied, "I'm being patient." Her teacher later told me how happy it made her to see the results of two years of supporting and teaching the children to treat each other respectfully. These types

of camaraderie, sharing, and negotiation skills are typical among the toddlers in our program, but they are atypical in many other programs.

Over and over, we have seen how important it is for children to develop strong, long-term bonds with their teachers. In the primary caregiving model, each child receives continual one-on-one guidance and instruction and as a result has very high levels of self-esteem and communication skills. Primary caregiving is child care at its best. "Formal and informal results from this approach are very positive, with dramatic increases in children's academic attainment" (Katz and McClellan 1997, 34).

There are other benefits to primary caregiving in addition to the emotional support children receive. Teachers come to know and understand children as individual learners. As each child is unique and has his or her own strengths and weaknesses in learning, teachers are able to provide individual instruction and assist children in turning their weaknesses into strengths. The teachers track each child's growth and development in a journal filled with photographs and notes. The journals provide parents with a record of their child's early years and help parents deepen their knowledge of their child's learning processes. Our annual survey of Boulder-area kindergarten teachers indicates that the level of kindergarten readiness of children graduating from KCDC is exceptionally high.

Another benefit of primary caregiving is that it helps teachers identify possible developmental delays in children early on. Unfortunately,

developmental delays often go unnoticed in traditional settings until children begin their elementary education. With primary caregiving in small groups, teachers know their children so well that delays and learning disabilities can be identified very early and families gently alerted so that evaluations and outside help can be brought in. Early identification of delays can contribute to the success of a child's lifelong learning.

The Kellogg Center is an inclusive program, and children with special needs are enrolled according to their developmental stage as opposed to their chronological age. Teachers work closely with families and often attend therapy appointments (speech therapy, occupational therapy, and so on) along with parents in order to ensure congruence between the center, home, and therapy. Parents are always grateful to have this kind of additional support.

The self-esteem levels of children receiving regular, respectful, loving, and individual attention are remarkably high. Strong self-esteem is an essential part of the development of a child's ability to think critically. Effective communication skills and the capacity for critical thought are additional benefits of receiving individual attention through primary caregiving.

Parents also benefit from primary care relationships. Teachers become valuable extended family members and provide tremendous support. They are able to draw on their years of experience and education to offer information, resources, and professional referrals for parents. This also

allows parents to feel safe and secure leaving their children. In a recent anonymous survey asking how often parents worried when leaving their children at our center, over 94 percent of our families responded "never" or "almost never." This unusually high level of parental comfort translates into less parental absenteeism and tardiness at work as well as increased productivity because parents do not have to worry about their children during the workday.

Our teachers benefit from primary caregiving as well because they come to care deeply for the children in their classrooms. One of the contributing factors in teacher burnout that I heard repeatedly in interviewing over 500 applicants for our 27 teaching positions was frustration over working closely with a group of children and then having to turn them over to a new teacher every year. Consider a teacher working with a group of infants from the age of 3 months through 24 months. Preverbal communication and exercises are a huge part of developmentally appropriate practice during that time. Understandably, it is discouraging to work so closely with a group and then have them move to a new classroom just as they are beginning to construct sentences and use the two years of support, stimulation, and instruction. Teachers view five-year primary caregiving as a unique and exceptional teaching opportunity. For a committed early childhood educator, having the opportunity to guide a small group of children through every developmental stage from birth until

kindergarten is a cherished and rare experience. Primary caregiving provides teachers with the opportunity to care personally about every child in their cluster. This is obviously a deeply gratifying, emotional experience.

*Brain development
and developmentally
appropriate practice*

One of the serious risks children face growing up in child care settings is understimulation. There is much “maintaining” of children in centers. Diapers are changed, snacks are given, and nap times are dictated. Understaffing puts teachers in a position of maintaining order. Commonly called “four walls and a teacher,” understaffing means teachers are left with no time for the type of individual attention that is so emotionally nurturing and intellectually stimulating. Recently published research on brain development has reinforced and brought a new sense of urgency to what early childhood educators have always known: developmentally appropriate practice is crucial for healthy growth and development, especially in the first five years of a child’s life. With the utilization of sophisticated brain scans, we now have proof that, after basic genetic imprinting, a child’s environment is the most powerful determinant of how a child’s brain becomes “wired” and that the most important years are the first five. According to the now-famous *Newsweek* article, “Your Child’s Brain,” there are “windows of opportunity that nature flings open, starting before birth, and then slams shut, one by one, with

every additional candle on the child’s birthday cake” (Begley 1996, 56). Knowledge of these windows, or critical periods, is essential for both parents and educators. Child care centers must become child development centers that focus on each child’s individual growth and development.

Thanks to educators and social philosophers like Montessori, Piaget, Vygotsky, Steiner, and Bredekamp, we have known for decades what constitutes an intellectually stimulating environment for children. The curriculum at KCDC is based on a combination of developmentally appropriate practice and the individual Kellogg faculty member’s vision of its relevance to each child. While each teacher’s personal educational philosophy is unique at the center, we ensure curriculum congruence by monitoring the program through director observation and feedback sessions and staff development meetings where centerwide discussion of program philosophy occurs. The curriculum draws inspiration from many sources, including Waldorf, Montessori, and *Storybook Journey* (McCord 1995). We believe there are many ways to teach and that every child learns differently. Individual children should therefore be supported in learning in ways that suit them best. This diagnostic approach helps teachers take individual and group developmental stages into consideration when planning weekly activities to ensure that every child is stimulated and learning. This avoids the rigidity in teaching and labeling that can occur when children’s individual levels of development are not taken into account. It is respectful

and mindful teaching that encourages children to learn.

Health and wellness

Children in child care centers are exposed to high levels of illness, so health and wellness are a priority. Our full-time pediatric nurse oversees the infant nursery. With over 40 years of experience, her presence is especially important as we learn more about the negative effect of overuse of antibiotics and how repeated exposure to illness can wear on a young child's immune system. She is available to parents for consultation, resource, and referral. She is also an invaluable resource to the other teachers who regularly ask for assistance in assessing possible illness in children. Levels of illness are significantly lower at the Kellogg Center as a result. We know this to be true based on the observations of parents who have moved their children to our center from other programs. Additionally, many of our teachers who have previously taught in programs with less emphasis on health and wellness testify to the success of our approach. By making such a conscious commitment to maintaining health and wellness awareness, our program succeeds in preventing the unnecessary spread of illness while other programs place children at constant risk.

There is pressure from parents (who are pressured by their employers) to keep ill children in their child care programs so that parents can remain at work. Oftentimes, child care personnel succumb to parental pressure and do not send sick

children home; this means that every child is then repeatedly exposed to every illness that passes through. Our primary caregivers recognize when their children are in the early stages of illness, and our families agree to come within an hour of being called and told their child is ill. We do not allow children to return to the center until their symptoms have completely subsided for 24 hours. This policy cuts down on contagion and helps children's immune systems remain strong as they are exposed to less illness. It also keeps parental work absences to a minimum, as fewer children become ill. Consequently, staff have fewer absences due to illness as well.

We also have a cook on staff and offer children a hot breakfast, hot lunch, and healthy afternoon snack. Working parents appreciate not having to pack a lunch every day and are glad to know that their children are receiving nutritious meals throughout the day.

An on-call infant massage therapist rounds out our faculty. Infant massage is beneficial for everything from soothing colic to decreasing separation anxiety. Parents use these services only if they are interested. We once had an infant who was terrified of everything and would shriek if her caregiver set her down. The only other person at the center she would let near her was our massage therapist. A 10-minute massage would leave her calm, relaxed, and comfortable enough to sit and play with the other babies for extended periods of time. The extensive positive results of massage therapy have surprised even us.

*Staffing policy
to promote quality*

One of the most disturbing things I witnessed during my teaching career in child care centers was the gradual internal withdrawing of the children who were continually losing their caregivers due to high teacher turnover. Prior to opening the Kellogg Center, to familiarize myself with the child care available in Boulder, I spent four months substitute teaching at different centers. In many centers, the children had become accustomed to high teacher turnover rates and were invariably unaffected by the presence of a stranger in their classrooms. In some centers, the children did not respond to my reading books or playing games with them. It was as if they had given up hope of having positive adult attention and were disengaging from adults in general. Mostly what I observed was understaffed programs and classrooms where maintaining control of an overly large group of children was all that the poorly qualified and untrained staff could manage. On many days, I heard almost exclusively negative commands from the teachers I worked with. "Don't push, don't hit, don't yell" would wear any child down emotionally, not to mention the physical punishment that was sometimes resorted to. One day, a teacher of toddlers candidly confessed to washing toddlers' mouths out with soap. On another occasion, I found a weeping child locked in a pitch-dark broom closet for a time out. As a result of such experiences, I have become passionately interested in

why child care centers in America have been in such a state and why the professionals that should have been staffing them have been fleeing. Turnover rates are high due to low wages, social undervaluing and underappreciation of early childhood educators as professionals, and little opportunity for professional growth and promotion. Small wonder that the average teacher turnover rates in American child care centers exceed 39 percent annually (Helburn 1995, 99).

The teachers at the Kellogg Center are all professional early childhood educators with degrees in child development or related fields such as child psychology. As teacher turnover rates in child care are so high, fostering staff retention is of paramount importance. The Kellogg Center acknowledges the inherently exhausting nature of the teachers' work and proactively addresses the issue of burnout. One simple solution is to offer professional-level compensation packages that realistically address burnout issues. Early childhood professionals in the United States typically work for low wages and minimum benefits: vacation, sick time, retirement, and health insurance. Even teachers working for the best-intentioned employers cannot help but feel undervalued and unappreciated. The most common reason given for leaving the field is better pay. The best teachers, those with healthy enough self-esteem to teach and convey high self-esteem to children, frequently leave the field because they know their work is worth much more than what they are being paid.

Teachers at the Kellogg Center commit to staying with their clusters from infancy through the age of 5 years (kindergarten). Center salaries are set significantly higher than the industry norm, anywhere from \$3 to \$8 an hour more and sometimes close to double the norm. Benefit packages include up to seven weeks of annual paid vacation and sick time, as well as a financial benefits package that employees can choose to utilize for health insurance or retirement plans. Employees choose how to spend their benefit money based on their individual needs. The center does not offer a set health insurance program. Instead teachers choose services for themselves. This way, center funds are not spent on unwanted programs. (For example, a teacher who has excellent health insurance through his or her spouse's company might choose to put all his or her benefit money into a retirement fund.)

Paid vacation and sick leave are crucial for people working in high-stress, caring positions in human service organizations. The Kellogg Board of Directors requires teachers to take the full amount of earned vacation every year. This is feasible for us organizationally as we close for one week each winter and spring. Full tuition is still due during school breaks as well as on other holidays when the school closes (such as the Fourth of July and Martin Luther King Day). Parents learn about the relation between paid time off for teachers and burnout prevention and agree with this policy before enrolling their children.

We also have a comprehensive staff development program. When new teachers are hired, it is with the understanding that continual growth as educators is an integral part of their job. Teachers' work experience, areas of expertise, and opportunities for growth are identified during the interview process. Individual quarterly observation and feedback sessions with our program director ensure that each teacher has a personal plan for developing new skills and pedagogical strengths. For example, a teacher who is not skilled at communicating with parents might be coached in this area by our program director or a fellow teacher. We would also pay for a class or workshop on the subject. Because teachers know that evaluation is integral to the program (even the directors are evaluated) and professional growth is the expected norm, they rarely have negative associations with it. Teachers working in an environment where constructive criticism is given regularly and with respect learn very quickly how to solve problems among themselves when faced with new challenges in their classrooms. Creating this environment of respect generates trust and camaraderie between faculty members, which translates into a high-quality environment for the children. As good communication skills are one of the social bedrocks of the foundation we lay for each child, it is especially important to have teachers who are open to learning through clear and respectful communication. If a teacher is working in a learning environment that values

open-mindedness and willingness to change, then he or she cannot help but teach that to the children. Teachers also report that they find working in this kind of supportive, healthy environment a benefit in and of itself.

We provide staff development opportunities through monthly staff development meetings, occasional in-service training, and two annual teacher planning days. In addition, staff development includes annual infant and toddler cardiopulmonary resuscitation, first aid, Occupational Safety and Health Administration, and universal precautions training. Staff development can mean anything from a faculty member's sharing findings learned in a recent course in child development to professional growth workshops run by nationally recognized ECE experts. In addition, we reimburse fees for workshops, conferences, and classes on ECE. Staff also participate in professional days where they visit other programs to observe and brainstorm with other educators. Our emphasis on continued adult education is important for more subtle reasons, such as the psychological sense of support employees feel when they realize their needs are a management priority.

There are also two full-time permanent substitute teachers on the faculty. The substitutes are trained to work with children of all ages and teach wherever they are needed on any given day. By having two substitutes on staff full-time, we are able to guarantee the quality of care provided even when a primary caregiver is out sick or on vacation. This is essential, as safety issues can be a

problem when substitute teachers, unfamiliar with classrooms, are brought in just for a day. There usually is not time to fully orient substitutes and provide vital information such as which children have fatal food allergies or how to operate certain pieces of equipment. Further, it is comforting for the children to have substitutes who are familiar, thereby meeting the children's emotional need for continuity of care. It is also reassuring for parents, as they worry less when a familiar face replaces the usual teacher.

Many would argue that having two extra staff members is an unaffordable luxury. We believe there are no such things as luxuries in primary caregiving. There are only essentials and nonessentials. The challenge lies in finding economically feasible ways to provide the essentials of quality child care. These staff substitute positions are made affordable by offering them to qualified interns who complete a year of student teaching with us and who earn a small stipend. They spend a year with five clusters of children, each in different developmental phases, and co-teach with 10 exceptional teachers. Our intern program has been so successful that we are planning to expand it when we complete construction of our new building, slated for the year 2003. We will then be able to provide on-site housing for them. We recruit on a national basis and find the intern program to be a simple cost-effective solution to one of the greatest problems in early care and education: finding last-minute, high-quality substitute teachers. It also increases the quality standards

held by the interns, who will bring those standards to the programs where they will work on a permanent basis.

By offering professional salaries and benefit packages that reflect teachers' need for time off, we encourage staff retention and attract high-quality teachers to our program. Teachers are at the heart of our success, and we could not provide high-quality child care without them. Taking care of the caregivers is therefore a core value as well as just plain good business. Treating our faculty with the respect and professionalism they deserve creates the trust and loyalty that is essential for successful child care programs.

Financing quality child care

Tuition at the Kellogg Center is unusual in that it reflects the real cost of the care provided. This is rare in child care. Most child care centers underpay their employees and undercharge their families. The teachers essentially subsidize the cost of care to families by being willing to work for low pay. This generates understandable resentment from teachers and contributes significantly to high teacher turnover rates.

Our tuition reflects the true cost of care provided and can run as much as 20 percent higher than other programs in our community. We ensure affordability for our families by subsidizing the cost of care to our low-income families. According to the guidelines of the U.S. Department of Housing and Urban Development, approximately 40 percent of our

families fall under the very-low-, low-, or middle-income categories. We have an annual fund-raiser to generate funds for financial assistance, and we keep those funds separate from our regular tuition revenues. Currently, all families falling in the very-low- to low-income categories receive assistance, as do some of our middle-income families. We receive support from the City of Boulder Housing and Human Services Division as well as from foundations and individual donors. We also receive funding from the Department of Social Services for publicly subsidized children, which helps offset the cost of their care.

The Kellogg Board of Directors considers it important to charge the true cost of care for families who can afford to pay it. Not doing so creates one of the biggest economic problems in child care, and it is one of the most common mistakes child care centers make. Providing lower-quality care at a lower cost and hiring staff at less than their worth leave programs in a state of perpetual financial crisis and teachers frustrated enough to leave their jobs. It is tempting to caregivers to take care of families financially by keeping prices low. We believe that prices must be kept very low for very-low-income families and at the higher, real rate for families who can afford it. While a long-term goal is to lower tuition for most families through our endowment program, common sense dictates that we not subsidize the cost of child care for a family with a six-figure income.

Once families understand the economic dynamics and true cost of

high-quality care, they are willing to pay our tuition, especially since we offer sliding-scale fees to our lower-income families. Other programs in our community, admittedly an affluent one, are also beginning to use this strategy successfully. As a result, they, too, have been able to pay their teachers higher salaries and decrease their teacher turnover rates.

We work hard to provide sliding-scale fees to reflect family income because we believe in equal access to high-quality child care regardless of the family's ability to pay. Diversity is celebrated in every way possible at the Kellogg Center, and having children from diverse economic backgrounds is important. In this time of global integration, children need to grow up appreciating racial, ethnic, religious, and gender differences if they are going to be successful in life. Children who grow up in diverse environments are more open-minded, are less likely to have racially based prejudices, and are more likely to appreciate differences in others rather than feeling threatened by them. The racial makeup of our families and teachers matches the demographics of the city of Boulder.

There are many programs designed to ease the financial burden of both for-profit and nonprofit child care centers. Federal programs such as the Child and Adult Care Food Program provide financial support for meals served at child care centers. Every state and city offers different types of support for everything from staff development and training to tuition assistance for low-income

families. Making efforts to become part of the Colorado early care and education community has helped us tremendously. The information and networking ideas our program director brings back to the center more than make up for the time spent at a Directors Support Meeting or a Health Department brainstorming session. We have found that we must be vigilant networkers with our peers, both locally and internationally, in order to keep current on what assistance is available. The importance of collaboration cannot be emphasized enough.

REPLICABILITY OF THE KELLOGG MODEL

With careful financial management and committed leadership, our program can be replicated. The following list, which applies to both for-profit and nonprofit child care centers, describes essential management practices to consider prior to implementing a program like the Kellogg Center.

1. Strong leadership. A dedicated, passionate, and skilled program director is the core of any child development program. Ongoing training and support for directors is essential, whether as board support for nonprofits or corporate support for for-profits.

2. Professionally trained teachers. An essential part of any high-quality program is professionally trained early childhood educators with degrees in ECE and a commitment to lifelong learning.

3. Familylike atmosphere. Child care centers must have cozy, familylike (not institutional) atmospheres.

4. Primary caregiving. Continuity of care is essential.

5. Curriculum. Developmentally appropriate curriculum and practice are essential.

6. Community support from local city or town officials, businesses, corporations, and individuals. Support for the center as well as financial assistance for lower-income children must be ensured.

7. Financial management. Allowances must be made in the budget for professional-level salaries and benefits. Centers serving low-income families will have to be successful fund-raisers and plan for long-term financial stability, for example, by creating endowments.

8. Fee structure. High-income families should be charged the real cost of care; low-income families should be charged a subsidized lower cost; and sliding-scale fee structures should be utilized. How subsidies will work (using federal poverty guidelines often excludes struggling middle-income families) and what sources of public and private funding are available should be determined ahead of time.

9. A high-quality budget. Higher-quality care can cost up to double the cost of average care; it requires a high-quality budget. The budget should permit substitute staff, administrative support, a separate cook, and so on, so teachers are not pulled from classrooms to cover these needs. Budget should also include staff development training, high-

quality educational materials, and the like.

10. Owned facilities. Rental fees for child care facilities are often a make-or-break factor. Raising capital to purchase a facility or to build one from scratch is, therefore, essential. There is a direct positive correlation between a center's ownership of its facility and its chances for financial success, as rising rent costs often drive child care centers out of business.

COMMITMENT TO EXCELLENCE

Communities, families, and educators are attracted to high-quality programs that hold excellence, open-minded evaluation, and continued growth as goals. Centers need to ask for more support and help. Teachers and administrators need to reach out to the community and seek mentors. Centers need to use the quality standards available to them, voluntarily become accredited through the National Association for the Education of Young Children, and incorporate outside evaluations using instruments such as the Early Childhood Environment Rating Scale and Infant/Toddler Environment Rating Scale (Harms and Clifford 1980; Harms, Cryer, and Clifford 1990).

Teachers need to be encouraged to take classes, read early childhood materials, and share and implement new ideas with each other. Networking with other early childhood programs is necessary to reduce directors' isolation and increase the chances of learning about support that is available. Diversity also

needs to be held as a crucial value. It must be celebrated and represented in every way possible.

The African proverb "It takes a village to raise a child" is an essential philosophy that makes the KCDC a success. Continually seeking external support, whether to raise \$1.2 million for a new building or to find mentors for our directors, we have been able to create a healthy, viable early care and education program that supports the growth and development of children, parents, teachers, and community members alike. By sharing our knowledge and lessons learned, we are supporting other child development programs in raising their standards without reinventing the wheel. By being an articulate, persistent, and uncompromising voice for children and by demanding higher standards, we are slowly but surely making a difference and achieving the secondary aspect of our mission: to be successful advocates for higher standards internationally in the field of child care and early childhood education. We see engaging in such advocacy as a clear, unequivocal choice that our children need us to make.

Note

1. Advocacy takes on many forms at the center and is becoming an increasingly large part of our work. We spend an enormous amount of time educating parents, other educators, community members, businesspeople, and politicians about what defines high-quality child care and how important it is. We mentor educators who are starting new programs and provide them with pro bono support and consultation. We network internationally via the World Wide Web and in this way support educators and parents globally. We regu-

larly make presentations on our work to Colorado companies through our collaboration with Community Shares of Colorado, a federation of 86 nonprofit organizations that engage in fund-raising together through payroll deduction. We make our literature on finding high-quality care (for parents) and creating high-quality care (for educators) available free of charge to anyone who requests it. We have had requests for assistance as close as across the street and as far away as South Africa. We write letters to editors of newspapers, have had a documentary made about our work, and write articles for academic journals. Everyone associated with the Kellogg Center becomes an advocate sooner or later, but so far most of our advocacy work is completed after hours by me and, increasingly, by our program director. Our long-term goal is to fund staff members full-time to run our advocacy program.

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