

International Best Practices vs. Local Market Standards

Overview of Child Care Quality Indicators

Child care is becoming an essential component of employer strategies in India. Rapidly growing numbers of dual-career couples and college-educated working women are now key to an employer's success. These same people are also struggling with increased conflicts between work and family. Recognizing the importance of these critical demographic groups and the connection between employees' family care responsibilities and their ability to be productive at work, numerous employers in India have made child care an important part of their employee effectiveness strategies.



Lack of oversight of India's early childhood field, and the absence of standards to guide it, has made establishing high-quality workplace child care in India extremely difficult, particularly for employers who have concerns regarding safety and liability. For HR professionals looking to launch such solutions for their workforce, **Horizons Workforce Consulting**[®] has created a "quality indicator" chart to easily interpret what is available in India and how that compares to standards for high-quality child care throughout the world. Key components examined include health and safety, liability, training, quality of facilities, and curriculum.

These standards of "International Best Practice" are based on early childhood research and the extensive experience **Bright Horizons**[®] has in the field.

INTERNATIONAL BEST PRACTICE	QUALITY INDICATOR	LOCAL MARKET STANDARDS IN INDIA
PARENTS AND CHILDREN		
Centers meet a specific set of health and safety standards that are appropriate to children in young group care. Access to ongoing training for teachers is a standard practice. On-site administrative teams ensure compliance	Health and Safety Practices	Providers consider local health and safety practices. Some provide limited staff training.

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<p>Child care providers meet or exceed local requirements by implementing a “culturally appropriate” version of standards set by the National Association for the Education of Young Children (NAEYC) — the foremost authority on child care and early education in the world.</p>	<p>Quality of Curriculum</p>	<p>Limited knowledge of NAEYC standards. Providers follow local education programs and practices, which fall short of many NAEYC standards. Some providers have centralized education coordinators to support practices.</p>										
CENTER STAFF												
<p>Critical ongoing training includes health-and-safety practices, culturally appropriate curriculum creation and implementation, and procedures for interacting with children and parents. Staff time away from classroom is provided to ensure time for training, supervisor-guided development, and individualized assessment and evaluation.</p>	<p>Attention to Training</p>	<p>Many centers provide an initial orientation. Ongoing training is not widely offered to staff. Few provide documentation and assessment.</p>										
QUALITY DRIVERS												
<p>Estimated operating budget includes above-community-average staff wages and comprehensive and affordable benefits package. This ensures high-caliber teachers, versus simply custodial care.</p>	<p>Salaries and Benefits</p>	<p>Benefits are limited and may only be available to certain staff positions.</p>										
<table border="1" data-bbox="186 1178 613 1377"> <thead> <tr> <th>Age</th> <th>Staff to Child Ratio*</th> </tr> </thead> <tbody> <tr> <td>Infant</td> <td>1:4</td> </tr> <tr> <td>Toddler</td> <td>1:5</td> </tr> <tr> <td>2's</td> <td>1:8</td> </tr> <tr> <td>Preschool</td> <td>1:12</td> </tr> </tbody> </table> <p>*the number of children per one adult is the staff:child ratio</p>	Age	Staff to Child Ratio*	Infant	1:4	Toddler	1:5	2's	1:8	Preschool	1:12	<p>Staff-to-Child Ratios</p>	<p>There are no regulations. Local ratios vary in practice to well above international best-practice standards.</p>
Age	Staff to Child Ratio*											
Infant	1:4											
Toddler	1:5											
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<p>International best practices in staff-to-child ratios (a crucial indicator of program quality) are supplemented with additional staff to enable teachers' time out of the classroom to receive training, plan classroom lessons, and hold parent/teacher conferences. Additional staff is also on hand to enable age groups to remain separated throughout the day and to provide consistency of care.</p>	<p>Staffing Ratios Maintained Throughout the Day</p>	<p>Staffing patterns vary greatly. There are no regulations governing ratios.</p>										

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<p>Elements such as square footage per child and overall design of facility and classrooms are developed to support international best practices and quality interactions between children and teachers. A minimum square footage per child — 70 to 85 square feet, according to accepted research — is designed into the footprint of the program.</p>	<p>Quality of Facilities/ Square Footage</p>	<p>With no regulations, square footage varies among providers, often less than international best practice standards.</p>

KEY CONSIDERATIONS

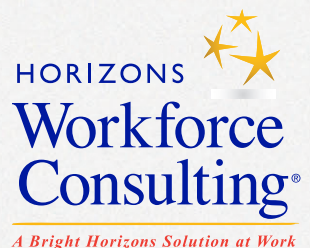
<p>Child care providers have experience managing and implementing comprehensive and industry-specific risk-management protocols. Providers should have ample insurance coverage, strong finances, and offer indemnification language in the contract to insulate the organization/employer from risk.</p>	<p>Ability to Protect Employer from Liability</p>	<p>Local child care providers do not possess risk-management processes or have protocols in place, provide appropriate level of liability insurance, or offer financial strength to truly afford employer indemnification.</p>
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EMPLOYEES' NEEDS DRIVERS

<p>Recognizing infant care as the essential component of employer-sponsored child care that allows working women to return to their jobs, providers build in 50% of core center capacity to serve children under the age of 3 years.</p>	<p>Mix of Children</p>	<p>Centers with infants (under one year old) are extremely uncommon and were not observed in our study. Infant care is a critical need in India, yet due to the high cost of the low teacher-to-student ratios required, few providers are offering care options for this very young but essential age group.</p>
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