

Frontiers in Child Care Research
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SESSION 10

State-Level Assessments of Quality Rating Systems

Discussants will address how research findings on child care quality have been used within States, what it takes to get a program implemented, issues that policy makers need to consider when considering quality rating systems, and challenges for monitoring changes over time in light of State quality investments.

Facilitator: Carolyn Drugge, Maine Department of Health and Human Services

Discussants: Deborah Neill, Tennessee Department of Human Services

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Kim Townley

State-Level Assessments and Quality Rating Systems

- Kentucky ranks number three in licensing standards.
- There are not many NAEYC-accredited programs in Kentucky.
- It is understood there is a need for child care improvement, better quality rating systems, and that current child care systems are not “up to par.”
- Kentucky Stars initiative was part of a broader effort that included a folic acid initiative and broader health initiatives. The program is funded with 25 percent of Phase I tobacco tax dollars.
- Kentucky Stars grew out of a 2000 law that mandated that KY develop a quality rating system.
 - Before 2000, the State used literature and research to identify key quality indicators (ratios, curriculum, training, and regulatory compliance) which were then incorporated into the law.
 - The program piloted in centers for 6 months in rural and urban areas and was officially adopted in 2001.
 - In 2002, the family child care component was initiated.

- Several of the stakeholders examined KIDS NOW data in advance, so the program was met with little resistance.
- Research-to-Practice Guide makes recommendations to the individual caregiver and to the higher education system as to how to improve child care.
- Quality criteria and indicators are a work in progress. The program made a strong initial effort in determining research-based quality indicators and criteria, reexamined them at a later stage, and chose not to change them.
- Program is voluntary because the licensing standards are so low and because the program needed time to build an infrastructure for better program quality.
- Approximately 25% of centers and 10% of family child care homes participate in the program.
- According to the KIDS NOW Evaluation Project of 2004 Executive Summary, the quality of child care systems has improved, but the improvements have been slow and difficult.
 - Last year's data revealed a decline in quality, partly because the higher quality programs joined first, but now other programs are joining.
 - KIDS NOW got the “low-hanging fruit.”
 - Fewer subsidy children were included in the first programs that joined; more are in programs that came on board later.
 - If the quality of child care programs is declining, there needs to be an increase in effort and involvement.

Stars for Kids Now: The Supports (Child Care Quality Rating System)

- Staff: child ratio
- Curriculum
- Staff training and education
- Regulatory compliance
- Research-based
- Devised by early childhood professionals
- Voluntary

Deborah Neill

Tennessee Child Care Evaluation System

Unlike the KIDS NOW program in Kentucky, Tennessee Child Care Evaluation System is mandatory, and there is a strong enforcement effort.

- Purpose of this system is to improve the quality of child care and to give parents and agencies more information.
- System includes a mandatory Report Card program - which evaluates all licensed facilities - and a voluntary Stars Quality program which rewards better programs based on the results of their evaluation.
- Evaluations started in late 2001 as a part of Governor Patton's early childhood initiative passed by the legislature in 2000.

Report Card Program

- The Report Card Program is mandatory for all DHHS-licensed child care agencies.
- Child care agencies are evaluated annually
- Evaluation includes assessment using the appropriate Environment Rating Scales
- Centers are evaluated in the following seven areas:
 - Director qualifications
 - Professional development
 - Compliance history
 - Parent and family involvement
 - Ratio and group size
 - Staff compensation
 - Program assessment
- Family and group homes are evaluated on the following five areas:
 - Professional development
 - Compliance history
 - Parent and family involvement
 - Business management
 - Program assessment

Star-Quality Child Care Program

- Star Quality Program is limited to higher quality agencies.
- Program is voluntary.
- Star Quality program participants receive:
 - Bonus payments for any children in their care
 - A second, more detailed report card
 - Up to three stars to apply to their licenses

Use of Evaluation Results

- Programs receive component ratings that are averaged to produce an overall rating.
- Basic programs are certified that they meet licensing standards; higher quality programs receive one, two, or three stars.
- If a child care agency earns at least one star for compliance history, program components, and overall rating, it is eligible to participate in the Star Quality Child Care Program.

What Does it Cost?

- Tennessee spends approximately \$27 million on the Child Care Evaluation System and the support programs necessary to sustain its success.
- Cost is approximately 13% of CCDF allocation and matching funds for maintenance of effort.
- Cost is delineated into four categories:
 - \$3 million for the assessment program
 - \$1 million for research, data management, and quality assurance
 - \$5 million for child care provider training and onsite technical assistance

- \$18 million for Star Quality bonuses

Lessons Learned

- Everyone should have a shared vision of quality. The Report Card system and the Environment Rating Scales provide this vision to help improve quality care for all children.
- Making it happen requires a “systems approach” and real collaboration can be tedious. It is important to keep all partners continuously “in the loop.”
- Perfect the system as much as possible before introducing it to providers. Expect any “mistakes” to be remembered for the future.
- Be prepared to provide intensive support and attention—funding, information, evaluation, reporting, analysis, and process improvements.
- Anticipate resistance—listen to it and learn from it. Resistance can come from the collaborators and from the child care providers.
- Manage expectations of how much change can occur and the pace of this change. There is always a lag between implementation and institutionalization of any process; expect some “slippage.”
- Develop grievance and complaint process, and then use it to improve your system.
- Remember to respect the knowledge and skills of collaborators and partners.
- Communicate, then communicate, and especially remember to communicate.

Judy Collins

Oklahoma’s Reaching for the Stars Overview

- Oklahoma’s Reaching for the Stars program, launched in February 1998, was initiated through administrative rule, not legislation.
- Program began with three stars, but added another (One Star Plus) to close a gap between stars one and two.
- Standards and specific criteria were all based on research and implemented through licensing.
- Extra licensing staff and “Star Outreach Specialists” were dedicated to this program. Star Outreach Specialists were added because recognized need for more intensive work with some programs.
- We have tiered subsidy reimbursements linked to our quality rating system.
 - All programs are in the quality rating system.
 - Approximately 50 percent receive tiered reimbursements.
 - Providers can receive a tiered reimbursement and a quality bonus.
- Combination of tiered reimbursement and quality rating administered by the child care licensing agency.

Program’s goals are to:

- Increase the overall quality of care
- Increase quality “slots” for low-income children
- Provide guidance for parents in evaluating child care

Program offers four stars for increasing quality.

- One Star: meets the licensing requirements
- One Star Plus: transitional level to two Stars
- Two Star: meets quality criteria or is nationally accredited by an approved accrediting program
- Three Star: meets quality criteria and is nationally accredited

Program criteria include the following:

- Additional staff training
- Master teacher (increased minimal qualifications)
- Staff compensation
- Learning environments
- Parent involvement
- Program evaluation
- Licensing compliance

Administration

- Program is funded through OKDHS Division of Child Care, Licensing.
- Star Outreach Specialists provide technical assistance and approve the Star status
- Licensing specialists monitor compliance three times each year.
- Centers cannot receive subsidy payments unless they score One Star Plus or above.

Benefits of being a Star-accredited center

- Marketing
- Access to resources
- Higher subsidy reimbursement rates

Program's support structure includes several components, including:

- Scholarship program
- Scholars program
- Accreditation support
- Director's training
- ERS evaluations
- REWARD salary supplement
- Training vouchers
- Onsite technical assistance support
- Stars Outreach Specialists
- Quality Improvement Grants (no longer available)

Research conducted in the field supports and reinforces the program. Evaluation was built in from the beginning.

- The program spent \$250,000 on the first research, and now spends approximately \$600,000–\$700,000 per year.

- R&E is invaluable not only to show legislators what the impact is, but also to provide feedback on what is working and what is not.

Impact

- Child care quality is higher in two- and three-Star programs
- Average quality has improved from 5.19 to 5.75 on a 7-point scale since 1999
- Staff turnover has decreased
- Staff salaries have increased

Participation

- Forty-six percent of licensed facilities (2,877 of 6,258)
- Sixty-four percent of licensed slots (89,952 of 143,770)
- Eighty-six of all subsidized children are in settings rated One Star Plus or above (94 percent in centers, 70 percent in homes).

Conclusions

- Programs have to be constantly reviewed, revised, and re-evaluated in an evolutionary process.
- Feedback from providers is essential.
- Licensing provides the foundation for quality improvement.

Discussion

- Tennessee has money in stipends for education through the TN Child Care Provider Program, which provides access to frequent and research-based training.
- Quality enhancement grants also are funded, but programs should consider the benefits and how the program as a whole has improved.
- Kentucky funds both college and non-college scholarships, as many providers are not comfortable in a college environment.
 - Stipends and milestone achievement awards are available
 - Program directors are required to participate.
 - KY also pays for a teacher assistant in Pre-K, which can be costly for some programs. This is an issue under debate.

Question

What is the level of automation in these States?

- Kentucky has an automated system, but relies on paper as well. Reports and tracking are automated, but handheld monitoring devices are an issue.
- Tennessee is a combination of automation and paper, following the system developed in Kentucky.
- Oklahoma's system is highly automated.

What are the critical factors that support sustainability?

- Kentucky's program seeks a fairly broad base for sustainability; the system emerged from a leader who targeted 25 percent of the tobacco settlement. The governor has since vacated the office, but the 25 percent funding remains.
- Tennessee's system was built from the ground up as a complete reformation of child care to stop the flow of children out of subsidies. Offering care that parents want and can accept is a fundamental element of sustainability.
- Oklahoma's evaluation and research efforts are extremely helpful in providing data to justify rewarding good providers and sustaining the system.

What are some of the changes made as a result of evaluation?

- Oklahoma changed how it was using some of the quality money. Research showed CDAs from community-based training fared poorly relative to those deriving from a formal community college, so the State changed how it supported CDA.
- Oklahoma also added a Scholars Program based on what the State learned about why providers were not using scholarships. The State has 11 counselors in each of its community colleges who mentor the providers to help them complete their credentials.
- Tennessee used evaluation results to examine how it was spending money to consolidate funding to those programs that assured the greatest gain, particularly through technical assistance and training.
 - Evaluation data suggest that certified teachers with ECE specific training are the "pinnacle of quality."
 - Tennessee is using this information to improve its Pre-K initiative. You can use it for high-level policies or drill all the way down to individual issues.
 - Kentucky knew that if programs had higher payments they would provide higher quality. Kentucky aspires to model its program after Oklahoma and require a higher quality level for participation in a subsidy program.
 - This year, State will assess children to determine if there are positive outcomes.
 - Kentucky is working with research and referral centers to help reach the programs that are not the "low-hanging fruit."

Is there evidence of providers raising rates and parents having the ability pay more for higher quality?

- Oklahoma's market rate survey showed that providers were raising rates and that there were longer waiting lists for higher star programs. However, the increases were not nearly as much as the State enhancement rate.
- Kentucky's tiered reimbursement is paid quarterly and up front, depending on star level, age of children, and percentage of subsidy children served.
- Tennessee's private pay prices were increasing, but not at an incredible rate. The State is struggling because it cannot increase the rates too much and risk losing

- families to the unregulated sector. Tennessee stresses the importance of a high-quality program.
- Kentucky programs do not convey to parents the message that if children are not in star-rated program, they are not in a quality program. This is a liability issue.
 - Programs should be careful not to advertise the star reimbursement as something that covers all costs of higher quality.