

Session # D-3

Title: Choosing Quality Indicators for Quality Rating Systems and Other Quality Improvements Initiatives

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SUMMARY OF PRESENTATION

Tennessee: STARS, a Child Care Evaluation System

- Purpose of TCCES when it began in 2001 was:
 - Give parents and policymakers info about quality of providers
 - Improve quality

- Changing system now to be more child outcome-focused, however, because all of the QRS system is in legislation, it is tough to make changes. Since the beginning of STARS, licensing has been stepped up, and now they are ready to focus on child outcomes.

- Look at structural quality (data collected by licensors) and process quality (ERS done by assessment staff).
- There is a report card on all programs, whether part of STARS or not.
- Programs can earn up to 3 stars; each star level earns providers bonuses from 5 to 20% bonus per child per week.

- All of system is built around the QRS system (licensing, TA, professional development, small business training, CCR&R, etc.). They are moving toward more targeted, on-site consultation.

- Tennessee system costs \$31M; no state \$ goes into it. To learn more:
www.tnstarquality.org

Ohio: Step up to Quality

Goals similar to those of Tennessee. Developed system in 1999-2000, but no funds to implement until there were carry over quality dollars that needed to be expanded. Piloted in 2005 with the help of Build. Used research-based elements of quality. Focus is on licensed centers; hope to move into family child care if funding becomes available.

We have “Emerging Stars” for programs with licensing compliance history that don’t support quality. They can apply for a Star rating once they meet licensing compliance threshold. Programs receive incentives and technical assistance.

One of SUTQ focuses is a early learning benchmarks.

Supports include: TA, TEACH, quality achievement awards (not tied to market rates).

State R&R manages TEACH, Quality Achievement Awards, consumer education and local R&R provides TA and trainings and conducts ERS. License specialists assigned 100% to SUTQ conduct verification visits for ratings.

Ohio did a strong marketing campaign to develop parent demand and awareness. R&R worked with marketing firm which was more nimble than doing it within state government. Everything on Ohio system is on the web at www.stepuptoquality.org

Pennsylvania: Keystone STARS

- Focus is on child outcomes, accountability (use and analysis of data) to form and improve the system. Questions of exploration currently include: How we are supporting the people doing the work (PD instructors, STARS Managers, Technical Assistance staff)? Do they have sufficient skills and broad system understanding to do the work we need and bring the programs to the next level? Are we doing enough to help programs in diverse settings working with families most at risk? What is different about the supports and assistance (if anything) that these programs need to have success?
- It's an indicator-based system, with indicators that stand in for much broader areas of practice. You have to help providers understand the broader context for the indicator and how it's part of a deeper and more complex set of behaviors that add up to achieve quality.
- Orbiting the STARS—pieces in the system:
 - Professional development system
 - Development of learning standards
 - Department of Education Initiatives
 - Pre-K Counts

Participation is high in STARS. The system costs \$46M; they just got a budget increase of \$9M for next year. One unique feature of the Pennsylvania system is that the State spends \$2 M on a community-based coordinators that bring together all of the key players in each community. This has been effective in coordinating resources and getting buy-in and part of their continuous quality improvement efforts. One addition to the program this year is tiered reimbursement.

More information is available at: www.pakeys.org

SUMMARY OF DISCUSSION

- All 3 states use the ERS; in Ohio, programs can either be accredited or get a “5” on the ERS to reach the maximum stars levels. States place a strong emphasis on consistency of assessments and inter-rater reliability.
- There was some concern about whether or not low-income and at-risk children are benefiting from QRS. In Tennessee, 70% of subsidized children use STARS providers. Both Pennsylvania and Ohio link quality incentives to the number/percentage of subsidized children served.
- Documentation of training and other professional development: one state requires providers to have it organized and available; Ohio does 100% verification on-site and uses state on-line registry maintained by the R&R.
- Pennsylvania is flipping their thinking from a QRS model to a CQI model and they are thinking about how they standardize the decision-making processes of the staff (STARS managers) who assign the stars.
- Pushback from providers can completely unravel and/or delay implementation of QRS. It was tough in Tennessee, with strong resistance from the big for-profit chains, though family child care homes were supportive. Ohio didn’t get as much push-back because it was voluntary and there were cash incentives. Pennsylvania did a big public relations campaign with child care, to get buy-in to the vision based on the new research and opportunities that were on the horizon. For example, to be a state pre-k provider, you have to be at least a STAR 2 level. They try to drive new funding opportunities through their QRS.
- Home providers in Tennessee were supportive of QRS because the state involved them every step of the way and they saw the opportunity to be “professionalized.” Ohio hasn’t tackled family child care yet. Licensing isn’t consistent there, so that infrastructure isn’t in place. No consensus on what are appropriate tools to assess process quality of family child care.
- Be sure there is training and TA in place that responds to ratings given to providers. PD and TA need to be looped back to the ratings on each item.
- Who’s already monitoring what and gathering what data? So, if standards are good on group size and licensors already monitor that, then you don’t need to put it into your QRS monitoring.

Consider tapping into BUILD for support on governance.

KEY POINTS

- The work other states are doing, new research, changes in NAEYC accreditation, data on child outcomes, and other changes in the environment have impacted QRS systems development, and drive changes and updates in systems that were developed early on. All 3 states have an ethic of continuous quality improvement.
- QRS can be overwhelming because it seems like there are a million aspects to coordinate. Remember that at the heart, QRS is really about taking a systemic approach to improving quality and child outcomes, and coordinating all aspects of the system through this mechanism.
- Key take-home—you must decide what is it you're looking at:
 - Improving quality?
 - Measuring quality and improving it?
 - Getting child outcomes?
 - Raising professional development and core competencies of industry staff?