

Quality Rating Systems — The Experiences of Center Directors

by Dana E. Friedman

There's a policy locomotive chugging through the states in the name of "quality rating systems" (QRS)*. The 13 states that have QRS in place and the other 29 studying it believe this effort can improve quality, help the poorest

children to get the highest quality care, educate consumers, and potentially create a system out of what is a cacophony of funding streams, regulations, and learning standards. As a director of a local effort to

improve quality and the co-chair of New York State's Work Group on QRS, I thought the experiences of center directors participating in their state's QRS could be illuminating — and indeed they were.

A dozen diverse center directors were interviewed from three states with

different approaches to their quality rating systems: Colorado, where most financial incentives vary by locality; Pennsylvania, which offers the most generous grants to enter the system and acquire more stars; and Tennessee, which has the strongest relationship to licensing among those interviewed. Follow-up interviews were conducted with state officials and other experts on QRS.

The directors interviewed were selected by state officials to represent a cross section of program sizes, locations, and ratings. Included are eight non-profit centers and four for-profit centers that have been in business for 22 years on average, although their endurance ranged from five to 40 years. Centers had an average capacity of 130 children, ranging from 14 to 410 children, with five having up to 40 children. Interviewees comprised a seasoned group of directors, having led their agencies for 12 years on average, with five of them being founding directors. The centers included rural, urban, and suburban centers, as well as multi-site Head Start centers, and a school-based teen parenting center. Though they all started at different star levels, they all acquired more stars — and directors strongly believe — more quality, because of their participation in their state's QRS. There are lessons for states now creating their rating systems, and practical advice to center directors who want to "reach for the stars."

Are centers seeing stars?

While quality rating systems in Colorado, Tennessee, and Pennsylvania are considered voluntary systems, many providers commented that because funding is available only to those programs participating in QRS, it's not really voluntary. In Tennessee, all licensed providers are required to have a "report card," which is a written assessment, and must be displayed with the license; but they have a choice as to whether the results are published. Those who choose to publish their results are considered part of the state's Quality Stars program. Judy Graham in Tennessee said, "When the program was rolled out, it was not seen as a voluntary program." In Colorado, an Early Learning Report is developed for programs based on their Quality Rating. Publication of these reports are also voluntary.

Interviewed directors recognized the benefits of getting a star rating and were active promoters of the idea to staff, parents, and Board. Only two providers from Tennessee said they had some problems getting staff to be enthusiastic about participation. They were concerned about the amount of work that it would take, but they eventually came around because of the director's commitment.

Dana E. Friedman, Ed.D., is the Project Director for Early Care and Education — Long Island, a collaborative of five foundations dedicated to improving the quality of early learning for all children on Long Island.

*QRS initiatives define levels of quality based on research and then support providers with funding and technical assistance to increase their quality. Each program is assessed and given a number of "stars" to indicate to parents what level of quality the program has reached.

The first assessment and star rating was instructive to these directors and their staffs. For some, it was a sobering experience. Of those interviewed, two programs in Tennessee received a 0 after their first rating. Five programs received a 1, three of them in Pennsylvania where directors were anxious to get into the system because there are automatic grants that would help them improve. All of those starting at a 0 or 1 acquired more stars in the following years. The two centers in Tennessee starting at 0 rose to a 3 after two years. Those that were given 1 star, moved up to a 2 star, and two of them in Pennsylvania moved to 3 stars within two years. Five of the centers interviewed had achieved the highest star level offered in their state.

Programs needed to improve their programs in a variety of ways to reach more stars. In most centers, there was a need for more materials and training, and they received grants to cover their costs. Playgrounds were mentioned as an area for improvement in many centers. For some programs, increased parent involvement got them more stars. Several centers, particularly those starting at lower star levels, understood for the first time what a “child centered” classroom looked like. A center in Colorado found they needed more stimulation in the infant nursery. “We have some older workers who didn’t think they could get down on the floor. We also needed more multicultural things. Staff also got more training, degrees, and sometimes, more benefits, e.g., insurance, vacations, bonuses.” One program talked of the impact of staff learning how to develop lesson plans. And many talked about the need for more handwashing in order to move up in the star ratings.

Center directors emphasized the need for staff, parents, and Board to share your commitment to the stars system and what needs to be done to participate. A Colorado director said, “I would

make sure that you can get your staff on board with doing this. They must be motivated to want to raise the stars. They have to see the benefit of working hard. You can’t just dictate; they have to want to have a quality program.” Another director commented, “For staff that has been committed and qualified for almost 20 years here, they are asking why they have to do so much additional work to earn stars. I tell them that I’m not trying to be a bitch; this is what quality is.”

Did centers get the support they needed?

All but one director said she got the support she needed to enter the system and then increase her star rating. One director in Tennessee said she didn’t get enough support in the first year, but the process became easier in subsequent years. The support these directors were seeking, that would help them motivate their staffs to participate and actually improve quality are technical assistance, professional development, and funding.

There were mixed stories in each of the three states about how adequately these elements have been supported. In Pennsylvania, there is an extensive infrastructure with several agencies available to provide needed information by phone or on-site. There are also very generous grants called “Start with Stars” just to start the process, before being rated. In Colorado, the state uses Child Care and Development Block Grant dollars to fund quality improvement; but in some instances, the local community must raise the funds and develop the technical assistance capacity. In many instances, the child care resource and referral agency is a key player in providing these supports. In Tennessee, licensing staff provide some support and there are other trained facilitators to help as needed. The best part of most of this technical assistance is that it is free, and conducted on-site, on a regular or requested basis. They work with staff to develop the quality improvement

plan, establishing supportive relationships along the way.

Diana Schaack, Director of Research and Evaluation in Colorado explained that “Qualistar Early Learning was created as a public-private partnership; with some public monies coming from federal block grants as well as private foundation support to advance the quality initiative. We didn’t want to fund just quality ratings, but quality improvement as well. . . . We think of it as a quality improvement and not just an assessment.” A Colorado center described the support she got: “They paid for a mentor. The first year, she was awesome. She went through every room and made up notebooks for each room specifying things they should be working on. She came by all year and answered any questions we had. Those notebooks are really helpful when we have turnover.”

Across the three states studied, Head Start programs fared well in the ratings. Jeanette Baublitz from a Head Start program in Pennsylvania commented, “Participating in Keystone Stars showed staff how much quality Head Start offers. Staff could see that this is what the state wants and we are already doing it.” In Tennessee, 96% of Head Start programs have a 3-star rating. Aligning Head Start support and state QRS support seems to have very good success.

Financially, there are differences among the states as well. In Tennessee, where the Star program began in 2001, the state has continued its commitment, but due to the decline of subsidized children on which a bonus was paid, the actual amount that centers receive has declined. Pennsylvania’s Keystone Stars, launched in 2002, is finding that due to the large number of programs participating, they are cutting back the funding support by reducing awards to those with fewer subsidized children.

All states must ask, "If money is tight, who do we give it to?" This was a difficult decision by the state, but the principle was to help the lowest income children get the most quality. The sustainability of QRS funding is critical to the long-term success of these initiatives. Whether due to politics, popularity, or local limits, cutbacks of financial incentives could lead to a decline in the participation rate of child care programs in their state's QRS.

Was it worth it?

All directors interviewed felt QRS was helpful and worth the effort they put in. For many directors, the chief benefit was access to funding for things that would improve their programs such as materials and playgrounds. Other directors focused on the access to free training and the pride and professionalism that come from having staff feeling good about their work. Kathy Frederick of Pennsylvania commented, "It's wonderful to see how early childhood is looked upon in our state. Our state now views it as a profession." Some liked the framework that the rating system provided to help them figure out where they need to improve.

Interviewed directors did not feel that the star rating helped their reputation or that parents chose their program because of its star rating. Most states, however, invest in marketing their QRS. Deb Mathias of Keystone Stars in Pennsylvania said, "Part of the Keystone STARS program is helping parents and the community become more aware of how to identify quality early learning programs; the resource and referral now talks with parents about STARS." The interviewed directors feel that parents may have heard about "stars," but they really don't know what different stars mean and may not have much of a choice anyway, given the cost and location of child care programs. A Pennsylvania director found that when she was

doing center tours, "Quite a few heard about the stars system. They were glad we were participating and they saw that there were improvements in the equipment, but the parents didn't know much about what the different levels of stars meant." This was particularly true of rural programs where there are a limited number of program choices. A rural center from Pennsylvania shared, "It's mainly about the financial reward. We got a great playground for \$1,800. We were the first in a 22-county area to get 3 stars. Even if we didn't have a star rating, parents would still choose us for our reputation."

These directors believe that parents have other priorities. A director from Tennessee said, "These parents could care less whether we are a 1-, 2-, or 3-star center as long as we take care of their children. We've improved the center. We've left postcards by the door telling them about our star rating. No parents asked about it. I put it in the newsletter but we got no feedback from the parents." One Pennsylvania director felt that, "Parents are price checking. No parent is out there looking for a 3- or 4-star center." Another director said that "Why parents choose child care has to do with location. Up the block from me is one of the worst centers in the state; it's full because we are full and parents still need care."

One director from Tennessee commented that the benefit may not accrue for the long term. "Participating in stars has helped to a point. At first, it made me and the staff more aware of some of the things we should be doing. I couldn't imagine going back to the traditional classroom and not using center bases. We learned the value of free play. At some point, after our third year, it hasn't helped a lot. There seems to be a saturation point." In Tennessee, Patti Gibson said after her fifth time of being assessed, "The initial excitement and benefits have worn off. Parents don't

usually ask about our star rating. The centers not participating are doing fine financially, while those of us who participate feel pressure to continue to spend more money each year to maintain the rating. I've visited some centers that are not participating and they have actually gotten worse. There is no focus on those that have poor quality." Deb Mathias of Pennsylvania reports that 68% of Pennsylvania centers participate in Keystone Stars. "We've seen a little slippage this year. I'm not surprised; we upped the qualifications. In some ways, that's okay. It will leave in those who want to work on quality and maybe others will join back in later."

One of the things that we are robbed of in this fast-paced, 24/7 world we live in is that there is too little time to reflect and consider what you've done and whether it could be done better. Betty Williford from Tennessee commented, "QRS made the teachers more aware and conscious of what they are doing. They take more time and have more patience with the children." Joyce Delancey from Colorado said, "Teacher education is remarkable. They study the Environmental Rating Scale and prepare for the self-study. They are more aware of what quality is. It's not just what they thought was best practice — now it's written down." Directors talked a lot about the documentation that was required to prove to the assessor that they were meeting the star requirements. A state administrator responded, "When a director says she doesn't have time because she is racing around like a madman, then you are not intentional and reflective — and you are probably not a 3- or 4-star program."

How does NAEYC accreditation fit into QRS?

One of the big surprises during these interviews was the relationship between the rating system and NAEYC accreditation. Among the 12 programs

interviewed, eight centers were not accredited, including one center planning to apply during the next year and one for-profit center unfamiliar with NAEYC accreditation. Among the four programs that have been accredited, one has maintained the status for ten years. In the Head Start agency with 12 centers, all 12 Head Start centers have been accredited.

Nearly all states with QRS recognize NAEYC as an approved national accrediting body. In terms of which star level an NAEYC accredited program falls varies from state to state. Pennsylvania places a strong emphasis on accreditation in order to reach the highest star level. Tennessee gives an extra point to accredited centers, while Qualistar in Colorado gives accredited centers an extra point out of the 34-42 that are needed to reach their top star level. The majority of states have other standards above accreditation that must be met in order to reach the highest star level. South Carolina, now in the process of developing a QRS, has considered not incorporating NAEYC accreditation because of the cost. According to one state representative, "Many states have spent a lot of money helping programs get accredited and yet there are very few programs that can claim the distinction. More centers participate in QRS and can demonstrate progress along the quality continuum — which pleases policymakers."

All center directors interviewed saw several advantages to participating in QRS rather than becoming accredited by NAEYC accreditation. These directors believe that more programs and parents know about stars than accreditation. As discussed above, parents may still be a little fuzzy about what stars are, but relative to NAEYC, the state has done a better job marketing QRS. A Tennessee director admitted, "There has been more branding of stars over NAEYC. We are going to drop accreditation because of

the fees and we have a 3-star rating. Many parents know about stars — it's in the yellow pages. Why do we need both? Why pay fees? I think there is great value in both of them. But from a marketing perspective, a 3-star program is more valued." Last year, NAEYC conducted market research regarding familiarity with accreditation and found limited awareness among parents, providers, and policymakers. They have invested much more in materials and branding in the new accreditation standards.

In addition, QRS is providing free technical assistance, training, and grants to improve program quality. There are fees charged by NAEYC, with some scholarships available to cover the difference between old fees and new fees. NAEYC allocates \$200,000 a year for scholarships and about \$7,000/month of that is being spent for this purpose. Melanie Heller from a Head Start program in Pennsylvania explains, "Our program made conscious decisions not to do NAEYC. We determined that Keystone Stars covered all of NAEYC. With NAEYC you don't get anything. With Keystone stars, we get grants and retention awards." Sara Burrows from Colorado noticed, "It was definitely harder for centers that were already accredited. They just did all this work. How many assessments do we need to go through? I figured why not get the state grants by joining Qualistar. They can help me reach accreditation. If I didn't do Qualistar, I would have been accredited by now. With the old system, I would have been ready. I had to do Qualistar so I put accreditation aside."

Anne Mitchell, President of NAEYC pointed out that, "These reactions should not have been a surprise given the states chosen for study. Tennessee gives an extra point for accreditation, Colorado gives two extra points for it, and Pennsylvania has alternative pathways. No state that made accreditation

the only way to reach the top star was included." The NAEYC Governing Board adopted a position in April, 2005 regarding QRS and accreditation. It states, "Quality rating or tiered rating systems should provide a number of tiers or levels in order to provide a continuum that sets clear benchmarks of quality that build upon each other, leading to the top tier that includes program accreditation by NAEYC . . . and other recognized national accreditation systems."

It seems that QRS emerged because of attempts to create the steps between licensing and NAEYC accreditation. The many "accreditation projects" around the country over the past few years discovered that there was too great a leap between licensing and accreditation, especially in states where licensing standards are very low. Therefore, the steps in between are now rungs on the QRS star ladder. It may be difficult to assess the impact of QRS on NAEYC accreditation because its reinvention is occurring at the same moment that QRS is being introduced. Any decline in re-accreditation may be due to a natural resistance to change.

What changes in QRS would directors suggest?

The directors of these programs have participated in their state's QRS between two and five years. Only one program in Colorado said that after three rounds of assessments and ratings, they were not going to continue in Qualistar. They were in the process of moving and felt that becoming rated at the same time would be too overwhelming. That seems to be more about the life of a director than any particular flaw of the QRS, although the extra effort needed to get your stars is not insignificant. However, in Pennsylvania, a director commented that other centers she knew of were stopping at 3 stars (when 4 is the highest) because of the

“additional work and the costs of training, qualifications, and benefits. The state funds are not high enough to cover all of these costs. They are saying to themselves, ‘Star 3 is fine for us and parents don’t care.’”

While all but one planned to continue with QRS, they all had ideas for how to improve the system. In all three states, at least one director commented on the need to assure greater consistency among validators, i.e., those who come and score you for your star rating. One director felt they could be more reasonable and flexible. Another reported, “I got a huge markdown because we didn’t have the depth of cushioning needed on the playground. But you can’t do that with so much snow. So, I purposely had them out in October so I could get a better rating. You’re making me work the system to get a better rating than doing what’s reasonable.”

A Tennessee director asked about assessors, “How do you impress a person who doesn’t know you? This stranger comes in and makes a judgment on one day. If you don’t have at least 1 star in ECERS, you can’t participate. One bad score and you can’t participate for the year.” A Colorado center director commented, “We feel it was worth the hassle of having outsiders come in. It is a little intimidating — people you don’t know coming in with pens and clipboards. They don’t know you, the babies, or the situation of parents. We don’t have much discussion with raters.” One state official acknowledged that assessors have become the “bad guys.” Tennessee has tried to address this situation by instituting a sophisticated system for challenging your score. They also invest a lot in the reliability of assessors. Their efforts have paid off as they now boast a 96% reliability rating among assessors, higher than any other state.

At least one director in each state felt that the state had been really receptive to the feedback from the field, trying to make it a more user-friendly system. A Colorado director noted, “The report used to be what you didn’t do, now it’s where strengths are. It’s more positive.” The state was pleased to hear their good intentions were recognized.

It was heartening to hear a general enthusiasm for QRS from the center directors interviewed and a belief that it is really making a difference in program quality. Many in the field have always known that if you define quality and allocate resources to provide it, there will be progress. While the funding provides significant motivation, it was good to hear that a new sense of professionalism can emerge from the process. QRS may be providing an external boost for directors to motivate their staffs.

There are things that need further thought and examination. Clearly, the relationship to NAEYC should be assessed. An alignment between QRS and NAEYC may uncover cost-efficient ways to help programs achieve accreditation and reduce assessment costs for the state. Louise Stoney, co-founder of the Alliance for Early Childhood Finance, wants to see Head Start invest more in QRS. By collaborating with states, they can leverage more of their funds for technical assistance.

It is clear that more attention needs to be paid to consumers. While the realities of the marketplace will have an impact, there may be ways to provide parents with financial incentives to choose quality. Louise Stoney has thought of linking QRS to the Dependent Care Tax Credit. It could be linked to employer vouchers or subsidies. Even without a QRS, the state of Maine doubles the state’s tax credit for programs defined as “high quality.”

The exercise of creating a QRS in New York and bringing lots of perspectives to the table to grapple with these issues has been an incredible experience. You learn a lot more about how things really fit together. You see the holes in the system very clearly. QRS is the crochet hook that can pull it all together. The experiences of center directors would suggest that this new adventure holds promise for creating the needed infrastructure in the field and achieving higher quality care and education.

What advice do directors have for other centers?

All of the directors interviewed advised other center directors to participate in their state's Quality Rating System if they have the chance. While they believe the benefits described above can be achieved, there are ways to make the journey more fulfilling and less frustrating. In short, they believe you should be prepared for what will be expected of you, you need to prepare your staff for what will be expected of them, take advantage of the technical assistance offered to help you prepare, keep parents informed, and stay focused on the goal: improving the lives of children. In the words of these directors:

"It makes you take a look at your program and what areas you need to focus on. It's nice to look at guidelines; there's always room for improvement."

Peg Work, Pennsylvania

"It will make their program better. It may cause some headaches at first . . . but you have to jump into it."

Judy Graham, Tennessee

"There's legwork, but there's a benefit. Keep in touch with parents and let them know what you are doing."

Jeanette Baublitz, Pennsylvania

"Try to do what they want you to do. It's worth it."

Betty Williford, Tennessee

"Make sure you study up on the requirements beforehand. Read over the Environmental Rating Scale and prepare the staff for the stress they may go through."

Joyce Delancey, Colorado

"It helps staff to know that they need more training."

Pat Renner, Tennessee

"Let the state resource people come in and tell you what you need. Work with them. In accreditation you have to be totally prepared. In QRS, I really enjoyed that they came in and told me what I needed to do."

Sara Burrows, Colorado

"They shouldn't hesitate. They need to work together to do as much as they can within the QRS framework. It is in the best interest of their programs and the children and families they serve."

Kathy Frederick, Pennsylvania

"If you can do it, DO IT! I believe every child is entitled to high quality child care. . . . People should get on board to improve what they are doing. It has to be about the kids."

Joyce Kinney, Colorado

	Colorado	Pennsylvania	Tennessee
Name	Qualistar (originally Educare)	Keystone Stars	Report Card/Star-Quality Child Care Program
When Launched	1999, went statewide 2001	2002	2001
Number of Levels	4	4	3
Evaluation Criteria	<ul style="list-style-type: none"> • Learning environment • Family partnerships • Training and education • Adult-to-child ratios • Accreditation 	<ul style="list-style-type: none"> • Staff qualifications and professional development • Early learning program • Partnerships with family and community • Leadership and management 	<ul style="list-style-type: none"> • Director qualifications • Professional development • Compliance history • Parent/family involvement • Ration and group size • Staff compensation • Program assessment
% of Centers Participating	16%	68%	74%*
How often rated?	Annually	Annually	Annually
% of Classrooms Assessed	100%	1/3 of classrooms; at least one classroom in each age group; required of programs at 2-star level and above	1/3 of classrooms; at least one classroom in each age group
Funding Sources	<p>Some state funding to low-income districts. Other funding varies by locality; funding often available only to programs participating in Qualistar. Assistance may include:</p> <ul style="list-style-type: none"> • Getting ready for ratings • Facilities improvements • Family partnership development • Management/leadership training 	<p>Available with 5% subsidy:</p> <ul style="list-style-type: none"> • Star support grants • Merit awards • Education and retention awards for staff <p>Prioritized for STARS Programs regardless of subsidy:</p> <ul style="list-style-type: none"> • Reduced fees for professional development opportunities • Vouchers for credit bearing professional development • Priority for TEACH and CDA classes • STARS technical assistance 	<p>Tiered Reimbursement, bonuses based on star levels and participation in the subsidy system. So bonus is above the subsidy. Can't charge more to state than private, fee-paying parent.</p>
Technical Assistance	Local agencies may offer training, on-site TA, and assigns a liaison	On-site TA, mentoring, coaching, training	On-site TA, targeted to programs with low ERS; free training
NAEYC Accreditation	Extra 2 points given for Accreditation; highest star = 34-42 points	Highest star level, but alternative paths available	Extra 1 point given for Accreditation

*100% of regulated providers participate in the Report Card, but 74% of centers participate in the Star Quality Program.