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## QUALITY PRESCHOOL: QUALITY RATING SYSTEM ESTABLISHMENT OF A QUALITY RATING SYSTEM FOR CONNECTICUT'S EARLY CARE AND EDUCATION PROGRAMS AND PROVIDERS

Policy Brief prepared for the  
Early Childhood Research & Policy Council  
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*“Quality matters and it can be defined.”*

Anne Mitchell

*Stair Steps to Quality*, page 3

### Early Childhood Quality Rating Systems

#### Definition

“Quality rating systems are a method to assess, improve and communicate the level of quality in early care and education settings” (*Quality Rating Systems: Definition and Statewide Systems*, NCCIC, March 2006). They generally include five elements:

- **Standards**, built on the state’s child care licensing regulations, with two or more levels above basic licensing requirements
- **Accountability**, through assessment and monitoring for compliance with the standards
- **Program and practitioner outreach and support**, including promotion, training, and technical assistance
- **Financing incentives** linked to compliance with quality standards, such as quality bonuses, tiered subsidy reimbursements, quality grants, or wage supplements

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- **Consumer education** to assist parents in understanding the importance and dimensions of quality and in using selected symbols (such as stars) to indicate the quality rating of individual providers

## **Goals**

The goals that a state's quality rating system is intended to serve affect its scope, methods, and costs. These goals can include:

- Increasing the quality of care for all children
- Recognizing the current quality of existing programs
- Strengthening the licensing and regulatory system
- Increasing access of low income children to quality subsidized care
- Improving the qualifications, skills and compensation of the early care workforce
- Increasing parent involvement in informed decisions about care options and in their child's education overall
- Increasing the subsidy reimbursement rates
- Engaging providers in ongoing quality improvement
- Improving accountability for use of public funds
- Linking fiscal accountability to standards
- Aligning funding rates to standards of quality
- Ensuring consistency in quality assurance and program improvement goals and methods across all programs and funding streams

For example, focusing on improving the quality of care for children eligible for child care subsidies implies a more targeted approach than if increasing the quality of care for all children were a primary goal. Intending to engage providers on ongoing quality improvement suggests that supports such as training and technical assistance will be more important than in a quality rating system that focuses on recognizing programs that are already at a high quality level.

## **Scope**

Child care quality rating systems can include any of the following provider settings:

- Child care centers
- Family group child care homes (usually with more than one caregiver and a larger licensed capacity)
- Family child care homes (with one caregiver and a smaller licensed capacity)
- Head Start
- Public preschool or prekindergarten programs
- Afterschool programs for school-age children

All states with quality rating systems include child care centers, family group homes and family child care. All but one include afterschool programs. All but two include Head Start. However, only three include public preschool or prekindergarten programs.<sup>2</sup>

## Steps or Tiers

The **number of steps or tiers** in a state quality rating system depends on the difference between the basic licensing requirements and the highest standards, and the distribution of providers between these two levels. It is important to set up a system in which both individual providers and the provider field as a whole can show visible progress in quality over a reasonable period of time.

There are two **ways to achieve a given step or tier** in a rating system: by meeting all the requirements at each discrete tier or by accumulating a specific number of points across a number of dimensions at each tier. The first approach, also called a “building block” approach, has the advantage of ensuring greater homogeneity in quality across multiple dimensions for all providers at a given tier. The second approach, however, may allow states to recognize diversity among providers in areas of quality that may not be of the same importance to all consumers.

All the existing quality rating systems have 3 to 5 steps or tiers, **including or above licensing** requirements. In all cases, providers must be licensed to participate in the rating system. However, only North Carolina and Tennessee require that licensed providers participate in the quality rating system.<sup>3</sup> A number of states, however, define meeting licensing requirements as the first step or tier. If the goal of the quality rating system is to include as many providers as possible from the beginning, using licensure as the first step accomplishes this. However, generally this will mean that many providers in the system will be of low quality, at least initially.

Almost all tiered quality systems (whether using a quality rating system or only tiered reimbursements) include **accreditation** as a factor. Of the twelve states with a quality rating system, all but North Carolina and Tennessee include accreditation in determining the rating.

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<sup>2</sup> These programs, like the School Readiness Preschool Program in Connecticut, often have their own program requirements, quality standards, and monitoring systems. See the *State of Preschool 2005*, compiled annually by the National Institute on Early Education Research (NIEER) at <http://nieer.org/yearbook/pdf/yearbook.pdf>. The NIEER Yearbook sets benchmarks for quality in 10 areas and in 2005 Connecticut met these benchmarks in 5 areas – comprehensive early learning standards, teacher specialized training in early childhood education, maximum class size of 20 or lower, staff:child ratio of 1:10 or better, and on-site monitoring visits.

<sup>3</sup> Only North Carolina embeds its quality rating in the license. Such a system poses challenges if the rating changes, since the license is a property right based in statute.

As noted by an expert in the field, “[i]t is inefficient to require Head Start and nationally accredited programs to be assessed and monitored a second time for criteria that have already been met” (Anne Mitchell, *Stair Steps to Quality*, page 32). For example, in Connecticut’s school readiness program, depending on the type of accreditation, providers must meet different sets of additional criteria.

Many states with a tiered quality system also use observation of the child care program with a **standardized tool** like the Early Childhood Environment Rating Scale (ECERS), which is appropriate for center-based care for preschool-age children, and its companion tools for center-based infant and toddler care, family home-based care, and school-age care. Of the twelve states with a quality rating system, only Montana and New Hampshire do not include direct observation using a standard tool in some way in their systems. Both North Carolina and Tennessee, which do not include accreditation, use observational assessment tools in their systems.

### **Dimensions of Quality**

The most common dimensions of quality included in state quality rating systems are:

- Staff qualifications and professional development activities
- The learning environment
- Family involvement
- Licensing status and/or compliance history
- Group size and staff/child ratios
- Program evaluation
- Staff compensation
- Administrative policies and procedures

### **Current State Efforts**

Currently (as of March 2006), twelve states have a statewide quality rating system:

- Colorado
- District of Columbia
- Kentucky
- Maryland
- Montana
- New Hampshire
- New Mexico
- North Carolina
- Oklahoma
- Pennsylvania
- Tennessee
- Vermont

These quality rating systems have been in place since as early as 1998 (Oklahoma) and continue to be adopted (New Mexico in 2005 and New Hampshire in 2006). (See Attachment A for the web sites for eleven of the twelve systems – there is no web site for the District of Columbia system.)

In addition, thirty states use tiered reimbursements in their child care subsidy systems that have higher rates for providers that meet quality standards beyond basic licensing requirements.

### **Connecticut Foundations for a Quality Rating System**

Connecticut is fortunate in having many elements for a statewide early childhood quality rating system already in place, as briefly noted below.

#### **Licensing Standards**

Like all states, Connecticut has a detailed set of regulations that apply to child care centers, group day care homes, and family day care homes. These cover a broad range of areas, including:

- Administration
- Staffing levels and qualifications
- Consultation by health, education and other professionals
- Record keeping
- Health and safety procedures
- Physical plant
- Requirements related to the educational content of activities
- Administration of medications

However, like most licensing systems, Connecticut's requirements for staff qualifications are not specific enough to ensure instruction and classroom practices that support child development.

#### **Accreditation Facilitation Project**

Connecticut is a leader in accreditation of its child care centers, having established a statewide accreditation facilitation project, now based at Connecticut Charts-a-Course (<http://www.ctcharts-a-course.org/accreditationf.htm>). In 2004 the state was ranked number two in the nation in percent of centers accredited, with 23 percent. In 2006 there were 585 centers accredited by the National Association for the Education of Young Children (NAEYC) in Connecticut and the accreditation facilitation project has assisted 450 programs achieve that status.

#### **School Readiness Preschool Program Evaluation System**

Connecticut's School Readiness Preschool Program requires that each program receiving funding through this program provide information annually on the educational levels and certificates of classroom and administrative staff. In addition, an annual assessment on the following quality components is required:

- Collaboration with community agencies
- Parent involvement
- Health policies and procedures
- Nutrition policies and practices
- Family literacy activities
- Admissions
- Transition to kindergarten
- Professional development
- Use of sliding fee scale
- Annual program evaluation
- Services to children with disabilities

Programs that do not have current accreditation by the National Association for the Education of Young Children (NAEYC) and are not part of the state's Accreditation Facilitation Project, are not approved by Head Start, or do not meet the additional requirements for other types of programs must also be assessed annually using the ECERS observational tool.

The other state-funded early care and education program is the Department of Social Services Child Development Center program. These centers do not have an evaluation requirement, but they are required to be NAEYC accredited.

### **Preschool Curricular Goals and Benchmarks**

In 1999 Connecticut issued its Preschool Curriculum Framework<sup>4</sup> that contains detailed content standards and performance indicators in four domains of young child development:

- Personal and social development
- Physical development
- Cognitive development
- Creative expression/aesthetic development

The content standards relate to the opportunities that preschool programs should offer young children so that they can develop and demonstrate knowledge and skills in each of the five domains. The performance standards provide specific guidance in what children should know

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[www.state.ct.us/sde/deps/Early/Preschool\\_framework.pdf#search='Connecticut%20Preschool%20Curricular%20Goals%20and%20Benchmarks'](http://www.state.ct.us/sde/deps/Early/Preschool_framework.pdf#search='Connecticut%20Preschool%20Curricular%20Goals%20and%20Benchmarks')

and be able to do as the result of participating in an educational experience that provided those opportunities.

### **Tiered Reimbursement**

Connecticut has had a tiered reimbursement system in place since 1993, in which nationally accredited providers – centers, day care homes, and afterschool programs – receive higher reimbursement rates than those that meet only the licensing requirements.

### **Infoline**

Connecticut has a valuable resource for consumers in Infoline, a centralized resource referral system maintained by the United Way of Connecticut under contract to the Department of Social Services. This system maintains an electronic database of all licensed providers in the state and parents can go on-line or call a toll-free number to get information on child care options available in their area.

### **Connecticut Charts-a-Course**

Like other states, Connecticut has an early childhood professional development system, Connecticut Charts-a-Course ([www.ctcharts-a-course.org](http://www.ctcharts-a-course.org)). This organization provides scholarship assistance and training to individuals seeking to move up the early childhood career ladder and gain additional certification or credentials.

### **DataCONNECTIONS**

The Early Childhood DataCONNECTIONS project, a public-private partnership between the Connecticut Child Health and Development Institute and State Department of Social Services, has been working for a number of years with state government agencies to build their capacity to collect, analyze and report relevant information on the needs of and services for young children, birth to age eight, and their families. This project has prepared a resource guide on data and research on young child development and early education and conducted an inventory of state administrative databases that collect information on young children in Connecticut. DataCONNECTIONS developed a toolkit on how state agency databases can be formatted and enhanced to support solid policy analysis and research as well as program administration and used those databases and others to prepare a factbook on the school readiness of Connecticut's young children. (See [www.chdi.org/initiatives\\_ecdc.htm](http://www.chdi.org/initiatives_ecdc.htm).)

### **Data on Providers and Workforce**

In addition to the data maintained by Infoline on provider characteristics and consumer needs, there has been recent research on the child care workforce published by the Connecticut Child Health and Development Institute through the DataCONNECTIONS project (see *Shaping Young Lives: A Profile of Connecticut's Early Care and Education Workforce* published in 2005 --

[www.chdi.org/files/1222005\\_161855\\_1442120\\_pdf.pdf](http://www.chdi.org/files/1222005_161855_1442120_pdf.pdf)). This report presented findings from a survey of Connecticut's child care centers and family day care providers in such areas as caregiver education and experience, compensation, and turnover. DataCONNECTIONS also identified the gaps in data that are essential for workforce planning and a quality rating system.

### **Political Interest and Leadership**

In most states that now have a quality rating system, governors were a critical champion. Connecticut is fortunate in the priority that Governor Rell has given to early childhood. The impetus for a quality rating system comes from the Early Childhood Education Cabinet and its Early Childhood Investment Framework.

### **Models and Resources**

As noted above, twelve states currently have quality rating systems. A major source of information on the individual systems can be found on their web sites (see Attachment A). In addition, other states have investigated and developed preliminary designs for such systems, some of which are available for other states to draw from.

The National Child Care Information Center ([www.nccic.org](http://www.nccic.org)) has a number of briefs on quality rating and tiered reimbursement systems, among many other topics, as well as lists of materials available on other sites. Some particularly useful resources for any state considering developing a quality rating system have been published by the United Way of America through its Success by Six initiative. These include:

- *Stair Steps to Quality: A Guide for States and Communities Developing Quality Rating Systems for Early Care and Education*, authored by Anne Mitchell in July 2005 ([national.unitedway.org/files/pdf/sb6/StairStepstoQualityGuidebook\\_FINALforWEB.pdf#search='Stair%20Steps%20to%20Quality'](http://national.unitedway.org/files/pdf/sb6/StairStepstoQualityGuidebook_FINALforWEB.pdf#search='Stair%20Steps%20to%20Quality'))
- *Financing Quality Rating Systems: Lessons Learned*, by Louise Stoney in September 2004 ([www.earlychildhoodfinance.org/handouts/Louise\\_Stoney\\_QRS\\_Financing\\_Paper.pdf#search='Financing%20Quality%20Rating%20Systems'](http://www.earlychildhoodfinance.org/handouts/Louise_Stoney_QRS_Financing_Paper.pdf#search='Financing%20Quality%20Rating%20Systems'))

Other resources are listed in Attachment B.

### **Major Decisions in Designing a Quality Rating System<sup>5</sup>**

In designing a quality rating system, a number of important decisions must be made. Many of these decisions will not only affect the credibility, support, and usefulness of the system, but also its cost. These decisions include:

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<sup>5</sup> The information presented here draws heavily on the two resources cited in the paragraph above.



- The **types of providers or care settings** that will be included – as noted earlier, all current systems include both center- and home-based early care, but many do not include public preschool programs
- The level and intensity of **provider outreach and recruitment** – almost all quality rating systems are voluntary
- The **methods by which assessments are made and ratings given**, including:
  - Whether/how *accreditation* will be considered
  - Whether/under what circumstances observation using a *standardized tool* will be used
  - How *frequently providers will be assessed*, rated and/or monitored – most systems require annual ratings
  - What *proportion of classrooms* in centers will be assessed at any given time – most rate only one-third of the classroom in any given year
  - The extent of *reliability checks* and report verifications
- **Staffing** levels and training requirements
  - How much of the assessment information can/will be collected by *self-report or an external rater* – current caseloads for external staff involved in assessment, monitoring and provider support range from 1:30 to 1:90
  - How *current public agency staff* involved with provider licensing/monitoring will be utilized – the most common staffing for state quality rating systems makes use of the state licensing agency
- **Data management** and automation requirements
  - What *specific data* need to be maintained electronically and what *functions* an automated database needs to serve
  - How provider assessments and ratings will be validated and the data in the automated system *checked for accuracy*
  - What systems are currently in place that can be expanded
- The **types and levels of non-monetary support** provided to providers taking part in the system – these can include:
  - *Professional development* opportunities for staff, such as credit and non-credit training and college courses and distance learning
  - *Technical assistance* to providers, including mentoring, support groups, and facilitation of improvement planning (including accreditation facilitation)
  - *Information and materials*, including guides and tools
- The **types and levels of monetary incentives** or support provided, that may include:
  - *Differential or tiered reimbursement* rates based on level of quality
  - *Quality bonuses* to programs that meet specific criteria
  - *Wage supplements* and/or *scholarships/reimbursements* for education or professional development
  - *Tax credits* for consumers using quality providers
- The **extent and intensity of consumer education and parent outreach** – at the minimum, all quality rating systems use some kind of symbol to indicate level of quality and post ratings on a web site

- Efforts to help consumers understand and take quality into account in their child care decisions can range from public service announcements or brochures to community-based campaigns
- Most states make use of their child care resource and referral agencies and networks for outreach and information to consumers
- The **timeline for implementation** – some options are to:
  - Begin with publicly funded programs (School Readiness, DSS centers and Head Start programs) and then expand to other providers
  - Begin with center-based care and then expand to family day care homes and other types of providers
  - Begin in some local jurisdictions (either as a pilot or expanding from a local initiative) and expand statewide
  - Begin with providers receiving subsidy payments and expand to other licensed providers

## **Process, Budget and Timeline for Design**

### **Staffing**

The advice given by those experienced in the field and familiar with quality rating system design in other states is that resources be used to pay for staff to manage the process and for piloting and/or evaluation of initial implementation to ensure validity and reliability of this high-stakes assessment. Louise Stoney in *Financing Quality Rating Systems: Lessons Learned* recommends allocating sufficient resources for two staff persons at 33% FTE each for approximately 18 months.

These staff generally have had responsibility for collecting information on the following:

- The experience of other states with quality rating systems
- Quality standards and assessments already in use in the state
- The state's current early care and education workforce and providers
- Current opportunities and supports for training, professional development and program improvement

In addition, the paid staff generally draft proposed standards and procedures, usually with a workgroup or advisory committee; organize and facilitate meetings, hearings, or forums for input on draft standards and procedures; make and share revisions to the standards and procedures; and develop a work plan and implementation schedule and budget.

### **Piloting and/or Initial Evaluation**

Ongoing validation of provider assessments and ratings is a critical part of a quality rating system. Reliability checks for assessments can be as frequent as one in six to ten classrooms, which is the experience in North Carolina and Tennessee. However, early on, even before the quality rating system is put in place, attention needs to be given to establishing its validity and feasibility.

Often quality rating systems are piloted on a small scale during the design process. This provides the opportunity to conduct thorough and intensive checks on the reliability and validity of the assessment tools and rating criteria as well as to finetune procedures. Regardless of whether a pilot is conducted, it is advisable to evaluate the initial period of implementation, paying close attention to how processes and procedures operate on a large scale and under a variety of conditions. Pilot tests and implementation evaluations are generally conducted with the assistance of expert consultants and/or research organizations or university-based institutes.

### **Stakeholder Engagement**

To be successful in building support for a quality rating system, it is crucial that it be inclusive and participatory. The types of stakeholder groups generally involved include representatives from:

- State agencies that regulate and/or fund early care and education
- Parents and parent organizations
- Provider groups and professional associations
- Advocacy groups
- Early childhood champions from business and politics
- Higher education and other institutions involved in education and training of the early childhood education workforce
- Legislative leaders (or staff) from all political parties

In addition to involving a wide range of stakeholders directly in the design process, it is important to have open and frequent communication with others through a variety of media. States have successfully used the internet in these efforts, including posting minutes and drafts on a web site and developing listservs and mailing lists for distribution of notices and materials.

Community forums, stakeholder focus groups and other meetings during the process – particularly when options or decisions need to be explored more broadly – have been used effectively by most states during the design of their quality rating systems.

Some of the costs of these activities might be absorbed as part of current efforts (such as activities of Infoline) or provided for by private entities. Even so, some funds should be allocated for stakeholder engagement.

### **Design Structure and Process**

Efficiency also needs to be a goal of the design process. First and foremost will be to make use of the experience of other states, the expertise and assistance available through organizations such as the National Child Care Information Center ([www.nccic.org](http://www.nccic.org)) as well as those within the state, and to build on the foundations for quality that Connecticut already has in place.

The structure that worked well in other states was to designate a steering committee of between 20 and 30 individuals from a wide range of stakeholder groups that was responsible for the overall design of the quality rating system. This committee was generally supported by subgroups assigned to work on specific aspects of the system. For example, Wisconsin was able to complete its design work quickly by having small groups develop options for consideration and decision making by the larger group. At the same time, it is critical that how discrete aspects of the system will work together is considered. Keeping this issue in front of the steering committee and helping keep subgroups informed of each other's progress and the implications for each other's work is an important role for the staff.

How decisions are made is an important issue that needs to be clearly specified. Options include majority rule or required consensus. It is also possible that certain decisions must have consensus support while others may be decided by a majority vote. What constitutes a quorum must also be clarified as does the how external comment and input will affect decision-making by the steering committee. Finally, of course, how the final recommendations of the design committee are made into policy must also be determined.

### **Special Considerations in Connecticut**

Currently Connecticut SDE and the local School Readiness Councils are responsible for ensuring that state-funded school readiness programs meet the specified standards for quality. It is recommended that the school readiness programs and DSS-funded centers be incorporated into the quality rating system and that quality monitoring for these programs be part of a larger system of quality assurance, technical assistance and financial support. For example, in order to participate in the school readiness initiative, early education programs would be required to participate in the quality rating system and achieve a specific high quality rating. Other incentives in the school readiness program, such as grants or scholarships, could be allocated and/or evaluated using the quality rating system. Other early care providers in the state could participate in the quality rating system on a voluntary basis, although the tiered reimbursement system should be revised to reflect the standards and levels in the quality rating system.

As the system is being developed, it will be necessary to verify the quality of both currently funded programs and new programs that want to become eligible for the School Readiness initiative. These programs could be part of the pilot of the quality standards, assessment process, and rating procedures.

Along with assessments and ratings should come supports for providers that wish to improve their quality. The design and piloting of a quality rating system in Connecticut should pay attention to how the supports now available through various quality enhancement initiatives, including grants available through the School Readiness Program and the Accreditation Facilitation Project, will be integrated into a system, probably organized regionally as are the Regional Education Service Centers (RESCs). These initiatives may need additional funding to provide quality improvement services to an increasing number of providers recruited into the quality rating system.

## **Recommendations for Connecticut**

### **Major Tasks and Work Plan**

Based on the experiences of other states and the advice of national experts, the recommended approach for Connecticut to design and implement an early care and education provider quality rating system would be as follows:

- **Enact legislation** in the coming session of the Connecticut Assembly that will –
  - Authorize, in broad terms, the development of a statewide quality rating system
  - Direct a state agency to head this effort -- one possibility would be the State Department of Social Services (lead agency for child care ) as the lead agency, working in partnership with the State Department of Public Health (responsible for child care licensing) and the State Department of Education (responsible for implementing and monitoring the School Readiness Preschool Program)
  - Provide funding for the design work (budget estimates are given below)
  - Require annual reports on the progress of the quality rating system design work and recommendations for its implementation
  
- **Carry out a work plan** for the design of a quality rating system for the state of Connecticut on the following timetable --
  - **January through June 2007** – using existing resources, develop a work plan, recruit steering committee and work group members and staff, and collect background information on both Connecticut and other states
  - **July through December 2007** – convene the steering committee and work group members and develop preliminary recommendations for a statewide early childhood quality rating system
  - **January through March 2008** – hold various stakeholder meetings and community forums to obtain broad feedback on the recommendations and make detailed plans and develop specific procedures for conducting a pilot test of the system
  - **April through August 2008** – make revisions based on stakeholder input, carry out implementation in pilot sites, conduct analysis of pilot test results

- **September through December 2008** – convene the steering committee and, if appropriate the work groups, to review findings from the pilot and make final decisions on the system
- **January through June 2009** – present to the Assembly a request for funding and any additional authorization necessary to implement the recommended quality rating system and begin provider outreach, staff training, and consumer education activities
- **July 2009** – begin implementation of the quality rating system

Use of current state agency staff could be similar to when the child care subsidy was designed by the Department of Social Services. A senior manager from the Department's Division on Programs and Services for Families with Children could be assigned to provide direction and oversight to the design effort and other staff members within the Department and from other agencies (such as DPH and SDE as well as the Department of Information Technology) could be called upon to participate in various work groups and design tasks. Contracts could be let to a private organization or organizations to manage the planning process, design the system, engage and inform stakeholders and conduct the pilot test.

The **major costs for the design work** to be carried out between July 2007 and June 2009 fall into two categories:

- **Consultant to staff** the steering committee and work groups and carrying out various activities to engage and inform stakeholders as the system is developed
- Conducting a **pilot test** of the recommended system and analyzing the results

Therefore, FY08 and FY09 Budget Request is proposed to be:

- QRS project management, design and outreach in FY08: \$150,000
- QRS pilot testing in FY08: \$125,000 - \$150,000
- QRS project management, design, outreach, and marketing FY 09: \$200,000
- QRS pilot testing FY 09: \$125,000 – 150,000

In addition, as mentioned earlier, additional funds may be needed during this period (and subsequently) for the Accreditation Facilitation Project and for School Readiness and other quality enhancement grants and supports.

The costs in subsequent years will emerge from the design of the system. They will include:

- Management and administration
- Data system for recording, analysis and reporting
- Observations for assessment and validation, including training observers
- Provider outreach
- Consumer outreach

- Training and technical assistance offered to providers, including accreditation facilitation and professional development
- Financial incentives such as grants and scholarships to providers

These costs will be reflected in the annual state budget beginning in SFY 2009-10.

## ATTACHMENT A

### WEB SITE ADDRESSES FOR STATE QUALITY RATING SYSTEMS

From *Quality Rating Systems: Definition and Statewide Systems*,  
National Child Care Information Center, March 2006

STATE	START DATE	SYSTEM NAME and WEB SITE (when available)
<b>Colorado</b>	2000	Qualistar Rating System <a href="http://www.qualistar.org">http://www.qualistar.org</a>
<b>District of Columbia</b>	2000	Going for the Gold Web site not available
<b>Kentucky</b>	2001	STARS for KIDS NOW (Kentucky Invests in Developing Success) Child Care Quality Rating System <a href="http://www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/STARS+-+The+Childcare+Quality+Rating+System.htm">http://www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/STARS+-+The+Childcare+Quality+Rating+System.htm</a>
<b>Maryland</b>	2001	Maryland Child Care Tiered Reimbursement Program <a href="http://63.236.98.116/cca/creden/tiered.htm">http://63.236.98.116/cca/creden/tiered.htm</a>
<b>Montana</b>	2002	Star Quality Rating System <a href="http://www.dphhs.mt.gov/programsservices/starqualitychildcare.shtml">http://www.dphhs.mt.gov/programsservices/starqualitychildcare.shtml</a>
<b>New Hampshire</b>	2006	Licensed Plus <a href="http://www.dhhs.state.nh.us/DHHS/CDB/licensedplus.htm">http://www.dhhs.state.nh.us/DHHS/CDB/licensedplus.htm</a>
<b>New Mexico</b>	2005	Look for the Stars <a href="http://www.newmexicokids.org/caregivers">http://www.newmexicokids.org/caregivers</a>
<b>North Carolina</b>	1999	North Carolina Star Rated License <a href="http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp">http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp</a>
<b>Oklahoma</b>	1998	Reaching for the Stars <a href="http://okdhs.org/childcare/ProviderInfo/provinfo_stars.htm">http://okdhs.org/childcare/ProviderInfo/provinfo_stars.htm</a>



<b>Pennsylvania</b>	2002	Keystone STARS (Standards, Training, Assistance, Resources, and Support) <a href="http://www.dpw.state.pa.us/child/childcare/KeystoneStarChildCare">http://www.dpw.state.pa.us/child/childcare/KeystoneStarChildCare</a>
<b>Tennessee</b>	2001	Child Care Evaluation and Report Card Program (Required for all licensed and approved child care providers in Tennessee) <a href="http://www.tnstarquality.org">http://www.tnstarquality.org</a>
	2001	Star-Quality Child Care Program <a href="http://www.tnstarquality.org">http://www.tnstarquality.org</a>
<b>Vermont</b>	2003	STep Ahead Recognition System for Child Care Programs (STARS) <a href="http://www.STARSstepahead.org">http://www.STARSstepahead.org</a>

## RESOURCES

### **For additional information on other states:**

[all resources available through the National Child Care Information Center (NCCIC) at [www.nccic.org](http://www.nccic.org)]

#### *Tiered Strategy Systems*

National Child Care Information Center  
October 2003

#### *Goals and/or Objectives of State Tiered Strategy Systems*

National Child Care Information Center  
March 2004

#### *State Tiered Quality Strategies (TQS), 2004*

National Child Care Information Center  
March-July 2004

#### *Options for a Wisconsin Child Care Quality Rating System*

Diane Adams, David Edie, Dave Riley & Mary Roach  
Wisconsin Child Care Research Partnership  
University of Wisconsin-Extension  
July 2004

[www.dwd.state.wi.us/kidsfirst/static/doc/UW-Ext\\_Options\\_Paper\\_071904.doc](http://www.dwd.state.wi.us/kidsfirst/static/doc/UW-Ext_Options_Paper_071904.doc)

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*Quality Rating Systems Planning Tool: Standards for Early Childhood Education Programs*

*Quality Rating Systems Planning Tool: Standards for Family Child Care Programs*

*Quality Rating Systems Planning Tool: Standards for School-Age Care Programs*

National Child Care Information Center  
No date

**UPCOMING LEARNING OPPORTUNITY**

*Early Childhood Quality Rating Systems and Indicators: What Do We Need to Know?* 2007  
SECA Seminar at the Annual Conference of the Southern Early Childhood Association  
(March 29-31 in Jacksonville, FL)

Featuring: Anne Mitchell, Judy Collins, Dr. Kathy Thornburg, Dr. Ellen Frede

[www.southernearlychildhood.org/Conference/index.html](http://www.southernearlychildhood.org/Conference/index.html)

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