



Improving and Rating the Quality of Early Care and Education in Florida

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The Policy Group for Florida's Families and Children commissioned this issue brief to offer information and guidance on a critical issue facing Florida (and the nation): how to improve the quality of early care and education for our youngest citizens. Drawing on information both from the experience of other states and the pioneering efforts in several Florida counties, this brief outlines the context and case for action in Florida.

In the last decade, our understanding of how young children learn and the critical importance of development from infancy through the early years has exploded. America's long-term economic success depends on ensuring that children – the next generation of citizens – succeed in school and life (Heckman & Masterov, 2004). The early care and education industry has expanded along with this knowledge and as a direct result of more families working and choosing to enroll their young children – babies, toddlers and preschoolers – in early care and education settings. Public investment in child care and preschool, especially in the states, has grown too. Yet families, as consumers on behalf of their children, still contribute the lion's share – 60% – of investment in early care and education (Mitchell, Stoney & Dichter, 2001). A credible estimate of the total annual expenditure by consumers is \$46-billion based on information from the U.S. Census Bureau (Stoney, Mitchell and Warner, 2006).

Both public and private investors make reasonable demands for accountability – value for the money being spent. The early care and education market does not offer consumers much information on which to make their choices. The twin concerns for quality and accountability from the investors in early care and education led states to develop systems to improve and rate the quality of early care and education programs – similar to the American Automobile Association ratings of restaurants and hotels.

The vision of The Policy Group for Florida's Families and Children is that, together, we will ensure a generation of young people who grow up to be responsible adults – ready, willing and able to contribute to self, to family and to their community.

payers feel confident investing in quality; gives providers a roadmap to quality improvement; and improves the health and development of children in early care and education.

A QRIS affects the early care and education market through three major avenues.

- 1) *Quality assurance.* All QRISs have progressive quality standards based on research and best practice, with monitoring and assessment. Usually there are three to five quality levels.
- 2) *Supply side interventions.* Supports are provided for programs such as technical assistance on conducting self-assessments, developing quality improvement plans. Professional development is offered to personnel to enhance their knowledge and skills and increase educational qualifications. Financial incentives are offered to providers to encourage improvement and significant ongoing financial awards help to maintain higher quality.
- 3) *Demand side interventions.* All QRISs use easy to understand symbols for the ratings, usually multiple stars. The star ratings of programs are publicly available and financial incentives are offered to reward consumers who choose higher quality.

QRISs are in many ways similar among states. Recognizing that staff qualifications is the strongest predictor of program quality and child outcomes, all 14 states include staff qualifications and professional development as essential standards. All states but one include national accreditation (only North Carolina does not). All states include center-based programs; nearly all include Head Start, school-age programs and family child care homes. Several include state-funded prekindergarten programs. Interestingly, only one state has a QRIS that is mandatory (Tennessee); all the rest are voluntary.

Do Quality Rating and Improvement Systems Work?

Researchers in Oklahoma, Tennessee and North Carolina have validated that the QRIS in their respective states measures quality accurately and with meaningful distinctions among levels. Oklahoma, North Carolina and Pennsylvania have conducted evaluations of their systems that demonstrate overall quality improvement and better child outcomes.

Evaluation Results

North Carolina researchers studied child care centers participating in Smart Start, the early childhood initiative in which the state's Star rating system is embedded. The primary goal of Smart Start is to ensure that all children enter school healthy and prepared to succeed. Preschool children who attended higher quality centers scored significantly higher on measures of skills and abilities deemed important for success in kindergarten than children from lower-quality centers (Bryant, et al., 2003).

In Pennsylvania, child care quality data over time showed that quality was declining across the state according to average scores on a widely used program quality measure, the Early Childhood Environment Rating Scale (ECERS). The average ECERS score across the state declined from 4.5 in 1996 to 3.9 in 2002. Keystone Stars, Pennsylvania's QRIS, began in 2002 and went statewide in 2003; by 2006 its overall participation rate was 70% of centers. The evaluation of Keystone Stars found the average scores in 2006 for centers not participating in Stars was the same as the state average before Stars (3.9). The average scores for programs participating in Stars rose significantly; programs at the beginning level Start with Stars scored 4.1 and those at the top (Star 4) scored 5.4. Keystone Stars reversed the trend of declining quality in only three years (Barnard et al, 2006).

How Does a QRIS Work?

A QRIS is essentially a systematic approach to improving how the early care and education market functions.

The Early Care & Education Market

Early care and education (EC&E) is a market: providers offer services for a price; consumers choose among those services and pay the price. For a few consumers, such as low-income families using child care or Head Start, children with special educational needs and in the case of universal preschool, 4 year olds, the public pays the price on their behalf. Most early care and education services are delivered by the private sector – in for-profit, nonprofit and faith-based center-based programs as well as thousands of home-based businesses. By and large, the only public agencies providing early care and education are public schools that primarily offer part-day classes for preschoolers; these classrooms represent a small fraction of all services nationwide.

Early care and education is a special market sector because it serves both public and private needs (Warner, et al., 2004). As a private good, it enables parents to work. As a public good, it prepares children for school, enhances the productivity of our educational system, and helps strengthen our future workforce. But the public good aspect of EC&E services is vulnerable to market forces, which are focused on short-term factors such as price and convenience, rather than the long-term benefits of quality early education. And children, the primary beneficiaries of EC&E, have no consumer voice in the child care marketplace.

Essentially, the EC&E market will not produce the level of quality necessary to achieve the results from which society benefits (the public good aspect) if it is financed only by consumers. As a public good, EC&E requires significant public investment to augment consumer spending. Several books have been written on the subject of how to address these fundamental issues of quality and cost; most estimate that public investment needs to at least double to achieve both significant

improvement in quality and affordable access for all families (Blau, 2001; Helburn & Bergmann, 2002; Gornick & Meyers 2003; Stoney, Mitchell & Warner, 2006).

A quality rating and improvement system is a set of tools to make the EC&E market work better; it is an economic development intervention. First, it creates an industry-wide standard for *quality assurance*. Second, it offers a framework for *supply side interventions* including significantly increased public investment. Third, it offers a framework for *demand side interventions* to improve consumer knowledge and influence choice. The 'P' in QRIS is for the supply side and the 'R' is for the demand side. The 'S' for system represents the essential concept that all the parts working together are what produce results.

Best Practices in QRIS

Best practices in a QRIS follow from the experience of states operating them and the economic intervention theory that guides them.

Consumer Education

To be an effective market intervention from the consumer perspective, a QRIS includes the full range of formal programs that parents might consider for their children of all ages (from infants to school-agers): child care centers, nursery schools, Head Start, prekindergarten programs in or out of public schools, school-age programs and family child care homes. All states include child care centers and family child care; most also include Head Start, nursery schools and school-age programs; and a few include prekindergarten programs. None of the 14 statewide QRIS include informal care (family, friends and neighbors who are legally exempt from regulation), although many states are considering how to offer and are offering appropriate supports to these individuals to increase their knowledge of child development and improve the quality of care they offer. In general the idea of rating relatives is regarded as unnecessary and perhaps intrusive into family relationships.

To be an effective market intervention, the ratings must be widely publicized and easy to understand. Generally that means a symbol (star is the most common) and a small number of quality levels, usually 3 to 5. The rating should be simple enough to easily promote while offering a reasonable amount of additional explanation for those consumers who desire it. A searchable database on a website with a brief explanation of the categories and the process for making a rating is usually enough. The provider community will want to know a lot more and legitimately should be engaged in developing the system and getting into the details of it.

Financial Incentives

Perhaps the most essential element of a QRIS is the financial incentives. Improved quality costs more than programs are currently expending and more than families can afford to pay. Because of the market constraints described earlier, raising prices is not the solution (if it were, it would have happened already). Consumers would need significantly more resources to effectively demand the level of quality that will produce long-term benefits for children (the public good aspect of early care and education). Alternatively, providers would need significantly more resources to produce the level of quality that will result in long-term benefits for children and keep prices affordable.

Generally, QRISs direct the financial incentives to programs so that they can maintain affordable prices while improving quality. These incentives come in several forms, all based on quality level. Grants for materials and equipment and other initial durable improvements are offered to programs beginning the process. Scholarships for professional development to improve staff qualifications, often for the full price of public college tuition, are available to staff in programs at all levels. The T.E.A.C.H. scholarship program is a good example that most states, including Florida, use. Many QRISs offer wage incentives based on the educational qualifications of staff. Ongoing monetary awards to support operating expenses are based on the size of the program and the quality level.

Best practice is to structure all of these financial awards so that they are available to every type of program. It is the combination of financial awards received by a program that supports the increased cost of overall quality improvement in the program. To be effective, the awards need to be in addition to the tuition paid by families (or the subsidy, which is tuition paid on behalf of low-income families); the awards need to be in addition to the voluntary prekindergarten program (VPK) contract or the Head Start grant unless those sources are already providing sufficient dollars per child to produce high quality.

The most common way that states have traditionally rewarded quality is with tiered reimbursement. This approach has some benefits and significant limitations. On the positive side, the system for distributing child care subsidies is already in place and combines federal and state investments. However, by federal regulation subsidy reimbursement rates paid to a given program cannot exceed the price charged to non-subsidized families. Thus if the quality payment is given as tiered reimbursement, it immediately drives up the price to non-subsidized families (and to subsidized families if their co-pay is based on price). To avoid driving up prices, the quality payment must be structured as a bonus on top of the subsidy payment. Second, child care subsidy only reaches about 20% of the entire early care and education (EC&E) market. EC&E is a market with low-income children scattered throughout it in different programs; that is the intentional result of parental choice requirements. To improve options for low-income children, the entire market has to improve. Thus financial incentives should be designed to reach all providers in the market.

In nearly every state with a QRIS, one of the goals is increasing access for low-income children to higher quality programs. There are several ways to do this; the simplest are to add to the ongoing quality awards to programs an amount that is calculated in relation to the number of subsidized children served and to add a bonus to subsidy payments geared to level of quality.

To address the fundamental issue of financing EC&E, the monetary supports delivered via the QRIS must flow to all types of programs and bear a reasonable relationship to the actual cost of producing quality. For a summary of the types and magnitude of financial incentives currently used by states, see *Comparison of Financial Incentives in State's Quality Rating and Improvement Systems*, online at <http://www.earlychildhoodfinance.org/Publications/QRSEconomicIncentivesFINAL2006.pdf>

Some states also offer modest incentives to consumers to reward their choice of a higher quality program, usually through an income tax credit. Florida will have to figure out a different approach if consumer incentives are desired in its system. It may be possible in Florida to find a tax or fee that nearly everyone pays and reduce that based on quality. Property tax is one option but not every family owns property and pays the tax; perhaps a sales tax rebate could be devised. Instead of directing financial incentives to both consumers and suppliers, an approach for Florida to consider is making more significant financial awards to the suppliers of EC&E.

Provider Engagement and Support

The experience of other states shows that providers are supportive of a QRIS when they have a reasonable chance to influence and provide input to the design of it. Developing the industry standards is the starting point for engagement. The standards are the heart of quality assurance and need to reflect the essence of best practices and research-based processes that are related to good child outcomes. Standards focus on the essentials of quality, not every single item of practice. The cost of implementing the standards is an important consideration that leads to the next important aspect of the system: the financial incentives. These need to be ongoing and the amounts offered must be reasonably related to the actual cost of meeting higher standards. States with high QRIS participation rates have relatively generous financial incentives.

Supports need to be in place for providers to assess quality and make improvement plans. Self-assessment at the entry levels is both cost-effective and educational. Providers learn about what constitutes quality and to what extent those practices are evident in their programs. Allowing time for improvement to occur before ratings are publicized will increase provider comfort with the system – and avoid consumer frustration caused by too few programs having ratings. For example, Pennsylvania did not publish ratings until the second year of Keystone Stars.

A variety of technical assistance (TA) is necessary. Some is directed to individual staff through coaching and mentoring. This is in addition to scholarships so that teachers can go back to school. Some TA is geared to classrooms offering assessment of the classroom environment and curriculum implementation. Some TA is focused on whole program improvement including reviews of financial management and personnel policies and practices. Ultimately, quality improvement is a whole program process, not one that a director/owner can do alone or one classroom can do by itself.

Experience in other states shows that quality will improve over time if the supports, financial and otherwise, are sufficient and the ratings are widely publicized so that consumer behavior is affected. The initial profile of quality in any geographic area is related to the existing community characteristics – the stringency and enforcement of basic regulations, degree to which quality is a matter of public discussion, the types and amounts of program support and professional development that are available, and whether national standards are valued, as well as the relative wealth of the community. The profile at the beginning of an improvement and rating effort may be skewed to the low end until programs have time and resources to rise to the expectations. If quality is valued in the community and resources are ample, the initial profile might be shifted toward the higher levels. Imagine a classic bell curve – if the community quality profile is a bell curve with most in the middle star levels and few at the very low or the very high levels, then the standards and supports are probably set correctly. When the curve shifts to having more at the upper levels, it's time to consider adjusting the expectations higher and/or eliminating the lower level.

This is precisely what happened in North Carolina. After about five years of operation of the state's Star Rated License there were so few programs at the one-star level that the level is being eliminated. After a year or so of operation, Oklahoma had to invent the one-star plus level in their three star system to fix the fact that moving from level one to two was much harder to accomplish than moving from level two to three. These kinds of adjustments are normal operating procedure.

THE FLORIDA CONTEXT

A QRIS in Florida has to be considered in the historical and present context. Like other states, Florida has engaged in the quality versus quantity debates in early care and education. The truth is no state has yet been able to make public investment in EC&E sufficient to serve all the families who genuinely need help paying for services, although a few states like Illinois, North Carolina and Rhode Island are making valiant efforts (Mitchell, 2005). Faced with this situation, states behave much like individual consumers. The public good aspect of EC&E (the quality side of the debate) is vulnerable to the demands to serve more families (the quantity side). A good example in Florida is the state's policy that an Early Learning Coalition may not increase child care subsidy

reimbursement rates until it has no families on its waiting list, clearly favoring quantity over quality. In reality, both quality and quantity matter: helping more families buy poor quality does not help children or society in the long run. A QRIS provides the framework for ratcheting up investment while continuing to increase both quality and accountability.

Efforts to Improve and Recognize Quality

Florida has an episodic history of efforts aimed at quality, intertwined with genuine efforts to integrate and unify the sectors of EC&E, interspersed with actions that appear to separate and complicate the picture.

In 1996, Florida increased staff qualifications in regulated centers by requiring that every center have at least one staff member with a CDA or equivalent for each 20 children. The range of acceptable equivalencies is now fairly broad. The importance of this credential increased when VPK began since CDA or equivalent is the basic teacher qualification standard for non-school based VPK programs.

Also in 1996, Florida started the Gold Seal tiered reimbursement program to reward child care providers that serve subsidized children and achieve accreditation. The accreditations included in Gold Seal are required to be nationally recognized accrediting associations that meet or exceed the standards of the National Association for the Education of Young Children (NAEYC), the standards of the National Association of Family Child Care, or the standards of the National Early Childhood Program Accreditation Commission. Over time, the number of accepted accreditations has grown to 14. A widely held perception is that these accreditations are not equivalent and thus are confusing families: Gold Seal is not a uniform measure of quality; rather it is many different ones masquerading as one. Some have even characterized Gold Seal as deceptive for this reason. In fact, the various accreditations do differ significantly on several items, such as staff qualifications, group size and family engagement – all features that are known to be important to families.

Nonetheless, the Gold Seal program allows up to a 20% rate differential above the reimbursement rate established by the local ELC to be added to the child care subsidy reimbursement payment in a program designated as Gold Seal. In practice, the rate differential is also limited by the fact that the program must demonstrate that it is charging private-paying families more than the regular rate established by the ELC. All types of providers from homes to public schools participate in this program. For proprietary providers who own their centers, there is a significant additional benefit; Gold Seal centers are exempt from property tax, essentially putting proprietary center owners on a financially level playing field with non-profit centers. Florida's Department of Children and Families administers Gold Seal as well as basic licensing functions. Florida counties are also permitted to regulate beyond state rules, further complicating the picture from the perspective of the provider.

In 1999, Florida consolidated early education and child care programs creating the Florida Partnership for School Readiness and local School Readiness Coalitions in counties to administer these programs. Positioning child care subsidy as “school readiness funding” gave rhetorical support to quality by recognizing that child care experiences are related to school readiness. The coalitions report to the Agency for Workforce Innovation’s Office of Early Learning (AWI/OEL).

In 2002, voters approved a universal prekindergarten program. The 2004 legislation that implemented the Voluntary Prekindergarten Program (VPK) brought another state agency (Education) into the mix and expanded the portfolio of the coalitions to include aspects of VPK administration. School Readiness Coalition service areas were consolidated and the coalitions were renamed Early Learning Coalitions. The VPK legislation encourages private providers of VPK to be accredited via Gold Seal or one of several additional accrediting bodies. The legislation requires that the CDA and equivalencies articulate to 9 credits in post-secondary education statewide. VPK is managed by the Department of Education’s Office of Early Learning (DOE/OEL).

The current situation of growing lack of integration evidenced by an increasing number of regulatory and program standards, multiple accrediting bodies and state agencies caused several different approaches to unity to be introduced in the Florida Legislature. The various bills called for a Children’s Cabinet, a Chancellor of Early Education to oversee all aspects, or an Office of Early Learning in the Governor’s Office. On May 3, 2007, the Florida Legislature approved HB 509 establishing the Florida Children & Youth Cabinet within the Office of the Governor.

The Power of QRIS

QRIS can be a major positive force for integration and unity of early care and education in Florida. For this to happen, the expectations and aspirations of each sector of the EC&E system must be integrated into the framework of the QRIS. The QRIS can integrate basic regulations, the standards that now guide VPK, valid national accreditation standards and Head Start Program Performance Standards into a common system that supports all kinds of programs toward improvement, recognizes and rewards financially the level of quality achieved and informs families about quality in an easy to understand way.

Spurred by the powerful concept of QRS, between 2001 and 2006, several Florida counties designed and began to pilot or implement their own QRS. Many of these efforts are led by Children’s Services Councils (CSC) and Early Learning Coalitions (ELC) working together. These local systems have four to five quality levels, and differ somewhat in categories of standards; yet all include staff qualifications, group size and staff:child ratio, family involvement, and curriculum and child assessment. All use the Environment Rating Scales (ERS), as do all of the 14 states with

operating QRIS.² All of the local Florida QRS offer technical assistance and training to programs and at least five offer a range of financial incentives. Wisely, none of them has begun to publish quality ratings since none of them has reached a sufficient participation rate to warrant doing so.

Recognizing that these county leaders were forging the pathway and that Florida consumers would benefit from a common QRS, the former Lieutenant Governor Toni Jennings, as chair of the Early Learning Advisory Council of the AWI/OEL, advocated a common system. In response, in late 2006, a draft of the quality assurance elements of a QRS was developed, called Sunshine State Stars. While the process was rapid, it was broadly representative of the EC&E field and sought to balance competing interests. General agreement was that implementation would not go forward without sufficient resources.

In early 2007, a bill was introduced in the Florida Legislature in support of a QRS (HB1107) with an appropriation request of \$25-million. The bill was designed to establish a pilot QRS program in eight counties (Broward, Duval, Hillsborough, Miami-Dade, Pinellas, Palm Beach, Hillsborough and Leon). Subsequently, it was amended to remove the appropriation. The Legislative session ended without a vote on the bill.

During the past year, eight counties (Broward, Miami-Dade, Duval, Hillsborough, Orange, Palm Beach, Pinellas and Leon) have been collaborating to develop a common QRIS aligned with the standards of Sunshine State Stars based on their collective local experience and system designs. They have been intentional and diligent in creating a common draft of standards that takes the best of each of the local designs and of the state draft. The Multi-County QRIS Collaborative, as they call themselves, is beginning to work on comparing the supports and financial incentives among the local models aiming to develop a common framework of supports and incentives. In early 2007, on behalf of the Collaborative and The Policy Group for Florida's Families and Children, an interactive tool was developed to estimate the cost of a QRIS in Florida. This tool uses actual data from the Collaborative counties as well as statewide demographic data to flexibly generate cost estimates for a spectrum of scenarios reflecting different assumptions about participation, level of incentives, etc. A forthcoming issue brief from the Policy Group will describe this tool in more detail.

The Current Climate

In the spring of 2007, The Policy Group for Florida's Families and Children conducted a survey and series of interviews with key leaders in the counties and at the state level to understand the range of

² The Environment Rating Scales are a set of widely used quality assessment tools developed at the Frank Porter Graham Child Development Center at the University of North Carolina. The scales use the same overall framework customized for centers, family child care homes, school-age programs and classrooms serving infants and toddlers.

perspectives on QRIS.³ There is a widely shared, strong belief that a quality rating and improvement system would be good for Florida, if it is done with both sufficient time and sufficient resources. Everyone believes a QRIS will be beneficial to families.

“If you go buy a suit – you know what to look for, the stitching, the material, the label, etc. Is it not reasonable to have a degree of objective knowledge when what you’re buying is quality for your children? [QRS] is a logical extension of informed consumers and increased transparency in the marketplace.”

“Many decisions families make have some type of rating system. Yet one of the most important decisions they must make depends on a quick walk through of a program, referral from a friend, or a yellow pages ad.”

“The benefit [of a QRIS for Florida’s families] is that quality will actually rise so parents will have better places to choose from.”

There is strong consensus that whatever QRIS emerges in Florida must be a common, consistent reliable system.

“What a star means should be consistent everywhere – a two-star program in one county is a two-star program in another county – so families can trust it.”

Focus groups with 40 families in five counties conducted in September 2006 by AWI/OEL confirm this; all of the parents said a consistent system across the state is essential. Local variation is regarded as inevitable and natural given Florida’s local control philosophy. Everyone believes the standards should be the same across the state and that a basic level of financial and other supports should be available in every county. Variation should only be allowed to add to, not detract from, the system. Variation in the implementation timetable, such as when family child care joins the system, or precisely how supports are provided, is acceptable.

Families are sending their babies, toddlers and preschoolers to programs every day. Parents definitely want information about their choices. Many said VPK has changed the expectations of families; they can choose which VPK program to enroll their 4 year old in and want to know how good these programs are, as well as how good programs for younger children are. VPK is affecting the market broadly; since all 4 year olds are eligible, families of all income levels in all areas of the state are engaged in VPK.

³ See Appendix for methodology. All quotes in the text are verbatim from the interviews or the survey.

“The public will is changing. VPK...is starting to make parents ask about their choices: ‘what are my choices and how do I know which ones are the good ones?’ And we can’t answer them – we need a rating system.”

Real and widespread concern was expressed that the QRIS not disadvantage families who cannot afford higher prices. This is almost entirely a question of resources: if the investment in QRIS is sufficient and structured properly, prices will not be driven up. Ideally, the QRIS will deliver enough ongoing revenue to providers to maintain (or even lower) current prices and simultaneously the subsidy system will be expanded to become a scholarship program with rates that match prices and enough resources to reach all families who cannot afford those prices.

“We have to craft this [QRS] in such a way that families who can’t afford high prices aren’t left in low-star places. We need to make it so they can be in 4-star places.”

“It’s unfair to put parents in a bind, telling them they should use 4-star center, but they can’t afford to.”

“Marketing the ‘middle of the road’ is very important, like we all can’t afford 5-star resorts, the 3-star center is good and shouldn’t be seen as fearful for providers or substandard for families.”

According to everyone, accountability and quality matter in Florida. Taxpayers have the right to know that public funds are well spent and consumers deserve to know whether their own dollars are buying quality. Accountability comes through a well-designed, reliable system. QRIS is a program accountability system that can support a variety of accountability needs. By including best practices in child assessment in its standards, the QRIS helps educate the profession on appropriate uses of assessment. VPK’s accountability system will be more reliable when combined with the process and input measures of quality in the QRIS. VPK funding can be focused on programs that achieve a certain star level in the QRIS as well as an acceptable readiness rate. The QRIS can be an accountability measure for the quality improvement investments in programs for children of all ages from babies to school-agers now made by Early Learning Coalitions and Children’s Services Councils; effective investments will be demonstrated by higher quality scores.

“The growing emphasis on accountability will move the Legislature. This [QRS] is the investment we need to make to succeed with K-12. Given where the education system is going – we can’t afford not to do this.”

There are several views on whether and when the State of Florida will appropriate state dollars for a QRIS. The most pessimistic view, expressed by a few, is:

“The State of Florida puts together good systems and then fails to fund them. They say we’re all for accountability and quality but they don’t want to fund it.”

Most people feel that eventually the state will fund QRIS. Many feel that next year is likely and that this timing is good since it gives a year to develop a strong common system and time to determine what it needs to grow. Nearly everyone feels that Early Learning Coalitions are willing to redirect the funds they control to support QRIS but that the amount available for quality initiatives (4%) is definitely not enough to finance the whole system, but is enough to begin pilot initiatives. As one said,

“This could be a grassroots Early Learning Coalition movement. If we all chose to stop doing Gold Seal and use a common QRS, it would happen.”

Similarly, nearly everyone believes that counties with a CSC are in a better position to move forward on implementing the common QRIS because they have additional, sometimes quite significant resources.

Many feel that the business community, especially those involved in the Early Learning Coalition Boards, and parents can make QRIS an issue to which the Legislature will pay attention, and that providers alone cannot.

“The business community that makes up most of the ELC boards is strongly for [QRS] – they understand the common standard in an industry.”

“VPK has given us a [broader] set of families who are asking for better choices and are going to be more demanding of the Legislature.”

CONSIDERATIONS FOR PROGRESS

The counties in the Collaborative are among the most populous in the state and include the majority of Florida’s families with young children. The Collaborative has a strong start on the groundwork of quality improvement and rating; their collective efforts are the foundation on which the state system can be built. The interviews and survey generated a number of issues to be addressed to advance the development a common statewide QRIS in Florida.

Voluntary

Making the QRIS voluntary is essential according to nearly everyone. Only one state (Tennessee) has a rating system that is mandatory and special circumstances are the reason (several children died in child care settings in one summer and the Legislature acted to increase standards and monitoring). The fact that EC&E is a market will force a shift toward higher (if not technically mandatory) participation over time. Families will expect ratings, programs will feel peer pressure and market pressure to be rated. This will be a smooth transition if the resources for improvement and sufficient financial supports are in place. The reason that 70% of programs participate in Pennsylvania is directly related to the comprehensiveness and size of the financial incentives. Families in Pennsylvania are getting better programs without having to pay higher prices.

Common Standards

The Multi-County Collaborative should continue to work toward a common consistent system. Nearly all effort to date has focused on the quality assurance aspects of the common QRIS. The Collaborative has nearly completed the work of drafting a set of aligned common quality standards. Five levels of quality standards are proposed in seven areas: Learning Environment, Staff Qualifications and Professional Development, Ratios and Group Sizes, Family Engagement, Curriculum, Developmental Screening, and Program Administration. The workgroup is now creating a “user manual” describing the criteria for determining achievement of quality benchmarks in these areas.

Several tasks remain to be done. One is child assessment. A comprehensive understanding of the purposes of child assessment, and the appropriate methods and tools to use, needs to be included in the standards. The progression should lead up to criteria contained in the standard on child assessment that is part of the current NAEYC accreditation system, since it represents the most up-to-date evidence-based state of the art.

Another area to review is the family engagement criteria. Family engagement is the second most common element (after staff qualifications) in other states’ QRS standards because it is widely regarded as an essential best practice and is known to matter to families. The criteria generally include two-way communication, parent-teacher conferences, parenting education, family activities and family roles in program evaluation and governance. Florida leaders expressed the view that a family survey would be not only a source of helpful information to a program itself, but also would be perceived by some to be politically salient outcome feature of a QRIS, demonstrating parent satisfaction with a program.

Common Supply and Demand Interventions

Attention should also be directed to the supply and demand interventions that are necessary for QRIS to succeed. The first step is analyzing the current status of these aspects across counties and then proposing a common approach that is feasible statewide. Recognizing that some variation in these will occur among counties because needs and resources vary, it is also important to create and maintain statewide systems of support. An essential one is professional development.

Professional Development

The qualifications and content education of staff are the most important predictors of program quality. Thus a system of professional development accessible statewide is essential. Professionals have needs for consistency similar to those of consumers: the system should offer the same assurances from one county to another. Consumers need a common set of standards and consistent symbols statewide. Professionals need a consistent approach to preparation for early care and education work and continuing development to keep up with the knowledge base. The foundation for a professional development system⁴ is agreement on the core content of early childhood teacher and administrator preparation. The capacity of the higher education system must be sufficient to deliver the content. Other elements are clear pathways from entry to mastery levels of qualification, accessible training and education, and financial support in the form of scholarships for students and support to colleges to develop needed programs. Articulation agreements among community-based training organizations and colleges at all levels are essential so that credits transfer smoothly from one institution to another all across the state. The first steps toward a comprehensive articulation system are addressed in the VPK legislation that calls for the national CDA and CDA-Equivalencies delivered by DOE Vocational-Technical programs to be valued at 9 credits statewide. A well-functioning and accessible professional development system is necessary for a well-functioning QRIS.

Scholarships and Compensation

Scholarships and compensation awards are essential to any professional development system and to a QRIS. Florida has a T.E.A.C.H. scholarship program that is available statewide and in 2005-06 awarded scholarships in every county; it does not have sufficient resources to meet current demand and certainly not enough for the increased demand that QRIS brings. Similarly, there is a WAGE\$ salary supplement program that currently operates only in 12 counties. The QRIS cost estimating tool can be used to determine how much these programs need to be expanded to meet demand. Designing a statewide common system for professional development that includes scholarships and compensation improvement is a precursor to success with the QRIS.

⁴ For more information, see *Elements of a Professional Development System for Early Care and Education: A Simplified Framework and Definitions* at <http://nccic.acf.hhs.gov/poptopics/index.html#workforce>

“We have to deal with whole early childhood workforce. This is bigger than any one agency. K-12 needs elementary teachers and as long as that’s true we’ll never have degreed teachers in... our early childhood programs. What this industry pays its employees is a huge issue and we have to address that economic development issue.”

Benefits

Several leaders interviewed noted that compensation is benefits as well as wages. Improved compensation is essential to address the shortcomings of the EC&E market and is a central concern of opponents of QRIS: they oppose raising educational qualifications of staff because they fear resources will not be forthcoming to increase salaries (and benefits) to come closer to those of public school teachers. Raising qualifications without resources to increase compensation is just asking for high turnover. This is an area ripe for collective action among Early Learning Coalitions and Children’s Services Councils. Suggestions were made for several types of benefits, in particular health insurance and child care. Other states, such as North Carolina, Rhode Island, Massachusetts and California, have tackled the health insurance issue in different ways.⁵

Offering child care to employees as a benefit is one effective way to increase teacher retention. Florida has a vehicle – the Child Care Executive Partnership (CCEP) – to offer this benefit. Since EC&E programs are considered businesses eligible to participate in the Partnership they could get financial help to provide child care as a benefit to their employees.

“Say it costs \$3,000 per teacher per year for a center to offer free child care to keep teachers. If the CCEP considered child care businesses as eligible for CCEP then they’d get a match for that.”

Gold Seal, VPK Accreditation and the QRIS

The Gold Seal program started out with good intentions. Over time it has come to include so many different accreditations that it is difficult to know if they are consistent with each other or with the “meet or exceed” rule. This is confusing and misleading to consumers and unfair to providers. The Gold Seal program is widely acknowledged to be in need of repair, even by those who are its staunchest supporters. Further, the NAEYC standards were recently dramatically changed and are considerably higher than when Gold Seal was last reviewed. To explore the alignment of new NAEYC standards with current state standards and statutes, the Florida Department of Children

⁵ For these and other examples, see *Child Care Meets Health Care: What Other States Can Teach Us About Insuring The Child Care Workforce In Illinois* at http://www.actforchildren.org/uploads/documents/live/Health_Insurance_Report_Executive_Summary.pdf

and Families (DCF) has issued an Invitation to Negotiate (ITN) for a third-party review for new Gold Seal programs and ECE administrators recognized by DCF. DCF also is working on potential revisions to current state standards based on the revised NAEYC accreditation standards and Florida statutes.

An additional complicating factor on accreditation is the rules for eligibility of private providers of VPK programs, which include Gold Seal or accreditation by an accrediting association that is a member of the National Council for Private School Accreditation, the Commission on International and Trans-Regional Accreditation, or the Florida Association of Academic Nonpublic Schools. This expands the number of accepted accreditations.

The QRIS will be most helpful as an overall accountability system if accreditation from nationally recognized associations is included in it. Further, the QRIS needs to incorporate the two sources of revenue (VPK and Gold Seal) that are now associated with accreditation. Programs that have expended effort and expense to become accredited should not have to “start from scratch” in the QRIS. Nor should they be financially disadvantaged; a “hold harmless” feature should be devised so that programs receive more, not fewer resources in the QRIS. The QRIS should lead toward nationally recognized accreditation and support programs, financially and with other assistance, to achieve that status.

There are several possible approaches to this issue. One is to review all of the accreditation systems and based on their standards, place them rationally into the QRIS levels. Or use the review to determine how many “extra points” each accreditation is worth. Another is to assess a large enough sample of each of the various accredited programs using an objective tool such as the ERS and determine where each accreditation system fits in the QRIS levels. This could be done in the eight counties as the common QRIS is implemented by collecting data on the quality levels achieved by programs holding various accreditations. Another approach would be to establish criteria for inclusion of accreditations (such as research-based standards, validity of assessment procedures, capacity to accredit in a timely and efficient manner), as other states have done, and use these criteria to determine which accreditations to include, limiting the number of accreditations in the QRIS. In any of these approaches, all currently accredited programs could be “grandfathered” for a period of several years with support provided over that time to bring them into the QRIS at the correct level.

Beyond the salience of accreditation in Florida, the experience of other states argues for including accreditation in the QRIS: all but one (North Carolina) of the 14 states operating QRIS include national accreditation and nearly all of the states planning QRIS do as well.

Next Steps

The Collaborative has a strong start on the groundwork of quality improvement and rating; their collective efforts are the foundation on which the state system can be built. To make progress in the next year, all the stakeholders –The QRIS Collaborative, The Early Learning Advisory Council, the Florida Children’s Services Council and EC&E providers – must come together and formulate a plan of action for developing the common QRIS and the systems such as professional development to support it, and ensuring that funding to support the whole is approved in the next Legislative Session. As this work proceeds, keep the following perspective in mind:

“The QRS has got to be encouraging and rewarding and feasible.”

THE AUTHOR

Anne W. Mitchell is the President of *Early Childhood Policy Research*, an independent consulting firm specializing in evaluation research, policy analysis and planning on child care/early education issues with government, foundations and national nonprofit organizations. She co-founded the Alliance for Early Childhood Finance, a learning community on finance reform and system-building for early care and education. Previously she was Associate Dean of the Research Division at Bank Street College of Education in New York City where she directed the first national study of state-funded prekindergarten programs. She began her career directing child care centers in Massachusetts and Vermont. Anne has conducted national studies of state and local prekindergarten policy and early care and education finance; and has written widely on child care and early education policy and practice. Anne is serving her 12th year as an elected member of the Greenville (NY) Board of Education and served five years on the New York State Professional Standards and Practices Board for Teaching. She is President of the National Association for the Education of Young Children.

APPENDIX. METHODOLOGY

The information about Florida history and policies was gathered from various MyFlorida websites listed in the reference section. The perspectives of important constituencies about QRIS were gathered through telephone interviews and an internet survey. The internet survey was active in late March and early April; 17 individuals engaged in the QRIS Multi-County Collaborative responded to the survey. The interviews were conducted in mid-March and early April. The 15 people below were interviewed.

Individuals Interviewed

Linda Alexionok, Executive Director, Children's Campaign

Lorraine Ausley, Representative, Florida House, District 9

Antonia (Toni) Crawford, Chair, Early Learning Coalition of Duval

Chris Duggan, Executive Director, Early Learning Coalition of Big Bend

Lynne Eldridge, Executive Director, Early Learning Coalition of NW Florida

Alisa Ghazvini, Early Childhood Consultant

Shan Goff, Executive Director, Office of Early Learning, Department of Education

Phyllis Kalifeh, Chief Executive Officer, The Children's Forum

Jean Layzer, Senior Researcher, Abt Associates

Dave McGerald, Executive Director, Early Learning Coalition of Hillsborough

Ellen McKinley, President, Child Development Education Alliance

Danny Morris, Past President, Florida Association for Child Care Management

Rich Morrison, Chair, Early Learning Advisory Council & Chair, Early Learning Coalition of Orange County

Debby Russo, Director, Child Care Program, Department of Children and Families

Gladys Wilson, Director, Office of Early Learning, Agency for Workforce Innovation

Interview Questions

1. Do you think Florida's families and its early care and education system (including VPK) would benefit from a common statewide QRIS? Why or why not? How?
2. If there were a common QRIS for Florida, should there be local variation? If so, how much local variation is optimal? And on what elements of the system?
3. How would you characterize the current climate in terms of political, industry and public support for a QRIS in Florida? (e.g., pro or con, strong or weak, etc.?)
4. Do you think the state of Florida is willing to invest state money in a QRIS? (Or only willing to re-direct federal funds e.g., the quality set-aside in CCDBG)
5. Is there anything else you think I should know to understand QRIS in Florida?

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