DOCS FOR TOTS

Moderator: Tracey Rush
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Operator: Good day everyone and welcome to the Advocating for Quality Rating System: A State and National Perspective conference call. As a reminder, today's conference is being recorded.

For opening remarks and introductions, I would like to turn the call over to Ms. Tracey Rush; please go ahead, ma'am.

Tracey Rush: Good afternoon everyone and for our colleagues on the west coast, good morning and welcome to today's audio conference, advocating for quality rating systems, a state and national perspective. We are excited to have participants online today from coast to coast, north and south, including child advocacy organizations, resource and referral networks, government agencies, and doctors in the Docs for Tots network.

My name is Tracey Rush is and I'm the Program's Manager here, at Docs for Tots in Washington D.C. If you haven't had a change all ready, please check our Web site at www.docsfortots.org, and click on our resources page under presentations and then QRS to find materials relevant to today's call.

We have a very informative program today and I'm pleased to introduce to you remarkably accomplished and well respected professionals in the early childhood field. Anne Mitchell

President of Early Childhood Policy Research; and Dr. Kimberly Townley acting Director of the Division of Early Childhood Development in Frankfurt Kentucky.

Ms. Mitchell is going to begin our presentation today by explaining the components of childcare quality rating systems and providing some insight into how doctors can advocate for QRS. After that, Dr. Townley will take us through the creation and implementation of a quality rating system in Kentucky. Once the formal presentation is complete, we will open up the floor for questions from the audience.

Now if our speakers are ready, I will hand it off to Ms. Mitchell to get us started.

Anne Mitchell: Great. Thanks. This is Anne Mitchell. If you made your way to the resources section on the Docs for Tots for Web site, there are two maps that will help you to visualize part of what I'm going to say.

Let me start with a definition of a quality rating system. It is essentially, a systematic method to assess, improve, and communicate the level of quality in early care and education programs. And the very first quality rating system was developed in Oklahoma in 1998. It took them a little more time to develop it, but they launched it in '98. And it has spread really rapidly since then, so that, by now there are actually as of this week 14 states that have quality rating systems operating state wide. And the map that you've got will show you where they are, they're Colorado, the District of Columbia, Iowa, Kentucky, Maryland, Montana, New Hampshire, New Mexico, North Carolina, Oklahoma, Pennsylvania, Tennessee and Vermont and most recently Ohio.

And there are about 30 states, almost all of the rest of the states either planning, exploring or piloting a quality rating system. So it's a policy innovation that has spread really rapidly across the country. And I think that's one of the salient parts of it. Basically, a quality rating system is,

as I said, assess, improve and communicate. So the parts that all of them have are a set of standards and a way of monitoring compliance with those standards. And generally, the standards are developed by multi stakeholder groups of people who care about early care and education quality. And so the standards and the monitoring are kind of an integral part.

And the other parts are really the supports that make the quality improvement possible. So an essential piece is program and practitioner support, so that professional development initiatives, technical assistance, things of that nature. All quality rating systems have some kind of financial incentive that are linked to compliance with a quality standards. So, for example, a state like Pennsylvania offers grants to programs that are beginning in their star system. Then there are grants that are related to the achievement of levels in the star system. And they can range as high as $45,000 a year for a program. And there are also grants to reward having highly qualified staff in a program, and those are several thousand dollars a person. So the financial incentives are important.

Many states have in their childcare subsidy system, the ability to have a differential rate. And in almost all states that have a quality rating system, they are offering bonuses on top of reimbursements rates so that you are rewarding quality in serving subsidized kids. And that’s an important thing, I think, Kim will talk more about that. But one of the reasons for having a quality ratings system is to help children be able to access higher quality programs and particularly low income vulnerable children.

So the last part of quality rating system is the parent consumer education. And that’s an essential part, because it helps parents to have better information about how to make choices about where they put their kids. And it is really the combination of these five elements, the standards, the accountability, the supports for programs and practitioners, the financial incentive, and the parent consumer education that makes the thing work.

I think that that to me, this is such an advance from the way in which the states have, for many, many years, states have obviously cared about the quality of early care and education programs, particularly childcare and done lots of interesting things to try to improve it.

What this does is bring those initiatives into a framework that provides the right supports and accountability and the using the market nature of early childhood with the consumer education to make the whole thing work. And I think the fact that it's such a reasonable, simple, understandable idea is, in part, why it spread so rapidly.

Let's see, I think, a couple of things to point out about quality rating systems, are that they are for the larger majority of states, they are voluntary systems. In Tennessee their system – part of their system is mandatory, so that all programs are involved in it. And in North Carolina, it is, in fact, it is imbedded in their licensing statue for childcare. And in fact, in North Carolina, every program that serves children is licensed, so that programs in public schools, head start, family – everything is licensed. So the opportunity to be – to have a rating, is available to every single program in North Carolina.

Most states are voluntary and the participation rates range pretty widely. In Colorado it's about 15 percent. And in Pennsylvania it's more than two thirds of all programs are participating in the system. And the reason that participation matters is that if we're really trying to improve all of the early care and education programs that kids can choose, then the participation matters. And it's really important from a parent's perspective because if you want to have information about programs, you need a lot of programs to be rated and available to you, in order for that to be a real choice. So participation is an important piece.

I think the – something that I've been sort of struck my more recently is that it's really important I thinking about designing and implementing quality rating systems to balance the investment among the elements of them. So that it's really not that – it's that every part of it deserves

financial support, so that developing the standards is not a very expensive proposition. However, monitoring them is. The kinds of supports that programs and practitioners need, are the kinds of things that states have been investing in, anyway, technical assistance, professional development, I mean those need to be ratcheted up. The financial incentive linked to quality standards, so that programs, and in fact, in some states, parents are rewarded for choosing a quality program, also needs to be funded. The parent consumer education is probably the least expensive part of it. But the investment really needs to be balanced among those things.

Let me say a couple of words about doctors as messengers for quality rating systems. It seems to me that doctors are in a unique position to be ambassadors about the importance of quality. You know child development. You can talk about brain research. You understand the importance of relationships in children's development, and the children's experiences matter wherever they are, and the people they are with are what proceed – what advance their development.

So I think that there are – there's a place for doctors, particularly to be messengers to legislatures on this question of investment, because a lot of – the basic idea of a quality rating system is very attractive, and I think, spreads almost on its own. The understanding of what it takes to put a really effective one into place, and make the investment is the place where, I think, you can be the most important advocates. And it seems to me that in my experience, doctors are trusted, they're well informed. And you represent a constituency that is not self interested. It's fabulous when early childhood programs are advocating for a quality rating system and saying yes, we want to improve, we want to be better, we want to be rated. That's a certain kind of message. But it's really important to have somebody who can speak on behalf of kids and families, and I think doctors can do that.

I think that's pretty much what I wanted to lay out. And I really look forward to the questions that you all will ask later. Thanks.

Tracey Rush: Thank you very much. And now I would like to introduce our second speaker, Dr. Kim Townley.

Dr. Kim Townley: Thanks very much, Tracey. I wanted to – Anne laid some good ground work for us. And if you would go to the Web site again, where it says Kentucky Initiative Summary, I'd like to start there. And just say that Kentucky does have a voluntary system, but the way we got ours implemented was in a much larger, comprehensive initiative. And in some ways, that makes it much easier to implement.

As you can see on that page, we had based our whole initiative on a lot of the brain research that says children grow, socially, emotionally, cognitively healthy if they're in good, positive, quality environments. And we took that environment all the way back to prenatal. So in our fully initiative you see assuring maternal and child health, which does involve a folic acid campaign, healthy babies, substance abuse, universal newborn hearing screening, metabolic screening expansion, oral health, those kinds of things. So how do we get babies here healthy, and how do we keep them healthy? And again, that all flows from the data. So your quality rating system, you will need to have state data that shows that there is a need looking at other research from other states that says yes, it does improve child outcomes. In some cases, it reduces turnover in childcare programs and those kinds of things. So the research in what's all ready there is critically important.

Then, of course, children go home from hospitals and birthing hospitals and such to homes. And we wanted to make families as strong, so thus we have our home visiting program, mental health program, child advocacy centers. And then, what with in Kentucky, 64 percent of the women with children under five years of age work outside of the home. So you can see their enhancing early care and education became a real issue. And the stars program was part of that.

Ours is a voluntary program. And I think that you'll have to look at your politics. Childcare certainly grew out of a need for parents to work and a safe place for them to have their children when they were working, as opposed to a state funded pre school program, which went – most of them go to the top notch of quality and fund quality from the beginning, childcare has met the need with what parents could afford, and then what the Feds and states could help low income parents, or the working poor to help them support that.

So in many states, the regulations, the licensing regulations for childcare is not the high quality they would like for it to be. But if you do something mandatory the people who this is intended to help may come out of the woodwork against it, because they're saying that unless you have large amounts of money to support the quality improvement, they'll say that parents can't pay for this. That you're doing it on the backs of parents. So ours is voluntary. Kentucky continually ranks in our licensing standards in the bottom third in the nation, therefore, we know our standards are not good, what's required for licensing. And we wanted to go over and above that. So it is voluntary. There is some discussion about including it with licensing; however, we're not going that route just yet.

So we were successfully in embedding a quality rating system in a larger system for early childhood initiative, where we said this is what's lacking in the state, and how can we fill these? I will say that we were – and you've got to be political. That not only were these needs that were documented by data and research in the state, but also they spread a wide – they cross a wide segment of the population. And we have our unusual suspects. And I classified the medical community as unusual suspects. It's not often that you have physicians speaking about the importance of children being in good quality environments. And so – but also we have in here our initiatives of folic acid campaign, immunization for under insured children, the expanded metabolic screening as well as universal newborn hearing screening. Those issues brought the Kentucky Medical Association to the table, along with the Kentucky Pediatrics Association and a lot of others.

And what that gave us the opportunity to say was you teach us about what's missing. I didn't know a lot about folic acid and birth outcome. Nor did I know about the oral health of mothers, and babies and how that all works together, so we could learn from them. But at the same time, physicians in the medical community could say yes, but we really don't know much about the quality, what is quality childcare? And what effect does it really have on children. And many of our patients and our clients that are in childcare settings and how is that we help parents to understand that there is a level of quality for which they should work.

The other thing that I will say about this whole initiative is that a champion is important. We were fortunate enough in Kentucky to have a governor who was the champion. A governor who said that he would work for us to get 25 percent of the tobacco, phase one tobacco settlement dollars to fund this initiative. So the higher the champion you can get and the more visible, I think, is critically important. Certainly it's hard for any legislature to speak against children and families, but you may have to have a champion at a fairly high level.

I will tell you that one of the things that we discovered early on was that one of the sponsors of our bill was one of the most liberal legislatures in the state, which automatically turns some of the people who were on the other side of the aisle off, and we had to do a lot of work around that issue. But again, because we were addressing issues that had not been addressed in the state, and there was clear research to dedicate the benefits, we did pass this whole package of legislation without one dissenting vote in either the House or the Senate committees or on the floor.

So it's important that the quality rating system, I think, be voluntary, or that you take the pulse of your state, to see how voluntary plus – or mandatory would set. It needs to be research based. You need to have your ducks in order. And it needs to be a strong case of why it's important. You need to have a champion and a fairly visible champion. And you also need to assess the

political climate of is this a good time to go for this initiative and then, again, what are the costs? And where might that – where might those dollars, again, which speaks to the broad base of this initiative. It's across our cabinet for families and children. Our cabinet for health services, the Department of Education. It's across many of them and all of us were together at the table speaking for children. And we're pretty dedicated to the fact that all parts of the initiative needed to move forward.

So I think those are important things when you look up – when you look at that. When we passed the initiative in 2000, if you look at the other – the star support system, we implemented our star system gradually, and I think that was important. Kentucky is a relatively small state. We only have four million people in the state. But still, we have about 2000 childcare centers licensed, and about 15, 1800 family childcare homes. And we didn't think we could get it up to scale immediately. So after it passed – we pulled a group of about 60 people together to begin to establish the standards. And what this chart shows you or this pictorial shows you is that we've got the starts rating system in the center. And then, all of the additional support as Anne was talking about, that you have to have a system to work. Just creating the system doesn't make it work.

So if you look in the upper left hand, we have a scholarship program that was part of the Kids Now Initiative that funds tuition for early childhood people to go to school. It also funds a milestone achievement award, related expenses which helps them if they complete a successful semester, provides them cash to help pay for books, and gas and those kinds of things. But also the employer has a textbook reimbursement. So we have found that often times childcare centers hire people without a lot of formal education and it's not that they don't want that formal education, it's that they haven't been able to purchase it for themselves. And if that scholarship is available to them, then you increase the quality.

Subsidy is another thing that all of your states have subsidy. And the goal is always to get that subsidy level up. In Kentucky our goal was to get to 200 percent. We're not – we're a long way from it yet. We have community early childhood councils, which one of their main responsibilities is to encourage childcare programs to get into the stars program. And they have competitive dollars that are available to help fund it.

We also have mini grants for child development associate, which is an educational – a national credential. We have healthy start in childcare, which fund provides free technical assistance, in the area of health, safety and nutrition, communicable diseases to childcare, again, helping them improve the quality. We've increased licensing personnel. We have quality incentive parent payments. And that's what Anne was talking about is that tiered reimbursement that the higher the quality is, the more reimbursement a program will get to help maintain or move the quality even higher.

We also have childcare coordinators who are free across the state to provide technical assistance. And then, of course, we have mini grants for accreditation not just the NAEYC accreditation, but we do fund others as well. So – and these are just part of them. These aren't all of the ones that are supporting, but the major initiatives that support programs getting to this quality that we want every child to have.

As we implemented our Kids Now Initiative we also conducted research. And what we know is that minority and poor children are in the poorest quality programs. And so what we've since passed is legislation that said is you have more than 40 children who are on subsidy within your center, you must participate in the stars program. So we know that the low income children are our most vulnerable. They need and benefit from quality the most. And yet, in the state of Kentucky, we found that they are not having access to that. So these are the supports that are in place.

As I was saying we phased it in. We began in January of 2001. The legislation was passed in 2000. We pulled a group together to establish the standards. Then in 2001, we piloted it in 17 counties across the state, and rolled it out state wide for centers in July of 2001. And then, in 2001, we pulled another group together in July who did the standards for family childcare homes, we piloted that in July 2002, to June of 2002 and rolled it out state wide for all family childcare homes. So there is a system for all of our license centers, and for our family childcare homes.

What I would say about what doctors have to bring to this whole issue is it's – the doctor is a respected family support member, and I think that often families are looking for information. We have created a pamphlet that we actually tailored from Oklahoma. We borrow and share in this field. But we customized it for Kentucky that talks to parents about how they can choose quality childcare. And we have made that available to businesses and physicians and libraries across the state, so parents can have that information. And I do think that if we get the unusual suspects, I think legislatures expect physicians to talk about immunization for the under insured, or folic acid programs, or, you know, maternal and child health issue. But I think they get a different look when a physician begins to talk about something that's out of the usual realm, which is that children spending time in quality environments is very important for the future of that child's success and their productivity as an individual down the road, once they enter the work force.

So I think it's important that legislatures hear from different folks, and physicians certainly can be that unusual suspect to be speaking about the benefits of a quality rating system. And I think I'm finished.

Tracey Rush: OK. Thank you very much, Dr. Townley. That was quite informative. We will begin our question-and-answer session. And I believe our moderator, Christine, will explain how that is going to work.

Operator: Thank you. The question-and-answer session will be conducted electronically. If you would like to ask a question today, please press the star key followed by the digit one on your touch-tone telephone. If you are using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment. Once again, that is star one if you do have a question. And we'll pause for just a moment. And just as a reminder to our phone audience, that is star one if you do have a question.

Tracey Rush: Just from what I've been hearing – this is Tracey – quickly to start us off. So for those states that are not all ready piloting or in the exploring, designing phase, are there specific groups and stakeholders that have to sort of buy-in in order to move forward? And I know, Dr. Townley you mentioned, you know, having a champion like the governor, the political climate has to be correct. But who sort of spearheads this effort? Or could it be kind of a variety of people working together?

Anne Mitchell: This is Anne. I would say based on the experience in the states that I know of, and work with, the leader in the effort can be – it's often someone in government, in a state agency. It can be people in the private sector. It can be sort of organizations like affiliates of the National Association for the Education of Young Children. There are different people in different places. United Ways in many places have played a pretty critical role.

Usually there's a pretty broad group of people involved in developing the standards and figuring out what the system is going to look like. For example, Rhode Island is a very small state, but there are probably about 75 or 100 people who have been intimately involved, you know, meeting once a month for more than a year to develop their system.

And periodically, they have what they call community forums that are open to anyone who wants to come and hear about the progress and react to things. And usually 200 people come to those. And it's higher ed. It's early childhood organization's that's state agency, the agency that does

licensing, the agency that does childcare, the Department of Ed, just – higher education, a wide variety of people.

Dr. Kim Townley: And I would add to that, that it takes – I think it takes somebody that's dedicated more than a volunteer. So if it's a success by six, which comes through the United Way, often times they will have one person who it's their job to coordinate something like this. Our governor actually set up an office of early childhood development in his office, and all of the lead came out of there, which was four or five people that were dedicated to this total initiative.

But I think there has to b someone who everybody agrees is going to take the lead. And that usually involves somebody being paid because there's a heck of a lot of work involved in this. And you need to advance, as you need to invite all of your supporters, as well as your detractors, who – what you need to have them involved in this to have an input so they don't derail it down the road. But it's an awful lot of work. It can be done. And since there are several states who have all ready done it, we have good data and research from them. But it still takes a lot of work within the state.

We met with lobbyists every Tuesday afternoon. And that way, the lobbyists are there all of the time. While we had a lot of grass roots people sending e-mails and telephone calls and letters, and those kinds of things, most of our grass roots people were working and couldn't get to Frankfurt to lobby legislatures. That's why it's important that we had the League of Women Voters, the AFL-CIO, the – all of the various entities that do have lobbyists there, the Chamber of Commerce, as well as the Department of Ed and those kinds of people. We would meet with lobbyists and our state people who were leading this initiative once a week to say OK, how's it going? Where are our problems? Who can best speak to a particular legislature? And often times, again, people coming from different lenses could add us – add information and also had relationships with legislatures that we might not have had and they could carry that message.

So I think the more diverse you can make your support for a quality rating system like we're talking about here today. But in more in general, in early childhood issues, the broader the support, the more people you have to carry that message. And again, as the lobbyists were going to talk about medical issues from the Kentucky Medical Association. They also could add in about the quality rating system, as well as other parts of this larger initiative. So somebody has to coordinate it. And the amount of time that it takes, I'm not sure that it can be done by volunteer.

Anne Mitchell: I am so glad you said that because there's not a single state that has done this in an volunteer way. There's always somebody who's job it is. And the amount of time it takes varies quite widely. New Hampshire was able to develop their quality rating system in the space of three months and used a variety of techniques to make sure that there was a lot of involvement. And I think Ohio took about four or five years. So it doesn't – I mean the average is probably something around one or two.

Tracey Rush: Thank you both.

Operator: And we do have a question over the phone. Our question will come from Albert Wat with Pre K Now.

Albert Wat: Hi. I work in the Pre K area, and I understand that just a few states improve their Pre K programs in the QRS system. And just wondering, usually I understand the Pre K programs are usually the top of the start rating system. And I'm just wondering what the motivation is for states to include the Pre K programs in the system.

Anne Mitchell: This is Anne; I'll take a crack at it. And then, Kim can answer you from the Kentucky perspective. States are trying to, with quality rating systems, provide a way to look systematically at all kinds of early care and education programs. So including Pre K, head start, every

programming you have to look at it from the point of view of parents, and the places where their kids might be and so including Pre K is a very important thing to do.

In fact, in North Carolina, in order to be a More At Four, which is the name of their Pre K program, you have to be rated at the top two levels of their quality rating system to be part of the Pre K program at all. In North Carolina, they license programs in public schools which includes the Pre K program. That's also true in Colorado. But that's a really good question, and one that we don't know a tremendous amount about, and it's one of those someone needs to do the research and find out exactly what's going on between quality rating systems and Pre K.

Dr. Kim Townley: And in Kentucky, certainly Pre K programs are eligible to apply. They are not excluded from participating in the quality rating system. It is voluntary, but our first requirement to participate is you be licensed. And our Pre K programs are exempt from licensure because their standards are so much higher than the childcare standards.

The other thing in Kentucky is that we have classrooms of excellence, which in some ways have higher standards than the higher criteria for standards in our quality rating system. And so they're not excluded from participating, but most of them work for that other designation, which is classrooms of excellence in the public schools.

Operator: Anything further, sir?

Albert Wat: No, thank you.

Operator: Thank you. Just as a reminder to our phone audience, that is star one if you do have a question. And our next question will come from the Wyoming Children's Action Alliance, Deanna Frey.

Deanna Frey: Yes. I have two questions, actually. One, the first speaker spoke about parents being rewarded for choosing quality and I'd be interested to see how that's being done. And then my second question is, what have you found to be the most effective way to engage the medical community because we have not done that well here and so I would be interested in hearing how you've seen that to be effective or what methods you have used to be effective that way.

Anne Mitchell: When I was talking about parents being rewarded, I think there's two ways. The most direct way is that several states have child and dependent care tax credits that reward parents for choosing higher quality programs. Vermont is an example of a state that has a quality rating system and one of these tax credits. And lower income families in Vermont get a 50 percent greater tax credit than other families if they choose a quality program. And actually on the Vermont, I think it's the Department of Taxation Web site, there's actually a link to a list of eligible programs. Maine and Arkansas do this too. And I think it's something that other states are considering.

The other way that parents get rewarded is that in states that have a tiered reimbursement system and reward quality, they do it in such a way that it doesn't increase the amount that parents are paying. They do it typically in a bonus format. Or in the best cases, they do it in ways that essentially make it so that parents who choose higher quality programs are paying roughly the same amount, as if they were choosing a lesser quality program, but they're getting a much better program. And that's sort of indirect.

But the question on engaging doctors, I can speak from our experience in New York and we have a Docs for Tots group in New York, and they've been, you know, a tremendously helpful supporter in our work. And actually, did an initiative where they wrote prescriptions for quality, early care and education for kids.

Dr. Kim Townley: And this is Kim. What we have found is that really you – it's word of mouth. And it's finding a good advocate who is respected within that medical community. And certainly, we had a pediatrician who, you know, came to my office on the first day, practically and cared about medical things, but was open to other issues of child development as well. And so through him and the pediatric association and the prenatal association, we went to those and found individuals who well respected, who had a passion for it like we did, and then we they began to multiple in that way.

Also your champion will make a difference. Whoever, your champion is, if it's a legislature, a governor, whatever, they also have favors to call in and have connections and networking that they may be able to bring someone to the table that you, as an early childhood educator, or an early childhood person may not have that contact. So that's how we did it by word of mouth and just one person to one person.

And also that facilitated by making those connections for us getting on the agendas at various meetings, where we had the opportunity to share our information. And they had the opportunity to share information with us which was a real cross education effort that was beneficial and got them on board at the same time. We were all working for the same agenda.

Operator: Anything further, Ms. Frey?

Deanna Frey: No, thank you.

Operator: Thank you. And our next question will come from Stuart Karbal with Children Services. Mr. Karbal, your line is open.

Stuart Karbal: I'm sorry. I forgot to hit the mute button. When does a site get the designation of the QRS site? If I am a center, and I said I want to become part of the QRS phenomena, I'll put it that way,

do I immediately become that? Or are there certain baselines that a center has to go through in order for them to get that designation?

Dr. Kim Townley: I'll tell about Kentucky and Anne can do overall. It usually is a standard that needs to be met. And in Kentucky, it's star level one is the lowest, and star level four is the highest. Star level one for us is just barely over our minimum licensing standards and we're using that as a hook to get programs in because they can be successful at that. And then it moves on up with higher standards as they go up the star level.

So when you decide you want to become – participate in the stars in the program, you contact one of the resource and referral agencies, which has the free technical assistance available and there are a lot of those supports there that are in place to get you started. You do not say that you are a stars center or home and start getting the tiered reimbursement until you have actually been awarded that.

In our case, there's a self study that must be done. There are standardized tools that must be done by a third party. And then, all of that is put together with an onsite visit. And then, it goes to a review team. And then at the end of that time, they are awarded either the star level at the level they have requested, or it might be at a lower level. And at that time, their name goes on our list, and on the Web site, as being a star rated center, with their expiration date, their telephone number, and how many stars they have.

Now we in Kentucky, in star one, we made, as I said, just barely above minimum licensing standards to get them in. However, our star level four is very stringent quality. We've been doing it since 2001 and we have eight programs out of the 2000 that are star four, and that's because we wanted it to mean something. We didn't want just anybody to get at star level four. We truly wanted that to indicate quality. And we are seeing migration from two and three, up towards four. But it is difficult to achieve, because it is a very high standard.

Stuart Karbal: We do have a QRS program that have started here in Palm Beach County, and it seems to be working. We have a lot of – we have a certain program that we call continue to care that we allow low income families that are in the healthy beginnings umbrella get childcare at a reduced rate. And until that child becomes, you know, kindergarten age.

And the problem is that there aren't a lot of slots open. We're trying to get buy in with the centers that this is a good thing to do. How did you go about getting more interest in centers becoming this designation? I know that money is a real motivator?

Dr. Kim Townley: Well money is a motivator. There's another – there's pride and competition that you can advertise that you're a star rated center. And if we do some educating of parents of what that means, of what a star rated center means, we because it's voluntary, we certainly cannot say that there isn't quality happening in centers that aren't star rated, but this, as Anne has said, is a consumer tool for parents to help them choose their childcare.

As I said in that support document, we have the quality coordinators, who it is their job to – and they are dedicated to working with people in the program. Also our community early childhood council, we have 93 community early childhood councils that represent all 120 counties. One of their primary goals is to increase the participation in the stars program. And then – and even at that, we only after three or four years had about 25 percent of the programs participating.

Then when the research came out with this new reg that's come out, we will add – we'll probably get up to almost 30 percent of stars participating. And I really do think that to get much more than that, you're going to either have to regulate it, or you have to make your incentive enough to do – to pay for it.

Anne Mitchell: Yes, I think the – I would agree with you that the factors that can – that are correct, there's peer pressure, there's the marketplace, consumers asking about whether you have a star designation. But it's the resources to back that motivation that are necessary. Because the places that have – the states that have the highest participation rates, by and large have the highest incentives. So if you look at, for example, Pennsylvania has probably the widest array and the most generous incentives among states. And their participation rate in just a couple of years is over two thirds.

Oklahoma has very high participation rates. And again, similar to Kentucky, only about four percent of the programs in Oklahoma are at the highest level. And their highest level is nationally accredited, and a couple of specific Oklahoma items. So I think it's the incentives. And back to what I said earlier, it's investing in a balanced way in the supports to help programs improve and the supports to help programs improve and the financial rewards to begin to bridge the gap between what it costs to operate a program in a very high quality level and the ability of parents to pay because our subsidy systems are essentially a substitute for parents ability to pay. They're based on market rights, et cetera.

Stuart Karbal: All right. Thank you.

Operator: And just as a final reminder to our phone audience, that is star one if you do have a question. And our next question will come from Leslie Keller with the Department of Early Learning Washington State.

Leslie Keller: Good morning. I'm just wondering about the accessibility for low income families as being one of the primary goals of a star system for families that are on subsidies. And it seems that for those folks that one of the ways that they choose childcare is, you know, is there an opening. Is it in my neighborhood? Is it on the public transportation line? Those kinds of things seem to be the criteria in searching for childcare. And so I'm wondering about what you're finding in terms of low

income families really using the star system from a consumer perspective? Do they – are they really using that method to search for childcare?

And also, what about the access? So I think you – someone mentioned in some states they have a 40 – if your – is a program is taking 40 percent of their families having subsidies, that then they're required to participate in the star system. So I'm just wondering about what are you really finding about improved accessibility for low income families.

Anne Mitchell: Well the states that have been doing this for the longest have some really good evidence to share with other states. Oklahoma, which is the oldest quality rating system and not even quite 10 years old, their subsidy system of – kids in the subsidy system that are in center based program, 98 percent of them are in rated programs above – the first level in their system is licensed, so they're in programs that are above that. And it's 78 percent in family childcare. So they can tell you that the goal – one of their primary goals was to increase access to higher quality for children in the subsidy system, and they've achieved that goal.

Dr. Kim Townley: Anne, they didn't come until they required it. They required every program who has a subsidy child in the star system. So before they required that, they were at about 20 or 30 percent.

Anne Mitchell: That may be true. My understanding is that as the program advanced, they were then able to require that the subsidy program would not pay for any program just at the star one level. I don't believe they required it, but you could be right. I don't – we – I have a different understanding.

But the point is, once that it is possible to say yes, the subsidy system is only going to pay for programs that are rated a quality above licensing, and that's happened in Oklahoma and it's – I don't know off the top of my head the numbers for North Carolina, but that would be another state

to look at. Now Tennessee, because it's a required system is different, but they have evidence about this too. So your issue on access is yes, absolutely you can increase access for low income families.

On whether low income families use the system? Yes, I think that in Oklahoma, they did a survey of parents and asked if they knew about the star system and it was pretty widely known. And I think that that study could be – I don't remember off the top of my head, whether they did it by family income, but they might be able to tell you that.

Dr. Kim Townley: And the chicken and egg thing that you have here is you don't want to raise public awareness before you have the programs that are out there. So you need to build the programs that are out there, before you encourage parents to look for it, because if they can't find it, then there is that disappoint about thinking about this wonderful stars program and yet I can't find a spot or a program for my child.

So public awareness of that whole issue has to go hand in hand with the capacity to serve the families that would be looking for it.

Leslie Keller: Thank you.

Operator: And our next question will come from Nancy Chavez with Valley Oak Children.

Nancy Chavez: Can you hear me?

Operator: Nancy, your line is open. Ms. Chavez, your line is open. And I will check that line.

We do have a follow-up question from Deanna Frey.

Deanna Frey: I believe you spoke to this issue earlier, but there's been concern in our state as we were developing a system as to what parts of the rating are shared with a community. And I think I heard you say that generally they just list the star rating, but not where the program scored high or low, is that correct?

Anne Mitchell: I think that varies from state to state. All states report the absolute level, you know, you are a star three or a four or a five, or whatever. I think that in some states, there is access via a Web to more information about how a program scored in different aspects of the standards for the QRS. And in Colorado that is true, you can go to the (qual star) Web site, and see a kind of summary report on programs.

But that's a decision that, you know, each state can make. And it would make no sense to keep the star level secret, because then you've undermined the consumer education aspect. But the amount you share is really, I think up to you. How much do you share in Kentucky?

Dr. Kim Townley: We just – we give the star level and that's it. And of course, the program has all of the ratings and why they got what they did. And then of course the free technical assistance that is there to help them come up with strategies to move to that next level. So we don't' share any more than that with the general public.

Operator: Anything further, Ms. Frey?

Deanna Frey: No, thank you.

Operator: And just as one final reminder to our phone audience, that is star one if you do have a question. And we'll pause for just a moment.

And at this time, there appears to be no further questions in the queue.

Tracey Rush: OK. Thank you everyone for joining us today. And a particular thank you to our speakers for sharing their insight and expertise. We will post a transcript of the call on our Web site, and we will be sure to let you know when it becomes available.

Our next audio conference on health disparities will be held on December 14, please visit our Web site for details and for additional information on Docs for Tots. Thank you again everybody and have a great weekend.

Operator: That does conclude our teleconference for today. We'd like to thank everyone for their participation. And have a wonderful day.

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