Developing a Child Care Quality Rating System: Wisconsin’s Approach

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WCCRP resides within the University of Wisconsin-Extension. It was initially created in 2000 through funding by the federal Department of Health and Human Services as one of nine state child care research partnerships.

The University of Wisconsin-Extension formed a partnership with the Wisconsin Department of Workforce Development’s Office of Child Care to assess the quality of child care in Wisconsin, with a particular focus on child care for low-income children. The principal investigators for the Research Partnership include: Mary Roach, Diane Adams, Dave Riley, and David Edie.

Results of WCCRP findings are presented in a series of Brief and to the Point Issue Papers and in more extensive public policy papers. The aim of WCCRP publications is to share research-based knowledge about early care and education issues, and to be an objective presenter of alternatives and the likely consequences of public policy options.

Note: The name for Wisconsin Governor Jim Doyle’s child care quality rating system proposal was changed from “Quality Counts for Kids” to “Quality Care for Quality Kids” in his State of the State address in January 2005.
# TABLE OF CONTENTS

## Section I: Introduction
1. Purpose of the Paper ................................................................. 1
2. Charge to the Task Force ............................................................ 1
3. The Approach: Alternative-Consequences Model ....................... 1
4. The Challenge: Balancing Research and Government Implementation 2
5. The Data: A Key Piece in the Puzzle .......................................... 2
6. Gathering Information from Other States ..................................... 2
7. Criteria for a Successful Quality Rating System .......................... 3
8. Quality Rating System Designs .................................................. 3
9. Rationale for Quality Indicators .................................................. 4

## Section II: Original Options Provided to the Task Force for a Child Care Quality Rating System for Centers
1. Definitions of Key Terms ........................................................... 5
2. Option 1: Regulatory Compliance + Staff Qualifications + Accreditation 6
3. Option 2: Regulatory Compliance + Staff Qualifications + Accreditation + Environment Ratings 6
4. Option 3: Five Quality Indicators ............................................... 7
5. Option 4: Multiple Quality Indicators ......................................... 8

## Section III: Original Options Provided to the Task Force for a Child Care Quality Rating System for Family Child Care .......................................................... 9
1. Definitions of Key Terms ........................................................... 9
2. Option 1: Regulatory Compliance + Staff Qualifications + Accreditation 10
3. Option 2: Regulatory Compliance + Staff Qualifications + Accreditation + Environment Ratings 10
4. Option 3: Five Quality Indicators ............................................... 11
5. Option 4: Multiple Quality Indicators ......................................... 12

## Section IV: Options for Tiered Reimbursement
1. Decision Points .......................................................................... 13
2. Research .................................................................................... 13
3. Information from Other States .................................................... 13

## Section V: Task Force Deliberations
1. Background .............................................................................. 15
2. Principles .................................................................................. 16
3. Scope of the System ................................................................. 16
4. “Building Block” Versus “Points” Approach ............................... 16
5. Deciding on Quality Indicators .................................................. 17
6. Deliberations on Tiered Reimbursement ..................................... 18
7. Key Issues and How They Were Resolved .................................. 18

## Section VI: Final Task Force Recommendations
1. A. Child Care Center Quality Rating System Recommendation 21
2. B. Family Child Care Quality Rating System Recommendation 25
3. C. Tiered Reimbursement Recommendation 27

## Section VII: Lessons Learned and Future Considerations
1. Lessons Learned ....................................................................... 28
2. Future Considerations ............................................................... 29

## Key Sources Used
........................................................................................................... 30
From Research....

Four years of research and data analysis by the Wisconsin Child Care Research Partnership (WCCRP) led to findings that were relevant to the development of a quality rating system:

- **Education counts.** Teachers with more education had significantly higher quality interaction with children than teachers with less education.
- **Director qualifications matter.** Directors’ education correlated with teachers’ education and the quality of their interactions with children.
- **Family child care characteristics link to quality.** For family child care programs, four characteristics were correlated with quality: (1) level of regulation, (2) training in child development, (3) business practices, and (4) professional commitment.
- **Low levels of education.** The majority of Wisconsin’s child care teachers (58%) identified a high school diploma as their highest level of education; 80% of family child care providers had no more than a high school diploma.
- **Decline in education credentials.** The educational credentials of Wisconsin child care teachers dropped precipitously in two decades, from 44% with B.A.s in 1980 to just 14% in 2001. The percent of child care directors with bachelor’s degrees or above dropped from 73% in 1980 to 47% in 2001.
- **Investment can improve quality.** Investing in child care programs serving low-income children (i.e. Centers for Excellence) resulted in significant improvements in child care quality.
- **Centers with high density of subsidy have poorer quality.** Centers with higher density of children funded through the child care subsidy program averaged fewer degreed teachers, higher staff turnover, and lower wages.

To Policy....

“...I am announcing that my budget will include a program that will - for the first time - rate the quality of child care providers. **We will create a five-star rating system,** with higher levels of state reimbursement for providers with the highest ratings for quality.”

--Governor Jim Doyle, State of the State Address, January 12, 2005
SECTION I: INTRODUCTION

Purpose of the Paper
The purpose of this paper is to examine how a partnership between university researchers and state government was instrumental in developing a recommendation for a quality rating system in Wisconsin. The hope is that this description of Wisconsin’s process will be helpful to other states and communities.

This paper specifically describes the approach used by the Wisconsin Child Care Research Partnership (WCCRP) at University of Wisconsin-Extension to help a state Task Force produce its initial recommendations for development of a child care quality rating system tied to tiered reimbursement.

Charge to the Task Force
The Task Force’s charge in June 2004 was to develop recommendations for two inter-related child care initiatives proposed by Governor Jim Doyle:

1. **Quality rating system**: How should a child care quality rating system be designed in order to evaluate all regulated child care programs on a set of standards, with programs given a rating of a certain number of stars to be made available to parents, providing them the information they need to make more informed choices?
2. **Tiered reimbursement system**: How should a tiered reimbursement system be designed so that child care subsidy payments for Wisconsin families reflect differential levels of quality? Can the system be designed to create a powerful incentive for child care providers to improve quality?

WCCRP was asked by the Wisconsin Department of Workforce Development (DWD) to assist the statewide Task Force. WCCRP had for several years been gathering and analyzing child care data, evaluating quality in Wisconsin child care programs, and tracking trends in Wisconsin’s child care workforce. The research project had issued a set of 13 policy briefs and several in-depth policy papers, two of which explored the possibilities of a quality rating system for the state using research-based quality indicators. This preliminary research and data collection served as a strong foundation for the work of the Task Force.

The Approach: Alternative-Consequences Model
WCCRP used an Alternative-Consequences Model, often used by University of Wisconsin-Extension when involved in facilitating public policy discussion. Individuals using this model help others form public policy positions through consideration of a range of options and provision of research and information on the topic, rather than by advocating for a particular public policy position.

The Alternative-Consequences Model involves:
- Clarifying the problem or issue
- Outlining possible alternatives
- Presenting likely consequences of each alternative.

In this model of public policy education, a researcher assumes the role of educator and allows policy makers to make their own decisions by selecting the best option. This approach requires real commitment to the democratic process, even when it leads to decisions with which the researcher disagrees.
WCCRP explored a range of possibilities for child care quality rating systems, produced four alternative models, and developed the criteria by which each option might be measured. The options, presented in Section II (group centers) and Section III (family child care) of this paper, provided a starting point for discussion within the Task Force, and a framework for deliberations. Section IV outlines options for tiered reimbursement. Section V examines the Task Force deliberations, leading to Section VI, which summarizes the final Task Force recommendations. Section VII explores lessons learned and future considerations.

The Challenge: Balancing Research and Government Implementation
Child care research over the last quarter century has pointed to many ways to define child care quality. A key challenge for WCCRP was to synthesize research findings with an eye toward allowing state government to operate a relatively simple, efficient program. Researchers typically work with multiple, complex data sets to arrive at findings about child care quality. However, for Wisconsin state government to use quality indicators to rate over 11,000 regulated child care programs, the system needed to use simple, objective indicators, and implementation had to be feasible and cost-effective. Put another way, could WCCRP help the Task Force develop a simple, affordable quality rating system with valid quality ratings? Could WCCRP help create a measure of quality that was practical for use by government?

The Data: A Key Piece of the Puzzle
The research team operated from the assumption that a fully functioning, statewide quality rating system would need to be automated, with quality indicator data fed into a single data system, in order to make implementation efficient. In developing quality indicator options, WCCRP reviewed data that were already being collected systematically. Wisconsin had several strengths in this area, with automated data available on:

- All regulated (licensed or certified) child care programs
- All providers receiving subsidy payments and all subsidy payment transactions
- Programs participating in the Child and Adult Care Food Program
- Programs accredited by the National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC)
- Center director and teacher educational qualifications through The Registry (although not all directors and teachers were yet in the system).

Virtually all the subsidy data and child care provider data were accessible in DWD’s highly versatile Child Care Data Warehouse. The research team believed that the extent to which quality rating data were already available in a data system would have significant impact on the cost and complexity of implementing a statewide quality rating system.

Gathering Information from Other States
At its first meeting, the Task Force received an initial briefing from Judy Collins, national expert with the National Child Care Information Center (NCCIC). The briefing included an overview of how other states were approaching quality rating systems and tiered reimbursement. Using the NCCIC’s clearinghouse library as a key source, WCCRP provided an overview of efforts in other states. As of March 2004, at least 34 states had implemented a tiered strategy system and 16 states had a system with more than two levels. Not all of these systems had been implemented statewide, and some were just getting started. Some states had several years of experience with quality rating systems, with hundreds of programs participating: Oklahoma, North Carolina, and Tennessee. Table 1 was developed showing key criteria used in child care quality rating systems in 12 selected states.
Table 1: Key Quality Indicators Used in 12 State Systems for Rating Child Care Quality

<table>
<thead>
<tr>
<th>Criteria</th>
<th>GA</th>
<th>KY</th>
<th>MD</th>
<th>NC</th>
<th>NM</th>
<th>NV</th>
<th>OK</th>
<th>PA</th>
<th>TN</th>
<th>TX</th>
<th>VT</th>
<th>Total States</th>
</tr>
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<tbody>
<tr>
<td>Licensed/ regulated</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Licensing compliance</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director qualifications</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Teacher qualifications</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Staff-child ratios and/or group size</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Environment rating scale use</td>
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<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/ family involvement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher continuing education</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff compensation/ benefits</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning environment/ curriculum</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director continuing education</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Business management</td>
<td>X</td>
<td>X</td>
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<td></td>
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</tbody>
</table>

Criteria for a Successful Quality Rating System

WCCRP had done previous work, taking data from randomly-selected centers to illustrate a potential quality indicator model. Policy Brief #13, entitled “What can research contribute to child care consumer rating systems,” discussed measures that could be used as quality indicators and explored possible criteria for a consumer rating system.

Drawing on that work, WCCRP suggested the following criteria for a successful Wisconsin quality rating system:

1. For parents/consumers: The system should be **simple** (clear, understandable, easy to use).
2. For child care programs: The system should be **valid** (fair, objective, and accurate, reflecting actual quality of different programs), and **realistic** (structured so a wide range of programs could realistically progress to higher tiers).
3. For government: The system should be **efficient** (low cost, easy to administer).

Recognizing that the system needed to use child care quality indicators that provided a sound overall measure of quality, these criteria proved useful in helping Task Force members to evaluate the options, and eventually to formulate a set of recommendations.

Quality Rating System Designs

In developing the quality rating options for the Task Force, the research team was acutely aware that literally hundreds of options and combinations could be developed, but that it needed to develop a limited set of options so as to offer a manageable range of choices to the Task Force. The team decided to develop two sets of parallel models: Four options for child care centers, and four options for family child care. Somewhat arbitrarily, the team decided to develop all eight options with five quality tiers or stars. Five tiers seemed to be consistent with other rating systems (for hotels, movies, consumer report ratings), and five levels of quality allowed for significant variation in the options presented.

The four models used two different approaches:

- **A “building block” approach:** Tiers are cumulative, that is, a program must meet quality requirements of one tier before moving to each higher tier.
- **A “points” approach:** A program earns points from a broad menu of quality indicators, and the number of points earned determines the quality rating on a five-star scale.

All options were intended to be relatively easy to understand, based on research, with reasonably objective criteria that could withstand scrutiny or challenge. All options were designed with the assumption that they would apply to a wide variety of child care programs, and make intuitive sense to the child care field and child care consumers. Each model
required establishment of a threshold for compliance with licensing rules, for which criteria would have to be established, and data collected and stored. In addition, all models included the need for data on staff qualifications, much of which might be available through The Registry, Wisconsin’s recognition system for the early care and education profession.

The four models had the following features (for both center-based and family child care):

- **Option 1:** Regulatory Compliance + Staff/Provider Qualifications + Accreditation
- **Option 2:** Regulatory Compliance + Staff/Provider Qualifications + Accreditation + Environment Ratings
- **Option 3:** Five Quality Indicators
- **Option 4:** Multiple Quality Indicators

**Rationale for Quality Indicators**

The quality indicators used in the four options are listed below, with the research rationale for each indicator:

**Regulatory Compliance:** Research has established strong links between the structural features of child care as measured by licensing regulations (staff-child ratios, group size, health and safety precautions, and staff qualifications, etc.) and overall quality. Since over 11,000 Wisconsin child care programs are regulated, regulatory compliance was considered an essential quality indicator in each of the models.

**Staff Qualifications:** Research on early care and education has established a strong link between staff qualifications and positive developmental outcomes for young children. Despite a lack of clarity in the field about the particular benefits of various types and levels of education, nearly all research on this topic indicates that increased levels of staff/provider education lead to positive developmental outcomes for children. Thus, teacher qualifications that recognize credit-based education were a central feature of the four optional quality rating systems. WCCRP’s Wisconsin-based research found strong ties between staff qualifications and overall quality of programs.

**Accreditation:** Accreditation standards for centers, developed by the National Association for Education of Young Children (NAEYC), and accreditation standards for family child care, developed by the National Association for Family Child Care (NAFCC), were selected as quality indicators because they were research-based. WCCRP’s research found that accredited child care programs had higher observable quality.

**Environment Ratings:** Environment rating scales are used extensively by researchers to measure a range of features contributing to program quality. They are also frequently used by child care programs as a quality improvement assessment tool. These rating scales present a “global score” of quality, and were designed to be used for program improvement. Although WCCRP had concerns about the cost of implementing rating scales statewide, these scores are used in several states and in several Wisconsin communities, so the research team wanted to be sure the Task Force assessed environment ratings as a possible quality indicator in its deliberations.

**Learning Environments/Curriculum:** Research is clear about the link between learning environment/curriculum and overall program quality. The types of program areas and activities vary dramatically, but, overall, there is agreement that child-directed activities, with adult support, in a carefully designed learning environment lead to optimal outcomes for children.

**Professional Practices:** Professional practices (such as personnel policies, business operations, and parent involvement efforts) are part of the research-based NAEYC accreditation standards, which are linked to research findings on child care quality.
SECTION II: ORIGINAL OPTIONS PROVIDED TO THE TASK FORCE FOR A CHILD CARE QUALITY RATING SYSTEM FOR CENTERS

This section provides details on four options for a quality rating system for child care centers developed by WCCRP for consideration by the Task Force. It is worth noting that in the end, the Task Force created a hybrid of these four options, which then became the recommendation to the Governor.

Definitions of Key Terms:

Licensed Center: The center has a license to operate under state law.  
*Note: In Wisconsin, child care programs serving nine or more children are licensed as group child care centers.*

Regulatory Compliance: The center meets a defined threshold for substantial compliance with licensing rules. 

Qualified Director: The center director has one of the following: 
- Administrator’s Credential (Wisconsin’s 18-credit credential for child care administrators) 
- Associate Degree (related to the position), or 
- Bachelor’s Degree.

Teacher Qualification 1: The center has at least a 1 to 20 ratio of: (a) Teachers with at least 12 credits related to Early Care and Education (ECE), to (b) The number of children the center is licensed to serve. For examples of how many teachers would be required, see Table 2 below.

<table>
<thead>
<tr>
<th>Number of Qualified Teachers Needed</th>
<th>Licensed Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9-20</td>
</tr>
<tr>
<td>2</td>
<td>21-40</td>
</tr>
<tr>
<td>3</td>
<td>41-60</td>
</tr>
<tr>
<td>4</td>
<td>61-80</td>
</tr>
<tr>
<td>5</td>
<td>81-100</td>
</tr>
<tr>
<td>6</td>
<td>101-120</td>
</tr>
</tbody>
</table>

Teacher Qualification 2: The center has at least a 1 to 20 ratio of: (a) Teachers with an Associate Degree (related to the position) or a Bachelor’s Degree, to (b) The number of children the center is licensed to serve. For examples of how many teachers would be required, see Table 2 above.

Accreditation: The center is accredited by the National Association for the Education of Young Children (NAEYC) through its National Academy of Early Childhood Programs, or by an equivalent accreditation process.

Environment Rating Score (ERS): A score determined by use of a rating scale that measures multiple features of a child care program on a seven-point scale, such as physical environment, basic care, interaction, schedule and program structure, and parents and staff. Currently there are three frequently used environment rating scales for child care centers: (1) Early Childhood Environment Rating Scale, Revised (ECERS-R); (2) Infant/Toddler Environment Rating Scale, Revised (ITERS-R); and (3) School-Age Care Environment Rating Scale (SACERS). The first two were designed by Harms, Clifford, and Cryer; and the third by Harms, Vineberg-Jacobs, and Romano.
**OPTION 1: REGULATORY COMPLIANCE + STAFF QUALIFICATIONS + ACCREDITATION**

This option uses a base level of licensing status and regulatory compliance, with teacher and director qualification levels and accreditation status as quality indicators for Tiers 3, 4, and 5. Tiers are cumulative, operating in “building block” fashion.

**Data Collection:** This model requires administrative data, but does not require additional on-site assessments beyond current licensing procedures. Data could be made available through The Registry, through accreditation organizations, or through data collection by licensing staff.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Regulatory Compliance</th>
<th>One of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Licensed Center</td>
<td>• Qualified Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Qual. 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accreditation</td>
</tr>
<tr>
<td>2</td>
<td>Licensed Center</td>
<td>• Qualified Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Qual. 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accreditation</td>
</tr>
<tr>
<td>3</td>
<td>Licensed Center</td>
<td>• Qualified Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Qual. 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accreditation</td>
</tr>
<tr>
<td>4</td>
<td>Licensed Center</td>
<td>• ERS = 5 + AND two of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Qualified Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Qual. 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accreditation</td>
</tr>
<tr>
<td>5</td>
<td>Licensed Center</td>
<td>All three of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Qualified Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Qual. 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accreditation</td>
</tr>
</tbody>
</table>

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**OPTION 2: REGULATORY COMPLIANCE + STAFF QUALIFICATIONS + ACCREDITATION + ENVIRONMENT RATINGS**

This option uses a combination of licensing status, regulatory compliance, staff qualifications, accreditation, and scores from environment rating scales to measure quality. Tiers are cumulative, operating in a “building block” fashion.

**Data Collection:** This model requires administrative data plus extensive on-site assessments by trained observers, using environment rating scales (ERS).

<table>
<thead>
<tr>
<th>Tier</th>
<th>Regulatory Compliance</th>
<th>One of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Licensed Center</td>
<td>• ERS = 4 + AND one of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Qualified Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Qual. 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accreditation</td>
</tr>
<tr>
<td>2</td>
<td>Licensed Center</td>
<td>• ERS = 5 + AND two of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Qualified Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Qual. 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accreditation</td>
</tr>
<tr>
<td>3</td>
<td>Licensed Center</td>
<td>• ERS = 5 + AND all three of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Qualified Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Qual. 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accreditation</td>
</tr>
</tbody>
</table>
OPTION 3: FIVE QUALITY INDICATORS

This option uses five quality indicators to measure program quality. The priority is on keeping indicators simple and limited. Tiers are not cumulative. The maximum number of points achievable is five.

Data Collection: This option requires administrative data plus some on-site assessments beyond current licensing procedures.

Table 3: Components of “Five Quality Indicators” Option for Centers

<table>
<thead>
<tr>
<th>Points</th>
<th>Category</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regulatory Compliance</td>
<td>Center meets a defined threshold for substantial compliance with licensing rules</td>
</tr>
<tr>
<td>1</td>
<td>Qualified Director</td>
<td>Program Director has an Administrator’s Credential, an Associate Degree (related), or a B.A. or B.S.</td>
</tr>
<tr>
<td>1</td>
<td>Teacher Qualification 1</td>
<td>1:20 ratio of lead teachers with 12 related credits to number of children the center is licensed to serve (licensed capacity)</td>
</tr>
<tr>
<td>1</td>
<td>Accreditation</td>
<td>The center is accredited (NAEYC or equivalent)</td>
</tr>
<tr>
<td>1</td>
<td>Professional Practices</td>
<td>The center meets a defined threshold for at least 3 of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participates in Child and Adult Care Food Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Encourages family involvement through parent meetings, conferences, and newsletters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Salary scale increments for staff based on education and training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contributes to health insurance for at least 50% of teaching staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provides written evaluation of teaching staff</td>
</tr>
</tbody>
</table>

5 points
OPTION 4: MULTIPLE QUALITY INDICATORS

In this option, centers can earn points from five categories by meeting specified quality indicators. Up to five points can be earned in each of five categories for a maximum of 25 points. Tiers are not cumulative. This option provides considerable flexibility in how centers can move from tier to tier, and emphasizes that child care programs are diverse and achieve quality in different ways.

Data Collection: This option requires administrative data and some on-site assessments beyond current licensing procedures.

Table 4: Components of “Multiple Quality Indicators” Option for Centers

<table>
<thead>
<tr>
<th>Maximum Points</th>
<th>Category</th>
<th>Point Value</th>
<th>Ways to Earn Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Regulatory compliance</td>
<td>1-5</td>
<td>A point range from 1-5 based on measures of compliance, yet to be determined</td>
</tr>
<tr>
<td>5</td>
<td>Teacher qualifications (non-cumulative points)</td>
<td>1, 2, 3, 4, 5</td>
<td>1:30 ratio w/ 12 related credits, 1:20 ratio w/ 12 related credits, 1:30 ratio w/ A.A. (related) or B.A./B.S., 1:20 ratio w/ A.A. (related) or B.A./B.S., 1:10 ratio w/ A.A. (related) or B.A./B.S.</td>
</tr>
<tr>
<td>5</td>
<td>Director qualifications</td>
<td>1, 2</td>
<td>Administrator’s Credential, A.A. (related), B.A./B.S.</td>
</tr>
<tr>
<td>5</td>
<td>Learning environment / Curriculum</td>
<td>5, 2, 1</td>
<td>The center is accredited, Well-equipped learning centers, Curriculum based on Wisconsin Model Early Learning Standards, Written quality improvement plan</td>
</tr>
<tr>
<td>5</td>
<td>Professional practices</td>
<td>1, 1, 1, 1</td>
<td>Participates in Child and Adult Care Food Program, Encourages family involvement through parent meetings, conferences, and newsletters, Salary scale increments for staff based on education and training, Contributes to health insurance for at least 50% of teaching staff, Provides written evaluation of teaching staff</td>
</tr>
</tbody>
</table>

5 points

20 points

25 points
SECTION III: OPTIONS PROVIDED TO THE TASK FORCE FOR A CHILD CARE QUALITY RATING SYSTEM FOR FAMILY CHILD CARE

This section provides details on four options for a quality rating system for family child care, including definitions of key terms, developed by WCCRP for consideration by the Task Force.

Note: for this paper, the family child care discussion is limited to licensed family child care. Wisconsin also certifies family child care providers not required to be licensed but who receive child care subsidy payments. For purposes of simplicity and for better applicability across states, and because some decisions were pending, the authors decided to limit the focus of this paper to licensed family child care only.

Definitions of Key Terms:

Licensed Center: A family child care program that has a license to operate under state law.

Note: In Wisconsin, licensing is required when 4 or more children unrelated to the provider receive care and supervision. Child care programs serving 4-8 children are licensed as family child care centers. Licensed providers must meet an extensive set of health, safety, and program standards, including 40 hours or 3 credits of initial training plus 15 hours of annual continuing education (one of the highest training standards in the nation).

Regulatory Compliance: The family child care program meets a defined threshold for substantial compliance with applicable licensing rules.

Family Child Care Qualification 1: The provider has 6 credits in early care and education or a Child Development Associate (CDA) credential.

Family Child Care Qualification 2: The provider has one or more of the following:
- At least 12 credits in early care and education
- Associate Degree (related to the position)
- Administrator’s Credential, including the family child care financial management module
- Bachelor’s Degree.

Family Child Care Qualification 3: The provider has an Associate Degree (related to the position) or a Bachelor’s Degree.

Environment Rating Score (ERS): A score determined by the use of a rating scale that measures multiple features of a child care program on a seven-point scale, such as space and furnishings, basic care, language and reasoning, learning activities, social development, and provider needs. Currently the most prominently used environment rating scale for family child care is the Family Day Care Rating Scale (FDCRS), designed by Harms and Clifford.

Accreditation: The program is nationally accredited by National Association for Family Child Care (NAFCC) or an equivalent accreditation process.
**OPTION 1: REGULATORY COMPLIANCE + PROVIDER QUALIFICATIONS + ACCREDITATION**

This option uses a base level of licensing status and regulatory compliance, with provider qualification levels and accreditation status as quality indicators for Tiers 3, 4, and 5. Tiers are cumulative, operating in “building block” fashion.

**Data Collection:** This option requires administrative data, but does not require additional on-site assessments beyond current licensing procedures. Data could be made available through *The Registry*, through accreditation organizations, or through data collection by licensing staff.

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**OPTION 2: REGULATORY COMPLIANCE + PROVIDER QUALIFICATIONS + ACCREDITATION + ENVIRONMENT RATINGS**

This option uses a combination of licensing status and regulatory compliance, provider qualifications, accreditation, and scores from environment rating scales to measure quality. Tiers are cumulative, operating in a “building block” fashion.

**Data Collection:** This model requires administrative data plus extensive on-site assessments by trained observers using environment rating scales (ERS).
OPTION 3: FIVE QUALITY INDICATORS

This option uses five quality indicators to measure family child care program quality. A program earns a maximum of five points for meeting each of five quality indicators. This option puts priority on keeping indicators simple and limited. Tiers are not cumulative.

Data Collection: This option requires administrative data plus some on-site assessments beyond current licensing procedures.

<table>
<thead>
<tr>
<th>Maximum Points</th>
<th>Category</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regulatory compliance</td>
<td>The program meets a defined threshold for substantial compliance with applicable licensing rules.</td>
</tr>
<tr>
<td>2</td>
<td>Provider qualifications</td>
<td>One point for meeting Family Child Care Qualification 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Two points for meeting Family Child Care Qualification 2</td>
</tr>
<tr>
<td>1</td>
<td>Accreditation</td>
<td>The center is accredited</td>
</tr>
<tr>
<td>1</td>
<td>Professional practices</td>
<td>3 out of 5:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participates in the Child and Adult Care Food Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Has written agreements with parents, including provider benefits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Has membership in a child care association, family child care system, or support group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Has completed Cardio-Pulmonary Resuscitation (CPR) and First Aid training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Has a business plan, including income, expenses, taxes, and professional development</td>
</tr>
</tbody>
</table>
OPTION 4: MULTIPLE QUALITY INDICATORS

In this option, family child care programs can earn points from four categories by meeting specified quality indicators from any of the categories. Up to five points can be earned in each of the five categories for a maximum of 25 points. Tiers are not cumulative. This option provides great flexibility in how family child care programs can move from tier to tier, acknowledging that family child care programs are diverse and achieve quality in different ways.

Data Collection: This option requires administrative data and some on-site assessments beyond current licensing procedures.

<table>
<thead>
<tr>
<th>Maximum Points</th>
<th>Category</th>
<th>Point Value</th>
<th>Ways to Earn Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Regulatory compliance</td>
<td>1-5</td>
<td>Points based on measures of compliance (yet to be determined)</td>
</tr>
<tr>
<td>10</td>
<td>Family child care qualifications</td>
<td>2</td>
<td>6 related credits OR Child Development Associate (CDA) Credential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>12-related credits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Administrator’s Credential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>Associate Degree (related)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
<td>Bachelor’s Degree</td>
</tr>
<tr>
<td>5</td>
<td>Learning environment / curriculum</td>
<td>5</td>
<td>The family child care program is accredited</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Has a written annual plan for quality improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Has a planned curriculum for language development and literacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Has a well-equipped learning environment</td>
</tr>
<tr>
<td>5</td>
<td>Professional practices</td>
<td>1</td>
<td>Has written agreement with parents, including provider benefits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Has completed Cardio-Pulmonary Resuscitation (CPR) or First Aid training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Has a business plan, including income, expenses, taxes, and professional development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Has membership in a child care association, family child care system, or support group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Participates in the Child and Adult Care Food Program</td>
</tr>
</tbody>
</table>

5 points

10 points

15 points

20 points

25 points
SECTION IV: OFFERING OPTIONS FOR TIERED REIMBURSEMENT

To lay the groundwork for the Task Force’s recommendations on creating a new tiered reimbursement system, the Milwaukee Planning Council for Health and Human Services, Inc. and WCCRP provided assistance to the Task Force. First the Planning Council presented information on other states’ tiered reimbursement systems, and outlined possible options for Wisconsin, using a similar alternative-consequences approach.

Wisconsin Context
Information provided by DWD staff established a context for the Task Force discussions:

- Wisconsin is one of only a few states in the country that, for the last decade, has adjusted reimbursement rates annually based on market rate surveys to ensure that the maximum rates set for each county will pay the full cost of 75 percent of the child care slots for each age group served.
- Wisconsin has for many years had a tiered reimbursement system which has several levels of reimbursement: licensed providers have higher rates than license-exempt providers, and accredited providers have maximum rates 10 percent higher than non-accredited centers.

Decision Points
The Planning Council indicated that there were three primary decision points for a tiered child care reimbursement system:

1. Base: Tier considered the starting point for calculations
2. Top Tier: Tier considered the ending point for calculations
3. Differential: Percentage of difference between any two tiers.

Research
The Planning Council summarized research by Gormley and Lucas (2000) that indicated that higher rates of reimbursement had higher impacts. According to the study, titled “Money, Accreditation, and Child Care Center Quality, “…a state that wants to maximize its chances of having a positive impact should set its rates for accredited centers at least 15 percent higher than its regular rates.”

Wisconsin-based research by WCCRP found that the state policy to have 10 percent higher reimbursement rates for accredited child care programs was not having the desired impact to reward higher quality. Only if child care program prices were 10 percent higher than the maximum rate would they receive full financial benefit from being accredited. In fact, only 20 percent of accredited programs had high enough prices to allow them to receive the full 10 percent benefit of being accredited.

Information from Other States
To lay the groundwork for the Task Force’s recommendations on tiered reimbursement, the Planning Council presented information from other states: Georgia, Tennessee, Maryland, Oklahoma, North Carolina, and Minnesota. These states’ efforts varied in the following ways:

- Number of tiers in the reimbursement system
- Differential in rates from tier to tier
- Whether the differential between tiers was based on straight percentage differences or more complex methods
- Whether reimbursement levels at the top tier should be based on a higher percentage than the base reimbursement rate or based on an estimate of the cost of higher quality

**Estimating Fiscal Impact**

The Planning Council created an automated calculator program, which took current reimbursement rates in Milwaukee County, and allowed the user to change the three decision points:
- Where to set the base rate
- The number of tiers between the lowest and higher tier
- The differential between tiers (based on percentage of the base)

The calculator program included estimates of the number of child care programs in Milwaukee County that were likely to be at each tier, and used reimbursement data from Wisconsin’s Data Warehouse for the child care subsidy program to estimate the fiscal impact of a set of policies.

WCCRP further enhanced the calculator model by using more extensive research data on the characteristics and reimbursement costs of about half of Wisconsin’s child care centers involved in the subsidy system. Educational qualifications of center director and staff and accreditation status were used to estimate the distribution of centers across a potential 5-star system.

The calculator allowed Task Force participants to vary where the base was set and to vary the percentage differential between tiers. These adjustments allowed them to arrive at rough estimates of the impact of different policies on overall cost to the state, as well as to approximate the potential impact on individual programs serving different numbers of children from low-income families. The ability to make rough cost estimates by trying out alternative decision points allowed the Task Force to arrive at tiered reimbursement recommendations that might be manageable at a time of fiscal constraints.
SECTION V: TASK FORCE DELIBERATIONS

Background
At the start of its deliberations, DWD arranged for the Task Force to be briefed on a series of topics in addition to the options on quality rating systems and tiered reimbursement. The topics included:

- An overview of the child care budget by DWD staff
- A presentation by DWD on Wisconsin Shares, the state child care subsidy system, and the Child Care Data Warehouse
- Presentations from the Department of Health and Family Services' Bureau of Licensing and Regulation on regulatory compliance
- Information on Wisconsin’s child care credentialing system, presented by The Registry
- A report on a quality indicator pilot by a Child Care Resource and Referral agency, presented by Community Coordinated Child Care, Inc.

In addition, DWD established a website (http://dwd.wisconsin.gov/kidsfirst/) with links to NCCIC information on quality rating systems, WCCRP research on quality child care and the child care workforce, and information on accreditation systems. The website also allowed stakeholders across the state to track the progress of the Task Force.

Supported by a strong information base, the Task Force began in June 2004 to formulate its recommendations, knowing that it had a looming deadline for a preliminary report in September and a final report by mid-December 2004 to enable the Governor to formulate his budget proposal. The budget briefing had made it clear that the state was facing a continuing deficit and was unlikely to be able to provide significant increases for child care in the upcoming budget. The Task Force realized that not all the systems were fully in place to implement a statewide quality rating system that could function effectively, and that extensive collaborative planning across key programs (subsidy, licensing, The Registry, etc.) would be necessary for success. At the same time, The Task Force recognized that Wisconsin was building on strength, because of a solid regulatory base, a highly regarded child care subsidy program, and an infrastructure of programs to improve quality, portrayed by the diagram below:

WCCRP, with help from NCCIC resources, presented an organized set of decisions for the Task Force’s consideration that would likely have to be made prior to implementation of a statewide quality rating and tiered reimbursement system.
Decisions about Data
- What data? Possible data sources: administrative, regulatory, enhanced observation by licensors, detailed observational rating scales?
- What automation is required to manage the data needed for the system?

Decisions about Tiers
- Should tiers be built using a “building block” (cumulative) approach, a “points” approach, or other?
- What should the minimal criteria be for Tier 1?
- How great should the steps be between tiers?
- What level of quality should the highest tier represent?

Decisions about Administration
- Will participation in the quality rating system be voluntary or required?
- How will the system be administered?
- How will the statewide quality rating system be evaluated, and on what criteria?

Principles
Before deciding on any recommendations, and after lively discussion, the Task Force endorsed a set of principles and concepts to guide its work.
- All children deserve access to high quality early care and education.
- The Quality Rating System should be inclusive of all regulated providers.
- Observation of individual programs shall occur. Documentation of observed quality shall be verified and recorded.
- Public investment is necessary to support a Quality Rating System.
- Public awareness campaigns and efforts to support parent involvement are necessary for the success of the Quality Rating System to improve child care across Wisconsin.
- The Quality Rating System shall be culturally relevant and reflective of diverse child care programs.
- The Quality Rating System shall be designed to support child care providers’ efforts to improve program quality.
- Within a tiered reimbursement system there shall be a large enough incentive to encourage providers to strive for higher quality.
- Implementation of the Quality Rating System shall be statewide.
- The established Quality Rating System shall be simple, valid, realistic, and efficient.
- The Quality Rating System shall be built upon the existing early care and education infrastructure to the fullest extent possible.

Scope of the System
The Task Force decided to recommend a statewide mandatory system that included all regulated providers: programs licensed by the state, as well as those exempt from licensing that were certified for subsidy funding. While the Task Force reached consensus on the recommendations affecting licensed providers, they recommended that additional work be done on how exactly the rating system might be applied to family child care programs that were exempt from licensing.

“Building Block” Versus “Points” Approach
Four options presented by WCCRP provided two different approaches to a five-star system:
1. A building block approach, where each tier builds on the previous tier, with a clear single path toward higher star ratings; and
2. A “points” approach, where points are awarded for a wide range of quality indicators.
The Task Force requested that staff develop additional options. As a result of this request, an additional option was developed to combine the two approaches into a “hybrid.” The hybrid uses the building block approach for the first two stars, which concentrate on regulatory status and compliance, and uses the points approach for star levels 3-5. The Task Force decided that regulation should be the foundation for quality, so a program should have to demonstrate a solid level of compliance with regulatory standards in order to move to higher quality ratings. At the same time, Task Force members supported the flexibility of the points approach, because they recognized the diversity of programs in the state and wanted to allow multiple pathways to higher quality, leading to higher subsidy reimbursement.

**Deciding on Quality Indicators**

To assist the Task Force in its decision-making, the staff team and WCCRPRP developed a chart indicating possible strengths and weaknesses of each category of quality indicators under consideration. The four criteria suggested earlier for distinguishing between models (simple, valid, realistic, and efficient) were also used in considering each quality indicator.

<table>
<thead>
<tr>
<th>Quality Indicator Category</th>
<th>Possible Strengths</th>
<th>Possible Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed</td>
<td>Inclusive- it brings all licensed providers into the tiered quality system. Easy to document.</td>
<td>Only a base-level standard, already required by law and rule.</td>
</tr>
<tr>
<td>Regulatory compliance</td>
<td>Ensures a floor of basic health, safety, and child development. Encourages compliance with regulation.</td>
<td>Could be difficult to quantify. Could result in challenges and disputes. Would require additional features to licensing and certification, with a new data system.</td>
</tr>
<tr>
<td>Staff/provider qualifications</td>
<td>Strong link to quality, both intuitively and research-based. Not subjective - relatively easy to measure. Builds on existing infrastructure of regulation and The Registry.</td>
<td>May be affected by the opportunity available for individuals to attend post-secondary school. Will require an improved data system. An indirect, imperfect measure of teacher ability and performance.</td>
</tr>
<tr>
<td>Center director/family child care provider qualifications</td>
<td>Linked to quality by research. Not subjective - relatively easy to measure. Builds on existing infrastructure of regulation and The Registry.</td>
<td>May be affected by the opportunity available for individuals to attend post-secondary school. Will require an improved data system.</td>
</tr>
<tr>
<td>Accreditation</td>
<td>Strongly tied to research. Comprehensive in its measures of quality. Easy to document. Involves extensive on-site observation of settings, with hands-on observation of what is happening with children.</td>
<td>Depends on the efficiency of a system beyond the control of state government. May be too difficult and costly to attain for child care programs.</td>
</tr>
<tr>
<td>Environment Rating Scales (ERS)</td>
<td>Comprehensive in its measures of quality. A tested tool with a quantifiable result. Involves extensive on-site observation of settings, with hands-on observation experience of what is happening with children.</td>
<td>Expensive to administer. Reliability is difficult to maintain. Could result in many challenges and disputes.</td>
</tr>
<tr>
<td>Learning environment/curriculum</td>
<td>Logically linked to quality. Involves on-site observation of settings. Less difficult and costly to administer than ERS. May be reasonably achieved (may offer more flexible ways to move from tier to tier).</td>
<td>Not yet validated by research. Would likely require licensing/certification staff to add additional tasks. Could result in challenges and disputes.</td>
</tr>
<tr>
<td>Policies and business practices</td>
<td>Basic management of programs is likely linked to quality. Involves on-site observation of settings. May be reasonably achieved. May offer more flexible ways to move from tier to tier.</td>
<td>Not yet validated by research. Would likely require licensing/certification staff to add additional tasks. Could result in challenges and disputes.</td>
</tr>
</tbody>
</table>
Straw votes were held to determine the strength of support for each of these quality indicators. Strongest support was shown for the indicators on licensing status, licensing compliance, and staff qualifications. The indicator with the lowest support was Environment Rating Scales (ERS), due to concerns about cost, efficiency, and reliability. As seen in the next section, the Task Force ultimately decided to encourage the use of ERS or other quality assessment processes as one way to earn points on a quality scale, but decided to avoid requiring actual ERS scores in the quality rating system. All of the indicators in the table above were incorporated into the final recommendations in some form.

**Deliberations on Tiered Reimbursement**

The Task Force reviewed a range of options for how child care subsidy reimbursement payments might be linked to the Quality Rating System. A guiding principle was that the state should attempt to set reimbursement rates so that it “gets what it pays for” in terms of child care quality. It did not seem appropriate for child care programs of widely varying quality to receive the same amount of reimbursement through the subsidy program. The key question for the Task Force was: How should reimbursement rates change, based on the star rating of the program in the Quality Rating System?

The Task Force used the following policy principles in its tiered reimbursement deliberations:

- Programs that demonstrate high quality should be reimbursed at a significantly higher rate than programs that do not.
- Programs that are significantly out of compliance with regulatory standards should receive a major reduction in reimbursement.
- To receive payment above the existing county/tribal maximum reimbursement rate structure, programs must be in regulatory compliance and must meet additional quality standards.

The Task Force determined that there were two key policies that required recommendations:

- **Base:** Where should the base level be set? In other words, at what star quality level should a provider continue to receive payments according to the current policy of reimbursement rates? The base level is the level at which programs are reimbursed at the same rate they are currently receiving (that rate is based primarily on the program’s actual prices and on maximum reimbursement rates, as determined by market rate surveys).
- **Differential:** To what extent should reimbursement rates vary for programs at different star quality levels? In other words, how much of an incentive is required to encourage programs to increase the quality of their care and to reward programs for reaching higher standards?

Task Force members were cognizant that tiered reimbursement for child care subsidy payments would have a broad reach in Wisconsin, since over 80 percent of regulated providers participate in the subsidy program, and their decisions could have a particularly significant impact (both positive and negative) on individual programs that served large numbers of children on subsidy.

**Key Issues and How They Were Resolved**

Six key issues resolved by the Task Force had key implications for the outcome of the proposed quality rating system. A description of each issue is followed by the Task Force recommendations and a supporting rationale:
1. **Lowest tier:** Should the lowest tier of the quality rating system begin at the level for basic regulation (licensing or certification) or at a point above basic licensing or certification standards?

*Task Force Recommendation:* The lowest tier should begin with basic regulatory status. All programs licensed by the state or certified for subsidy funding would be included in the 5-star system, and would receive at least one star.

*Rationale:* There was agreement that if the goal of the program was improved quality, particularly for low-income children, it was important to be inclusive, to involve all programs that were licensed or certified, regardless of their quality level, and to build in incentives for programs to improve. However, being inclusive also meant that programs with marginal regulatory compliance would also be part of the system. Providing at least a one star rating for regulated programs also helped to distinguish these programs from unregulated child care settings.

2. **Regulatory compliance:** Should substantial compliance with regulations be considered a required foundation before a program could move to higher tiers beyond a one-star rating? If so, how should regulatory compliance be defined?

*Task Force Recommendation:* In a 5-star quality rating system, programs should not be able to move to 2, 3, 4 or 5 stars unless they meet a designated standard for regulatory compliance.

*Rationale:* The decision to make regulatory compliance a key quality indicator that would have significant impact on star ratings and payment levels increased the importance of the definition. If the definition was too strict, a large number of programs may be seriously disadvantaged by reduced subsidy payment, and if the definition was too lenient, the foundation of the 5-star system would be weak. The Task Force realized that their recommendation would put significant pressure on the state’s child care regulation systems, and urged systematic efforts to come up with a research-based definition that was fair, easily applied, and effective at identifying those programs that most consistently violated basic standards of care found in regulations.

3. **Point system:** How would a point system work? How would each quality indicator be weighed in setting the 5-star levels of quality? Should all programs need to meet some minimal standards for staff education, environment/curriculum, and business practices?

*Task Force Recommendation:* Once a child care program is recognized as being in regulatory compliance, then it can earn up to 30 points by meeting a wide range of quality indicators, with the number of points earned determining the number of stars awarded.

*Rationale:* When the discussion started, some Task Force members clearly expected that some points would need to be earned in each category. The Task Force decided that programs should have multiple pathways to demonstrate quality.

4. **Measuring teacher qualifications:** How should the educational qualifications of teachers in centers be measured?

*Task Force Recommendation:* The Task Force decided to use a quality indicator that measured the percent of classrooms that had teachers with specified levels of education.

*Rationale:* The Task Force struggled with how to measure a center program’s quality based on its teachers’ qualifications. WCCRP’s suggestion to measure the ratio of qualified teachers to the licensed capacity of the center was considered too complicated, and Task Force members felt that licensed capacity did not always conform to actual
enrollment. By focusing on percent of classrooms with qualified teachers, the alternative approach suggested by WCCRP, the Task Force turned a potentially contentious issue into a consensus solution.

5. Environment rating scales: Should environment rating scale scores be part of the quality rating system?
   **Task Force Recommendation:** After considerable discussion, the Task Force recommends that environment rating scales (ECERS, ITERS, OR FDCRS) should not be included as part of the proposed quality rating system. Instead, the Task Force decided that programs that use environment rating scales or other assessment tools designed to help programs improve quality should earn points in the 5-star system.

   **Rationale:** The primary consideration for not requiring environment rating scales was the cost of full implementation (estimated at $750 to $1,000 per classroom or family child care program in 11,000 regulated child care programs). In addition, Task Force members expressed concerns about the validity of using scores from environment rating scales, which were designed as self-assessment and research tools, to determine funding levels in a tiered reimbursement system, and the challenge of maintaining reliability across the system.

6. Consistency for child care centers and family child care: Should quality indicators be the same or different for child care centers and for family child care?
   **Task Force Recommendation:** To the extent possible, quality indicators should be the same or similar across provider types. However, because the size and settings of child care programs differ significantly, many indicators cannot be precisely the same.

   **Rationale:** The Task Force determined that key quality principles applied to all early care and education settings, but the measurement indicators needed to be appropriate to different settings.

7. Linking quality ratings to subsidy reimbursement: How should quality ratings affect reimbursement levels of child care programs receiving child care subsidy payments?
   **Task Force Recommendation:** Programs at the 3-star level should have no change; that is, they would receive the same reimbursement levels established by the current annual rate-setting process (i.e., “the base”). Programs at star levels 4 and 5 should receive higher reimbursements, reflecting their higher quality, and programs at star levels 1 and 2 should receive lower reimbursement, reflecting their lower level of quality.

   **Rationale:** The Task Force recognized that it would be breaking new ground by proposing a quality rating system that reduced subsidy payments for some programs at lower star levels, since other state quality rating systems provided only positive incentives. However, the Task Force believed that programs should have to make an effort to improve quality in order to receive full subsidy reimbursement, and that programs that had demonstrated poor quality (i.e., substantial non-compliance) should have significant fiscal penalties. Conversely, the Task Force supported significantly higher payments to programs that met quality indicators.
SECTION VI: FINAL TASK FORCE RECOMMENDATIONS

Working on a tight timeline, the Task Force held 7 meetings and 3 hearings between June and November 2004. All meeting minutes were posted on the Task Force website (http://dwd.wisconsin.gov/kidsfirst/static/resources.htm). Below are the recommendations of the Task Force, first for child care centers and then for family child care.

A. Child Care Center Quality Rating System Recommendation

1 Star Rating: The center is licensed AND out of compliance with regulatory standards.

2 Star Rating: The center is licensed, meets the standard for regulatory compliance, AND earns 0-4 quality indicator points.

3 Star Rating: The center is licensed, meets the standard for regulatory compliance, AND earns 5-12 quality indicator points.

4 Star Rating: The center is licensed, meets the standard for regulatory compliance, AND earns 13-22 quality indicator points.

5 Star Rating: The center is licensed, meets the standard for regulatory compliance, AND earns 23-30 quality indicator points.

<table>
<thead>
<tr>
<th>Category</th>
<th>Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher Qualifications</td>
<td>0 - 7</td>
</tr>
<tr>
<td>Director Qualifications</td>
<td>0 - 7</td>
</tr>
<tr>
<td>Learning Environment and Curriculum</td>
<td>0 - 10</td>
</tr>
<tr>
<td>Professional Practices</td>
<td>0 – 6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0 - 30</strong></td>
</tr>
</tbody>
</table>

Table 8: Four Categories for Earning Points
Details of the Group Child Care Center Model:

“Licensed center” means that a child care program is licensed by the state of Wisconsin to serve 9 or more children under state law and administrative rules. All licensed centers would receive a minimum of one star in the Quality Rating System.

How Regulatory Compliance Affects the Star Level
The rating system operates with the principle that programs must meet a set standard for compliance with licensing rules before earning points. Therefore, 1-star programs are licensed, but out of compliance. Only those licensed programs that are in regulatory compliance qualify for ratings of 2 to 5 stars.

The Department of Health and Family Services-Bureau of Regulation and Licensing proposed and the Task Force accepted the following definition for regulatory compliance: A licensed or certified program will be considered to be in "regulatory compliance" unless there is an enforcement action, or the program has repeat serious non-compliances, or the program receives 10 or more non-compliances on a single monitoring visit.

However, the Task Force urged additional research to be conducted to test this definition using actual licensing data, and to refine the definition as that research might indicate, prior to implementation.

How Points Are Earned by Group Child Care Centers

Category 1: Teacher Qualifications (Maximum points = 7)
The total number of points on teacher qualifications for each center depends on the percentage of classrooms staffed by qualified teachers and their levels of education. The system proposes to recognize teachers with 6 credits in early childhood education, up through those who have degrees. The highest number of points would accrue to centers having the equivalent of one teacher with a bachelor’s degree in early childhood education for every classroom.

Definitions for Teacher Qualifications Category:

Teacher with credits: A teacher with at least 6 credits related to early childhood education, or a Child Development Associate (CDA) credential.

Teacher with degree: A teacher with an Associate Degree (related to early childhood) or a Bachelor’s Degree (non-related).

Teacher with related BA/BS degree: A teacher with a Bachelor’s Degree (related to early childhood), or an advanced degree.

“Related” credits or degrees means that the credits or degrees are earned in a subject area related to the child care position (for example: early childhood education for preschool teachers). Licensing rules and manuals spell out acceptable education levels or equivalencies for teachers of preschool and school-age children and for center directors.

The following graphic illustrates how points would be earned in the Teacher Qualifications category. To calculate each center’s number of points, information would need to be collected regarding the number of operating classrooms (or groups of children) in the center and the
number of teachers meeting designated educational qualifications for “teachers with credits” and “teachers with degrees.” For example, centers in which fewer than 25% of the classrooms could potentially be staffed by teachers who had earned at least 6 related credits or a CDA would receive no points for teacher qualifications. Centers that had the potential to staff each of their classrooms with at least one teacher who had a bachelor’s degree in early childhood education would receive the full 7 possible points. The graphic below illustrates how to determine the “saturation” of teachers with either credits or degrees in the number of classrooms at that center. The points are not cumulative.

**Earning Teacher Qualification Points**
Points reflect the percentage of classrooms in a center with teachers of specified educational qualifications

<table>
<thead>
<tr>
<th>Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Fewer than 25% of classrooms have a teacher with 6 related credits</td>
</tr>
<tr>
<td>1</td>
<td>25% of classrooms have a teacher with 6 related <strong>credits</strong></td>
</tr>
<tr>
<td>2</td>
<td>50% of classrooms have a teacher with 6 related <strong>credits</strong></td>
</tr>
<tr>
<td>3</td>
<td>25% of classrooms have a teacher with a <strong>degree</strong></td>
</tr>
<tr>
<td>4</td>
<td>All classrooms have a teacher with 6 related <strong>credits</strong></td>
</tr>
<tr>
<td>5</td>
<td>50% of classrooms have a teacher with a <strong>degree</strong></td>
</tr>
<tr>
<td>6</td>
<td>All classrooms have a teacher with a <strong>degree</strong></td>
</tr>
<tr>
<td>7</td>
<td>All classrooms have a teacher with a related BA/BS <strong>degree</strong></td>
</tr>
</tbody>
</table>

**Key:**
- □ Classrooms with teachers having fewer than 6 related credits
- □ Classrooms with teachers having at least 6 related credits
- ■ Classrooms with teachers having degrees (AA related or BA/BS)
- ■■ Classrooms with teachers having related BA/BS degrees or higher

**Category 2: Director Qualifications (Maximum points = 7)**
Research has demonstrated the critical role of the child care director in child care centers. Directors are responsible for recruitment, hiring, and guidance of teaching staff, and – when necessary – the dismissal of staff. Centers with well-qualified directors demonstrate higher
quality care. Directors with bachelor’s degrees operate nearly half of the centers in Wisconsin. This category recognizes a variety of ways to earn points by meeting higher levels of director qualifications. The points are not cumulative.

### Table 9: Director Qualifications (Maximum of 7 points, non-cumulative)

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator’s credential</td>
<td>1</td>
</tr>
<tr>
<td>Associate degree (related) OR bachelor’s degree (unrelated)</td>
<td>3</td>
</tr>
<tr>
<td>Administrator’s credential AND EITHER associate degree (related) OR bachelor’s degree (unrelated)</td>
<td>4</td>
</tr>
<tr>
<td>Bachelor’s degree (related)</td>
<td>5</td>
</tr>
<tr>
<td>Bachelor’s degree (related) AND Administrator’s Credential</td>
<td>6</td>
</tr>
<tr>
<td>Graduate degree (related)</td>
<td>7</td>
</tr>
</tbody>
</table>

### Category 3: Learning Environment and Curriculum (Maximum points = 10)

Research indicates that quality of group child care centers is linked not only to interactions with skilled, qualified teachers and directors, but also to the learning environment. Centers that are accredited by an approved outside entity earn the maximum number of points because they have had all aspects of the learning environment evaluated by accreditation validators. The table below illustrates some likely indicators, and how points could be earned in this category. Points are cumulative, not to exceed 10 for this category.

### Table 10: Learning Environment and Curriculum (Maximum of 10 points, cumulative)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each classroom has at least 5 well-equipped, clearly defined learning centers</td>
<td>2</td>
</tr>
<tr>
<td>Each classroom has written weekly lesson plans with 15 minutes of reading/early literacy activities daily</td>
<td>2</td>
</tr>
<tr>
<td>The center uses a curriculum aligned with Wisconsin Model Early Learning Standards</td>
<td>2</td>
</tr>
<tr>
<td>Documented annual use of quality improvement assessment process, using environment rating scales, accreditation self-study, or other approved methods, with a written improvement plan</td>
<td>2</td>
</tr>
<tr>
<td>The preceding quality improvement assessment process administered by an outside, trained and reliable entity</td>
<td>1</td>
</tr>
<tr>
<td>Accreditation (National Association for the Education of Young Children (NAEYC), National After School Association (NAA), City of Madison, Head Start Performance Standards)</td>
<td>10</td>
</tr>
</tbody>
</table>

### Category 4: Professional Practices (Maximum points= 6)

The Task Force agreed on three subcategories for points in this category: Professional development, staff benefits, and parental involvement, though it did not have time to precisely specify all quality indicators that could earn points. Below is a sample of likely indicators, and possible points earned. Points are cumulative, not to exceed 6 for this category.

### Table 11: Professional Practices (Maximum of 6 points, cumulative)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional development</td>
<td>2</td>
</tr>
<tr>
<td>Staff benefits</td>
<td>2</td>
</tr>
<tr>
<td>Parental involvement</td>
<td>2</td>
</tr>
</tbody>
</table>

Examples within these three subgroups may include staff development plan, written evaluation of staff, participation in child care support groups, Child and Adult Care Food Program participation, paid vacation, paid holidays, parental involvement, and parent newsletters.

The Task Force was cognizant that it had not worked out the details for all of the quality indicators, and that it expected changes during implementation, particularly for indicators of learning environment/curriculum and professional practices.
B. Family Child Care Quality Rating System Recommendation

1 Star Rating: The center is licensed AND out of compliance with regulatory standards.

2 Star Rating: The center is licensed, meets the standard for regulatory compliance, AND earns 0-4 quality indicator points.

3 Star Rating: The center is licensed, meets the standard for regulatory compliance, the provider has a high school diploma or equivalent, AND earns 5-12 quality indicator points.

4 Star Rating: The center is licensed, meets the standard for regulatory compliance, the provider has a high school diploma or equivalent, AND earns 13-22 quality indicator points.

5 Star Rating: The center is licensed, meets the standard for regulatory compliance, the provider has a high school diploma or equivalent, AND earns 23-30 quality indicator points.

Table 12: Three Categories for Earning Points

<table>
<thead>
<tr>
<th>Category</th>
<th>Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Child Care Provider Qualifications</td>
<td>0 - 14</td>
</tr>
<tr>
<td>Learning Environment and Curriculum</td>
<td>0 - 10</td>
</tr>
<tr>
<td>Professional Practices</td>
<td>0 – 6</td>
</tr>
<tr>
<td>Total</td>
<td>0 - 30</td>
</tr>
</tbody>
</table>

Details of the Family Child Care Model

“Licensed family child care program” means that a child care program is licensed by the state of Wisconsin to serve 4-8 children under state and administrative rules. All licensed programs would receive a minimum of one star in the Quality Rating System.
How Regulatory Compliance Affects the Star Level

“Regulatory compliance” is defined for family child care programs in the same way that it was defined for child care centers. The rating system operates with the principle that programs must meet a set standard for compliance with licensing rules before earning points. Licensed family child care programs that do not meet the standard for regulatory compliance are at the 1-star level. Only those family child care programs that are in regulatory compliance qualify for ratings of 2 to 5 stars.

How Points Are Earned by Family Child Care Providers

**Category 1: Provider Qualifications (Maximum points = 14)**

In family child care, the individual often works alone, combining administrative/business and teaching roles. For this reason, the model combines the administrator and teacher qualifications. Currently, licensing rules (HFS 45) do not require high school completion in order to become licensed. Research indicates that at least one-fifth of a random sample of Wisconsin family child care providers had a 2- or 4-year degree. In this category, family child care programs earn points by meeting specified levels of education, illustrated in the table below. Points are not cumulative.

<table>
<thead>
<tr>
<th>Table 13: Provider Qualifications (Maximum of 14 points, non-cumulative)</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Development Associate (CDA) OR 6 credits related to early childhood education</td>
<td>1</td>
</tr>
<tr>
<td>Infant-Toddler Credential</td>
<td>3</td>
</tr>
<tr>
<td>Administrator’s Credential</td>
<td>4</td>
</tr>
<tr>
<td>Associate degree (related to early childhood education) OR bachelor’s degree (not related to early childhood education)</td>
<td>7</td>
</tr>
<tr>
<td>Child Development Associate (CDA) AND EITHER associate degree (related to early childhood education) OR bachelor's degree (not related to early childhood education)</td>
<td>8</td>
</tr>
<tr>
<td>Credential (Infant Toddler or Administrator) AND EITHER associate degree (related to early childhood education) OR bachelor’s degree (not related to early childhood education)</td>
<td>10</td>
</tr>
<tr>
<td>Bachelor’s degree or higher (related to early childhood education) AND credential (Infant Toddler OR Administrator)</td>
<td>14</td>
</tr>
</tbody>
</table>

**Category 2: Learning Environment and Curriculum (Maximum points = 10)**

Family child care programs typically offer their services in their own homes, designing space and furnishings that suit both living and child care, and adapting learning environments that reflect real life situations. Licensing and certification rules do not prescribe how the program components must take place, but they do require providers to actively engage children in play, learning, and activities during the time the children are in care. The following table illustrates how points can be earned in this category. Points are cumulative, not to exceed 10 for this category.

<table>
<thead>
<tr>
<th>Table 14: Learning Environment and Curriculum (Maximum of 10 points, cumulative)</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-equipped learning environment</td>
<td>2</td>
</tr>
<tr>
<td>The program has written weekly lesson plans that include 15 minutes of reading/early literacy activities daily.</td>
<td>2</td>
</tr>
<tr>
<td>The program uses a curriculum aligned with Wisconsin Model Early Learning Standards.</td>
<td>2</td>
</tr>
<tr>
<td>Documented annual use of quality improvement assessment process, using environment rating scales, accreditation self-study, or other approved methods, with a written improvement plan</td>
<td>2</td>
</tr>
<tr>
<td>The preceding quality improvement assessment process administered by an outside, trained and reliable entity</td>
<td>1</td>
</tr>
<tr>
<td>Accreditation (National Association for Family Child Care (NAFCC), City of Madison, Head Start Performance Standards)</td>
<td>10</td>
</tr>
</tbody>
</table>
Category 3: Professional Practices (Maximum points = 6)
The Task Force agreed on three subcategories for points in this category: business practices, provider benefits, and parental involvement. The Task Force did not have time to precisely specify all quality indicators that could earn points. Below is a sample of likely indicators, and possible points earned. The points are cumulative, not to exceed 6 for this category.

<table>
<thead>
<tr>
<th>Points</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business practices – may include professional development opportunities, a professional development plan, Child and Adult Care Food Program participation</td>
<td>2</td>
</tr>
<tr>
<td>Provider/staff benefits – may include use of Model Work Standards, salary scale, provider and staff benefits, health care, paid vacation</td>
<td>2</td>
</tr>
<tr>
<td>Parental involvement – may include parent newsletters, parent/provider conferences</td>
<td>2</td>
</tr>
</tbody>
</table>

The Task Force was cognizant that it had not worked out the details for all of the quality indicators, and that it expected changes during implementation, particularly for indicators of learning environment/curriculum and professional practices.

C. Tiered Reimbursement Recommendation

Once the Task Force completed its recommendation for the Quality Rating System, it made recommendations on where the base should be set and on the differential that should be set between star levels. The Task Force recommended the following approach:

<table>
<thead>
<tr>
<th>Star Level in the Quality Rating System</th>
<th>Percent of change in reimbursement rate to be paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>★★★★★</td>
<td>+ 25 %</td>
</tr>
<tr>
<td>★★★★</td>
<td>+ 10 %</td>
</tr>
<tr>
<td>★★★</td>
<td>No change</td>
</tr>
<tr>
<td>★★</td>
<td>- 05 %</td>
</tr>
<tr>
<td>★</td>
<td>- 30 %</td>
</tr>
</tbody>
</table>

Under this approach, programs with a 3-star rating would receive the same level of reimbursement that they are currently receiving, which is based on a child care program’s actual prices and the area’s maximum rate set by a market rate survey. The reimbursement rate would be 30 percent lower for one-star programs and 5 percent lower for two-star programs. Programs with four-star ratings would receive a ten percent higher payment, and programs at the five-star level would receive a 25 percent higher payment.

The Task Force did not discuss in detail how the higher payments for four- and five-star programs would work, but it was assumed that the payments might be made as “quality bonus payments” in addition to programs’ normal subsidy reimbursements.
SECTION VII: LESSONS LEARNED AND FUTURE CONSIDERATIONS

In retrospect, it appears that the Task Force was able to achieve impressive results. Given the complexity of the task, the tight time frame, and the diversity of the 21-member Task Force, the fact that the final recommendations were unanimous is somewhat astounding. The Task Force membership included individuals with strong perspectives, coming from very different walks of life, and sometimes representing groups with differing views. Yet the group reached consensus on a range of complex, inter-related issues, drawing on research and the work of other states, while creating a uniquely Wisconsin approach to a quality rating system. Wisconsin Governor Jim Doyle touted the work of the Task Force in his State of the State address in January 2005, praised the work of Ann Terrell, the Chair of the Task Force, and unveiled his initiative, “Quality Care for Quality Kids.”

Lessons Learned
The accomplishments of the Task Force (which are thus far only recommendations) were probably due to the following five factors:

1. **The alternative-consequences model seemed to work well.** It provided a structure for discussion at the outset and helped Task Force members consider a reasonable range of options before focusing on solutions, a process that led to a unique solution that received unanimous support from the Task Force. The alternatives-consequences model may have led to consensus because Task Force members were empowered from the beginning of the process as a deliberative body that needed to focus on trade-offs and balance viewpoints.

2. **Extensive behind-the-scenes staff work was essential to success.** Because the task was complex, with countless possible solutions, considerable staff work was necessary. Staff members provided solid background material to the Task Force, and were flexible enough to come up with different options in response to Task Force member concerns (i.e. the staff didn’t just do background work; they engaged in a constant process of negotiation and compromise). Staff to the Task Force included individuals from four state agencies, UW-Extension, UW-Milwaukee, Community Coordinated Child Care, and the Planning Council for Health and Human Services, in addition to DWD staff who led the effort.

3. **Research and data were critical.** Wisconsin’s data capacity efforts over many years across state departments had produced a solid data foundation that was critical for Task Force deliberations. In addition, having Wisconsin-based research, funded by two federal grants from the Child Care Bureau, gave credibility to the data, since Wisconsin findings mirrored national research results. Wisconsin-specific data on educational levels and turnover rates for the child care workforce were particularly useful, in addition to the subsidy information from Wisconsin’s Data Warehouse (see Key Resources Used, page 30).

4. **Information and discussions were well-organized.** Information was provided for the Task Force in a highly structured way, through presentations, written material available via the DWD website, and timely minutes of meetings (prepared and posted by the DWD Child Care Section). The Task Force decided not to break into subgroups, so that all decisions were based on the same information base. While it took several meetings for Task Force members to process all the information and
move toward its final consensus votes, the organizational approach to providing relevant information and data was very helpful to the process.

5. **Having a clear deadline and parameters seemed to help force decision-making.** While there needed to be adequate time to process complex information, the tight deadline set for the Task Force by the Governor contributed to the ability to reach consensus. The parameters were clear. The Task Force was instructed to focus on the overall design of a quality rating system tied to tiered reimbursement, but not to make decisions on budget and implementation complexities. This structure kept a focus on the big picture, and helped the group avoid the distraction of implementation and financing details.

**Future Considerations**
While the Task Force recommendations created a solid basis for the Governor’s policy decisions, the group was fully aware that it had developed a preliminary set of recommendations. Many details remained for state government to work out, should the Governor and the Legislature accept its recommendations.

Additional work will need to be done on a range of implementation details, including:
- Determining how regulatory compliance will be defined and measured
- Determining how license-exempt (certified) programs should be addressed
- Developing specific guidelines for measuring compliance with each quality indicator
- Planning how data will be collected and by whom
- Providing supports to help programs improve quality
- Designing a public information campaign for providers and parents
- Designing an appeals process
- Evaluating the effectiveness of the quality rating system

Wisconsin Governor Jim Doyle has now submitted his State of the State message to the state Legislature, prominently featuring a proposal for a child care quality rating system, named “Quality Care for Quality Kids,” based on the Task Force report. Funding proposals for this system are also included in the Governor’s 2005-2007 biennial budget request to the state Legislature. Over the next few months the proposal will be debated in the Legislature, and budget decisions will be made.

Wisconsin’s process may have merit for other states and communities across the country. Wisconsin’s experience indicates that partnership between University researchers or other outside unbiased consultants and government officials can lead to impressive progress toward achieving public policy goals.

Partnership between state government and the University has long been a Wisconsin tradition. In 1904, “Fighting Bob” LaFollette, Wisconsin’s famous progressive politician, then Governor, and Charles Van Hise, the President of the University of Wisconsin, helped develop what was called the “Wisconsin Idea.” A century later, their vision still seems appropriate for the development of sound public policy, as shown in their description of the Wisconsin Idea:

“A government infused with the talent of trained professionals, guided by the expertise of our wisest scholars, and answerable to an active and educated citizenry.”
Key Sources Used

1. Information from the Wisconsin Department of Workforce Development, the Department of Health and Family Services, etc., available on the Task Force website: [http://dwd.wisconsin.gov/kidsfirst/static/resources.htm](http://dwd.wisconsin.gov/kidsfirst/static/resources.htm)

2. National Child Care Information Center, Washington, D.C. Papers and draft papers. Most are found at: [http://nccic.org/poptopics/tiered](http://nccic.org/poptopics/tiered)
   - Goals and/or Objectives of State Tiered Strategy Systems (March 2004)
   - Overview of Tiered Strategies: Quality Rating, Reimbursement, Licensing (November 2002)
   - Table of State Tiered Strategies: Quality Rating, Reimbursement, Licensing Systems (November 2002)
   - Tiered Reimbursement and Regulation: What Works? (October 1999)
   - States That Define Levels of Licensing Non-Compliance or Violations (March 2004)
   - Tiered Strategy Systems and the Impact on Quality Child Care (March 2004)

3. Consultation from Judy Collins and Susan Rohrbough, State Technical Assistance Specialists, National Child Care Information Center.

4. Information on Environment Rating Scales:


9. General Information from other states’ quality rating systems:
   - Colorado: Educare Colorado Quality Rating System
   - Georgia: Smart Start tiered reimbursement
   - Illinois: Quality Counts draft final report, Child Care & Development Advisory Council
   - Kentucky: STARS for KIDS NOW
   - Maryland: Maryland Child Care Tiered Reimbursement program
   - Montana: Star Rating System
   - Nevada: Child Care Rating System
   - New Mexico: AIM HIGH
   - New York: Cornell University- Child Care Programs of Excellence
   - North Carolina: Star Rated License
   - Ohio: Step Up To Quality draft proposals
   - Oklahoma: Reaching for the Stars
   - Pennsylvania: Keystone Stars Child Care Quality Initiative
   - Seattle, WA: STEPS to Quality
   - South Carolina: Palmetto STARS
   - Tennessee: Star-Quality Child Care Program
   - Texas: Texas Rising Star
   - Vermont: STARS (Step Ahead Recognition System)
The “Wisconsin Idea” has always encouraged a strong connection between research knowledge, the informed involvement of its citizenry, and the democratic process in forming sound public policy. This paper is intended to be a contribution toward that effort.

Acknowledgements

The authors would like to acknowledge those who provide resources to the Task Force and for this paper:

- Child Care Section staff, Wisconsin Department of Workforce Development, who provided tireless staff support and information to the Task Force, under the leadership of Laura Saterfield.
- Department of Workforce Development Leadership, particularly Secretary Roberta Gassman and her Executive Assistant, JoAnna Richard, who set the tone and gave the charge to the Task Force, contributed to the outcomes, and requested services of the Wisconsin Child Care Research Partnership.
- Department of Health and Family Services’ Bureau of Regulation and Licensing staff, who worked on definitions of regulatory compliance.
- The 21 Quality Counts for Kids Task Force members, who gave concentrated time and effort to a complex task.
- Ann Terrell, from Milwaukee public schools, who ably chaired the Task Force.
- Judy Collins and Susan Rohrbough, from the National Child Care Information Center, who provided extensive information on quality rating systems and facilitated staff discussions.
- Jason Bierbrauer, from UW-Extension, who provided necessary technical support and sophisticated data analyses for the project.

Funding for the Wisconsin Child Care Research Partnership was made possible by a grant from the Department of Health and Human Services, Child Care Bureau, project number 90YE0012.

For more information on public policy issues, see the following reports produced by this project:

1. Alternative Policy Options for Child Care Subsidy Programs
2. Improving Child Care Quality
3. Family Child Care
4. Alternative Models for an Early Care and Education System

(available at www.uwex.edu/ces/flp/wccrp/publications.html)
For additional copies of this report contact Wisconsin Child Care Research Partnership, UW-Extension, 432 N Lake St., Room 301, Madison, WI 53706. Telephone: 877.637.6188 Fax: 608.263.7969. Email: deb.zeman@uwex.edu

Or download copies of all WCCRP publications from: www.uwex.edu/ces/ffp/wccrp/publications.html