



Using Voluntary Standards to Promote Health

Child care providers are in a unique position to address the childhood obesity epidemic and tobacco-related health hazards. The Public Health Law Center has developed a series of resources designed to inform and support Minnesota efforts to cultivate child care settings that promote healthy eating, positive exercise habits, reduced screen time, and tobacco-free environments. This fact sheet outlines how voluntary standards and quality ratings can be used to promote nutrition and active play in the child care setting.

Quality rating systems have been used by many states to promote healthy food and active play in child care centers and small family homes. Twenty five states or localities, including Minnesota, have quality rating programs.¹ Most quality rating systems are voluntary programs where providers are assessed on a variety of standards. Since most quality rating systems are voluntary,² and higher ratings can be used by providers as a marketing tool to attract families looking for a provider, they may encourage healthy child care environments without “forcing” provider compliance. Rating systems are also popular with parents. In a 2010 report on child care in Minnesota, 88% of respondents reported that they would find a quality rating program useful in selecting child care.³

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Minnesota Quality Rating System

In Minnesota, the ParentAware program rates child care and early learning programs⁴ on a 4-star rating. The rating for child care and family providers is based on a 20 items in four criteria groups: teaching & relationships, assessment, teacher training, and physical health and wellbeing. ParentAware is currently available in nine counties and one reservation in Minnesota, and will be available statewide by 2015.⁵

ParentAware has recently incorporated a nutrition and physical activity standards into their criteria. One of the 20 possible points is awarded if providers participate in 3 or more hours of approved training on child nutrition or are part of the Minnesota Child and Adult Care Food Program. Two additional points are awarded if the providers have completed training in the last two years on obesity prevention that includes age-appropriate physical activities.

Other State Examples

Minnesota's quality rating standards focus on training standards, which sets it apart from other states. In Texas, for example, providers in the Rising Star Certification are given points for holding family-style meals and for outdoor play equipment. In North Carolina's Star Rated License Program, providers must follow meal guidelines outlined by the National Resource Center.

Quality rating systems that tie higher ratings to incentives may be more enticing for providers. Eleven states offer incentives for meeting quality standards. Delaware offers a one-time reward of \$250 to \$2,500 for meeting quality standards. The amount of the award depends on the type and size of the child care. Iowa offers awards of \$400 to \$4,000 for "achievement bonuses." Other states offer annual or both annual and one-time awards for meeting quality measures.⁶



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Limitations of Quality Rating Systems

There are several drawbacks to voluntary quality rating systems. Low-income families may be forced to choose providers based on the cost of the provider. In Minnesota, 44% of parents of color and 48% of parents who speak English as a second language reported that they "take whatever they can get" when it comes to choosing a child care.⁷ The quality of care is important to all families, but families may not have a range of providers to choose from if budgets are limited. According to the Minnesota Child Care Resource & Referral Network, there are 6492 licensed family child care homes⁸ outside the metro area, compared with 4150 providers within the metro area. On the other hand, child care centers are much more prevalent in the metro area, with 655 centers in the metro, compared to 307 centers outstate.

Low-performing child care centers, the centers that probably need the most assistance with nutrition and physical activity policies, may also be less likely to participate in the voluntary program. An evaluation of the Parent Aware pilot program found that high-performing child care and early education

centers were more likely to participate in the program.⁹ Compared to other states, Minnesota is one of three states that have over 75% of centers in the top one or two program tiers.¹⁰

Finally, there is little scientific evidence that quality rating systems improve child care programs.¹¹ Since the number of available child care spots is limited, providers may not feel a need to set themselves apart through rating systems.

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Endnotes

- ¹ Gretchen Kirby et al., *Compendium of Quality Rating Systems and Evaluations*, The Child Care Quality Rating System (QRS) Assessment, ES1 (Apr. 2010).
- ² *Id.* at ES4.
- ³ Richard A. Chase and Jennifer Valorose, *Child Care Use in Minnesota: Report of the 2009 Statewide Household Child Care Survey*, 10 (Nov. 2010), available at: <http://www.researchconnections.org/childcare/resources/20213>.
- ⁴ Early learning programs in this case include: Head Start programs, and pre kindergarten programs based in public schools.
- ⁵ Parent Aware, *Rating Rollout Plan* (2012), <http://www.parentawareratings.org/en/rating-rollout-plan>.
- ⁶ Kirby, *supra* note 1, at ES9-10.
- ⁷ Chase, *supra* note 3.
- ⁸ Minnesota law refers to day care homes in statute and regulation, but this fact sheets utilizes the industry used term “licensed family child care providers.”
- ⁹ Kathryn Tout et al., *Evaluation of Parent Aware: Minnesota's Quality Rating and Improvement System Pilot*, Minnesota Early Learning Foundation Research Consortium, 24 (Dec. 2011), http://www.pasrmn.org/MELF/Parent_Aware_Pilot_Research.
- ¹⁰ Kirby, *supra* note 1, at 24.
- ¹¹ Gretchen Kirby et al., *Defining and Measuring Quality: An In-Depth Study of Five Child Care Quality Rating and Improvement Systems*, The Child Care Quality Rating System (QRS) Assessment, 1 (Aug. 2011).