

# North Carolina Rated License Assessment Project



An  
Executive  
Summary  
1999–2002



**The North Carolina Rated License:**  
*A Three-Year Summary of Assessed Facilities*







## Introduction<sup>1</sup>

The North Carolina Star Rated License was established in 1999 to better define the quality of child care in the state and to assist parents in choosing child care. The North Carolina Division of Child Development awards the Star Rated License to child care centers, family child care homes, and school-age programs based upon total points earned for program standards, staff education levels, and compliance history with child care regulations.<sup>2</sup> One component of the program standards requirements—necessary to score three,

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1 Written by Deborah Cassidy, Linda Hestenes, Sharon Mims, and Stephen Hestenes (May 2003). Submit correspondence to: NCRLAP, UNCG, PO Box 26170, Greensboro, NC 27402-6170, or call 336-256-0100. For more information, please visit our Web site at [www.ncrlap.org](http://www.ncrlap.org). (version 1.0, 4-22-03)

2 Each part of the rated license (program standards, staff education standards, and compliance history) is worth up to five points. Licenses are awarded based on total points achieved (One Star = 3–4 points; Two Stars = 5–7 points; Three Stars = 8–10 points; Four Stars = 11–13 points; Five Stars = 14–15 points).

four, or five points in this area—is an assessment utilizing observational instruments of global quality (ECERS-R, FDCRS, ITERS, and SACERS).<sup>3</sup> To receive three points in program standards, a facility must score at least 4.0 on the appropriate instrument in each classroom evaluated within a facility; four points requires an average of at least 4.5 in each classroom, and five points requires an average of at least 5.0 in each classroom (all scores are based on a seven-point scale). The University of North Carolina at Greensboro in collaboration with other state institutions of higher education is responsible for the statewide implementation of the assessment process for the Star Rated License.

This document provides an overview of assessment scores based on information collected during the first three years of the Star Rated License implementation (September 1, 1999, to August 31, 2002). It is important to note that these findings primarily apply to the quality of care in programs applying for three, four, or five points in program standards. Therefore, these findings are **not** based on a representative sample of programs in North Carolina partly because the majority of child care facilities in North Carolina and nearly all current programs with one, two, or three stars have not had an assessment using the rating scale.



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3 Harms, T., Cryer, D., & Clifford, R. (1990). *Infant Toddler Environment Rating Scale*. Teachers College Press: New York.

Harms, T., Clifford, R., & Cryer D. (1998). *Early Childhood Environment Rating Scale—Revised*. Teachers College Press: New York.

Harms, T., and Clifford, R. (1989). *Family Day Care Rating Scale*. Teachers College Press: New York.

Harms, T., Jacobs, E., and White. D. (1996). *School-Age Care Environment Rating Scale*. Teachers College Press: New York.

## Reaching For the Stars

According to the North Carolina Division of Child Development, as of November, 2002, there were 9,286 Star Rated Licenses issued to centers and homes. A closer look shows that approximately 8 percent of child care centers and 5 percent of family child care homes have 5-star licenses, while nearly 19 percent of centers and 11 percent of homes have a 4-star rating. Figures 1 and 2 show that the largest proportion of centers have three stars (33 percent) while the largest proportion of homes have a 1-star rating (61 percent).

FIGURE 1

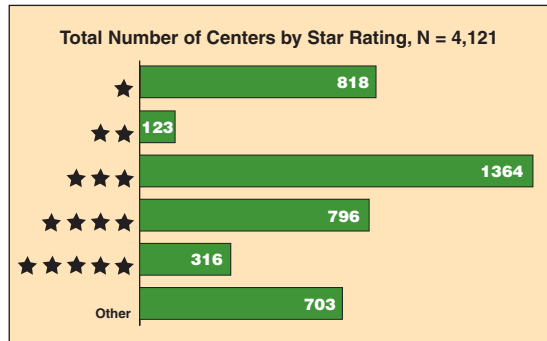
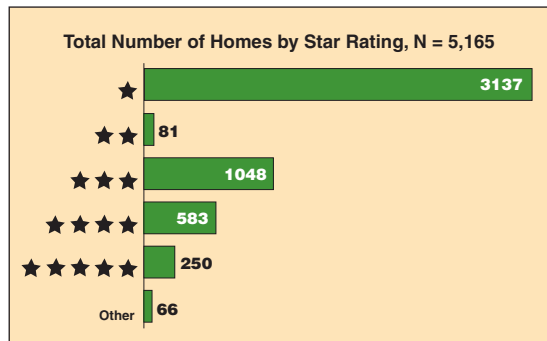


FIGURE 2



## Global Quality Rating Scale Assessments

During the first three years of the Star Rated License, 3,388 assessments were conducted in 2,050 facilities (22 percent of all licensed facilities). A total of 2,582 classrooms and 806 family child care homes participated across all 100 counties in North Carolina. For participating child care centers, assessments were completed in approximately one-third of the classrooms (per facility) with at least one assessment completed in each age group (infants/toddlers; preschool; school-age). Each participating family child care home received one assessment. Assessments were completed by assessors with intensive training and extensive experience with the rating scales. Following the assessment, facilities received a detailed summary report of the assessment to assist program staff in improving the quality of services provided for children.



Partly because the assessment was voluntary, we believe that the programs receiving assessments represent the higher quality child care facilities in North Carolina. In child care centers, 100 percent of the 5-star programs were assessed, 81 percent of the 4-star programs, 13 percent of the 3-star programs, and 9 percent of the 2-star

programs. No 1-star programs were assessed. In family child care homes, 81 percent of the 5-star homes were assessed, 52 percent of the 4-star homes, 8 percent of the 3-star homes, and 2 percent of the 2-star homes. No 1-star homes were assessed. The average assessment scores achieved in preschool and school-age classrooms, as well as family child care homes, reflect “good” quality (see table 1) according to the scales. Although these programs represent the highest quality of child care available in North Carolina, the average score in infant and toddler classrooms was less than “good.” (“Good” is equivalent to a score of 5 on the seven-point scale.)

**TABLE 1**

**Rating Scale Average Scores**

	<b>Total Assessments</b>	<b>Average Score</b>
ECERS-R	1,312	5.03
ITERS	843	4.69
SACERS	427	5.19
FDCRS	806	5.08
<b>Total</b>	<b>3,388</b>	

The majority of assessed facilities across the state (61 percent) received multiple assessments compared to a single assessment. Not surprisingly, in centers where multiple assessments were completed and an infant/toddler classroom was included in the assessment, the ITERS score was the lowest score approximately 57 percent of the time.



## Child Care Center Quality

Assessment scores provide valuable insight into the areas of achievement and those areas in need of resources and continuing improvement in child care centers across the state. The following discussion offers an overview of the average subscale scores for each instrument. To identify specific areas in need, those subscales with the lowest average score (per instrument) are examined.

**Preschool Classrooms:** Table 2 provides information regarding the average subscale scores for the ECERS-R, which was used to assess the quality of preschool classrooms. The average scores for four of six ECERS-R subscales were consistently higher than “good” (5 on a seven-point scale). Space and Furnishings nearly achieved a score categorized as “good” (4.95). However, the Personal Care Routines subscale had an average score of 3.89 (between minimal [3] and good [5]).

**TABLE 2**

**ECERS-R Subscale Scores**

<b>Subscale</b>	<b>Average Score</b>
Space and Furnishings	4.95
Personal Care Routines	3.89
Language-Reasoning	5.42
Activities	5.11
Interaction	5.59
Program Structure	6.03

Table 3 provides a closer examination of the Personal Care Routines subscale. Only one item (Greeting/departing) received an average score categorized between “good” and “excellent” (6.65). In contrast, most of the items in this subscale received average scores categorized between “minimal” and “good.” Furthermore, the item that measured Safety Practices received the lowest average item score of 2.50 (categorized between “inadequate” and “minimal” on the seven-point scale).



**TABLE 3****ECERS-R Personal Care Routines Subscale**

<b>Items</b>	<b>Average Score</b>
9. Greeting/departing	6.65
10. Meals/snacks	3.09
11. Nap/rest	3.86
12. Toileting/diapering	3.02
13. Health practices	4.23
14. Safety practices	2.50

**Infant Classrooms:** The results on the ITERS were quite similar to those of the ECERS-R, with all subscales scored as “good” or higher with the exception of Personal Care Routines. It seems quite clear on both the ECERS-R and the ITERS that the Personal Care Routines subscale was decidedly lower and weighed heavily on the overall rating scale scores (see table 4).

**TABLE 4****ITERS Subscales Scores**

<b>Subscale</b>	<b>Average Score</b>
Furnishing and Display	4.99
Personal Care Routines	3.24
Listening and Talking	5.82
Learning Activities	5.05
Interaction	5.57
Program Structure	5.01

Table 5 provides a closer examination of Personal Care Routines and shows that six of the seven items scored were quite low. In particular, the item focusing on Safety Practices (item 13) received the lowest average score for this subscale and is rated between “inadequate” and “minimal” on the ITERS scale. Four of the seven items in this subscale received scores that were less than “minimal” on the seven-point scale, with two other items only slightly better than “minimal.”

**TABLE 5****ITERS Personal Care Routines Subscale**

Items	Average Score
6. Greeting/departing	6.48
7. Meals/snacks	2.53
8. Nap	3.15
9. Diapering/toileting	2.69
10. Personal grooming	3.21
11. Health practices	2.40
13. Safety practices	2.24

**School-Age Classrooms:**

School-age classrooms also achieved average marks of greater than 5 on three of the five subscales (see table 6). However, once again the lowest subscale score in school-age classrooms was on the Health and Safety subscale, yet the average score was noticeably higher than in the infant/toddler and preschool classrooms.



Table 7 provides an examination of the Health and Safety subscale and shows that two items were significantly lower than the other items scored. In particular, the items focusing on Safety Practices (item 15) and Meals/snacks (item 18) received the lowest average scores for this subscale which were categorized between “inadequate” and “minimal” on the SACERS scale.

**TABLE 6****SACERS Subscales Scores**

Subscale	Average Score
Space and Furnishings	5.38
Health and Safety	4.44
Activities	4.83
Interactions	5.59
Program Structure	5.88

**TABLE 7****SACERS Health and Safety Item Means**

Items	Average Score
13. Health practices	5.86
15. Safety practices	2.15
16. Attendance	5.86
17. Departure	5.91
18. Meals/snacks	2.83
19. Personal hygiene	4.07



**Family Child Care Homes:** Less than 12 percent of child care homes in the state have been assessed thus far (n = 806 assessments completed). The average score on the FDCRS was 5.08 or a rating of “good” on the scale. Indeed, table 8 shows that four of the five subscale scores received average scores of 5.0 or higher.

Table 9 shows that, in contrast to the exceptionally high average score for the Arriving/leaving item, all of the remaining items in the Basic Care subscale were categorized as lower than “good” quality. Specifically, four of the subscale items were categorized between “minimal” and “good” (items 8, 9, 11, and 12). The items focusing on Diapering/toileting (item 10) and Safety practices (item 13) received the lowest average scores for this subscale (between “inadequate” and “minimal” on the FDCRS scale).

**TABLE 8****FDCRS Subscales Scores**

Subscale	Average Score
Space and Furnishings	5.13
Basic Care	3.96
Language-Reasoning	5.46
Learning Activities	5.54
Social Development	5.50

**TABLE 9****FDCRS Basic Care Item Means**

Items	Average Score
7. Arriving/leaving	6.94
8. Meals/snacks	3.01
9. Nap/rest	4.85
10. Diapering/toileting	2.80
11. Personal grooming	3.51
12. Health	4.36
13. Safety	2.22

## Teacher Education and Program Quality

In addition to the rating scale data, information about teacher/provider education was collected to explore the relationship between education of the teacher/provider and the score received on the rating scale. Our findings provide compelling evidence of an increase in rating scale scores in child care centers with increasing levels of teacher education. As seen in the tables 10A and 10B, there was a clear connection between rating scale scores and the amount of education that a teacher had completed. When all of the center-based assessments were combined, we found that two years of college (and higher) yielded significantly higher rating scale scores than high school and some college. A two-year degree was shown to be necessary for a score of “good” to be achieved on the rating scales. In family child care homes, although statistical differences between education groups were not found, our findings suggest a gradual increase in rating scale scores when home providers have more education.



**TABLE 10A**

**Center-Based Care: Rating Scale Average Scores By Education**

<b>Education Level</b>	<b>Combined Average Scores</b>
High School	4.72
Some College	4.81
2-Year Degree	5.05
4-Year Related Degree	5.18
4-Year Degree in CD/ECE	5.26
Graduate Work	5.27

**TABLE 10B**

**Home-Based Care: Rating Scale Average Scores By Education**

<b>Education Level</b>	<b>Average Scores</b>
High School	4.87
Some College	5.08
2-Year Degree	5.09
4-Year Related Degree	5.24
4-Year Degree in CD/ECE	5.27
Graduate Work	5.01



## Recommendations to Improve Child Care Quality

The North Carolina Rated License Assessment Project recommends the following to continue the improvement of care and education that young children receive in our state.

**1 Help providers better understand the connection between their ability to provide high quality care and the assessment process:**

More effort should be given to familiarize providers with the nature and scope of the Environment Rating Scale assessment process. This knowledge, when coupled with ongoing and long-term quality enhancement efforts, can enable providers to offer developmentally appropriate care and education programs.



**2 Increase the availability of assessments for providers:** The opportunity for rating scale assessments should be available to a greater number of facilities, including all programs attempting three, four, or five stars on the North Carolina Star Rated License. Assessments provide individualized, objective, and specific feedback to providers to improve program quality. Increasing availability to a greater number of facilities will ensure that more children receive high quality care.

**3 Shorten the period between assessments:** When additional resources are available, rating scale assessments should be conducted annually. Because programs routinely experience a great deal of change and all programs in North Carolina can benefit from the assessment process, a three-year delay in reassessing facilities may be excessive.

**4 Enhance provider’s knowledge of health and safety:** Results of assessments should continue to be used to determine areas that need to be improved in child care facilities. In particular, current data indicate that quality improvement efforts should focus on health and safety practices. These efforts should assist providers in accessing resources to improve their health and safety practices.

**5 Increase incentives to encourage providers to achieve higher star ratings:**

Tangible incentives for achieving higher star ratings should be made available to encourage providers, particularly those in family child care homes, to apply for and complete assessments. Initiatives should be developed, as funds become available, to increase incentives to have assessments completed for **all** providers in homes and centers.



**6 Reexamine the points-per-category**

**system to ensure quality:** The current point system allows for a wide range of quality even at the five-star level. The points-per-category system should be reviewed to ensure a high standard of quality, particularly at the four- and five-star levels.

**7 Encourage providers’ educational pursuits:** The North Carolina Star Rated License currently recognizes education as a key component of classroom quality, and the results presented here provide additional evidence of the importance of teacher education. Results indicated that a score of 5, which is recognized as indicative of developmentally appropriate practice on the rating scales, was achieved on average at the two-year degree level of education for classrooms in child care centers. Therefore, providers should continue their educational pursuits. The state of North Carolina must continue to fund such initiatives as the T.E.A.C.H.® Early Childhood Project and WAGES.





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