QUALITY RATING AND IMPROVEMENT SYSTEMS DECONSTRUCTED

An Introduction to Quality Rating and Improvement Systems and Indiana's Paths to QUALITY™

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This brief is the first in a series entitled *Quality Rating and Improvement Systems Deconstructed*. This series is designed to examine several aspects of quality rating and improvement system (QRIS) programs and present data on how Indiana's QRIS program, Paths to QUALITY™ is similar to, or different from others. By providing an analysis of how other QRIS programs address various issues while using Paths to QUALITY™ as a point of comparison, Indiana stakeholders will have a better understanding of what the national trends in QRIS programs are, how Paths to QUALITY™ compares, and potential options for improvement.

Quality rating and improvement systems were first developed by states and some local communities in the 1990s. These programs were designed to help improve the quality of early care and education and provide parents with a rating system to identify child care providers who are providing high quality care. Over the past 18 years, nearly every state has developed or is in the process of developing a state or locally based QRIS system. Indiana's QRIS program Paths to QUALITY™ started off as a regional initiative of the Early Childhood Alliance in Fort Wayne in 2000[2], was expanded to Southwest Indiana, and was eventually taken statewide in 2008.

As the first brief of this series, the following is designed to provide foundational information on the structure, purpose, history and evolution of QRIS programs. Future briefs will address issues such as QRIS standards, provider training and education requirements, QRIS administration and partnerships, the use of incentives, the various resources available to programs participating in the QRIS program, QRIS revisions, and rating procedures, among other topics.

QRIS DECONSTRUCTED

The Quality Rating and Improvement Systems Deconstructed series has been developed through funding from the Lilly Endowment and will examine the similarities and differences of various aspects of QRIS programs from across the country.

The first issue of this series is an introduction to the history and structure of QRIS programs. Future issues will examine technical assistance, the use of incentives, and financing QRIS programs, among other aspects of QRIS implementation.

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EARLY LEARNING INDIANA

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2 History. (n.d.). Retrieved May 26, 2017, from https://www.ecalliance.org/about-us/history/

The information on other QRIS programs was obtained by generating reports from the QRIS Compendium. The QRIS Compendium is an online repository of information on the different QRIS programs across the country and is maintained through a partnership between the BUILD Initiative, Child Trends and the Early Learning Challenge Collaborative. As of December 31, 2016, the compendium features comprehensive information in a database about most aspects of 41 state and local QRIS programs. Unless otherwise noted, all comparative data on QRIS programs presented in this brief was gathered by pulling custom reports from the QRIS Compendium[2].

The origin of quality in early care and education

The 1960s were an important decade in the history of early care and education. More women were entering the workforce, Head Start was established as part of President Johnson's "War on Poverty," and preschool was increasingly seen as an intervention to help lower income students gain access to the supports and preparation they needed to be successful in school with the establishment of model programs like the Perry Preschool Project and the Chicago Child-Parent Center. While these programs were designed to provide safe and stimulating environments to help facilitate the growth and development of young children, researchers quickly recognized that

these model programs could differ considerably when compared to typical child care providers or preschools.

This realization led researchers to identify, define and measure the quality of child care and early education settings. As early as 1972[3] and increasingly throughout the 1970s[4,5], the construct of quality was identified as an important variable for understanding the impact that early care and education programs have on young children.

As the body of literature on the importance of quality continued to expand and more families utilized out-of-home child care, the United States became more invested in the issues surrounding early learning, including access to high-quality care. As a result of this focus, the Child Care and Development Block Grant Act (CCDBG) was established by the federal government in 1990. This, and additional amended legislation in 1996, created the Child Care Development Fund (CCDF), which helps low-income parents pay for child care and allocates funding for states to improve child care quality[6].

First attempts at rating systems

By the 1990s, growing research demonstrated a clear link between the quality of a program and children's development, and a large national study found the majority of preschool child care settings

2   A Catalog and Comparison of Quality Rating and Improvement Systems (QRIS). (2016, December, 31). Retrieved May 23, 2017, from http://qriscompendium.org/

3   Keserling, M. D. (1972). Windows on Day Care. New York, National Council of Jewish Women.

4   Belsky, J., & Steinberg, L. (1978). The Effects of Day Care: A Critical Review. Child Development, 49(4), 929-949.

5   Golden, M.; Rosenbluth, L.; Grossi, M.; Policare, H.; Freeman, H.; & Brownlee, E. (1978). The New York City Infant Day Care Study. New York: Medical Health and Research Association of New York City.

6   Administration for Children and Families. (2017, January 23). Office of Child Care Fact Sheet. Retrieved May 11, 2017, from https://www.acf.hhs/occ/fact-sheet-occ.

were mediocre rather than being high quality[7]. More federal funding shifted toward efforts to improve overall quality. While the majority of child care settings in the United States at the time could not be classified as high quality, several states and counties began to develop programs designed specifically to improve the quality of early childhood education. In 1998, Oklahoma became the first state to implement what is now known as a quality rating and improvement system (QRIS). The comprehensive system was designed to provide consumers with information on the quality of care being offered in a particular facility, to improve the quality of care being provided, and to improve access to high quality care by increasing CCDF reimbursement rates for programs with higher quality. By 2000, a total of four QRIS programs were implemented across the country.

In the 19 years since the development of the first statewide QRIS program there has been a tremendous growth in the number of predominately statewide (and some regional or county-level) QRIS programs. As of 2017, almost every state and territory in the United States either has an active QRIS program (or regional programs) or is in the process of developing one.

Quality rating and improvement systems: Core components

Since Oklahoma launched its QRIS program "Reaching for the Stars," in 1997, more than 40 states or communities have launched their own versions of a QRIS initiative. Although these programs address the specific needs and realities in their areas, there are five essential components to any QRIS[8]:

- A set of standards that participating programs need to meet
- An evaluation or assessment to determine if the programs are meeting the standards
- Support and guidance to assist programs with meeting the standards
- Incentives for programs to meet the established standards
- Consumer education to increase public awareness and demand for high quality programs

In addition to these core components, QRIS programs also have a set of similar goals for their programs. Based on the 38 QRIS programs that provided information on their goals, all indicated that one of the goals or mission of their program was to improve quality and recognition, 61 percent stated that their program was designed to facilitate parent and public awareness, slightly less than a quarter of QRIS programs (23 percent) had the goal of supporting school readiness. Eighteen percent seek to improve the education and training of the workforce, and 16 percent of programs have a mission or goal that is related to access to high-quality care[9].

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7   Peisner-Feinberg, E., & Burchinal, M. (1997). Relations Between Preschool Children's Child-Care Experiences and Concurrent Development: The Cost, Quality, and Outcomes Study. Merrill-Palmer Quarterly, 43(3), 451-477. Retrieved from http://www.jstor.org/stable/23093333

8   National Association for the Education of Young Children. (2010, July). The NAEYC Quality Rating and Improvement Systems Toolkit. Retrieved May 10, 2017, from http://www.naeyc.org/files/naeyc/file/policy/state/QRSToolkit2010.pdf

9   QRIS Compendium. (2016, October 31). Top 10 Questions about QRIS: What are the mission and goals of QRIS? Retrieved May 10, 2017, from http://qriscompendium.org/top-ten/question-8

For comparison, the QRIS Compendium provides the following description of the mission and goals of Indiana's QRIS program, Paths to QUALITY™[10]:

> Paths to QUALITY™ aims to help child care providers take the necessary steps to achieve higher levels of quality in their programs and empower families with an easy to understand consumer guide to choosing the care that is best for their children. Elevating community awareness on the importance of quality child care and early education requires a systematic approach which involves:
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> ■ Educating parents on the need for quality early education and child care and how to identify and select developmentally appropriate experiences that will help children as they enter school
> ■ Advocacy and public awareness within the community that promotes quality child care standards, child care worker education and its impact on business and economic development
> ■ Development of well-trained qualified child care and early education staff through child care professional training and mentoring
> ■ Availability of high quality, affordable child care and appropriate early education experiences for families and children at all socioeconomic levels
> ■ Collaboration with other community organizations as well as private businesses and foundations to develop solutions to ensure that all of the community's children will have opportunities to develop to their fullest potential

It is evident from this description and the QRIS Compendium's analyses that Paths to QUALITY™ is based on goals similar to other QRIS programs.

Quality rating and improvement systems: Similar but distinct

While QRIS programs have a set of five core components, as well as similar missions and goals for their programs, there are some fundamental differences in the various programs. Perhaps the most obvious difference in QRIS programs is whether or not child care programs are required to participate.

While the vast majority of programs (98 percent) included in the QRIS Compendium indicate that they are voluntary it is more nuanced upon closer review of the data. Ten of these "voluntary" programs (AR, MA, ME, MD, OH, RI, SC, VA, WA and WI) require child care programs that accept or are approved to accept subsidy funds must participate in their QRIS program. Two "voluntary" state programs automatically enroll licensed programs in the lowest level of the QRIS, but their advancement is voluntary (OR, IL). Nevada and Nebraska's QRIS programs stipulate that child care programs that receive over a specific threshold of income from the child care subsidy payments must participate in QRIS. Vermont (along with IL, OH, NV, and WA) requires state-funded pre-K or programs run by schools to participate in the QRIS. Twenty-five of the programs listed in the QRIS Compendium are truly voluntary for all types of child care programs. Given these stipulations, one program is completely mandatory for all licensed providers, 37 percent (15) mandate that certain types of providers must participate in the QRIS program, and 61 percent are completely voluntary and do not mandate any programs

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10   QRIS Compendium. (2016, December 31). QRIS State Profile: Indiana. Retrieved May 11, 2017, from http://qriscompendium.org/profile-report

IS PARTICIPATION MANDATORY?
A comparison of voluntary vs. mandatory systems

Participation is completely **voluntary.**

Some programs are **mandated** to participate.

All programs are **mandated** to participate.

HOW DO SYSTEMS MANDATE PARTICIPATION?
Multiple types of providers can be required to participate.

50%
CCDF providers must participate.

5%
All providers must participate.

25%
School-operated providers must participate.

10%
CCDF providers meeting a funding threshold must participate.

10%
All licensed providers are enrolled, improving rating is voluntary.

participate in the program. Paths to QUALITY™ is one of the 25 completely voluntary programs.

QRIS programs also differ in the structure they use to rate programs. Programs fall into one of three different structures: block, points and hybrid. Programs that are classified as having a block structure have a specific set of criteria or standards that need to be met for a program to be awarded that rating. If a program meets all standards except one, they will not be awarded the rating. Point systems are designed by assigning different point values to various standards and requirements. Child care facilities are then given a rating based on the number of points they have been awarded.

As the name implies, hybrid systems are a blend of both a block and point rating structure. Typically, these QRIS programs maintain a block system for the lower ratings and then transition to a point structure for the upper rating levels. This hybrid structure ensures that all basic aspects of quality identified by a QRIS are met. However, it also allows child care programs to receive recognition for the various high-quality indicators they meet. For example, a program may specify that a child care facility is awarded five points for achieving accreditation, but a child care facility that chooses not to be accredited might be able to earn five points for meeting other criteria such as requiring all lead teachers to have bachelor's degrees.

Of the 41 QRIS programs that have submitted their data to the QRIS Compendium, 19 (46 percent) use a block structure, 16 (39 percent) have a hybrid structure, and six (15 percent) are based on a points

WHAT KIND OF RATING STRUCTURES ARE THERE?
The 41 programs that submitted data use blocks, points or a hybrid.

16%
of participating programs use a **hybrid structure.**

42%
of participating programs use a **block structure.**

42%
of participating programs use a **points structure.**

system. In addition to the rating structure used, QRIS programs vary with respect to the number of levels or rankings the program awards. Most QRIS programs have five levels of ratings (61 percent), 22 percent of QRIS programs have four levels of ratings, 12 percent have three levels and just five percent have six rating levels.

## Next generation quality rating and improvement systems

Early QRIS programs were the first large-scale initiatives developed to identify and seek to improve the quality of child care being offered in a state or region. It has been acknowledged that these initial efforts were essentially a way to encourage programs to strive for standards that were more rigorous than the minimum licensing standards.

As QRIS programs were successful at helping programs improve the quality of care they provide and research-informed best practices evolved, the majority of QRIS programs across the country were revised at least once to reflect current research and measurement practices. There has also been a gradual shift from focusing predominately on the first two letters of QRIS - **q**uality and **r**atings - and more of a focus on the latter two letters – **i**mprovement and **s**ystems.

As of 2016, 41 percent of QRIS programs include a continuous quality improvement component in their program. Often the quality improvement is a part of the rating process, but it can also be a more formalized plan that requires programs to document the extent to which their program has improved on specific indicators or improved their

HOW MANY RATING LEVELS ARE THERE?

The 41 programs that submitted data have different rating levels.
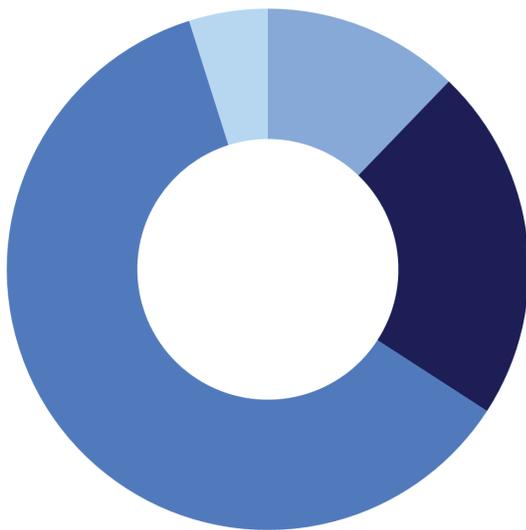
61%
of participating programs have
3 rating levels.

12%
of participating programs have
5 rating levels.

22%
of participating programs have
4 rating levels.

10%
of participating programs have
6 rating levels.

scores on instruments used to measure quality such as the CLassroom Assessment and Scoring System (CLASS), an Environment Rating Scale (ERS) or a school-age quality assessment like the Youth Program Quality Assessment (YPQA)[11].

The development and implementation of QRIS programs have also necessitated: (1) the development and expansion of state and local systems designed to assist early care and education providers improve their quality and (2) simply strengthen the early care and education systems. With the federal funding from Race to the Top-Early Learning Challenge Grants, several states had the opportunity to invest in improving the professional development opportunities for their early care and education workforce and established workforce registries to capture information on those who are a part of the field[12].

In their report on QRIS theories of change and models of practice, Schlider, Iruka, Dichter and Mathias assert that, as QRIS programs continue to evolve and are revised, they need to move from programs that are designed to make small improvements in quality by setting standards that are only minimally more rigorous than licensing standards. They recommend that as QRIS programs continue to be revised that stakeholders address the following issues:

- Focus on improving child outcomes
- Improve supports of the early care and education workforce including training and compensation
- Include funding for infrastructure improvements
- Unify the early care and education sector through the inclusion of varied auspices in QRIS
- Move programs from viewing quality as a fixed point or destination, to seeing quality improvement as an important ongoing process
- Address issues of equity in early care and education
- Communicate the importance of QRIS programs as a valuable resource[13]

2018 will mark the 10th anniversary of the statewide implementation of Paths to QUALITY™ in Indiana. It has enjoyed widespread acceptance as evidenced by the over 2,500[14] facilities that have chosen to enroll in this truly voluntary program. With Indiana's well-established QRIS program approaching a decade of implementation, it is an excellent time to reflect on the progress that has been made as a result of Paths to QUALITY™, while also looking to other successful QRIS programs for ways in which Paths to QUALITY™ could be modified to improve its effectiveness and utility as an essential support for Hoosier providers, families and children.

11   Mathias, D. (2015, July 13). BUILDing Strong Foundations Shifting the Conversations from Compliance to Continuous Quality Improvement . Retrieved May 15, 2017, from http://buildinitiative.org/TheIssues/BUILDingStrongFoundations/tabid/223/PostID/28/Shifting-the-Conversation-From-Compliance-to-Continuous-Quality-Improvement.aspx

12   The Build Initiative. (n.d.). Aligning QRIS & CCR&R Goals to Support a High Quality Early Learning System: State Survey Results. Retrieved May 25, 2017, from http://qrisnetwork.org/sites/all/files/resources/mrobinson%40buildinitiative.org/2015-06-29%2009%3A23/State%20Survey%20Results.pdf

13   Schlider, D., Iruka, I., Dichter, H., & Mathais, D. (2016, February 5). Quality Rating and Improvement Systems: Stakeholder theories of change and models of practice. Retrieved May 10, 2017, from http://qrisnetwork.org/sites/all/files/resources/2016-02-10%2009%3A21/QRIS%203.0%20Report%20V11%202016.2.5%20FINAL.pdf

14   Paths to QUALITY Rated Programs. (2017, May 17). Retrieved May 17, 2017, from http://childcareindiana.org/rated-programs/