

Overview of the QRIS Resource Guide

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The QRIS Resource Guide is intended as a tool for States and communities to explore key issues and decision points during the planning and implementation of a quality rating and improvement system (QRIS). The Guide is divided into nine sections. Each section contains a set of questions, with guidance for addressing the questions, for States to consider and discuss when planning, implementing, or revising a QRIS. The sections can stand alone, but it is recommended that the whole Guide be read in its entirety before starting to use it in a planning process.

The Guide gives examples throughout the sections to illustrate strategies States used to develop and implement their QRIS, plus publications and other resources on specific topics.

This section is an overview of the information covered in each section of the QRIS Resource Guide.

Section 1. Introduction to QRIS

The development of QRIS began in the 1990s with States rewarding higher quality providers with higher subsidy reimbursement rates for those that were accredited. They found, however, that few providers were able to achieve accreditation. Due to the large difference between licensing and accreditation standards, States saw the need for steps in between to help providers bridge the gap. At this same time, States were creating comprehensive professional development systems and seeking to align their many different quality initiatives. The first statewide QRIS was implemented by Oklahoma in 1998. Since then, 25 States have implemented statewide QRIS, and most of the remaining States are developing or exploring QRIS as a mechanism for organizing quality initiatives into one coherent system.

Section 2. Initial Design Process

Planning a QRIS requires many considerations, and the process must be handled thoughtfully and with great deliberation because it lays the groundwork for everything that follows. If done well, the process can unify a wide range of constituencies and lead to greater understanding and support for early childhood care and education. This section includes information on setting the vision and goals, beginning the design process, determining which programs will participate, and gathering information on the current workforce and the licensing program.

Section 3. Approaches to Implementation

Most States have found that full funding for a comprehensive quality rating and improvement system (QRIS) initiative is difficult to achieve initially, even with the redirection of existing resources. A pilot or a phased-in approach can be an affordable way to demonstrate the value of the program and may lead to increased support among stakeholders. States are also using pilots increasingly to test QRIS elements, with positive results. This section includes issues to consider when conducting a pilot and a description of how some States have used a phased-in approach as an alternative to full implementation.

Section 4. Standards and Criteria

Standards are the agreed upon markers of quality established in areas critical to effective programming and child outcomes. Taken together, standards are used to assign ratings to programs that participate in quality rating and improvement systems (QRIS), providing parents, policymakers, funders, and the public with information about the components and levels of quality. States typically use licensing standards as the base of the system, a foundation on which to build higher levels of standards. Every QRIS contains two or more levels of standards beyond licensing, with incremental progressions to the highest level of quality, as defined by the State. Systems vary in the number of rating levels and the number of standards identified in each level. Most QRIS award easily recognizable symbols, such as stars, to programs to indicate the levels of quality. Standards used to assign ratings are based on research about the characteristics of programs that produce positive child outcomes. This section includes information about categories of standards and criteria used to assign ratings, approaches States have used to organize the standards and assign ratings, ways States have incorporated other State, Federal, and national standards into their QRIS, the inclusion of specific program types and groups of children into QRIS standards, and the use of environment rating scales (ERS) and other program assessment tools.

Section 5. Accountability and Monitoring

When a State decides to pursue a quality rating and improvement system (QRIS), it is important to engage providers, partners, and other stakeholders in a strategic process to determine appropriate policies and procedures for accountability and monitoring. This section addresses the areas of documenting compliance with the standards and criteria, determining the rating levels, deciding how frequently they will be determined, choosing which assessment tools to use, monitoring the rating, and facing a possible loss or reduction of a rating level.

Section 6. Provider Incentives and Support

An essential element of a quality rating and improvement system (QRIS) is the support offered to child care providers to assist them in understanding and meeting the standards and quality criteria. States may already have support services in place that can be linked to the QRIS, or they may need to invest in new services, or both. This section addresses various types of support services, such as professional development opportunities and targeted technical assistance approaches, as well as financial incentives for programs and individual staff.

Section 7. Data Collection and Evaluation

Data collection and evaluation are often an afterthought when developing a new system. The emphasis is usually on the design and implementation because the driving force is the urgent need for the change. Typically, a shortage of resources results because most are committed to implementation. It is often only when implementation issues arise or there is a need to document the success of the new system that thought is given to data collection and evaluation. At that point, much of the opportunity to collect baseline data and incorporate the data collection process into the existing data collection systems may be lost. Then data collection and evaluation become much more expensive. This section addresses how to include data collection and evaluation in the initial planning for a quality rating and improvement system (QRIS). Considering the questions posed may help to plan for data collection and also result in an improved evaluation process, as well as a more successful design and implementation process. Discussions on the use of data in planning and implementation are included in the “Initial Design Process” and “Approaches to Implementation” sections.

Section 8. Cost Projections and Financing

Because financing for the QRIS and its various elements is critical for long-term success, initial projections and sustainability review are important parts of planning. This section addresses the issues of projecting costs based on a proposed or revised QRIS model, identifying existing resources that can be realigned to support the QRIS, and securing additional sources of funding.

Section 9. Public Awareness

Assisting parents in understanding, choosing, and evaluating early and school-age care and education programs is one of the primary reasons States create a quality rating and improvement system (QRIS). For a system to be successful, however, messages should be designed for various audiences to promote its value to a wide range of stakeholders. This section addresses various strategies for reaching parents, consumers, and providers, as well as building support among policymakers, State and community leaders, and funders.

QRIS Resource Guide: Section 1 Introduction to QRIS

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The QRIS Resource Guide is intended as a tool for States and communities to explore key issues and decision points during the planning and implementation of a quality rating and improvement system (QRIS). States are involved in various activities to improve the availability and quality of early and school-age care and education programs. Most often these activities are supported by quality set-aside funds from the Child Care and Development Fund (CCDF). States increasingly use CCDF funds to create QRIS or elements of QRIS.

The development of QRIS began in the 1990s with States rewarding higher quality providers with higher subsidy reimbursement rates for those that were accredited. They found, however, that few providers were able to achieve accreditation. Due to the large difference between licensing and accreditation standards, States saw the need for steps in between to help providers bridge the gap. At this same time, States were creating comprehensive professional development systems and seeking to align their many different quality initiatives. The first statewide QRIS was implemented by Oklahoma in 1998. Since then, half of the States and the District of Columbia have implemented statewide QRIS, and most of the remaining States are developing or exploring QRIS as a mechanism for organizing quality initiatives into one coherent system. Additional information about the development of QRIS is available in Mitchell's (2005) *Stair Steps to Quality* at http://www.earlychildhoodfinance.org/downloads/2005/MitchStairSteps_2005.pdf.

- [What is a QRIS?](#)
- [Why develop a QRIS?](#)
- [What are the elements of a QRIS?](#)

What is a QRIS?

A QRIS is a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Similar to rating systems for restaurants and hotels, QRIS award quality ratings to early and school-age care and education programs that meet a set of defined program standards. By participating in their State's QRIS, early and school-age care providers embark on a path of continuous quality improvement. Even providers that have met the standards of the lowest QRIS levels have achieved a level of quality that is beyond the minimum requirements to operate.

Why develop a QRIS?

QRIS are intended to improve the quality of early and school-age care and education programs through the alignment and coordination of systemwide initiatives. A QRIS may offer States several opportunities:

- Increase *quality* of early care and education services.
- Increase *parents' understanding* and *demand* for higher quality early care and education.
- Increase *professional development* opportunities, benchmarks, and rewards for a range of early care and education practitioners and providers.

- Create a *cross-sector framework* that can link standards, technical assistance, monitoring, finance, and consumer engagement for programs in a range of settings, including family child care homes, child care centers, school-based programs, Head Start programs, early intervention, and others.
- Develop a roadmap for *aligning many pieces of the early care and education system*, such as child care licensing, prekindergarten and Head Start program oversight, national program accreditation, early learning guidelines, subsidy administration, technical assistance, training, quality initiatives, professional development systems, and others.

Examples of States' goals for their QRIS are available in *QRIS Goals and Objectives* at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Goals_Objectives.pdf.

What are the elements of a QRIS?

QRIS are composed of five common elements: (1) standards, (2) accountability measures, (3) provider support, (4) financial incentives, and (5) parent/consumer education efforts. Although many States engage in quality initiatives touching on one or more of these areas, for the purposes of this guide, QRIS are inclusive of all elements.

The following provides a description of these elements. Included are references to the sections in this Resource Guide that address the elements. An additional resource, *QRIS Elements*, is available at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Elements.pdf.

QRIS Definition and Statewide Systems provides Web links to the statewide QRIS that have all of these elements in place. It is available at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Definition.pdf. The National Center on Child Care Quality Improvement designates a QRIS as statewide if the system is open to providers in all geographic areas of the State.

1. Standards

QRIS standards assign ratings to programs that participate in QRIS and provide parents and the public with information about each program's level of quality. States have chosen QRIS standards that are grounded in research about factors that contribute to positive child outcomes. States typically use child care licensing standards as the base of the system, and then build on those. All QRIS contain two or more levels of standards beyond licensing, with incremental progressions to the highest level of quality, as defined by the State. Systems vary in the number of levels and the number of standards identified in each level.

2. Accountability Measures

Accountability and monitoring processes provide ways to determine how well programs meet QRIS standards, assign ratings, and verify ongoing compliance. Monitoring also provides a basis of accountability for programs, parents, and funders by creating benchmarks for measuring quality improvement.

In most States, the licensing agency alone, or in partnership with the subsidy agency or a private entity, monitors the QRIS. States use a variety of approaches (alone or in combination) to monitor QRIS standards, such as onsite visits, program self-assessments, and document reviews and verifications. Many States also gather rating information from child care licensing agencies to ensure that minimum requirements are met, and from training registries and accrediting bodies, where appropriate.

3. Provider Support

QRIS include provider supports, such as training, mentoring, and technical assistance, to promote participation and help programs achieve higher levels of quality.

Most States currently have professional development systems, or elements of a system, to assist practitioners. These systems organize training opportunities, recognize practitioners' achievements, and help ensure the quality of available training. States may use these systems to help programs meet higher professional development standards and progress toward higher QRIS ratings.

States also promote participation in QRIS for improved quality by providing technical assistance. A mentor or coach may be used with a program to facilitate the rating process. In addition, partnerships may be formed with existing technical assistance providers in the State, such as child care resource and referral (CCR&R) agencies, and programs participating in the QRIS may be given priority to receive this assistance. Some States invest in specialized technical assistance, such as support in caring for infants and toddlers or integrating children with special needs. Nongovernmental agencies typically provide classroom assessments, technical assistance, training, and other support, and often work under contract with the State.

4. Financial Incentives

QRIS use financial incentives to help early and school-age care and education providers improve learning environments, attain higher ratings, and sustain long-term quality. Financial support can be a powerful motivator for participation in QRIS. All statewide QRIS provide financial incentives of some kind, including increased CCDF subsidy reimbursement rates, bonuses, quality grants, or merit awards; refundable tax credits; loans linked to quality ratings; and priority on applications for practitioner wage initiatives, scholarships, or other professional development supports.

5. Parent and Consumer Education Efforts

QRIS provide a framework for educating parents about the importance of quality in early and school-age care and education. Most QRIS use easily recognizable symbols, such as stars, to indicate the levels of quality and inform and educate parents. Easy and widespread access to information about ratings is important. Many States post ratings on Web sites; others promote QRIS through media, posters, banners, certificates, decals, pins, and other items that rated programs can display. In addition, CCR&R agencies play a vital role in parent education.

References

- Mitchell, A. (2005, July). *Stair steps to quality: A guide for States and communities developing quality rating systems for early care and education*. Alexandria, VA: United Way of America Success by Six®. http://www.earlychildhoodfinance.org/downloads/2005/MitchStairSteps_2005.pdf

QRIS Resource Guide: Section 2 Initial Design Process

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Planning a QRIS requires many considerations, and the process must be handled thoughtfully and with great deliberation because it lays the groundwork for everything that follows. If done well, the process can unify a wide range of constituencies and lead to greater understanding and support for early childhood care and education. This section includes information on setting the vision and goals, beginning the design process, determining which programs will participate, and gathering information on the current workforce and the licensing program.

Establishing a Shared QRIS Vision and Goals

- [Is there a shared vision and goals that are supported by stakeholders?](#)
- [How will the QRIS provide a framework for all quality improvement efforts?](#)
- [Is there a need to cultivate support among policymakers for QRIS?](#)
- [Who are the supporters and detractors for early and school-age care and education in the State?](#)

Beginning the Design Process

- [What agency or organization should take the lead to design the QRIS?](#)
- [Who are the key players in the planning and design process?](#)
- [What is the role of strategic planning in the design process?](#)
- [Will the QRIS be created through legislation or regulation or outside both of these?](#)
- [What type of timeframe is necessary?](#)

Determining Participation

- [Which programs will be included, e.g., child care centers, family child care homes, Head Start and Early Head Start programs, preschools, State-funded prekindergarten programs, school-age programs, preschool special education or early intervention programs, license-exempt providers?](#)
- [Will the system be voluntary or mandatory? Will this vary by program type, e.g., mandatory for licensed centers, but voluntary for prekindergarten programs?](#)

Mapping the Early and School-age Care and Education Workforce

- [How can data be used to inform planning?](#)
- [What are the demographics of the workforce, such as qualifications, access to training, availability of benefits, length of time in job, rate of turnover?](#)
- [What type of data is available from the licensing system on licensed early and school-age care programs?](#)

Establishing a Shared QRIS Vision and Goals

Is there a shared vision and goals that are supported by stakeholders?

QRIS is a powerful tool that can help attain multiple goals, including strengthening early and school-age care and education system alignment and finance reform, improving quality in a range of care and education settings, expanding supply, and helping to increase demand for high-quality programs. Clearly defining the vision and goals and determining the outcomes or results expected will guide all other design and implementation decisions and is a critical first step in the process. For example, a State’s vision may be focused on all children in early and school-age care settings or on children from low-income families. The vision will affect such things as the design, standards, and incentives.

Colorado Creates New Vision for Revised QRIS

When Colorado initiated an inclusive planning process for the next generation of their QRIS, they began with the development of a vision statement, goals, and guiding values.

Vision Statement

To develop a Quality Rating and Improvement System that is inclusive, accessible, and available to all providers, is embedded in licensing, and is reflective of evidence-based practices for successful outcomes for all children and families.

What are the goals?

- ◆ To make QRIS available and affordable for all early learning and school-age programs
- ◆ To improve the quality of early learning and school-age programs
- ◆ To include centers, family child care homes, preschool and school-age programs
- ◆ To change Child Care Licensing regulations to reflect higher quality standards
- ◆ To develop a rated license in Colorado

What are the guiding values?

- ◆ Every child deserves quality
- ◆ Quality begins at Level One
- ◆ Input from all interested stakeholders is valued
- ◆ Rating levels are only part of the conversation
- ◆ The aspects of quality represented at each rating level will be based on practices that support positive child outcomes
- ◆ Status quo is not an option—this is a continuous improvement process.

Additional information is available at <http://www.colorado.gov/CDHS/QRIS>.

In a *Child Trends* issue brief, *Issues for the Next Decade of Quality Rating and Improvement Systems* (2009), Tout, Zaslow, Halle, and Forry propose the use of logic models to “help QRS stakeholders develop realistic expectations for the program, identify resource or service needs, and articulate outcomes of QRS activities....QRSs target outcomes at multiple levels including communities, programs, families, and children. Logic models can be a useful tool for guiding evaluation of QRSs at each of these levels.” The issue brief, which provides an outline of a sample logic model, is available at http://www.childtrends.org/Files/Child_Trends-2009_5_19_RB_QualityRating.pdf. Additional information is available in the “Data Collection and Evaluation” section.

Logic Model Helps Guide Massachusetts QRIS Revisions

In conjunction with five other states through the QRIS National Learning Network, Massachusetts used a logic model approach to develop an Outcomes Map for each of the components of QRIS. The Outcome Map documents the interconnected relationships between each of the components and to the expected child outcomes of school readiness and future success.

In revising their QRIS, Massachusetts used the logic model to guide their process. Inputs in the logic model included the provisional standards used for the pilot, stakeholders’ and pilot participants’ perspectives and insights, pilot documentation, national experts’ knowledge, the scientific literature, the licensing standards and existing tools and measures, best practices in the field, and agency leadership. The model illustrates how inputs and resources inform activities and link to final outcomes. The project activities presented in the model include gathering input through regional forums, survey and interviews, a literature review, the development of a cross-walk of the provisional standards with licensing regulations and national assessment tools and standards, and refining recommendations to ensure standards could be documented. The model then aligns these requirements resulting in both interim and ultimate outputs including the final revised standards and the launch of the revised system. The logic model can be found at:

http://www.eec.state.ma.us/docs1/qrif/20110307_ma_qris_provisional_study_final_rpt.pdf.

States have established varied goals to achieve their specific vision for their QRIS, many of which are outlined in two documents by Anne Mitchell:

- *Quality Rating and Improvement Systems as the Framework for System Reform* (2009), available at <http://www.buildinitiative.org/files/QRIS-Framework.pdf>.
- *Stair Steps to Quality: A Guide for State and Communities Developing Quality Rating Systems for Early Care and Education* (2005), available at http://www.earlychildhoodfinance.org/downloads/2005/MitchStairSteps_2005.pdf.

QRIS Goals and Objectives at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Goals_Objectives.pdf provides the goals and objectives for five States with statewide QRIS. *Improving program quality* for children is the most common overall goal of State QRIS. However, in a series of meetings held by the U.S. Department of Health and Human Services, Administration for Children and Families’ Office of Planning, Research and Evaluation in 2008, participants described *improving children’s outcomes* as a more recent goal identified by many QRIS architects (Tout, Zaslow, Halle, & Forry, 2009).

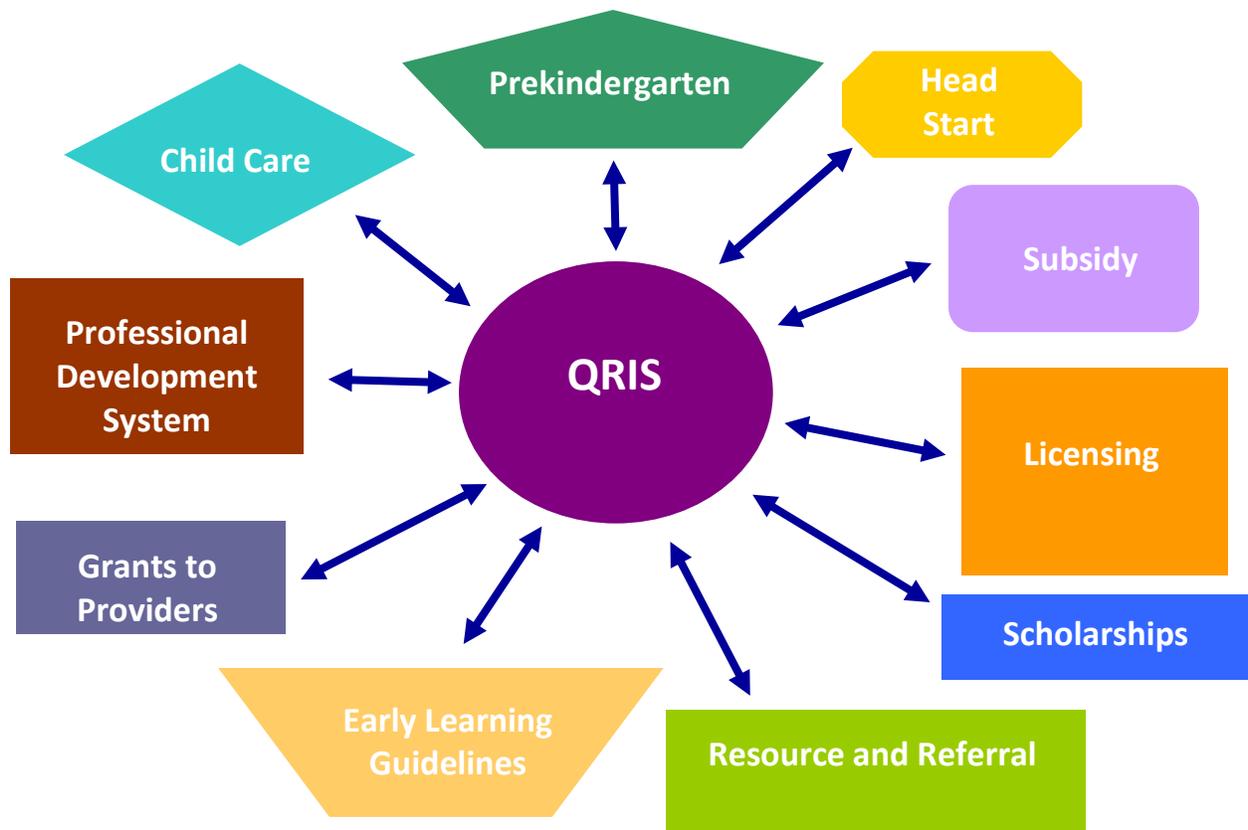
Many States develop a QRIS vision and goals with an initial focus on early care and education programs. Later, some States begin developing QRIS standards for school-age programs. At that point, a review of the vision and goals with school-age stakeholders may help ensure that the expanded scope of the QRIS includes the perspective of the school-age field.

How will the QRIS provide a framework for all quality improvement efforts?

With a new national emphasis on cross-sector and integrated early and school-age care and education systems, States are using a QRIS to link supports for quality improvement into a broad and inclusive infrastructure. Doing this provides assurance that investments and supports are tied to standards and a system of accountability. Linking participation in QRIS to access or eligibility for quality improvement supports provides both an incentive for QRIS participation and more targeted quality improvement efforts. A QRIS framework can help States guide system reform by creating alignment of program standards and requirements and promoting collaboration among each component of the system. Such reform can make it easier for States to tap multiple and varied funding streams, reduce duplication of efforts, and monitor investment results based on progress toward program quality.

Following is an illustration of early and school-age care and education system linkages. Note that the arrows go in both directions. For example, the professional development system can grow and benefit from the QRIS standards for increased qualifications and training, but it also supports providers so that they can successfully participate in the program.

QRIS System Linkages



Delaware QRIS Part of Early Childhood Education System

Delaware Stars for Early Success is part of the State's plan for early care and education, *Early Success*. It is a public-private partnership between the State (departments of Education, Health and Social Services, and Services for Children, Youth, and Their Families); The Family & Workplace Connection, a division of Children and Families First; Nemours Health and Prevention Services; and United Way of Delaware Success by 6®. From its inception and at the direction of the Delaware Early Childhood Council, quality standards were developed with significant input from the early childhood community. A larger project, Vision 2015, is a collaborative effort by education, government, business, and civic leaders throughout Delaware to provide a world-class public education to every student in the State. The mission and vision of Delaware Stars is aligned with that of Vision 2015. A new Institute for Excellence in Early Childhood was formed in the Department of Human Development and Family Studies at the University of Delaware. The Institute will address training, technical assistance, and quality programming for the early care and education system in Delaware. As such, a new management model is being introduced with the Institute and the Children and Families First Program sharing management of the Delaware Stars system. Additional information is available at <http://www.dieec.udel.edu/delaware-stars-participating>.

QRIS a Cornerstone of Louisiana Early Childhood Comprehensive Systems Plan

The **Louisiana** Early Childhood Comprehensive Systems (ECCS) plan included the development of a QRIS, as well as a market-based financing strategy, as key elements of their system's implementation approach. The ECCS grant program was created in 2003 by the U.S. Maternal and Child Health Bureau to encourage State-level, cross-agency early childhood systems development planning. The ECCS group under the name of BrightStart was designated in 2009 as the State Advisory Council on Early Childhood Education and Care and continues to make recommendations to the Department of Children and Family Services on the administration of the Quality Start QRIS.

Alignment of Quality Improvement Efforts in North Carolina

The North Carolina Division of Child Development (DCD) aligns all initiatives to support improved early care quality around the **Star Rated License**. Performance measures based on the Star Rated License are integrated into contracts with the child care resource and referral (CCR&R) agencies and Smart Start, the State early childhood initiative. These measures help DCD determine how well partners are integrating and streamlining services and aligning their efforts around the standards of the rated license. Some examples of alignment efforts include:

- The four- or five-Star rating is the basic requirement for a More at Four prekindergarten classroom in child care or Head Start programs.
- CCR&R agencies must align all training and technical assistance with the Star Rated License standards and provide ongoing consumer education about the Star Rated License.
- All local Smart Start partnerships direct their technical assistance to achieving performance measures that align with the Star Rated License, such as achieving an average rating among all child care programs in their area of at least a 3.5 Star rating.
- The following early care system partners use the same shared data sources to ensure consistent and aligned assessment of their outcomes: DCD Regulatory and Subsidy Reimbursement Databases, Smart Start Secondary Reporting System, More at Four, Head Start, and the North Carolina Department of Public Instruction.

Additional information is available at http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp.

Is there a need to cultivate support among policymakers for QRIS?

Support from policymakers is key to the success of a statewide QRIS. Although a few States have piloted QRIS with private sector leadership, experience suggests that public support is essential to go to scale and to sustain quality at the program level via mixed financing strategies. In many States, public support began with staff in the CCDF lead agency. In others, legislators have played a leadership role. Regardless of how QRIS begins, public support contributes to long-term success.

Every State has several legislators that have demonstrated a commitment to early and school-age care and education. Supportive agency directors or the State's child advocacy organization may be able to help identify these supporters. If possible, recruitment of legislators with more tenure and influence is advisable. Regardless of whether the QRIS is included in legislation, building legislative awareness and support is important for sustainability.

Minnesota QRIS Finds Influential Supporters

The bipartisan Minnesota Early Childhood Legislative Caucus agreed to a shared vision to "ensure that all Minnesota's children can access high-quality early learning and care in a range of settings that meet the needs of children and families." To make this vision a reality, the Caucus supported development of a standards-based early care and education framework based on **Parent Aware** (Minnesota's QRIS pilot) that includes all regulated public and private early childhood education services. The Minnesota Early Learning Foundation (MELF), a partnership of corporate, foundation, and civic leaders, focused on empowering parents with the information and resources necessary to participate in the market. MELF supports local pilot projects that include **Parent Aware** and scholarships or allowances to help families access quality programs. Additional information is available at <http://www.parentawareratings.org/>.

Children's advocacy groups have developed general resource materials that include framing the message, the use of unlikely messengers, community mobilization, and media strategies that can be used to support an organized effort to increase awareness of early and school-age care and education and QRIS. See the "Public Awareness" section of this guide for more suggestions on building support among stakeholders.

Who are the supporters and detractors for early and school-age care and education in the State?

Identifying QRIS advocates and detractors in the State can show that you are intentional about involving them. Some influential advocates, e.g., media, business, and philanthropic leaders, can help build support among policymakers and other key stakeholders, so thinking strategically about how and when to use them is advised. Since ill-informed individuals can spread misinformation and seriously undermine the process, States have found that it is better to have detractors at the table where their concerns can be understood and addressed; however, exactly how and when to involve these individuals will vary.

Mitchell (2005, p. 15) provides the following guidance for identifying likely supporters and opponents to a QRIS:

"Programs that provide early care and education can be both allies and opponents. Those who want to be recognized for the quality of the services they offer welcome QRS. Programs that believe they will not benefit financially, and that increased requirements will come without sufficient support to achieve or maintain them, have opposed QRS. In some States, the proprietary child care sector has opposed QRS because of the belief that new requirements will not be accompanied by financial support (unfunded mandates) and because it opposes intrusion into what it regards as a private business. State departments of education have been allies in most cases—eager to use the QRS in the State-funded, prekindergarten program and mindful of the impact of increased quality on school readiness. In at least one case, the State department of education changed from supporter to opponent when it became clear that some of the QRS requirements would be difficult for schools to meet. By far, the most successful strategy for increasing support and hearing and addressing concerns is to commit to open planning, design, and implementation processes. State experience shows that closed planning leads to speculation and misconceptions that can spread rapidly, undermining the effort."

Beginning the Design Process

What agency or organization should take the lead to design the QRIS?

Leadership in creating a QRIS can come from a variety of sectors, from the legislature or governor’s office to State agencies or the private sector. In addition to identifying key stakeholders, part of the initial leadership role is to determine what agency or organization will coordinate and keep the design process moving forward.

Administrative support may come from staff in State agencies, privately funded State or community groups, such as the United Way, or from business leaders. Some States have focused on implementation of a statewide system from the start; other QRIS have developed at the community level and provided the foundation for later expansion.

Arizona Governor Sets the Stage for a QRIS

In 2003, former Arizona Governor Janet Napolitano, a supporter of early childhood education, completed appointments to a School Readiness Board and charged it with developing a framework to help young children be ready for kindergarten. Governor Napolitano insisted that increased public funds for early care and education would require increases in quality beyond basic regulation. With the Governor’s support, the School Readiness Board proposed a QRIS along with other early childhood strategies. In 2006, a tobacco tax to support an early childhood development and health initiative was passed by the Arizona voters. This initiative became known as First Things First. In January 2007, the responsibility for the development and implementation of Arizona’s QRIS, **Quality First**, transitioned from the School Readiness Board to the First Things First Board. Additional information is available at <http://www.azftf.gov/WHATWEDO/PROGRAMS/QUALITYFIRST/Pages/default.aspx>.

In most States, QRIS initiatives are administered by the agency that administers the CCDF and licensing program. These include State human services, health, education, employment, or early learning agencies. Exceptions are Colorado, where the QRIS is administered by a private entity, Qualistar, which is also the State’s CCR&R, and Delaware, where it is administered by a public-private partnership. Components of the QRIS, such as technical assistance and program assessment, are often contracted out to private entities. Additional information is available in *Early Child Care and Education: Governance Structures* at http://www.acf.hhs.gov/resource/wwwroot/files/ECE_Governance_Matrix.pdf and *QRIS Monitoring* at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Monitoring.pdf.

The most comprehensive QRIS have been supported by entities that are committed to addressing the diversity of programs that serve infants and toddlers, school-age children, children with special needs, and children in different settings. When evaluating administrative locations, the QRIS designers should consider:

- What agency or organization has an established relationship with the providers that are to be included in the QRIS?
- Which agency has the staff resources needed to implement a QRIS, e.g., to determine and monitor the rating, to monitor contracts for QRIS support services?
- What agency or organization has the capacity to effectively utilize existing and new funding for the QRIS, as well as receive and distribute private dollars, if available?
- What agency or organization has leadership that is committed to innovation, cross-sector collaboration, building public and political support, and a comprehensive early and school-age care and education system?

Who are the key players in the planning and design process?

QRIS design and planning committees (design committee) may be known by different names, e.g., task force, steering committee, advisory committee, or strategic planning workgroup. An existing group, such as a State advisory council, may fill this role, or, if its membership does not include the appropriate stakeholders, a subcommittee or new task force may be named. Whether the design committee has decisionmaking authority or serves in an advisory capacity to an administrative entity should be made clear from the beginning.

Being inclusive from the start can increase support for the QRIS and reduce the potential for misunderstanding and opposition. A growing trend is to design a QRIS that unites early childhood programs under a common vision of quality that applies to all settings and sectors. In this case, it is important to have those settings (e.g., child care centers, family child care) and sectors (e.g., Head Start, State-funded preschool programs, programs serving young children under IDEA, and out-of-school time programs) represented from the beginning. It is helpful to recruit people who can speak for their agencies or constituencies and who have the authority to make decisions and contribute resources, or have access to managers who carry such authority. More influential members can extend an invitation to others and possibly ensure that all needed stakeholders are involved.

It is critical for participants in the process to understand their role in the planning and design phase, as well as their potential role in implementation of the QRIS. At a minimum, it helps to begin the planning and design phase with a clear designation of which entities have lines of authority for funding and operating the QRIS, and, therefore, final decisionmaking responsibility. It has also become clear from evaluations of national systems-building initiatives that authentic involvement of parents, clients, and program staff assures both buy-in and successful implementation.

The initial QRIS design committee might include representatives from the following organizations:

- State agency implementing child care quality initiatives
- State subsidy agency
- State licensing agency
- State education agency
- State department of education's Federal 21st Century Community Learning Centers program
- State agency overseeing prekindergarten programs
- State early intervention programs (Parts B and C)
- State Early Childhood Advisory Council
- Providers, possibly through their professional associations and inclusive of infant-toddler and school-age programs
- Parents and organizations that represent parents
- State Head Start Collaboration Project and Head Start Association
- State professional development council
- CCR&R agencies
- Organizations or initiatives that focus on specific populations or issues, e.g., infant mental health, family support, children with special needs
- Statewide afterschool networks (funded in part by the C.S. Mott foundation in 38 States; additional information is available at <http://www.statewideafterschoolnetworks.net>)
- State legislative leadership from both political parties
- Governor's office

- Foundations and business leaders with an interest in early childhood education
- Vocational-technical schools
- Higher education institutions
- State leaders with an interest in the intersection of health, mental health, early intervention, and parent support with early childhood education
- Tribal child care
- United Way, child advocacy organizations, and other groups working on early care and education in communities
- Researchers and other child development experts
- Other partners that can contribute expertise or potential funding

Inclusive Planning Process for New York QRIS

In early 2005, the New York State CCR&R network invited 75 citizens to an all day meeting to learn about QRIS and determine whether to support a QRIS in New York. The geographically and ethnically diverse group represented the full range of stakeholders: child care centers and homes, Head Start, schools, higher education, public sector agencies, United Way, legislative staff, professional associations, unions, private foundations, and business organizations. A core group met by conference call over the next year and a half to delve deeper into the content of QRIS in other States and develop a proposal. Work groups were then formed in four key areas: (1) quality rating scale and assessment, (2) provider support, (3) consumer information, and (4) financing the system. During 2007, the New York QRIS design process was enriched by a series of focus groups in eight locations across the State. The focus groups, which included 68 parents, 101 family child care providers, and 88 directors of centers and schools, provided information to small groups of parents and providers about the proposed QRIS, shared the draft rating standards that had been developed by the design group, and obtained feedback from these critical stakeholders. After the standards were revised, a diverse group of about 40 additional stakeholders reviewed them. Additional information about **QUALITYstarsNY** is available at <http://qualitystarsny.org>.

Engagement of Rhode Island Parents in Developing a QRIS

As part of the development phase of Rhode Island's **BrightStars**, nine parent focus groups were held in different regions of the State to learn what mattered most and to give the groups an opportunity to offer input to the proposed standards. The discussions were held in English, Spanish, and Cambodian and reached 106 parents, mostly mothers. The Steering Committee that guided the development and now oversees the implementation of BrightStars has a parent representative from the Rhode Island Parent Information Network, an information and support agency for Rhode Island parents. Additional information is available at <http://www.brightstars.org/>.

Broad-Based Input in the Design of North Carolina's QRIS

The North Carolina **Star Rated License** system was developed with broad-based input from stakeholders that contributed ideas for standards and evaluated the potential impact of changes on programs. The State held public meetings to work on the design of the standards, and parent focus groups reviewed the license design to ensure it was understandable and user-friendly for families. Licensing staff drafted rules for the implementation process and held a series of meetings with center directors to inform and obtain input. Regular mailings of information on the process were sent to providers and partner organizations. This approach was key to ensuring minimum resistance and maximum buy-in. Additional information is available at http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp.

Provider Input Valued in the Miami-Dade QRIS

The **Quality Counts** planning team in Miami-Dade County, Florida, hosted dozens of community listening sessions throughout the development of the QRIS. Meetings were held before the system was developed to learn more about what providers felt was important to measure. Draft standards were then shared with providers in different locations and at many points in the design process. The goal was to engage in regular communication to avoid surprises. The planning team culminated with an elaborate public launch that was attended by over 600 providers and featured high-profile speakers that expressed support for the effort. Additional information is available at <http://www.elcmdm.org/QualityCounts/index.htm>.

Including School-age Program Perspectives in Pennsylvania

The school-age community played a key role in the development and implementation of Pennsylvania's voluntary four-star child care quality system, **Keystone STARS**, which has been operational since 2002. The Pennsylvania Office of Child Development relied on a statewide school-age care committee, composed largely of providers and technical assistance providers, to provide feedback on how the standards would affect school-age providers. By involving the school-age care community in the planning process, Pennsylvania created a system that was responsive to quality issues unique to school-age care. Additional information is available at http://www.pakeys.org/pages/get.aspx?page=Programs_STARS.

What is the role of strategic planning in the design process?

Many State design committees guided the planning and development of a long-range strategic plan to help organize the process and track progress. Although some flexibility is necessary, timeframes in a strategic plan can keep the work moving forward when a window of opportunity exists.

QRIS are complex systems with many decision points that will significantly impact the future direction and funding priorities for a State system. Strategic planning should include identification of all programs and resources that can support the initiative, plus the identification of existing gaps in resources. Design committee members have their own priorities and strongly held beliefs. Some States have benefited from a chairperson that is skilled in directing and managing this type of process and who can guide an agreed upon decisionmaking procedure. It is often helpful to obtain the services of a trained facilitator to ensure that all members view the process as positive and respectful.

Facilitator Leads Timely Development Process in New Hampshire

New Hampshire received a grant from a private agency to fund a facilitator to convene a broad group of stakeholders—providers, advocates, and State agency staff—to develop **Licensed Plus**, a tiered reimbursement system. After the initial meeting, a small steering committee was created and began meeting weekly. After each meeting, the committee communicated with the bigger group on any issues that needed feedback. This process resulted in a quick development process, just over 3 months. The success of this process has led to its use for other work in the State. Beginning in the fall of 2011, New Hampshire is launching a new, facilitated, inclusive planning process to develop recommended revisions to the QRIS. Additional information is available at <http://www.dhhs.nh.gov/dcyf/licensedplus/quality.htm>.

The development of a new statewide QRIS is enhanced by a detailed and thoughtful analysis of all aspects of the State’s current early and school-age care and education system, as well as a review of national resources and other States’ systems. *QRIS Definition and Statewide Systems* provides links to statewide QRIS systems and is available at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Definition.pdf.

It may be helpful to assign various sections of the plan to subcommittees or staff who can report to the entire group. Subcommittees can include additional members with specific expertise in the areas being discussed. Focus groups of various constituencies, such as family child care home providers or parents, may ensure that the concerns of people most affected can be heard.

Web-based Surveys Help in Drafting New York’s QRIS

In 2008, a Web site for **QUALITYstarsNY**, <http://www.earlychildhood.org/gсны>, was launched. The site included a survey to give feedback on the draft standards, provided a way to ask questions about any aspects of the proposed system, and offered a sign-up for email communication. Within 6 months, more than 60 people had responded to the survey, and nearly 900 people statewide had signed up for e-newsletters. Additional information is available at <http://qualitystarsny.org>.

Colorado Develops Next Generation QRIS

In 2010, Colorado leaders began the process to develop a new QRIS that was inclusive, accessible, and available to all providers, embedded in licensing, and reflective of evidence-based practices for successful outcomes for all children and families. The Governance Infrastructure committee acted as the steering committee while four work groups (Standards and Accountability; Provider Support and Financial Incentives, Financing and Sustainability; and Marketing and Outreach) were charged with making recommendations that were submitted to the Department of Human Services for review and approval.

Throughout the planning process, a Web site provided updates and encouraged visitors to submit comments or email questions. Results of a survey completed by 334 licensed providers were also posted on the Web site, and additional surveys throughout the process were planned. Information updates were sent to various statewide organizational newsletters and presented at conferences and meetings throughout the State. Additional information is available at <http://www.colorado.gov/CDHS/QRIS>.

Will the QRIS be created through State statute or agency rules or outside both of these?

In some States, the QRIS is created through legislation; in others, a State agency or private entity has initiated the program. For States where the QRIS was created through State statute, e.g., Kentucky, North Carolina, Tennessee, there is a legal mandate to create and maintain the initiative and the possibility of State funding. Because the specific QRIS policies and standards will be revised over time, States have intentionally limited the amount of implementation language included in statutes. *QRIS in Statutes and Regulations* has additional information at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Statute.pdf. Each approach has advantages, but the choice depends more on the leadership and opportunities in a State than on any other considerations.

Advantage to QRIS through agency administrative rules:

- Generally provides more flexibility because changes may be easier to make, depending on the State administrative procedures process.

Advantages to QRIS through legislation:

- Provides greater longevity when political or agency champions leave their positions.
- Increases the possibility that State funding could grow over time.

Challenges to QRIS in legislation:

- If an attempt to get QRIS legislation passed is not successful, agencies are sometimes prohibited from proceeding with a similar policy effort.
- There is often legislative opposition to new regulations placed on businesses. There may also be opposition from child care providers or other sectors, e.g., public schools, nursing homes, that may fear that a rating process could be applied to them in the future.
- Legislation needs to be carefully written to allow for future changes in standards without having to revise the law.

What type of timeframe is necessary?

The QRIS design process often takes at least a year of intensive work to develop recommendations on all aspects of the system. In several States, it has taken far longer. QRIS planning may include operating pilots, developing cost projections (initial and revised), cultivating support, and securing funding. Over time, evaluation data, new research, changing funding levels, and lessons learned by other States can be used to inform periodic QRIS modifications.

Community Engagement and Communication Worth the Time in Rhode Island

As Rhode Island developed its QRIS, **BrightStars**, hundreds of individuals were involved. Annual community meetings open to all were held in the fall of 2005, 2006, and 2007 to report progress and get feedback. These meetings were widely promoted through professional association networks, community-based organizations, advocacy groups, and State-funded projects using email lists and Web sites. The first meeting, which was held to explore the concept and hear about QRIS in other States, drew over 100 people; later meetings had even larger attendance. Beginning with 2006, the annual meetings were simultaneously translated into Spanish. The annual community meeting in 2008 was the official implementation launch. BrightStars began implementing with centers in January 2009, and plans to expand next to school-age programs as funds become available.

A diverse 30-member steering committee has overseen the development of BrightStars and continues to guide implementation. The committee meets quarterly, or more frequently if needed, to advise, guide, and act as a sounding board on policies and big decisions about BrightStars. Steering committee members are champions of BrightStars in the community and through their connections to other groups. Although 4 years is a long time to develop a QRIS, participants say “it has been worth it” because the time allowed for ample communication and involvement. It was easy for anyone in Rhode Island to know about BrightStars and have a say in its development. Ultimately, even those who were not 100 percent satisfied with the program were still able to support it. Additional information is available at <http://www.brightstars.org/>.

Determining Participation

Which programs will be included, e.g., child care centers, family child care homes, Head Start and Early Head Start programs, preschools, State-funded prekindergarten programs, school-age programs, preschool special education or early intervention programs, license-exempt providers?

The goals of a QRIS will influence which programs are included. Although challenges to including all early and school-age care and education providers exist, a unifying, cross-system QRIS provides an excellent opportunity to link programs and resources into a more cohesive infrastructure and helps parents assess a wide range of program options. Almost all States include regulated child care centers and family child care homes, although sometimes States may implement just center-based care with a plan to expand to additional types of providers later.

Operating as a licensed program is often, but not always, a prerequisite for participation in a QRIS. Some States have created an alternative QRIS pathway for providers that are not required to be licensed, but that seek to participate. The providers that fall into this category vary by State and may include school-age programs, faith-based programs, part-day nursery schools, prekindergarten programs, school-sponsored early childhood programs, and others. Some of these alternative pathways include the following:

- **Arkansas’** Better Beginnings allows registered family child care homes (a voluntary status for home providers caring for 5 or fewer children) to participate at Level 1 with no additional requirements. To achieve Level 2, they must meet the staff-child ratios in minimum licensing requirements, and at Level 3, family child care homes must be licensed.
- **Indiana** allows license-exempt registered ministries to enroll in its QRIS by becoming licensed or choosing voluntary certification.
- **New York’s** pilot QRIS will include “any program regulated by the State of New York or the City of New York,” which would include nursery schools in New York City (NYC) that are required to be licensed, nursery

schools outside NYC that are registered with the State Education Department, and public school prekindergarten programs that are regulated by the State Education Department.

- Prekindergarten programs in **Pennsylvania** are required to meet standards that are similar to and aligned with the Keystone STARS standards, such as achieving a particular score on an environment rating scale assessment; however, the public school programs must meet the higher standard of having teachers with an early childhood education teaching certificate. Soon all prekindergarten programs including those in community-based programs will need to meet the teacher certification standard as well.
- **Delaware's** professional development system supports both QRIS and the special education initiatives in the State, and inclusion is supported through technical assistance and quality improvement plans.

A strategy in designing a cross-sector QRIS is to align or incorporate other sets of program and content standards into the QRIS standards—such as the Head Start Performance Standards, accreditation, early learning guidelines, and K–12 content standards. For example, in Minnesota's QRIS pilot, programs that meet standards of another entity are automatically eligible for 4 star status. These programs include Head Start, school-based programs, and accredited child care programs. **Maine** has a separate track and QRIS standards specifically for Head Start programs. (See section on "Standards and Criteria" for additional information).

Denver Preschool Program Linked to QRIS

The Denver Preschool Program (DPP) provides a monthly tuition credit for parents ranging from \$34 to \$1,000 per child per month, which may be used with any participating public or private provider. DPP is open to and voluntary for all Denver children the year before they are eligible for kindergarten. Participating providers must have a contract with DPP, be licensed by the State, and participate in the **Qualistar Rating System** (or have National Association for the Education of Young Children or National Association for Family Child Care accreditation). The size of the credit is based on family income, family size, and the quality rating of the child's preschool. To date, 80 percent of the community-based early and school-age care and education programs and almost all of the public school prekindergarten classrooms in Denver have received a Qualistar rating. Classrooms that participate in the QRIS are eligible to receive up to \$3,000 to support coaching, classroom materials, and professional development for teachers, and staff are eligible for Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Project scholarships of up to \$1,700. Additional information about DPP is available at <http://www.dpp.org/>. Additional information about the Qualistar Rating System is available at <http://www.qualistar.org/>.

Including Public Prekindergarten in Vermont's QRIS

For many years before Vermont's **Step Ahead Recognition System** (STARS) began, the State's child care regulations included programs in public schools. STARS was developed to include all regulated settings (schools, centers, homes, and afterschool programs in all settings). Some public schools with prekindergarten chose to participate in STARS from the beginning; by 2007, about 7 percent of programs in STARS were public school prekindergartens. As STARS grew, Vermont developed its publicly funded prekindergarten program, which had several goals: universal access for all 4-year olds whose parents want them enrolled with a range of choices, maximum use of existing preschool resources in both public and private settings, and accountability for quality paid for with public dollars. As of July 1, 2009, in order for a program to receive public prekindergarten funds, it must have a minimum of three STARS and plan to achieve four STARS in 3 years, with at least two points in each of the five arenas, or be nationally accredited. The proposed revisions will likely include a glossary of terms in sector-specific language, e.g., in a public school, the employee handbook is the master contract. Additional information is available at <http://dcf.vermont.gov/cdd/stars>.

School Districts and Head Start Programs Active Participants in Miami QRIS

Quality Counts, the QRIS in Miami-Dade County, Florida, was designed to include public school prekindergarten classrooms, as well as community-based early childhood programs, including those that receive Head Start and Early Head Start funding. The program has been well received, largely because the QRIS offers an easy-to-follow road map on how to improve quality in early childhood classrooms, resources along the way, and data to track progress. Head Start and the public schools cover the cost of technical assistance, training, and improvements, and the **Quality Counts** project funds similar supports for privately operated programs. As of June 2009, all Miami-Dade Head Start programs and 20 public school classrooms, along with 225 centers and 70 family child care homes, were participating in Quality Counts. Another key strength of Quality Counts is that it offers schools and community-based programs a common language, and it has enabled leaders to begin a conversation about curriculum alignment and improved transitions. Additional information is available at <http://www.elcmdm.org/QualityCounts/index.htm>.

Head Start is a Strong Participant in Maine QRIS

Quality for ME, the QRIS in Maine, includes a separate track for Head Start programs. Meeting Head Start Performance Standards is a criterion for Level Four, the top QRIS rating in Maine, under the program evaluation standard. The Maine Roads to Quality provider registry also tracks data for Head Start programs. Because the QRIS is linked to this database, screens populate automatically when the unique license identification number is entered. All full-day and most part-day Head Start sites in the State currently participate in Quality for ME. Additional information is available at <http://www.maine.gov/dhhs/ocfs/ec/occhs/qualityforme.htm>.

A number of States exempt certain types of programs from licensing requirements. Common types of license-exempt programs include programs run by or based at public schools, recreation and drop-in programs, and programs operating for limited hours per day or weeks per year. Some States choose to exempt programs from a subset of requirements only; for example, school-based programs may be exempt from facilities requirements. In most States, license-exempt school-age programs are required to voluntarily become licensed to enter a QRIS, a barrier that may keep many providers from participating. (See the Missouri example.) For a QRIS to be feasible as a way to improve quality in a range of settings, States may consider addressing this challenge through a number of strategies:

- Provide outreach and technical assistance to exempt programs to demonstrate the value of the QRIS and assist them in becoming licensed.
- Develop an alternative process to licensing, such as registration, where license-exempt providers give basic information to the State and can participate in the QRIS.
- Allow school-based license-exempt programs that meet health and safety requirements through the State department of education to participate.

Exclusion of Many School-age Programs in Missouri from QRIS Pilot

Programs in Missouri are required to be licensed to participate in the State's QRIS pilot; however, programs run by schools or faith-based organizations are license exempt. This exclusion from QRIS affects a significant portion of school-age providers. Policy leaders in Missouri are still trying to balance the need for baseline standards that licensing provides with the opportunity to include programs in a quality improvement system. Proposed solutions include creating a precertification tier or allowing license-exempt programs in only the first tier. Proponents of these approaches believe that this engages programs that would otherwise remain outside the system. Opponents argue that such an approach waters down the validity of the QRIS and the need for licensing. Additional information is available at <https://www.openinitiative.org/content.aspx?file=QRSMODELS.txt>.

Although most States do not include family, friend, and neighbor care in their QRIS because they are generally license-exempt and experience a high turnover rate, States are not precluded from offering recognition and incentives specifically targeted toward this population. In Illinois, publicly funded, license-exempt, home-based providers receive a training tier award certificate (three tiers) and a quality add-on, based on the amount of State-offered training they have received.

Illinois Quality Counts Includes License-Exempt Family Child Care Providers

In Illinois, 45 percent of children in subsidized care are cared for by license-exempt providers; the State has 27,000 of these providers. It was therefore important to create a strategy to include them. The Illinois **Quality Counts** initiative was designed to build on and integrate existing quality programs: Great START (wage supplement), Gateways to Opportunity professional development system (training, credentials, and scholarships), and program accreditation support. Licensed family home and center programs have access to training, quality bonuses above the basic subsidy rate, and a star rating. License-exempt family child care providers can access specified training and receive bonuses for training completion. To reach license-exempt providers, the first-level credential (a 48-hour training delivered in 3-hour modules) was repackaged as a series of three training tiers. After completing the first tier, license-exempt providers get a quality bonus payment of 10 percent above the base subsidy rate; after completion of the next two tiers, bonuses are 15 percent and 20 percent, respectively. The most effective strategy for engaging license-exempt providers has been cohort training, with topic-related materials given at the end of each training session. CCR&Rs are funded to engage license-exempt providers in Quality Counts. One agency invited license-exempt providers to play days, introduced them to training options and support services, and gave them developmentally appropriate materials to take home. Another agency invited providers to dinner at a restaurant; after an orientation, 10 of the 12 who came signed up for training.

During its first 2 years, Quality Counts was targeted toward providers that served subsidized children. Illinois then used American Recovery and Reinvestment Act (ARRA) quality funds to expand Quality Counts to all providers. Until more resources are available and participation rates increase, Illinois does not plan to market star ratings to parents or other consumers. As of December 2010, they achieved overall participation rates of 12 percent of all regulated centers, 2 percent of regulated homes, and less than 1 percent of license-exempt providers. Additional information is available at <http://www.inccrra.org/quality-rating-system>.

Unfortunately, fiscal realities may also influence which providers are allowed or encouraged to participate in QRIS. After decisions are made on which types of providers should be included, cost projections for the numbers of providers and at what level they will enter the system may determine whether the QRIS needs to be phased in over time.

Will the system be voluntary or mandatory? Will this vary by program type, e.g., mandatory for licensed centers but voluntary for prekindergarten programs?

Participation in most State QRIS is voluntary. When participation is optional, the QRIS often receives less opposition, and it may be more manageable to implement on a limited basis. On the other hand, mandatory participation by a significant number of the State's early and school-age care and education providers allows the QRIS to be more effective in empowering parents as consumers and improving the overall quality of services. Many States have strategically linked the QRIS to licensing in a way that engages all providers required to be licensed. For example, quite a few States craft QRIS standards so that all licensed programs are automatically placed at the first level. Thus, all licensed providers can easily participate in the system at least at level one; movement to a higher level is optional and requires that the provider demonstrate compliance with the standards at higher quality levels. This approach ensures that consumers can access ratings for most, if not all, programs. Full participation by all eligible providers at some level increases the credibility and legitimacy of the system.

In several States (Colorado, District of Columbia, Maryland), State-funded prekindergarten programs are encouraged to participate in QRIS; but in Vermont they are required to be licensed and participate in the QRIS. In North Carolina, public school prekindergarten programs are encouraged to become licensed and participate in QRIS; but if they are operated in a child care or Head Start program, participation in the QRIS is required in order to receive State prekindergarten funding.

Tennessee Approach to QRIS Is Both Mandatory and Voluntary

Tennessee's QRIS actually includes two programs, the **Child Care Evaluation and Report Card Program** and the **Star-Quality Child Care Program**. The Child Care Evaluation and Report Card Program is required for all licensed and approved child care providers in the State. During the process of renewing a license, the State evaluates a provider on several areas of quality. Family and group homes are evaluated on five areas and child care centers are evaluated on seven areas. The Star-Quality Child Care Program, unlike the report card program, is voluntary but is built upon the same criteria. This program recognizes child care providers that meet a higher standard of quality. After providers qualify for this program, they can receive one, two, or three stars to place on their license. Both programs require an onsite program assessment. Additional information is available at <http://www.tennessee.gov/humanserv/adfam/ccrcsq.html>.

Some States make QRIS a requirement for public funding including participation in the child care subsidy system. A Policy Interpretation Question (CCDF-ACF-PIQ-2011-01) issued by the federal Office of Child Care clarifies that parental choice provisions do not preclude the establishment of policies which require that child care providers serving subsidized children meet certain quality requirements or standards, such as a specified rating level within a QRIS. However, parents receiving subsidies must continue to be allowed to choose from a range of child care provider categories (center-based, group home, family child care, and inhome care) and types of care (non-profit, for-profit, sectarian providers, and relatives who provide care).

In States that link public funding to QRIS level, private sector funders, such as the United Way, may follow suit and require the providers that they fund to participate as well. In that case, participation is technically voluntary, but it is required if the program wants to receive third-party funding.

Mapping the Early and School-age Care and Education Workforce

How can data be used to inform planning?

QRIS planning is strengthened by data, especially in determining QRIS standards and criteria and projecting costs. It is helpful to collect as much information as possible on the number, type, and quality level of early and school-age care and education programs, the ages of children served in various settings, the educational qualifications of the practitioners, and available resources in the State. These data can be used to inform planners on the possible number of participants and assess the need for supports, such as scholarships, to help practitioners achieve higher levels of education to meet the QRIS standards. These data can be derived from a wide range of sources, including the State's social services department, education department, regional Head Start office, CCR&R network, and others. Many States have also conducted early care and education economic impact studies that include helpful data. A searchable database of studies is available at <http://government.cce.cornell.edu/doc/reports/childcare/matrix.asp>. The number of nationally accredited programs in a State can be determined by going to the Web sites of the accrediting organizations. (See the "Standards and Criteria" section of this guide for additional information about accreditation as a QRIS standard.)

What are the demographics of the workforce, such as qualifications, access to training, length of time in job, rate of turnover?

Studying the demographics of the workforce provides valuable information for the identification of QRIS standards that can move the profession forward but can also be attainable for most providers. These data also allow for more accurate cost projections.

Although several State licensing programs maintain workforce data, the most likely place to obtain State-specific data is from a professional development registry or a workforce study. More than 30 States have registries in 2011. A map with links to the State registries is available at The National Registry Alliance Web site at <http://www.registryalliance.org>. Although most States do not mandate participation, registries may still provide helpful data if a representative sample of the workforce is included. The Linking Economic Development and Child Care Project at Cornell University at <http://economicdevelopmentandchildcare.org/> also provides demographic and policy data for every State, workforce studies, research reports, and profiles of new approaches to child care policy. Following are some other potential sources of data:

- CCR&R databases
- Expanded market rate surveys that include questions on the workforce
- Provider surveys of training supply and demand
- Head Start's Program Information Report data
- State department of education teacher data
- Higher education data on students studying early childhood education or child development
- State employment and labor agencies

If State-specific data are not available or are limited in applicability, national data can be helpful.

States that include school-age providers in their QRIS may also be interested in research on those providers. School-age workforce studies have recently been conducted in Washington (see <http://schoolsoutwashington.org/>) and Vermont. The Next Generation Youth Work Coalition's Web site provides national information on the workforce of school-age and youth programs at <http://www.nextgencoalition.org/>.

What type of data is available from the licensing system on licensed early and school-age care programs?

Licensing databases can be a valuable source of information in projecting participation at each QRIS level. These databases will vary significantly in both the data elements collected and the ability to access the data and generate reports. At a minimum, the number of licensed programs by category can be determined, and some databases may also include staff qualification and training information. More advanced systems can identify how many programs would be able to meet the standard on licensing compliance, i.e., operating in good standing on a full license, no serious noncompliance or substantiated complaints.

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- Mitchell, A. W. (2005). *Stair steps to quality: A guide for States and communities developing quality rating systems for early care and education*. Alexandria, VA: United Way of America. http://www.earlychildhoodfinance.org/downloads/2005/MitchStairSteps_2005.pdf
- National Child Care Information and Technical Assistance Center (NCCIC) and National Association for Regulatory Administration. (2010). *The 2008 child care licensing study*. http://www.naralicensing.org/Licensing_Study
- National Center on Child Care Quality Improvement (NCCCQI). *QRIS definition and statewide systems*. http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Definition.pdf
- NCCCQI. *QRIS goals and objectives*. http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Goals_Objectives.pdf

- NCCCQI. *QRIS in statutes and regulations*.
http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Statute.pdf
- NCCCQI. *QRIS monitoring*.
http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Monitoring.pdf
- The National Registry Alliance.
<http://www.registryalliance.org>

QRIS Resource Guide: Section 3 Approaches to Implementation

This material was developed under a previous contract with the Office of Child Care. While these materials are up to date, the National Center on Child Care Quality Improvement plans to update this product later this year and/or expand on these materials. The National Center on Child Care Quality Improvement does not endorse any non-Federal practice, organization, publication, or resource.

Most States have found that full funding for a comprehensive quality rating and improvement system (QRIS) initiative is difficult to achieve initially, even with the redirection of existing resources. A pilot or a phased-in approach can be an affordable way to demonstrate the value of the program and may lead to increased support among stakeholders. States are also using pilots increasingly to test QRIS elements, with positive results. This section includes issues to consider when conducting a pilot and a description of how some States have used a phased-in approach as an alternative to full implementation.

Conducting Pilot Programs

- [What is the purpose of the pilot? Will it test the standards, the implementation system, or the outreach and support system?](#)
- [What will be the basis of the pilots, e.g., geographic area, type of program, funding source, representative sample, or other method?](#)
- [How long will the pilot be conducted?](#)
- [How will data be collected from the pilots, and how will it be used to adjust the design of the standards, the implementation system, and the outreach and support system?](#)
- [What will be the plan and schedule for QRIS rollout once the pilot is completed?](#)
- [Where there is no pilot, will the standards, implementation system, and outreach and support system be tested and revised?](#)

Phasing In Programs

- [What factors should be considered with a phased-in approach?](#)
- [How have other States phased in their QRIS?](#)

Conducting Pilot Programs

What is the purpose of the pilot? Will it test the standards, the implementation system, and the outreach and support system?

Some States (Indiana, Kentucky, Ohio, Pennsylvania, and Mississippi) conducted pilots before implementing a statewide QRIS, where all eligible providers can participate from any geographic area within the State. States may implement a pilot to measure the efficacy, sustainability, and applicability of a QRIS across diverse age ranges and

care settings within their State. Whether a State decides to pilot a QRIS or go statewide from the beginning depends on resources and stakeholder support. Some possible reasons to engage in a small-scale pilot or field test include the ability to:

- Target available funding in order to build support. Stakeholders may feel it more appropriate to start slowly and produce some positive results on a smaller scale as a way to garner support for statewide implementation.
- Allow time for implementation approaches to be tested and refined before large numbers of programs are involved in the process. By investing the time and effort to conduct a pilot, a State can enjoy the benefits of customer and community feedback to better inform and revise both the program and the process.
- Evaluate aspects of the system such as rating scales or professional development supports. For example, a State may be considering different rating scales and may like to compare them in a controlled environment rather than launch something on a larger scale that later needs to be changed.
- Assess potential program participation and capacity for implementing once the QRIS goes statewide. This will allow for better budget estimates and planning processes.

Phasing In Improvement Before Rating in the Rollout of Arizona’s QRIS

Arizona’s **Quality First** is being implemented in phases: improvement first, then rating. The first phase of support for quality improvement began in July 2009. For the past two years, First Things First, funded by a tobacco tax, has been working to engage close to a third of Arizona’s child care providers to be assessed, create plans to improve the quality of early education services they provide, and to begin implementing those plans. Supports for program improvement include financial incentives, coaching, child care health consultation, and Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Project Arizona Scholarships. By summer 2012, those centers will be rated using a 5-star system developed in collaboration with early education experts and providers nationally and statewide. Ratings are to be posted on a public Web site that parents can use to make educational choices for their young children. Additional information is available at <http://www.azftf.gov/WhatWeDo/Programs/QualityFirst/Pages/default.aspx>.

What will be the basis of the pilots, e.g., geographic area, type of program, funding source, or other method?

Many factors influence how and where to launch a QRIS pilot, including the availability of funding for a particular geographic area, priority population, or type of program. Some States, such as Pennsylvania, involved both centers and family child care providers in a statewide pilot but limited the number of participants to 400. Other States, such as Kentucky and Ohio, started in selected communities or counties. Virginia limited the pilot to both selected communities and program type, center-based care.

Indiana Implements First QRIS at the Local Level

The following timeline highlights Indiana’s approach to launching its **Paths to Quality** QRIS.

- Paths to QUALITY initiative was launched in 2000 by the Early Childhood Alliance in Allen County, a family support organization that offers child care resource and referral (CCR&R) services.
- One year later, the initiative was expanded to four surrounding counties served by the Alliance, with incentives secured through local community foundations.
- In 2005, 4Cs of Southern Indiana implemented **Paths to QUALITY** in 11 counties with the support of a local community foundation.
- In May 2006, the Bureau of Child Care, Indiana Family and Social Services Administration, convened a State Child Care Quality Rating System Advisory Group and began considering the feasibility of implementing a statewide QRIS.
- In March 2007, a license agreement was signed between the Bureau of Child Care and the Early Childhood Alliance to adopt **Paths to QUALITY** as the State’s QRIS.
- By July 2011, average participation of all licensed programs was nearly 50 percent.

Additional information is available at <http://www.in.gov/fssa/2554.htm>.

Targeting Participation in the Rollout of a QRIS in Arizona

Six hundred programs throughout the State were selected to participate in the first phase of Arizona’s **Quality First**. Four hundred of these programs were center based and 200 were family child care homes. This represented roughly 10 percent of the State’s centers and 5 percent of its homes. The first step in the selection process was to use the percentage of regulated settings (licensed and certified centers and homes) by region to equitably divide the available slots among regions, thus reducing geographic and rural/urban competition. Then the following selection criteria were applied, each of which had different point values related to priorities of First Things First and State agencies:

- Percentage of children enrolled in child care subsidy (in three tiers with the higher percentage earning higher priority points)
- Percentage of children enrolled who qualify for free/reduced lunch
- Whether the program was a full-year program
- Whether the program was a full-day program
- Whether the program served children on weekends or evenings
- Whether the program had never (or in the last 3 years) been accredited
- Whether the program had never (or in the last 3 years) participated in any of its State's quality improvement initiatives (such as a Self-Study program through Child Care and Development Fund monies or a United Way Hands on Quality initiative)
- Whether the program served infants or toddlers

These criteria were used to rank applicants within a region from highest to lowest point value.

Additional information is available at <http://www.azftf.gov/WhatWeDo/Programs/QualityFirst/Pages/default.aspx>.

How long will the pilot be conducted?

The length of time a State will maintain its QRIS in a pilot phase is often determined by the amount financial resources; stakeholder, participant, and community support; and whether the goals for the pilot have been met. Pilots can grow slowly into larger systems by adding new communities, additional provider types, or new/expanded quality levels. For example, some States began their QRIS with a focus on Star 1, and then opened participation for other star levels as the system grew. Pilots can last from a few months (Pennsylvania) to 1 or 2 years (Ohio, Missouri, Kentucky, Delaware) to multiple years (Indiana and Virginia).

Multiple Year Pilot in Virginia

Under the leadership of Governor Tim Kaine, an Alignment Project was formed and tasked with the development of a QRIS as a market-based approach to evaluate and encourage quality in early programs across a wide range of settings. With a grant from Capitol One to the Virginia Early Childhood Foundation (VECF) and support of communities across the Commonwealth, the Virginia **Star Quality Initiative** was piloted in the fall of 2007 in 16 communities statewide. This first phase of the demonstration focused on center-based programs that serve 3- and 4-year olds. The ratings in the first year were used for guidance only and were not publicized. Providers received information about how their program fared in the assessment process, but they were not assigned a particular star level. In the second year of the pilot (2008–2009 school year), the mentoring component was enhanced with each participating program being assigned a trained Star Quality Mentor. The program was expanded to include toddler classrooms. During this year, 13 communities with approximately 150 programs and 350 classrooms participated. For the third year of the pilot (2009–2010 school year), proposals were submitted from local coalitions across the Commonwealth to develop and implement a strategic and detailed implementation plan for the Virginia Star Quality Initiative. In the same year, dedicated government funding was made available for program operation through a partnership between VECF and the Virginia Office of Early Childhood and Development. In January 2011, ARRA funds were used to initiate a pilot of the family child care QRIS standards and process with 75 home-based providers. Additional information is available at <http://www.smartbeginnings.org/Home/StarQualityInitiative/AbouttheVSQI.aspx>.

Multiyear Rollout of Mississippi System

The **Mississippi Child Care Quality Step System** used a 4-year pilot phase for its program and implemented it in cohorts as it expanded across the State. During the pilot phase, 80 centers volunteered to be rated. Of those, 78 percent earned 1-Star ratings and 15 percent earned 2-Star ratings. Three centers earned a 3-Star and one center earned a 5-Star rating. Enrollment has more than doubled each year during the pilot phase of the system, with 31 centers in the first cohort, 66 centers in the second, and 153 centers in the third. The Mississippi State University Early Childhood Institute provided technical assistance during the development and implementation of the system and continues to enroll and rate centers. Additional information is available at <http://www.earlychildhood.msstate.edu/initiatives/qualitystep.htm>.

How will data be collected from the pilots, and how will it be used to adjust the design of the standards, the implementation system, and the outreach and support system?

The goals set for the pilot by the State and its partners will influence what data will be collected and by whom, how it will be recorded, and how it will be analyzed and used for adjustments and refinements. QRIS standards are generally informed by and aligned with existing standards such as licensing, national accreditation, Head Start, prekindergarten, or State early learning guidelines. The pilot is often used as a way to test how best to align and

layer all of these standards into a common QRIS. The procedures for applying for the program, conducting ratings, reviewing documentation, assigning levels, and communicating outcomes can be tested in the pilot as well.

Types of data to be collected in a pilot might include:

- Participation rates—overall rates, as well as by facility type, size, level, and geographic location
- Percentage of children served in the QRIS programs
- Percentage of providers that are able to meet various criteria (such as degree requirements)
- Utilization rates for incentives and support services, such as professional development or training opportunities, technical assistance supports, or financial incentives
- Subsidy participation rates for participating providers
- Participation rates at varying levels of quality
- Baseline data from assessment tools
- Parent/consumer awareness of QRIS
- Feedback from providers on clarity and ease of process and forms/documents

New York Field Test Informs Revisions

A Field Test of QUALITYstarsNY, coordinated by the NYC Early Childhood Professional Development Institute, City University of New York, was completed in 2010. The data gathered is informing decisions necessary for statewide implementation of QUALITYstarsNY. The goals of the field test were to:

- Evaluate the ease and efficiency of the process of QUALITYstarsNY's application, documentation, and assessment system under a variety of community conditions (high/low presence of quality improvement supports, geography, program setting types, demographics of children).
- Validate the standards and the rating scale, i.e., the points weighting is accurate and the star ratings distinguish levels of quality.
- Demonstrate the value/use of community supports for quality improvement.
- Gather information about what kinds of improvements programs plan to make to move up in the system. This helps to inform content and the nature of later support efforts.

Based on the Field Test, the standards for center-based and family-based programs are under revision. They will be adjusted to better align with the latest research on the aspects of early learning and care programs that result in improved outcomes for children. Quality standards for school-age child care programs are also being drafted. A complete draft is expected to be ready for review by the end of 2011. Additional information is available at <http://qualitystarsny.org>.

Redesigning Montana’s QRIS for Expansion

Montana’s **Star Quality Child Care Rating System** has been operating since 2002; an inclusive and broad-based participatory review began in late 2007. The Stars redesign process has become the State’s strategic plan for all early care and education, not just subsidized child care. The goal is to have the professional development and infrastructure support to help providers increase quality, whether or not they are formally enrolled in Stars. The field test of the new system began in June 2010.

The original Star Quality system had three levels: licensing, one level above licensing, and national accreditation (National Association for the Education of Young Children, National Association for Family Child Care, Council on Accreditation). The redesign focused on adding gradual steps and increasing supports to encourage participation.

The new **Best Beginnings STARS to Quality** system has five levels and includes the following:

- Research based criteria
- Workforce support through the Montana Early Care and Education Career Path, encouraging professional development along a continuum of training
- Maintaining quality over time; renewal based on validation of Level and program improvement plan
- Monetary Incentives for continual program improvement based on Level achieved
- Resources and support to move through the Levels provided by Child Care Resource & Referral Agencies, the Early Childhood Project, and other state-determined resources.
- Program Assessment Tools are incorporated including:
 - ◆ Environmental Rating Scales
 - ◆ Program and Business Administration Scales
 - ◆ Center on Social & Emotional Foundations for Early Learning (CSEFEL) Teaching Pyramid Observation Tool (TPOT) and The Pyramid Infant Toddler Observation Scale (TPITOS) scale

Information about the new STARS to Quality system is available at <http://www.dphhs.mt.gov/hcsd/childcare/bestbeginnings/bestbeginningsstarstoquality.shtml>.

Data can be collected in a variety of ways and from a variety of sources. The centers and homes involved in the pilot can provide critical feedback through self-assessments, self-reporting, and documentation. The staff involved in managing the pilot can collect feedback through interviews, observations, and document reviews in such areas as the clarity of explanatory documents, standards, and the application process; sources of evidence or documents to include or accept; the amount and complexity of paperwork; time required to complete various requirements; and availability/accessibility of appropriate training opportunities.

It is important to consider a State’s capacity to gather appropriate and sufficient data to assign accurate ratings, redesign standards, implement procedures, or develop or change providers’ supports. Gathering data that seems “interesting” is only a worthwhile exercise if it is used at some point to inform the system. Otherwise, the process can become costly and frustrating, and can be perceived as unresponsive. Many States have engaged researchers to evaluate their QRIS pilots. These individuals can be helpful in selecting the most appropriate data elements for monitoring and implementation as well as for process and formative evaluation.

Evaluation and Piloting to Revise QRIS Standards in Rhode Island

Over several years, a broadly representative community-based group drafted standards and quality criteria for **BrightStars**. A pilot and random sample evaluation was conducted by researchers from the Frank Porter Graham (FPG) Child Development Institute at the University of North Carolina. Additionally, FGP helped train BrightStars staff to collect data in a valid and reliable manner. The draft center framework included 62 criteria across 28 standards. The pilot evaluation revealed that using all 62 criteria resulted in small quality distinctions. The criteria were reviewed to ensure that each was (1) not already in State licensing, (2) actually feasible to measure, (3) supported by research related to program quality and child outcomes, and (4) able to adequately measure differences in quality. This pared the number of criteria down to 22 grouped into nine standards. Differences between the levels are now meaningful but achievable. The evaluation not only improved the BrightStars standards and measurement tool, it also provided a baseline measure of program quality in a random sample of centers, homes, and school-age programs. Additional information is available at <http://www.brightstars.org/>.

What will be the plan and schedule for QRIS rollout once the pilot is completed?

Once a State and its partners determine they are ready to move from pilot to statewide implementation, a detailed plan and timeline should be developed. An analysis of available funding, along with each agency’s capacity to implement and manage the system, will also be critical factors in this process.

Most States subcontract the management of some QRIS components. States may have an existing system in place that can be leveraged to support the QRIS. Some States have utilized CCR&R networks and postsecondary institutions to support professional development activities. Virginia provides an example of how some States use a request for proposals process to select and engage local coalitions to manage the QRIS pilot.

One of the strengths of a QRIS is the ability to consistently engage parents through strategic messaging. This can be a problem if the pilot phase is limited to a particular jurisdiction or type of care, or if there are multiple, but different, pilots occurring at the same time. To this end, a critical consideration in the parent education component is “when”? Some contend that a consumer education campaign should be launched early in the process to help build the demand for the system. Others have conducted limited marketing of the QRIS to the general public until they felt the system was fairly well established with enough participating programs and accessibility to parents. Additional information is available in the “Public Awareness” section.

Where there is no pilot, will the standards, implementation system, and outreach and support system be tested and revised?

If a State does forego a pilot phase and chooses to benefit from lessons learned in other State pilots, it can be especially critical to engage providers and other partners and stakeholders in a strategic implementation process. Although much information can be gleaned from research and lessons learned in other pioneer States, it is important to remember that each State is unique. A State must consider its landscape, history, infrastructure, and overall early and school-age care and education environment, and adapt the information to its particular set of circumstances. A State can test its QRIS standards prior to implementation by distributing them widely, seeking feedback in various ways. Web surveys can be developed for this purpose. Some States have conducted focus group discussions with parents and programs to review and revise standards as well as to discuss application and rating processes. In yet other States, the QRIS plan may be implemented with a periodic review included in the plan. Additional information is available in the “Initial Design Process” section.

Oklahoma Makes Adjustments in Response to Feedback

The first QRIS was launched in Oklahoma in 1998. **Reaching for the Stars** included two star levels. One year later, the State funded a three star level for programs that met two star standards and were also nationally accredited. After 2 years and lagging participation levels, program designers identified that the gap between one star licensing and two star standards was greater than most providers could accomplish. They created a midpoint and time-limited One Star Plus level that provided financial incentives and recognition for providers that needed more support to progress to higher star levels. Additional information is available at <http://www.okdhs.org/programsandservices/cc/stars/>.

Phasing In Programs

What factors should be considered with a phased-in approach?

Although a phased-in approach may be necessary due to limited funding and staff resources or a lack of broad support, policymakers should be reminded that anticipated changes in program quality may not occur with incremental implementation. A phased-in strategy requires careful consideration of which approaches to administration, monitoring, provider supports, and incentives are most likely to be cost-effective in terms of improving quality, ensuring accountability, and increasing participation.

It is also important to realize that a limited implementation strategy is only the first step toward a comprehensive, statewide QRIS. The value of expansion to a statewide QRIS is that it allows all parents and providers to benefit, provides a consistent standard of measurement, and improves opportunities for realignment of resources. Planning for full, statewide implementation and the projection of total costs should be part of the process, even when a phased-in approach is necessary.

Making decisions about how and when to phase in implementation of a QRIS can be guided by the cost projection process. The cost estimating model (CEM) described in the “Cost Projections and Financing” section can help with projecting costs at scale and guide decisions regarding where and when to reduce costs, if necessary. It is possible to develop multiple cost projections for a statewide program using the CEM. Projections can be made for strategies, such as:

- A comprehensive plan that anticipates full funding for the next 5 years for each component of a fully implemented QRIS.
- A midrange or scaled back plan to get started and build support for future expansion, e.g., limited participation, reduced provider incentives.
- A basic program with fewer provider supports and incentives and fewer accountability measures.

In addition to projecting the cost of various implementation strategies, several other factors may influence decisionmaking about when to fully implement a QRIS. These include:

- **Rate at which changes are made to QRIS standards or criteria.** Changing them too quickly after implementation may be difficult for providers and could potentially erode their trust in the system and their feeling of success and confidence. Generally, States revise a QRIS about every 3 to 5 years. Small changes can be made annually, especially ones that are responsive to participant feedback.
- **Financial incentives and supports.** Making a range of financial incentives and provider supports available early on is likely to increase participation among providers. Limiting or targeting incentives and supports is likely to slow participation growth.

- **Level of participation.** Early and strong participation will affect how people view the success and value of the program and is likely to help build support for increased funding.

How have other States phased in their QRIS?

A phased-in approach can take several forms.

- Limiting initial participation, e.g., implementing with child care centers and not family child care homes. Pennsylvania and Virginia took this approach.
- Implementing fewer than the anticipated number of levels, e.g., levels 1–3 of a 5-level system.
- Beginning with a limited number of provider resources and incentives. North Carolina, Pennsylvania, Oklahoma, and Vermont initially took this approach. For example, Oklahoma had quality improvement grants and scholarships available when it launched its Reaching for the Stars initiative in 1998. Over the next 10 years, in response to demonstrated need, the State added a wage supplement program, onsite technical assistance, specialized consultation, a director’s leadership academy, and training on the environment rating scales.
- Targeting provider outreach, incentives, and supports to particular communities or providers, such as those serving large numbers of low-income children. Colorado’s Qualistar QRIS took this approach.
- Relying on administrative data (e.g., links to data from licensing or a professional development registry or another third-party source) and self-assessments only, rather than requiring the collection of new data or limiting time spent onsite (e.g., conducting environmental rating scale classroom assessments only when providers apply for higher quality levels). When Pennsylvania’s process evaluation revealed that making technical assistance “responsive” rather than automatic was a much wiser use of resources, taking the pilot statewide became more feasible.

Field Test and Phase-in of Oregon Program of Quality (OPQ)

Oregon developed a State designation of quality that serves as a stepping stone between program licensure and national accreditation.

OPQ is designed to:

- improve program quality,
- recognize higher quality programs, and
- increase the number of programs eligible to partner with Head Start and Early Intervention.

OPR standards resulted from a crosswalk of six common areas across:

- Head Start Performance Standards,
- NAEYC accreditation standards,
- Oregon’s early learning guidelines, and
- State licensure requirements.

The field test began in January 2011 with a cohort of 25 diverse programs from across the State. Programs are required to complete orientation, develop a quality improvement plan, and submit a portfolio demonstrating how they meet the standards at the end of a 7-month period. Participating programs receive customized technical assistance and up to \$5,000 in quality improvement awards. The second cohort was expected to begin the process in late 2011.

Selected Resources

- Mitchell, A.W. (2005). *Stair steps to quality: A guide for State and communities developing quality rating system for early care and education*. Alexandria, VA: United Way of America.
http://www.earlychildhoodfinance.org/downloads/2005/MitchStairSteps_2005.pdf
- National Center on Child Care Quality Improvement (NCCCQI). *Issues to explore when planning, implementing, or reviewing a QRIS*.
http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Issues_Explore.pdf
- NCCCQI. *QRIS definition and statewide systems*.
http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Definition.pdf
- NCCCQI. *QRIS implementation guidelines*.
http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Implementation_Guidelines.pdf
- Zellman, G.L., & Perlman, M. (2008). *Child-care quality rating and improvement systems in five pioneer States: Implementation issues and lessons learned*. Arlington, VA: RAND Corporation.
http://www.rand.org/pubs/monographs/2008/RAND_MG795.pdf

QRIS Resource Guide: Section 4 Standards and Criteria

This material was developed under a previous contract with the Office of Child Care. While these materials are up to date, the National Center on Child Care Quality Improvement plans to update this product later this year and/or expand on these materials.

Standards are the agreed upon markers of quality established in areas critical to effective programming and child outcomes. Taken together, standards are used to assign ratings to programs that participate in quality rating and improvement systems (QRIS), providing parents, policymakers, funders, and the public with information about the components and levels of quality. States typically use licensing standards as the base of the system, a foundation on which to build higher levels of standards. Every QRIS contains two or more levels of standards beyond licensing, with incremental progressions to the highest level of quality, as defined by the State. Systems vary in the number of rating levels and the number of standards identified in each level. Most QRIS award easily recognizable symbols, such as stars, to programs to indicate the levels of quality. Standards used to assign ratings are based on research about the characteristics of programs that produce positive child outcomes. This section includes information about categories of standards and criteria used to assign ratings, approaches States have used to organize the standards and assign ratings, ways States have incorporated other State, Federal, and national standards into their QRIS, the inclusion of specific program types and groups of children into QRIS standards, and the use of environment rating scales (ERS) and other program assessment tools.

Development of Standards and Criteria

- [Which States have a QRIS with graduated program standards?](#)
- [What research will be used to develop the standards and criteria?](#)

Application of Standards to Settings and Sectors

- [Will standards apply to child care center and family child care home settings?](#)
- [Will the standards apply to Head Start programs, state-funded preschool programs, or out-of-school time programs for school-age children?](#)

Licensing as the Foundation for QRIS

- [How strong are the licensing requirements and the level of compliance monitoring and enforcement?](#)
- [Where will the licensing standards be incorporated in the QRIS, i.e., as the first level of the rating system or in some other way?](#)

Content of QRIS Standards

- [What categories of standards and criteria will be used to assign rating levels?](#)

Incorporating Learning and Development Guidelines into QRIS Standards

- [How are expectations for children's learning and development incorporated into QRIS standards?](#)

Addressing the Care of Groups of Children

- [Will the standards address the needs of specific groups of children, such as infants and toddlers, school-age children, and children with special needs?](#)

Structure of QRIS Ratings

- [How many rating levels will the system have?](#)
- [How will the ratings be assigned?](#)
- [Will ERS or other assessment tools be used? If yes, will it be viewed as a program improvement strategy or will minimum scores be required?](#)

Development of Standards and Criteria

Which States have a QRIS with graduated program standards?

Program quality standards describe the expectations for the characteristics or quality of early care and education settings. They reflect the structure and practices of programs to provide safe, legal, and effective services to children. It is important to not confuse program standards with learning and development guidelines that describe what children need to know and be able to do, and standards for practitioners that describe what early childhood teachers/providers must know and be able to do to work effectively with young children. However, to realize the greatest outcomes, program standards should link to learning and development guidelines and practitioner standards.

States have developed several types of program standards—some are mandatory and must be met in order to operate legally, and some are voluntary and reflect a higher level of quality. There are also sets of Federal program standards that apply to programs receiving payment from specific funding sources.

Quality rating and improvement system (QRIS) standards are used to assign ratings to programs that voluntarily participate in QRIS. These standards provide parents and the public with information about each program’s quality. States typically use licensing standards as the starting point or base of the system, upon which graduated levels of quality standards are built.

Every QRIS contains two or more levels, or tiers, of standards beyond licensing, with incremental progressions to the highest level of quality as defined by the State. Systems vary in the number of levels and the number of standards identified in each level. The types of standards that are used to assign ratings are based on research about the characteristics of programs that produce positive child outcomes. Early and school-age care and education programs that choose to improve their quality and meet the QRIS standards often receive supports (e.g., technical assistance, professional development) and financial incentives (e.g., tiered subsidy reimbursement, bonus payments and awards) to help them meet and sustain the higher levels of quality. Additional information about those components of QRIS are found in the “Provider Incentives and Support” section.

What research will be used to develop the standards and criteria?

States have used various research to help determine the indicators of quality that will be in their QRIS standards. Generally, research indicates that structural and process quality indicators are interrelated, and that both affect child development and school readiness. The results of the research may apply to multiple categories of standards and may be combined with other indicators to influence child outcomes.

Following are some examples of publications and resources that summarize research findings States can use to develop and revise early and school-age care and education program standards:

- *Thirteen Indicators of Quality Child Care: Research Update* (2002), by Richard Fiene, Pennsylvania State University, provides guidance for State agencies as they think about revising their State child care regulations and developing other standards for early and school-age care programs.
<http://aspe.hhs.gov/hsp/ccquality-ind02/>
- *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 3rd Edition* (2011), by the American Academy of Pediatrics, American Public Health Association, and the National Resource Center for Health and Safety in Child Care, presents a set of standards, with a rationale based on research, to be used in planning and establishing a high quality early and school-age care and education program.
<http://nrckids.org/CFOC3/index.html>
- *Child Care Quality: Does It Matter and Does It Need to be Improved?* (2000), by Deborah Lowe Vandell and Barbara Wolfe, provides evidence from large- and small-scale studies of the effects of child care on children’s development.
<http://www.aspe.hhs.gov/hsp/ccquality00/ccqual.htm>
- *The Quality of School-Age Child Care in After-School Settings* (2007), by Priscilla M. Little, identifies the features of high-quality afterschool settings that have emerged from the research and are reflected in program quality tools.
<http://www.childcareresearch.org/childcare/resources/12576/pdf>
- The Quality in Child Care & Early Education topic on the Child Care & Early Education Research Connections Web site provides the latest research about the impact of child care on young children’s development.
<http://www.childcareresearch.org/childcare/welcome>

Indiana’s Research Review

Indiana published a review of research by an external evaluation team during the pilot phase of its QRIS, **Paths to QUALITY** (PTQ). In *Paths to QUALITY*, Elicker, Langill, Ruprecht, and Kwon (2007) looked at existing research to determine whether the proposed Indiana QRIS levels and criteria would result in increasing the quality of child care that children receive. Evidence of the validity of the standards was shown by defining the standards and criteria, connecting the standards with other measures of quality, and relating the standards to children’s development and well-being. The researchers used a scale of “some or limited,” “moderate amount,” and “substantial” to describe the amount and quality of the scientific evidence for the standards and criteria. The authors came to the following conclusions:

- A thorough review of 10 main quality indicators (including 12 additional subindicators) within the PTQ levels and standards revealed substantial scientific evidence for the validity of the PTQ quality criteria.
- Seventy-five percent of the quality indicators the authors examined had “substantial evidence” for their validity.
- Most of the PTQ quality indicators had significant evidence that they support children’s development, learning, or well-being in child care.
- There is significant support for the validity of the PTQ quality indicators in the child development and early education scientific literature.
- Most of the PTQ standards have the support of prominent early childhood education organizations, which have designated them as “best practices.”

The final report from this work is available at <http://www.in.gov/fssa/files/PurdueValidityReport2007.pdf>.

Goals for North Carolina’s QRIS Standards

North Carolina began by reviewing the current status of its early childhood system, such as licensing standards, technical assistance, quality supports, subsidy policy and reimbursement, and databases. The State’s goal was to develop a QRIS that included State-specific requirements and standards that providers could achieve and understand and that were research-based and feasible to monitor. The State accomplished this by setting the following goals for the standards:

- Understandable to providers and the public: Providers are able to explain how they document meeting each standard and the public knows what the ratings mean and how they are achieved.
- Achievable: Research indicated a significant number of providers had earned the credential.
- Research-based: Results are presented as ratios and teacher education.
- Feasible to monitor: Standards can be assessed objectively, in a timely fashion, and within available resources.

Additional information is available at http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp.

Performance Benchmarks for the Quality Improvement System Within Pennsylvania’s QRIS

A QRIS needs clear expectations and standards for the support systems that assist programs. Pennsylvania’s accountability system for the Regional Keys originally focused on inputs such as employing qualified staff, meeting reporting obligations, and achieving outcomes defined as increasing the proportion of programs reaching higher **Keystone STARS** (Standards, Training/Professional Development, Assistance, Resources, and Support) levels in the region. This approach could not measure the improvement STARS programs made within a STARS level. To address this, a three-level rubric was created in each standard to differentiate gradations of practice in a level, using the qualifiers of “good enough,” “better,” or “best.” With this level of data, the Regional Keys can set targets for the proportion of programs that improve in a given standard, as well as the proportion that change STARS levels. This rubric is also expected to improve a program’s understanding of how it is progressing and provide guidance to help it improve. Additional information is available at http://www.pakeys.org/pages/get.aspx?page=Programs_STARS.

Application of Standards to Settings and Sectors

Will standards apply to child care center and family child care home settings?

Most statewide QRIS have standards that apply to both centers and family child care homes, with separate sets of standards for each program type. The standards are either in separate documents or in one document, with a clear delineation of which standards apply to centers and which apply to family child care homes. *QRIS Quality Standards* contains links to all of the standards documents available in each State. This document is available at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Standards_Websites.pdf.

Will the standards apply to Head Start programs, state-funded preschool programs, or out-of-school time programs for school-age children?

Children attend early and school-age care and education programs in a variety of settings. There are some specific types of programs or funding sources that have their own program standards. In developing standards for QRIS, States have found ways to accommodate the various standards of these programs and make them eligible to participate in the QRIS.

Head Start

According to the *Compendium of Quality Rating Systems and Evaluations* (2010) by Child Trends and Mathematica Policy Research, Head Start programs are eligible to participate in approximately 95 percent of statewide QRIS.¹

The following are examples of States that demonstrate specific alignment between their QRIS program standards and Head Start/Early Head Start Program Performance Standards:

- **Maine** has a set of QRIS standards specifically for Head Start programs. The standards are on the Quality for ME Web site at <http://www.maine.gov/dhhs/ocfs/ec/occhs/qualityforme.htm>.
- **Massachusetts** has aligned the QRIS standards for center-based programs and family child care homes with the Head Start Performance Standards. Programs and providers have the option of documenting compliance with the Head Start standards as a method to achieve the QRIS standards. Additional information is available at http://www.eec.state.ma.us/docs1/board_materials/20101214_qris_standards_ctr_based.pdf (center based) and http://www.eec.state.ma.us/docs1/board_materials/20101214_qris_standards_fcc.pdf (family child care).
- **New Hampshire's** highest level is either accreditation or meeting the Federal Head Start Performance Standards. Additional information is available at <http://www.dhhs.nh.gov/dcyf/licensedplus/documents/option1standards.pdf>.
- In **Vermont**, Head Start/Early Head Start sites that have achieved a Blue or Gold Certificate², have been in operation for 5 or more years with no regulatory compliance issues, and are Specialized Child Care Providers receive 5 Stars after submitting a brief application. Additional information is available at http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/stars/Adopted_STARS_rule_FINAL.pdf.
- In **Wisconsin**, to achieve the standard about using the State's early learning guidelines in curriculum development, Head Start Programs, and Early Head Start programs may choose to demonstrate this by showing compliance with the Head Start Performance Outcome Standards. Additional information is available at http://dcf.wisconsin.gov/youngstar/pdf/evaluation_criteria_group.pdf.

State-funded Prekindergarten

According to the *Compendium of Quality Rating Systems and Evaluations*, State-funded prekindergarten programs are eligible to participate in QRIS in more than two-thirds of QRIS. The following States provide examples of specific alignment between their QRIS standards and prekindergarten programs:

- **Delaware** has an alternative pathway to 5-star status in its QRIS for Head Start, Early Head Start, and prekindergarten programs that are in full compliance with Head Start Performance Standards. Meeting Head Start Standards is required for programs receiving prekindergarten funding from the Early Childhood Assistance Program.
- In **North Carolina**, all classrooms in the More at Four prekindergarten program must achieve and maintain a four or five star level license, and meet additional program requirements set by the Office of School Readiness. The rated license is North Carolina's QRIS.
- Community-based programs that receive **Pennsylvania** Pre-K Counts funding must have a Keystone Stars QRIS rating of Star 2 or higher.

¹ Data from the *Compendium of Quality Rating Systems and Evaluations* are based on 26 QRIS systems. It is available at http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/index.html#reports.

² A Gold Certificate is awarded to Head Start/Early Head Start programs when no findings of noncompliance are found during a Federal onsite review. A Blue Certificate is awarded if the noncompliance findings are corrected.

- **Rhode Island’s** QRIS standards include specific standards for State preschool programs approved by the Department of Elementary and Secondary Education (i.e., operated by public schools and exempt from licensing).
- In **Vermont**, all programs that receive prekindergarten funding must be accredited by the National Association for the Education of Young Children (NAEYC) or have a 4 or 5 star rating.

Out -of-School Time Programs

Out-of-school time programs for school-age children are eligible to participate in more than 60 percent of statewide QRIS according to the *Compendium of Quality Rating Systems and Evaluations*. Five States (**Arkansas, Delaware, Maine, Massachusetts, and North Carolina**) have separate sets of standards for out-of-school time programs. Additional States include specific adaptations in their standards for the care of school-age children in center-based programs. See the section about age groups for additional details.

Licensing as the Foundation for QRIS

How strong are the licensing requirements and the level of compliance monitoring and enforcement?

In most States, licensing is an integral part of the QRIS, serving as the foundation other standards build on. By law, licensing standards are minimum requirements that must be met in order to operate in a State. According to Licensing Curriculum developed by the National Association for Regulatory Administration (NARA), licensing rules ensure a basic level of quality, not an optimal level. State requirements vary tremendously in areas ranging from staff-child ratios and staff qualifications to facility requirements. On a positive note, several of the earlier QRIS States have been able to move QRIS criteria into minimum licensing requirements, raising the floor for all programs. A comparison of licensing requirements is available in *The 2008 Child Care Licensing Study* (2010), by NCCIC and NARA, at http://www.naralicensing.org/Licensing_Study.

States also vary significantly in the level of licensing enforcement and compliance monitoring. A State may have strong licensing requirements but lack the resources or support to monitor compliance or use negative sanctions. *The 2008 Child Care Licensing Study* (NCCIC and NARA, 2010) notes that the most common frequency of routine licensing inspections is once a year, with five States making routine licensing inspections three or more times a year and seven States monitoring once every two years or less. Half of the States use an abbreviated compliance form when inspecting centers; others determine the frequency or depth of monitoring based on the facility’s prior level of compliance. If a license in good standing is included as a QRIS standard, it will be critical that the licensing enforcement is reliable and holds programs accountable.

Where will the licensing standards be incorporated in the QRIS, i.e., as the first level of the rating system or in some other way?

State child care licensing regulations help protect the health and safety of children in out-of-home care. Licensing helps prevent different forms of harm to children, which can include risks from the spread of disease, fire and other building safety hazards, and injury. Licensing also helps prevent developmental impairment from children’s lack of healthy relationships with adults, adequate supervision, and developmentally appropriate activities.

Licensing sets a baseline of requirements below which it is illegal for providers to operate, unless they are legally exempt from licensing. States establish both regulations that include the requirements providers must comply with, as well as policies to guide the enforcement of those regulations. The National Resource Center for Health and Safety in Child Care and Early Education has the full text of State child care licensing regulations on its Web site at <http://nrckids.org/STATES/states.htm>.

In most States, the first level of the QRIS simply requires programs to be in compliance with State licensing requirements. Some QRIS specify that the license be “in good standing,” which often means that the program has no (or very few and not serious) violations on record. Alternatively, some QRIS require programs to meet licensing requirements and additional quality standards to achieve the first rating level. The following are examples of criteria in QRIS standards about licensing compliance:

- Having no substantiated complaints;
- Having no licensing citations;
- Having a license in good standing;
- Having a limited number of noncompliant occurrences; and
- Having no serious noncompliant occurrences.

Additional information about how licensing requirements are incorporated into each of the statewide QRIS is available in the document *QRIS Standards, Levels, and Rating Systems* at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Levels_Rating.pdf.

In many States, child care providers that are exempt from licensing, such as family, friends, or neighbors, provide care for a large proportion of children. States typically base their QRIS on licensing requirements and seek participation from licensed providers; therefore, it becomes a challenge to include license-exempt providers in a QRIS. To help these providers improve their quality, States generally focus on offering training and technical assistance, connecting these providers to community resources, providing financial incentives (i.e., tiered subsidy reimbursement), or using similar strategies for promoting quality improvement.

North Carolina’s Revision to Licensing Compliance as a QRIS Standard

North Carolina originally included licensing compliance history percentages as a component in its **Star Rated License** standards. A continuous review of the rating data over several years showed that more than 95 percent of the programs received the maximum points in licensing compliance, indicating that this standard was not effective at discriminating levels of quality. The licensing compliance history was eliminated as a standard 5 years after its implementation, creating a more accurate reflection of the quality of a child care program. A minimum compliance level with key licensing standards became a requirement to keep a license rather than a way to earn a higher star. A license in good standing is still required to reach the first star level in the QRIS. Additional information is available at http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp.

Content of QRIS Standards

What categories of standards and criteria will be used to assign rating levels?

Listed below are common categories of standards, as seen in the statewide QRIS, and examples of criteria used to assign levels under each category. The criteria for compliance within each standard reflect what programs must do to achieve a particular level, move from one level to the next, or earn points in a specific category of standards. The criteria vary widely from State to State. The resource, *Common Categories of QRIS Quality Standards*, outlines examples of criteria for compliance that could fall under the most common categories of QRIS standards. This document is available at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Standards_Categories.pdf. Web links to each statewide QRIS standards are available in *QRIS Quality Standards* at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Standards_Websites.pdf.

Staff Qualifications and Professional Development

All QRIS have standards for **preservice qualifications** for classroom teachers and family child care (FCC) home providers.³ Most QRIS include a **bachelor's degree** for center-based classroom teachers as the standard for achieving the highest QRIS level. However, only a few have a bachelor's degree as the highest level for FCC home providers. Most States have the CDA or a state credential as the highest qualification for FCC. All QRIS for FCC include **training in early childhood/school-age content** at the first quality level. Most QRIS for child care centers have the **CDA or a state credential** at the first level. QRIS also frequently require participation in professional development activities, participation in a State professional registry system, or achievement of a level on a State career ladder/lattice.

Most QRIS have standards for **ongoing professional development**. Some QRIS also include criteria on the number of hours of ongoing training, often using the number of hours required by licensing as the lowest level and incrementally increasing the number of hours across QRIS levels. Most QRIS have standards for at least 15 hours of annual professional development at the highest quality level.

In 2011, The Center for the Study of Child Care Employment released *Staff Preparation, Reward, and Support: Are Quality Rating and Improvement Systems Addressing All of the Key Ingredients Necessary for Change?* This report is based on an investigation of both quality rating and improvement system supports for professional development and standards related to staff formal education, compensation and benefits, and adult work environments in center-based programs. It is available at http://www.irlle.berkeley.edu/cscce/wp-content/uploads/2011/12/CSCCEQRISPolicyBrief_2011.pdf.

Curriculum and Learning Activities

Planned learning activities that are based on expectations for what children need to know and be able to do are associated with improved child outcomes. Nearly all States' QRIS standards support children's learning through the use of **curricula/learning activities** that are based on the State learning and development guidelines.

Some QRIS require specific curricula, or curricula that aligns with the State's learning and development guidelines, or that the program demonstrate that staff use the guidelines to shape program activities. Frequently, the content of these standards include requiring programs to:

- Have a written plan of daily learning activities
- Use a planned or approved developmentally appropriate curricula
- Align curricula with learning and development guidelines
- Address multiple developmental domains
- Use environment rating scales to document developmentally appropriate use of curricula/learning activities

Administration and Business Practices

Many QRIS include content about **administration and business practices** in their standards. A review of States' standards reveals that the content covers a variety of administrative issues, including the following:

- Score on the Program Administration Scale (PAS) or Business Administration Scale (BAS);
- Financial record keeping system;
- Written contracts with families;
- End-of-the-year financial statements for families;

³ This analysis was conducted by reviewing program standards documents available on State Web sites.

- Annual budget;
- Business plan for expenses, program improvements, and maintenance;
- Business liability insurance;
- Written program policies (e.g., employee and parent handbooks);
- Outside review or audit of business practices, and consultation with tax preparer;
- Compensation for employees (e.g., salary scale);
- Benefits for employees (often programs must offer a certain number of benefits from a list);
- Job descriptions;
- Policies and procedures for hiring and terminating staff; and
- Quality self-assessment and program improvement plan.

Family Engagement

Program quality standards can promote **family engagement**, support families' involvement with their children's learning, and strengthen partnerships with families. Standards often include criteria about regular communication with parents that supports children's learning and development and opportunities for parents to participate in children's activities, parenting education activities, and activities that support social networking or connections.

The content of QRIS standards about family engagement often includes criteria that require programs to:

- Organize a parent advisory board;
- Provide a bulletin board or newsletter;
- Hold conferences and meetings;
- Develop and distribute a parent handbook/written program policies;
- Develop a parent resource center;
- Develop and distribute a parent satisfaction survey;
- Welcome families at all times;
- Maintain a list of community resources and referring parents to resources as needed;
- Complete the Strengthening Families self-assessment and planning tool;
- Develop and implement a written system for sharing daily events; and
- Provide parents with consultation prior to children's enrollment.

Staff-Child Ratios and Group Size

Only a few QRIS have standards that require child care providers to have **staff-child ratios and group sizes** that are lower than those required by licensing. For example, Kentucky requires a staff-child ratio of 5:1 and a group size of 10 for infants for the first QRIS level, which is the same as the licensing requirements. At the third QRIS level, the required ratio for infants is 4:1 with a group size of 8.

Variations in the standards that States include often reflect the level of minimum licensing requirements. If licensing standards provide the starting point for the QRIS and already require strong administrative policies or health and safety measures, for example, these categories of standards may not be needed in a QRIS.

Child Assessment

Child assessments include a range of activities, including observations, portfolio development, and appraisal of performance using multiple indicators that measure a child's learning and development. Less than half of the QRIS

standards include requirements about conducting child observations and assessments. Often these standards require programs to share assessment results with families or use assessment results to individualize curriculum or improve practice.

Health and Safety

Very few QRIS have standards about **health and safety**. QRIS standards are built on a foundation of licensing and all States have extensive health and safety standards in their licensing regulations for both child care centers and family child care homes. Therefore, many States choose to rely on licensing to assure programs provide health and safe environment for children. In the States that do have these standards, the following are some examples of the criteria that programs must meet:

- Nutrition and physical activity;
- Medical plans for children;
- CPR and first aid training;
- Daily health checks;
- Health and safety training requirements;
- Use of nurse/health consultants; and
- Health and safety self-assessments and checklists.

New Mexico’s Standards on Multicultural Issues

To better meet the needs of culturally diverse children, families, and providers, New Mexico has built cultural awareness into its **AIM HIGH** QRIS. At the two-star level, the environment component states that “positive examples of racial and cultural diversity should be represented in materials, equipment, and classroom displays.” At the three- and four-star levels the curriculum and assessment components address the issues of linguistically appropriate assessment and daily programming. For example, an essential three-star element states “Each child’s first- and second-language development should be taken into account when determining appropriate assessment models and in interpreting the meaning of assessment results.” Additional information is available at <http://www.newmexicokids.org>. Future revisions to their standards will reflect the principles for inclusion identified in *The Guiding Principles for the Full Participation of Young Children, Birth through Age Eight*, available at http://www.earlychildhoodnm.com/attachments/291_Guiding%20Principles%204-21-10%20FINAL.pdf.

Emphasis on Social Emotional Development in Louisiana

Quality Start, the Louisiana QRIS, awards points for classroom assessment scores using the Harms and Clifford Environment Rating Scale instruments for infants, toddlers, and preschoolers. Child care centers can receive one to four points based on the social-emotional subscale score. There are minimum scores for both individual classrooms and the average score for all classrooms. To receive the maximum five points, centers must receive an average score of 5.0 on the overall ERS, with no one classroom scoring lower than 4.0. Louisiana also created a mental health consultation program that is linked to participation in Quality Start. Participating centers receive consultation (1 full day every other week for a 6-month period) from licensed mental health providers with training in infant mental health. Evaluation data using the CLASS (Classroom Assessment Scoring System) instrument indicates that the consultation is producing results. Additional information is available at <http://www.qrsloouisiana.com/>.

Idaho Incorporates *Strengthening Families* into QRIS

Strengthening Families is a parent engagement and child abuse and neglect prevention framework developed by the Center for the Study of Social Policy that capitalizes on the unique relationship between child care providers and the parents of the children in their care. Based on recognizing and building on families’ strengths, rather than identifying risk factors, the *Strengthening Families* framework helps families to develop the five “protective factors” proven to reduce child abuse and neglect: social connections, knowledge of parenting and child development, concrete support in times of need, parental resilience, and healthy social and emotional development of children. Idaho is one of only three States that has *Strengthening Families* listed by name as a Quality Standard in the QRIS. Facilities participating in the QRIS gain points toward their STAR rating by taking *Strengthening Families* training and by implementing the framework in their workplace. Twenty-five IdahoSTARS approved trainers offer a robust schedule of training opportunities: the 8-module, 17-hour basic trainings, seven intermediate level trainings, and two Web-based advanced level trainings. Implementation is measured by documentation of social and educational events for parents, volunteer opportunities, parent work group activities, a system of emergency support, and completion of an online *Strengthening Families* self assessment. Additional information is available at <http://www.idahoaevc.org/sfmain.php>.

Incorporating Learning and Development Guidelines into QRIS Standards

How are expectations for children’s learning and development incorporated into QRIS standards?

Many States have incorporated their learning and development guidelines (also known as “early learning guidelines”) into their QRIS standards. Additional information is available in *Early Learning Guidelines in QRIS Standards* at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_ELG.pdf.

Learning and development guidelines identify outcomes in language, literacy, mathematics, and other academic and developmental domains for young children. There are several ways that States have incorporated learning and development guidelines into the multiple levels of their QRIS standards, for example, by requiring providers to:

- Complete training on implementing the guidelines;
- Use a curriculum that is aligned with the guidelines;

- Use the guidelines for planning activities for children or developing a curriculum;
- Have a copy of the guidelines available for use;
- Align the ELGs with child assessment practices; and
- Implement the guidelines in the classroom.

In addition, Delaware, Ohio, Pennsylvania, and Tennessee provide examples of QRIS that refer to the content standards for children in grades K–12 that would be developmentally appropriate for school-age children.

Indiana’s Standards Include Early Learning Guidelines

Indiana’s **Paths to QUALITY** standards on professional development and curriculum include references to *Foundations to the Indiana Academic Standards for Young Children Age Birth to Five*, the early learning standards for children birth to age five. Training on the *Foundations* is required at level 2; using a curriculum consistent with the *Foundations* is required at level 3. Purdue University Extension Service is developing a curriculum review resource to help identify curricula consistent with the Foundations. Additional information is available at <http://www.in.gov/fssa/carefinder/2554.htm>.

Mississippi’s Early Learning Guidelines Implemented in Rated Programs

Mississippi’s **Child Care Quality Step System** standards on learning environments include references to the *Mississippi Early Learning Guidelines*. In step 3, the director is trained on how to use the early learning guidelines; in step 4, all teaching staff have been trained. At the highest level, step 5, the early learning guidelines are fully implemented in all 3- and 4-year-old classrooms. Additional information is available at <http://www.qualitystep.msstate.edu/Criteria.pdf>.

Incorporating State Early Learning Guidelines into Ohio’s QRIS

Ohio’s **Step Up to Quality (SUTQ)** has three steps (levels) and five benchmarks (standards categories), each with several indicators. Originally SUTQ had indicators in the early learning benchmark, such as number of books in a classroom. In response to the Federal Good Start Grow Smart initiative, Ohio progressively embedded the State’s early learning guidelines into SUTQ’s benchmarks. At step one, the program must have a copy of the infant/toddler guidelines and the early learning content standards. At step two, the program must align curriculum planning with these guidelines and standards. At step three, aligned child assessment practices are required. The specialized training benchmark requires that practitioners, in all steps, have 10 hours of prerequisite training to strengthen core competencies, and the step recognizes only training on the guidelines and standards to meet this indicator. Additional information is available at <http://ifs.ohio.gov/cdc/stepUpQuality.stm>.

Addressing the Care of Groups of Children

Will the standards address the needs of specific groups of children, such as infants and toddlers, school-age children, and children with special needs?

Many States also address the care of specific groups of children in their QRIS standards, such as school-age children, infants and toddlers, and children with special needs. Many categories of QRIS standards impact each of

these specific groups, but as awareness of the unique needs of children continues to grow, QRIS standards provide the opportunity to better address those needs. The following publications are intended to help States address the care of infants and toddlers, school-age children, and children with special needs in their QRIS:

- *Designing Quality Rating Systems Inclusive of Infants and Toddlers* (n.d.), by the National Infant & Toddler Child Care Initiative at ZERO TO THREE, offers suggestions for the intentional inclusion of quality indicators for infants and toddlers in State QRIS. http://nitcci.nccic.acf.hhs.gov/resources/qrs_design_elements.pdf
- *Using Quality Rating Systems to Promote Quality in Afterschool Programs* (September 2007), by the Afterschool Investments Project, examines using State QRIS as a strategy to assess afterschool programs and the needs of school-age children. http://nccic.acf.hhs.gov/afterschool/qrs_afterschool.pdf
- *Why Program Quality Matters for Early Childhood Inclusion: Recommendations for Professional Development* (March 2009), by the National Professional Development Center on Inclusion, discusses dimensions of program quality that define high-quality inclusion and how quality can be improved through initiatives such as QRIS. http://www.nectac.org/~pdfs/meetings/inclusionMtg2009/2507_Proof11_2-27-2009.pdf

Indiana’s Separate Standards for Infant and Toddler Care

Indiana’s **Paths to QUALITY** is unique among statewide systems in its inclusion of separate indicators for infants and toddlers at each of the levels. Paths to QUALITY criteria are organized around process and structural quality. The criteria on structural quality were developed with evidence-based research and related to child outcomes. The Purdue University evaluation of its pilot suggests the following evidence-based outcomes:

- Infants and toddlers cared for by providers with specialized training in child development or early childhood education were rated higher in social-emotional competence by their parents.
- Lower teacher/child ratios are associated with less distress in toddlers, less apathy and distress in infants, and greater social competence.
- When groups are smaller, teachers provide more stimulating, responsive, warm, and supportive interactions. They also engage in more dialogue with children, spend less time managing children, and devote more time in educational activities.

At level two, specific infant toddler indicators include criteria for the classroom environment, furnishings, materials and toys, teacher child interactions, daily scheduling of napping, outdoor play and safe environment, language development, and activities. Level three includes the following specific infant toddler indicators:

- Infants and toddlers are not expected to function as a large group.
- Infants and toddlers are offered a variety of sensory experiences each day.
- Toddlers are offered opportunities for writing experiences each day.

Additional information is available at <http://www.in.gov/fssa/carefinder/2554.htm>.

Ohio's Quality Standards for Stand-Alone School-Age Programs

The Ohio **Step Up To Quality** program includes adaptations specifically for afterschool programs. When the program initially piloted in 2005, it did not apply to stand-alone afterschool programs (programs that care for only school-age children). The State's child care administrator, also a key partner in the Ohio Afterschool Network, saw the emerging QRIS as an opportunity to promote afterschool program quality.

Because the initial set of standards applied to early care and mixed-age programs only, key leaders at the Bureau of Child Care and Development and the Network worked together to develop a separate track for stand-alone afterschool programs serving children ages 5 to 14. In order to effectively adapt the early care standards to promote quality in afterschool programs, the Network sought input from a wide range of voices in the State's afterschool community. Following are descriptions of the major differences between the early care and afterschool standards.

Ratio/Group Size/Accreditation: The Step Up To Quality system has age-appropriate staff-child ratios and group-size requirements for school-age children. Afterschool programs that have been accredited by the Council on Accreditation may qualify for the highest quality tier if they meet other State requirements.

Staff Qualifications: Step Up To Quality requires that program staff reach various levels in the State Career Pathways system to qualify for higher quality tiers. Career Pathways levels are based on both prior education and relevant training. Career Pathways will be adapted to provide a track for school-age providers participating in Step Up To Quality. In lieu of participating in the Career Pathways program, staff can move to higher tiers with a degree in early education or a child development associate credential. The State is considering developing a school-age care credential as an alternative for school-age care providers.

Staff Training: The QRIS standards require a set number of hours of ongoing professional training for administrators, teachers, and child care program staff. Based on feedback from afterschool providers, the State is considering requiring more limited training hours for afterschool staff who keep part-time hours.

Workplace Characteristics: To qualify for various tiers in the Step Up To Quality, child care providers must provide some workplace benefits to their employees, such as health insurance, paid leave, or a retirement fund. For afterschool programs, the State allows providers to prorate these benefits for part-time staff.

Curriculum: Standards for early care programs require that providers incorporate early learning and school readiness into their curriculum and that staff have sufficient training in these areas. With feedback from afterschool providers, a parallel set of school-age standards was developed. These standards require school-age providers meeting different quality tiers to have training in youth development and in State Department of Education's content standards that can be incorporated into program curriculum. Standards also require programs to incorporate aspects of the National AfterSchool Association Standards for Quality of School-Age Care into their regular activities.

Additional information is available at <http://jfs.ohio.gov/cdc/stepUpQuality.stm>.

New Mexico Focuses on Inclusion

New Mexico engaged a broad range of stakeholders in its *Quality Child Care for All* recommendations in 2004 and in a followup report in 2007. They continue to look for ways to support teachers who care for children with special needs. For example, all classroom and administrative staff and family child care providers at three-star level and higher are required to complete a 6-hour course that is being taught by child care inclusion specialists located at every training and technical assistance center, or an approved equivalent course. As of March 2011, approximately 1,800 individuals have completed the course.

Incorporating Inclusion into New Hampshire’s QRIS

New Hampshire was concerned about the number of special needs children being expelled from and denied admittance to child care programs. Programs cited their lack of expertise in caring for special needs children and inadequate staffing levels as the primary reasons for these decisions. The result was inadequate child care for parents who participated in the welfare-to-work program. The New Hampshire Child Development Bureau contracted with a private nonprofit agency to provide technical assistance to child care programs with the goals of prevention of expulsion, provision of a service incentive, and creation of more inclusive child care programs. When the **Licensed Plus** QRIS was created, the State saw an opportunity to add another incentive to serve children with special needs. One of the required standards in Licensed Plus is that programs must provide written documentation of an inclusion policy that welcomes children and families of all abilities, makes modifications and reasonable accommodations, and supports staff in professional development. Additional information is available at <http://www.dhhs.nh.gov/dcyf/licensedplus/index.htm>.

Inclusive Practice in Virginia

As a means of embedding inclusive practice in both assessment observation and mentoring for programs participating in Virginia’s **Star Quality Initiative**, Star Quality raters and mentors receive training for their responsibilities. The effort is coordinated by staff at Virginia Commonwealth University’s Training and Technical Assistance Center (T/TAC). Using Federal Individuals with Disabilities Education Act training funds, the Virginia Department of Education subcontracts with T/TAC to provide support to teachers and classrooms to ensure optimal experiences for children with special needs. Because these trainers coordinate the training that raters and mentors must receive in order to participate in the QRIS, they can reinforce competencies and understanding of inclusive practice for these professionals. In this way, inclusive practice is methodically supported in classrooms and programs participating in the Star Quality Initiative, benefiting all children served. Additional information is available at <http://www.smartbeginnings.org/Home/StarQualityInitiative/AbouttheVSQI.aspx>.

Structure of QRIS Ratings

How many rating levels will the system have?

Determining the number of rating levels in a QRIS often depends on the difference between the criteria in licensing requirements and those in the most rigorous set of standards currently in place (e.g., national accreditation or prekindergarten standards). If the difference is great, then more steps may be needed to allow programs to experience success by making incremental progress toward higher quality. In the development of a QRIS, States must discuss the progression from one level to the next higher level (e.g., the size of the steps between the levels and how long it will take a program to progress from one level to the next).

Most statewide QRIS have a range of two to five levels of standards above licensing requirements. The most common number of levels is four. Information about the number of levels in each of the statewide QRIS is available in the document *QRIS Standards, Levels, and Rating Systems* available at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Levels_Rating.pdf.

Maryland’s QRIS Integrates Systems

In Maryland, the pieces of its QRIS (**Child Care Tiered Reimbursement program**) are all coordinated around a statewide action agenda. This State has strong licensing regulations, which serve as the foundation. The Maryland Child Care Tiered Reimbursement program recognizes programs that go beyond the requirements of State licensing and registration regulations. The tiered reimbursement program has four levels, each one recognizing a program’s achievements in accreditation, staff credentialing, training, enhanced learning environment, staff compensation, parent involvement, and evaluation. Participating child care programs must actively pursue program accreditation and complete activities that will help them develop policies and procedures to ensure that the services they provide constitute the best possible care for the children and families they serve. This is a voluntary system. Its purpose is to increase quality and provide a framework of recognizable quality to guide parents in selecting care for their young children. Additional information is available at http://www.marylandpublicschools.org/MSDE/divisions/child_care/credentials/tiered.

Licensed Plus Standards in New Hampshire

The QRIS in New Hampshire, **Licensed Plus**, includes two levels above licensing, with two options for achieving the first level (Licensed Plus). Licensed Plus Option 1 requires providers to meet 11 required standards and select an additional 5 standards, for a total requirement of 16 standards. Option 2 is for programs engaged in a national accreditation process, but which have not achieved that accreditation. Documentation of meeting Licensed Plus standards is done through submission of paper documentation. The level above Licensed Plus is Accreditation, which includes the following national accreditation organizations: National Association for the Education of Young Children (NAEYC), National Association for Family Child Care (NAFCC), and the Council on Accreditation’s (COA) After School Accreditation (formerly the National Afterschool Accreditation). Licensed Plus programs receive 5 percent more subsidy reimbursement than the licensed program rate, and accredited programs receive 10 percent more. Additional information is available at <http://www.dhhs.nh.gov/dcyf/licensedplus/index.htm>.

How will the ratings be assigned?

States have developed three methods for assigning ratings:

- **Building block approach.** In this approach, all the standards in each level must be met for programs to move to the next level. Examples of States using this approach are Arkansas, Delaware, District of Columbia, Idaho, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Mississippi, Montana, New Hampshire, New Mexico, Ohio, Oklahoma, Pennsylvania, Rhode Island, and Tennessee (Child Care Evaluation and Report Card Program).
- **Point system.** In this approach, every standard is assigned a number of points, with a combined score used to determine the quality rating. Examples of States using this approach are Colorado, North Carolina, Tennessee (Star-Quality Child Care Program), Vermont, and Wisconsin.
- **Combination approach.** In this approach, a combination of the building block approach and the point system determines program ratings. The first levels are building blocks; higher levels are earned through a point system. States using this approach include Iowa and Louisiana.

Additional information about how the ratings are assigned in each of the statewide QRIS is available in the document, *QRIS Standards, Levels, and Rating Systems*, at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Levels_Rating.pdf.

Following are some examples of States that have used the **building block approach** in the development of their QRIS standards.

Five Levels of Standards in Delaware’s QRIS

Delaware Stars for Early Success is a five-level system, with the fifth level being the highest rating. Licensing rules serve as the standards for Star Level 1. With each higher star level, a program is required to meet increasingly higher quality standards in the following categories: qualifications and professional development, learning environment and curriculum, family and community partnerships, and management and administration. Additional information is available at <http://www.dieec.udel.edu/delaware-stars-participating>.

Providers Earn Bronze, Silver, and Gold in the District of Columbia

The three levels of the District of Columbia’s QRIS, **Going for the Gold**, are designated as Bronze, Silver, and Gold. Providers at the Bronze level must have a current license and meet some additional standards. For the Silver level, providers must meet the requirements of that level and those of the Bronze level. Providers at the Gold level are accredited. The District of Columbia has separate sets of standards for child care centers and family child care homes in the following categories:

- Accreditation
- Compliance with licensing regulations
- Qualifications and training (for staff, directors, and providers)
- Staff compensation (for centers only)
- Parent involvement and consumer satisfaction
- Learning environment
- Home environment/home evaluation (for family child care only)

Additional information is available at http://dhs.dc.gov/dhs/lib/dhs/pdfs//ecea/tiered-reimbursement_advance.pdf.

Point systems require clear and explicit marketing so that parents can better recognize the varied strengths that are represented among programs that may all have the same rating. A point system works well as a program improvement strategy. Programs can easily see what is needed to improve in each category and have more options for moving to a higher level. The following are some examples of States that have point systems or a combination of points and building blocks.

North Carolina’s Point System Provides Flexibility

North Carolina’s **Star Rated License** has five levels of standards for family child care homes, centers that serve only preschool-age children, centers that serve only school-age children, centers that serve preschool- and school-age children, and centers located in the provider’s residence. All early care and education programs that are licensed receive a rating, including Head Start and prekindergarten. Child care programs receive an onsite evaluation in two categories: education standards and program standards, which include health and safety, physical facility, ratios, administration, parent involvement, activities, and the ERS. Seven points can be earned in each category with an optional quality point, for a total possible 15 points, creating flexibility for programs. The final point total determines the star rating. Additional information is available at http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp.

Using a Points System in Vermont’s QRIS

When Vermont’s **Step Ahead Recognition System (STARS)** was being developed, the State presented rating systems based on building blocks and points to the early childhood community in a series of focus groups. The consensus was to use points. Blocks were seen as “making us all do the same things” and points “recognize us for our varied strengths and the different ways we operate.” A point system is more flexible than a block system and fits the Vermont ethos of independence.

Vermont STARS assigns a maximum of three points in each of five arenas (categories of standards): compliance history, qualifications and training, families and community, program assessment, and administration. After 5 years of experience, Vermont is reviewing its system and will make some changes to the point system to address perceptions of inequity, e.g., currently programs do not have to earn points in every arena. The program practices arena will likely expand from three to five points and include more options for program assessment by an independent observer. Additional information is available at http://dcf.vermont.gov/sites/DCF/files/pdf/cdd/stars/Adopted_STARS_rule_FINAL.pdf.

Blocks Plus Points, Standards for Iowa’s QRIS

In developing the **Iowa Quality Rating System**, a workgroup developed an initial draft using a block approach. The specific criteria involved were shared widely to gather significant public input. This input indicated that providers overwhelmingly felt that the specific criteria were too restrictive and, for some programs, would be impossible to meet. Based on the public input, the workgroup developed a hybrid system, in which levels one and two are the same for all programs, and levels three through five are based on points that can be earned in categories of quality indicators. Programs must earn at least one point in each category for levels three through five. This approach was seen as giving an assurance of basic quality requirements being met for all programs, also allowing flexibility for programs that want to achieve higher levels. The QRS was recalibrated in February 2011, and now requires all Level 5 programs to achieve a minimum ERS score of 5.0 in each assessed classroom. Achievement bonuses are awarded based on the capacity and rating level of the program. Additional information is available at <http://www.dhs.state.ia.us/iqrs/>.

Louisiana’s Quality Start Is a Hybrid Model

Quality Start, the Louisiana QRIS, uses both a building blocks and point approach to assign quality ratings. All programs that participate in the QRIS must meet the basic requirements for a Star One and Star Two rating in four component areas of standards: administrative practices, family and community involvement, program, and staff qualifications. In addition to these basic requirements, programs applying for Star Three must have an additional 3 to 5 points; programs applying for Star Four must achieve 6 to 9 points; and programs applying for Star Five must achieve 10 or 11 points. Points are earned in two areas of standards: staff qualification and program (for reduction in staff-child ratios, introduction of group size, use of early learning guidelines, social-emotional screening of children, plan for continuity of care, and the ERS score). One additional quality point may be earned in administrative practices or family and community involvement. Additional information is available at http://www.qrslouisiana.org/qs_model.html.

Will ERS or other assessment tools be used? If yes, will it be viewed as a program improvement strategy or will minimum scores be required?

Of the 25 States with a QRIS, 21 require an ERS assessment for programs participating in the QRIS. Indiana, Maine, Montana, and Vermont do not require classroom assessments as part of the rating system, although they may be used to acquire points (e.g., Vermont) or help evaluate the system (e.g., Maine).

Most of the States that require a classroom assessment to evaluate program quality currently use the ERS developed by the FPG Child Development Institute at the University of North Carolina at Chapel Hill:

- Early Childhood Environment Rating Scale-Revised
- Infant/Toddler Environment Rating Scale-Revised
- School-Age Care Environment Rating Scale (SACERS)
- Family Child Care Rating Scale⁴

It is important to distinguish these scales, which are used to assess the overall classroom and teaching environment, from other assessment tools that are designed to assess the specific progress of children in the classroom. Additional information about the ERS is available on the FPG Child Development Institute, University of North Carolina at Chapel Hill Web site at <http://ers.fpg.unc.edu/>.

The ways ERS assessments and scores are used within QRIS varies among the 21 States that require assessments.

- In 13 States (Arkansas, Delaware, District of Columbia, Idaho, Illinois, Kentucky, Maryland, Massachusetts, Mississippi, New Mexico, Pennsylvania, Rhode Island, Tennessee), ERS scores are used to determine rating levels.
- In five States (Colorado, Iowa, Louisiana, North Carolina, Wisconsin), programs can earn points for ERS scores. The points contribute to the overall rating.
- Two States (New Hampshire, Oklahoma) require programs to be assessed with ERS, but do not tie particular scores to the ratings.
- In Ohio, self-assessments are required, but programs can use an ERS, the Early Learning and Literacy Classroom Observation (ELLCO), or other assessment tool, and scores are not tied to ratings.

Some States use other assessment tools:

- **Oklahoma** recognizes the Child and Caregiver Interaction Scale, the Arnett Caregiver Interaction Scale, the Early Learning and Literacy Classroom Observation (ELLCO), and the Program Administration Scale (PAS).
- **Ohio** recognizes the ELLCO tool for its self-assessment requirement.
- **Massachusetts** also requires assessments with the CLASS (Classroom Assessment Scoring System) or Arnett Caregiver Interaction Scale to measure teacher-child relationships, and the PAS for administration. Assessment with the Business Administration Scale (BAS) is required for FCC providers.
- **Mississippi** uses scores from ERS and the Arnett Caregiver Interaction Scale to determine rating levels.
- In **Rhode Island**, CLASS scores are collected from a random sample of 33 percent of preschool classrooms. Scores were not used in the rating process during the first year of implementation.

⁴ The ERS for family child care homes was revised in 2007. Some States still refer to the older version, i.e., the Family Day Care Rating Scale.

The following publications provide information about program quality assessment tools and child assessment tools:

- *Quality in Early Childhood Care and Education Settings: A Compendium of Measures* (November 2010), by Tamara Halle and Jessica Vick, Child Trends, provides profiles of several tools that can be used to assess the quality of child care.
http://www.childtrends.org/Files//Child_Trends-2010_03_10_FR_QualityCompendium.pdf
- *Child Assessment* (November 2011), by the National Center on Child Care Quality Improvement, provides basic information about the purpose of child assessments, assessment tools, Child Care and Development Fund Lead Agency use of child assessments, and child assessment resources.
http://www.acf.hhs.gov/resource/wwwroot/files/Child_Assessment.pdf
- *Measuring Youth Program Quality: A Guide to Assessment Tools, 2nd Edition* (2009), by Nicole Yohalem and Alicia Wilson-Ahlstrom, Forum for Youth Investment, provides an overview of tools developed to measure quality in youth programs.
<http://www.forumfyi.org/content/measuring-youth-program-quality-guide-assessment-tools-2nd-edition>

Minnesota QRIS Pilot Includes Child Assessment

Parent Aware, the Minnesota QRIS, requires participating providers to conduct regular child assessments linked to an approved curriculum aligned with the State’s K–12 standards. The child’s assessment score is not a factor in the QRIS rating; the purpose is to ensure that providers engage in reflective practice and can identify and respond to the unique needs of each child. Additional information is available at <http://www.parentawareratings.org/>.

Using a Range of Self-Assessment Tools in Ohio’s QRIS

Ohio’s **Step Up To Quality** requires practitioners in every classroom to do a self-assessment that leads to an improvement plan. Originally the self assessment tools recommended were the age-appropriate ERS or, for preschool classrooms, the ELLCO. Recently the range of acceptable self-assessment tools has expanded to include the CLASS, Creative Curriculum’s assessment tools, and the NAEYC classroom observation tool, as well as the PAS. This change was made to reduce redundancy for programs using other tools and reflect a wider range of dimensions of classroom and program quality. Additional information is available at <http://ifs.ohio.gov/cdc/stepUpQuality.stm>.

Use of CLASS in Virginia’s QRIS Pilot

Virginia’s **Star Quality Initiative** has five Star levels that incorporate and build on the Commonwealth’s licensing standards, Board of Education requirements, and Head Start Performance Standards. The four performance standards categories—education, qualifications, and training; interactions; structure; and environment and instruction—have indicators that must be achieved for each Star level. For standard 2, interactions, programs will be assessed through direct observations of classrooms using the CLASS framework for Children’s Learning Opportunities developed by the Center for Advanced Study of Teaching and Learning at the University of Virginia. Because research shows strong correlation between the quality of interactions and child outcomes in academic development, in addition to social, emotional, and motivational development, this standard will be given the greatest weight in determining a program rating. Additional information is available at <http://www.smartbeginnings.org/Home/StarQualityInitiative/AbouttheVSQI.aspx>.

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QRIS Resource Guide: Section 5 Accountability and Monitoring

This material was developed under a previous contract with the Office of Child Care. While these materials are up to date, the National Center on Child Care Quality Improvement plans to update this product later this year and/or expand on these materials. The National Center on Child Care Quality Improvement does not endorse any non-Federal practice, organization, publication, or resource.

When a State decides to pursue a quality rating and improvement system (QRIS), it is important to engage providers, partners, and other stakeholders in a strategic process to determine appropriate policies and procedures for accountability and monitoring. This section addresses the areas of documenting compliance with the standards and criteria, determining the rating levels, deciding how frequently they will be determined, choosing which assessment tools to use, monitoring the rating, and facing a possible loss or reduction of a rating level.

Documenting Compliance

- [Is the compliance criteria and documentation for meeting each standard clearly identified?](#)
- [Will there be multiple ways to demonstrate compliance with a standard, e.g., equivalencies for educational qualifications?](#)
- [How frequently will compliance with standards be monitored? Will this vary by standard?](#)

Determining the Rating Level

- [Who or what agency or agencies will determine the rating, i.e., what infrastructure exists to carry out this function?](#)
- [What role does licensing play in a QRIS?](#)
- [How frequently will ratings be determined?](#)
- [What documentation of compliance with standards already exists, e.g., the licensing process, Head Start performance review, or the professional development registry? Can it be used in the rating process?](#)
- [What assessment tools will be used? How will they be used?](#)
- [Does QRIS implementation require new or additional staff, training, databases, Web sites, or other resources?](#)

Monitoring the Rating

- [What happens when programs do not meet the QRIS standards? Is there clear and detailed documentation of a program's failure to meet standards? How is this communicated to programs?](#)
- [Is there an appeals process for programs?](#)
- [Does reduction or loss of rating levels affect programs in other ways, e.g., the amount of subsidy reimbursement, access to technical assistance or grants, access to loans, approval to participate in the subsidy system?](#)
- [Who is notified of a reduction or loss of a rating level, e.g., child care resource and referral \(CCR&R\) agencies, parents, the subsidy program?](#)

Documenting Compliance

Is the compliance criteria and documentation for meeting each standard clearly identified?

The compliance criteria for each standard define what a program must do to achieve a particular level, to move to the next level, or to earn points in a specific category. Documentation for meeting QRIS standards can be in the form of a checklist, a self-report or self-assessment, presentation of materials, and an observation or assessment. It is very important that each criterion and forms of acceptable documentation are clearly defined. Interviews and conversations with providers and interested stakeholders while the process is being developed will help to identify requirements and processes that are not clear or sufficiently defined.

Many States have glossaries, or definition pages, to more fully define and explain the criteria. They also have companion pieces, such as an application manual (Maine), a program guide (Delaware), or worksheets (Pennsylvania), that help the providers and other interested individuals better understand the QRIS. See the “Standards and Criteria” section of this guide for additional information.

As QRIS evolve in a State, documentation requirements may change or need clarification. Any changes need to be communicated to all stakeholders. As participation in the QRIS increases, the capacity of the documentation and assessment system must increase accordingly. The goal remains to make accurate verification and timely rating decisions.

Oklahoma Responds to Unintended Consequences in Its QRIS

Oklahoma’s **Reaching for the Stars** QRIS policy and procedures are specific and detailed so that staff and providers understand the process. This is essential because of the significant financial consequences of star status on tiered reimbursement rates. Because it is difficult to evaluate a program when it first opens, the QRIS policy initially stated that a program could not apply for a higher star level until it had a full license, generally after 6 months of operation. This imposed a hardship on new programs as well as on existing child care centers, particularly if there was a change of ownership. Under new ownership, the tiered rates dropped dramatically, jeopardizing the continued quality of the center. As a result, the policy was changed to allow new programs with an initial permit to participate. Additional information is available at <http://www.okdhs.org/programsandservices/cc/stars/>.

Will there be multiple ways to demonstrate compliance with a standard, e.g., equivalencies for educational qualifications?

Some States permit multiple methods to demonstrate compliance with QRIS standards. One area where States frequently accept equivalencies is educational qualifications and attainment.

Alternative Approaches to Meeting Requirements in Louisiana

In the Louisiana QRIS, **Quality Start**, there are four alternatives for Directors to meet the requirement for 3 semester hours in administration training at the 2 Star level: (1) Louisiana Administrator Certificate, (2) National Administrator Credential, (3) 3 years of experience in administration, or (4) combination of 1 year of experience in administration and 4 years of teaching young children in an early childhood program. Louisiana’s Quality Start standards are available at <http://www.qrsloisiana.org/child-care-providers/staff-qualifications>.

Alternative Approaches to Meeting Requirements in Iowa

In the **Iowa Quality Rating System**, a center director can meet a professional development standard by having a current National Administrator Credential or being a school principal licensed by the Board of Educational Examiners. Iowa also accepts different criteria at the Level 1–Licensing Level: full license OR a provisional license with no action to revoke or deny OR operates under the authority of an accredited school district or nonpublic school. Additional information is available at <http://www.dhs.state.ia.us/iqrs/>.

National accreditation is another standard that is often used as an equivalent measure in a QRIS. States that incorporate national accreditation systems into their QRIS generally do so as equivalent to, or required for, higher levels of quality. Most States accept more than one national accreditation and typically base this decision on a comparison of the accreditation standards with their QRIS requirements. States may decide to include standards in addition to meeting the national accreditation if they feel that these are not sufficiently incorporated in the accreditation system or monitored with enough frequency. An example of this may be the requirement for program assessments, such as the Environment Rating Scales. Information about the use of accreditation and the accreditation organizations accepted by each statewide QRIS is available in *Accreditation Accepted for QRIS* at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Accred_Accepted.pdf. Information about accreditation organizations is available in *National Accreditation Organizations for Early Childhood Programs* at http://www.acf.hhs.gov/resource/wwwroot/files/National_Accred.pdf.

Most QRIS include a range of choices to demonstrate compliance in the areas of staffing standards, such as accepting different types of professional development activities, as well as various ways to meet the compensation and benefits standards. The family involvement standards component is another area where choice is the norm; most States permit QRIS participants to identify a range of acceptable parent activities and supports.

When States are considering multiple ways to demonstrate compliance, they can consider such questions as:

- Is the alternate means of documenting compliance equivalent to the required competencies?
- Are there programs in place or supports readily available for providers to access to demonstrate compliance? If not, does the State have the capacity to make them available?
- If providers can seek validation from an outside group, association, or system to document compliance, does the outside entity have the capacity to meet the provider requests in a timely manner?
- Are there cost or financial implications involved with alternate pathways?

How frequently will compliance with standards be monitored? Will this vary by standard?

Frequency of monitoring is often determined through examination of several factors:

- Available financial resources
- Availability of staff with appropriate skills, knowledge, and time to perform functions
- Determinations related to validity and integrity of data collection
- Connections to other systems and their monitoring and compliance processes

Most States conduct monitoring of compliance with standards for their QRIS on an annual basis. Others, such as **Oklahoma**, monitor programs for licensing and overall QRIS compliance three times per year, although environment rating scales (ERS) assessments are conducted only once every 3 years.

Tennessee’s Use of Unannounced Monitoring Visits (UAV)

The **Child Care Evaluation and Report Card Program** in Tennessee recognizes that a program can change quickly, so it conducts annual UAVs. Although all agencies must receive a minimum of one announced visit per year, the minimum number of UAVs each agency receives is determined by its “star status.” The UAV schedule for programs operating year round is as follows:

- New agencies and agencies eligible for 0 stars = six UAVs/licensing year
- Agencies eligible for one star = five UAVs/licensing year
- Agencies eligible for two or three stars = four UAVs/licensing year

Additional information is available at <http://www.tennessee.gov/humanserv/adfam/ccrcsq.html>.

In **Pennsylvania**, monitoring compliance for the lower levels, Start with STARS and STAR 1, is a paperwork process; whereas STARS 2 through 4 require an annual onsite review of standards compliance by Pennsylvania Keys to Quality Program regional staff.

The method and frequency of monitoring may vary by standard. Some standards, such as current staff qualifications, may need to be verified one time only as long as the staff and their qualifications remain unchanged. Other standards, such as professional development requirements for ongoing training, need to be checked annually. This can be accomplished through a paperwork process or verification through training organizations or data imported from registries. Other standards, such as reading to children, implementing curriculum, or posting lesson plans, may require onsite observation. Policies may also be needed to verify standards in certain circumstances, such as staff changes, particularly as it relates to the director, or licensing violations which may require more frequent monitoring.

Determining the Rating Level

Who or what agency or agencies will determine the rating, e.g., what infrastructure exists to carry out this function?

Identifying the entity(ies) with capacity to effectively administer a QRIS over time is a central issue to consider in the design phase. Most statewide QRIS are administered by a State agency in partnership with private sector entities. The QRIS administrator typically performs several basic functions, including:

- Initially assessing program quality and assigning a star level.
- Monitoring compliance to insure system integrity.
- Conducting classroom assessments (using the ERS, the Classroom Assessment Scoring System [CLASS], or another instrument).
- Providing training and technical assistance.
- Managing system planning, engagement, and outreach (e.g., data collection and analysis, Web design and upkeep, marketing development and public information dissemination, etc.).

In most cases, each of these functions is the responsibility of different staff members, many of which may be with contracted agencies or privately funded partners. Most States use State agency employees for functions 1 and 2 (assigning the initial rating and monitoring compliance) and contract with outside entities for functions 3 and 4 (conducting classroom assessments and providing training and technical assistance). However, these staffing patterns vary and are often influenced by available funding and current staffing needs and resources. For validity of the system, it is important to separate the functions of conducting assessments and providing technical assistance, i.e., technical assistance providers should not also be responsible for assessing programs.

In many States, CCR&R agencies play a key role in QRIS administration and often coordinate QRIS training and technical assistance. Institutions of higher education are also important partners and frequently assume responsibility for classroom assessment as well as help with data collection. Public-private partnerships, such as early and school-age care and education advisory committees, are often charged with planning, engagement, and outreach functions. In short, QRIS implementation is often a team effort.

State experience suggests that the decision to use State licensing or subsidy staff to assign ratings, and outside entities, such as CCR&R agencies, institutions of higher education, Cooperative Extension, and others, to assist with training and technical assistance, is often a strategic way to build on and expand current investments and maximize all available early and school-age care and education dollars.

Shared Management Approach in Virginia's QRIS Pilot

Virginia's **Star Quality Initiative** is administered by the Virginia Early Childhood Foundation (VECF) in partnership with the Office of Early Child Development (OECD). The administrative partnership of these two entities, referred to as "the Hub," shares responsibility for coordination, oversight, and evaluation of the initiative and for staffing the Star Quality Advisory Team. In this shared management approach, each entity maintains specific responsibilities. The OECD is responsible for

- (1) Providing and reviewing early childhood program applications, forms, and related materials necessary for participation by programs;
- (2) Coordinating the star quality rater certification and conducting assessments in pilot communities;
- (3) Coordinating star quality mentor certification and providing technical assistance in pilot communities; and
- (4) Maintaining data collection and the QRIS Web site.

The Virginia Early Childhood Foundation has responsibility for

- (1) Protecting and maintaining performance standards;
- (2) Ensuring quality training, certification of star quality raters and mentors, and inter-rater consistency;
- (3) Issuing star rating designations to participating programs;
- (4) Raising awareness of the initiative across the commonwealth; and
- (5) Overseeing an appeal process if a provider disputes the assigned star rating.

Additional information is available at

<http://www.smartbeginnings.org/Home/StarQualityInitiative/ForEarlyChildhoodProfessionals.aspx>.

In most States, licensing is an integral part of the QRIS, serving as the foundation other standards build on. Frequently, the QRIS is monitored by the licensing agency alone, or in partnership with the subsidy agency or a private entity. Using licensors who are already funded to make periodic visits to programs makes good fiscal sense. Strategically linking QRIS to licensing could provide an opportunity to increase the number of licensing staff, reduce caseloads, and broaden their role. For example, Oklahoma added 27 licensing staff when they became responsible for monitoring QRIS compliance. However, an assessment must be made to determine if the licensing system can adequately support this new responsibility. If a licensing program is unable to adequately monitor child care or their sole focus is on enforcement, they will face greater challenges in monitoring a QRIS. If licensing managers are included early in the QRIS planning process, they may have valuable contributions to this discussion.

If licensing staff are not required to have any background in early or school-age care and education, it will be more difficult for them to provide the encouragement and support providers need to participate in a QRIS. *The 2008 Child Care Licensing Study* (NCCIC and NARA, 2010) notes 31 States where licensing staff provide technical assistance or consultation to help centers move beyond minimum licensing standards. Most States (36) require staff to have at least a bachelor's degree to work as a licensing specialist; 19 States also require experience working in a setting with children; however, only 14 States reported that the content or major of the required degree or coursework must be in early childhood education, child development, or a related topic. Although 21 States require annual training, only 10 mandate additional training in early childhood education.

When discussing QRIS ratings, it is important to differentiate between two separate, but interrelated, functions: assigning a rating and conducting a classroom or home assessment. Most States use classroom or home assessments, such as the ERS, as one—but not the only—tool to assess compliance with QRIS criteria in an area of Learning Environments. Additional data and tools are used to assess compliance with other aspects of the QRIS, such as staff qualifications or administrative practices.

As noted above, although public employees are typically responsible for assigning ratings, private sector contractors are typically responsible for conducting classroom assessments. Thus, these two functions can occur on the same cycle, such as annually, or they can occur at different points in time. On average, States assign ratings and conduct classroom assessments annually. However, there are exceptions.

- **Illinois** requires renewal every 3 years, including reassessment on ERS and BAS or PAS. Rated programs must provide an annual report of licensing compliance and staffing requirements to maintain the rating.
- **North Carolina** assigns ratings every 3 years and monitors annually for maintenance of ratings. A reassessment of the rating may also be conducted before the 3-year time period if the annual monitoring identified certain indicators, e.g., high staff turnover, a new director, or serious licensing violations. A program may also request a rating reassessment once a year if it anticipates its rating will improve.
- **Oklahoma** conducts monitoring visits at least three times a year. Provided a site’s compliance remains documented, both its license and star status remain nonexpiring.
- **Maine** assigns ratings annually but only requires classroom assessment in sites that are selected to participate in the QRIS evaluation.

Decisions regarding how often QRIS ratings are assigned, as well as how frequently classroom assessments are conducted, will be based on available resources. Conducting a reliable, valid classroom assessment can be a costly proposition. In addition to the time it takes to actually conduct an assessment, write up the results, and travel among multiple sites, time and funding must be made available to ensure that raters receive appropriate training and that inter-rater reliability is assessed on a regular basis. Another cost driver is the number of classrooms assessed at each site; some States assess 50 percent or more of the classrooms in each program; others assess a smaller sample.

Ideally, if a State has an integrated, comprehensive early and school-age care and education system, documentation from various components of the system could be shared to verify compliance with QRIS standards. Sources could include licensing data, a professional development registry, the Head Start Program Review Instrument for Systems Monitoring data system, or prekindergarten program or monitoring data from other quality initiatives, to name a few. The **Maine** QRIS was designed to maximize data from licensing and Maine Roads to Quality, the State’s professional development system.

Online Application Simplifies Process in Maine

For its QRIS, **Quality for ME**, Maine created an online application process, which is linked to the State's automated professional development registry. Providers begin the application process by entering their six-digit, unique child care license number. This number enables access to the system and automatically triggers the Maine Roads to Quality (MRTQ) Professional Development Registry records for the site. Providers verify or update these records, and go on to respond to queries that request the additional information required to determine their quality level. The MRTQ Registry provides accreditation and Head Start data, which are also used to help determine a quality level. Upon completion of the application, the system triggers a report that includes a brief overview of what quality level the provider is likely to receive based on the information entered. It also tells the applicant what is missing as well as what it would need to do to move to the next highest step in the QRIS. This report is then sent to Department of Health and Human Services staff to verify licensing compliance data and provide any other necessary approvals. Filling out the application is meant to be an educational experience for providers. The online system allows the user to hold the cursor over words which bring up popup boxes with definitions and other helpful information, including examples of policies and practices that meet the QRIS standards (e.g., model parent handbook or classroom planning tool). Additional information is available at <http://www.maine.gov/dhhs/ocfs/ec/occhs/qualityforme.htm>.

Delaware Alternative Pathway Avoids Duplication of Documentation

The Alternative Pathway is designated for National Association for the Education of Young Children (NAEYC) accredited, Head Start, Early Head Start, and Early Childhood Assistance Programs (ECAP) programs. Accredited programs must provide documentation of current accreditation. Head Start programs, Early Head Start programs, and ECAP that are in full compliance with Head Start Performance Standards are required to provide a copy of their most recent monitoring report, with verification that any compliance and/or deficiency issues have been corrected. If the monitoring process did not include a site visit, **Delaware Stars** will make arrangements for a monitoring visit and assistance in verifying compliance with the Head Start Performance Standards that specifically relate to the Delaware Stars Quality Standards. Programs using the alternative pathway must be able to provide documentation showing that they meet all alternative pathway Standards, including the School-age Standards, if applicable. If there are Standards that a program does not meet, these become the focus of the quality improvement work. The 2010 Program Guide is available at http://www.dieec.udel.edu/sites/dieec.udel.edu/files/pdfs/stars/Stars%20Program%20Guide%202010_0.pdf.

As States develop new or expanded data systems, a challenge and an opportunity exist in cross-sector and cross-system utilities. The **Pennsylvania** Enterprise to Link Information for Children Across Networks (PELICAN) is one example of a sophisticated, integrated child and early learning system. This system draws data from subsidy, licensing, Pennsylvania Pre-K Counts, the Pennsylvania Keys to Quality QRIS, and other Pennsylvania early learning programs into one integrated data system. Automation offers exciting opportunities to create user-friendly systems that not only draw data from multiple sources, but also use these data to help inform consumers.

As noted earlier, QRIS compliance is typically based on a number of factors, only some of which are determined by a classroom assessment. Most States with a QRIS are using the ERS to assess classrooms. Additional data and tools are used to assess compliance with other aspects of the QRIS.

Most of the States that require a classroom assessment to evaluate program quality currently use the ERS developed by the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill. These scales include:

- Early Childhood Environment Rating Scale-Revised (ECERS-R)
- Infant/Toddler Environment Rating Scale-Revised (ITERS-R)
- School-Age Care Environment Rating Scale (SACERS)
- Family Child Care Rating Scale (FCCRS).¹

Each one of the scales has seven areas of evaluation: physical environment, basic care, curriculum, interaction, schedule and program structure, and parent and staff education. *Program Assessment Tools for Early Childhood Programs* provides more detailed information on program assessment tools for different age levels and different settings. This document is available at http://www.acf.hhs.gov/resource/wwwroot/files/Program_Assessment.pdf.

States are beginning to use more focused assessment tools that measure interactions, classroom practice, and administrative practices in addition to or in lieu of measures of global quality. **Ohio** recognizes the Early Learning and Literacy Classroom Observation (ELLCO) tool for its self-assessment requirement. **Oklahoma** recognizes the Child and Caregiver Interaction Scale, the Arnett Caregiver Interaction Scale, and the ELLCO, as well as the ERS. **Minnesota** and **Virginia**, both of which are still in a pilot phase, are incorporating the CLASS as an assessment for center-based classrooms. **Massachusetts** also requires assessments with the CLASS (Classroom Assessment Scoring System) or Arnett Caregiver Interaction Scale to measure teacher-child relationships, and the PAS for administration. Assessment with the Business Administration Scale (BAS) is required for FCC providers.

- In some cases, classroom assessments are required and the scores are used to help determine ratings. Other States have made the assessment optional—as one way to accumulate QRIS points—or require it for programs seeking higher star levels only. For example: In 13 States (**Arkansas, Delaware, District of Columbia, Idaho, Illinois, Kentucky, Maryland, Massachusetts, Mississippi, New Mexico, Pennsylvania, Rhode Island, Tennessee**), ERS scores are used to determine rating levels.
- In five States (**Colorado, Iowa, Louisiana, North Carolina, Wisconsin**), programs can earn points for ERS scores. The points contribute to the overall rating.
- Two States (**New Hampshire, Oklahoma**) require programs to be assessed with ERS, but do not tie particular scores to the ratings.

Some States use other assessment tools:

- Oklahoma recognizes the Child and Caregiver Interaction Scale, the Arnett Caregiver Interaction Scale, the Early Learning and Literacy Classroom Observation (ELLCO), and the Program Administration Scale (PAS).
- In Ohio, self-assessments are required, but programs can use an ERS, the Early Learning and Literacy Classroom Observation (ELLCO), or other assessment tool, and scores are not tied to ratings.
- Mississippi uses scores from ERS and the Arnett Caregiver Interaction Scale to determine rating levels.
- In Rhode Island, CLASS scores are collected from a random sample of 33 percent of preschool classrooms. Scores were not used in the rating process during the first year of implementation.

¹ The ERS for family child care homes was revised in 2007. Some States still refer to the older version, i.e., the Family Day Care Rating Scale (FCDRS).

Using a Range of Self-Assessment Tools in Ohio's QRIS

Ohio's **Step Up to Quality** requires practitioners in every classroom to do a self-assessment that leads to an improvement plan. The self-assessment tools that were originally recommended included the age-appropriate ERS or, for preschool classrooms, the ELLCO, which stresses the importance of literacy. Recently, the range of acceptable self-assessment tools has expanded to include the CLASS, Creative Curriculum's assessment tools, and the National Association for the Education of Young Children classroom observation tool, as well as the Program Administration Scale. This change was made to reduce redundancy for programs using other tools and to reflect a wider range of dimensions of classroom and program quality. Additional information is available at <http://jfs.ohio.gov/cdc/stepUpQuality.stm>.

Some QRIS evaluators have raised concerns about the range of tools used to measure classroom quality as well as how these tools are implemented. The Office of Planning, Research and Evaluation's (OPRE) brief, *Issues for the Next Decade of Quality Rating and Improvement Systems* (May 2009), cautions that even when States use the same tool, such as ITERS-R/ECERS-R/FCCRS/SACERS, significant variations can occur based on how the tool is applied. Indeed, State QRIS standards and compliance practices vary widely. Some States assess one-half of the classrooms in each age group; others assess far fewer. Some States average the scores for all assessed classrooms; others base ratings on the lowest score. In addition, States that use ERS assessments to actually assign scores do not use the same quality threshold. As more States adopt a QRIS as a way to improve the quality of early care and education, it will become important to address some of these inconsistencies. OPRE's issue brief is available at http://www.childtrends.org/Files/Child_Trends-2009_5_19_RB_QualityRating.pdf.

Does QRIS implementation require new or additional staff, training, databases, Web sites, or other resources?

A key step in QRIS design is to examine the current early and school-age care and education landscape and infrastructure to determine how to integrate various functions or subsystems. It is important to identify where there are services already in place that might be expanded or included in the QRIS structure. In most States, there are a host of resources that can be accessed.

- **North Carolina, Tennessee, Oklahoma and Ohio**, among others, use State licensing staff to gather and validate the information needed to assign a rating.
- **Ohio's Step Up to Quality** program includes dedicated staff in each licensing field office whose sole responsibility is QRIS administration.
- In **Colorado**, CCR&R staff, who are private sector employees that receive both public and private funding, conduct ratings.

In **Illinois**, assessments are conducted by staff at the McCormick Center for Early Childhood Leadership; scores are sent to Illinois Gateways, the QRIS contractor, to be combined with other criteria where the rating is generated. It is also important to ensure that the staff conducting the assessments have the appropriate background, credentials, and training related to the age group for each assessment scale. For example, the ITERS-R assessor should have knowledge of infants and toddlers. Likewise, the SACERS assessor would be knowledgeable about the care and education of school-age children.

In staffing a QRIS, it is important to avoid conflicts of interest, real or perceived, that may arise if the same staff play multiple roles. In **Pennsylvania**, different QRIS staff perform three distinct roles.

- The STARS Manager or Specialist serves in a supportive role and helps the provider understand the QRIS and its requirements.

- The STARS Designator, an analysis expert, is responsible for reviewing all sources of evidence for each rating component.
- The ERS Assessor is part of a separate team that receives extensive training and maintains high inter-rater reliability.

All three of these staff are employed by the Pennsylvania Keys to Quality Offices.

It is also possible to use existing databases and automated systems to help support QRIS functions. In most cases, however, significant modifications, or entirely new systems, will be needed. Pennsylvania has launched a new information management system, called PELICAN, which integrates data from all early learning subsystems in the State. (See box, below for details.) Additionally, several independent contractors have developed new, customizable Web-based data management systems that could augment, or replace, existing State automation.

Existing and New Resources Fill Gaps in Oklahoma’s QRIS

When Oklahoma launched its **Reaching for the Stars** program in 1998, licensing staff were given the responsibility of both promoting the program with providers and providing ongoing monitoring. Twenty-seven new licensing specialists, a 25 percent increase in staff, were added to reduce caseloads and allow time for this new responsibility. In 2003, five Stars Outreach Specialists were added to supplement the consultation being provided by licensing staff. Child Care and Development Fund-funded partners were asked to make supporting QRIS participation a priority within their service delivery. For example, the Center for Early Childhood Professional Development offered workshops on program assessment and the four ERSs. It initiated a Director’s Leadership Academy which addressed QRIS criteria, such as policies and procedures, staff development, and staff evaluation. The Scholars for Excellence in Child Care program provides enhanced outreach to programs participating in the Reaching for the Stars program; child care providers must be employed in a one-star plus or above child care facility to participate. The REWARD Oklahoma wage supplement program was created after programs were having difficulty recruiting and retaining the master teachers required in the Reaching for the Stars criteria. Improvement grants and accreditation support efforts were targeted toward programs committed to improving their star status. Additional information is available at <http://www.okdhs.org/programsandservices/cc/stars/>.

Integrated Data Systems in Support of a QRIS: Pennsylvania’s PELICAN

PELICAN is an integrated child and early learning system that automates administration and data collection for the statewide QRIS, **Keystone STARS (Standards, Training/Professional Development, Assistance, Resources, and Support)**, as well as many of the following additional functions: administration of the subsidized child care program; child care provider inspection and certification (licensing); administration and data collection for the State’s prekindergarten program; and data collection and analytics to support a longitudinal database and tracking system for children in Pennsylvania early learning programs. Users of PELICAN include public and private administrators, early childhood program teachers, directors and staff (including those in prekindergarten and Head Start); school districts that provide prekindergarten; parents; and others. Additional information is available at <http://www.ncsl.org/portals/1/documents/Educ/PAEarlyChild-Stedron.pdf>.

Monitoring the Rating

What happens when programs do not meet the QRIS standards? Is there clear and detailed documentation of a program’s failure to meet the standards? How is this communicated to programs?

The policies and procedures for monitoring the ratings should be clearly articulated to all involved. As providers submit documentation, and QRIS staff conduct interviews, observations, and assessments, it is important that all acceptable “sources of evidence” are consistently defined and interpreted. Whether a State implements a building block approach, a point approach, or a combination of the two, it must have a sound monitoring process in place.

Just as it is important for early and school-age care and education programs to be aware of any benefits for achieving a level, they also need to understand what they must do to maintain a designated level and the consequences for noncompliance. The policy should specify when a reduction of status becomes effective, what the process is to restore a level, and if there are any appeal rights. States have developed administrative policies for situations when a program no longer meets one or more of the standards in its current designation level. The process to be followed for noncompliance should be clearly written and communicated to programs.

Delaware’s Plan for Maintaining Star Level Standards

Delaware Stars for Early Success, uses a Quality Improvement Plan (QIP) as the framework for a program’s quality improvement work. The QIP outlines the tasks the program needs to complete in order to meet the Star Level they are working to achieve. There are three versions of the plan:

- QIP for programs actively working to increase the Star level designation;
- Corrective QIP for programs no longer meeting the standards; and
- Quality Maintenance Plan for programs maintaining a Star level designation of 3 or higher.

When a program no longer meets a standard, it must develop a written plan for restoring compliance with its current star-level standard. This plan is developed and recorded on the *Plan for Maintaining Star Level Designation and Report on Plan Completion (form #22)* form. The program can receive assistance from Delaware Stars personnel to develop and implement its plan, and, as needed, it may request to use unused grant funds tied to the unmet Star Level Standard to implement the maintenance plan. A program has 6 months (or longer if approved by Delaware Stars) to implement the plan and meet its Star Level designation. Successful completion of the maintenance plan is reported on *form #22*, as well. If a program does not make the changes needed to meet Delaware Stars’ standards, the program will drop to the appropriate Star Level designation. Companion guides for the Delaware Stars for Early Success are available at <http://www.dieec.udel.edu/delaware-stars-ers>.

Pennsylvania developed a “STARS Status Review, Suspension, and Removal Process” policy that provides guidance for the Regional Keys when faced with the reduction or removal of a facility’s STAR level. It also introduces procedures for suspending a facility’s STAR designation and developing action plans. This process is followed in cases of (1) noncompliance with Department of Public Welfare regulations, (2) noncompliance with Keystone STARS QRIS performance standards, or (3) loss of accreditation for STAR 4 Accredited facilities.

Is there an appeals process for programs?

Providers may wish to challenge both an assessment score as well as the overall rating assigned to their program. As States gain experience in implementation of QRIS, many are developing guidelines to follow if a program

disagrees with its quality rating, although not all have a formal appeals process. Clear communication and training to help providers better understand the rating process may help to keep the number of appeals down.

In *Stair Steps to Quality: A Guide for State and Communities Developing Quality Rating System for Early Care and Education*, Mitchell (2005, p. 36) makes the following statement about implications of accountability policies:

“A key accountability issue in a quality rating system (QRS) [sic] is the accuracy of quality ratings. A well-designed and implemented accountability system, bolstered by clear communication about the structure and operation of the QRS, should minimize disagreements. A concern that has been raised about rating systems, especially those connected with licensing, is whether rating the quality of programs will result in challenges to ratings and an increase in requests for hearings. Anticipating that some programs may not agree with the rating they receive, an appeals process should be designed in advance. Administrators of statewide QRS report that although quality ratings do change, there are relatively few challenges and little or no increase in hearing requests.”

Stair Steps to Quality is available at

http://www.earlychildhoodfinance.org/downloads/2005/MitchStairSteps_2005.pdf.

Tennessee’s Appeals Process

Tennessee tries to anticipate situations that may lead to an appeals process by making post-assessment calls to all providers participating in the **Child Care Evaluation and Report Card Program** and **Star-Quality Child Care Program**. These calls, which are handled by CCR&R Specialists, help to keep the number of disagreements low. Following each call, a provider receives a copy of the assessor’s notes and a Profile Sheet that summarizes all of its scores. If there is an issue with the assessment piece, the provider has 20 business days to file an appeal. The Level 1 appeal is handled by the local unit, which works with the CCR&R staff. The Level 2 appeal is conducted by contract staff. If a provider completes both levels of the appeals process and still has an issue, it may then request an administrative appeals process. Additional information is available at <http://www.tennessee.gov/humanserv/adfam/ccrcsq.html>.

Maine’s Process for Handling Appeals

In Maine’s **Quality for ME** QRIS, programs that do not agree with the accuracy of the Department of Health and Human Services’ rating may appeal a decision by requesting an informal review by the Early Childhood Division. If a provider is not satisfied with the result of this informal review, it may request an administrative hearing. The following policy is in place for this purpose:

“A provider must request an informal review and obtain a decision before requesting an administrative hearing. If the provider is dissatisfied with the informal review decision, he or she may write the Commissioner of the Department of Health and Human Services to request a hearing provided he/she does so within thirty (30) calendar days of the date of the Director’s report on the Department’s action. Subsequent appeal proceedings will be limited only to those issues raised during the informal review. The Office of Administrative Hearings shall notify the provider in writing of the date, time and place of the hearing, and shall designate a presiding officer. Providers will be given at least twenty (20) calendar days advance notice of the hearing date. The hearing shall be held in conformity with the Maine Administrative Procedures Act, 5 M.R.S.A. §8001 et seq. and the Administrative Hearings Regulations.”

Additional information is available at <http://www.maine.gov/dhhs/ocfs/ec/occhs/qualityforme.htm>.

The guidelines developed by each State vary. In **Colorado**, a program may initiate a Technical Review of its Qualistar rating within 30 calendar days of receiving its Qualistar Rating Consultation. It may also initiate a Dispute Resolution Process within the same time period. In **North Carolina**, programs can appeal the evaluation of staff qualifications to the Workforce Unit and ERS assessments to the Advisory Committee for ERS. In **Oklahoma**, if a program's star level is reduced, it can appeal or propose an alternative settlement but cannot re-apply for 6 months if the reduction is due to noncompliance. Most of the guides, workbooks, and toolkits referenced in Section 6: Incentives and Support include information on the appeals process.

Vermont's Grievance Process

In the state of Vermont, applicants or program participants have the right to appeal to the Human Services Board, the rejection of their application material or other adverse decision related to the **STep Ahead Recognition System (STARS)** program, such as the suspension or revocation of a STARS certificate in connection with enforcement of licensing regulations, subsidy regulations, or the STARS standards. Appeals must be in writing and received by the Department for Children and Families or its designee within 30 days of the date of the rejection or other adverse decision. The following policy is in place for this purpose:

"Prior to a Fair Hearing, the applicant or grievant shall have the opportunity to present the appeal to a STARS grievance committee. The committee shall be appointed by the Commissioner of the Department for Children and Families and consists of at least three members, including one from the regulated provider community, and provide the Commissioner with a recommendation. The Commissioner shall make a final decision on the grievance and provide the grievant with a written decision prior to a Fair Hearing, which the Human Services Board will conduct according to its rules."

Additional information is available in *Step Ahead Recognition System (STARS) Standards* (January 2010), at http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/stars/Adopted_STARS_rule_FINAL.pdf.

Does reduction or loss of rating levels affect programs in other ways, e.g., the amount of subsidy reimbursement, access to technical assistance or grants, access to loans, approval to participate in the subsidy system?

As States are integrating services across systems and aligning program standards in the QRIS, the reduction or loss of rating levels can have a significant financial impact on programs. Examples include:

- Lack of or reduced access to free or low-cost training opportunities (Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Project scholarships, training vouchers, Child Development Associate courses, credentialing programs, etc.).
- Reduction or loss of financial rewards or bonuses for attaining and maintaining higher levels within the QRIS. These awards can be directed to the program or to individual staff within the program.
- Reduced tiered reimbursement payments for subsidized child care.
- Limited access to supportive services, such as technical assistance, consultation, ERS visits and reports, and others.
- Inability to market the program at a higher level. This may reduce a program's ability to remain competitive with other programs and may affect parents' decisions regarding placement of their children in care.

Who is notified of a reduction or loss of a rating level, e.g., CCR&R agencies, parents, the subsidy program?

Any partnering agency or service within the State system that advertises rating levels to the public needs to be notified of rating changes so that parents have access to the most current information. This includes both increases and decreases in levels. Local CCR&Rs commonly maintain and distribute rating information to parents, and their listings must be accurate. If the licensing or subsidy agency is not the same agency that administers the QRIS, each of these agencies will need separate notification. When tiered reimbursement payments are involved, the subsidy agency must be notified as well as the Education Department if prekindergarten programs are rated, or if eligibility for funding depends on a specific quality rating.

Early and school-age care and education providers should be advised not to market themselves incorrectly. Some States supply participating programs with materials, such as banners, window clings, and posters, to use to market their QRIS to parents. If these materials advertise a level that is no longer applicable, they should be changed accordingly.

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QRIS Resource Guide: Section 6 Provider Incentives and Support

This material was developed under a previous contract with the Office of Child Care. While these materials are up to date, the National Center on Child Care Quality Improvement plans to update this product later this year and/or expand on these materials. The National Center on Child Care Quality Improvement does not endorse any non-Federal practice, organization, publication, or resource.

An essential element of a quality rating and improvement system (QRIS) is the support offered to child care providers to assist them in understanding and meeting the standards and quality criteria. States may already have support services in place that can be linked to the QRIS, or they may need to invest in new services, or both. This section addresses various types of support services, such as professional development opportunities and targeted technical assistance approaches, as well as financial incentives for programs and individual staff.

Providing Program and Practitioner Outreach and Support

- [How will programs be recruited?](#)
- [What type of orientation do programs receive? Is there a manual, guide, or toolkit to walk programs through the application, approval, and designation process?](#)
- [What outreach and support services exist, i.e., training, mentoring, technical assistance?](#)
- [Do the services align with the rating standards, e.g., scholarships, wage supplements, grants for curriculum? If not, can they be realigned?](#)
- [Will new services need to be created to help programs meet the standards?](#)
- [What infrastructure exists to provide the outreach and support?](#)
- [Will programs be assisted in designing program improvement plans prior to or after rating assessments? Will technical assistance and financial support be provided based on program improvement plans or will providers self-select from a menu of technical assistance and financial support?](#)
- [Will program improvement and financial assistance be available to all providers or will it be limited to providers that meet specific criteria, such as showing progress, serving children with subsidy vouchers, or maintaining a certain rating level?](#)

Offering Financial Incentives

- [What types of financial support are States providing to ensure program and staff success, e.g., tiered reimbursement, loans, grants?](#)
- [If tiered reimbursement is one of the financial incentives linked to QRIS, how will it affect prices charged to nonsubsidized families, i.e., can participating programs be paid higher rates without impacting the rates of private-paying parents?](#)
- [How can the cost of providing financial incentives at various QRIS participation rates be accurately projected?](#)

Providing Program and Practitioner Outreach and Support

How will programs be recruited?

Recruitment of early and school-age care and education programs into to the QRIS can be done through a targeted approach or a general marketing campaign. The goal of marketing is to reach all eligible programs by distributing information through existing communication systems, such as child care resource and referral agencies (CCR&R), child care licensing and subsidy staff, professional development organizations, higher education institutions, Child and Adult Food Program sponsors, and professional organizations, such as local Associations for the Education of Young Children. A targeted approach engages selected tactics to recruit a subset of providers, e.g., center-based preschools. One example of a targeted approach is when the organization that will be administering the QRIS sends information directly to providers. An even more direct approach is to invite providers to meetings or workshops where the QRIS is explained and programs are invited to enroll.

Louisiana Found Success in Utilizing the Targeted Approach

Louisiana partnered with Tulane University and Keating Magee, a marketing firm, to develop a campaign focused on building awareness and understanding of new benefits to participation in the **Quality Start** QRIS. One of the new benefits promoted through the campaign was an extensive tax-based incentive system for parents that allows an increase in the school readiness tax credit of 50 percent to 200 percent based on quality level. Additional information is available at <http://www.qrsloisiana.com>.

In some States, the agency responsible for administering the QRIS assigns specific outreach and recruitment activities to staff. Oklahoma has Outreach Specialists who encourage programs to participate and assist them with applications; Pennsylvania has STARS (Standards, Training/Professional Development, Assistance, Resources, and Support) Managers or Specialists who take on this responsibility for their specific geographic region.

What type of orientation do programs receive? Is there a manual, guide, or toolkit to walk programs through the application, approval, and designation process?

All QRIS offer an orientation to assist providers in understanding what is expected and how to participate. Oklahoma conducts training via satellite video; Kentucky has Quality Coordinators based in CCR&Rs who provide orientations; and Ohio offers a “Step Up to Quality 101” training session where providers learn about the requirements and benefits. Pennsylvania believed that this initial orientation was so critical to a provider’s QRIS success that it developed standardized materials and instituted a requirement that a director must complete the STARS Orientation within 90 days of enrollment in Keystone STARS.

Illinois Quality Counts QRS Orientation

Providers interested in finding out more about the **Illinois Quality Counts Quality Rating System (QRS)** can attend a free 2-hour QRS Orientation offered by their local Child Care Resource & Referral (CCR&R) agency. The Orientation covers eligibility requirements, application process, and supports and resources available. Potential applicants must attend this session prior to submitting an application. Training on assessment scales is also required prior to application. These include training on the Environment Rating Scales, Program Administration Scale, and Business Administration Scale offered by the local CCR&R agency at a cost of \$15 per 3- to 4-hour session. Additional information is available at <http://www.inccrra.org/qrs-training-for-providers>.

In addition to orientation and other customized training to inform and support QRIS applicants, many States also provide manuals, resource guides, or toolkits. These resources help to ensure that participants understand the

requirements and expectations of the QRIS program, are aware of the supports and rewards that are available, and have access to tools that can help the programs attain, maintain, and improve their quality ratings.

Ohio Step Up to Quality Guidance Document, *Because Quality Lasts a Lifetime* (2010)

Ohio's 39-page guidance document is available to providers online and includes the following information:

- QRIS benchmarks and indicators, overview and Q&A
- Participation, application, and verification processes
- Incentives and supports
- Maintaining ratings and addressing program changes

Guidance on:

- Preparing for the rating verification visit
- Infant and toddler care
- Evening, overnight care, and weekend care
- Specialized training for initial and renewal ratings
- Commonly used child screening tools
- Research base for Step Up to Quality

Additional information is available at http://ifs.ohio.gov/cdc/docs/SUTQ_Guidance_Document.pdf.

IdahoSTARS Workbooks Support Application Process

IdahoSTARS provides workbooks for both family child care and centers. The workbooks detail each step of the application and award process, contain forms, and list resources needed to attain and maintain a quality rating. The workbooks are available online and can be downloaded as PDFs at <http://www.idahoaeyc.org/idahostarsmain.php?inner=qri>.

Massachusetts Department of Early Education and Care Creates Simple Guide

To assist with the QRIS application process a 2-page guide with the step-by-step process, examples of assessment tools, and illustrative graphics were developed and posted on the Web site along with other resources. Additional information is available at http://www.eec.state.ma.us/docs1/qris/20110525_qris_assessment_guide.pdf.

Mississippi Provider Workbook: A Step-by-Step Guide to QRIS

The Mississippi Department of Human Services' (MDHS) Office for Children and Youth contracted with the Mississippi State University Early Childhood Institute to develop easy-to-read manuals for meeting the **Mississippi Child Care Quality Step System** standards. The Institute publishes manuals for licensed centers and school-based programs. The workbooks include overviews of the rating system's standards, criteria and documentation checklists for each rating level, enrollment forms, and many templates and forms to help providers meet and document the quality improvement requirements. MDHS sponsors publication of print editions for all programs that enroll in the rating system; online editions are available at no charge. The forms include staff professional development plans, a director/coordinator self-assessment, a staff evaluation, a program mentor record, a classroom learning centers plan, a weekly lesson plan, and a Transition-to-Kindergarten Plan. The complete workbooks are available at <http://earlychildhood.msstate.edu/director-resources/index.htm#earn%20your%20stars>.

What outreach and support services exist, i.e., training, mentoring, technical assistance?

In conjunction with recruitment and outreach to programs, QRIS staff typically offer assistance to providers with the application process. Although general information about how to apply for QRIS can be covered in the orientation sessions and guidance documents mentioned above, programs often need individual support to answer specific questions about expectations and their involvement.

Supports, such as training, mentoring, and technical assistance, are often made available to QRIS applicants as well as those seeking to achieve and maintain higher levels of quality. All States currently have professional development systems that organize training opportunities for early and school-age care and education providers, including specific certifications or credentials for infant and toddler care, school-age care, and care for children with special needs. These systems recognize practitioners' achievements and create quality parameters for available training. States can use these systems to help programs meet higher professional development standards and progress toward higher QRIS ratings. Examples of State outreach and support activities are listed below.

- **North Carolina** has worked to ensure that every community college in the State offers early childhood coursework that meets the credentials specified in its QRIS. It also has a statewide articulation agreement to support the transfer of credits and degrees from one higher education institution to another.
- **Pennsylvania** created a program improvement system aligned with its QRIS by redesigning its professional development system to integrate program technical assistance.
- To assist providers in meeting the QRIS standards, **Delaware** is redesigning its professional development system to include stronger quality assurance processes in the development and delivery of training events.

Early Care and Education Professionals in Miami-Dade County Develop a Key QRIS Element

System planners in Miami-Dade County, Florida, created the **Quality Counts Career Center (QCCC)** to raise the educational level and stability of staff prior to rolling out their QRIS. QCCC administers scholarships for formal education, supplementing the State's Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Project funds; coordinates the WAGE\$ incentive program; provides mobile Career Advisors to assist staff in QRIS programs to engage successfully in formal education; and maintains an online community training calendar. The professional development efforts are supported by a local registry that also serves as a documentation repository for the staff qualifications component of the rating system. Additional information is available at <http://www.QCcareers.org>.

Integrating Professional Development Into the QRIS in Montana

Montana has long supported professional development with an early and school-age care and education practitioner registry, and specific educational certificates and support for attaining them, including scholarships and several forms of merit pay. In the proposed **Best Beginnings STARS to Quality Program**, management for all professional development services will be located in one entity, making it a one-stop shop for practitioners. All professional development will be tied to the early childhood knowledge base, and financial support will reward certificates and college-level coursework. Additional information is available at <http://www.dphhs.mt.gov/hcsd/childcare/bestbeginnings/bestbeginningsstarstoquality.shtml>.

Relationship-based professional development (RBP) opportunities, such as technical assistance, consultation, mentoring, and coaching, are important supports to a program and can be strategically linked to QRIS participation. These supports can be designed to help programs meet specific standards in QRIS areas, such as learning environment or accreditation; working with specific age groups; or integrating children with special needs. RBP services can be delivered through community-based organizations, such as CCR&Rs and professional development organizations; higher education institutions; or contracts with private consultants. A number of recent studies have indicated the value of technical assistance in helping programs understand what quality is and how to achieve it. This type of support is most effective when targeted and specialized, and can therefore potentially be costly. It is important to clearly link these supports to areas of identified need and program improvement plans. In addition, the qualifications and supports for technical assistance providers are also directly linked to successful results. States that have linked RBP opportunities to QRIS include the following:

- In **Colorado**, Qualistar provides programs that have an initial star rating and a Quality Performance Profile with a 1-year action plan for improvement. It also has coaches that help programs implement these plans.
- To help its programs attain higher star ratings, **North Carolina** has aligned all of the technical assistance and support initiatives provided by the Smart Start Early Childhood initiative or by the CCR&R agencies with the QRIS standards.
- Providers that enroll in **Indiana’s** Paths to QUALITY QRIS are eligible to participate in specialized mentoring relationships with their local CCR&R agency. Through a technical assistance process, the mentor helps the provider work to achieve Levels 2 and 3. Providers also have the option of choosing self-guided study.
- Programs participating in **Maine’s** QRIS have access to targeted assistance from a variety of sources including the Maine Afterschool Network, Maine’s Infant/Toddler Specialists, the Head Start Quality Initiative, Maine Roads to Quality, the Center for Community Inclusion and Disability Studies, and Maine’s local Resource Development Centers.

Do the services align with the rating standards, e.g., scholarships, wage supplements, grants for curriculum? If not, can they be realigned?

As QRIS and professional development systems evolve, it is important to ensure that there is an alignment of services. The Pennsylvania QRIS includes strong requirements for providers in the areas of staff qualifications and ongoing professional development. These requirements focus on attainment of certificates, credentials, and degrees. When the QRIS was launched, the State quickly aligned its delivery of professional development to support providers in accessing required coursework, shifting from noncredit, workshop-type training to coursework that either was credit-bearing or could articulate to credit. Each year, when the Pennsylvania Keys to Quality agencies administer their professional development funds, a higher percentage of their allocation is dedicated to credit-bearing coursework.

States can also focus financial assistance for professional development on QRIS participants through reduced or free coursework, scholarship assistance, and other incentives. Quite a few States target the T.E.A.C.H. Early Childhood® Project initiative toward staff who work in programs that participate in QRIS. T.E.A.C.H. Early Childhood® Project and similar scholarship programs help these staff pay the costs of tuition, books, and travel, and also provide a compensation incentive.

Montana’s Alignment of Existing Grants With Redesigned QRIS

Montana is currently realigning several of its quality initiatives to support the proposed **Best Beginnings STARS to Quality**. These funds will be redirected to support incentives for programs and practitioners that participate in QRIS, as well as to help support Stars infrastructure costs. In some cases, administration will shift from State staff to contracted agencies, freeing up these staff to take on new responsibilities in Stars to Quality. Revised initiatives include provider grants, Merit Pay, Mentor grants, Specialized Training grants, Child Development Credential (CDA) scholarships, and accreditation grants. All of these funds will be directed toward Stars to Quality participants. However, some initiatives, such as the current mini-grants program, will not require QRIS participation. Additional information is available at

<http://www.dphhs.mt.gov/hcsd/childcare/bestbeginnings/bestbeginningsstarstoquality.shtml>.

Will new services need to be created to help programs meet the standards?

When developing a QRIS, it is important to conduct an assessment of existing support services. This inventory, examined against the requirements in the standards, can provide the State with critical information regarding existing capacity to support the system. There may be services that exist in some geographic areas and not others. Some areas of a State may have more resources readily available that can be integrated into the QRIS. Other areas will not have this capacity and may need assistance in building it.

An example would be a QRIS that requires a program director to obtain a Director’s Credential. In addition to ensuring that the required credentialing courses or training are available, consideration must be given to when the courses are offered and how they are accessed. It may be difficult for child care providers to attend evening training sessions when they are still caring for children until early evening. It is also challenging for providers in rural areas to access workshops or courses when they have to drive long distances to reach a course location. Distance education coursework and delivery in real time or on demand can ease some of these access issues. This is not the solution for all, of course, as some individuals do not learn as well with this approach, or may not have the technology or skills to access these systems.

States are challenged to develop new and creative ways to deliver training and education. What worked in the past may not work in a new system with heightened requirements. As more is expected of programs participating in the QRIS, more can also be expected of the organizations supporting them. To address this concern, several States have developed trainer and training approval systems. Others have created performance standards for training organizations, which are based on QRIS participation and improvement among their clients.

As a State gains more experience with QRIS, it may find that it needs to realign or create new training, technical assistance, or outreach services. It is important to collect data on how the QRIS system is working: data that can indicate how long it takes a typical provider to move from one level to another and the most significant barriers to progress. It is possible that by adding a new orientation session, or by requiring training on the use of the environment rating scales (ERS), some of these barriers can be eliminated or reduced. A State may also find that strengthening provider support groups, creating networks of directors, or adding accreditation support services are worthwhile investments in the path toward quality.

Professional Development and Technical Assistance in Pennsylvania: A Cross-Sector Perspective

Ideally, professional development and technical assistance should be part of a larger cross-sector early education effort that helps to link child care, Head Start, Early Intervention, State prekindergarten, and all other early learning programs in the State. In Pennsylvania, the early childhood Core Body of Knowledge (CBK) was originally written by a cross-sector group but focused on child care. Later, this cross-sector group helped to expand the CBK to address all modalities and align it with the cross-sector Early Learning Guidelines. Additionally, this group developed Core Competencies for Technical Assistance Consultants and Core Competencies for Professional Development Instructors. All tools can be used for 100 percent of Pennsylvania's early learning programs. In addition, the Pennsylvania Quality Assurance System (PQAS) for professional development has been developed to certify all individuals and organizations that provide professional development and technical assistance within the context of Keystone STARS, and has incorporated the CBK and Core Competencies into its system. Pennsylvania is currently working on enlarging the use of the PQAS system to apply to the rest of its early learning programs as well. A cross-sector group now meets regularly. Leaders from Nurse-Family Partnership, Pennsylvania's Children's Trust Fund, Pennsylvania Pre-K Counts, Early Intervention, Head Start, and Keystone STARS jointly explore and work on common understandings, common job specifications, ethics, and effective practices, such as how to deliver professional development to a diverse early childhood audience. Additional information is available at http://www.pakeys.org/pages/get.aspx?page=Programs_STARS_PD.

What infrastructure exists to provide the outreach and support?

It is an efficient strategy to examine the infrastructure that already exists for outreach and support and, where possible, work toward strengthening it. Integrating QRIS outreach and support services into the existing structures in licensing, subsidy, CCR&R, and professional development systems can be less confusing for providers and more sustainable in the long term.

Using this infrastructure to send a comprehensive, consistent message regarding the benefits of QRIS and the details of implementation is important to the level of provider interest and participation. If a QRIS appears complicated and confusing to the provider, it may become frustrated and discouraged and either drop out or not participate at all. States have found that clarity and simplicity are key principals for QRIS implementation. At the same time, States engaged in QRIS have learned that it is often necessary to change policies and procedures, either as a response to process evaluation or experience or as a pathway to alignment with other early learning initiatives. Thus, change may be inevitable. However, as changes are made to accommodate the QRIS, it is important to clearly communicate to the provider community the revisions, the steps involved, and the rationale. Creating and regularly updating a roadmap, manual, or toolkit for navigating the QRIS process is a helpful tool.

Professional Development in North Carolina: A Foundation of QRIS

For more than 15 years, the **North Carolina Institute for Early Childhood Professional Development** has worked to develop a statewide professional development system. The system is grounded in research that links child outcomes to the professional development of teachers and directors. North Carolina’s professional development system works to ensure the accessibility, availability, and affordability of the education offerings as well as applicability to the work of early care and education programs. All 58 of the State’s community colleges offer an Early Childhood Associate degree program with articulation agreements to many of its 4-year colleges and universities. Financial support for professional development is available through T.E.A.C.H. Early Childhood® Project scholarships, which were first developed in North Carolina. Salary supplements are available through a WAGE\$ program based on level of education achieved. The Institute’s latest effort is the Early Childhood Certification, a professional certification system. The investments that North Carolina made in its professional development system became the foundation of its QRIS and help support the higher staff qualification requirements in the QRIS.

Information about North Carolina’s Institute for Early Childhood Professional Development is available at <http://ncicdp.org/>. Information about T.E.A.C.H. Early Childhood® Project scholarships and WAGE\$ supplements is available at http://www.childcareservices.org/ps/provider_services.html.

Will programs be assisted in designing program improvement plans prior to or after rating assessments? Will there be technical assistance and financial support provided based on program improvement plans or will providers self-select from a menu of technical assistance and financial support?

Many States include a program improvement plan as part of the QRIS process. Most improvement plans use self-assessments, observations, or ratings to identify strengths and weaknesses, and suggest ways to make improvements. Many QRIS use the results of an assessment tool, like the ERS, as a starting point for developing this plan.

- In Pennsylvania, written program improvement plans are developed by the early and school-age care and education provider in the following situations:
 - STAR 2—if a self-assessment results in an ERS subscale score below 3.0.
 - STAR 3—if an ERS subscale score falls below 3.5.
 - STAR 4—an ERS subscale score falls below 4.25.
 - The provider can request support from the Regional Key and STARS technical assistance to assist in the development and implementation of this plan.
- In **Delaware**, providers that participate in QRIS are required to prepare and implement a quality improvement plan (QIP). Technical assistance in preparing a QIP is offered during mandatory group orientation, where summary checklists, worksheets, and workplans are available for reference.
- In **Virginia**, the 2-year QRIS rating cycle includes access to a State-approved Star Quality Mentor once a rating is assigned. The mentor may work up to 30 hours to help design and implement a quality improvement plan.

Onsite Consultation Needed for Program Improvement in Oklahoma

In 2003, Oklahoma realized that providers needed more support to participate in the **Reaching for the Stars** QRIS than licensing specialists were able to provide. To meet this need, the State added five stars outreach specialist positions to visit programs and assist them in the process of improving their star status. In 2009, Oklahoma added 13 consultation and technical support specialists (CATSS) to help programs improve their overall quality of care. The CATSS used the ERS scores and other assessments to help providers create improvement plans required under the QRIS criteria. Additional information is available at <http://www.okdhs.org/programsandservices/cc/stars/>.

A program improvement plan, guided by QRIS requirements and assessment tools, can serve multiple purposes. In addition to providing a roadmap for a program seeking to attain a higher quality level, it can help ensure that technical assistance is targeted and effective. It can also help the program gather data on provider needs and resources. As resources become more limited and States are increasingly asked to justify their programs and expenditures, program improvement plans can be a helpful accountability tool, both for the individual programs and the system as a whole. Data from ERS reports and other assessments can be used to target appropriate services, i.e., professional development and technical assistance; gauge the effectiveness of a particular technical assistance intervention; and help develop cost and budget projections for overall system improvement.

Community Coalitions Support VA Star Quality Initiative (VSQI)

The **Virginia Star Quality Initiative**, a partnership of the Virginia Early Childhood Foundation and the Virginia Department of Social Services, Office of Early Childhood Development, works through local organizations to implement and support program rating and improvement. Once an early care and education program is rated, the program receives a detailed rating summary report and a trained mentor to facilitate improvements. In July 2011, there were 15 local coalitions providing coordination of VSQI, including mentoring support for the 2 year rating cycle. Before implementing the initiative, communities are asked to identify local resources to inform, train, and mentor VSQI participants. The coalitions train early childhood professionals to be mentors or raters. Master Star Quality Raters are available to conduct the four-day mentor training at a rate of \$120/hour plus travel expenses. All mentors must be approved by the State. Additional information is available at <http://www.smartbeginnings.org/Home/StarQualityInitiative/ForEarlyChildhoodProfessionals.aspx>.

Pennsylvania’s Approach: “Responsive Technical Assistance” vs. “Everyone Gets a Coach”

Keystone STARS, Pennsylvania’s QRIS, does not assign a technical assistance specialist to every program that participates. Instead, technical assistance is “responsive,” meaning that programs may request technical assistance to help them first participate in STARS or to increase their star level. Keystone STARS offers participating programs several types of supports, including an independent self-study process as well as in-person technical assistance. Technical assistance is coordinated by Regional Keys to Quality agencies. Additional information on PA’s Technical Assistance is available at http://www.pakeys.org/pages/get.aspx?page=Programs_Tech.

Will program improvement and financial assistance be available to all providers or will it be limited to providers that meet specific criteria, such as showing progress, serving children with subsidy vouchers, or maintaining a certain rating level?

Revisiting the goals and intended outcomes for a QRIS is helpful when making difficult decisions about who can or cannot access program improvement and financial assistance. If, for example, a State is committed to increasing the quality of care in low-income neighborhoods, it may focus assistance to providers offering subsidized child care services, making participation with the subsidy program a requirement for access to services or grants within the QRIS. Or, it may base the size of a quality grant on the percentage of low-income children served by the provider.

If a goal is to encourage programs that participate in the QRIS to serve children with special needs or those in the child welfare system or some other priority population, providers serving this population may be afforded additional benefits in the QRIS. States that are concerned about raising the bar on quality may choose to target technical assistance to programs at the lowest quality levels. States concerned about provider turnover may want to target help toward providers that are most likely to remain in business and are focused on continuous quality improvement. States concerned about alignment with or transition to public school may limit their technical assistance services to providers in poor performing school districts that are most likely to attain high quality standards.

Decisions regarding practitioner outreach and support are often based on financial resources. Some helpful steps toward identifying resource needs include projecting costs, examining the feasibility of redirecting current quality initiatives, and testing different financial scenarios to determine what is feasible. The Cost Estimation Model (CEM) is a Web-based tool designed to help States determine what a QRIS will cost. The CEM can be used to estimate costs at early or full-scale implementation, as well as at any point in between, by simply varying the participation rates. It can also be used to estimate costs by varying the elements included in the QRIS.

Offering Financial Incentives

What types of financial support are States providing to ensure program and staff success, e.g., tiered reimbursement, loans, grants?

Financial support is a powerful incentive for participation in a QRIS. Access to additional funding can be an effective way to encourage programs to join a QRIS as well as work toward higher quality levels. All statewide QRIS offer some form of additional financial support through a variety of programs. In some cases, the incentives are merely token amounts; in others, they are substantial.

In most early and school-age care and education programs, the primary revenue source is tuition and fees, or subsidy in lieu of tuition. Because consumers are very price sensitive, and subsidy reimbursement rates are limited, this revenue source frequently fails to cover the cost of delivering high-quality services. Third party funding is often essential, especially for programs that serve low- and moderate-income families. Strong programs typically access and layer multiple funding streams, including child care subsidies, Head Start and prekindergarten funding, foundation grants, parent fees, and other public and private resources. In theory, QRIS quality supports could be one of several sources of third-party funding that help fill the gap between the cost of implementing and maintaining a quality program and the fees that parents pay.

QRIS offers a unique framework for providing a wide range of financial incentives. Indeed, experience suggests that best results come from a combination, or menu, of strategies. Some of the financial incentives States use to encourage participation in QRIS are discussed in more detail below. They include tiered subsidy reimbursement, subsidy bonuses, grants, scholarships, loans, and refundable tax credits. In most cases, the QRIS financial support

offered by States is structured as a *supply-side intervention* and awarded directly to a particular program or practitioner. Examples include grants for program improvement, technical assistance to programs, professional development scholarships, and wage supplements for personnel. However, QRIS support can also be a *demand-side intervention* aimed at changing consumer behavior. Examples of this approach include financial incentives for consumers to choose higher quality, such as refundable tax credits, and user-friendly Web sites that make it easy for parents to identify better quality programs. A strong financing strategy will likely include both supply- and demand-side interventions.

The Center for the Study of Child Care Employment analyzed how a sample of QRIS provided incentives and supported wages and benefits for staff in their Policy Report 2011, *Staff Preparation, Reward, and Support: Are Quality Rating and Improvement Systems Addressing All of the Key Ingredients Necessary for Change?* The report includes an analysis of both quality rating and improvement system supports for professional development and quality rating rubrics related to staff formal education, compensation and benefits, and adult work environments in center-based programs. The report is available at http://www.irle.berkeley.edu/cscce/wp-content/uploads/2011/12/CSCCEQRISPolicyBrief_2011.pdf.

Benefits for Afterschool Programs in Missouri QRIS

In the Missouri **Quality Rating System** pilot, programs are required to offer paid sick and personal leave to their employees in order to earn upper tier points. Afterschool program stakeholders who participated in the planning process believed that part-time afterschool program employees, who already have flexibility in their schedules, may not value paid leave as much as full-time employees. As a result, the current standards allow programs to offer staff either paid leave or reduced enrollment fees for their children. The latter is a benefit that part-time afterschool program staff may deem more valuable. Additional information is available at <https://www.openinitiative.org/content.aspx?file=QRSMODELS.txt>.

Maine QRIS Includes Multiple Provider Incentives

Providers that participate in Maine’s **Quality for ME QRIS** have access to targeted technical assistance from a range of organizations, resource materials, and publicity. Additionally, they may receive the following financial incentives:

- Assistance in paying accreditation fees
- Priority access to scholarships for income-eligible staff who wish to pursue early childhood education degrees
- A reimbursement differential for each child whose care is subsidized by the Department of Health and Human Services Early Childhood Division:
 - ◆ Ten percent quality differential for programs that have reached Step 4 in the QRIS
 - ◆ Five percent progress differential for programs that have reached Step 3
 - ◆ Two percent quality differential for programs that have reached Step 2
- Double child care State income tax credit for parents whose child is enrolled in a program at the Step 4 level
- A Child Care Investment Tax Credit for expenses made to improve quality for programs that pay State taxes and have a QIP

Additional information about Maine’s incentive program is available at http://www.maine.gov/dhhs/ocfs/ec/occhs/qrs_application_manual.pdf.

Multiple Financial Awards Linked to Pennsylvania’s QRIS

Pennsylvania’s **Keystone STARS** offers an array of financial incentives to participating programs that agree to serve subsidized children. These financial incentives fall into two main categories: grant awards and Child Care Works subsidy add-on rates for children enrolled in subsidized child care. Grant award amounts are based on the following qualifiers: the type of program, the size of the program, and the percentage of children enrolled in either subsidy or Early Intervention for children birth to 5 years with developmental delays and disabilities. The enrollment percentage is in two ranges: 5 to 25 percent, and 26 percent and above. Add-on rates to Child Care Works’ subsidy differ for full-time or part-time care and are based on STAR level.

- **Annual STARS Support Grants** are for programs that are in the beginning stages of participation in STARS, such as Start with STARS and STAR 1 levels. A Start with STARS Grant is a one-time award, with amounts ranging from \$315 for a family day care home serving one subsidized child to \$4,725 for a very large center (more than 181 children). STAR 1 Support Awards are available twice, with amounts ranging from \$450 for a family day care home serving one subsidized child to \$7,088 for a very large center (more than 181 children).
- **Annual STARS Merit Awards** are for programs at STAR 2–4 levels. At the STAR 2 level, awards are available to programs three times, or up to five times with a CQI plan and demonstrated progress. STARS Merit Awards range from \$788 for a family day care home serving one subsidized child to \$23,625 for a very large center (more than 181 children). Awards at the STAR 3 and STAR 4 levels are ongoing annual payments that range from \$1,181 for a STAR 3 family child care home to \$47,250 for a very large STAR 4 center.
- **Education and Retention Awards** are for highly qualified staff who have worked for a minimum of 12 months in the same program, with award amounts prorated for part-time staff. The program must also have at least 5 percent subsidy or Early Intervention enrollment. For directors with a bachelor’s degree in Early Childhood Education, award amounts range from \$3,090 in a STAR 2 center to \$4,120 in a STAR 4 center.
- Staff persons with a CDA qualify for award amounts ranging from \$600 in a STAR 2 center to \$800 in a STAR 4 center.
- The **STARS subsidy bonus** is applicable to family and group homes and centers at the STAR 2 level or higher. The subsidy add-on daily rate for different STAR levels include the following:
 - ◆ STAR 2—\$0.60 for full-time, and \$0.25 for part-time
 - ◆ STAR 3—\$1.85 for full-time and \$0.85 for part-time
 - ◆ STAR 4—\$2.50 for full-time and \$1.15 for part-time

Additional information on these grants and awards for Fiscal Year 2011–2012 is available at http://www.pakeys.org/pages/get.aspx?page=Programs_STARS_Grants.

Tiered Subsidy Reimbursement

Tiered subsidy reimbursement is currently the most common QRIS financial incentive and is a strategy used by 19 statewide QRIS. The tiered reimbursement approach means that programs with higher quality ratings may receive higher child care subsidy reimbursement rates. The rate differential typically ranges from 5 to 20 percent higher than the base rate; however, Maryland’s system goes as high as 44 percent above the base rate for children under 2 years in a child care center.

Quality Grants, Bonuses, and Merit Awards

Quality grants, bonuses, or merit awards are incentives awarded directly to a provider based on participation in QRIS or attainment of a specific QRIS level. Quality grants, bonuses, or merit awards are typically not linked to the child care subsidy reimbursement system, although in some cases States will require the program to be willing to accept subsidized children or make larger awards available to programs based on the percentage of low-income children they serve. However, the strategy is often focused on programs serving all children, not just low-income children.

A compendium of QRIS grants, bonuses, and awards is available at http://www.earlychildhoodfinance.org/downloads/2008/MitchQRISfinIncentives_2008.pdf.

Awards and Grants in Delaware Stars

Delaware Stars for Early Success offers awards and grants to participating programs to support their quality improvement efforts. They include the following:

- Participating programs can apply for a **Quality Improvement Grant** upon approval of their QIP. Grant funds must be spent to support the strategies and actions outlined in that plan. Quality Improvement Grant amounts are based on program type and Star Level, and range from \$1,750 to \$8,500 for centers to \$750 to \$4,000 for family child care homes.
- The **Professional Development Support Grant** pays for training and education, including college courses that enable individuals to meet qualification requirements. These grant amounts are also based on program type and Star Level, and range from \$1,350 to \$5,450 for centers to \$300 to \$775 for family child care homes.
- The **Child Care Capacity-Building Program** is designed to increase the number of quality licensed programs available to low income families in identified service areas: infants and toddlers, school-age youth, children with disabilities, non-traditional hours, and mildly-ill children. Funds must be used to create, expand, or enhance its quality. Programs must:
 - ◆ serve low-income children and accept subsidies;
 - ◆ be licensed, enroll in Delaware Stars for Early Success and implement a program evaluation plan; and
 - ◆ agree to a minimum of two on-site assessments, using the appropriate Environment Rating Scale tool; six on-site technical assistance visits; and to attend at one approved workshop. Additional information is available at <http://www.dieec.udel.edu/delaware-stars-forms-requests>.

Kentucky QRIS Incentives Include Grants and Subsidy Bonus

Providers that participate in Kentucky’s **STARS for KIDS NOW** QRIS are eligible for several incentive awards.

- The **STARS Initial Achievement Award** is granted once a program attains a Star level and varies by level and number of children served from \$200 to \$5000. It is also granted once for each subsequent a higher star level is achieved.
- An **Annual Achievement Award** is granted to programs that maintain their STAR level 3 or 4 status and varies by level and number of children served from \$850 to \$2500.
- The **Quality Incentive Award** is available to STAR level 2–4 programs. It is based on the percentage of subsidized children served, level, and age of children
- The **Annual Enhancement Award** is paid to STAR level 4 centers that pay at least 50 percent of the cost of a single health insurance plan for each employee or to family child care homes that achieve an average score above 5.5 on the environment assessment.

Additional information is available at

[http://education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/STARS++for+KIDS+NOW+\(Quality+Rating+System\).htm](http://education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/STARS++for+KIDS+NOW+(Quality+Rating+System).htm).

Accreditation Support for Programs in Maryland’s QRIS

Maryland’s QRIS, the **Child Care Tiered Reimbursement Program**, includes incentives for facilities participating at a Level Two or higher. Child care programs participating in the QRIS must actively pursue program accreditation. A fund has been established to help eligible family child care providers and child care centers pay for the cost of the accreditation application fee. A family child care provider or child care center must submit a completed Application for Accreditation Support with required documentation in order to receive funding to pay the cost of the accreditation application fee. The funding may be applied toward the initial or renewal application fee. Funds may not be used to reimburse fees already paid, for program improvements, or to pay for training costs. Additional information is available at

http://www.marylandpublicschools.org/NR/rdonlyres/095902FD-4755-451F-8B29-EF8A48B16B2D/23659/TRbooklet_041210.pdf.

Wage Supplements

Wage or compensation supplements linked to QRIS are available in some States. These financial incentives are designed to reward teachers and family child care providers that work in QRIS programs and have attained desired credentials, higher education, or other professional development. Some States that offer wage supplements include the following:

- **Maryland** offers Achievement Bonuses for teachers that maintain 1 year of continuous employment in a center that participates in the QRIS and complete continuing training and professional development activities. A one-time bonus, at each practitioner credential level, is paid directly to the participating individual. Bonuses range from \$200 to \$1,000.
- In the **North Carolina** WAGE\$ program, salary supplements are tied to the educational level of the individual, the position the individual holds in their program, and the “tier” level chosen by each participating county. Counties choose which of three tiers of financial supports they will provide. Teachers receive supplements in

6-month increments after maintaining 6 months of continuous employment in a licensed center or family child care home. Supplements range from \$200 to \$6,250 and are paid directly to the participating individual.

- **Pennsylvania’s** Keystone STARS includes the Education and Retention Awards described earlier.

Additional information on wage or compensation supplements is available at http://www.earlychildhoodfinance.org/downloads/2008/MitchQRISfinIncentives_2008.pdf.

Scholarships

Scholarships and financial support to help staff pay for college courses and related expenses are another type of financial incentive States use to encourage participation in QRIS. Quite a few States have elected to replicate the T.E.A.C.H. Early Childhood® Project scholarship initiative, and some link this benefit to QRIS participation. In Arizona, for example, T.E.A.C.H. scholarships are limited to early care and education providers that are employed in regulated centers or family child care homes that participate in the *Quality First!* QRIS pilot program.

Oklahoma Created the Scholars for Excellence in Child Care Initiative

Oklahoma has created its own scholarship program, the Scholars for Excellence in Child Care Initiative, to help early and school-age care and education providers continue their education and meet **Reaching for the Stars** QRIS criteria. To qualify for the Scholars for Excellence initiative, providers must work in one-star plus or above child care facilities that are licensed and care for subsidized children, i.e., at least 10 percent of children in care must receive subsidies. Through this program, a scholar coordinator is placed at each community college to recruit, advise, and support students as they are often entering the higher education system for the first time. Central office and community college coordinators assist providers with career counseling and obtaining financial assistance including Child Care and Development Fund (CCDF) funded scholarships for Child Development Associate or Certified Childcare Professional credential assessments, career tech, or community college coursework. Scholarship funds can be used to pay for tuition, fees, limited release time, and books. Scholar coordinators make at least two onsite technical assistance visits with the provider each semester to provide classroom assistance or career advisement. Additional information is available at <http://www.okhighered.org/scholars/>.

Some States have crafted loan programs that assist child care programs in improving their quality as well as increasing capacity. North Carolina worked with its statewide Community Development Financial Institution, *Self-Help*, to offer financing for a wide range of purposes including minor renovations to existing buildings (whether leased or owned), working capital, bridge loans, equipment purchases, and startup expenses. In a direct link to the QRIS, the loan fund has a special provision to activate a Disaster Relief Child Care Loan program if counties are declared Federal disaster areas by the Federal Emergency Management Agency. Applications are accepted up to 1 year after the date of the disaster. If during the loan period the participating provider raises its QRIS quality level, its loan can get a partial conversion to a grant. Additional information about loan programs is available at <http://www.self-help.org/business-and-nonprofit-loans/loan-products-1/ccrf>.

All of the financial incentives described above are supported by funds appropriated by the State. Most tap Federal CCDF dollars, and a few allocate State general funds or draw in other resources. A handful of States have begun to tap State general fund dollars to support QRIS incentives by using the tax system. Louisiana has the most extensive tax-based incentive system for participation in QRIS, including refundable credits for families, providers, teachers, and investors.

Louisiana Links Refundable Tax Credits to QRIS

In 2007, Louisiana passed legislation that created an innovative early care and education financing strategy, School Readiness Tax Credits (SRTC), designed to support the State's new QRIS, **Quality Start**. Enhanced tax credits are available to families that enroll children in Quality Start centers; proprietary and nonprofit child care providers that participate in Quality Start; child care teachers and directors that work in Quality Start centers; and businesses that support child care providers or CCR&R agencies. An important strength of the SRTC is that most of the tax credits, including those available to teachers and early care and education programs, are refundable. A refundable tax credit is available to taxpayers even if it is greater than their tax liability or if they owe no taxes at all. This means that eligible child care teachers who earn low wages (and therefore pay little or no tax) receive a wage subsidy each year in the form of a tax refund. In addition, nonprofit child care centers may receive what is essentially an annual grant, in the form of a tax refund, based on their star level and the number of eligible children they serve. Additional information is available at <http://www.qrsloisiana.org/tax-credits>.

Financing and administering QRIS incentives via the tax system is a new, and unique, approach that has both strengths and weaknesses. Tax-based financial incentives are often used to promote economic development and may help garner support for QRIS from a broader group of policymakers and business leaders. A tax-based approach can also be a more stable source of funding because, in most States, an annual appropriation is not required. However, to be effective, tax credits require a deeper level of engagement and understanding among child care providers and consumers. And, to benefit lower-income providers and consumers that most need help, the credits must be refundable.

Several other States are experimenting with tax-based financial incentives for QRIS. Maine has an innovative child care investment tax credit, and several States (Florida and Oklahoma) have tax credits for proprietary child care providers that meet higher quality standards. Additional information about linking tax benefits to QRIS is available at http://www.earlychildhoodfinance.org/downloads/2007/StonMitch_UsingTaxCreditsPromoteServices_2007.pdf.

If tiered reimbursement is one of the financial incentives linked to QRIS, how will it affect prices charged to nonsubsidized families, i.e., can participating programs be paid higher rates without impacting the rates of private-paying parents?

Although there are many benefits to establishing tiered child care reimbursement rates, this strategy can have the unintended consequence of driving up the price of care for nonsubsidized families or actually discouraging some child care programs from participating in the QRIS. As noted earlier, tiered reimbursement is typically structured as a percentage or dollar add-on to the public child care subsidy reimbursement rate. The percentage add-on typically ranges from 5 to 20 percent with higher rates awarded to programs at higher levels in the QRIS or those serving special populations, such as infants and toddlers.

Child care subsidy reimbursement rates are based on fees charged to nonsubsidized families. However, raising child care prices is difficult. To make ends meet, most programs must be fully enrolled. If a child care program loses enrolled families when it raises its rates, the financial consequences are often worse than keeping rates low and forgoing additional support. When this market pressure is added to the cost of complying with higher QRIS standards, the result may be that programs decide that they cannot afford to pursue higher quality.

One way to avoid this problem is to structure the tiered reimbursement allocation as a bonus rather than a per-child rate increase. Quite a few States have taken this approach, including Kentucky, Pennsylvania, New Mexico, and District of Columbia. When the rate add-on is structured as a bonus, participating programs receive a lump

sum allocation that is determined by their quality level and the number of subsidized children they serve. This approach does not require a rate increase and, therefore, does not require a price increase to fees paid by parents. The Urban Institutes' document, *Essential but Often Ignored: Child Care Providers in the Subsidy System* (February 2003) includes an analysis of the financial implications of tiered reimbursement structured as a rate increase or a bonus. A graphic that illustrates payments providers would receive under three different rate policy approaches is available at http://www.urban.org/UploadedPDF/310613_OP63.pdf.

The unintended consequences of tiered reimbursement can also be mitigated by offering programs that participate in QRIS a range of financial incentives.

Financial Incentives: General and Targeted Support in North Carolina's QRIS

North Carolina has taken a two-pronged approach to incentives to help early and school-age care and education programs improve their quality to achieve higher ratings in the **Star Rated License**. First, the State expanded its tiered subsidy reimbursement program to correspond to the rating system. As reimbursement rates have increased over time and funds have been insufficient to fully implement rate increases, the 3–5 star rates are often the only rates increased. The second part of this approach is targeted supports, those that specifically offset the increased costs that providers encounter when increasing their quality. These include one-time improvement grants, scholarships for higher education requirements, and wage supplements and health insurance reimbursements to help with staff retention. These financial supports are intended to focus the State's limited resources on the improvements that are the most costly, thereby helping early care programs to avoid fee increases and minimizing the financial impact to middle-income parents. Additional information is available at http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp.

How can the cost of providing financial incentives at various QRIS participation rates be accurately projected?

A companion to this Resource Guide is the **QRIS Cost Estimation Model (CEM)**, which is based on a cost modeling tool developed by Anne Mitchell of the Alliance for Early Childhood Finance. The CEM is designed to help administrators determine the costs of implementing all the elements of a QRIS for their State, as well as explore the financial implications of various phase-in and scale-up options.

The QRIS CEM takes into account the costs of each of the following elements:

- Quality Assessment
- Professional Development
- Technical Assistance
- Financial Incentives
- Communication for Public Awareness
- Facility Improvements
- System Evaluation
- Data System

The QRIS CEM is designed to be used with this Resource Guide. The CEM can be used to estimate the cost per year of phasing in a QRIS, the cost of certain elements, or the overall cost of a fully implemented QRIS. Information about how to access the CEM is available at <http://www.acf.hhs.gov/cem/wwwroot/>.

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QRIS Resource Guide: Section 7 Data Collection and Evaluation

This material was developed under a previous contract with the Office of Child Care. While these materials are up to date, the National Center on Child Care Quality Improvement plans to update this product later this year and/or expand on these materials. The National Center on Child Care Quality Improvement does not endorse any non-Federal practice, organization, publication, or resource.

Data collection and evaluation are often an afterthought when developing a new system. The emphasis is usually on the design and implementation because the driving force is the urgent need for the change. Typically, a shortage of resources results because most are committed to implementation. It is often only when implementation issues arise or there is a need to document the success of the new system that thought is given to data collection and evaluation. At that point, much of the opportunity to collect baseline data and incorporate the data collection process into the existing data collection systems may be lost. Then data collection and evaluation become much more expensive. This section addresses how to include data collection and evaluation in the initial planning for a quality rating and improvement system (QRIS). Considering the questions posed may help to plan for data collection and also result in an improved evaluation process, as well as a more successful design and implementation process. Discussions on the use of data in planning and implementation are included in the “Initial Design Process” and “Approaches to Implementation” sections.

Collecting Data

- [Can any existing data collection systems help plan, design, implement, and evaluate the QRIS?](#)
- [What data, new and existing, will the QRIS collect to assign ratings? Will these data be used in ways other than to assign ratings, e.g., to develop improvement plans or share with other data systems, such as licensing, subsidy, and professional development registries?](#)
- [What data, new and existing, will the QRIS collect to manage the provider support system, e.g., providing technical assistance, coaching, mentoring, tracking grants, accounting for bonus payments? How will the data be used?](#)
- [Have other data needs been identified: to validate standards, to coordinate with other systems of standards, to document progress in meeting benchmarks set at the state or national level, to assist in evaluation the QRIS, etc.?](#)

Evaluating Outcomes

- [What is the purpose of the evaluation?](#)
- [When and how often will the pilot or statewide QRIS be evaluated?](#)
- [What specifically will be evaluated, e.g., validity of the standards, effectiveness of supports in helping programs meet standards, progress of programs in moving up in the levels of ratings?](#)
- [What new evaluation questions are States considering?](#)
- [Who will design the evaluation and who will conduct it?](#)
- [How will the results of the evaluation be used? Who will receive the results of the evaluation?](#)

Collecting Data

Can any existing data collection systems help plan, design, implement, and evaluate the QRIS?

All States have data systems that contain information on early and school-age care and education programs. Some of the sources of data that may be helpful in a QRIS include licensing; registries of license-exempt providers; subsidy administration; practitioner and training/trainer registries; child care resource and referral (CCR&R) databases; technical assistance tracking systems; program profiles; classroom assessments; economic impact research studies; and Head Start, prekindergarten, and other education systems. An initial step in planning for a QRIS is to compile a list and description of existing data systems, including where they are located, how to access them, who has access to them, what information is collected in them, and how they interface with other data systems.

Completing an inventory of the available data at the beginning of the planning and design stages is a helpful first step. The information gathered during this process can then be used to guide decisions during the implementation phase. For example, data from the licensing system or Head Start Program Information Reports may help the QRIS design team determine which types of programs (centers, homes, prekindergarten, Head Start) to include in the QRIS and which and how many programs may be able to achieve the standards, at least initially. This information will help estimate participation rates and predict the resources necessary to support projected participation. Looking at these data elements may reveal existing information that can help document compliance with proposed standards. Reviewing an inventory of existing data can also help determine whether it is best to begin with a pilot and, if so, which programs to include.

Child care subsidy data can also be helpful. For example, examining these data may lead to the conclusion that tiered subsidy reimbursement will not be sufficient as a support of higher quality because the overall percentage of programs with children enrolled in formal child care that receive a child care subsidy is low or that many programs, such as prekindergarten classrooms, do not participate in the child care subsidy program at all. Thus, the impact of tiered subsidy would be minor, making it important to explore additional provider incentives.

Using existing data systems can help make QRIS implementation more cost efficient and ensure consistency in data across systems. Adding reporting capacity or data elements or aligning data elements to an existing data system, such as licensing or a professional development registry, can be much less expensive than creating a new data collection and processing system specifically for a QRIS. This may or may not be possible depending upon who administers the QRIS and what data systems can be tapped for the information. If the existing data system is in a State agency and the QRIS will be operated outside of the State government structure, it may not be possible to use an existing data system. Even when data exist in several separate systems, it may be cost-effective and ensure consistency if data can be transferred from one system to another, rather than entering all data anew for each child care program that wants to participate. For example, one QRIS requirement for participation might be a license in good standing or a license with no serious violations. In those cases, it would be critical to have continuing, current information on the status of a license to produce reliable ratings. Similarly, if programs that participate in the QRIS are also rated or assessed by other entities, such as national accrediting bodies or the Head Start monitoring system, linking to these systems can make participation easier, more cost-effective, and more reliable. Linking to data in professional development registries or credentialing or certification systems is another cost-effective way to verify staff qualifications, ensure consistency, and eliminate duplicative work in the rating process.

In summary, an accurate inventory of existing data systems, their accessibility, accuracy, and reliability is helpful in determining QRIS system design.

Indiana QRIS Data Systems are Interactive

The Indiana **Paths to QUALITY** program uses a live, interactive database that draws facility and practitioner information from the State regulatory system. Mentors from the CCR&R agencies and Indiana Association for the Education of Young Children help develop facility quality improvement plans, which are submitted, along with contact notes, into this Web-based system. Paths to QUALITY raters may also enter their data directly. Additional information is available at <http://www.in.gov/fssa/2554.htm>.

Tennessee QRIS Data Collection System Provides Monthly Geographic Data

Tennessee uses the State Regulated Adult & Child Care System (RACCS) to maintain QRIS data. The system includes the provider's **Star-Quality Child Care Program** rating and **Child Care Report Card System** component scores by program year. Users can request provider QRIS information for the entire State or by specific geographic region. The data system automatically generates monthly reports on ratings by provider type and county. The RACCS system also includes various provider-specific program data, updated annually, that can be queried by accreditation, curriculum, enrollment, environment, fees, meals, program, rates, rate policy, schedule, staff, and transportation. Additional information is available at <http://www.tennessee.gov/humanserv/adfam/ccrcsq.html>.

What data, new and existing, will the QRIS collect to assign ratings? Will these data be used in ways other than to assign ratings, e.g., to develop improvement plans or share with other data systems, such as licensing, subsidy, or professional development registries?

Looking closely at each QRIS standard and determining how compliance will be verified, what data will be needed, who will review the data, and where it will be stored are essential steps in QRIS planning. New data may be needed to assign a rating or to guide followup activities, such as development of an improvement plan. For example, QRIS standards may require that all teaching staff receive training in a State's early learning guidelines for a certain rating level. If completion of the training is collected in the professional development registry, it may be possible to import information from that system for the rating process. If the information is not currently collected, it may be necessary to develop a process for collecting that data, such as requiring program staff to document their training by submitting a successful-completion certificate, requiring rating assessors to enter information into a new QRIS database, or asking early learning guidelines trainers to input their class lists into the professional development registry. A thorough review of the rating assessment and monitoring process will help identify data needed to document compliance with QRIS standards.

Maine QRIS System Links Professional Development and Technical Assistance

Quality for ME, the QRIS in Maine, is a partnership of the State's professional development project, called Maine Roads to Quality. The Quality for ME automated system includes shared data linkages that populate forms with data from the professional development registry, the State licensing database, and National Association of Child Care Resources & Referral Agencies software. These automated data links minimize the amount of data entry required of an applicant; because an applicant must confirm the information, the process results in more accurate data across these State systems. After the report generated by the QRIS automated system is complete, it is sent by email to education specialists in each region of the State for followup and technical assistance for quality improvement. Maine is developing an automated technical assistance tracking system that will be linked to the professional development registry and will enable individual providers to note on their transcript that they are receiving technical assistance on particular topics. Additional information is available at <http://www.maine.gov/dhhs/ocfs/ec/occhs/qualityforme.htm>.

Tennessee's Assessment Data System Also Supports Technical Assistance

The University of Tennessee Social Work Office of Research and Public Service (SWORPS) created an automated system to maintain statewide data on early childhood program assessments. When SWORPS receives the completed observation score sheets from Department of Human Services' assessors, the assessment data are entered into the **Star-Quality Child Care Program** database along with supplemental data (teacher and classroom/family child care home characteristics). The system generates a provider profile sheet that contains assessment information (including item, subscale, and observation scores) and an overall program assessment score. The system also generates a "Strengths Page" for the provider that details the indicators that the assessor scored positively. The provider receives a copy of the profile sheet, the Strengths Page, and the assessor's notes. Copies of these documents are also mailed to the relevant licensing unit for entry into the Child Care Report Card System, and a duplicate copy of the assessment results is mailed to the relevant CCR&R site. The Stars database generates monthly, quarterly, yearly, and ad hoc reports, and analyzes the data in a multitude of ways. Additional information is available at <http://www.tennessee.gov/humanserv/adfam/ccrcsq.html>.

What data, new and existing, will the QRIS collect to manage the provider support system, e.g., providing technical assistance, coaching, mentoring, tracking grants, accounting for bonus payments? How will the data be used?

Data systems are a valuable resource for staff who manage the QRIS provider support system. Two types of data may be useful: (1) data on supports for *individuals* working in the early and school-age care and education programs, and (2) data on supports for the *programs* that seek a QRIS rating.

Data on supports for individuals working in the programs are helpful in projecting and managing the cost for staff education scholarships and any type of retention incentives, such as wage supplements. These data can also help determine the effectiveness of various supports. Is the education level of the staff across the State going up? Is any geographic area not using scholarships? If not, why? Answering these questions requires data that is specific to QRIS participation. If, for example, a State currently has an education scholarship program that is available to all early and school-age care and education providers, knowing which of these staff work in programs that participate in the QRIS is crucial. These data, coupled with broader data on staff qualifications, can help identify trends and inform decisions regarding the capacity of practitioners to meet QRIS standards and how to best support continuous improvement.

Collecting data on technical assistance and other supports for programs may be a much more complex process. Often programs that participate in a QRIS have access to various technical assistance and consultative and coaching supports. These supports might be available to a broad group of programs, including those that do not participate in the QRIS. Thus, it will be important to create data systems that identify which supports and how much of each QRIS participants receive. It is important to think carefully about what data needs to be collected, especially in light of new supports that could be created and accessible only to programs participating in the QRIS.

The QRIS planning team should think carefully about how program support information will be used. Will the data help identify participating programs that access supports and how often? Will it be used to determine correlations between supports accessed and improvements in program ratings? Will it be used to manage the cost of such supports or to monitor the effectiveness of support service providers? Being clear about the projected use of data will help to define what is collected and how.

Collecting data on financial supports for programs that participate in QRIS, such as grants, bonus payments, tiered reimbursement, loans, or tax benefits, can help project and manage budgets. Again, it may be very useful to correlate data with the maintenance or improvement of a rating and to identify which supports are most critical.

In many States, the QRIS becomes an organizing framework for a wide range of program and practitioner supports designed to promote quality improvement. States have moved from providing technical assistance and financial supports that are believed to improve child care quality to using the QRIS to track whether these supports are actually associated with changes in quality.

Automation Helps Miami Manage the QRIS

Early childhood leaders in Miami, Florida, report that their Web-Based Early Learning System (WELS) makes the **Quality Counts** QRIS stronger because the system offers real-time feedback on participation, classroom profiles and assessments, professional development, technical assistance, coaching and mentoring, and other essential data for a wide range of purposes. Data are available in the aggregate, as well as for a particular program. This information makes it possible for planners to have the data they need and, at the same time, for program managers to receive alerts when one of the centers they are working with is not making timely progress. Additional information about WELS is available at http://www.welsfoundation.org/about_wels.html.

North Carolina QRIS Data Collection Guides Evidence-Based Adjustments

The North Carolina Division of Child Development has for many years collected data to monitor the **Star Rated License** system process and used these data to guide revisions in the system. Early on, results from environment rating scale (ERS) assessments showed significantly lower scores on the Infant Toddler ERS than on other classroom assessments. To address this concern, the State developed a short-term technical assistance project focused on child care health consultants and a long-term technical assistance project that involved adding infant and toddler specialists to the CCR&R agencies. School-age specialists and behavioral specialists were also added to the CCR&R agencies to help with program improvements. Orientation of providers to the ERS was added to the system as well. Similarly, when data indicated that the licensing compliance standard in the QRIS was not linked to statistically significant differences in quality, this rating standard was eliminated from the QRIS. Additional information is available at http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp.

Pennsylvania Uses Integrated Data Systems in Support of a QRIS

Pennsylvania Enterprise to Link Information for Children Across Networks (PELICAN) is an integrated child and early learning information management system. In addition to automating and centralizing many of the functions required to administer the subsidized child care program (Child Care Works), it expanded to automate the inspection and certification (licensing) process of child care providers, the administrative processes and data collection efforts for the PA Pre-K Counts and Pennsylvania Early Learning Keys to Quality (**Keystone STARS**) initiatives, and the data collection and analytics to support the Early Learning Network (ELN), which is a longitudinal database and tracking system for children in Pennsylvania early learning programs. PELICAN users include Child Care Information Service agencies, County Assistance Offices, Regional Keys (the administrators of the Keystone STARS program), PA Pre-K Counts grantees, as well as teachers and administrators for Head Start State supplemental programs, school districts that provide prekindergarten, providers of child care, and others. Families are also able to screen themselves for potential eligibility for child care subsidies, search for providers, and apply for services online. This initiative allows the Office of Child Development and Early Learning and the Regional Keys to track providers, manage STARS, identify resources that were deployed at a program, and manage STARS grant information in the Keystone STARS rating system. A next phase of development will focus on how to integrate the existing trainer and training registry, the Pennsylvania Quality Assurance System, into PELICAN and make it accessible from the PA Key Web site. An overview of the ELN is available at <http://www.ncsl.org/portals/1/documents/Educ/PAEarlyChild-Stedron.pdf>.

Have other data needs been identified: to validate standards, to coordinate with other systems of standards, to document progress in meeting benchmarks set at the state or national level, to assist in evaluating the QRIS, etc. ?

The exploration of what data might be needed is best done early in the process and with a broad view to possible needs. In the planning and design phase, considering how to validate the standards has become increasingly important to states. Assessing the impact of key interventions to assist programs in improving quality is critical to project management. Within the rating process, it is becoming critical to coordinate assessment of the rating across sectors, i.e., child care, prekindergarten, Head Start, in a way that reduces duplication and the burden on the program site. In preparation for evaluation, consider what benchmarks are being set and how to document achieving them.

Evaluating Outcomes

What is the purpose of the evaluation?

A QRIS that begins with a clear statement of intended outcomes, and a way to evaluate the achievement of those outcomes, will have an easier time of meeting expectations of accountability. A QRIS built on a strong logic model will create a guiding framework for evaluation efforts. According to Tout, Zaslow, Halle, & Forry (2009, p. 7), such a logic model will establish “realistic expectations for the program, identify resource or service needs, and articulate outcomes of QRS activities.” In their study *Issues for the Next Decade of Quality Rating and Improvement Systems*, the authors include an explanation and graphic of what a logic model is and how it can help in creating a QRIS: resources, activities, outputs, outcomes, and long-term impacts. Having a well-developed logic model is an excellent method of communicating with all stakeholders about the structure of the QRIS activities and how they connect to the final expected outcome. The “Initial Design” section of the *QRIS Resource Guide* includes information about Massachusetts’ logic model.

Tout et al. (2009, p. 3) also identify four purposes for measuring the quality of early childhood settings:

1. Identify potential areas for improvement in individual programs.
2. Measure impact of investments in terms of change in quality over time in individual programs and across a geographic area.
3. Increase information about what produces quality.
4. Rate the quality of program to inform parents' choice of care.

An identified purpose can inform “what data are collected, how data are collected, and how results are communicated” (Tout et al., 2009, p. 7). In the referenced study, the authors have included a matrix to help with decisions about data collection based on the four purposes listed above. They address who collects the data and who receives or uses the data, as well as selection of measures, training for data collection, implementation of data collection, and emerging issues (Tout et al., 2009, p. 8 ff).

Consider some of the following questions in designing an evaluation plan:

1. When and how often will the pilot or statewide QRIS be evaluated?
2. What specifically will be evaluated (e.g., validity of the standards, effectiveness of supports in helping programs meet standards, progress of programs in moving up in the levels of ratings)?
3. Who will design the evaluation and who will implement it?
4. How will the results of the evaluation be used? Who will receive the results of the evaluation?

When and how often will the pilot or statewide QRIS be evaluated?

Evaluation can be much more effective if it is considered as a part of the QRIS planning and design and implementation processes. Experienced evaluators can help review research on effective program quality, which in turn can guide the development of QRIS standards. Evaluators can also assist with creating a logic model for the QRIS, which can determine what to evaluate based on desired outcomes and long-term impact. Evaluators can advise on the design of standards, pointing out those that will be possible to assess and evaluate and those that will be difficult or not possible to measure. Based on the standards chosen, they can advise on baseline data to be collected before implementation of a QRIS and how to most effectively collect valid data that will track changes over time from the baseline. They can also help in planning for evaluation based on prospective use: validating standards, assessing the implementation process, measuring changes in program quality, and measuring child outcomes. Evaluators can also advise on the needed frequency of evaluation. All of these decisions connect directly to data collection. The greatest cost savings and the best chance for a well-executed evaluation are realized when an evaluation plan is created as a part of the QRIS design process. Although there may not be adequate resources to invest in a comprehensive, academically rigorous evaluation, it is important to at least capture and use existing data as much as possible from the outset. It may not be possible to capture the data retrospectively.

Rhode Island QRIS Evaluation: A Unique Partnership Focused on Informed Revision

A broadly representative community-based group developed the draft standards and quality criteria for **BrightStars** over several years. Researchers from the Frank Porter Graham (FPG) Child Development Institute at the University of North Carolina, who were selected for their depth and breadth of expertise and experience in evaluating program quality, conducted a pilot and random sample evaluation. The evaluation was conducted as a partnership between FPG and the Rhode Island community agency, Rhode Island Association for the Education of Young Children, that manages BrightStars. This partnership facilitated training for BrightStars staff to collect data in a valid and reliable manner. The draft center framework included 62 criteria across 28 standards. The evaluation in the pilot revealed that using all 62 criteria resulted in small quality distinctions and many programs had no stars or only one star. A review of the standards ensured that each criterion (1) was not already in State licensing, (2) had an actual outcome, and (3) adequately measured the differences in quality. This review pared the number of criteria down to 22, which were then grouped into nine standards. The final frameworks are an effective scaffold for quality improvement; differences between the levels are meaningful but achievable. The evaluation not only improved the BrightStars standards and measurement tool, it also provided a baseline measure of program quality in a random sample of centers, homes, and afterschool programs in Rhode Island, which will be useful for tracking progress in the future. It has also been helpful to have expert evaluators give the Steering Committee specific advice and recommendations to improve the framework. Additional information is available at <http://www.brightstars.org/>.

Massachusetts Revises Standards

Researchers conducted a pilot of the provisional Massachusetts Quality Rating and Improvement System (QRIS) standards in spring of 2010 and made recommendations for revisions. Central to the recommendation was to streamline the standards and provide specific direction about documentation requirements. Standards required by licensing were eliminated. Some standards were collapsed into new categories if documentation requirements were the same across standards. Standards were eliminated if they lacked: a strong research base, alignment with research-based observational tool, objective base for documentation, inclusion in other State's QRIS or if stakeholders expressed that the standard was not best practice. One hundred forty-nine center- and school-based standards were reduced to 79 standards. Additional information is available at http://www.eec.state.ma.us/docs1/qr/20110307_ma_qris_provisional_study_final_rpt.pdf.

What specifically will be evaluated, e.g., validity of the standards, effectiveness of supports in helping programs meet standards, progress of programs in moving up in the levels of ratings?

To date, most State QRIS evaluations have focused on validating the standards and tracking the progress of programs in improving their rating level. More recently, States have begun to use evaluation to help assess the effectiveness of technical assistance, financial supports, and other incentives designed to help participating programs meet QRIS standards. One State attempted to assess the impact of QRIS on child outcomes; however, low participation rates and short timeframes made this evaluation challenging.

Arkansas Validates Standards

Arkansas developed their QRIS standards over several years affording them the opportunity to have a group of researchers compare the *standards to what research says about these measures*, i.e., validated their standards and offering the opportunity to make adjustments. Recommendations from the researchers were as follows.

1. **Reduce Redundancy**—Exclude content areas in the Strengthening Families component that are already measured with the PAS and ERS assessments.
2. **Use Measures as Written and Tested**—Do not exclude items from the PAS assessment since this reduces its validity and reliability.
3. **Designate teacher-child ratios** above the minimum in licensing. This standard is present in other state rating systems and other systems such as accreditation and Head Start.
4. Incorporate process measures because they are stronger predictors of child outcomes and collect evidence of them through independent observation.
5. **Address lower levels of quality in the QRIS**—Level 1 should be designated “getting ready” and the minimum ERS score to designate quality should be revisited.
6. **Address higher levels of quality**—Develop levels of quality beyond the current highest level to encourage programs to improve to level that promotes optimal child development.
7. **Include child screening as a measure**—It will lead to better child outcomes and early intervention is more effective.

Additional information is available at <http://www.arbetterbeginnings.com/downloads/FULL%20REPORT.pdf>.

Indiana Reviews Standards for Validity

Purdue University has been evaluating the Paths to QUALITY (PTQ) to determine if the program is effective: does it increase the quality of participating programs and are children in the higher level program learning more or developing optimally? In the first phase of their study they examined the validity of the quality indicators and concluded that the 10 main indicators are significantly associated with established measures of child care quality, have significant support from the child development and early education literature, and are recognized and endorsed as best practices by national early care and education organizations in their policies and position statements. There is significant evidence that the indicators support children’s development, learning, or well-being. Having established the validity of the standards, the evaluation moves to the next phase of assessing PTQ’s impact on child care following implementation: which types of child care settings (centers, homes, etc.) are participating; who is participating more; how long does it take them to move to higher levels; are they aware of training and technical assistance to help them increase PTQ levels; do higher levels of ratings result in higher quality care and education; do children in those settings develop more optimally; and are parents aware of PTQ and do they use it to make child care choices? A report of this evaluation is projected for late Fall 2011.

Additional information is available at <http://www.in.gov/fssa/files/PurdueValidityReport2007.pdf> and http://www.cfs.purdue.edu/cff/documents/project_reports/PTQ_TechReport2_Meas.pdf.

QRIS State Research

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Indiana

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What new evaluation questions are States considering?

In their research study, Tout et al. (2009, p. 6) discuss the issues that some States are addressing as QRIS evaluation moves to new research questions:

- Who is participating?
- Who is improving and what resources are used for improvement?
- Do parents know and use QRIS to choose care?

These evaluations are also examining child outcomes, which require a carefully designed strategy to address child attrition and focus on change in a program's development over time. Other issues to address in the evaluations are the challenges of assessing quality with children in a wide range of ages, cultures, languages, and abilities in various types of program settings. This group of researchers has also suggested the usefulness of creating a logic model of the QRIS, which can help in creating a plan of evaluation.

Section 10 of the *Compendium of Quality Rating Systems and Evaluation* provides information on QRIS evaluations. Eighteen of the 26 QRIS reported some type of evaluation had been or was being conducted on the QRIS. Nine reported an ongoing evaluation and nine reported periodic evaluations. Seven reported that their evaluations examined issues regarding the implementation of the system. Seven included validation of the quality ratings. Four included links between the QRIS and child outcomes in their research.

http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/index.html#reports

Oklahoma Using Research to Demonstrate the QRIS Impact

When Oklahoma launched its **Reaching for the Stars** initiative in 1998, it did not have the benefit of other State models to determine the most critical standards to include. In 2001, the State contracted with the Early Childhood Collaborative of Oklahoma, a partnership between the two State universities, to determine if there was a correlation between a child care program's star level and quality indicators and the impact of the Reaching for the Stars program over a 3-year period. Investigators used classroom observations and multiple assessment tools, director interviews, and teacher demographic questionnaires to yield a wealth of data on capacity and enrollment characteristics, auspice, subsidy participation, staff qualifications, professional development, and turnover. Similar research was conducted on family child care home providers. Major findings included that quality had improved since the implementation of the QRIS and that higher star-level programs had more educated directors and teachers, less turnover, and higher salaries. Additional information is available at <http://www.okdhs.org/programsandservices/cc/stars/>, at

[http://www.okdhs.org/NR/rdonlyres/4C0EF19D-6FC4-40C6-8926-](http://www.okdhs.org/NR/rdonlyres/4C0EF19D-6FC4-40C6-8926-A3371B7F4130/0/ReachingForTheStarsCenterValidationStudyFinalReport_dcc_05212007.pdf)

[A3371B7F4130/0/ReachingForTheStarsCenterValidationStudyFinalReport_dcc_05212007.pdf](http://www.okdhs.org/NR/rdonlyres/4C0EF19D-6FC4-40C6-8926-A3371B7F4130/0/ReachingForTheStarsCenterValidationStudyFinalReport_dcc_05212007.pdf), and at

<http://www.oklahomachildcare.org/system/files/ECCO%2520FamilyHome%2520Full%2520Report.pdf>.

Maine Evaluation Looks at QRIS Standards and Supports

Quality for ME, the QRIS in Maine, is engaged in two evaluation efforts. One evaluation, built into the system and based on random site visits, focuses on ensuring that the Quality for ME standards, levels, and implementation strategies accurately measure significant differences in quality. The second evaluation, supported by the U.S. Department of Health and Human Services Data Capacity grant received by ME, is examining the effectiveness of various quality supports (financial resources, technical assistance, professional development) that participating providers receive. The latter evaluation will have a sample of providers in the QRIS, as well as a control group of nonparticipants. Both studies are using ERS (Early Childhood Environment Rating Scale, Infant Toddler Environment Rating Scale, School-Age Environment Rating Scale, and Family Child Care Environment Rating Scale) to evaluate the quality of early learning in the classroom or home. Additional information is available at <http://www.maine.gov/dhhs/ocfs/ec/occhs/qualityforme.htm>.

Minnesota QRIS Evaluation Includes Multiple Measures

The Minnesota Early Learning Foundation (MELF), a partnership of corporate, foundation, and civic leaders, is not only evaluating **Parent Aware**, Minnesota's QRIS, but is also looking at how its market-based investments "improve school readiness outcomes by affecting children and families, early care and education programs, communities and the early childhood system." The MELF research model includes multiple measures for each of these domains, plus a shared database that makes it possible to aggregate, share, and analyze assessment results from a range of MELF projects. Additional information is available in the reports of the Parent Aware pilot:

- Year 1 Report examined stakeholders perceptions of the potential of Parent Aware to improve quality and provide information to parents.
- Year 2 Report examined the first 18 months of the pilot and looked ahead to statewide implementation.
- Year 3 Report took a closer look at the programs participating, the use of techniques to promote program improvement, assessment of quality, and child outcomes.

All Minnesota reports are available at http://www.melf.us/index.asp?Type=B_BASIC&SEC={8A0DB572-32D1-4306-BE29-55A93C907F2C}.

North Carolina Evaluation Validates Rating System

When North Carolina first developed the Star Rated License in 1997, it wanted to ensure that the State’s evaluations were actually using measures that would differentiate between levels of quality. A team from FPG Child Development Institute at the University of North Carolina at Chapel Hill collected extensive data on randomly selected child care centers. “We concluded from these results that the 5-star licensing system does accurately reflect the overall quality of a child care center. Parents can be assured that there are meaningful program differences among centers that have a 3-star, 4-star, or 5-star rating....” Additional information is available at http://fpg.unc.edu/sites/default/files/resources/reports-and-policy-briefs/FPG_SmartStart_Validating-NC-CC-Licensing-System-February2001.pdf.

At two different times since the ratings began, an analysis of ERS scores and teacher education level has been completed by the North Carolina Rated License Assessment Project at the University of North Carolina–Greensboro. The results show that classrooms with a teacher with an associate’s degree or higher scored significantly higher on the rating scale than classrooms with a nondegreed teacher. This conclusion supports the staff qualification standards of the QRIS. (Cassidy, Hestenes, Hegde, Mims, & Hestenes, 2005).

Who will design the evaluation and who will implement it?

The QRIS in most States is administered by a State agency; however, classroom assessments (such as ERS or CLASS) and evaluations are most often conducted by early childhood experts at State universities. In some cases, the same group of researchers has done multiple studies in an ongoing series of evaluation research. Choosing an evaluator is an issue that States must address within the restrictions of their resources and the State bidding and contractual requirements. Other considerations that also influence the choice of evaluator should be incorporated in the request for proposal, including:

- Qualifications and experience—States look for evaluation teams with qualifications that match the task, i.e., early childhood and research qualifications and experience with delivering this particular type of research. They also look for evaluators who have experience completing the research within contract requirements.
- Credibility—Potential evaluators should be highly credible to the primary target audience. This is one of the reasons that many States use their own State universities, even though those universities may bring in national or out-of-State experts to partner on selected portions of the evaluation.
- Stability—If plans call for conducting a series of evaluations, an organization’s longevity in the field and probability of continuing in the work will be important traits in an evaluator.

How will the results of the evaluation be used? Who will receive the results of the evaluation?

Many evaluation studies serve dual purposes: (1) to provide evidence-based insights into the design or implementation process, and (2) to inform funders and policymakers of the impact of the QRIS on child care programs and child outcomes.

Researchers at a meeting of the Child Care Policy Research Consortium identified some additional issues and questions to consider:

- Evaluation design and measurement options:
 - ◆ How do we best convey to stakeholders the implications of selecting a given design and the limitations on the kinds of causal statements that can be made about QRIS and its relationship to quality and outcomes?

- ◆ When and what types of evaluation should occur as part of the pilot and as part of statewide scale up and rollout?
 - ◆ What are the benefits and costs of focusing on process and outputs early on and delaying evaluation of quality and child outcomes? What is the right design for ongoing data collection and evaluation of mature and longstanding QRIS?
 - ◆ Researchers and experts can play important and helpful roles in development of a State’s QRIS. How is third-party objectivity at the evaluation stage maintained? What are the potential tradeoffs of not keeping the evaluation team separate from QRIS development?
- Measuring child outcomes in QRIS evaluations:
 - ◆ What child outcomes are expected as a result of QRIS? How realistic are our expectations?
 - ◆ What design options should be considered for examining child outcomes?
 - ◆ Timing—At what point in system development should child outcomes be assessed?
 - ◆ Strategy—Should child outcomes be assessed in cohorts, or should children be tracked over time?
 - ◆ Outcomes—What can be learned from a point-in-time assessment compared with an examination of change over time (for example, fall to spring changes)?
 - ◆ Type of outcome measure—What measures are feasible, reliable, and valid, such as direct child assessments, teacher-caregiver ratings, and authentic assessment tools?
 - ◆ Age of child—Should child assessments include children of all ages or focus on 4- and 5-year-old children?
 - ◆ What are the options for assessing children in culturally and linguistically diverse communities and children with special needs?
 - Evaluating QRIS as a market- or system-level intervention compared with a program evaluation:
 - ◆ Sampling issues—For how many providers must data be gathered to understand market impacts?
 - ◆ How can impacts on wages and prices in an entire market area be analyzed?
 - ◆ What aspects of parent knowledge, attitudes, and behavior must be understood? How should parents be sampled, in the general community or through providers?
 - ◆ How can we differentiate impact of QRIS from other factors affecting early and school-age care market? (Child Care Policy Research Consortium. 2008, April, 23–24).
 - In addition to the above questions suggested by researchers, other aspects need to be considered:
 - ◆ When considering measurement of child outcomes, further attention should be paid to dosage—how long should a child be in a participating program before being included in a sample? What if the program’s rating had changed over the time the child was in the program?
 - ◆ How do evaluations of the QRIS as a whole relate to evaluations of specific types of programs that participate in the QRIS, such as Head Start and Educare? This aspect addresses the issue of evaluating QRIS as a system compared with evaluating specific program models. Many types of program models participate in a QRIS.
 - Seeing QRIS as a system is a reminder of the need to evaluate QRIS as a system alignment strategy, including the following measures:
 - ◆ Increasing participation in QRIS across various subsystems, such as child care, Head Start, prekindergarten, and early intervention
 - ◆ Increasing participation in shared planning across various subsystems by using QRIS data and benchmarks

- ◆ Developing common data definitions and shared data
- ◆ Increasing percentage of funding from multiple sources linked to QRIS participation
- ◆ Reducing paperwork by sharing and coordinating fiscal and program monitoring
- ◆ Simplifying fiscal management by sharing and coordinating fiscal and program monitoring

In summary, evaluation is usually prompted by following needs:

- Is the QRIS model valid, and does it differentiate quality?
- Does the process of QRIS assessment and monitoring work well?
- Are the various parts and subsystems of the early and school-age care world working to support the QRIS and benefiting from the QRIS? Are the parts of the system in alignment?
- Is the QRIS increasing the quality of care available to all parents?

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QRIS Resource Guide: Section 8 Cost Projections and Financing

This material was developed under a previous contract with the Office of Child Care. While these materials are up to date, the National Center on Child Care Quality Improvement plans to update this product later this year and/or expand on these materials.

Because financing for the QRIS and its various elements is critical for long-term success, initial projections and sustainability review are important parts of planning. This section addresses the issues of projecting costs based on a proposed or revised QRIS model, identifying existing resources that can be realigned to support the QRIS, and securing additional sources of funding.

Funding is a significant factor in the successful implementation of quality rating and improvement systems (QRIS) and often drives the approach taken to piloting, scaling up, and crafting program and practitioner supports. Costs of QRIS vary widely, depending on the scope and scale of the programs included, the measures and methods of rating and monitoring, and the types of program and practitioner resources utilized to support improvement.

A strategic approach to the financing and sustainability of QRIS will ensure that resources are sufficient to meet goals, and that public and private funds are maximized and leveraged effectively to support the improvement of quality over time. Clearly defining the goals of the QRIS and determining its scope, both in the short and long term, is a fundamental first step in determining costs and identifying and securing needed resources. By thinking broadly and creatively about how to effectively utilize available funding, including maximizing and leveraging varied funding sources, States will go a long way toward ensuring the sustainability of their QRIS and the programs that participate.

The information in this section is organized into six steps for developing a strategic financing plan.

Step One: Deciding What Needs to Be Financed

- [What elements of a QRIS need to be funded?](#)

Step Two: Projecting the Costs

- [What should be included in a cost projection?](#)
- [How have other States projected costs?](#)
- [How can the impact on the cost of care be minimized?](#)

Step Three: Identifying Funding and Resources That May Already Be Available or Aligned With the QRIS

- [What funding or resources could be accessed to support a QRIS?](#)

Step Four: Exploring Potential Sources of Funding to Fill the Gaps

- [What funding sources have States used to support their QRIS?](#)

Step Five: Preparing a Strategy for Securing the Needed Funding

- [What planning is needed to create a funding strategy?](#)

Step Six: Analyzing Costs and Expenditures Annually

- [How will expenditure levels be tracked over time?](#)
- [How will funding levels be sustained?](#)

Step One: Deciding What Needs to Be Financed

What elements of a QRIS need to be funded?

The following QRIS elements should be considered for funding:

- **Planning and Design:** Strategic planning and data collection
- **Standards:** Research and development
- **Approaches to Implementation:** Pilot or phased-in approaches
- **Accountability and Monitoring:** Assessments, rating assignments, and on-going monitoring
- **Provider Support:** Outreach, program and practitioner support, and incentives
- **Data Collection and Evaluation:** Information technology system design, and data collection, analyses, and dissemination
- **Public Awareness:** Parent, provider, and stakeholder awareness, communication, and outreach

Step Two: Projecting the Costs

What should be included in a cost projection?

Projecting the cost of QRIS can be challenging. Projections should include estimates for planning, launching, and maintaining the initiative, as well as anticipating its growth. Projecting participation levels and utilization of support services in an underfunded and fragmented industry can be particularly difficult.

To help estimate the costs of the QRIS, a Web-based Cost Estimation Model (CEM) is a tool that addresses the essential elements of a QRIS:

1. Provider support, including professional development and technical assistance for program improvement
2. Financial incentives for programs and early and school-age care and education practitioners
3. Quality assurance with onsite assessments and document reviews
4. Communication and outreach
5. Evaluation

The CEM can be customized to address the components of each State or locale’s QRIS and can be used in several ways. The user can project the cost of a fully implemented QRIS with high participation rates, or they can change specific elements to see how different elements impact cost. The tool can also be used to estimate the cost of a QRIS pilot or field test by including only those elements that will be piloted and adjusting the participation rate variables to a specific number of programs. By costing out the separate elements of a QRIS, States can adjust future spending based on the effectiveness of each element. Information about how to access the CEM tool is available at <http://www.acf.hhs.gov/cem/wwwroot/>.

The tool requires the user to establish certain assumptions, e.g., projected participation rates. Documenting these basic assumptions will help when revisiting cost projections and tracking actual expenditures. Developing simple logic models that show the basis for the key assumptions that have major cost implications may be helpful. States may want to consider the level of resources needed to ensure that the program can successfully meet expectations. In *Child-Care Quality Rating and Improvement Systems in Five Pioneer States Implementation Issues and Lessons Learned*, Zellman and Perlman (2008, p. 55) note:

It is important to design the QRIS so that available funds are used in the most effective way. This requires analysis of the costs of the various components, such as ratings and coaching. If, for example, the cost of ratings is so high that it compromises other QRIS activities, it may be necessary to rethink what is being measured or find other sources of support to fund them. It is critical that sufficient incentives are available to improve quality. While early rating system ideas in some states relied on the motivation of programs to improve, it has become increasingly apparent that improvement cannot occur without incentives and support. Providers accept risks in participating in rating systems. Those risks must be attached to real benefits. An underfunded system risks failure.

How have other States projected costs?

The States that have been the most successful in projecting accurate costs are those with existing data systems and information resources. These can be used to project key factors such as participation rates and levels of quality. Systems that may provide useful data for projecting costs and participation levels include licensing databases that capture the level of compliance with regulations and professional development registries that collect staff qualifications and annual training attendance. (Information about mapping the early care and education workforce is available in the “Initial Design Process” section.) Some States have surveyed providers only to find that their desire to achieve higher QRIS levels was not realistic, i.e., they did not realize the investment needed to attract or retain staff who met higher qualifications. The wide range of participation levels across States is reflected in the *Compendium of Quality Rating Systems and Evaluation* on page 17 (Child Trends and Mathematica Policy Research, 2010).

Another approach is to project the cost to the provider, above the resources provided by the State, of meeting criteria at each QRIS level. Although this approach assumes that all providers at each QRIS level operate at the same level of quality and need the same supports to move to the next level, it provides an additional piece of information to calculate needed funding for incentives such as tiered reimbursement or grants.

Ohio Researches the Cost to Providers

In 2008, Ohio completed a study to analyze the costs of varying levels of quality early care and education services, based on Step Up To Quality (SUTQ)—Ohio’s Quality Rating and Improvement System—to providers, families, and public state agencies. The study also examined the financial implications of potential improvements or modifications to SUTQ and the effectiveness of the current Quality Achievement Awards in offsetting the costs of meeting quality standards. Ohio contracted with the Human Services Policy Center within the Evans School of Public Affairs at the University of Washington and recruited a working group, representing knowledgeable individuals with a variety of early childhood and finance backgrounds, to assist with the study. The final report is available at <http://hspsc.org/publications/pdf/OH-FiscalModel.FinalReport.pdf> or http://www.build-ohio.org/new2010/happening/finance/ECE_finance_rept.pdf.

Once cost projections are made and decisions are reached on the most important elements for which funding is available, States should develop a budget. In general, States do not maintain a separate budget for QRIS because expenditures are often embedded in the child care system, such as the licensing or subsidy program, professional development and technical assistance systems, child care resource and referral (CCR&R) agencies, and other services and supports. Although a review of expenditure levels in other States’ QRIS provides a good starting point,

each State’s QRIS has different criteria and incentives. Comparisons may also lead to incorrect assumptions due to varying availability of existing resources, such as licensing and access to training or technical assistance. Therefore, using the CEM to capture the State’s unique QRIS structure and existing resources may be a better approach to cost projections.

How can the impact on the cost of care be minimized?

A primary goal of the QRIS is to improve the quality of child care; however, there is concern that a QRIS would increase the overall cost of providing care. Because most child care revenues come from parent fees, child care markets are extremely price sensitive. Yet, there may not be a direct correlation between the cost of providing child care and the price charged for that care. Full enrollment is essential to a program’s fiscal viability and sustainability; providers must pay careful attention to how they price their services or they risk losing customers. If participation in a QRIS increases costs, many providers may be unable to raise their prices commensurately.

States typically try to minimize the impact of a QRIS on the fees charged by providers by subsidizing the increased quality in two ways. They may support or offset higher costs tied to specific QRIS criteria, e.g., scholarships for staff to get the education required for higher standards. A second way is through tiered reimbursement strategies for providers that participate in a QRIS, e.g., higher State reimbursement rates based on QRIS levels. Tiered reimbursement strategies are designed to help increase access to higher quality child care for low-income families. However, unless tiered reimbursement is structured as a “bonus” not linked to market price, it can have the unintended consequence of driving up the price charged to nonsubsidized families and limiting participation in the QRIS, especially among providers that serve children of all income levels. This could potentially limit choices for low-income families if tiered reimbursement is the only financial incentive for a QRIS. Tiered reimbursement is likely to be more effective if it is one of several financial incentives available to providers. It is possible to structure financial incentives so that they are available to providers that serve families at all income levels but also offer special incentives for providers that serve subsidized children. (See the “Provider Incentives and Support” section for additional information and examples of financial incentives that States have developed.)

To date, research data on the relationship between QRIS and the price charged by participating providers are not available. Many factors make it difficult to correlate QRIS participation and price data, including external factors such as minimum wage increases, the supply of providers in a rate area, and local employment conditions. Nonetheless, it may be helpful for States to track price and rate changes over time, recognizing that the cost of care, market prices, and subsidy reimbursement rates are three different issues.

Step Three: Identifying Funding and Resources That May Already Be Available or Aligned With the QRIS

What funding or resources could be accessed to support a QRIS?

Many States that have implemented a QRIS have been able to align their existing quality improvement strategies with the QRIS and build on the professional development, technical assistance, quality improvement, and monitoring systems that were already in place. QRIS can become an organizing framework for focusing multiple strategies toward an accountability structure that could include all early care and education services.

Using the QRIS as a tool for alignment and system reform requires careful planning. (See the “Initial Planning Process” section for additional information.) Reaching the long-term goal of system reform is likely to occur over time as opportunities arise to restructure program administration and funding. Also, aligning resources and programs, such as licensing and CCR&R, may require changes in regulations or contracts, actions that cannot be immediately implemented.

The first step is to identify all existing resources and activities, such as professional development, technical assistance, monitoring, data collection/tracking, etc., that currently support functions or activities included in the QRIS. This review should include resources for infant/toddler, school-age, and special needs care that may indirectly support the overall system and may also help identify gaps in resources. Many States have been intentional in making the changes needed to link these existing resources and activities to QRIS. States need to understand that this step may require revised job descriptions or administrative structures, legislation, new regulations, amendments to rate or contract policy, new or revised responsibilities with contractors, etc.

As part of an analysis of resources, there may be existing programs and activities that can be eliminated or that may become redundant once the QRIS is in place. Funding for eliminated items can then be redirected to support the QRIS, although this action may necessitate significant involvement of key stakeholders and administrators to garner needed support and commitment to use funding in new ways.

QRIS offers States the opportunity to ensure that funding currently allocated to early and school-age care and education quality improvement is spent wisely. If used as a systematic framework for financing and measuring quality, QRIS offers many opportunities to maximize existing resources and promote accountability for results.

QRIS as a Funding Standard in Maine

Quality for ME, Maine's QRIS, was launched in March 2008 as a completely voluntary system. In September 2008, the State Early Childhood Division of the Maine Department of Health and Human Services (DHHS) began to require providers that have a DHHS contract to participate in Quality for ME. In October 2009, this requirement was extended to include regulated providers that accept DHHS child care vouchers. Additional information is available at <http://www.maine.gov/dhhs/ocfs/ec/occhs/qualityforme.htm>.

Montana Aligns Existing Grants with Redesigned QRIS

Montana's quality grant programs are being revised to support the proposed **Best Beginnings STARS to Quality**. The funds will be redirected either to support incentives for programs and providers or to support the STARS infrastructure. In some cases, the administration will shift from State staff to contracted agencies, freeing up State staff to take on new responsibilities in STARS to Quality. Provider grants are phasing out over 3 years. Merit Pay (regular, infant-toddler, and higher education) will become part of the Workforce Incentives. Mentor grants, Specialized Training grants, and Child Development Credential scholarships will be subsumed in the infrastructure. Accreditation grants are being phased out to be subsumed in the program support incentives. Minigrants will continue but will be administered locally to provide for better distribution of resources throughout the State. Additional information is available at <http://www.dphhs.mt.gov/hcsd/childcare/bestbeginnings/bestbeginningsstarstoquality.shtml>.

North Carolina Business Redesign and Funding Realignment

The absence of a designated allocation for a QRIS forced the North Carolina Division of Child Development to redesign existing functions in order to implement its QRIS as a **Star Rated License**, an expansion of its existing licensing system. Existing systems and processes—licensing monitoring, staff qualification checks, automation, and the Web site—were reviewed to determine how to expand or revise them to include the onsite evaluation of child care programs. Automation helped licensing staff to manage monitoring of the expanded regulations for ratings. Agency staff who were managing the voluntary credentialing process and trainer approval were redirected to the new streamlined staff qualifications assessments. North Carolina found that it was more effective to integrate the QRIS into the existing licensing process than create new positions or units that worked on the rating system only. Using redirected quality funds, the State contracted with a university to complete the environment rating scale (ERS) assessments to ensure their objectivity. Cost savings were realized by performing complete rating assessments, including the ERS, once every 3 years, unless a program fails its annual monitoring of rating maintenance. Additional cost savings were achieved by putting some limitations on the ERS assessments—only one-third of classrooms and programs that could meet the other three Star standards were assessed. Additional information is available at http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp.

Step Four: Exploring Potential Sources of Funding to Fill the Gaps

What funding sources have States used to support their QRIS?

Once funding needs are identified, States should seek new or unobligated funding sources that could be tapped to support the QRIS. American Recovery and Reinvestment Act of 2009 (ARRA) funds are being used in several States to move their QRIS effort forward. The 4-year design phase of New York’s QRIS was accomplished with private foundation support and the volunteer efforts of hundreds of individuals. The field test of QUALITYstarsNY, which began in July 2009, was supported by funds from the ARRA and several private foundations. The most common source of funding for QRIS is the Federal Child Care and Development Fund (CCDF), with all but one State relying on this revenue source. Other possible sources include Federal funds from:

- Temporary Assistance for Needy Families
- Social Security Block Grant
- Head Start
- Title IVB Child and Family Services
- Part B and Part C of the Individuals with Disabilities Education Act
- U.S. Department of Education
- ARRA and other initiatives
- State general funds and dedicated State funding from tobacco settlement funds or lotteries
- Local government revenues
- Private sources, including business and philanthropic contributions

States may also be able to tap workforce development dollars or funds designed for special populations and initiatives (e.g., Native Americans, rural providers) to fund specific outreach to underserved communities or to expand the scope of programs included. Federal education funding is becoming more inclusive of early care and education and systems building initiatives such as a QRIS; examples may be found in the *Learning to Read: Guide to Federal Funding for Grade Level Reading* available at http://www.financeproject.org/publications/GLR_Guide.pdf.

Before exploring charitable and business support, the State may need to identify a partner that can solicit and receive private funding for this purpose. State governments often do not have mechanisms in place to receive private funding. Also, funders have their own applicant guidelines to, in part, allow them to address tax issues related to charitable giving.

Minnesota Leverages Public and Private Funding

Parent Aware, the Minnesota QRIS pilot, is uniquely linked to a host of public- and private-funding streams. Funders have included the McKnight Foundation, the Grotto Foundation, Greater Twin Cities United Way, the St. Paul Scholarship program, an innovative State Pre-K Allowance initiative, and others. Efforts have also been made to align Parent Aware implementation with a pilot child care subsidy initiative to promote access to high-quality child care settings with CCDF quality improvement funds. Additional information is available at <http://www.parentawareratings.org/>.

Step Five: Preparing a Strategy for Securing the Needed Funding

What planning is needed to create a funding strategy?

Key ingredients to this planning process include a long-range goal, a plan for incremental steps toward reaching the goal, and a lot of flexibility. Obtaining funding is often about seizing opportunities and does not always follow a logical plan. It may be possible, for example, to make great strides in linking the QRIS to one particular funding stream, such as child care subsidy. But it may take much longer to access dollars from another source, such as the State prekindergarten or Head Start program. Or, it may be possible to secure financial incentives for a particular group of providers early on, and then work to extend these supports to all participants. (See the “Approaches to Implementation” section for information on the use of a phased-in approach when full funding is not available.) Regardless of the timeline, it is helpful to have a roadmap of potential resources and a strategy for securing them, so that opportunities are identified as they arise. (Also see the “Public Awareness” section for information about building support among other stakeholders.)

Tax Credit Encourages Business Contributions in Louisiana

In addition to giving tax credits to families, teachers, and directors, the Louisiana School Readiness Tax Credit provides an incentive for businesses to make contributions to child care. Businesses that construct, renovate, or expand a child care center, purchase equipment for a center, maintain or operate a center, or subsidize child care for their employees can receive a tax credit, the amount of which is based on the star rating of the center. Businesses may also receive a tax credit for donations made to CCR&R agencies that provide technical assistance for programs that improve their **Quality Start** QRIS star status. Additional information is available at <http://www.qrslouisiana.org/businesses>.

Public-Private Partnership Manages and Funds Delaware Stars

Delaware Stars for Early Success is a QRIS initiated by the Delaware Early Childhood Council and receives support from a public-private partnership. A management team comprised of representatives from the Delaware Early Childhood Council, Department of Education, Office of Early Care and Education, DHSS, Office of Child Care Licensing, Children and Families First, United Way Success By 6®, Institute for Excellence in Early Childhood at the University of Delaware, and Nemours Health and Prevention Services is responsible for making decisions related to the development and implementation of Delaware Stars. CCDF quality funds support the infrastructure and staffing, and private donations support grants, awards, and stipends to providers. Additional information is available at <http://www.dieec.udel.edu/delaware-stars-participating>.

Leveraging the Support of the Private Sector in Virginia

A pilot site in the Virginia’s **Star Quality Initiative**, Smart Beginnings South Hampton Roads, has leveraged financial support from the private sector. Although the State funded trainings for local “raters” and “mentors,” South Hampton Roads leaders were responsible for accessing additional funds to support the local system. The Hampton Roads Community Foundation provided more than \$1 million over a 2-year period for implementation in child care centers in the region. The Batten Educational Achievement Fund of the Hampton Roads Community Foundation supports teacher scholarships and education for staff in participating centers. To leverage additional funding, Smart Beginnings is encouraging businesses to participate in an “Adopt a Center” program, where their contributions pay for one program’s participation in the QRIS. For example, a local “Star Champion” would provide \$10,000 to fund one child care center to be part of the Star Quality Initiative. These funds help a center fully participate in the QRIS program, and include coverage for mentoring, assistance with the development of a quality improvement plan, teacher scholarships, and resources to improve quality. Smart Beginnings also encourages businesses to make smaller donations at various levels or to provide nonmonetary support to child care centers. Additional information is available at <http://www.smartbeginningsshr.org/content/index.html>.

The Finance Project has developed a series of tools and resources to assist States in both identifying and sustaining funding. There are five strategies that can help State or local leaders think broadly and strategically when developing financing strategies for long-term QRIS funding:

1. **Make Better Use of Existing Resources**—Coordinate existing resources that support quality improvement for early and school-age care and education programs. This helps build an efficient service delivery strategy that reduces administrative costs.
2. **Maximize Federal and State Revenue**—Track and draw down the full range of available funds that can support a QRIS. This includes using a mix of Federal, State, local, and private dollars to fully leverage available funding.
3. **Create More Flexibility in Existing Categorical Funding Streams**—Consider strategies to pool or align uses of categorical funding streams. Develop memorandums of understanding or other mechanisms to facilitate blending and braiding of funding streams while ensuring fiscal integrity (and audit requirements) of each funding stream.
4. **Build Public-Private Partnerships**—Partner with a range of stakeholders in the governance and funding of a QRIS. Engage private funders in leveraging Federal or State dollars or for targeted investments in specific elements of the QRIS or for implementation in selected communities.
5. **Create New Dedicated Revenue Streams**—Engage stakeholders and develop long-range plans to create new revenue through ballot initiatives, special fees, or taxes. Dedicate this new revenue to the sustainability of the QRIS.

The Finance Project has a number of publications and tools that can assist States in addressing the financing and sustainability of QRIS. Selected publications include the following:

- Stebbins, H. & Langford, B.H. (2006, May). *A guide to calculating the cost of quality early care and education*. The Finance Project.
<http://76.12.61.196/publications/costguide.pdf>
- Flynn, M. & Hayes, C.D. (2003, January). *Blending and braiding funds to support early care and education initiatives*. The Finance Project.
http://www.financeproject.org/publications/FPBlendingFunds1_24.pdf
- Lind, C. et al. (2009, May). *Finding Funding: Supporting Making Connections Core Results that Children are Healthy and Prepared to Succeed in School*. The Finance Project.
<http://www.financeproject.org/publications/FindingFunding-SupportingMakingConnections.pdf>
- The Finance Project. *Sustainability planning: Resources related to the seven steps in a comprehensive sustainability planning process*. Author.
<http://www.financeproject.org/index.cfm?page=28>
- The Finance Project. *Sustainability planning workbook*. Author. This workbook includes five modules that guide users through the sustainability planning process and includes self-assessment tools, worksheets, and templates for writing a sustainability plan.
<http://www.financeproject.org/special/engage/workbook.cfm>
- Hayes, C.D. (2002, March). *Thinking broadly: Financing strategies for comprehensive child and family initiatives*. The Finance Project.
<http://76.12.61.196/publications/ThinkingBroadly.pdf>

In addition, the following tools can be shared by State leaders to ensure the programs involved in the QRIS have sound fiscal practices that support the sustainability of their programs:

- Gager, J. & Marchand, V. (2009, September). *Beyond the award letter: Fund management for leaders*. The Finance Project.
<http://www.financeproject.org/publications/BeyondtheAwardLetter.pdf>
- Lavalley, R. & Sandel, K., (2009, January). *Beyond the checkbook: A financial management guide for leaders*, The Finance Project.
<http://www.financeproject.org/publications/BeyondtheCheckbook.pdf>
- Casey, T. (2009, September). *Beyond the paycheck: A human resource management guide for leaders*. The Finance Project.
<http://www.financeproject.org/publications/BeyondThePaycheck.pdf>

Step Six: Analyzing Costs and Expenditures Annually

How will expenditure levels be tracked over time?

As participation in the QRIS grows and providers are able to move to higher levels, ongoing tracking and analysis of expenditures is needed to ensure the best utilization of fiscal resources. A few simple analytic approaches will yield significant information to support future budget planning. These include comparing budgets and actual expenditures, analyzing expenditures over time, and comparing costs to impacts.

The most basic analysis consists of comparing the budgeted costs and revenues to the actual amounts both received and disbursed over the course of the year. Although no budget is a perfect predictor of fiscal flows, significant discrepancies (both positive and negative) require close examination. A good place to begin is with the underlying assumptions that were used to create the budget. Were those assumptions valid? How did the actual program perform compared to the prediction? Look for logistical issues as well. Did an administrative process create obstacles to collecting or disbursing funds? Be aware that sometimes discrepancies occur for reasons

beyond the control of the project planners, such as sharp declines in State revenue streams or changes in political leadership.

Analyzing expenditures over time can also offer illumination. If the analysis is conducted after a year or more, break down the financials by month. Did engagement, and therefore costs, increase as outreach expanded? Is there a “seasonality” that shows sharp spikes or decreases in the use of project resources, such as during the summer or winter holidays? The answers to these questions may assist with planning cash flow and work schedules.

An overarching question for analysis is whether the financial supports are sufficient to support programs in meeting QRIS standards and quality improvement goals. In addition, a responsible review must also compare the cost of a particular element with its impact, relative to the other components of the QRIS initiative. Ideally there are measurable outcomes that can assist in making this judgment. Does the contribution of the element justify its expense? Are there other elements that yield more impact for less money? In an environment of limited resources, it is essential to steer investments to the most productive initiatives.

These are a few of the basic forms of analysis. Regardless of what approaches are taken, it is important to have a formal assessment process that includes key stakeholders from the initiative. Multiple perspectives make for more thoughtful discussion and deeper understanding. This deeper understanding of how the financial components interact will lead to better planning in following years. A thorough knowledge of the financial performance of the program will also be helpful when persuading policymakers to continue to support the initiative.

How will funding levels be sustained?

Sustained funding is necessary to ensure continued success of the program. The CEM can again be used to project costs over the next several years and allow time to build support for increased resources.

Leaders may also want to engage programs in sustainability planning. Many early and school-age care and education programs rely on multiple funding streams, some of a short-term nature, as well as parent fees. Given the mixed delivery system of programs that may be involved in the QRIS, including publicly funded and private (for-profit and nonprofit) organizations, providing guidance and support for the business practices of program leaders is essential to ensuring a good “return on the investment” government leaders make to improve quality through QRIS.

Missouri Supports Sustainability Planning

During the planning process for Missouri’s pilot **Quality Rating System**, afterschool program leaders expressed concern that many of the State’s quality school-age care programs were operating on short-term grants. As the State invested in promoting and assessing the quality of these programs, it found it was important to also consider program longevity. As a result, Missouri decided to link the QRIS to efforts to promote sustainability. A program that has a sustainability plan now earns points toward a higher tier of quality in the QRIS. Although Missouri’s efforts to link sustainability and quality are only now being tested through its program, the findings may be instructive to other States. Additional information is available at <https://www.openinitiative.org/content.aspx?file=QRS.txt>.

The Finance Project’s *Sustainability Planning Toolkit* can help State and local leaders develop a long-term plan to ensure the sustainability of the QRIS. Leaders can use the toolkit to develop a 3-to 5-year plan to carry out their vision, assess results, and implement new strategies to access funds, build partnerships, and cultivate key champions for a QRIS. In addition, a sustainability planning process can position leaders of a State or local QRIS initiative to adapt to changing conditions and develop strong internal systems to ensure both efficiency and accountability.

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http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/index.html#reports
- Zellman, G.L., & Perlman, M. (2008). *Child-care quality rating and improvement systems in five pioneer States: Implementation issues and lessons learned*. Santa Monica, CA: RAND Education.
http://www.rand.org/pubs/monographs/2008/RAND_MG795.pdf

Selected Resources

- Stoney, L., (September 2004). *Financing Quality Rating Systems: Lessons Learned*. Alliance for Early Childhood Finance for United Way of America Success By 6.
http://www.earlychildhoodfinance.org/downloads/2004/StoneyQRISfinance_2004.pdf
- Mitchell, A., & Ghazvini, A. (2007). *Florida's Quality Rating System: A Conceptual Model for Estimating Cost Assumptions, Explanations and Supporting Data*. The Policy Group for Florida's Children and Families.
<http://www.policygroup.org/downloads/policy%20brief%20series/2007-Q001a.pdf>
- While not specifically focused on funding a QRIS, the 2001 edition of *Financing Child Care in the United States* covers the full range of funding mechanisms that are in use to support early and school-age care and education programs.
<http://sites.kauffman.org/pdf/childcare2001.pdf>

QRIS Resource Guide: Section 9 Public Awareness

This material was developed under a previous contract with the Office of Child Care. While these materials are up to date, the National Center on Child Care Quality Improvement plans to update this product later this year and/or expand on these materials.

Assisting parents in understanding, choosing, and evaluating early and school-age care and education programs is one of the primary reasons States create a quality rating and improvement system (QRIS). For a system to be successful, however, messages should be designed for various audiences to promote its value to a wide range of stakeholders. This section addresses various strategies for reaching parents, consumers, and providers, as well as building support among policymakers, State and community leaders, and funders.

In *Stair Steps to Quality*, Mitchell (2005) notes:

“Not everyone will see the inherent benefits of QRS. Some may oppose QRS due to ideological concerns, which frequently include the belief that child care minimizes the role of parents. A strategy employed by supporters of QRS is listening to concerns, seeking common ground based on what is good for children, and responding with facts that explain why the QRS is being developed. Research on program quality is often part of the explanation, along with affirmation that parents are children’s first teachers and that many children are in out-of-home programs because their parents work.”

Reaching Parents and Consumers

- [What factors influence parents’ choice of care?](#)
- [How will the public and parents be educated about the rating system?](#)
- [Are there incentives for parents to choose higher rated providers?](#)
- [How will information about the ratings be provided to parents and the public on an ongoing basis?](#)

Reaching Providers

- [How can providers be encouraged to participate?](#)
- [How can programs that do not receive child care subsidy reimbursement be encouraged to participate?](#)

Building Support Among Other Stakeholders

- [What are effective strategies for educating and building support among policymakers and State and community leaders?](#)
- [What are effective strategies for educating and building support among private funders and businesses?](#)

Reaching Parents and Consumers

QRIS provide a framework for educating parents about the importance of quality in early care and education. Providers may be more likely to participate in QRIS when parents begin to value the rating process and ask about the QRIS rating when choosing child care.

What factors influence parents' choice of care?

A body of evidence suggests that the quality of early care and education services across the Nation often falls below “good” on environment rating scale assessments, with an alarming number of programs rated as “inadequate” and potentially harmful to children’s development. However, 96 percent of parents believe that all child care providers offer learning opportunities for children, and 78 percent believe that all providers are trained in child development before working with children (National Association of Child Care Resource & Referral Agencies [NACCRRA], 2009). Parents are often unaware of or do not understand the factors that indicate quality, and they are not familiar with their State’s licensing requirements. Others may be unwilling to acknowledge that their child is not receiving high-quality care. In addition, low literacy levels and limited English proficiency may also be barriers to accessing information. The Center for Law and Social Policy has several reports on meeting the needs of young children of immigrants and families with limited English proficiency. Additional information is available at http://www.clasp.org/issues/topic?type=child_care_and_early_education&topic=0009.

In a November 2008 poll, parents identified safety, a learning environment with trained teachers, and cost as the three most important factors when choosing child care (NACCRRA, 2009). Earlier studies reflect that parents care about health and safety, how children get along with each other and with adults, opportunities for learning, the personality of the staff, and the program philosophy (Mitchell, 2005). Although it is important to educate parents on research-based quality criteria, using terms that reflect what parents in specific States understand and value will make the QRIS more meaningful to them.

A February 2011 brief entitled *Understanding Parents’ Child Care Decision-Making: A Foundation for Child Care Policy Making*, provides a graphic to illustrate a complex decisionmaking process shaped by parent and child characteristics, parent values, beliefs, and preferences, community and employment characteristics as well as a set of opportunities, constraints and barriers (Weber, 2011). The report also notes that “Parental employment and family and child well-being outcomes flow from the decision-making process, but child care decisions are seldom one-time occurrences. For example, parents change jobs, or employers change work schedules. Children outgrow arrangements, or parents decide that arrangements are not good for children. Changes in child care subsidy policies or relatively small changes in earnings can make a family ineligible or reduce the benefit amount.” Child care decisions must often be made quickly, making ready access to information even more important.

Minnesota Studies Parent Choices

Over the last few years, several studies and surveys of Minnesota parents were conducted to determine the factors that influence their choice of a child care provider and what they consider to be a good quality child care program. Most recently, parent focus groups were held to inform the development of a child care information and rating system. Parents indicated that the eight most important areas to include in a child care information and rating system include: (1) caregiver training and experience, (2) safety, (3) licensing rules and violations, (4) curriculum and activities, (5) parent feedback, (6) interaction with children and caregiver characteristics, (7) ratios, and (8) cleanliness. Parents agreed that a Web site would be a good place to communicate information about an information and rating system. *Child Care Information and Rating System: Parent Focus Group Results* by the Minnesota Department of Education and the Minnesota Department of Human Services (January 2007) is available at <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4965-ENG>.

How will the public and parents be educated about the rating system?

Most QRIS award easily recognizable symbols, such as stars, to programs to indicate the levels of quality. Most people understand a rating system with stars because of its use with the hotel and restaurant industries, e.g., five-star hotel. An early and school-age care and education program's voluntary participation in the system should be viewed as a commitment to quality improvement. Parents need to understand that even ratings at the lower levels mean that the program has exceeded minimum requirements. Although the name given to a rating system cannot fully convey its purpose, the marketing campaign will be more relevant and compelling if the name is easily understood. Examples of names given to State QRIS are available in *QRIS Definition and Statewide Systems* at http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Definition.pdf.

Easy and widespread access to information on ratings is essential. States typically send providers that participate in QRIS a certificate that indicates the quality level they have attained; providers may choose whether to display this document. Some States include the rating on the license even if the QRIS is not part of the license itself (rated license) as a way to increase its visibility. An example of a rated license is available on North Carolina's Web site at http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_sl.asp.

The following list summarizes some strategies that States have used to increase initial awareness among parents and the public:

- **Public service announcements or paid advertisements**—People with public relations expertise can help craft the best message and identify the best stations and times of day to reach the intended audience. The use of nonwritten materials, such as television and radio announcements, can be especially helpful for families with low literacy levels and limited English proficiency. Tennessee succeeded in getting TV stations in the State's four major media markets to run a weekly feature announcing the results of programs that were rated. Media outlets in Ohio including Time Warner agreed to run a Step Up to Quality public service announcement free of charge.
- **Brochures and posters**—Materials about the importance of choosing quality care for children and how the rating can help with that choice can be shared at libraries, pediatrician's offices, employment offices, social service and health agencies, places of worship, and other locations where parents go. Many hospitals provide a packet of information to parents after the birth of their child, and they could include information on child care and QRIS. It is important that these materials provide a simple, compelling message.
- **Billboards**—Although expensive, billboards can be a very successful way to reach both families and the public at large to remind them of the State's commitment to early education. In metro areas, bus placards are also a highly visible approach.

- **Service providers**—Providers that could share information include child care resource and referral (CCR&R) agencies, the agency that authorizes child care subsidy or other benefit programs, home visitors, early intervention resource managers, and pediatricians. When possible, educating these messengers will help them feel comfortable with the message and support it.
- **Electronically distributed news releases**—State agencies often have access to a network of State newspapers. News releases should include contact people with the local licensing or CCR&R agency that can provide community statistics or recommend people to interview. Providers can be given a template that they can submit to the local newspaper with announcements about their ratings. A county newspaper in Kentucky published the ratings of child care providers and the number of children served by each provider.
- **Magazines**—Periodicals read by parents can feature articles on choosing child care. A Denver magazine featured a front-page article on Colorado’s Qualistar Early Learning ratings, causing calls to Qualistar to increase from 300 to 15,000 calls that month.
- **Web site listings**—Listings on Web sites can prominently display the QRIS level of providers to help parents identify quality child care. Web bloggers, especially those connected to Web sites frequented by parents, can be key messengers for similar information.

Of the seven states that identified funding dedicated to QRIS outreach and marketing in the *Compendium of Quality Rating Systems and Evaluations* survey (2010), Indiana reported that they spent \$100,000 per year on marketing while others reported spending a percentage of their QRIS budget (Pennsylvania < 0.5 percent, New Mexico < 1 percent, Vermont 1 percent, Ohio 2 percent, Iowa 5 percent, Minnesota 10 percent).

Determining the best time to launch an awareness campaign aimed at families deserves thoughtful consideration. Early in the program, it is important to build an understanding of the QRIS and encourage parents to seek providers with a higher rating. As a note of caution, parents may become frustrated and concerned for their child’s well-being if they cannot find providers with higher ratings. This disappointment may be lessened if a measure of accessibility is set, e.g., a percentage of programs participating or participation levels by county, before launching a marketing campaign. Rhode Island decided to delay the launch of its parent outreach campaign until 20 percent of the licensed centers in the State participated in the initiative.

North Carolina's Marketing to Multiple Audiences

North Carolina felt that the success of its **Star Rated License** system would be evidenced by high participation rates resulting from the providers' sense of ownership of the system and consumer demand. The State created a low-cost, high-impact marketing campaign with the following activities:

- Used the Web site to keep providers and parents informed.
- Developed a Web-based tool that allows parents to search for child care by rating and provides them with detailed program information (http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov.asp).
- Distributed thousands of posters, in English and Spanish, with attractive pictures and simple statements, such as "Is your child care as great as your child?—Demand the stars."
- Distributed materials on the rated license, including business cards and postcards with the Web address; distribution was through local partners, e.g., Smart Start partnerships, CCR&R agencies, health departments, departments of social services, libraries, human resource offices of businesses, offices of obstetricians and pediatricians.
- Participated in partner-sponsored Star meetings for providers to give them an opportunity to learn about QRIS and begin the application process.
- Gave providers press release templates along with their Star license to make it easy for them to send information to their local newspapers.
- Arranged for the Governor to visit the first program to receive 15 out of 15 points, and provided additional press coverage for this accomplishment.
- Distributed monthly letters to legislators that listed programs in their area that had earned the Star license and a template for sending a congratulatory letter to the program.

Oklahoma's Public Awareness Strategies

Oklahoma delayed the launch of its **Reaching for the Stars** public awareness campaign for parents until most counties had a program above the one-star level. To inform parents, the State used television and radio public service announcements, advertisements before movies in theatres, brochures and posters in many public places, and billboards. When child care providers attained a higher level, they were given a certificate, window decal, and newspaper article template to submit to their local newspaper. Some licensing staff loaned them yard signs and banners to proclaim their achievement. Providers' Star status is clearly displayed when a parent uses the on-line Child Care Locator to obtain a list of licensed facilities at <http://www.okdhs.org/programsandservices/cc/prnts/docs/cclupdates.htm>. For providers, all staff received a lapel pin reflecting their program's star status, and they were recognized at early childhood State conferences.

Are there incentives for parents to choose higher rated providers?

Experience from other fields suggests that financial incentives can help change consumer behavior. Several States are experimenting with this approach and creating consumer-based incentives linked to QRIS. Several years ago Maine doubled the State dependent care tax credit for parents who used an early childhood program that was at Step 4 of the State’s Quality for ME initiative. Anecdotal evidence suggests that this financial incentive increased the number of parents who inquired about quality, which subsequently increased the number of providers participating in accreditation facilitation projects and career development in early and school-age care and education. In 2007, the Louisiana legislature passed a package of School Readiness Tax Credits (SRTC) linked to Quality Start, the Louisiana QRIS. The package, which took effect on January 1, 2008, includes a refundable State dependent care tax credit for families with children younger than age 6. The value of the credit increases based on the star rating of the center the child attends. Additional information about Louisiana’s tax credits is available in the “Provider Incentives and Support” section.

How will information about the ratings be provided to parents and the public on an ongoing basis?

The challenge of every marketing campaign is that customers generally do not pay attention to information unless it is something that is meaningful to them at the time. Promotional and educational efforts, therefore, must be ongoing or repeated periodically. Parents with a child already in child care should be encouraged to ask about their program’s QRIS level. The cultural and linguistic diversity of families requires that information be available in many languages and formats.

In addition to the strategies listed previously, most States post QRIS ratings on the Internet. QRIS Web sites can be a very effective way to disseminate information to consumers, funders, and providers; however, the Web sites need to be easily accessed, attractively designed, easy to navigate, and kept up-to-date with the most current information. States can provide information in multiple languages over the Internet, which is a growing source of information for all families. In some States, parents can choose to sort and view programs based on their QRIS level.

The following are examples of States that have information on their QRIS Web sites specifically for parents:

- **Illinois:** <http://www.inccrra.org/parent-information>;
- **Indiana:** <http://www.childcareindiana.org/childcareindiana/ptq.cfm>
- **Rhode Island:** <http://www.brightstars.org/parents/>;
- **Vermont:** <http://dcf.vermont.gov/cdd/stars/>; and
- **Wisconsin:** <http://dcf.wisconsin.gov/youngstar/parents.htm>.

CCR&R agencies can be encouraged to include QRIS information in their referral database and distribute QRIS information to parents.

Colorado Helps Parents Use QRIS Ratings to Choose a Program

Colorado's **Qualistar Early Learning** Web site allows parents to view Qualistar-rated early childhood programs' Early Learning Report, a summary that describes how the program scored in each of the five quality components of the Qualistar rating as well as the overall star rating. A parent guide to the report is available at http://www.qualistar.org/pdf/A_guide_to_the_Qualistar_Rating.pdf. Parents who access the Qualistar CCR&R services either by phone or on the Web receive information about both Qualistar-rated and nonrated early learning programs that match their child care needs. Denver parents that are seeking a preschool program for their 4-year old can search for providers by star level and location and read a program description at <http://www.dpp.org/>.

New Mexico's Web Page Helpful to Parents

At the New Mexico Kids Web site, listings of child care providers include their status in **Look for the Stars**. A simple chart explains the five star levels. The Web site also has a more detailed explanation of the rating system and links to essential information for parents and providers. Providers can find information quickly in frequently asked questions, applications, flow charts, and verification tools. The Web site can be viewed at <http://newmexicokids.org>.

Several public and private agencies, such as the State licensing and child care subsidy agencies, CCR&R agencies, and community service providers, may have a role to play in ensuring that parents have up-to-date information on QRIS. It is helpful for States to have a mechanism that various partner agencies can use to communicate their approaches to information sharing.

Reaching Providers

In most States, participation in QRIS is voluntary so outreach activities are used to promote QRIS goals and benefits and encourage programs to participate. In some States where funding is not adequate to serve all early and school-age care and education providers, outreach may be limited to a targeted group, e.g., child care centers. See the "Approaches to Implementation" section for information about alternatives to full implementation of a QRIS, such as a pilot or phased-in approach.

How can providers be encouraged to participate?

Primary methods that States use to encourage providers to participate in QRIS include financial incentives, targeted technical assistance, and support for professional development. (Each of these strategies is discussed in more detail the "Provider Incentives and Support" section.) Providers need to understand the benefits to them, over the long term, so that they will invest the time and energy to participate. States may also promote participation by using a range of marketing efforts:

- Developing promotional materials that are distributed through licensing, CCR&R agencies, trainers, college faculty, Child and Adult Care Food Program staff, United Way agencies, and others.
- Posting QRIS information, frequently asked questions, and resource materials on a QRIS Web site, as well as on Web sites hosted by other organizations.
- Sponsoring orientation sessions or Webinars for potential QRIS participants and the early childhood community at large.

- Conducting orientation sessions for other organizations that have contact with early and school-age care and education programs in the community.
- Designating specific QRIS outreach staff to encourage participation and provide technical assistance.
- Conducting a provider or consumer survey, or both, to determine familiarity with the QRIS; the survey can provide baseline information and offer an opportunity to send targeted information to those who are not currently familiar with QRIS.

Social Marketing Campaign for Parents and Providers in Louisiana

Louisiana launched a multifaceted social marketing campaign aimed at boosting child care center participation in **Quality Start**, the State's QRIS, as well as a package of School Readiness Tax Credits (SRTC) linked to Quality Start. Louisiana State University conducted a statewide survey of parents and child care providers to determine their familiarity with Quality Start and the SRTC. Researchers sent targeted information to providers that were unaware of the new supports. The State also partnered with Tulane University and Keating Magee, a marketing firm, to develop a detailed social marketing plan aimed at ensuring that parents and providers are not only familiar with Quality Start and the SRTC, but also understand what is required to participate and can take advantage of these benefits. Additional information is available at <http://www.qrslouisiana.com/>.

How can programs that do not receive child care subsidy reimbursement be encouraged to participate?

If the goals of the QRIS include participation by providers outside the subsidized child care system, it will be important to identify incentives that are meaningful to that provider population. (See the “Initial Design Process” section for additional information.) Some States have created special tracks or pathways for programs, such as Head Start, prekindergarten programs, and accredited programs, in recognition of the additional standards these programs meet. Another strategy used by States to ensure broad participation is to tie receipt of financial incentives, including quality improvement grants, to the QRIS. (See the “Provider Incentives and Support” section for additional information.) In some States, child care programs rated at certain levels have greater opportunities to participate in the State prekindergarten program. Access to professional development resources, such as onsite technical assistance, mental health consultation, or scholarships, can be targeted to those providers committed to improving their QRIS level.

Colorado Rating an Accountability Tool for Funders

More than 150 early learning stakeholders contributed to the development of the Colorado **Qualistar Rating System** in 1999. Both the quality rating and the accompanying RAND Corporation evaluation were funded through private foundations that have continued to play a key role in the implementation of the QRIS. These funders view QRIS as a helpful accountability tool. Funders who provide direct grants to early childhood programs are increasingly requiring their grantees to participate in the Qualistar rating system. Additional information is available at <http://www.qualistar.org/>.

Building Support Among Other Stakeholders

What are effective strategies for educating and building support among policymakers and State and community leaders?

Strong public support for QRIS is important when funding decisions are being made. Policymakers that can champion the initiative include the Governor or Lieutenant Governor, legislators, State agency directors, and State

child care administrators. They are influenced by other State agency staff, the media, the public, and service providers. Several States, including Minnesota, provided presentations to legislative committees to increase support and created talking points for advocates to use.

Children’s advocacy groups have developed materials that provide information on how to frame the message, the use of unlikely messengers, community mobilization, and media strategies that can support an organized effort to increase awareness of the QRIS.

- The Harvard Family Research Project developed the *User's Guide to Advocacy Evaluation Planning* (2009) for advocates, evaluators, and funders who want guidance on how to evaluate advocacy and policy change efforts. The guide, which recommends that evaluation planning begin at the start of the advocacy effort, is available at <http://www.hfrp.org/content/download/3460/99060/file/UserGuideAdvocacyEvaluationPlanning.pdf>.
- The National Guild of Community Schools of the Arts provides links to resources on fund development at <http://www.nationalguild.org/resources/fundraising.htm>.
- The Birth to Five Policy Alliance provides resources, reports, and tools on advocating for young children at <http://birthtofivepolicy.org/Advocacy/Resources/tabid/69/Default.aspx>.

The following sources can help in making a strong case for QRIS:

- State demographic data that demonstrate the need for early childhood education quality improvement, e.g., the number of licensing violations and complaints, average wages of providers, access to benefits, number of accredited programs.
- Data on the workforce, i.e., the number of providers by level of education, linked with research on child outcomes influenced by provider qualifications.
- A comparison of how the State’s licensing requirements compare to other States to demonstrate areas that need enhancement, e.g., staff-child ratios, parent involvement, curriculum, administrative policies.
 - ◆ National Child Care Information and Technical Assistance Center and the National Association for Regulatory Administration. (2010). *The 2008 child care licensing study*. http://www.naralicensing.org/Licensing_Study
 - ◆ National Association of Child Care Resource & Referral Agencies. (2011). *We CAN Do Better: 2011 Update. NACCRA’s Ranking of State Child Care Centers Regulations and Oversight*. <http://www.naccrra.org/publications/naccrra-publications/we-can-do-better-2011.php>
- A national perspective on how States are using QRIS as a vehicle to improve quality, e.g., research on the impact on quality, testimonials from other State leaders, Federal resources.

Evaluation data are also important when expanding a QRIS or increasing available financial incentives and supports. If a State has not invested in an evaluation of the program or collected data on its impact, it may be necessary to explain why that information is unavailable, e.g., the cost of research and the lack of resources. Additional information is available in the “Data Collection and Evaluation” section.

Arkansas Reaches Out to Parents and Providers

Before Arkansas **Better Beginnings** was launched, ARRA funding was used to increase public awareness of the importance of quality child care to school readiness and to Arkansas' economic development. Better Beginnings was launched in October 2010 with an engaging Web site that included clips from the celebration kickoff. This was followed by a large scale public awareness campaign to help parents, caregivers and communities know that children are born learning. Television commercials included the program's focus on increasing the level of professionalism in the field. A short animated video, "The Story of Better Beginnings," illustrates the benefit of the program to all Arkansas citizens. To ensure that providers had the information needed to participate, a series of Better Beginning Regional Clinics were scheduled with a variety of subject matter specialists available onsite to provide consultation. The website includes the application, guide, toolkit, and frequently asked questions for providers. The Web site is at <http://www.ARBetterBeginnings.com>.

Pennsylvania's Community Engagement Campaign

As part of the early learning system framework, Pennsylvania Community Engagement Groups (CEG) are formed at the county level and hosted by various organizations, such as United Ways, educational service agencies, multi-issue nonprofit agencies, and early childhood organizations. The purpose of a CEG group is twofold: (1) to raise awareness of the value-add of early childhood education, including public sector financing, with community leaders, decisionmakers, and elected officials; and (2) to support transition from and between the early childhood community and the K–12 community. Each CEG develops a community outreach plan to educate and build relationships with families, media, business, policymakers, schools, and the early childhood community. CEGs are the point of contact for materials and information on the statewide campaign, Pennsylvania's Promise for Children. Additional information is available at <http://www.pakeys.org/> under "Community Outreach".

What are effective strategies for educating and building support among private funders and businesses?

The private sector can offer vital leadership and support for QRIS. In addition to serving as key spokespersons, private sector partners can provide direct financial support, link an existing private sector initiative to QRIS participation, or encourage the public sector to increase funding for the effort. Businesses and employers are likely to deepen their support of QRIS if they understand the impact that quality, reliable child care has on their current and future workforce. The following are some resources that can assist with this endeavor:

- *Partnering with the Business Community & Economists to Advance a Birth to Five Policy Agenda* (October 2007) by Robert H. Dugger, Managing Director, Tudor Investment Corporation and Chair of the Advisory Board, Partnership for America's Economic Success and Debbie M. Rappaport, Project Director, ZERO TO THREE Policy Network, is available at http://www.zerotothree.org/site/DocServer/Partnering_with_the_Business_Community_final.pdf?docID=436
[1](#).
- The United Way created the *Business Champion Toolkit* to help State and local United Ways deploy business leaders already committed to early learning as public champions for early childhood education. Materials include speaker and trainer PowerPoint presentations, frequently asked questions, a tip sheet, and a 5-minute video that shows how early learning matters. Additional information is available at <http://www.bornlearning.org/default.aspx?id=278>.

- Cornell University’s Linking Economic Development and Child Care Project provides tools for making the business case for child care. These tools can be accessed at <http://economicdevelopment.cce.cornell.edu>.

Oklahoma Recruits Business Champions

Oklahoma Champions for Early Opportunities (OKCEO) is a statewide coalition of executives supported by the Potts Family Foundation, the Oklahoma Business Roundtable, and Smart Start Oklahoma to promote early childhood issues to the business community. Its goal is to build a permanent, sustainable network of business champions who understand the connection between investment in quality early childhood experiences and a strong Oklahoma economy, and who can effectively communicate this message to other business leaders, business groups, policymakers and our State’s workforce. Over 30 volunteer leaders have received training and then give presentations to civic groups and other state and local organizations. They also provide interviews with various media outlets, e.g., early morning news shows, radio spots, write letters to the editor and help educate friends and acquaintances. OKCEO has been profiled in newspapers and online news sources, including editorials in the state’s two largest newspapers. To keep spokespeople well-informed, they receive a monthly newsletter with facts to share. For more information, see <http://www.pottsfamilyfoundation.org/resources/events/okceo/>.

Launching an effective QRIS is fundamentally about raising public awareness about the importance of high-quality early and school-age care and education and changing behavior regarding how child care choices are made. To this end, it becomes important to engage many partners in spreading the word. The goal becomes encouraging all community leaders and stakeholders to consider QRIS when making decisions about choosing, funding, or monitoring early care and education programs.

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- Weber, R. (2011). *Understanding Parents’ Child Care Decision-Making: A Foundation for Policy Making*, OPRE Research-to-Policy, Research-to-Practice Brief OPRE 2011-12. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. http://www.acf.hhs.gov/programs/opre/cc/childcare_technical/reports/parents_childcare.pdf

Selected Resources

- Birth to Five Policy Alliance provides resources, reports, and tools on advocating for young children. For more information, go to: <http://www.birthtofivepolicy.org/>.
- Center for Law and Social Policy has several reports on meeting the needs of young children of immigrants and families with limited-English proficiency. For more information, go to: http://www.clasp.org/issues/topic?type=child_care_and_early_education&topic=0009.

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