



QRIS RESOURCE GUIDE: 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.

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Development of Standards and Criteria

Graduated program quality standards

Program quality standards describe the expectations for the characteristics or quality of early care and education settings (National Center on Child Care Quality Improvement [NCCCQI], 2011). 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 is found in the "Provider Incentives and Support" section.

Using research 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:

- *Stepping Stones to Caring for Our Children, 3rd Edition* (2013), by the American Academy of Pediatrics, American Public Health Association, and the National Resource Center for Health and Safety in Child Care, presents 138 essential standards from *Caring for Our Children* intended to reduce the rate of morbidity and mortality in child care and early education settings.
<http://nrckids.org/index.cfm/products/stepping-stones-to-caring-for-our-children-3rd-edition-ss3/>
- *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>
- *Defining and Measuring Quality in Home-Based Care Settings* (2010), by Barbara Dillon Goodson and Jean Layzer, presents considerations for designing and evaluating quality measures for home-based settings.
http://www.acf.hhs.gov/sites/default/files/opre/define_measures.pdf
- *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>
- *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/basic-report/13-indicators-quality-child-care>
- *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.irp.wisc.edu/publications/sr/pdfs/sr78.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.researchconnections.org/content/childcare/find/publications.html>

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 sub-indicators) 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>. Additional research on the Paths to QUALITY system can be found at <http://www.in.gov/fssa/pathstoquality/3764.htm>

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, workforce status, and available 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: Programs can meet the standard at some level. For example, an analysis of the workforce indicated a significant number of providers had earned additional education in the form of an Early Childhood Credential and there was a scholarship fund to meet the demand for additional education required by standards.
- Research-based: There is some research to show the connection of the standard with higher quality programs, e.g., ratios and teacher education.
- Feasible to monitor: Standards can be assessed objectively, in a timely fashion, and with 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** 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." 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/starsDocs.aspx>

Considerations for developing and revising standards

The following are a set of questions intended to help States think through considerations as they develop and/or revise standards and criteria. It is recommended that these issues be explored with each standard to assess if it should be included in the QRIS.

- How will the rating assessors determine that the standard has been met? This might include observation, interviews, automated or manual submission of evidence, and records pulled, including number or percentage of records.
- Is the standard appropriate for different types of care, including:
 - ◆ Child care centers
 - ◆ Family child care homes

- ◆ Group child care homes
 - ◆ Before and after school providers
 - ◆ Head Start
 - ◆ Prekindergarten
 - ◆ School district-operated early childhood programs
- Who will incur a cost associated with meeting the standard and how significant is the cost? Is the standard critical enough to justify that cost to programs? Will the cost be subsidized? What is the collective cost to meeting all the standards?
 - How much time will it take to comply with the standard?
 - How much time will it take for rating assessors to verify compliance with the standard? How much of this time is onsite and how much is off site?
 - What kind of expertise must rating assessors have to verify compliance with the standard?
 - How much support will programs receive to help them meet the standard?
 - Is the standard similar to other standards? In other words, does it overlap or is it redundant?
 - Could the standard be better addressed through training? Consider this especially if it is a difficult standard to assess or if assessing it might be intrusive into the privacy of programs.
 - Would it make more sense to include the standard in licensing requirements?
 - Is the standard tied to positive child or program outcomes?
 - Do you anticipate pushback from providers on the standard? If so, is the standard critical enough to justify the repercussions of the pushback?

Application of Standards to Settings and Sectors

Standards for child care centers and family child care homes

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 Web Sites (2013a) by NCCCQI provides links to all of the States' standards documents. It is available at https://occqrisguide.icfwebsites.com/files/QRIS_Standards_Websites.pdf.

Standards for Head Start programs, state-funded preschool programs, and 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:

- According to the **Delaware Stars Program Guide**, Head Start and Early Childhood Assistance Program (ECAP) programs, once accepted into Delaware Stars, must provide a copy of their most recent monitoring report and complete the Delaware Stars Orientation specific to Head Start/ECAP programs. Meeting Head Start Standards is required for programs receiving ECAP funding. Once the requirements are complete, programs are designated Star Level 4 and may keep their Star Level by maintaining good standing with Head Start and ECAP monitoring standards and by submitting copies of their annual monitoring reports to Delaware Stars. Programs may choose to maintain at a Star Level 4 or move up to a Star Level 5. To achieve Star Level 5, programs must request an ERS assessment and meet the minimum required classroom scores for that level. Programs are eligible for technical assistance when actively working on achieving Star Level 5, but are not eligible for any grants or awards. Additional information is available at <http://www.delawarestars.udel.edu/wp-content/uploads/2014/02/2014-Program-GuideR.pdf>.
- **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 some of 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).
- **Michigan** has an Alternate Path for Great Start to Quality that allows eligible Great Start Readiness Programs, Head Start programs, and NAEYC accredited programs to receive a 4 Star rating without requiring an on-site validation or completion of a Program Quality Assessment® as long as enough points are achieved on the Self-Assessment Survey to earn a 4 Star rating. Programs that submit a Self-Assessment Survey with enough points for a 5 Star rating must request an on-site validation and have a completed Program Quality Assessment® with a score of 4.5 or higher to receive a 5 Star rating. Additional information is available at <http://www.greatstarttoquality.org/sites/default/files/Great%20Start%20to%20Quality%20FAQs%207-12-13.pdf>.
- In **Minnesota**, Accelerated Pathways to Rating (APR) are available to accredited child care, Head Start/Early Head Start, and Public School Pre-Kindergarten programs. To achieve a 4-star rating, programs using the APR must demonstrate that they have met two standards indicators:

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/resource/compendium-of-quality-rating-systems-and-evaluations>.

- ◆ Use a curriculum that is aligned with the Early Childhood Indicators of Progress (ECIPs), and all lead child care providers/lead teachers have completed at least eight hours of training on implementing curriculum.
- ◆ Conduct assessments using an approved tool with all children at least twice per year in at least the following domains: social emotional development, language and literacy, mathematical thinking and physical development, and all lead child care providers/lead teachers have completed at least eight hours of training on authentic child assessment.

Additional information about Minnesota's APR is available at <http://www.parentawaratings.org/en/accelerated-pathways-resources#faq>.

- In **Wisconsin**, Head Start programs that provide little or no child care in addition to Head Start service delivery may achieve a 5 Star rating by demonstrating compliance with the Head Start Performance Standards. Additional information is available at http://dcf.wisconsin.gov/youngstar/pdf/head_start.pdf.

STATE-FUNDED PREKINDERGARTEN

According to the *Compendium of Quality Rating Systems and Evaluations* (2010), State-funded prekindergarten programs are eligible to participate in QRIS in more than two-thirds of QRIS. To encourage participation, States are starting to align the QRIS quality standards with standards for state-funded prekindergarten. 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 addition, there are some States where prekindergarten programs are required to achieve specific levels in the QRIS to receive state prekindergarten funding. The following are examples of those States:

- In **North Carolina**, all classrooms in the NC Pre-K program must achieve and maintain a four or five star level license, and meet additional program requirements set by the Division of Child Development and Early Education. The rated license is North Carolina's QRIS.
- Community-based child care programs that receive **Pennsylvania** Pre-K Counts funding must have a Keystone Stars QRIS rating of Star 3 or higher. Pennsylvania phased in this process as the supply of programs at STAR levels 3 and 4 grew.
- In order for a program in **Vermont** to provide public prekindergarten services and receive public education funds, the program must be nationally accredited OR have a minimum of three stars and plan to achieve four stars in three years, with at least two points in each of the five arenas and have a licensed early childhood or early childhood special educator. In the case of registered family child care homes, at least three hours per week of regular onsite supervision by a licensed teacher can be used in lieu of the provider possessing the license.

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*. Some States including **Arkansas, Delaware, Maine, Maryland, Massachusetts, New Mexico, North Carolina**, and **Wisconsin** 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. *QRIS Quality Standards Web Sites* (2013a), by NCCCQI, provides links to all of the States' standards documents. It is available at https://ocqrsguide.icfwebsites.com/files/QRIS_Standards_Websites.pdf.

WASHINGTON STATE DEVELOPS EARLY ACHIEVERS RATING PROCESS THAT WELCOMES HEAD START

Washington State conducted a pilot to develop reciprocity between Head Start programs and the QRIS, **Early Achievers**. The streamlined process that was developed allows Head Start programs to enter at Level 3 where they are strongly encouraged to apply for a full on-site evaluation and streamlined rating process to demonstrate their meeting levels 4 or 5. This process provides an appropriate level of credit for meeting Head Start program performance standards, while, at the same time, acknowledging and taking into account that there may be variability in the level of quality from site to site. Head Start programs are not eligible to receive ongoing Quality Improvement Awards; however, they can receive a contract to become a training resource center if they are rated at level 4 or 5. A summary of the pilot project and results is available at http://www.del.wa.gov/publications/elac-gris/docs/Early_Achievers_pilot_summary_HS_ECEAP.pdf. Additional information is available at <http://www.del.wa.gov/care/qrisc/>.

Washington intends to develop a school age component for Early Achievers with the goal of piloting by 2015.

Licensing as the Foundation for QRIS

Licensing requirements, 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 three research briefs by the National Center on Child Care Quality Improvement (NCCCQI) about trends in child care center, family child care home, and group child care home licensing regulations and policies for 2011. The research briefs and other information products about licensing requirements are available on the Child Care Technical Assistance Network Web site at <https://childcareta.acf.hhs.gov/topics/licensing-standards>.

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. *Trends in Child Care Center Licensing Regulations and Policies for 2011* (NCCCQI, 2013) notes that the most common frequency of routine licensing inspections is once a year, with seven States making routine licensing inspections three or more times a year and 14 States monitoring once every two years. More than 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. This research brief is available at <https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2011>.

Including licensing standards in the QRIS

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/index.cfm/resources/state-licensing-and-regulation-information/>.

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:

- No serious licensing citations
- No substantiated complaints
- License in good standing
- Specified number of repeated, serious or multiple non-compliances

It is critical that licensing compliance be clearly defined and consistently measured due to the significant fiscal impact on programs when a higher QRIS level is denied or reduced. For example, while "a pattern of non-compliance" seems to capture the desired intent, a reduction in QRIS level based on that measure would be difficult to defend.

In addition, some States require providers to have been licensed for a specific amount of time, such as at least six months or one year, before applying for QRIS participation. This allows time for the provider to demonstrate compliance with licensing requirements. For example, in **Maine**, in order to participate in Quality for ME at a Step 1 rating, programs must have been licensed, without any serious licensing violations, for at least 12 months. **Oklahoma** eliminated this requirement when it posed a barrier to continued quality of care when there was a change in ownership and licensure. Star ratings are removed when there is a change in ownership, but new owners do not have to wait to reapply and regain the rating the program had before ownership changed if the requirements are still met.

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* (2013b), by NCCCQI, at https://occcqisguide.icfwebservices.com/files/QRIS_Levels_Rating.pdf.

In many States, child care providers that are exempt from licensing, such as relatives or family child care homes with small numbers of children, 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. In 2005, the licensing compliance history was eliminated as a standard 5 years after its implementation, creating standards that more accurately differentiate levels of the quality. 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

Categories of standards and criteria for 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. Web links to each statewide QRIS standards are available in *QRIS Quality Standards Web Sites* (2013a), by NCCCQI, at https://ocqcrisguide.icfwebservices.com/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.² 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

² This analysis was conducted by reviewing program standards documents available on State Web sites.

benefits, and adult work environments in center-based programs. It is available at http://www.irle.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

NEW MEXICO'S STANDARDS FOCUS 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." New Mexico's revised QRIS, currently being piloted, retains these core concepts and builds on them: The **FOCUS TQRIS** includes the requirements that participating programs include multicultural practices and inclusion practices in their continuous quality improvement plan which may include activities such as staff being familiar with New Mexico's Guiding Principles for the Inclusion of Every Child, complete a cultural competency checklist, hold scheduled parent/teacher conferences in the family's home language, demonstrate evidence of racial and cultural diversity in the environment, and ensure that curriculum components address linguistically appropriate child assessments and planning. Additional information is available at <http://www.newmexicokids.org>. *The Guiding Principles for the Full Participation of Young Children, Birth through Age Eight*, is available at <http://nmdev.unm.edu/pages/ocd/facInstMats/docs/GuidingPrinciplesBrochure.pdf>.

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;
- 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.

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 promoting 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 and promote optimal child outcomes: social connections, knowledge of parenting and child development, concrete support in times of need, parental resilience, and healthy social and emotional development. Facilities participating in the **IdahoSTARS** QRIS earn points toward their composite STAR rating by taking Strengthening Families training and by implementing the framework in their workplace. Thirty IdahoSTARS approved trainers offer a robust schedule of training opportunities: the 8-module, 17-hour basic trainings, seven intermediate level trainings, and five Essential Trainings that are embedded in the QRIS. Implementation is measured by documentation of social and educational events for parents, volunteer opportunities, parent work group activities, a system of emergency support, completion of the Strengthening Families self-assessment, and a corresponding action plan. Additional information is available at <http://idahostars.org/?q=gris>.

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.

The following publications provide additional information for including child assessment in QRIS standards:

- *Moving to Outcomes Approaches to Incorporating Child Assessments into State Early Childhood Quality Rating and Improvement Systems* (2012), by Gail L. Zellman and Lynn A. Karoly, at RAND Corporation, compares strategies for incorporating child assessments into state QRIS and other early childhood quality improvement efforts. This resource is available at http://www.rand.org/content/dam/rand/pubs/occasional_papers/2012/RAND_OP364.pdf.
- *Understanding and Choosing Assessments and Developmental Screeners for Young Children Ages 3-5: Profiles of Selected Measures, Final Report* (2011), by Tamara Halle, Martha Zaslow, Julia Wessel, Shannon Moodie, and Kristen Darling-Churchill, at Child Trends, provides information about child assessment tools commonly used with young children. This resource is available at <http://www.acf.hhs.gov/programs/opre/resource/understanding-and-choosing-assessments-and-developmental-screeners-for>.

MINNESOTA QRIS INCLUDES CHILD ASSESSMENT

Parent Aware, the Minnesota QRIS, requires participating centers and family child care providers to conduct regular child assessments. To earn 1 Star, all center lead teachers or lead family child care providers complete at least 2 hours of training on authentic observation practices and observe children regularly and record information at least monthly. For 2 Stars, observation summaries are shared with families. The higher QRIS levels (3 and 4 Stars) are achieved by earning points. A total of 4 points can be earned in child assessment by meeting these standards:

- Conduct assessment using an approved tool with all children at least twice per year in at least the following domains: social-emotional, language and literacy, mathematical thinking and physical development; and all lead teachers/providers complete 8 hours of training on authentic child assessment (2 points); OR,
- Conduct assessment using an approved tool with all children at least once per year in two or more domains, and all lead teachers/providers complete at least 8 hours of training on authentic child assessment (1 point).
- Provide families with child assessment results, and if a child has an Individualized Education Plan (IEP) or Individual Family Services Plan (IFSP), share assessment results with team with family's permission. For a child with a special need who is receiving specialty services (for example, physical or occupational therapy), share assessment results with service providers with family's permission (1 point).
- Use child assessment information to develop lesson plans and individual goals for all children in the program (1 point).

Additional information is available at <http://www.parentawareratings.org/>.

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 developmental screenings;
- Health and safety training requirements;
- Use of nurse/health consultants; and
- Health and safety self-assessments and checklists.

SOUTH CAROLINA INCORPORATES HEALTH AND NUTRITION STANDARDS IN THE ABC CENTER STANDARDS

The **ABC Quality** Center Standards at all levels now include new nutrition and physical activities standards. ABC Quality has partnered with the SC Department of Health and Environmental Control (SC DHEC) for several years to develop these standards as ABC's response to the growing state and national concern about childhood obesity. South Carolina's initiative is entitled ABC Grow Healthy. It is defined by policies and activities that promote children's health and well-being through healthy foods served and assuring that children are physically active. Additional information is available at www.scchildcare.org.

Continuous quality improvement and QRIS standards

Recently, there has been a focus on States using a **continuous quality improvement (CQI)** approach in their QRIS standards. CQI is a continuous cycle of quality improvement focused on improving outcomes for children and families. The child welfare field provides this definition:

Continuous quality improvement is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational and/or system culture that is proactive and supports continuous learning. Continuous quality improvement is firmly grounded in the overall mission, vision, and values of the agency/system. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency/system, children, youth, families, and stakeholders throughout the process (National Child Welfare Resource Center for Organizational Improvement and Casey Family Programs, 2005, p. 1).

In QRIS standards, States have adopted a CQI approach by including indicators that take programs through a process of self-assessment and using data gathered from that assessment to develop quality improvement plans. The quality improvement plans are used at all levels of the QRIS to track progress. **New Mexico** has the following description of CQI in its new FOCUS QRIS standards:

RATIONALE: Continuous Quality Improvement is an on-going process that owners/administrators engage in to provide the best experience for the children and families enrolled in the program/facility and staff who are employed by the program and work at the facility.

DEFINITION: The process includes identifying, describing, and analyzing the strengths and weaknesses of the program or area which improvement is needed. Once an area of improvement is identified, a plan with benchmarks, timelines, assigned tasks, and responsibilities is developed. Testing and implementing solutions is the next step. Evaluating the results and revising the plan will help decide what the next steps are – either to continue working on the same identified issue using the revised plan or to continue to improve by identifying another area to begin work. (New Mexico Children, Youth, and Family Department, 2012, p. 31).

LOUISIANA INCLUDES IMPROVEMENT PLANS IN QUALITY START STANDARDS

Louisiana's standards for **Quality Start** include a requirement application for two to five star ratings that centers complete a self-assessment of their program and develop a Center Improvement Plan. The Center Self-Assessment includes a review of Administration Practices, Family & Community Involvement, Program, and Staff Qualifications for the director and Lead Teachers. After completion of the self-assessment, the Center Improvement Plan must be completed. Center Improvement Plans are completed before submitting an Application for Two–Five Star Rating. Centers develop a Quality Start Portfolio that includes not only the Center Self-Assessment but also the documentation for each requirement and the Center Improvement Plan. Additional information about the Improvement Plan is available at http://www.qrsloisiana.org/assets/files/QS_CIPCenterImprovementPlan.pdf.

MAINE USES REFLECTIVE PRACTICE FOR QUALITY IMPROVEMENT

In Step 2 of Maine's **Quality for ME**, the program provides an opportunity to identify strengths and weaknesses with input from staff, administrators and families. A written plan for improvement based on the reflective practice is kept in the portfolio and made available for onsite review. At Step 3, the program is evaluated yearly using a self-assessment tool (e.g., Accreditation Guidelines, Head Start Standards, age appropriate environment rating scale, High Scope) and has a written improvement plan based upon findings of a comprehensive self-assessment designed to analyze all aspects of the program. Additional information is available at <http://www.maine.gov/dhhs/ocfs/ec/occhs/qualityforme.htm>.

Incorporating Learning and Development Guidelines

Many States have incorporated their learning and development guidelines (also known as “early learning guidelines”) into their QRIS standards. 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.

A recent analysis by the National Center for Children in Poverty (NCCP) found that about half of statewide QRIS refer to the state's Early Learning Guidelines (ELGs), most often in standards that require staff training in how to implement ELGs or the use of a curriculum or learning activities aligned with ELGs. *Practices for Promoting Young Children's Learning in QRIS Standards* (2012), by Sheila Smith, Taylor Robbins, Shannon Stagman, and J. Lee Kreder at NCCP, provides a further examination of the strength of supports for children's early learning in QRIS standards. It is available at http://www.nccp.org/publications/pdf/text_1070.pdf.

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. Additional information is available at <http://www.doe.in.gov/earlylearning>.

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://earlychildhood.msstate.edu/resources/curriculumforthree/index.php>.

OHIO'S REVISED QRIS FURTHER EMBEDS EARLY LEARNING AND DEVELOPMENT STANDARDS

In October 2013, Ohio implemented a revised **Step Up to Quality (SUTQ)** system with five star levels and four standards categories, each with several indicators. In the original model Ohio progressively embedded the State's early learning guidelines into SUTQ's standards, but the new system has even more rigorous requirements. For example, in the old system at Step One, the program must have a copy of the Early Learning and Development Standards. To earn One Star in the new system, the program must still have copies of the early learning standards, but also engages in a process to identify a written, research-based curriculum aligned with them. For Two Stars the program obtains the curriculum, and at Three Stars the program implements the curriculum. Programs earn points to attain Four and Five Stars by planning intentional and purposeful activities that meet the needs/interests/abilities of the children and/or supporting children's active engagement through opportunities for exploration and learning.

Additional information is available at <http://www.earlychildhoodohio.org/index.php>.

Addressing the Care of Groups of Children

QRIS Standards for Infants/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://main.zerotothree.org/site/DocServer/QRS_Design_Elements_for_Infants_and_Toddlers.pdf
- *Using Quality Rating Systems to Promote Quality in Afterschool Programs* (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://qrisnetwork.org/sites/all/files/resources/gscobb/2011-09-20%2008:25/Report.pdf>
- *Why Program Quality Matters for Early Childhood Inclusion: Recommendations for Professional Development* (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>.

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 follow-up 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. An additional course will be developed that builds on the initial 6-hour course. The new course will focus on the New Mexico Guiding Principles for the Inclusion of Every Child. Completion of the course will be required for programs participating in the tiered quality rating and improvement system.

INCORPORATING INCLUSION INTO NEW HAMPSHIRE'S QRIS

New Hampshire was concerned about the number of children with special needs being expelled from and denied admittance to child care programs. Programs cited their lack of expertise in caring for children with special needs 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>. In the revised QRIS, the emphasis is on embedding individualized instruction to meet the needs of each child into the various standards.

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 Virginia Department of Education's Training and Technical Assistance Centers (T/TAC) are a state-wide resource available to help those working with children with disabilities. The SpecialQuest approach to professional development focuses on inclusion for young children with disabilities and their families. The T/TA Centers then 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

Rating levels

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 five. Information about the number of levels in each of the statewide QRIS is available in the document *QRIS Standards, Levels, and Rating Systems* (2013b), by NCCCQI, at https://occqrisguide.icfwebservices.com/files/QRIS_Levels_Rating.pdf.

PROVIDERS REACH UP TO FOUR LEVELS IN KENTUCKY

The Kentucky **STARS for KIDS NOW Child Care** Quality Rating System has four levels of quality standards. Provider license/certification must be in good standing at all levels. To attain higher levels, providers must meet the requirements of that level and those of previous levels. Kentucky's standards address ratios, curriculum, training, regulatory compliance, personnel (for centers only), and business practices (for FCC only). Accreditation is one of the criteria for the level 4 curriculum standards. Additional information is available at <http://chfs.ky.gov/dcbs/dcc/stars/default.htm>.

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 have not yet 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. Additional information is available at <http://www.dhhs.nh.gov/dcyf/licensedplus/index.htm>. The revised QRIS will continue to be voluntary with licensing as the first level, followed by a level that is preparatory to achieving one of three higher rated levels based on points. The proposed revised system includes 14 required standards plus external evaluations using the Environmental Rating Scales (ERS) and the Classroom Assessment Scoring System (CLASS).

Assigning ratings

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.
- **Point system.** In this approach, every standard is assigned a number of points, with a combined score used to determine the quality rating.
- **Combination or hybrid 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.

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* (2013b), by NCCCQI, at https://ocqqrsguide.icfwebservices.com/files/QRIS_Levels_Rating.pdf.

A recent study (Tout, Chien, Rothenberg, and Li, 2014) compared three hypothetical QRIS that use different rating structures – block, points, and hybrid. For each structure, they examined the distribution of programs across ratings levels, linkages of ratings with measures of observed quality, and scores on individual quality categories. Findings indicate that QRIS structure has significant implications for these key QRIS outcomes. The research brief is available at http://www.acf.hhs.gov/sites/default/files/opre/ecls_brief1.pdf.

The building block approach is the easiest structure for providers and families to understand and for QRIS managers to administer. It also clearly identifies those criteria that the QRIS designers believe to be essential for all programs to meet. The following are some examples of States that have used the building block approach in the development of their QRIS standards.

MARYLAND'S QRIS USES BLOCK APPROACH

Maryland **EXCELS** is a five-level system. To meet the standards for Level 1, programs must be fully licensed, open, and operating for at least 6 months and demonstrate compliance with specific licensing requirements. With each higher level, a program is required to meet increasingly higher quality standards in the following categories: Licensing and Compliance, Staff Qualifications and Professional Development, Accreditation and Rating Scales, Developmentally Appropriate Learning and Practice and Administrative Policies and Practices. Additional information is available at <http://www.marylandexcels.org/>.

OREGON PARTNERS BASE QRIS STANDARDS ON RESEARCH AND INPUT FROM THE FIELD

Oregon's Child Care Division partnered with Western Oregon University's Teaching Research Institute and other key partners to develop **Oregon's QRIS**. The system is based on best practices from targeted research, education awards and other states QRISs. The QRIS was built on Oregon's own licensing regulations, the Oregon Registry, Quality Indicators and Oregon Programs of Quality. The QRIS standards were then refined with input from professionals in the field: child care providers, CCR&R agencies, licensing specialists, health and nutrition specialists, child care union members, Oregon's Professional Development Committee and the Standards Workgroup of Statewide Partners. The resulting structure of standards has five tiers, starting with licensure and uses a building block approach that assures that programs have a strong foundation at each tier before they move to the next tier. Programs use portfolios to document their progress, employing a variety of evidence, including data, documentation, reports, observations, and expert reviews. Four regions across the State are currently piloting the QRIS program standards, supports, and incentives. Additional information is available at <http://www.wou.edu/tri/QRIS/about.html>.

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.

QUALITY RATINGS IN NEW YORK BASED ON POINT CALCULATIONS

Regulated providers receive a One-Star rating in **QualityStarsNY**. Programs or providers that wish to advance up to Five-Stars earn points for meeting standards in each of the four standards categories: learning environment, family engagement, qualifications and experience, and management and leadership. All programs provide supporting documentation to verify program policies, practices, and achievements. At least 10% of the total possible points must be earned in each category to ensure that all rated programs meet a minimum level of quality.

There are a total of 360 possible points associated with the Standards for centers, family/home providers and school-based programs. All sites can earn up to 290 possible points before receiving up to 20 possible points depending on populations of children they serve, and up to 50 points based on the ERS observation scores. A calculation is done of total points earned out of total points possible to determine the final rating level. The ratings are broken down as follows:

- One Star—Regulated provider
- Two Star—10%-39%
- Three Star—40%-59%
- Four Star—60%-84%
- Five Star—85%-100%

Additional information is available at <http://qualitystarsny.org/foundations-standards.php>.

NORTH CAROLINA'S POINT SYSTEM PROVIDES FLEXIBILITY

North Carolina's **Star Rated License** has five sets of standards: a set for family child care homes, a set for centers that serve only preschool-age children, a set for centers that serve only school-age children, a set for centers that serve preschool- and school-age children, and a set for centers located in the provider's residence. Each of these sets of standards has five levels, from one to five stars. 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 POINT 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 up to a maximum number of points in five arenas (categories of standards): Regulatory history (3 points), Staff qualifications and training (3 points), Families and community (3 points), Program practices (5 points), and Administration (3 points). Vermont is continually reviewing its system and has changed the Program Practices Arena to be the arena where most points can be achieved. Vermont has also created customized applications based on program type. An example of a customization is that the Family Child Care home provider application notes only program assessment tools pertinent to family child care in the application and the administration arena documentation reflects the home context. CLASS and the YPQA have been added to the menu of approved tools to assess programs. TS Gold is the child assessment tool that must be used in early childhood programs at the 4 point level in the Program Practices arena, although all public Pre-K programs must use this tool at each point level.

Vermont is intentionally preparing programs for a change to STARS that will require third party on-site program assessment (2 points in Program Practices) before the program can attain 3 stars. This would require a formal change in STARS rules. Vermont is preparing the field by providing more training on the ERS and providing an on-site mentoring visit at the two point level in the Program Practices Arena. http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/stars/Adopted_STARS_rule_FINAL.pdf.

The number of States using a **combination of blocks and points**, or hybrid model, is growing. In these systems, typically the first two levels are achieved if the provider meets all of the standards for those levels. For the higher levels, providers earn points in the various categories of standards. However, it may be more difficult to evaluate the quality of programs at each level as a point system allows more variability in how programs achieve each level. The following are examples of States using this combination approach.

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 (differentiated for home and centers), 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 block 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/gs_model.html.

Use of program quality assessment tools

Most of the States with a QRIS 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 Scale³

³ 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.

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 way ERS assessments and scores are used within QRIS varies among the States that require assessments. For example,

- ERS scores are used to determine rating levels;
- Programs can earn points for ERS scores, which contribute to the overall rating; or
- Programs are assessed with ERS, but do not tie particular scores to the ratings.

The following are examples of States that use other program assessment tools for measuring quality:

- **Oklahoma** recognizes the Child and Caregiver Interaction Scale, the Arnett Caregiver Interaction Scale, the Early Learning and Literacy Classroom Observation (ELLCO), the Program Administration Scale (PAS), and the Classroom Assessment Scoring System (CLASS).
- **Massachusetts** 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. Massachusetts also uses the Environment Rating Scales and the Strengthening Families Protective Factors Self-Assessment. After School/Out of School Time programs also use the APT-O/APT-Q.
- **Michigan** uses the Program Quality Assessment®, developed by the HighScope Educational Research Foundation, to confirm quality levels for programs at the higher levels.
- **Mississippi** uses scores from the ERS 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.
- In **Washington**, each assessed facility/family home child care must score at least a 2 on Instructional Support in the CLASS, a 3.5 on Emotional Support and Classroom Organization/Emotional and Behavioral Support in the CLASS and a 3.5 on the ERS to achieve a Level 3 to 5 rating. Facilities that do not meet these minimum thresholds will receive a Level 2 rating.

Information about the program assessment tools used by States that are implementing a statewide QRIS model is available in *Use of ERS and Other Program Assessment Tools in QRIS* (NCCCQI, 2013c) at https://ocqrsguide.icfwebservices.com/files/QRIS_Program_Assess.pdf.

The following publications provide information about the use of program quality assessment tools:

- *Best Practices for Conducting Program Observations as Part of Quality Rating and Improvement Systems* (2011), by Bridget Hamre and Kelly Maxwell, highlights issues and recommendations for conducting program observations as part of a QRIS.
http://www.acf.hhs.gov/sites/default/files/opre/program_observation.pdf
- *Quality in Early Childhood Care and Education Settings: A Compendium of Measures* (2010), by Tamara Halle, Jessica Vick Whittaker, and Rachel Anderson, from Child Trends, provides profiles of several tools that can be used to assess the quality of child care.
http://www.acf.hhs.gov/sites/default/files/opre/complete_compendium_full.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>

EMPHASIS ON SOCIAL EMOTIONAL DEVELOPMENT SCALE OF ERS IN LOUISIANA

In **Quality Start**, the Louisiana QRIS, child care centers can receive one to four points based on the social-emotional subscale score of the ERS. 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. Four or five points are earned if the program completes a screening with all children (0-5 yrs.) for social-emotional development within 45 calendar days of enrollment and annually thereafter. Programs must hold a conference with parents to review the results and provide a list of community resources. Louisiana also created a mental health consultation program that is linked to participation in Quality Start. Participating centers receive consultation (one 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.qrslouisiana.com/>.

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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