2018 QRIS 3.0 Think Tank
What Do We Know about QRIS Validation?

June 5, 2018
3-4:30 pm ET
Agenda

• Welcome and Introductions
  Eight states: Arizona, Connecticut, Indiana, Massachusetts, North Carolina, South Carolina, Vermont, and Virginia

• Presentation and Discussion - Lynn Karoly, RAND Corporation

• Next Steps
Defining, Measuring, and Incentivizing High-Quality ECE: Lessons from Research on QRIS

Lynn A. Karoly
RAND Corporation

5 June 2018
Key policy issues in early care and education

• Expand access, especially for children who can benefit most
  – Evidence of lower participation rates among low-income children
  – Evaluation research demonstrating short- and long-term benefits from participation in ECE

• Raise quality for all children in ECE programs
  – Evidence that care on average is barely “good” quality
  – Evaluation research shows high quality matters

• Strengthen infrastructure to support a robust ECE system
  – Mechanisms to promote and stabilize quality
  – Mechanisms to support ECE workforce
Today’s presentation

• Policy options for improving ECE quality
• QRIS approach
• First generation of QRIS validation studies
• RAND evaluation of Delaware Stars
• Future directions for QRIS
Design options for quality

• Multiple challenges to promoting quality in ECE
  – Costly to measure outputs = child development
  – Instead focus on the inputs = structure and process
  – But quality is multidimensional

• Three main strategies for promoting quality
  – Specify **minimum program features** through licensing or regulation; monitor for compliance
  – Use an **independent accreditation** process
  – Develop a **QRS or QRIS** based on independent assessment of multiple program elements and summarize in multi-point scale

• Often combine with other strategies
  – Publicize licensing, accreditation, rating results
  – Provide financial incentives tied to higher quality
  – Evaluate program effects on child outcomes
QRS and QRIS: Definitions

Quality Rating System (QRS)
Assess quality, produce summary ratings, and publish results

Improvement is expected from defining quality and making it public
QRS and QRIS: Definitions

Quality Rating System (QRS)

Quality Rating and Improvement System (QRIS)

Supplement ratings with mechanisms to support improvement (e.g., financial incentives, technical assistance)
## Comparison of alternative approaches for ensuring quality

<table>
<thead>
<tr>
<th>Licensing / regulation</th>
<th>Accreditation</th>
<th>QRS / QRIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Limited indicators; simple to measure</td>
<td>• Broader, more complex indicators</td>
<td>• Broader, more complex indicators</td>
</tr>
<tr>
<td>• Yes/No outcome simple to interpret</td>
<td>• Meet standards = excellence</td>
<td>• Scale allows room for improvement</td>
</tr>
<tr>
<td>• Yes/No outcome simple to interpret</td>
<td>• Yes/No outcome simple to interpret</td>
<td>• Multi-point ratings simple to interpret</td>
</tr>
<tr>
<td>• Limited indicators set a floor</td>
<td>• Single rating</td>
<td>• Costly process</td>
</tr>
<tr>
<td>• No incentive to exceed minimums</td>
<td>• Costly process</td>
<td>• Providers may not have the resources to improve</td>
</tr>
<tr>
<td>• Providers may not have the resources to improve</td>
<td></td>
<td>• Providers may not have the resources to improve</td>
</tr>
</tbody>
</table>

**SOURCE:** RAND analysis (MG-889, 2009).
QRIS approach has won the day

Adoption of QRIS accelerated with Race to the Top Early Learning Challenge (RTT–ELC)

• Absolute priority for RTT–ELC applicants was “designing and implementing a common, statewide tiered QRIS”

• Application also required a high-quality validation study of the QRIS by an independent evaluator

<table>
<thead>
<tr>
<th>States Awarded RTT–ELC Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Round 1</strong></td>
</tr>
<tr>
<td>California</td>
</tr>
<tr>
<td>Delaware</td>
</tr>
<tr>
<td>Maryland</td>
</tr>
<tr>
<td>Massachusetts</td>
</tr>
<tr>
<td>Minnesota</td>
</tr>
<tr>
<td>North Carolina</td>
</tr>
<tr>
<td>Ohio</td>
</tr>
<tr>
<td>Rhode Island</td>
</tr>
<tr>
<td>Washington</td>
</tr>
<tr>
<td><strong>Other:</strong> Arizona</td>
</tr>
</tbody>
</table>
Today’s presentation

- Policy options for improving ECE quality
- QRIS approach
- First generation of QRIS validation studies
- RAND evaluation of Delaware Stars
- Future directions for QRIS
Simplified QRIS logic model

Inputs/Activities

Develop rating scale
Conduct and publish ratings
Provide QI supports

Outputs

Providers increase quality
Parents choose higher quality

Outcomes

More children are ready for school
QRIS logic model rests on several key assumptions

**Inputs/Activities**
- Develop rating scale
- Conduct and publish ratings
- Provide QI supports

**Outputs**
- Providers increase quality
- Parents choose higher quality

**Outcomes**
- More children are ready for school

- Know what measures of quality matter for children’s development
- There are good tools to measure quality
- Multiple dimensions of quality can be aggregated to a meaningful scale
- Providers will choose to increase quality and maintain higher quality
- With better information on quality, parents will choose higher quality programs
Important QRIS design considerations

- Whether participation is voluntary or mandatory and which providers to include
- **Dimensions of quality** to include and how to **weight** them
- **Measures to use** for quality constructs
- Role of **self-assessed measures**
- Whether to integrate **state licensing** or **accreditation status**
- **Number of tiers** in the rating scale and **scale structure** (e.g., additive point system or thresholds in various domains)
- How to incorporate **quality improvement mechanism**
- Nature of associated **public awareness** campaign
- How to **pilot** and **evaluate** the system

23 March 2017
## Illustrative QRIS features

<table>
<thead>
<tr>
<th>QRIS Feature</th>
<th>CA</th>
<th>DE</th>
<th>Most Common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary (V) or mandatory (M)</td>
<td>V</td>
<td>V</td>
<td>V</td>
</tr>
<tr>
<td>Providers include centers (C), family child care homes (F)</td>
<td>C, F</td>
<td>C, F</td>
<td>C, F</td>
</tr>
<tr>
<td>Number of rating levels</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Number of rating levels with verification</td>
<td>3</td>
<td>3</td>
<td>–</td>
</tr>
<tr>
<td>Number of years ratings are valid</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Global quality measures used</td>
<td>ERS, CLASS</td>
<td>ERS</td>
<td>ERS</td>
</tr>
<tr>
<td>Rating structure</td>
<td>Hybrid</td>
<td>Hybrid</td>
<td>Block</td>
</tr>
<tr>
<td>Reimbursement tied to ratings</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
No uniform approach to QRIS

- Limited research to guide design decisions
- Systems vary in which providers participate and ages covered
- Wide range in “quality rating” part of system
  - How structured (block versus points) and number of levels
  - What quality dimensions are assessed
  - How quality dimensions are measured and weighted
- Variation in “improvement” part of system
  - Nature of financial incentives, if any
  - Nature of technical assistance and other supports
- Only limited evidence of effectiveness of existing systems

23 March 2017
Today’s presentation

- Policy options for improving ECE quality
- QRIS approach
- **First generation of QRIS validation studies**
- RAND evaluation of Delaware Stars
- Future directions for QRIS
Research has been ongoing during QRIS expansion

• Zellman and Perlman surveyed five pioneer QRIS states (2008)

• Zellman et al. research on Colorado’s Qualistar provided one of first QRIS validation studies (2008)

• Studies have addressed key questions
  – Are rating scales composed of elements that are important for quality?
  – Do higher rated programs have higher quality?
  – Do higher rated programs produce better child outcomes?
Findings from earliest studies of QRIS and program quality suggested validity

- Most of 12 prior validation studies show higher quality at higher rating tiers
- But measure of quality used for validation is often part of the rating scale
- Relationship is typically not as strong using independent measures of quality
But findings from earlier studies of child outcomes offer weaker support for validity

- QRIS validation studies have examined if children in programs with higher ratings have larger developmental gains
- Very limited evidence supports this expected relationship
- 4 of 7 studies used stronger design
  - Measured child developmental gains
  - Included controls for possible selectivity
- Only 2 found larger gains in higher quality programs for at least some outcomes
Today’s presentation

- Policy options for improving ECE quality
- QRIS approach
- First generation of QRIS validation studies
- **RAND evaluation of Delaware Stars**
- Future directions for QRIS
Key features of Delaware Stars

- Voluntary
- Covers centers and family child care homes
- Alternative pathways for Head Start and accredited programs

**Starting with Stars**
- Eligible licensed provider

**Star 2**
- Orientation
- QIP

**Star 3**
- ERS $\geq 3.4$
- 40+ points

**Star 4**
- ERS $\geq 4.4$
- 60+ points

**Star 5**
- ERS $\geq 5.4$
- 80+ points
## Four categories of points-based standards in Delaware’s QRIS

<table>
<thead>
<tr>
<th>Quality Domain</th>
<th>Number of Standards</th>
<th>Illustrative Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and community partnerships</td>
<td>Up to 13</td>
<td>Program conducts conferences with families at least twice annually</td>
</tr>
<tr>
<td>Qualifications and professional development</td>
<td>Up to 14</td>
<td>Administrator completes the Delaware Administrator Credential</td>
</tr>
<tr>
<td>Management and administration</td>
<td>Up to 10</td>
<td>Program conducts required all-staff meetings monthly</td>
</tr>
<tr>
<td>Learning environment and curriculum</td>
<td>Up to 13</td>
<td>Program uses individual child assessments to inform goal and lesson planning</td>
</tr>
</tbody>
</table>
RAND evaluation had several objectives

- Assess validity of Delaware Stars rating scale
  - Do quality tiers reflect differential levels of program quality?
  - Do children in higher rated programs experience greater developmental gains?
- Evaluate other components of QRIS
  - Technical assistance
  - Financial incentives for providers
  - Parents’ use of ratings
RAND evaluation had several objectives

- Assess validity of Delaware Stars rating scale
  - Do quality tiers reflect differential levels of program quality?
  - Do children in higher rated programs experience greater developmental gains?
- Evaluate other components of QRIS
  - Technical assistance
  - Financial incentives for providers
  - Parents’ use of ratings
Validation study involved collection of data on providers and enrolled children

<table>
<thead>
<tr>
<th>Who was in the study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider sample</strong></td>
</tr>
<tr>
<td>• Approximately 185 providers</td>
</tr>
<tr>
<td>• Licensed family child care homes and centers</td>
</tr>
<tr>
<td>• Programs in Delaware Stars and not in Delaware Stars</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data we collected from study participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider sample</strong></td>
</tr>
<tr>
<td>• Interviewed director in fall 2014 and spring 2015</td>
</tr>
<tr>
<td>• Observed quality in home or classrooms once between Feb. — May 2015 using trained independent observers</td>
</tr>
</tbody>
</table>
Approach to Q1

• Examined the relationship between Delaware Star ratings and independent measures of classroom quality
  – Delaware Star ratings are at program level
  – Observed quality is for classroom/group, the program average, or the program minimum

• Included center- and home-based providers, both in Stars and not in Stars

• Had controls for provider type, alternative pathway, and zip code characteristics

• Empirical models were similar to those estimated in other validation studies
# Observational measures of program quality

<table>
<thead>
<tr>
<th>Measurement Tool</th>
<th>What it Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Quality Assessment (PQA)</td>
<td>• Global measure of quality collected by observation and interview (teacher, director)</td>
</tr>
<tr>
<td></td>
<td>• Version for FCC and centers (infant/toddler or preschool room)</td>
</tr>
<tr>
<td></td>
<td>• 5-point scale (1 to 5)</td>
</tr>
<tr>
<td>Classroom Assessment Scoring System (CLASS)</td>
<td>• Measure of teacher-child interactions collection by observation</td>
</tr>
<tr>
<td></td>
<td>• Toddler version: Emotional and Behavioral Support</td>
</tr>
<tr>
<td></td>
<td>• Toddler version: Engaged Support for Learning</td>
</tr>
<tr>
<td></td>
<td>• PreK version: Classroom Organization</td>
</tr>
<tr>
<td></td>
<td>• PreK version: Emotional Support</td>
</tr>
<tr>
<td></td>
<td>• PreK version: Instructional Support</td>
</tr>
<tr>
<td></td>
<td>• 7-point scale (1 to 7)</td>
</tr>
<tr>
<td>Arnett Caregiver Interaction Scale (CIS)</td>
<td>• Measure of teacher-child interactions collected by observation at the teacher level for use in center-or home-based settings</td>
</tr>
<tr>
<td></td>
<td>• 4-point scale (1 to 4)</td>
</tr>
</tbody>
</table>
Q1. Do quality tiers reflect differential levels of program quality?

The relationship between Delaware Stars ratings and independent measures of program quality was generally positive but statistically insignificant and small in magnitude.
Modest increase in quality with higher tiers

<table>
<thead>
<tr>
<th>Centers</th>
<th>N</th>
<th>PQA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>Not in Delaware Stars</td>
<td>9</td>
<td>2.93</td>
</tr>
<tr>
<td>Starting with Stars/Star 2</td>
<td>24</td>
<td>2.80</td>
</tr>
<tr>
<td>Star 3</td>
<td>13</td>
<td>2.94</td>
</tr>
<tr>
<td>Star 4</td>
<td>45</td>
<td>3.18</td>
</tr>
<tr>
<td>Star 5</td>
<td>35</td>
<td>3.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Small and large FCCs</th>
<th>N</th>
<th>PQA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>Not in Delaware Stars</td>
<td>4</td>
<td>3.47</td>
</tr>
<tr>
<td>Starting with Stars/Star 2</td>
<td>7</td>
<td>3.40</td>
</tr>
<tr>
<td>Star 3</td>
<td>6</td>
<td>3.57</td>
</tr>
<tr>
<td>Star 4</td>
<td>12</td>
<td>3.98</td>
</tr>
<tr>
<td>Star 5</td>
<td>7</td>
<td>4.02</td>
</tr>
</tbody>
</table>
Q1. Center average classroom quality rises as Star levels rise

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.2</td>
<td>3.1</td>
<td>3.2</td>
<td>3.4</td>
<td>3.6</td>
</tr>
</tbody>
</table>

NOTES: Authors’ analysis of provider sample classroom observations and Delaware Stars administrative data. Results from regression model controlling for program characteristics. Brackets show pairwise comparisons that are significantly different from one another at p <0.05 after adjusting for multiple hypothesis testing.
Q1. Center average classroom quality rises as Star levels rise

![Bar chart showing CLASS PreK - Classroom Organization scores for Not in Stars (N=13), Starting with Stars/Star 2 (N=32), Star 3 (N=20), Star 4 (N=60), and Star 5 (N=44). Scores are 4.5, 4.3, 4.4, 4.8, and 4.8 respectively.]

NOTES: Authors’ analysis of provider sample classroom observations and Delaware Stars administrative data. Results from regression model controlling for program characteristics. Black brackets show pairwise comparisons that are significantly different from one another at p < 0.05 after adjusting for multiple hypothesis testing. Grey brackets show pairs that are only significantly different prior to adjusting for multiple hypothesis testing.
Q1. Center average classroom quality rises as Star levels rise

NOTES: Authors’ analysis of provider sample classroom observations and Delaware Stars administrative data. Results from regression model controlling for program characteristics. Brackets show pairwise comparisons that are significantly different from one another at p <0.05 after adjusting for multiple hypothesis testing.
Approach to Q2

• Examined the relationship between Delaware Star ratings and children’s development in the spring, controlling for fall assessment

• Pooled children in center-based providers and large FCCs, both in Stars and not in Stars

• Controlled for provider type, alternative pathway, child and family background characteristics, child home zip code characteristics

• Models were similar to those estimated in other recent validation studies
## Assessments of children’s development

<table>
<thead>
<tr>
<th>Assessment</th>
<th>What it Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive</strong></td>
<td></td>
</tr>
<tr>
<td>Peabody Picture Vocabulary Test (4th edition) (PPVT)</td>
<td>Direct assessment of receptive vocabulary (ability to understand spoken word)</td>
</tr>
<tr>
<td>Woodcock-Johnson III Letter Word Identification (LWI)</td>
<td>Direct assessment of early reading skills (e.g., identifying letters and words)</td>
</tr>
<tr>
<td>Woodcock-Johnson III Applied Problems (AP)</td>
<td>Direct assessment of skill in solving practical math problems (e.g., counting, addition, subtraction)</td>
</tr>
<tr>
<td>Head-Toes-Knees-Shoulders (HTKS)</td>
<td>Performance-based assessment of executive function, inhibitory control, and attention</td>
</tr>
<tr>
<td><strong>Social / emotional</strong></td>
<td></td>
</tr>
<tr>
<td>Devereaux Early Childhood Assessment (DECA)</td>
<td>Teacher-rated assessment of:</td>
</tr>
<tr>
<td></td>
<td>• Protective factors (overall positive social and behavior skills)</td>
</tr>
<tr>
<td></td>
<td>• Behavioral concerns (incidence of emotional and behavioral problems)</td>
</tr>
</tbody>
</table>
Q1. Do quality tiers reflect differential levels of program quality?

The relationship between Delaware Stars ratings and independent measures of program quality was generally positive but statistically insignificant and small in magnitude.

Q2. Do children in higher rated programs experience greater gains?

Children in higher rated Star programs did not outperform children in lower-rated programs on cognitive skill assessments; they did perform modestly better on some social-emotional skill assessments.
Pre-academic skills do not rise consistently with Star levels

NOTES: Authors’ analysis of child sample assessments and Delaware Stars administrative data. Results from regression model controlling for program and child characteristics. Brackets show pairwise comparisons that are significantly different from one another at p <0.05 after adjusting for multiple hypothesis testing.

Average standardized score

- Not in Stars: 6.41
- Starting with Stars/Star 2: 6.42
- Star 3: 6.38
- Star 4: 6.35
- Star 5: 6.37
For some socioemotional skills, children’s scores rise with Star levels

Average standardized score

- Not in Stars: 0.85
- Starting with Stars/Star 2: 0.69
- Star 3: 0.92
- Star 4: 0.85
- Star 5: 1.03

NOTES: Authors’ analysis of child sample assessments and Delaware Stars administrative data. Results from regression model controlling for program and child characteristics. Black brackets show pairwise comparisons that are significantly different from one another at p < 0.05 after adjusting for multiple hypothesis testing. Grey brackets show pairs that are only significantly different prior to adjusting for multiple hypothesis testing.
For some socioemotional skills, children’s scores rise with Star levels

NOTES: Authors’ analysis of child sample assessments and Delaware Stars administrative data. Results from regression model controlling for program and child characteristics. Black brackets show pairwise comparisons that are significantly different from one another at p <0.05 after adjusting for multiple hypothesis testing. Grey brackets show pairs that are only significantly different prior to adjusting for multiple hypothesis testing.
It is important to consider study limitations when interpreting findings

- Current version of Delaware Stars was still being phased in at time of our data collection
- Lower response rates for FCCs compared with centers, so less representative of former
- Potential role of selectivity bias in relationship between provider quality and children’s development
- Findings are limited by the available measures of program quality and of children’s development
  - Concern that many measures of ECE program quality are not strongly predictive of children’s developmental gains
Findings from Delaware mirror those for other QRIS validation studies

• Most find at least some dimensions of quality are higher for higher rated programs but quality differentials are small

• Analyses of child outcomes for 6 other RTT-ELC QRIS validation studies showed a weak positive relationship for only some outcome domains (CA, MN, RI, WA, WI)

• Only MA found a positive relationship for the two measures of child development included
Today’s presentation

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• Future directions for QRIS
QRIS logic model rests on several key assumptions

**Inputs/Activities**
- Develop rating scale
- Conduct and publish ratings
- Provide QI supports

**Outputs**
- Providers increase quality
- Parents choose higher quality

**Outcomes**
- More children are ready for school

- Know what measures of quality matter for children’s development
- There are good tools to measure quality
- Multiple dimensions of quality can be aggregated to a meaningful scale
- Providers will choose to increase quality and maintain higher quality
- With better information on quality, parents will choose higher quality programs
Recommendations

• For QRIS administrators
  – For now, direct QRIS resources toward quality improvement, preferably using evidence-based approaches
  – Streamline rating scales to focus on most relevant dimensions of quality
  – Ensure reimbursements for providers are sufficient to cover the cost of quality

• For ECE field
  – Look to advance the available measures of ECE program quality
  – Use meta-analysis across recent QRIS validation studies to improve rating scales
    • Quality dimensions to include and their relative weights
    • Cut points across rating tiers
  – Examine role that ratings play in parent ECE choice
For further reading

Quality Rating and Improvement Systems for Early Care and Education Programs: Making the Second Generation Better

Jill S. Cannon, Gail L. Zellman, Lynn A. Karoly, and Heather L. Schwartz

An extensive body of research in child development, neuroscience, and other disciplines demonstrates the significance of the period from birth to school entry for a child’s development and calls attention to the importance of the quality of the early care and education (ECE) experiences young children receive. Although each state in the United States has a licensure system intended to ensure that ECE programs provide safe and secure settings, these requirements have historically imposed a fairly low threshold for the quality of the care and education environment, focused as they are on physical safety. The neuroscience and child development research, in conjunction with findings in the 1990s that most nonparental care was mediocre at best, led decisionmakers to search for ways to improve the quality of care in ECE programs. Quality rating and improvement systems (QRISs), which treat quality of care in a multidimensional way, began at the end of the 1990s and have now been almost universally adopted as one tool that states and localities have employed to boost quality in ECE programs. Today, 49 states have a QRIS—either implemented, piloted, or planned in some or all parts of the state—thanks in part to federal incentives (Figure 1). QRISs assess quality based on multiple indicators, such as group size, staff-child ratio, teacher and administrator qualifications, and elements of the care and education environment. These quality indicators are then combined to produce a simple quality rating metric, such as a one- to five-star rating. To motivate and help ECE programs move up in the rating system, a QRIS generally offers ECE programs improvement supports: technical assistance, professional development, or child care subsidy reimbursements tied to the program’s rating level. The basic QRIS approach is to establish quality standards at successively higher levels, measure the quality level that programs reach given those standards, provide supports and financial incentives for programs
Q1 findings from other QRIS validation studies are similar

- 9 prior studies for 8 states used measures of quality independent of QRIS
  - CA, CO, IN, ME, MN, OK, PA, WI
- Most found higher quality at higher rating tiers
- But increase in quality in moving from lowest tier to the highest tier is often quantitatively small (e.g., 0.5 to 1 scale point on a 7-point scale)
- Quality ratings for highest rated programs often fall below the “good” to “excellent” range
### Provider sample in study

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Aug ’14</th>
<th>Aug ’15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Delaware Stars</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small FCCs</td>
<td>35</td>
<td>33</td>
</tr>
<tr>
<td>Large FCCs</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Centers</td>
<td>106</td>
<td>115</td>
</tr>
<tr>
<td>Public schools</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>181</td>
<td>181</td>
</tr>
<tr>
<td><strong>Not in Delaware Stars</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small FCCs</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Large FCCs</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Centers</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>181</td>
<td>181</td>
</tr>
</tbody>
</table>

**NOTES:** We include programs where we collected any or all of the following: fall child assessments, fall director interview, winter classroom observations, spring child assessments, spring director interview.
# Child sample in study

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Sample of Children Assessed in Fall 2014 &amp; Spring 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers in Delaware Stars</td>
<td>1,039</td>
</tr>
<tr>
<td>Centers not in Delaware Stars</td>
<td>66</td>
</tr>
<tr>
<td>Large FCCs in Delaware Stars</td>
<td>18</td>
</tr>
<tr>
<td>Large FCCs not in Delaware Stars</td>
<td>0</td>
</tr>
<tr>
<td>Small FCCs in Delaware Stars</td>
<td>–</td>
</tr>
<tr>
<td>Small FCCs not in Delaware Stars</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,123</strong></td>
</tr>
</tbody>
</table>
Characteristics of U.S. ECE system

• For children from birth to age 5
• Mixed financing: private and public
  – Public funding is mostly targeted; some universal
  – Public funding streams at federal, state, and local levels
• Mixed delivery: private and public
• Public funding streams typically have one of two objectives
  – Supporting low-income working families’ need for child care
  – Promoting child development
Other issues with approaches to quality

• Benchmarks / accreditation / QRS may not be associated with desired child outcomes

• Providers may be exempt (licensing) or choose not to participate when voluntary (accreditation/QRS)

• Which program indicators are included / excluded may lead providers to focus on former and ignore latter

• Issue of alignment if accreditation is allowed to substitute for rating system

• All approaches need regular independent inspection / assessment to ensure measurement is current
## Essential elements of high-quality preschool

<table>
<thead>
<tr>
<th>Support for Educators and Young Learners</th>
<th>High Quality Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and compensation.</strong> Lead teachers have BA and early learning credential; compensation same as K-3 teachers</td>
<td>✓ <strong>Teacher-child interactions (TCI).</strong> Create rich learning environment.</td>
</tr>
<tr>
<td>✓ Two adults. One teacher and one paraprofessional in each classroom</td>
<td>✓ <strong>Age-appropriate learning standards.</strong> Cover academic and socio-emotional learning and align with K–12.</td>
</tr>
<tr>
<td>✓ Ratios. Max group size of 22 and adult-child ratios from 2:15 to 2:22</td>
<td>✓ <strong>Proven curriculum.</strong> Use aligned research-base curriculum and teacher professional development</td>
</tr>
<tr>
<td>✓ Learning time. Programs run 6-6.5 hours a day, 180 to 205 days a year</td>
<td>✓ <strong>Formative assessments.</strong> Designed to help improve child outcomes.</td>
</tr>
<tr>
<td>✓ ELL supports. Support for English language learners</td>
<td>✓ <strong>Data-driven decisionmaking.</strong> Programs use data to inform actions and improve child outcomes.</td>
</tr>
<tr>
<td>✓ Special needs supports. Support for students with special needs</td>
<td>✓ <strong>Professional development.</strong> On-going coaching focuses TCI.</td>
</tr>
<tr>
<td>✓ Integrated system. Above elements are tied together and mutually reinforcing.</td>
<td>✓ <strong>Integrated system.</strong> Above elements are tied together and mutually reinforcing.</td>
</tr>
</tbody>
</table>

**SOURCE:** Minervino (2014) .
In-Person Meeting in San Diego, California

- Sunday, July 15 at the Sheraton San Diego Hotel and Marina
- Costs covered for two people per team for airfare and one night at hotel.
- Participants may attend National QRIS pre-conference. We will hold one other session during the conference.
- We will have dinner together on Sunday night, restaurant TBD.

State Consultation

- Consultation with each state post in-person meeting upon request
Schedule

Proposed agenda for in-person meeting in San Diego (Sunday, July 15)
• 7:30-8:30 am – Breakfast
• 8:30 am – Welcome and Introductions
• 8:45-10:30 am – Session 1 (CQI)
• 10:30 am – Break
• 10:45-12:30 pm – Session 2 (financing; Anne Mitchell confirmed)
• 12:30 pm – Lunch
• 1:30 pm – Session 3 (stakeholder engagement and communications; what exists vs. what is known; Christina Bath Collisi confirmed)
• 3 pm – Break
• 3:15-4:30 pm – Session 4 (equity in QRIS design and development; Rachael Brown-Kendall confirmed)
• 4:45-5 pm – Wrap-up
• Group Dinner
Full Think Tank Webinar

• Monday, August 13 from 3-4:30 pm ET
• Each state presents its action plan for peer feedback and discussion.
• Materials due to Harriet by Wednesday, August 1.
Logistics

Landing pad

https://www.qrisnetwork.org/lt/2018-qris-30-think-tank/overview
Thank You!

Follow-up Contacts

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Harriet Dichter
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QRIS 3.0 Think Tank Landing Pad
http://qrisnetwork.org/lt/qris-30-think-tank/overview