

# Child-Care Quality Rating and Improvement Systems

## What Can We Learn from Early Adopters?

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As demand for child care in the United States has grown, so have calls for improving its quality. One approach that has been gaining momentum involves developing and implementing quality rating and improvement systems (QRISs): multi-component assessments designed to make child-care quality transparent to child-care providers, parents, and policymakers. QRISs provide simple, independent public ratings of child-care quality along with feedback, technical assistance, and improvement incentives; QRIS supporters posit that these systems can inform parent choice and motivate and support quality improvements.

Despite the widespread appeal and rapid adoption of QRISs, there is a dearth of practical knowledge and empirical data to draw on in crafting QRIS legislation, designing QRISs, and implementing QRIS components. The RAND Corporation hosted a meeting of QRIS stakeholders to explore interest in sharing data and information and supporting new research in a QRIS Consortium. Subsequently, a valuable first effort was identified: examining system design and implementation in a few of the first states to adopt a QRIS to provide the field with lessons learned and needed guidance.

This research brief summarizes lessons learned from the QRIS experiences of five “early adopters”—Oklahoma, Colorado, North Carolina, Pennsylvania, and Ohio. The study is based on a small number of in-depth interviews with key stakeholders in each state; therefore, the conclusions and recommendations serve only as a starting place in filling the knowledge gap about designing and implementing QRISs.

### How Do the Five States Compare?

There was considerable consensus about the key components of quality that should be rated, with each state including measures of staff training

### Abstract

Although child-care quality rating and improvement systems (QRISs) have widespread appeal and are being rapidly adopted in many states, there is a dearth of practical knowledge policymakers can use in crafting QRIS legislation, designing QRISs, and implementing QRIS components. Drawing on interviews in five pioneer states with extensive QRIS experience, the authors provide recommendations, based on lessons learned and study findings, for designing, implementing, and refining QRISs.

and education as well as classroom or learning environment. (In some states, environmental rating scales [ERSs] were collected only at higher levels of quality.) But states differed on whether to include parent involvement assessments, child-staff ratios, or national accreditation status.

According to those involved in developing these systems, cost issues strongly affected their choice of components and component measures. ERSs were a particular subject of debate in several states because of the high cost of collecting ERS data. How the various quality components were summed and weighted to produce a rating also differed across states.

The five states tended to follow similar processes in developing and implementing their QRISs. Each set goals, assessed feasibility, and designed and implemented its system. The lack of piloting in most states and the relatively fast implementation of their QRISs led to early reassessments and many revisions (e.g., in the role of accreditation and the number of rating levels).

Most interviewees reported increases in provider and parent interest for their state’s QRIS over time, noting that more providers were volunteering to be rated and more parents were

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asking resource and referral agencies about program ratings. Most interviewees believed that their QRIS had helped raise awareness of quality standards for child care, and they attributed the success of their QRIS to political support, adequate financing of provider incentives, provider buy-in, public-awareness campaigns, and the availability of quality improvement (QI) funds and assistance for providers.

### What Are Key Challenges to a Successful QRIS?

In implementing QRISs, a number of states struggled with standard-setting. Some initially set standards low, because average quality of care was poor and designers worried that overly high standards would discourage provider participation. As programs improved over time, administrators raised standards, which providers resented. States also differed on the minimum standards needed to receive a rating. Three required programs to be licensed in order to be rated. The other two assigned all licensed providers the lowest rating; to raise their ratings, providers had to agree to undergo a full QRIS rating. This latter practice brought licensing and the QRIS (two assessment systems) together and may encourage more providers to be rated. Finally, states struggled to make the increments between ratings levels equal, leading to significant changes in rating levels in one state.

States had to decide which components to include—critical decisions because they send a message to providers, parents, and policymakers about what is important in child care. Several states debated whether to include a parent-involvement component, because measures of it are not well developed and because including additional components is generally expensive. At the same time, unmeasured components are likely to be ignored in favor of the measured ones.

The states invested substantial resources and developed a range of financial incentives for system participation and program improvement, including, for example, professional development support for staff in centers that attained a specified rating and reimbursements for subsidy-eligible children that increased with provider rating level. But funding of QRISs remains an issue in most states. In some states, low reimbursement rates for children receiving child-care subsidies make it virtually impossible for programs serving these

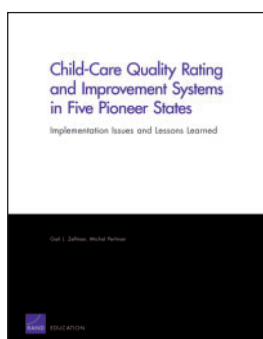
children to attain the highest quality levels, because such levels require low child-staff ratios and relatively well-educated providers, two very costly aspects of quality.

Finally, providers are often understandably wary of the rating process and tend to view ratings as they do licensing: something to “pass.” QRIS designers would like programs to replace this view with a culture of continuous QI but are unsure about how best to effect this cultural change.

### Recommendations

The RAND team concludes with a set of recommendations based on study findings and lessons learned from these innovative states, some of which are noted above. The complete set of recommendations, summarized in the table, focuses on ways to create and improve QRISs as they are developed, designed, implemented, and evaluated. ■

Precursors to a Successful QRIS
<ul style="list-style-type: none"> <li>• Obtain adequate funding in advance and decide how it will be spent.</li> <li>• Garner maximum political support for a QRIS.</li> </ul>
System Development Process
<ul style="list-style-type: none"> <li>• Conduct pilot work if possible and make revisions to the system before it is adopted statewide.</li> <li>• Limit changes to the system after it is implemented.</li> </ul>
What Should Quality Rating Systems Include?
<ul style="list-style-type: none"> <li>• Minimize use of self-reported data as part of the quality rating system because such data may bias provider ratings.</li> <li>• To the extent possible, integrate licensing into the system.</li> <li>• Use ERSs flexibly by incorporating both self-assessments and independent assessments at different levels of the quality rating system.</li> <li>• Do not include accreditation as a mandatory system component.</li> <li>• Ensure that the rating system has multiple levels, including many rungs at the lowest quality levels to facilitate provider engagement.</li> </ul>
Quality Improvement
<ul style="list-style-type: none"> <li>• Create a robust QI process, providing a mix of staff development, financial incentives, and QI support.</li> <li>• Separate raters and QI support personnel to avoid creating conflicts of interest that may bias the assessment process.</li> <li>• Institute public-awareness campaigns after the system is in place and ensure that the campaigns are ongoing.</li> </ul>
QRIS Evaluation
<ul style="list-style-type: none"> <li>• Support research on systems and system components that identifies best practices in QRISs, including how best to assess important components; how to combine ratings across components to provide reliable and valid summary ratings; optimal technical assistance and QI practices; and ways to reach parents.</li> </ul>



This research brief describes work done for RAND Education and documented in *Child-Care Quality Rating and Improvement Systems in Five Pioneer States: Implementation Issues and Lessons Learned*, by Gail L. Zellman and Michal Perlman, MG-795-AECF/SPF/UWA (available at <http://www.rand.org/pubs/monographs/MG795/>), 2008, 90 pp., \$25, ISBN: 978-0-8330-4551-5. This research brief was written by Paul Steinberg. The RAND Corporation is a nonprofit research organization providing objective analysis and effective solutions that address the challenges facing the public and private sectors around the world. RAND’s publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

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