QUICK FACTS

Approximately 60 percent of children ages 3-5 and 20 percent of children ages 0-2 participate in some form of center-based child care.[1]

Approximately 50 percent of children who live in families at or below 200 percent of the poverty level utilize center-based child care or child care in another's home.[1]

20 STATEWIDE QUALITY RATING AND IMPROVEMENT SYSTEMS in the following states: Colorado, Delaware, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, Montana, New Hampshire, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Vermont, and Washington, D.C.[2]

QUALITY IN EARLY CARE AND EDUCATION SETTINGS is variable and often below the standards in the field for developmentally appropriate practice.[3]

The national trend toward building Quality Rating and Improvement Systems grew out of research findings demonstrating that significant, positive links have been documented between certain aspects of quality care and children's outcomes.[4]

Quality Rating and Improvement Systems for Early Care and Education

Research suggests that high quality early care and education programs can have a significant impact on improving the cognitive, academic and social skills of all children, especially those most at risk for later school failure. A number of states are developing Quality Rating and Improvement Systems (QRIS) to assess and improve the quality of early care and education programs for children ages birth to five and older. Similar to ratings used for restaurants and other services, a QRIS designates a quality rating associated with an early childhood or school-age program, many of which receive public funding and are responsible for the care of hundreds of thousands of children each year. A QRIS may also be used to increase parent and consumer awareness about which programs meet defined levels of quality and to align program funding with quality ratings.

What are the Essential Elements of a QRIS?

Typically, a Quality Rating and Improvement System has five components: 1) quality standards, 2) a process for monitoring standards, 3) a process for supporting quality improvement, 4) provision of financial incentives, and 5) dissemination of information to parents and the public about program quality.[8,9]

Quality standards provide the basis for program ratings. These standards vary across states but usually include measures of professional development or the qualifications of teachers and caregivers, the quality of the learning environment, and the involvement of parents and family members. Programs are evaluated by trained outside staff and measurement is typically conducted through direct observation, and the collection and review of administrative data and program documents.

What Evaluation Research Says about QRIS Impact on the Quality of Care and Child Outcomes

QRISs are a relatively new strategy for improving the quality of care and education programs. As a result, the number of evaluation studies is small but growing. The few evaluation studies that have been conducted primarily address questions related to the initial goal of a QRIS system—

QUICK FACTS

WIDE VARIABILITY IN QRIS DESIGN AND IMPLEMENTATION make it challenging to compare across states about effectiveness and impact. For example, states differ in the ways they define quality standards, provide incentives and disseminate information.[5,6] As a result, no consensus has been reached as to a single set of recommended QRIS design and implementation principles.

QRIS CAN PLAY AN INSTRUMENTAL ROLE IN BUILDING STRONG EARLY CARE AND EDUCATION SYSTEMS States have described the development of collaborative partnerships, unified data systems and consolidation of resources to support quality improvements. They also reported increased alignment of standards across different types of programs.[7]

to improve the quality of care. These studies have focused on the validation of quality indicators, patterns of improvement over time, and analysis of the implementation features.[10] For example, studies in North Carolina and Oklahoma confirmed that the QRIS ratings in these states reflected valid differences in quality.[11] At least one study found that although the implementation of a QRIS presented a burden for participating providers, participants also stated the QRIS was important for supporting their efforts to improve the quality of care.[12] **Only a few studies in Oklahoma, Pennsylvania, Colorado, and Tennessee have evaluated the impact of a QRIS on the quality of care provided over time. Although these studies found improvements in the quality of care, some changes were not statistically significant.** More data is needed before causal statements can be made about the role of a QRIS in quality improvement.[13]

More recent evaluation studies reflect states' growing interest in the impact a QRIS has on child outcomes, in addition to the overall improvement in the quality of care. A 2009 evaluation of Missouri's Quality Rating and Improvement System found that low-quality programs had an adverse impact on all participating children's social and emotional skills. In addition, **this study showed that children in poverty attending high quality programs made significant gains in early literacy skills and social and emotional development.**[14] An evaluation of Colorado's QRIS included a focus on child outcomes, but the results were mixed, potentially due to high levels of attrition among children enrolled in the study.[15] At least three other QRISs are examining the linkages between program ratings and child outcomes in Indiana, Minnesota, and Ohio. These studies will examine the changes in children's developmental progress over the course of an academic year as part of the larger QRIS system assessment.[16]

Additional research is needed to refine and strengthen measures of quality in order to improve detection of effects. QRIS evaluation studies that analyze the full range of QRIS outcomes can be costly and complex, and states might need to pool resources in order to adequately evaluate QRIS effectiveness.[17]

Key Considerations for Developing a QRIS

Coordination. Since the programs that may be governed or affected by a QRIS typically span different entities and agencies, many states report the necessity for collaboration across jurisdictions. Cross-agency structures such as an early childhood advisory council, early childhood cabinet, or

department may be helpful in facilitating the cross-agency dialogue needed to define and establish the key components of a QRIS, and to develop plans for long-term oversight, funding, and data needs.

Evaluation. Although some exemplary strategies for improving program quality exist and have been evaluated, Quality Rating and Improvement Systems and robust measures of program quality are still evolving. In order to improve quality and child outcomes, states and localities should consider building an evaluation component into the QRIS and feed results back into the design and structure of the system.

Unintended Consequences. If program quality is improved as a result of a QRIS, it will be important to assess whether the costs of services also increase and affect low-income children's participation in higher quality care. States should consider systematic study of this issue as they bring QRIS systems to scale by tracking program participation and enrollment.

ENDNOTES

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[9] NCCIC, 2009

[10] Zellman & Perlman, 2008.

[11] Tout, Zaslow, Halle, & Forry, 2009.

[12] Ibid.

[13] Ibid.

[14] Thornburg, K. R., Mayfield, W. A., Hawks, J.S., & Fuger, K. L. (2009). The Missouri Quality Rating System School Readiness Study: Executive Summary. Kansas City, M.O.: Center for Family Policy & Research University of Missouri and the Institute for Human Development University of Missouri. Available at: http://cfpr.missouri.edu/MOQRISexec.pdf

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[17] Zellman & Perlman, 2008.