QRIS Compendium
2016 Fact Sheet

NATIONAL CENTER ON
Early Childhood Quality Assurance

Early Childhood
National Centers

Indicators of Quality for Ratings

QRIS use specific quality indicators (metrics) to rate the programs in their systems. Indicators are frequently grouped together in categories that represent the dimensions of quality the QRIS assesses in the rating process. To avoid redundancy, QRIS typically build on the licensing standards in place in the state or locality. This brief, therefore, focuses on QRIS standards that exceed licensing requirements. This fact sheet describes the features of the most frequently used quality categories and indicators for the 41 QRIS.

> This fact sheet is one of a series about the state of quality rating and improvement systems (QRIS) in the United States. In 2016, there were 41 fully operational QRIS in the United States.[1] Data are from the QRIS Compendium (http://QRIScompendium.org), a catalog of the QRIS operating in the United States as of October 31, 2016.[2]

Quality Indicator Categories

QRIS typically identify an average of five distinct quality categories to rate both centers and family child care homes (FCC). In practice, these range from as few as 2 categories to as many as 8 for FCC and 10 for centers. A category for staff qualifications and training and a category for the environment are included in all QRIS. As shown in Figure 1, categories including indicators related to program administration, health and safety, curriculum, family partnerships, child assessment, and interactions are also included in most QRIS.

Staff Qualifications

All 41 QRIS have requirements for staff qualifications, and most have indicators that specify education requirements (e.g., Associate's degree, Bachelor's degree), for staff in centers and homes, 37 QRIS (90 percent) and 34 QRIS (83 percent), respectively.

In 2014, inclusion of a credential was an indicator for centers for 17 QRIS (44 percent), which more than doubled to 36 QRIS (88 percent) in 2016.

A child development or state-developed credential is an indicator for FCC in about half of QRIS in 2016 (20; 49 percent).See Figure 2 for a summary of the data for centers.

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[1] State with a QRIS: AR, AZ, CA, CO, DE, FL (3 localities), GA, IA, ID, IL, IN, KY, MA, MD, ME, MI, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, VT, WA, WI. While most QRIS operate at the state level, three represent separate counties in Florida (Duval, Miami-Dade, and Palm Beach). The California QRIS, while represented in the Compendium as one system, is implemented at the county level and does not include all counties in the state.

[2] These data are supplemented by an earlier version of the Compendium titled *Compendium of Quality Rating Systems and Evaluations*, which was released in 2010. Retrieved from https://www.acf.hhs.gov/opre/resource/compendium-of-quality-rating-systems-and-evaluations. Publicly available details about QRIS standards and implementation and interviews with QRIS administrators also inform the fact sheet.

Figure 1: Common QRIS Quality Indicator Categories
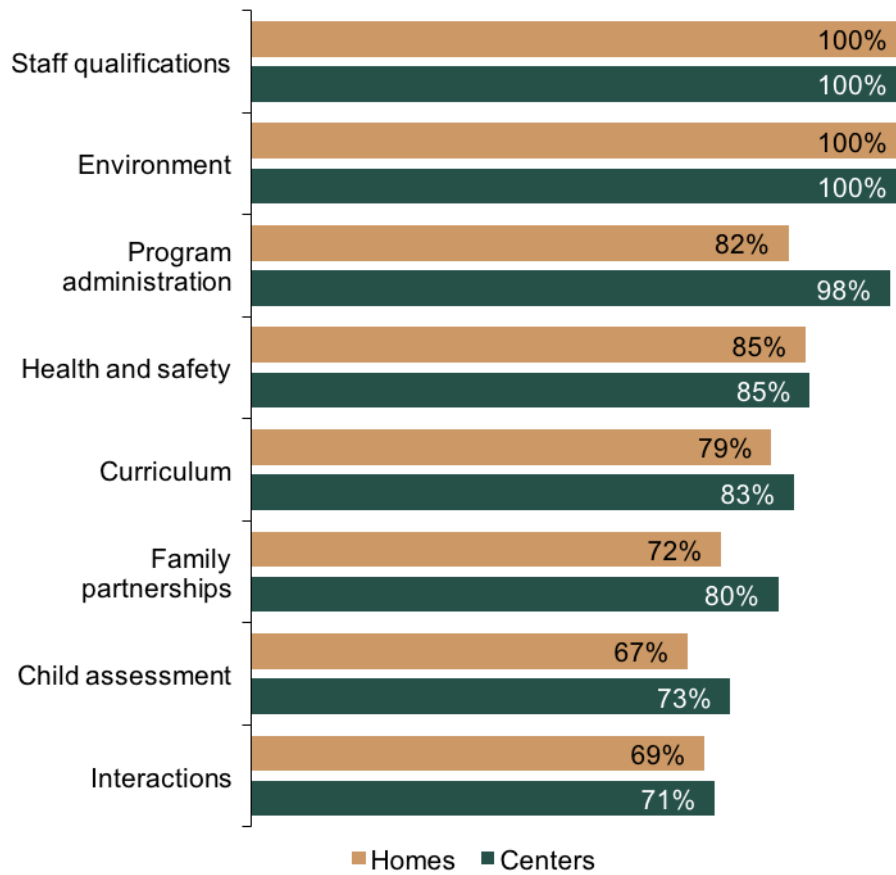
Note: N = 41 QRIS

Figure 2: Percentage of Degree and Credential Requirements for Center Staff
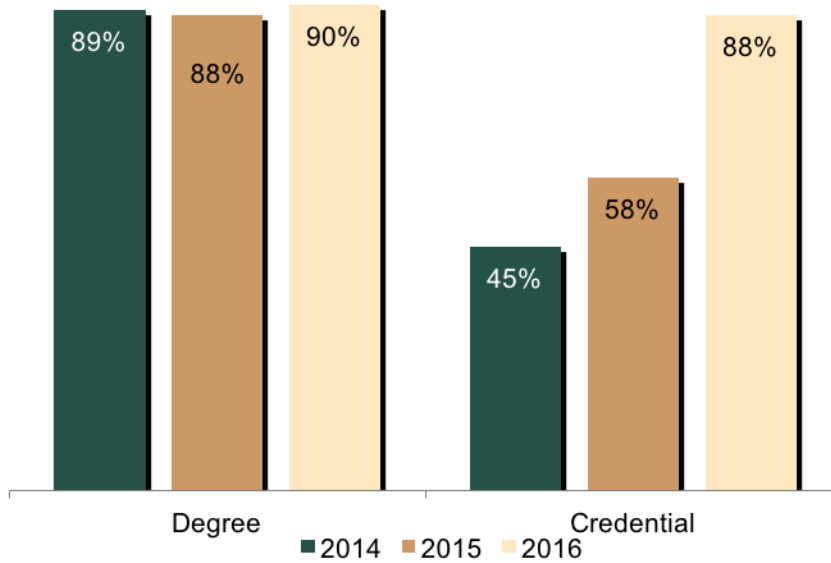
Note: Degree and credential requirements are not mutually exclusive, some QRIS have requirements related to both.

Environment

Several QRIS assess indicators related to program environment by using an observational tool like one of the environment rating scales (ERS)[3] to determine the quality of the environment either through use of the ERS as a self-assessment, through independent observations of randomly selected classrooms, or both. For example, programs in **Colorado** use the ERS as a self-assessment tool at level two, and programs at levels three through five earn points based on an external rater's ERS assessment.

Other indicators of environmental quality include provision of learning materials (e.g., books, art supplies) and a daily schedule that balances free play with teacher-directed time.

♦ Provision of learning materials is explicitly specified for centers in 15 QRIS (37 percent) and for FCC in 12 QRIS (29 percent).

♦ A balanced daily schedule is an indicator for centers in 14 QRIS (34 percent) and for FCC in 16 QRIS (39 percent).

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[3] Harms, T., Clifford, R.M., & Cryer, D. (2005).

Program Management

♦ Nearly all QRIS include indicators of program administration, management, and leadership for centers (98 percent) and FCC (82 percent).

♦ As shown in Table 1, more than half of QRIS include indicators about written operating policies and procedures for centers and FCC (each at 56 percent).

♦ Fifty-six percent of QRIS include an indicator related to staff evaluations for centers.

Table 1: QRIS with Program Management Indicators

Indicators	Centers	FCC
Staff evaluations	56%	17%
Operating policies	56%	54%
Staff benefits	46%	22%
Program philosophy	41%	24%
Director qualifications	34%	20%
Staff handbook	29%	15%
Related director training	29%	15%
Staff meetings	24%	15%
Program Administration Scale	24%	12%
Financial record system	24%	29%
Paid preparation time	20%	10%
Paid planning time	17%	17%
Individual supervision	15%	12%
Group supervision	12%	10%
Paid training time	10%	2%

Note: N = 41 QRIS

Other indicators of program management used by a few QRIS include conducting a program self-assessment and developing a plan for staff retention.

Health and Safety

♦ In 2016, 35 QRIS (85 percent) used indicators of health and safety for centers and 33 (80 percent) for FCC, as shown in Figure 3.

♦ Table 2 shows that the most commonly used indicators pertained to children's physical activity and nutrition and staff first aid certification.

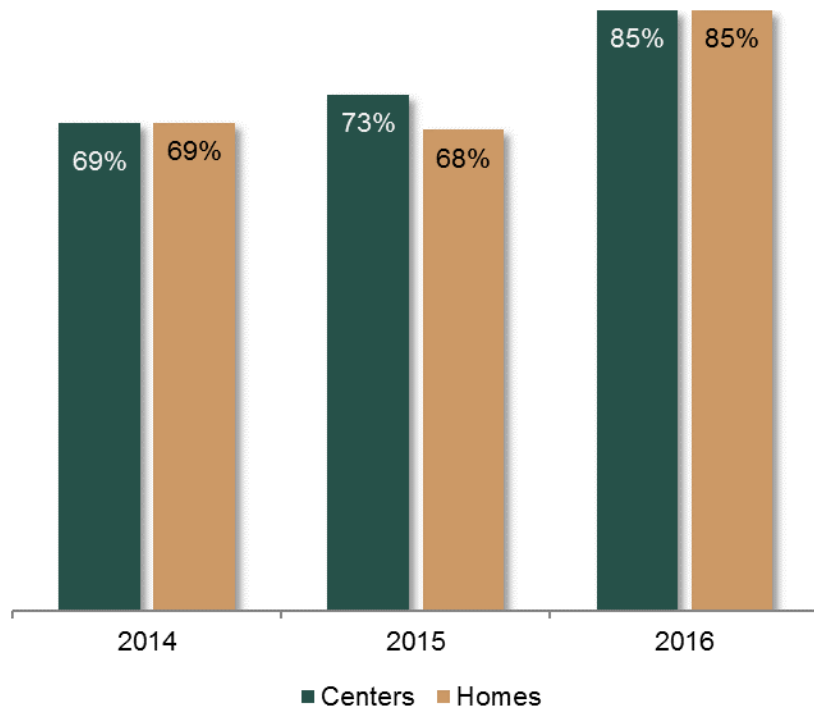**Figure 3: Percentage of QRIS With Health and Safety Indicators**

Table 2: Common Features of Health and Safety Indicators in QRIS

Indicators	Centers	FCC
Physical activity	44%	34%
Nutrition	41%	37%
First Aid certification	27%	24%
Health and safety checklist	22%	27%
Immunizations	20%	20%
Hygiene	20%	17%
Use of nurse consultants	17%	15%

Note: N = 41 QRIS

Curriculum and Assessment

Indicators related to curriculum and child assessment for both centers and FCC are included in most QRIS. The indicators assess a variety of features. Some indicators assess whether trainings associated with curriculum and instruction have been taken.

♦ More than two-thirds of QRIS include indicators assessing whether centers have a curriculum aligned with state early learning guidelines (28 QRIS; 68 percent).

♦ Approximately half (20 QRIS; 49 percent) include a similar indicator for FCC.

Other indicators associated with child assessment used by approximately half of systems include alignment of assessment tools with state early learning guidelines, use of assessment to guide individualization of instruction, and use of assessment to guide curriculum planning.

Ratio and Group Size

♦ Sixty-one percent of QRIS use of group size and staff-child ratios as indicators for centers.

♦ Use of group size and ratios for FCC is approximately 54 percent.

♦ Eleven QRIS (27 percent) based their ratio and group size indicators on standards from the National Association for the Education of Young Children (2017).

Continuous Quality Improvement

In 2016, most QRIS (34; 83 percent) are incorporating continuous quality improvement (CQI) into their systems in some way. The most common approach, for 25 QRIS (61 percent), is to incorporate CQI into the quality improvement process without formally awarding points or levels to programs for going through the process. However, 7 QRIS (17 percent) do award points or levels to programs for completing the CQI process.

QRIS Showcase: Delaware Stars for Early Success

The Delaware Stars for Early Success QRIS first became operational in 2008, undergoing a major revision that was completed in 2015. Under the current five-level hybrid system, four dimensions of standards are used to rate participating programs: family and community partnerships, qualifications and professional development, management and administration, and learning environment and curriculum. Two of these dimensions, qualification and professional development and learning environment and curriculum, include essential standards that programs must meet to progress to the next level, while the rest of the standards are awarded by points. The specific essential standards related to qualifications are education level and credential.

Programs going through the quality stars rating process often follow patterns to achieve the essential standards and discretionary points, although there is a lot of choice available for them to achieve higher levels of quality. One common pathway to achieve points is through the family and community dimension, which includes standards that most programs are able to meet at all levels of quality. Points earned in the management and administration category tend to follow a stepwise pattern, meaning that it becomes easier for programs to earn points in this category as they move up the levels of quality. The more recent inclusion of essential standards in the learning environment dimension has translated into more four-star programs meeting those standards whereas, in the past, they tended to choose other ways to achieve points in that dimension. For other programs, meeting the essential standards in both the learning environment and staff qualifications dimensions has presented a new challenge to retaining or moving up the levels of quality.

Research findings from the QRIS evaluation that ended in 2015 informed the development of the essential standards and helped distinguish between star levels in a consistent way. Those research findings helped the QRIS administrators understand which standards have the highest impact on quality, which in turn guided their decision-making about what standards should be designated as essential. A phase-in approach was used to introduce the essential standards over an 18-month timeframe: two were introduced at once, and then another two were added 6 to 12 months later. Staggering the introduction of these new required standards was an intentional strategy since QRIS administrators recognize that implementation of quality improvements is not a linear process, but a series of continuous improvements on the part of programs to work toward meeting best practices.

Moving forward, Delaware's QRIS will continue its approach to supporting quality improvement as a continuous process by helping programs maintain their star levels and tiered reimbursement rates, helping programs that serve children with high needs improve their quality, and tailoring support to FCC to address their unique challenges.

References

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