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**Strong Foundations For
Our Youngest Children**

Quality Rating and Improvement Systems:
Stakeholder Theories of Change and Models of Practice

Study Report, Expert Panel Reflections and Recommendations

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About BUILD

BUILD supports the people who set policies, provide services and advocate for children from birth to age five.

Taking a systems approach, BUILD partners with state leaders working in early learning, health/mental health/nutrition, and family support and engagement. BUILD provides guidance, leadership training and capacity building.

BUILD also acts as a network that convenes state and community leaders, online and in-person, to share best practices, resources and strategies, with a focus on integrating family and child-serving systems, advancing quality and racial equity. BUILD leverages 50-state learning to provide customized technical assistance that is designed to meet the unique needs of states and communities.

Why it Matters

With increasing evidence from brain science, we know that the first five years of a child's life set the foundation for all future growth and development. We also know that investments in early childhood enable increased health, school readiness, and ultimately, the ability to be a part of an educated workforce critical for our future prosperity. Creating effective early childhood systems in states and in communities is the only way to ensure the healthy growth and development of each and every child.

Addressing Racial Disparities

Today, race and place are predictive of children's healthy development and for success in school and life. To address these disparities, systems-building work at all levels can be neither "colorblind" nor passive. It must intentionally level the playing field in terms of power so that public action, allocation of resources, and oversight are shared responsibilities of a representative leadership. In BUILD's systems work, all actions are assessed to ensure impact is equitable for children and families of diverse racial, ethnic, cultural, and linguistic backgrounds and for families of diverse socio-economic status.

Work with BUILD

With a staff of seasoned experts including researchers and evaluators, BUILD provides customized and targeted technical assistance, financial support and professional development opportunities to early childhood leaders in the public sector and the private advocacy and foundation community.

For additional information, go to www.buildinitiative.org or contact Susan Hibbard, Executive Director, at info@buildinitiative.org.

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List of Key Acronyms and Terms

CCDF: Child Care and Development Fund

CDA: Child Development Associate credential (equal to 120 clock hours of education and 480 hours of experience providing care to young children)

CLASS: Classroom Assessment Scoring System

DLL: Dual Language Learner

ECE: Early care and education (includes child care, Head Start/Early Head Start, & pre-kindergarten)

EHS: Early Head Start

ERS: Environment Rating Scales

ELC: Race to the Top-Early Learning Challenge

FCCRS-R: Family Child Care Rating Scale—Revised

IDEA: Individuals with Disabilities Education Act

INQUIRE: Quality Initiatives Research and Evaluation Consortium

NAEYC: National Association for the Education of Young Children

OPRE: Office of Planning Research and Evaluation

Part B: Part B of IDEA—individual education plans for preschool and school age children with disabilities

Part C: Part C of IDEA—individual family service plans for infants and toddlers with developmental delays and/or disabilities, also known as early intervention

Pre-k: Pre-kindergarten

QRIS: Quality Rating and Improvement System

R&R: Resource and Referral agency

Executive Summary

In 2015, 49 states, the District of Columbia, and many U.S. territories are either planning, piloting or implementing Quality Rating and Improvement Systems (QRIS)—these are systems to assess, improve, and communicate about the quality of early education and care. In most states, the QRIS is administered by the state agency that oversees child care programs, although other agencies such as state education or governors' offices also design and administer QRIS, especially those developed most recently.

QRIS have existed for about two decades and in this short timeframe the systems have evolved. The initial focus was on improving the generally low quality of care in the late 1990s. The theory behind the first wave of these systems, in Colorado, North Carolina, Ohio, Oklahoma, and Pennsylvania, was that providing parents (child care consumers) and the public with a transparent and easily understood rating of child care quality would increase their capacity to make more informed choices, would increase demand for quality, and would give child care providers an incentive for improving quality. These early adopters (and many states now) focused on "raising the floor" of quality by building on child care licensing standards. They identified levels of quality based primarily on the providers' ability to achieve program standards within a cost-constrained financial environment. Key areas of focus included: teacher/child ratios and group sizes; improvements in health and safety; and improvement in staff qualifications and continuing education.

In 2009-10, the federal stimulus funds and the announcement of the Race to the Top-Early Learning Challenge (ELC) grant competition spurred on an already emerging second generation of QRIS development. Increasingly, QRIS were designed, first, with a cross-sector focus, i.e. to include Early Head Start, Head Start, Part B, Part C and pre-k, not just child care and second, with quality levels that required independent observation to determine the quality of the setting at the highest levels. The ELC QRIS validation requirement also amplified an emerging focus on the relationship between quality levels and improved program and child outcomes.

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Part I of this paper is a research study to clarify the different state QRIS models—what they look like, how the states describe their purposes, how they differ in inputs, activities, outputs and outcomes. In order to highlight the variety and reality of QRIS work in the states, several composite QRIS models were identified based on extensive interviews with key informants in 13 states and localities and analysis of quantitative and qualitative data. Stakeholders described their idealized theory of change, referred to as the Comprehensive Theory of Change. In addition, three practice models for QRIS were identified—*Improving Child Outcomes Across Sectors, Supporting Child and Family Services*, and *Raising the Floor for Child Care*. These practice models represent the current reality regarding inputs and outputs, as well as the desired outcomes and longer-term impacts that stakeholders report as most likely to come to pass. The *Improving Child Outcomes Across Sectors* practice model, Figure 1, stands in contrast to the other models articulated by state stakeholders. This is the most prevalent model in most Early Learning Challenge (ELC) states. Figure 1 illustrates the *Improving Child Outcomes Across Sectors* practice model that emerged. This example
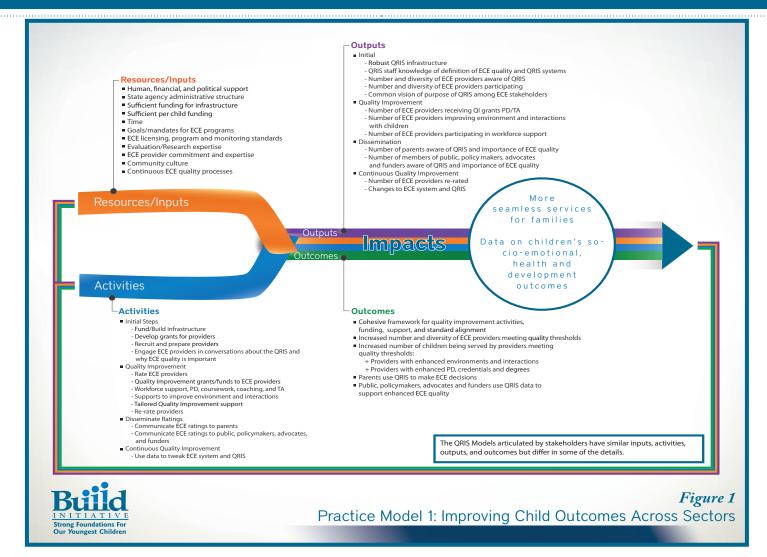
Resources/Inputs
- Human, financial, and political support
- State agency administrative structure
- Sufficient funding for infrastructure
- Sufficient per child funding
- Time
- Goals/mandates for ECE programs
- ECE licensing, program and monitoring standards
- Evaluation/Research expertise
- ECE provider commitment and expertise
- Community culture
- Continuous ECE quality processes

Outputs
- Initial
  - Robust QRIS infrastructure
  - QRIS staff knowledge of definition of ECE quality and QRIS systems
  - Number and diversity of ECE providers aware of QRIS
  - Number and diversity of ECE providers participating
  - Common vision of purpose of QRIS among ECE stakeholders
- Quality Improvement
  - Number of ECE providers receiving QI grants PD/TA
  - Number of ECE providers improving environment and interactions with children
  - Number of ECE providers participating in workforce support
- Dissemination
  - Number of parents aware of QRIS and importance of ECE quality
  - Number of members of public, policy makers, advocates and funders aware of QRIS and importance of ECE quality
- Continuous Quality Improvement
  - Number of ECE providers re-rated
  - Changes to ECE system and QRIS

Activities
- Initial Steps
  - Fund/Build infrastructure
  - Develop grants for providers
  - Recruit and prepare providers
  - Engage ECE providers in conversations about the QRIS and why ECE quality is important
- Quality Improvement
  - Rate ECE providers
  - Quality Improvement grants/funds to ECE providers
  - Workforce support, PD, coursework, coaching, and TA
  - Supports to improve environment and interactions
  - Tailored Quality Improvement support
  - Re-rate providers
- Disseminate Ratings
  - Communicate ECE ratings to parents
  - Communicate ECE ratings to public, policymakers, advocates, and funders
- Continuous Quality Improvement
  - Use data to tweak ECE system and QRIS

Outcomes
- Cohesive framework for quality improvement activities, funding, support, and standard alignment
- Increased number and diversity of ECE providers meeting quality thresholds
- Increased number of children being served by providers meeting quality thresholds:
  + Providers with enhanced environments and interactions
  + Providers with enhanced PD, credentials and degrees
- Parents use QRIS to make ECE decisions
- Public, policymakers, advocates and funders use QRIS data to support enhanced ECE quality

Impacts

More seamless services for families

Data on children's socio-emotional, health and development outcomes

The QRIS Models articulated by stakeholders have similar inputs, activities, outputs, and outcomes but differ in some of the details.

Figure 1
Practice Model 1: Improving Child Outcomes Across Sectors

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focuses on improving child outcomes—a very different goal post than that of the earliest QRIS. This stands in contrast to earlier QRIS models designed to improve structural indicators of quality and create a demand for increased quality. The research team found that across models, most states are not yet currently funded at levels to achieve desired outcomes.

In contrast, a *Raising the Floor for Child Care* approach had lower funding and standards and the goal was to incrementally improve child care quality. The components of each model are described in detail in the paper.

Part II of this paper provides insights and reflections from a BUILD Think Tank—*QRIS 3.0*—where nearly two dozen national, state and local leaders, providers and researchers came together to hear the results of the research and to discuss critical questions and next steps in QRIS development.

Part III provides eight recommendations for next step activities:

1. **Create streamlined, research-based QRIS models.** QRIS designers and implementers would be supported by having QRIS models that provide realistic theories of change with sufficient detail to aid stakeholders in debating and adapting these models.

2. **Focus on financing as a key aspect of QRIS, including per child funding as well as funds for infrastructure.** Sufficient per child funding is needed for providers to address structural variables of quality including child/staff ratios as well as health and safety aspects of program quality.

3. **Devise and use a developmental approach to QRIS evaluation.** Future evaluations of QRIS should employ a developmental evaluation lens with a strong formative evaluation component that can support and leverage the evolving, complex and innovative nature of QRIS, such as a system moving from *Raising the Floor for Child Care* to an *Improving Child Outcomes Across Sectors* approach.

4. **Empower providers by making Continuous Quality Improvement a core component of QRIS.** Shifting the culture to one in which providers "own the change" rather than check items off a list is critical.

5. **Raise the bar on workforce supports and compensation as an integral part of QRIS.** Research has shown that significant predictors of quality are teacher education and wages.

6. **Use QRIS to unify the sectors of early education and care including child care centers and home-based programs, pre-k and Head Start.** Driven by the ELC, this concept is critical to meeting child and family needs, including respect for family values and choices and continuity for children.

7. **Promote QRIS design, funding and implementation strategies that address all children through an equity lens.** QRIS leaders are encouraged to be clear about what it means to design and implement a system that is equitable for all children.

8. **Improve communications about state efforts to improve quality through QRIS.** A compelling, understandable and accurate message is needed to communicate and partner with public and private policy leaders and decision-makers.

Changes in the context surrounding state systems development (e.g., the overall improvement in the quality of child care, the increased focus on school readiness, and the federal funds available for infrastructure development) have transformed QRIS, which now seeks, by and large, a much broader range of desired impacts than did early QRIS. Only by understanding the logical links and the real resource inputs in a QRIS can we hope to understand the likelihood of achieving specific outcomes—whether increased child safety, ECE systems alignment and reform, or improved readiness for kindergarten. We need to extend this analysis to include the actual cost and necessary conditions for achieving various QRIS models' desired outputs, outcomes and overall goals.

> " Changes in the context... transformed QRIS, which now seeks, by and large, a much broader range of desired impacts than did early QRIS.

Introduction

In 2015, 49 states, the District of Columbia, and many U.S. territories were either planning, piloting or implementing Quality Rating and Improvement Systems (QRIS) (QRIS National Learning Network, 2015). QRIS refers to the systems of assessing, improving and communicating early care and education quality. In most states, the QRIS is administered by the state agency that oversees the program that provides child care funding assistance, although other agencies such as state education agencies or governors' offices also design and administer QRIS— especially those developed in more recent years.

QRIS have been in existence for about two decades and in this short period of time the systems have evolved. Though QRIS, in general, have common elements, there are many variations reflecting state or local context (Connors & Morris, 2015). The initial focus was on improving "the generally low quality of care," starting with child care efforts in late 1990s (Zellman & Perlman, 2008). A theory behind the first wave of these systems, including Oklahoma, Colorado, North Carolina, Pennsylvania, and Ohio (that continues for some systems), was that providing parents and the public with a transparent and easily understood rating of child care quality would increase their capacity to make more informed choices and would give child care providers an incentive for engaging in quality improvement activities. For the most part, these systems built on child care licensing standards. They identified

levels of quality based primarily on the providers' ability to achieve program standards within a cost-constrained financial environment.

These initial efforts accepted as a fact that the overall level of public and private financing for child care was low and associated quality was low, and their ambitions were to improve within that context (Buettner & Andrews, 2009). This led to consideration of standards in key areas such as ratios and group sizes; improvements in health and safety beyond the licensing floor; and improvements in staff qualifications and continuing education. Use of Environment Rating Scales (ERS) was a common way to determine the appropriateness of the learning environment for children (Tout, Zaslow, Halle, & Forry, 2009). These early QRIS efforts identified various levels of quality and set forward an achievable pathway for providers to use to move forward. The ratings provided information to the public and other early childhood providers to quickly identify child care providers who were offering higher levels of quality. Later on, the ratings were also thought to provide an indicator of quality that other early childhood sectors—such as Head Start, Early Intervention, and public pre-k—could use to assess and accept potential child care partners. Some, but not all, initial efforts included additional funding for providers to engage and make progress in quality improvement, as well as funding for the state to have an infrastructure to help market these efforts to providers, to support provider participation, and to collect and use data to assess progress and make overall improvements in this approach to quality (Goffin & Barnett, 2015).

In 2009, the federal government provided stimulus funds, which allowed states to support the "second generation

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QRIS" that many states had already begun to design and implement (Satkowski, 2009). According to the New America Foundation, these second generation QRIS were designed to include early care and education providers beyond child care, more specifically pre-k and Head Start. In 2010, the Race to the Top-Early Learning Challenge (ELC) grant competition provided an incentive for states to establish or further develop QRIS and framed QRIS as applicable across all types of early learning and development programs (e.g., child care, Head Start, pre-k, Part B, and Part C). The ELC required states to conduct validation studies of their QRIS that would identify the relationship between quality levels and improved child outcomes. As a result, many new or revised QRIS now encourage a more diverse array of providers to participate and support providers to document child outcomes, with some including it as components of their system (Tout et al., 2010). Many QRIS use a range of different instruments to collect data for formative purposes as well as a range of measures to assess the quality of ECE care and child outcomes (QRIS Compendium, 2014).

This brief history makes it clear that the term QRIS is now employed to refer to a range of systems that were developed over time. Different purposes have informed the development and evolution of QRIS. Researchers and policymakers note that the term QRIS refers to different types of systems that fund a range of activities designed to achieve differing desired outcomes (Zaslow & Tout, 2014). A recent report by Zaslow & Tout (2014) articulates a framework based on a review of the research that is intended to clarify the links between QRIS-funded activities and desired outcomes. The BUILD Initiative subsequently commissioned this research study with the purpose of clarifying different states' QRIS and the "theories of change" that undergird the design and implementation of these systems (whether the theory was explicit or not). BUILD hopes that the study and its recommendations will help those who are involved in QRIS to step back from the systems we have been creating for quality improvement and allow us to think, act, and fund with greater intentionality. State QRIS work has proceeded in fits and starts, using diverse funding and policy opportunities and responding to assorted political pressures. An examination seemed an important step to clarifying what states are doing in terms of resources, inputs and activities, in order to achieve stated goals and to iden-

tify which goals are reasonably and logically linked to the inputs and which, as yet, are not.

This BUILD work has also been informed by the QRIS Conceptual Framework Project sponsored by INQUIRE and the Office of Planning, Research and Evaluation, described in the box.

Objectives, Scope and Methodology

The ELC grant competition, state quality initiatives, and emerging science about the links between early childhood experiences and longer-term child outcomes have prompted interest in how QRIS can be used to improve desired outcomes. Funding, however, continues to be limited. Thus, QRIS are being asked to show high impact with limited funding. QRIS leaders must determine the active and effective ingredients of their systems as well as the theories and logic behind these systems. Between late March 2015 and June 2015, the study's authors (BUILD staff and consultants) designed and conducted the study to document the different theories of change and practice models among states and localities that are designing and implementing QRIS with the goal of developing a series of composite "theories of change and practice models" that state and

localities are employing in the design and implementation of QRIS.

To achieve this purpose, this study was designed to achieve the following objectives:

1. Review existing research articles and reports on the design and implementation of QRIS;
2. Analyze publicly available data from and about a sample of states and localities that have designed and implemented QRIS;
3. Conduct telephone interviews with a sample of key informants from a sample of 13 states and localities;
4. Analyze the quantitative and qualitative data;
5. Develop composite theories of change and practice models from an inductive analysis of the data presented by the stakeholders and the accompanying data about the state and local QRIS; and
6. Compile reflections and recommendations from a panel of national, state, local, and provider-level experts regarding the research findings.

To accomplish these objectives, BUILD commissioned two researchers (the lead authors of this paper) to conduct the research. In addition, BUILD hired a consultant (one of the co-authors) to work with BUILD staff (the final co-author) to engage experts in reflections regarding the implications of the research findings. The researchers developed a research methodology designed to address objectives 1-5. The consultant and BUILD staff member identified members of the expert panel who have in depth knowledge of QRIS system design and implementation with specific expertise in research, policy, and practice to review the research findings and reflect on their implications for the field.

Table 1. Data Collection Activities	
Activity	**Description**
Scan of QRIS	Research team analyzed data from Child Care Aware on state licensing standards regarding group sizes and ratios, the QRIS Compendium, state websites, and documents to identify QRIS to be included.
State and Local Stakeholder Interviews	Research team interviewed 52 key informants responsible for design and implementation of state and local Quality Rating and Improvement Systems representing 13 states/localities.
Document Review	Research team reviewed the QRIS Compendium, state and local QRIS websites, reviews of state agency documentation and training materials.
Stakeholder Panel Review, Analysis and Reflections	Consultant identified stakeholders with expertise in research, policy, and practice working at the national state, local, and provider levels across child care, Head Start and pre-k. The stakeholder panel reviewed the research findings and provided reflections and recommendations.

The data collection methods are presented in Table 1 and discussed below.

The research team began by performing a scan of 16 state and local QRIS that represented a potential range of approaches. The researchers reviewed the *QRIS Compendium*, child care licensing standards, state websites, and publicly available reports and articles. Data were coded and entered into an Excel spreadsheet. The lead researchers analyzed the data to inform the selection of a range of states and localities for more intensive data collection and analysis.

A total of 13 QRIS were selected with several criteria in mind including maturity (or newness) of the QRIS, existing child care licensing standards, unique approach (e.g., child outcomes-driven, health focused), equity (e.g., focus on disenfranchised subgroups or particular communities), region, population, and receipt of ELC grant funds. The researchers obtained documents from stakeholders in states, including existing logic models or documents regarding states' theories of change, documents regarding QRIS design and implementation, and publicly available materials. The researchers conducted interviews that consisted of one or two 45- to 90-minute interviews with key informants from the state/locality most familiar with the design and implementation of the QRIS, including QRIS steering committee members when possible. The number of stakeholders participating in the interviews varied. In a few states, a single perspective was provided by the individual who had spearheaded the development of the QRIS, had data from a range of state and local agency perspectives, and had knowledge of the ongoing implementation of the QRIS. In other states and localities, multiple individuals (up to 9 in total) participated in the interviews. The interviews were conducted using a semi-structured interview protocol that included questions about the inputs, activities, outputs, outcomes and goals of the QRIS. See Appendix B for interview protocols.

The study has strengths as well as limitations. First, the study was designed to reflect stakeholders' perspectives regarding their vision of QRIS and the mechanism underlying their current QRIS to meet their stated goals. The researchers sought to interview those most familiar with the theory or logic underlying the QRIS, but it is possible that the individuals did not articulate key aspects of the system during the interview even if the theory/logic had been in place during the design or implementation of the system. Secondly, the researchers analyzed the data to present a picture of the current QRIS theories/logic using a qualitative, inductive (rather than a deductive) approach. In other words, the researchers did not set out to test hypotheses and assumptions articulated by others, but instead aimed to present a picture based on stakeholder perspectives. Finally, the sample selection was designed to capture a range of systems and theories that exist. A larger sample size could yield additional types of QRIS and theories that undergirded their development.

Findings

The report begins with an aggregate theory of change that was articulated by stakeholders regarding a vision for a comprehensive QRIS. That is, based on thematic analyses of all the theories/logic gathered from states/localities about an ideal QRIS, a summative theory was developed. A "theory of change" articulates the logical links between inputs, outputs, desired outcomes, and longer-term impacts. In this section, a vision for a comprehensive QRIS is presented in terms of the resources (such as funding and political) allocated and accounted for related to both design and implementation, the activities undertaken, the outputs and outcomes, and the range of goals based a vision of a fully developed, robust QRIS. The vision of a comprehensive QRIS that is presented is based on the hopes of the interviewees and does not reflect the current reality as the systems are still under revision/refinement, development and implementation.

Use of the Terms Theory of Change and Practice Model

In this paper, we define theory of change and practice model as follows:

A "theory of change" articulates the logical links between inputs, outputs, desired outcomes, and longer-term impacts. In this paper, theory of change is based on the vision of those interviewed.

A "practice model" represents the current reality regarding inputs and outputs as well as the desired outcomes and longer-term impacts that stakeholders reported are most likely. In this paper, the practice models are based on the information gathered from those interviewed.

Next, the report presents three composite models of practice developed from an analysis of interviews and qualitative

data from the selected states and localities. These models of practice are based on the reality of those currently designing and implementing QRIS. A practice model represents a point of view that reflects the QRIS' current stage of development or functionality. Three composite practice models are presented:

1. Practice Model 1: *Improving Child Outcomes Across Sectors*
2. Practice Model 2: *Supporting Child and Family Services*
3. Practice Model 3: *Raising the Floor for Child Care*

The actual practice models are more interconnected and non-linear than the composites that are discussed in this paper.

The underlying QRIS that make up the composites largely continue to be developed in a manner similar to that employed nearly a decade ago: "Many of the existing systems are based on consensual ideas about what components of quality matter most" (Zellman & Perlman, 2008). While states and localities are using research and evaluation findings to inform the QRIS design and implementation, typically great weight is given to the consensus definition of quality by the stakeholders involved in the design and implementation work. This is not surprising given that limited research exists on causal links between specific aspects of ECE quality and actual child outcomes.[1] And, financing the QRIS remains challenging, with potentially significant gaps between standards (expectations), necessary infrastructure to support change, and necessary financial investments in the direct early childhood services that providers are offering.

As a result, the allocation of resources, activities undertaken, desired outputs, and outcomes are not always consistently and logically linked. For the most part, the systems represent a consensus process that reflects the funding and political realities and constraints. Nonetheless, themes emerged among the states and localities that demonstrate the range of resources that are currently allocated, activities that are underway, pathways that are being taken and articulated goals. Each section begins with a description of the goals, presents the graphic and accompanying narrative and then presents reflections of stakeholders based on the current status of QRIS development.

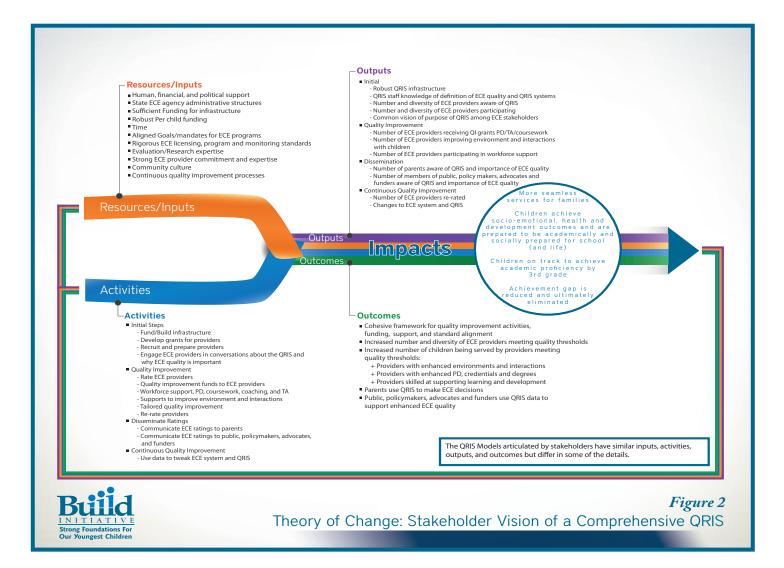[1] Although robust, comprehensive models of high-quality ECE such as the Perry Preschool Model, the Abecedarian, and the Chicago-Parent Center Preschool Model have been show to lead to child outcomes, limited research exists on which aspects of these programs (such as the curriculum, the level of teacher education and ongoing professional development, etc.) lead to causal improvements in child outcomes.

Stakeholder Vision of a Comprehensive QRIS Theory of Change

Stakeholders consistently reported that a vision of a comprehensive QRIS is one that is created across all early care and education sectors (i.e. child care, Head Start/Early Head Start, pre-k) with the goals of: a) providing high quality, more seamless (continuous and unified ECE system from the viewpoint of the family and child) services for children and families, b) ensuring children achieve socio-emotional and physical health and development outcomes and are socially and academically prepared for school, c) children being on track to achieve academic proficiency by third grade, thereby reducing and ultimately preventing the achievement gap. In this vision, the QRIS will function to provide a unifying standard of quality

across a broad range of ECE programs and settings such as child care, Head Start/Early Head Start, pre-k, home visiting, and early intervention. It would be used to identify the necessary resources and supports for programs to achieve and maintain quality.[2]

Figure 2 presents the Stakeholder Vision of a Comprehensive QRIS theory of change that was articulated by the stakeholders. A discussion of the comprehensive QRIS vision and its inputs, activities, outputs, outcomes and impacts follows.

[2] Programs designed to provide infants and toddlers with Part C and preschoolers with Part B services are an important part of the ECE system. While some explicitly mentioned these services during the interviews, no documentation was provided that explicitly noted how these services were part of the comprehensive vision of the QRIS.

Figure 2
Theory of Change: Stakeholder Vision of a Comprehensive QRIS

Inputs

The vision for a comprehensive QRIS articulated by state and local stakeholders is that the QRIS is designed with human, financial and political support for both building the existing infrastructure and funding ongoing quality improvement activities. State agency administrative structures and existing infrastructure supports a cross-systems approach, i.e. across child care, pre-kindergarten, and Head Start/ Early Head Start. Leaders and ECE staff responsible for the design and implementation of the QRIS have the time to devote to the effort and are well focused. In theory, stakeholders have worked on preliminary iterations of the system prior to activation of the official QRIS.

In theory, legislation supports the goals of the comprehensive QRIS and, together with policy and regulations, address differences among child care, Head Start and pre-k providers, which ultimately support a seamless system. For example, in theory, there are processes in place to address differences in—and to unify and align— child care, Head Start and pre-k eligibility standards, monitoring standards, and systems of support. These processes are designed to build on the strengths of each ECE funding stream and to create coherent services at the point of service delivery. The vision of this comprehensive QRIS is that it will be designed to bring coherence across all ECE standards and requirements within and across programs.

The vision of the comprehensive QRIS has ample funding to support all aspects of financing. This includes the development of the infrastructure and ample per child funding for early care and education across settings. Stakeholders reported that ample per child funding is essential for quality improvement initiatives to build on a strong foundation.

> ...QRIS is designed with human, financial and political support for both building the existing infrastructure and funding ongoing quality improvement activities.

Stakeholders reported that a comprehensive QRIS must be built on a strong licensing system in which group sizes and ratios are consistent or near the National Association for the Education of Young Children's (NAEYC) recommendations or the Head Start standards. Research has demonstrated that children being cared for in settings with large group sizes and high ratios of children to adults are at increased risk of health and safety problems, demonstrating increased levels of diseases and injuries. Moreover, children being cared for in settings with smaller group sizes and with more adults demonstrate higher levels of engagement with adults, greater verbal skills, enhanced socio-emotional skills, and other indicators of school readiness (Fiene, 2002). Thus, enhancing ratios and groups sizes is a necessary requirement for ECE providers to be in a position to support young children's school readiness.

The comprehensive QRIS is also designed, in theory, based on the latest research on the relationship between structural indicators of quality, process quality (such as teachers interactions with children, valid and reliable curriculum aligned with formative assessments), and child outcomes and incorporates the experience and expertise of providers. For example, multiple stakeholders reported that they had articulated a vision in which the quality thresholds were based on research showing the correlations between teacher degrees and child outcomes. In addition, thresholds in these QRIS are based on research showing correlations between scores on standard observation measures and child outcomes. Theoretically, the comprehensive QRIS incorporates a body of research and evaluation evidence in the determination of standards as well as thresholds of quality that together ensure that across programs, how quality is conceptualized, defined, and implemented will impact children's healthy development and learning.

The stakeholder vision of a comprehensive QRIS incorporates the culture and voice of providers. This accounts for the fact that some aspects of high-quality ECE have yet to be studied empirically. Therefore, evidence-informed expertise from providers and system administrators is important, especially related to topics that have not yet been studied. The perspective of providers is valued.

Moreover, the vision of the comprehensive QRIS takes into account culture and geographic variation and embraces the needs of children with special needs, Dual Language

Learners (DLLs), diverse communities, faith-based providers, providers working in rural areas or urban centers, multi-site providers, as well as state or regional priorities.

In theory, a comprehensive QRIS is built with ample financial resources to develop a pilot phase; to develop and use technology and systems to ensure processes are efficient and effective; and to support ongoing communications and training of all QRIS stakeholders, including staff, implementing partners and providers. Those who are engaged in supporting the QRIS reflect the key ECE stakeholders in the state. For example, in states with resource and referral (R&R) associations that have a strong role in engaging parents and providing professional development (PD) and teacher supports, the R&Rs are engaged as intermediaries working with early care and education providers. Some stakeholders noted the importance of using R&Rs to ensure QRIS standards are integrated into all systems of care. In contrast, in states with local licensing offices, the licensors are engaged to support the implementation of the QRIS and in states with large pre-k programs, it is important to include school district and school-based perspectives.

Again, in theory, funds and resources are allocated across ECE sectors and time is spent by state staff and partners to ensure a common language is developed and a cross-walk of terms, standards, accountability, and systems is developed and used to ensure providers working across child care, pre-k, and Head Start have a similar understanding of QRIS issues, and eventually a collective impact. Similarly, time and resources are spent to address differences in eligibility, monitoring, and supports across provider types and to develop different pathways for providers working in different settings to attain credentials and degrees. Finally, time and resources are allocated to develop and implement systems of support across provider types and to communicate single system to providers, families, and funders.

The vision of the comprehensive QRIS is that once it is built, adequate and continued resources will be allocated on a regular basis to ensure data are used as part of a continuous quality improvement process. Theoretically, resources will be targeted to activities that have been evaluated and have been shown to be effective. Moreover, data will be used to determine the adjustments that are needed to the system and resources are allocated to make needed adjustments.

Activities

In theory, prior to implementation, stakeholders charged with oversight of QRIS begin by reviewing the research, with particular focus on evidence-based active ingredients (e.g., child-staff ratio, teacher-child interactions) and implementation processes (e.g., classroom vs. program level, intensity, duration, para professional vs. professions). During this literature review, the stakeholders can determine definition and operationalization of active ingredients, and common areas of agreement in literature and field of practice (e.g., teacher-child interactions), as well as gaps in the literature (e.g., coaching models). This review of the research can provide the impetus for implantation as well as serve as benchmarks in developing and revising the system.

Then an important step in the implementation of the comprehensive QRIS is to design a system based on the definition of quality, broadly speaking, and that considers definitions of quality that currently exist—and vary—across providers working in different contexts as well as similar settings. This vision is that the definition is based on a cross-walk analysis of the variables of quality that exist across settings and represents a cohesive definition of quality that can be employed across settings and is aligned with the state's early learning guidelines, as well as previous literature review. The definition of quality is then embedded within conversations at the state agency level and is used in all of the QRIS implementation and ongoing quality improvement activities. Ideally, the QRIS is designed for all types of ECE providers (i.e. family child care, regulation-exempt, faith based, non-profit, for-profit, center-based, pre-k, Head Start, etc.) who serve children from birth through those served in before and after-school elementary programs.

In theory, activities are adequately funded—both in terms of the infrastructure to support quality and the direct resources at the program level to assure that quality can be achieved and maintained—to ensure a cohesive framework that will ultimately offer ECE services that are more seamless for families and children to be on track to achieve proficiency by third grade thereby reducing and ultimately preventing the achievement gap.

Once the system is designed, the QRIS infrastructure (e.g., funding, governance, administrators, data systems, communication framework) is built. Theoretically, those developing the QRIS take into account previous efforts that have been piloted, research and evaluation reports regarding existing early care and education services in the state or community, an assessment of the strengths and weaknesses of the existing systems, and similarities and differences in ECE services at the state, regional and local levels. Moreover, in theory, the pilot is designed to provide data regarding whether the standards are appropriately calibrated to accomplish the goals. The vision of implementation is that those responsible for designing and implementing the QRIS develop and engage in processes across state agencies (both formally and informally) to: a) ensure consistency in interpretation of ECE regulations, b) advance policies and regulations as needed to support coherence and consistency across ECE programs, c) determine the sharing of data, d) articulate the accountability and continuous quality improvement system, e) leverage the existing assets within the state and community, and f) work in active partnership with providers and implementing partners.

> ...steps are taken to recruit and prepare providers to be part of the system.

In theory, existing research and evaluation regarding QRIS activities as well as the expertise of the ECE stakeholders and an understanding of state and community contexts are used to conceptualize the QRIS quality levels and associated benchmarks. Depending on the contextual variables, the QRIS is designed to focus on particular communities and localities to address inequities, which contribute to the existing achievement gap.

Once the comprehensive QRIS is conceptualized, the website and materials are developed and deemed appropriate based on the language and culture of intermediaries (i.e. partners who are assisting with the implementation of the effort) and the providers' education and language proficiency. In theory, the next step is the design and implementation of training for data collectors. In theory, these data collectors receive ongoing coaching to ensure the scoring system is reliable. Next, systems for data entry, analysis and reporting are designed and implemented. In theory, the systems are pilot tested and are designed based on an assessment of existing technology and infrastructure in the state.

Next, steps are taken to recruit and prepare providers to be part of the system. In theory, these activities include connecting with providers that were not previously engaged in the development of the QRIS, and may require a specific strategic process for those who are in unregulated/informal care. This could entail conversations about the QRIS, the benefit of being part of QRIS for providers, children, families, and communities, why quality is important, and how to become ready to be part of the system by helping providers complete forms and use online portals. Stakeholders reported that their vision of the comprehensive QRIS accounts for how ECE providers are currently engaging with state or local administrative agencies. For example, in states with strong child care licensing offices that regularly engage with ECE providers across child care, Head Start and pre-k, these licensing offices are engaged as part of the recruitment. In states with strong R&Rs, these offices are engaged, and in communities with strong existing ECE community networks, these networks are engaged in the recruitment. When economically possible, incentives, such as capital improvement grants and career coaches are given to particular providers who are not part of the licensed network of providers (e.g., rural family child care homes, unlicensed programs serving primarily subsidy-receiving

children). Stakeholders reported that their vision is to build on the strengths of each of the state and local agencies to maximize contact and create efficient mechanisms for recruitment and ongoing quality improvement activities.

The vision of the comprehensive QRIS is that the state (and communities) will support initial and ongoing quality improvement activities. In theory, funding is provided through program-level financial awards and/or enhanced child care assistance payments, as well as supports to enhance the physical space, the learning environment, and the workforce. The purpose of the funding is to both enhance the learning environment and to address deficiencies in existing space. For example, funds can be used to enhance the playground or outdoor space, support the purchasing of books, supplies, and early learning materials as well as to improve staff compensation, particularly for those with strong ECE competencies and degrees. The vision of the comprehensive QRIS is that, ultimately, the QRIS framework will be used to braid and blend funding streams so that local ECE providers can themselves receive resources on a seamless basis and offer seamless services to the children and families that they serve.

In addition, the vision of the comprehensive QRIS is that it will offer workforce supports through coaching, technical assistance, college coursework, improved compensation, and specific professional development programs. In theory, the state has devoted time to creating articulation agreements among institutions of higher education so a clear pathway is available to ECE professionals seeking credentials and degrees, especially for providers who may have barriers to entry due to language. In addition, coaching and tailored support are offered to providers to give feedback regarding implementation of developmentally appropriate, cognitively, and socio-emotionally supportive curriculum that is aligned with the state's early learning guidelines. State and local stakeholders reported that these activities are offered with the aim of reducing ECE staff turnover, improving the overall environment, and enhancing the quality of the ECE enhancing provider interactions with children and families. Theoretically, other quality initiatives are undertaken to increase the number of children being served by providers meeting quality thresholds. The state offers specific technical assistance, professional development, coursework and supports to ensure Dual Language Learning families' needs are addressed; provides targeted activities to address the needs of rural or urban providers and the children that they serve; and tailors professional development and training to address the cultural and linguistic needs of populations, as well as the needs associated with living in poverty. In theory, the state also provides specific supports to providers

working in communities with families living in poverty or with unsteady incomes.

The vision of the comprehensive QRIS is that rating data are collected and used initially to tailor quality improvements with regard to all aspects of quality, ranging from curriculum implementation, to support of socio-emotional and health outcomes, to family engagement. In theory, ECE providers are engaged in a reflective process of determining how best to adapt practice based on analysis of data. A phase-in period is built into the early implementation of the QRIS so that sufficient numbers of ECE providers are engaged in the process of engaging in quality improvement and rating, and are prepared for public posting of ratings.

In theory, once ECE providers are rated and receive tailored supports, data are entered into an online system and reports are available to parents to inform decision-making. Stakeholders reported that in their vision of a comprehensive QRIS, the reporting system is tailored to meet the needs of those who will be accessing and using the data. The system develops reports that account for the range in which parents are engaged in the process from providing data for simple decisions to ensure their children are cared for in settings that meet quality thresholds. In addition, reports are readily available for policymakers, funders, advocates and the public and information is communicated in ways that are meaningful to parents and the other key audiences. The reports are used to inform needed changes in areas such as licensing standards, resource allocation for quality improvements, infrastructure, etc.

Ideally, the comprehensive QRIS is designed and conceptualized as a process that ensures ongoing quality improvement activities. Data are used to tailor additional supports to ECE providers and are used to inform changes that are needed for the system.

Outputs

Stakeholders reported that their vision of a comprehensive QRIS articulates a set of desired output benchmarks for initial design and early implementation, quality improvement, dissemination of the ratings, and continuous quality improvement activities. In theory, initial output benchmarks associated with the development and maintenance of the QRIS infrastructure are: knowledge of QRIS staff and partners who are supporting the implementation of the QRIS regarding definition of quality and aspects of the system, number and diversity of providers aware of QRIS, number and diversity of providers participating in initial rating, and a consistent vision of purpose of QRIS among providers and stakeholders.

Initial quality improvement benchmarks in the comprehensive QRIS include the number of ECE providers receiving initial quality improvement funds to support their participation in the QRIS, initial technical assistance, number of providers improving the physical environment, and number of providers participating in workforce supports including professional development, coursework, coaching and TA.

In the comprehensive QRIS, rating dissemination benchmarks are articulated and include the number of parents aware of QRIS as well as the number of members of public, policymakers, advocates and funders who are aware of QRIS and use the data to inform decision-making.

A final set of output benchmarks are designed to track the degree to which the QRIS is used as a continuous quality improvement system across ECE programs. In theory, output benchmarks include the number of ECE providers who receive more than one rating. The desire is that the re-rating benchmark reflects the fact that ECE providers engaged in quality improvement activities who are re-rated receive a higher rating. In addition, an output benchmark is included that captures changes to the QRIS that are made based on the use of data. Such changes include modifications to the technology or website, adaptions to the technical assistance to better address the needs of the providers and families, changes to monitoring and accountability policies, and other changes to the system that are made based on data to ensure the QRIS system best supports continuous quality improvement activities across ECE sectors and agencies.

Outcomes

The vision of a comprehensive QRIS is that each of the articulated activities and outcome benchmarks logically lead to desired outcomes. In theory, outcomes of the activities to build the infrastructure include an overall framework that is used across ECE systems and providers for quality improvement activities, funding and supports. For example, ideally, states will ultimately use the framework to align supports for ECE professionals, such as scholarships, with the QRIS thresholds. Alternatively, the framework can be used by states seeking federal or foundation funding as a framework for ensuring all initiatives are cohesive and reflect a systemic approach to supporting quality.

Outcomes associated with the initial and ongoing quality improvement activities include increases in the number and diversity of providers meeting quality thresholds as well as increases in the number of children being served by these providers. In theory, the system has articulated benchmarks that reflect the key components of quality: enhanced environment, providers who have attained enhanced PD and credentials, and interactions with ECE providers that support children's development. The vision of a comprehensive QRIS is that each of these broad categories of outcomes includes associated indicators. For example, possible outcome indicators related to enhanced environment might include changes in ERS scores. Example outcome indicators related to enhanced PD and credentials might include increases in numbers of providers with child development associates (CDA) credentials, associate's degrees, and bachelor's degrees. Alternatively, indicators might include increased retention of high quality of providers or staff, and even reduction of low-quality providers. Example outcome indicators associated with interactions with children might include increases in the Classroom Assessment Scoring System (CLASS).

Ideally outcomes are also articulated related to the use of data to inform decisions. Parents ideally use the QRIS to make decisions about the ECE providers they choose. Moreover, the public, policymakers, advocates and funders use QRIS data to support enhanced quality improvement, support equity of access to high-quality programs, and ensure a diverse and competent workforce.

Impacts

Stakeholders reported that, in theory, the comprehensive QRIS will ultimately result in impacts at the systems level, family level, and child level. In theory, the outcomes will ultimately lead to more seamless ECE services for children and families at the point of service delivery, enhanced child outcomes at school entry and by third grade, and engaged stakeholder support. As a continuous quality improvement model, in theory, the data will be used on an ongoing basis to adjust the ECE system so that ongoing quality enhancements address shifting needs. Yet, given the nascent nature of these systems, these impacts have not yet been achieved.

Reflections and Considerations

The stakeholder vision of a comprehensive QRIS theory of change expresses a view based on stakeholders' hope for the future. This vision articulates many elements in the ELC funding opportunity in terms of articulating a cross-sector approach, a set of robust activities that lead to improved short- and longer-term outcomes, and a vision that ultimately leads to a set of impacts. The vision presumes strong and evidence-informed inputs, including ample resources and a comprehensive set of activities. More specifically, the primary role of QRIS in this vision is as the driver for key aspects of the ECE system, such as quality standards, professionalizing the workforce, and supporting continuous quality improvement; a secondary or tertiary role is as facilitator of key seamless services and coordination, such as health and child welfare.

The stakeholders who participated in the study did not explicitly articulate some outcomes and impacts, such as for professional development or family engagement, that may exist. It is important to note that the vision of a comprehensive QRIS is based on a sample of stakeholders that reflect a range of QRIS models rather than all state and local stakeholders who have developed and implemented QRIS. Moreover, the fact that outcomes and impacts were not specifically articulated might be due to participants evolving notion and understanding about aspects of the systems that are immediately malleable.

> The vision presumes strong and evidence-informed inputs, including ample resources and a comprehensive set of activities.

The stakeholder vision of a comprehensive QRIS articulates many elements of models that are in existence in the following theories of practice. Yet, the impacts articulated in this model are much more ambitious and based on the combined thoughts of the authors of this report and those articulated by stakeholders who are currently overseeing the design and implementation of QRIS.

Practice Model 1: *Improving Child Outcomes Across Sectors*

The stakeholders who were interviewed articulated a vision for a comprehensive QRIS. Yet they also noted that the systems are currently being developed and implemented and that their vision of the system differs from current reality. Stakeholders reflected on the important contextual variables as well as the factors that support or impede the development and implementation of their vision of a comprehensive QRIS and described what is currently in place. This practice model represents the actual logical links between inputs, activities, outputs and outcomes, which we call *Improving Child Outcomes Across Sectors*. An illustration of the practice model that emerged is presented on the following page.
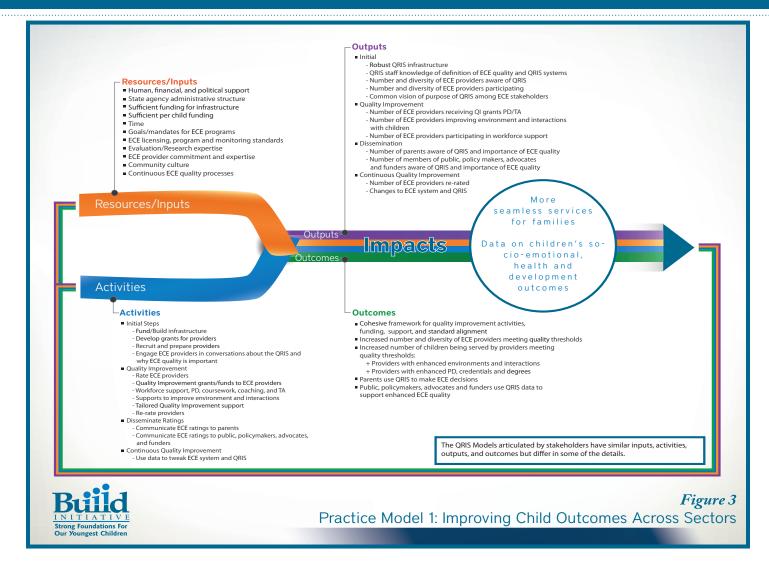
Resources/Inputs
- Human, financial, and political support
- State agency administrative structure
- Sufficient funding for infrastructure
- Sufficient per child funding
- Time
- Goals/mandates for ECE programs
- ECE licensing, program and monitoring standards
- Evaluation/Research expertise
- ECE provider commitment and expertise
- Community culture
- Continuous ECE quality processes

Outputs
- Initial
  - Robust QRIS infrastructure
  - QRIS staff knowledge of definition of ECE quality and QRIS systems
  - Number and diversity of ECE providers aware of QRIS
  - Number and diversity of ECE providers participating
  - Common vision of purpose of QRIS among ECE stakeholders
- Quality Improvement
  - Number of ECE providers receiving QI grants PD/TA
  - Number of ECE providers improving environment and interactions with children
  - Number of ECE providers participating in workforce support
- Dissemination
  - Number of parents aware of QRIS and importance of ECE quality
  - Number of members of public, policy makers, advocates and funders aware of QRIS and importance of ECE quality
- Continuous Quality Improvement
  - Number of ECE providers re-rated
  - Changes to ECE system and QRIS

Resources/Inputs

Outputs

Activities

Outcomes

Impacts

More seamless services for families

Data on children's socio-emotional, health and development outcomes

Activities
- Initial Steps
  - Fund/Build infrastructure
  - Develop grants for providers
  - Recruit and prepare providers
  - Engage ECE providers in conversations about the QRIS and why ECE quality is important
- Quality Improvement
  - Rate ECE providers
  - Quality Improvement grants/funds to ECE providers
  - Workforce support, PD, coursework, coaching, and TA
  - Supports to improve environment and interactions
  - Tailored Quality Improvement support
  - Re-rate providers
- Disseminate Ratings
  - Communicate ECE ratings to parents
  - Communicate ECE ratings to public, policymakers, advocates, and funders
- Continuous Quality Improvement
  - Use data to tweak ECE system and QRIS

Outcomes
- Cohesive framework for quality improvement activities, funding, support, and standard alignment
- Increased number and diversity of ECE providers meeting quality thresholds
- Increased number of children being served by providers meeting quality thresholds:
  + Providers with enhanced environments and interactions
  + Providers with enhanced PD, credentials and degrees
- Parents use QRIS to make ECE decisions
- Public, policymakers, advocates and funders use QRIS data to support enhanced ECE quality

The QRIS Models articulated by stakeholders have similar inputs, activities, outputs, and outcomes but differ in some of the details.

Figure 3
Practice Model 1: Improving Child Outcomes Across Sectors

Inputs

Stakeholders reported that federal and state funding, laws and regulations, and previous experience designing and implementing systems to support ECE quality are all critical to the design and implementation of a cross-sector QRIS that aims to address child outcomes. Stakeholders reported that adequate funding has been important. Moreover, stakeholders reported that the ELC funding opportunity created an incentive for the creation of a cross-sector QRIS that moves beyond program quality and into improved child outcomes that ultimately substantially contribute to addressing the achievement gap.

Stakeholders that received the ELC funding reported that the funding and requirements provided the attention and resources that were needed to convene and develop the infrastructure and initial quality improvement activities with system partners, dissemination activities, and ongoing quality improvements. Some state and local stakeholders with ELC funding voiced concern that once the federal

grant ends, the system might not be adequately funded and the continuous quality improvements could be in jeopardy. Most stakeholders with ELC funding reported that funding for the infrastructure has been critically important and stated that they hope the state will support ongoing quality improvement activities once the federal grant is over.

Stakeholders that did not receive the ELC but had submitted applications reported that the incentive of preparing the application and planning the QRIS was an important "input" that contributed to the design, development and implementation of the QRIS, as well as development of a core team focused on aligned quality enhancement process.

Across states and localities, other important inputs that contributed to the development of this QRIS or detracted from it are the political context, state and provider leadership, and the pre-existing systems-level activities. For example, inputs can include mandates by executive or legislative authority to have a QRIS as a mechanism for accountability for programs receiving child care assistance funding.

Factors that affect the design and implementation of the *Improving Child Outcomes Across Sectors* QRIS include changes in funding, and political and provider support. In some instances, the design of the QRIS was in place but reductions in state funding, changes in leadership (such as a new governor and changes in state agency leadership) resulted in provider reluctance to engage in the QRIS. Analysis of the qualitative data reveal that in some instances there is a significant mismatch between the articulated expected outcomes of the QRIS, the quality thresholds that are part of the system, the financial resources for the program and its staff to participate, or to provide adequate infrastructure support for the QRIS to be meaningful.

Activities

Stakeholders reported that in the *Improving Child Outcomes Across Sectors* QRIS activities are ideally conceptualized and implemented with a planning phase and clear set of implementation activities and a phase that focus an ongoing quality improvements. And yet, most stakeholders reported that, in practice, activities to develop and implement a QRIS are often undertaken in a less than strategic and comprehensive manner. While some activities have been designed and implemented based on a strategic plan, other activities have been undertaken in response to external challenges or requirements or implementation issues.

Some stakeholders reported that they had the opportunity to develop pieces of a framework for addressing differences in child care, pre-k and Head Start definitions of quality, monitoring and assessment standards, eligibility and implementation requirements. Nonetheless, no stakeholders reported that such a framework was fully developed and implemented in a manner that supported all ECE providers at the point of service delivery. For example, one state stakeholder reported that while formal agreements exist at the state-agency level to ensure similar requirements are in place across the range of state-funded pre-k and child care programs, a pilot study is still under way to determine how to best engage Head Start providers. Another state stakeholder reported that the state had developed a cross-walk of standards of the National Association for the Education of Young Children (NAEYC), QRIS, and Head Start to simplify the process that providers would engage in to demonstrate meeting benchmarks. Yet, in both states, stakeholders

reported that the alignment of state and local ECE requirements is a long-term process that requires careful analysis of similarities and differences across programs.

For ELC states, both state and community stakeholders reported that the required associated timeframes pushed states to focus as well as to implement. This meant that some aspects of the QRIS were being implemented prior to incorporating refinements. For example, one stakeholder noted that due to the demand to have a robust statewide system, states went after "low hanging fruit" as it concerned providers. There was less or even minimal planning about how to reach communities with great needs, which also included communities with linguistic and ethnic minority children and providers. In another example, one set of stakeholders reported that the first cohort of providers engaged in the QRIS did not receive the type of tailored technical assistance, translated materials, and refined supports that later cohorts of providers received. Stakeholders recommended that others build in a pilot phase that provides sufficient time for refinements and tailoring.

In short, stakeholders reported that, ideally, in this model, activities are conceptualized and implemented based on an analysis of what is realistic given available funding, staffing, and existing infrastructure, but, in reality, external factors such as legislative mandates frequently lead to more rushed processes.

> " For ELC states, both state and community stakeholders reported that the required associated timeframes pushed states to focus as well as to implement.

At the same time, many stakeholders involved in this work reported spending an initial year or more engaging providers prior to disseminating information to the public. A few stakeholders reported that they began the implementation of the *Improving Child Outcomes Across Sectors* QRIS with a public information dissemination campaign and then posted ratings as soon as the first cohorts of providers were rated. While one state was successful with this sequence, others cautioned against disseminating information before an adequate number of providers (i.e. geographic range as well as type of providers) are rated and ratings are publicly available, especially across critical areas of the state. One state stakeholder reported that an advertising agency had donated services in the first year of the QRIS implementation, but, at the time, there was not a sufficient number of rated providers. The public expressed frustration that rated ECE providers did not exist and yet advertisements were encouraging them to select rated ECE programs. Similarly, another state reported that ECE providers were reluctant to engage initially for fear of receiving a low rating that would be publicly posted. This state changed the initial plan and instead spent the first year giving ECE providers an opportunity to be re-rated after obtaining technical assistance and supports prior to publicly posting their ratings.

In practice, numerous challenges exist in tailoring the supports to providers to enhance the environmental quality, teacher and leader professional development, technical assistance, coaching and coursework, and interactions between ECE providers and children. States reported spending time working with institutions of higher education

> ...stakeholders reported a focus on initial as well as ongoing quality implementation activities.

to create articulation agreements, to tailor ECE coursework into online platforms that could be more accessible to providers with limited time to devote to professional development, and to adapt higher education coursework and professional development to meet the needs of a culturally and linguistically diverse workforce. Some states reported that their state had a coherent professional development pathway for ECE professionals and the QRIS was aligned with this existing framework. Other states reported that they needed to spend time and funds to align the coursework and professional development that was offered across child care, Head Start, and pre-k, as well as by different institutions of higher education so that there was a clear pathway for ECE professionals.

Moreover, states reported that because most ECE providers participating in the QRIS work full-time, challenges exist in ensuring providers obtain credentials and degrees within a reasonable timeframe. Some stakeholders reported identifying additional funding to offset the costs of college coursework or to defray costs associated with time away from work.

Moreover, in practice, state and local ECE stakeholders reported that existing constraints had a significant impact on the activities that they prioritized. In some instances, states prioritized communities with specific populations (such as DLL students or high percentages of low-income families), and in other instances the state began by focusing on particular provider-types or age groups—such as center-based providers, providers serving infants and toddlers, or those serving preschool-age children.

Finally, stakeholders reported a focus on initial as well as ongoing quality implementation activities. Many fear that the ongoing quality implementation activities—and deeper activities that are directed to programs eager to move to higher levels of quality—might not be sustained over time. In some states, legislative support has been made available, or is pending, that would authorize funding for ongoing quality implementation activities. However, others reported fears that in the absence of ongoing dissemination regarding the benefits of the QRIS, funding for ongoing quality implementation would not be sustained, and ECE providers not participating in the initial implementation would lack access to the system, and that supports for providers to deepen their quality would be hindered.

Outputs

The actual outputs of existing *Improving Child Outcomes Across Sectors* QRIS reflect the activities that have been designed and implemented. In particular, ELC state and local stakeholders reported that the primary initial focus of their QRIS implementation was to achieve desired, federally reportable benchmarks related to the number of ECE providers and children participating in the system. Some stakeholders reported adjusting activities, QRIS standards and associated thresholds[3] and other output benchmarks to meet the benchmarks regarding the number and range of participating providers and children. For example, some states allocated additional funding and supports to provide more technical support to ECE providers to ensure sufficient number of ECE programs entered the QRIS. According to these state and local stakeholders, some ECE providers struggled with completing (online) forms; were not familiar with terms and the QRIS language; and needed one-on-one support to become "ready" to participate. Others reported providing mini-grants to providers to address inadequacies in space and furnishing that would preclude them from meeting the minimum standards. Some reported that they ensured that the entry point for their QRIS standards included a level that would enable providers to enter the system. And, some state and local stakeholders reported that all providers would be required to participate in order to be part of the child care assistance system.

A separate issue was reported by states that had not yet engaged pre-k providers in the QRIS. One state stakeholder reported that the state's early learning guidelines and pre-k monitoring system were scheduled to change in the upcoming year. Rather than developing systems of integrating the pre-k providers into the QRIS, only to make changes shortly after implementation, this state made the decision to wait to engage the providers in the QRIS until after the early

learning guidelines and monitoring system were changed so that the providers were not alienated. Thus, while the state ideally hoped to engage pre-k providers in the system, none are currently participating.

A final issue related to changing the output target regarding the number of providers in the system was reported by some stakeholders resulted from reductions in state funding for child care. In this state, the child care assistance reimbursement rates authorized under the Child Care and Development Fund (CCDF) had changed and the eligibility thresholds had been lowered at the same time the state was rolling out the QRIS. The providers who were in the system experienced frustration related to all aspects of the child care assistance system and were reluctant to participate in the new initiative. Stakeholders reported that many providers felt it was not worth their time and effort to participate in the QRIS and complete all of the requirements because the amount of funding they were receiving through child care assistance was so low.

Stakeholders also reported adjusting output benchmarks associated with providers' engaged in professional development, coursework, and coaching. Most states reported that they devoted more effort to engaging providers in the system early on, and planned to tailor professional development, coursework, and coaching and technical assistance to providers in future years. Some stakeholders reported that the state had a fully developed workforce registry that is integrated with the QRIS as well as articulation agreements among institutions of higher education that were critical to the successful achievement of workforce development output benchmarks. Others reported that they were challenged to track workforce benchmarks because systems were not aligned.

Most stakeholders reported achieving benchmarks associated with using QRIS data to achieve more complete understanding of the strengths and weaknesses among ECE providers, to target resources and activities and other quality initiatives. However, fewer states reported achieving initial output benchmarks related to public dissemination. Stakeholders reported that they adjusted benchmarks related to public dissemination based on slower than anticipated provider participation.

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[3] In this study we use the term "standard" to refer to the categories of items included in the QRIS and threshold to refer to what is required to achieve specific quality levels. An example standard is teacher education. This standard might be in place in multiple states. Yet, State A might articulate a threshold that to achieve the highest quality rating, all ECE teachers must have a bachelor's degree. In contrast, state B might articulate a threshold that to achieve the highest quality rating, all teachers must have a CDA.

Outcomes

All interviewed stakeholders reported that they ultimately hope the *Improving Child Outcomes Across Sectors* QRIS will result in a comprehensive set of outcomes, but all reported that the process is still underway and most outcomes will be achieved in the future.

Nearly all stakeholders reported achieving outcomes related to building the initial *Improving Child Outcomes Across Sectors* QRIS infrastructure. For example, nearly all states had developed the processes for engaging providers, materials for training providers regarding the quality levels within the QRIS, and systems for collecting and entering rating data. Moreover, nearly all reported achieving outcomes associated with the initial and ongoing provision of quality enhancements to providers.

Nonetheless, as noted in the output section, some states reported changing quality thresholds in order to engage providers. Table 2 provides an illustration of a change in ERS scores associated with a range of quality thresholds that was made by a state to meet the output benchmark associated with the number of participating providers. Thus, there appears to be a shift in priority among some states to focus first on engaging ECE providers in the QRIS, and then later to consider raising the thresholds associated with higher quality ratings.

> Nearly all stakeholders reported achieving outcomes related to building the initial *Improving Child Outcomes Across Sectors* QRIS infrastructure.

Most stakeholders also reported that their state is currently in the process of tracking outcomes related to professional development and workforce qualifications. Some reported making progress toward tracking credentials and degrees but others reported that the tracking systems are being developed and, because no clear baseline existed, it will be difficult to report whether the number of ECE providers with increased PD, credentials and degrees actually increased. (Most reported that the state would be able to report the number of ECE providers who are currently engaged in PD and who are seeking credentials and degrees.)

Finally, most stakeholders reported that their state currently has some ECE data that can be used to inform decisions, but most reported that enhancements are needed. Some stakeholders reported that they did not have a way of tracking the degree to which parents actually use QRIS data. Most ELC states that are conducting validation studies are planning to release results in the upcoming year. Nonetheless, as of the date of publication of this study, report findings are not yet available that have examined a correlation between QRIS quality levels and child outcomes. Yet it is important to note that QRIS are in the early phase of implementation, with few providers attaining the highest quality levels and, therefore, it is expected that research that has examined relationships between quality levels and child outcomes will be available in the near future.

Table 2. Example of State Lowering ERS Threshold

	Level 3	Level 4	Level 5
Current Minimum ERS requirement	3	4	5
Previous Minimum ERS requirement	3.5	4.5	5.5

Impacts

Stakeholders in states with *Improving Child Outcomes Across Sectors* QRIS reported some promising impacts on supporting more seamless services for children and families at the point of service delivery. Some stakeholders reported that by articulating a single, comprehensive definition and language of ECE quality, the QRIS has begun to create more integrated ECE services and a more consistent set of services for children and families across child care, Head Start and pre-k. For example, some states have taken steps to align child care and pre-k monitoring and assessment systems. Stakeholders with these QRIS also reported that the systems are beginning to collect data on children's outcomes. However, to date, no state has completely created cross-sector aligned systems. Moreover, no state has yet completed QRIS validation studies that would show a link between QRIS quality thresholds and child outcomes. These studies are expected to be released in the near future.

Reflections and Considerations

Stakeholders in states and communities with *Improving Child Outcomes Across Sectors* QRIS noted a number of lessons learned and considerations.

First, stakeholders noted that, ideally, QRIS are designed as a continuous quality improvement process. They believe that attaching high stakes to any early data would undermine the purpose of the system. Instead, stakeholders recommended using data on ECE quality and child outcomes to refine quality thresholds, tailor systems of support,

and improve the focus on the instructional environment. Moreover, stakeholders reported that to sustain this approach—and to truly achieve it—would require ongoing political support, support from state agencies and the ECE provider community as well as adequate funding. In one state, stakeholders noted that pre-k programs are currently receiving higher rates, employing teachers with better ECE credentials, and paying these teachers more, and thus are more likely to demonstrate a link to child outcomes. Pre-k core funding often substantially exceeds the funding for child care and Head Start, even taking into account additional resources and supports provided through the QRIS. Within this context, data should be used to inform refinements in the funding, design and implementation supports so that children receive high-quality ECE regardless of the settings rather than to punish providers or the QRIS itself.
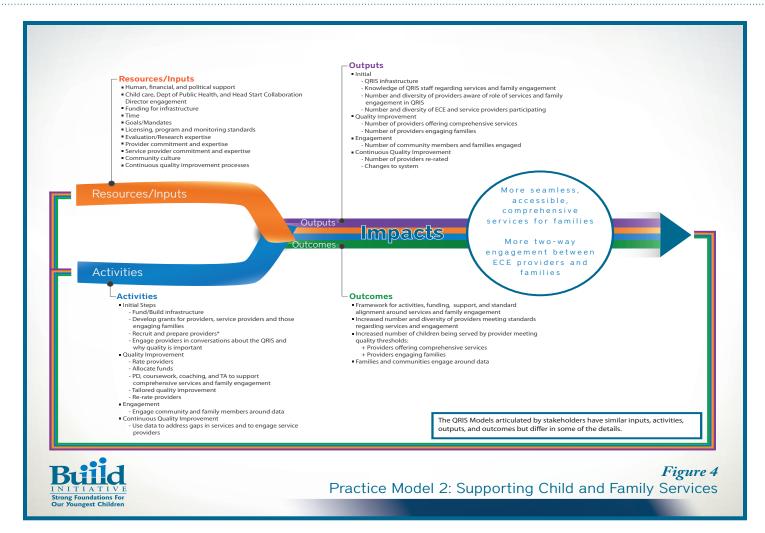
With a system still in formation and under development to achieve a cross-sector approach that provides seamless services to families and impacts outcomes for children stakeholders also acknowledged gaps in the QRIS. They believe it is reasonable to expect impacts after several years. For example, one stakeholder noted that it can take many years for full-time working ECE providers to receive a CDA. Expecting a QRIS to yield outcomes in the short-term undermines the intent of the systems.

Practice Model 2: *Supporting Child and Family Services*

Some states and localities articulated a practice model that is designed to enhance child and family services and engage families. Often this practice model was in addition to another practice model, but we present it separately here to highlight the approach. While this approach of two different practice models was not common, we feel it is important to show how some states and localities especially focused on child outcomes are focusing on providing family and child services as key to reaching their stated goals.

An analysis of the data resulted in a practice model that is presented in Figure 4, Practice Model 2*: Supporting Child and Family Services* on the following page.

Resources/Inputs
- Human, financial, and political support
- Child care, Dept of Public Health, and Head Start Collaboration Director engagement
- Funding for infrastructure
- Time
- Goals/Mandates
- Licensing, program and monitoring standards
- Evaluation/Research expertise
- Provider commitment and expertise
- Service provider commitment and expertise
- Community culture
- Continuous quality improvement processes

Outputs
- Initial
  - QRIS infrastructure
  - Knowledge of QRIS staff regarding services and family engagement
  - Number and diversity of providers aware of role of services and family engagement in QRIS
  - Number and diversity of ECE and service providers participating
- Quality Improvement
  - Number of providers offering comprehensive services
  - Number of providers engaging families
- Engagement
  - Number of community members and families engaged
- Continuous Quality Improvement
  - Number of providers re-rated
  - Changes to system

Resources/Inputs

Outputs

Activities

Outcomes

Impacts

More seamless, accessible, comprehensive services for families

More two-way engagement between ECE providers and families

Activities
- Initial Steps
  - Fund/Build infrastructure
  - Develop grants for providers, service providers and those engaging families
  - Recruit and prepare providers*
  - Engage providers in conversations about the QRIS and why quality is important
- Quality Improvement
  - Rate providers
  - Allocate funds
  - PD, coursework, coaching, and TA to support comprehensive services and family engagement
  - Tailored quality improvement
  - Re-rate providers
- Engagement
  - Engage community and family members around data
- Continuous Quality Improvement
  - Use data to address gaps in services and to engage service providers

Outcomes
- Framework for activities, funding, support, and standard alignment around services and family engagement
- Increased number and diversity of providers meeting standards regarding services and engagement
- Increased number of children being served by provider meeting quality thresholds:
  + Providers offering comprehensive services
  + Providers engaging families
- Families and communities engage around data

The QRIS Models articulated by stakeholders have similar inputs, activities, outputs, and outcomes but differ in some of the details.

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Figure 4
Practice Model 2: Supporting Child and Family Services

Inputs

Analysis of stakeholder data reveals that stakeholders in states that vigorously engage state departments of health and/or human services, and/or Head Start collaboration offices were more likely to focus on enhancing child and family services. Thus, resources offered from these different state agencies are an important input in this practice model.

Inputs in this approach are similar to the other models presented, but are more targeted toward child and family services. For example, in addition to considering time and the goals/mandates from the ECE community, stakeholders developing this model also incorporate the perspectives of those providing more expansive family and child services.

Activities

The activities supported in states with the *Child and Family Services* QRIS are similar to those articulated in practice model 1, but are focused on cross-system collaboration and engaging ECE providers with those delivering compre-

hensive child and family services as well. Activities include engaging service providers—ranging from those who offer child services such as health and developmental screenings and assessments or oral health screenings and care, as well as family services, such as job training assistance. Thus, at the state level, those supporting this type of QRIS develop trainings, materials, and examples of how ECE providers access these types of services. In addition, in some instances the state or community provides funding, training, or other incentives to engage child and family service providers.

An aim of the *Child and Family Services* QRIS, similar to the others already discussed, is to provide parents, other stakeholders, and the community with information about the provision of comprehensive child and family services. Thus, the *Child and Family Services* QRIS quality standards and thresholds include specific indicators of whether the services are available.

Outputs

Stakeholders reported that the outputs of this QRIS have primarily focused on engaging other family and child service providers in the system. These systems are designed to report the number of ECE providers that offer comprehensive child and family services. Most stakeholders with these systems reported achieving benchmarks associated with reporting data that incorporate these benchmarks. However, it is important to note that to date, most states focus on an overall rating of quality and do not distinguish ECE providers that meet quality thresholds associated specifically with the provision of child and family services from those that meet overall quality thresholds. For example, in states with block-rating systems, two ECE providers might reach the same quality thresholds but one might offer comprehensive services and the other might offer a range of services that are not as comprehensive.

> In most instances states that focus on child and family services have other models of practice in place as well.
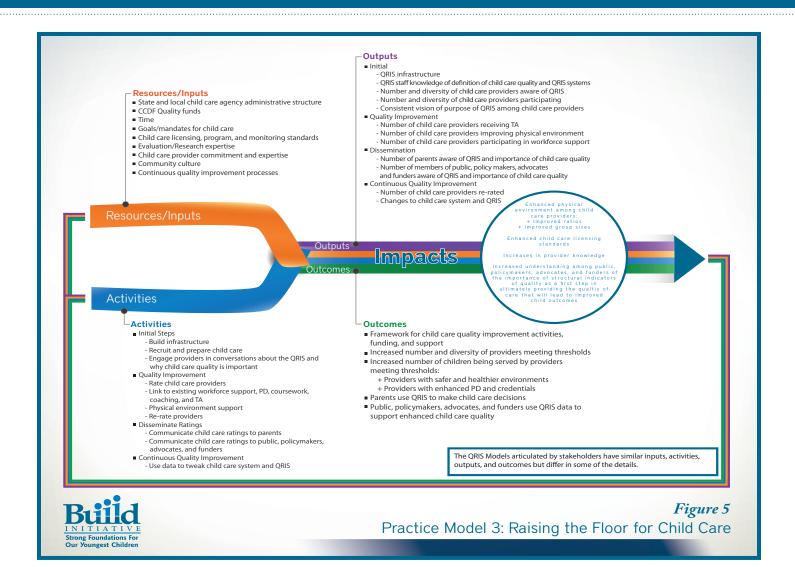
Outcomes

Stakeholders that were interviewed reported that they ultimately hope the *Child and Family Services* QRIS will result in more seamless delivery of comprehensive services for children and families within ECE settings. Stakeholders articulated short-term outcomes for engaging service providers and building systems to track infrastructure development and the full engagement of providers in the system. Another important outcome of these QRIS has been use of data in a way that allows ECE providers to access more comprehensive services for children and families.

An articulated outcome of these QRIS is engagement of ECE providers and community leaders in data, such as data on children in high-quality programming who receive additional services. While some stakeholders reported that this is an important aim, none mentioned that they had currently succeeded in achieving this outcome to date. In one state, stakeholders noted that some communities were particularly successful at engaging parents and community members in children receiving health services or having a medical home in addition to being in a high-quality program. However, a foundation-funded initiative supported this activity. Stakeholders noted that they hoped to replicate that strategy throughout the state but did not yet have the resources to make this happen.

Impacts

Stakeholders in states with a *Child and Family Services* QRIS focused on offering more comprehensive child and family services at the point of service delivery reported some early impacts. In some communities and with some providers, data exist to demonstrate that more accessible, comprehensive services are available, but the data are not consistent and the impacts are not yet demonstrated at a state level. For example, in California, localities design and implement quality-improvement efforts. A 2013 report that described range of local QRIS outcomes reported that in one QRIS county, "Out of the 32 providers participating in [the QRIS], all but one (97 percent) offered comprehensive services to families. The most common service offered was parent education, but most providers also offered health and developmental screenings and kindergarten transition supports. Yet, the report stated that none of the studies allow inferences about whether parents participating in the local [QRIS] initiative were more or less likely to engage in such activities than their nonparticipating parent counterparts (Muenchow et al., 2013). As noted, in the outcome section, there are examples of increased two-way engagement between ECE providers and families at the community-level, but the stakeholders who participated in this study did not yet have data at the state level to document an impact in this area.

Reflections and Considerations

Stakeholders in some states and communities reported focusing on the comprehensive delivery of child and family services as an important aspect of the QRIS, but it is important to note that this was not the sole focus of the QRIS. In most instances, states that focus on child and family services have other models of practice in place as well. In some instances, child and family services are a focus, in addition to the *Improving Child Outcomes Across Sectors* QRIS described in practice model 1 and in others, there is a focus on services in addition to "raising the floor," described in practice model 3.

Resources/Inputs
- State and local child care agency administrative structure
- CCDF Quality funds
- Time
- Goals/mandates for child care
- Child care licensing, program, and monitoring standards
- Evaluation/Research expertise
- Child care provider commitment and expertise
- Community culture
- Continuous quality improvement processes

Outputs
- Initial
  - QRIS infrastructure
  - QRIS staff knowledge of definition of child care quality and QRIS systems
  - Number and diversity of child care providers aware of QRIS
  - Number and diversity of child care providers participating
  - Consistent vision of purpose of QRIS among child care providers
- Quality Improvement
  - Number of child care providers receiving TA
  - Number of child care providers improving physical environment
  - Number of child care providers participating in workforce support
- Dissemination
  - Number of parents aware of QRIS and importance of child care quality
  - Number of members of public, policy makers, advocates and funders aware of QRIS and importance of child care quality
- Continuous Quality Improvement
  - Number of child care providers re-rated
  - Changes to child care system and QRIS

Resources/Inputs

Outputs

Impacts

Outcomes

Activities

Enhanced physical environment among child care providers:
+ Improved ratios
+ Improved group sizes

Enhanced child care licensing standards

Increases in provider knowledge

Increased understanding among public, policymakers, advocates, and funders of the importance of structural indicators of quality as a first step in ultimately providing the quality of care that will lead to improved child outcomes

Activities
- Initial Steps
  - Build infrastructure
  - Recruit and prepare child care
  - Engage providers in conversations about the QRIS and why child care quality is important
- Quality Improvement
  - Rate child care providers
  - Link to existing workforce support, PD, coursework, coaching, and TA
  - Physical environment support
  - Re-rate providers
- Disseminate Ratings
  - Communicate child care ratings to parents
  - Communicate child care ratings to public, policymakers, advocates, and funders
- Continuous Quality Improvement
  - Use data to tweak child care system and QRIS

Outcomes
- Framework for child care quality improvement activities, funding, and support
- Increased number and diversity of providers meeting thresholds
- Increased number of children being served by providers meeting thresholds:
  + Providers with safer and healthier environments
  + Providers with enhanced PD and credentials
- Parents use QRIS to make child care decisions
- Public, policymakers, advocates, and funders use QRIS data to support enhanced child care quality

The QRIS Models articulated by stakeholders have similar inputs, activities, outputs, and outcomes but differ in some of the details.

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Figure 5
Practice Model 3: Raising the Floor for Child Care

Practice Model 3: *Raising the Floor for Child Care*

Currently, a number of states are developing QRIS to build on existing child care licensing standards with the goal of addressing overall less-than-desirable program quality. This practice model for a QRIS, which we call *Raising the Bar for Child Care*, is driven, in part, by deficiencies in the existing child care licensing system as well as overall poor public and private program investment. In these states, a goal is to enhance state child licensing standards in several areas such as the physical environments (improved ratios and group sizes) and provider professional development and knowledge. In colloquial terms, the goal in the systems is to move the baseline quality of child care from poor to "good" or "acceptable."

Analysis of stakeholder data revealed that stakeholders in many of these states and communities initially stated that

the goal of the QRIS was to enhance child outcomes, but subsequently noted that the system would not be able to address child outcomes without first addressing inadequacies in licensing as well as overall financing of the early care and education system. In many ways, these QRIS are similar to the first generation of QRIS that were developed to help raise the floor from poor to "good" or "acceptable." Stakeholders tended to use the language of "child outcomes," but acknowledged that an important first step was to address group sizes and staff ratios and other similar structural indicators of quality, as well as professionalization of the workforce. An analysis of the data resulted in a practice model that is presented above in Practice Model 3: *Raising the Floor for Child Care*.

Inputs

In many states with the *Raising the Floor for Child Care* QRIS that are designed to address deficiencies in child care licensing standards, the state child care administrator, in collaboration with state and local resource and referral agencies, is responsible for the design and implementation of the QRIS. These states began the design and implementation of their QRIS with Child Care and Development Fund (CCDF) quality dollars and the states' focus began squarely on child care.

Many states are designing and implementing the *Raising the Floor for Child Care* QRIS to enhance the quality of child care above and beyond the basic child care licensing standards. While the group sizes and ratios in place in states may have changed, many states' child care licensing standards still vastly exceed the group sizes and ratios recommended by NAEYC. An analysis of the child care licensing standards, QRIS quality thresholds, and publicly available data reveal that these states QRIS are designed primarily to build on the existing licensing standards to enhance safety of child care providers and address structural indicators of quality—mostly by addressing ratios and group sizes and by offering some professional development targeting the workforce.

Analysis of interview data reveals that those responsible for the design and implementation of *Raising the Floor for Child Care* QRIS in states with weak licensing standards nonetheless hope that the QRIS will ultimately lead to quality care that is more likely to support young children's growth and development. However, the actual inputs, activities, outputs and articulated outcomes of the *Raising the Floor for Child Care* QRIS are primarily designed to address inadequacies in the quality of care and to help move up without yet creating a school readiness standard of policy or practice. Table 3 illustrates that the *Raising the Floor for Child Care* QRIS are building on minimal licensing standards compared with *Improving Child Outcomes Across Sectors* QRIS (practice model 1), which is designed to leverage systems change, with the aim of enhancing child outcomes.

One issue of concern raised among stakeholders with the *Raising the Floor for Child Care* QRIS is that the current

> ...states that have a *Raising the Floor for Child Care* QRIS reported that they began with conversations about providers' perspectives on quality.

Table 3. Licensing Ratios Required by NAEYC and Selected States

Age of Child-center	Ratio of Staff to Children		
	NAEYC	*Raising the Floor* Example	*Cross–sector, Child outcome* Example
9 months	4	5	4
18 months	4	5	5
3 year old	9	10	10
4 year old	10	12	10

Note: The ratios in the table are actual existing licensing ratios as noted in the Child Care Aware database.

ECE system is inadequately funded. One stakeholder reported that child care providers are currently very resistant to changes in ratios because the current reimbursement rates are so low. In such cases, providers effectively receive less compensation when they serve fewer children and therefore are reluctant to advocate for changes.

This issue is related to another concern voiced by stakeholders with the *Raising the Floor for Child Care* QRIS—many reported that there is currently limited political support for ECE. For the most part, in places with this model, investment in the overall ECE system, as well as specific quality improvement activities, is quite low compared with those places that are focused on school readiness outcomes. In states and localities that are raising the floor, funding is allocated for regulation and accountability, whereas in places with a school readiness model, it appears that overall ECE funding per child is higher and quality improvement resources focus on the ECE environments, teachers, and family supports.

Activities

The activities supported in states with a *Raising the Floor for Child Care* QRIS are designed to document both the quality of the environments in which young children are cared for and the professional development of providers.

Some stakeholders reported that they have used the QRIS framework to advocate for enhanced and coordinated child care professional development and to garner foundation support to address inadequacies in physical space. Analysis of the activities in these QRIS reveals that most places with this model offer some professional development designed to increase provider awareness of critical issues, but most do not fund higher education coursework and are not improving compensation or working conditions for the workforce.

State and local stakeholders report that an important early activity in the design and implementation of the *Raising the Floor for Child Care* QRIS is to engage providers in conversations about their perspectives on quality. Many states reported that an early aim of such systems is to encourage regulation-exempt providers, which might include center-based faith-based providers, as well as home-based providers, to become part of a more formal system. Other states reported that the QRIS targets family child care homes or child care providers in rural areas or areas in the state that have an inadequate supply of quality family child care or center-based care. Thus, instead of engaging in conversations about what the experts view as quality, states that have a *Raising the Floor for Child Care* QRIS reported that they began with conversations about providers' perspectives on quality. After articulating these perspectives, stakeholders reported developing quality thresholds that existing providers could meet as a first step toward a pathway of achieving improved quality. A number of stakeholders reported that an aim in the first year of implementation was to engage providers in the system and ultimately work with local entities or foundations to provide targeted supports to assist child care providers in enhancing quality. In turn, the aim is for child care providers to participate in professional development designed to improve knowledge regarding changes that are needed in the environment.

Another aim of the *Raising the Floor for Child Care* QRIS is to inform parents, the public, and other stakeholders about the quality of child care in the state. While most *Raising the Floor for Child Care* QRIS aim to address ratios and group sizes, most do not offer sufficient funding that would offset the loss providers would experience by serving fewer children. Thus, stakeholders reported that changes in ratios is a longer term aim rather than an immediate goal of such systems. Finally, it is important to note that in many instances, the highest ratings of quality are in fact lower than the child care licensing standards in the states that are currently designing and implementing QRIS described under practice model 1-*Improving Child Outcomes Across Sectors* QRIS.

Outputs

Stakeholders reported that the outputs of this QRIS have primarily focused on engaging child care providers to voluntarily participate and utilize some of the quality initiative and workforce supports. In places that targeted providers who had previously been exempt from licensing, early activities involve outreach to providers, conversations between QRIS staff and providers about why the QRIS is important, and dissemination of information about how to participate in the QRIS. Two state stakeholders with these QRIS systems reported working with child care licensing specialists and leveraging existing resources and supports to engage child care providers in the QRIS. Another reported working closely with the resource and referral association that is contracting with the state. States are publicly posting ratings and using the information about the existing quality of care to begin a conversation with parents, policymakers and child care providers about why quality matters.

Outcomes

All stakeholders that were interviewed reported that they ultimately hope the QRIS will result in a comprehensive set of outcomes, but all stakeholders with these QRIS reported that their short-term outcomes are specifically focused on building the initial QRIS infrastructure and engaging providers in the system. Another important outcome of these QRIS has been use of the data to leverage future changes.

One state with a *Raising the Floor for Child Care* QRIS that recently revised the system has increased the quality thresholds. Thus, in this state, an important outcome was the incremental "movement of the needle" with regard to the

consensus definition of quality. Table 4 provides an illustration of a change in ERS scores associated with a range of quality thresholds that was made by this state.

Table 4. ERS Scores by Quality Threshold for State that Began by Building on Child Care Licensing

State	Level 3	Level 4	Level 5
Early Adopter State Current	3.75	4.75	5.75
Early Adopter State Previous	3	3.5	5.5

Reflections and Considerations

Analysis of child care licensing data along with the qualitative data from stakeholders revealed that many states are currently supporting the design and implementation of QRIS that are very similar to those created two decades ago. While these systems are remarkably close in design to the "first generation" QRIS, stakeholders were reluctant to articulate an outcome of "raising the floor" and instead often couched their desired impacts and outcomes as "supporting school readiness." As noted, research clearly demonstrates the importance of addressing group sizes and ratios not only for children to be served in healthy and safe environments, but as a necessary, if not sufficient standard for programs to be able to focus on child outcomes. Nonetheless, articulating a child outcome goal for a system that supports only the most basic activities that can address health and safety can undermine political support and funding. An ultimate desired outcome of these systems might be to create services and supports that could—after many iterations of growth and development—address child outcomes. But, it is important for those developing these systems to clearly articulate the actual desired impacts.

> ” The vision of a comprehensive QRIS and *Improving Child Outcomes Across Sectors* practice model 1 are somewhat similar, but they do differ in terms of the intensity and level of inputs, as well as the cohesiveness of the activities.

Comparison of Theory of Change and Practice Models

The models reflect stakeholders' ideal visions and existing practices of QRIS. The models have some similarities in the inputs and activities but tend to differ substantially on articulated impacts. Differences are outlined below.

Inputs and Activities

The most striking differences in inputs across the models are based on the level of financial, administrative, and political support. The vision of a comprehensive QRIS and *Improving Child Outcomes Across Sectors* practice model 1 are somewhat similar, but they do differ in terms of the intensity and level of inputs, as well as the cohesiveness of the activities. The other practice models offer considerably fewer inputs and a substantially less robust set of activities. Examples follow:

- The vision of a comprehensive QRIS presumes robust funding and support for a set of activities that are based on a philosophy that the QRIS is a continuous improvement system. As such, this theory presumes data will be used by stakeholders to regularly tweak and modify the system itself and will be used to support providers.

- *Improving Child Outcomes Across Sectors* practice model 1 represents sufficient funding and support in terms of the per child allocation of ECE resources and funding to develop the QRIS infrastructure as well as for quality improvement activities. Activities are designed to enhance the quality of care at the provider-level and therefore offer ECE providers college coursework,

- *Supporting Child and Family Services* practice model 2 presumes strong support from those with a comprehensive child and family services focus. In most places with this model, there is financial support for infrastructure and some quality improvement activities to engage service providers. This model includes some activities that support providers in ensuring that families and children

participate in comprehensive services, such as health, whereas the other models do not always include these activities.

- States that have developed *Raising the Floor for Child Care* QRIS have more limited financial, administrative and political support for early care and education. This approach includes resources solely from child care both in terms of funding and administrative support. The Raising the Floor model encourages child care providers to attend professional development but does not support more rigorous educational opportunities.

None of these models places a premium on activities that would substantially professionalize the workforce through improved compensation for all those participating in the system.
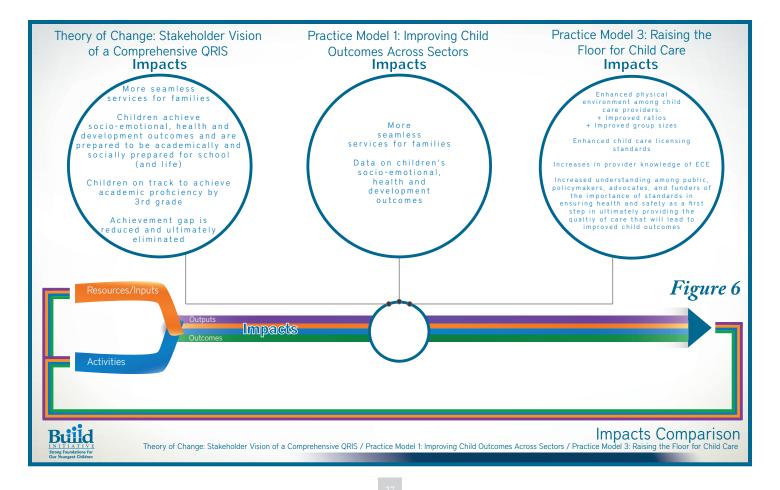
Outputs and Outcomes

Across models, stakeholders focus on the number of providers engaged in the system, the number of providers engaged in continuous improvement activities, and the number of providers who are rated. Nonetheless, differences exist in outputs and outcomes and reflect the activities that are undertaken and the target of the QRIS. The vision of a comprehensive QRIS and *Improving Child Outcomes Across Sectors* QRIS focus their outcomes on all ECE providers where the *Raising the Floor for Child Care* is more narrowly focused on child care providers. Examples follow:

- *Improving Child Outcomes Across Sectors* QRIS counts as an outcome the number of ECE providers attaining credentials and degrees.

- *Raising the Floor for Child Care* QRIS counts the number of child care providers who attend professional development.

- The *Child and Family Services* QRIS approach focuses on the number of children and families that have received comprehensive services and supports.

Impacts

Substantial differences exist in articulated desired impacts. Figure 6 compares impacts across the Comprehensive Vision of QRIS, *Improving Child Outcomes Across Sectors*

Figure 6

Theory of Change: Stakeholder Vision of a Comprehensive QRIS / Practice Model 1: Improving Child Outcomes Across Sectors / Practice Model 3: Raising the Floor for Child Care

QRIS, and *Raising the Floor for Child Care* QRIS to provide the reader with a quick overview of the differences in impacts across a sample of models. But not only are there readily discernible differences in impacts, the models are different in terms of timing of the change, as shown by these examples:

- The comprehensive vision articulates impacts that the existing systems are likely to achieve only in the distant future.

- The desired impact of the *Improving Child Outcomes Across Sector* approach—for more seamless services and data on children—is more likely to be achieved in the near term.

- The desired impacts of the *Child and Family Services* approach—to offer more comprehensive services and support more two-way family engagement—are also nearer-term.

- The impacts of the *Raising the Floor for Child Care* approach are also nearer-term.

Considerations from the Research

The research findings present a number of issues for consideration among those responsible for the design and implementation of QRIS.

- **Multiple theories of change and practice currently undergird the QRIS that are being designed and implemented.** Figures 1 through 6 demonstrate clear logical links between inputs, activities, outputs, desired outcomes, and impacts. These figures were developed based on analysis of data collected across states and localities and stakeholders' reflections on desired pathways. In reality, analysis of the inputs, activities, outputs and desired outputs of existing QRIS reveal that, in fact, existing pathways and logical links are not as clear as the desired pathways. Stakeholders reported that the consensus process of designing and implementing QRIS is leading to multiple different desired outcomes with differing activities and pathways. For example, a number of stakeholders in states with

QRIS models that are primarily "raising the floor" reported that one desired outcome is to improve child outcomes. When asked how the QRIS would achieve this desired outcome, most individuals reported that a first step would be to improve basic health and safety. A number of stakeholders stated that they felt it was important to include child outcomes to communicate the importance of outcomes to providers, parents, policymakers and the public. Similarly, in states that were focused on providing comprehensive services, a number of stakeholders reported that they were also focused on either licensing or child outcomes. Thus, rather than engaging in a coherent set of activities that research has demonstrated are likely to yield desired impacts, most states continue to engage in multiple and, at times, competing approaches simultaneously.

> ❝ Some QRIS stakeholders are reluctant to call it what it is.

- **Some QRIS stakeholders are reluctant to call it what it is.** The policy and political pressure of focusing on child outcomes does not consistently match the actual activities and desired impacts of some state and local QRIS. Some stakeholders reported that they message that the QRIS, as a system, will address child outcomes. When asked follow-up questions, these same stakeholders reported that, in reality, the state licensing standards, QRIS activities, and funding levels are actually designed to improve the health and safety of young children and that they are not likely to impact child outcomes. Research has shown that children who are in harmful and unsafe environments are less likely to enter school compared with their peers who are in child care settings that are safe and secure (Clarke-Stewart, Vandell, Burchinal, O'Brien, & McCartney, 2002; Raikes, Raikes, & Wilcox, 2005; Rigby, Ryan, & Brooks-Gunn, 2007). Justifying a *Raising the Floor for*

Child Care QRIS that is focused on addressing basic child care safety and health as one that will yield child outcomes is potentially setting up the system to fail. Likewise, we note that the *Improving Child Outcomes Across Sector* QRIS may not be sufficiently well funded, best informed by the research we have, or able to acknowledge how much we have to learn about "what it takes" to make systemic change for this QRIS model to achieve the desired impacts.

- **Though not always stated explicitly, many QRIS stakeholders focus on equity.** Analysis of QRIS documents reveals that most systems are devoting resources and attention to the neediest children, families, and/or communities. The articulation of who was in need varied from those who were using or eligible for child care assistance to communities that continued to show challenges based on census data. Stakeholders who were interviewed often highlighted the importance of children with the most need being able to access high-quality programs. Several state stakeholders that were interviewed reported that their state mandates or was about to mandate that children and families receiving any state child care assistance be required to use higher rated programs. Stakeholders reported that the theory underlying this is that if children placed at risk experienced higher quality care during the early years, in all likelihood they would be more prepared for school and ultimately would be on track to perform well on third grade assessments.

- **QRIS include workforce and family engagement indicators even though the states selected for this study did not express improvements in the workforce or family engagement as desired outcomes.** An examination of indicators in existing QRIS reveals that 93% include indicators of family engagement and all (100%) include indicators of workforce development (Tout et al., 2010). Moreover, an analysis of the theory of change and practice models articulated by the stakeholders interviewed for this research study reveal that existing QRIS focus activities on workforce professional development and family engagement. The fact that stakeholders did not explicitly report that the practice models were designed to professionalize the workforce or improve family outcomes does not mean that they are not considering workforce and family engagement activities as important to the achievement of improved child outcomes.

The research findings were shared with a group of ECE experts with in-depth expertise in research, policy and practice at the national, state, local and provider levels. Through a multi-day BUILD think tank, *QRIS 3.0*, these experts considered the research and shared the following reflections:

Adequate funding for the infrastructure as well as ongoing quality service delivery and improvements is needed. In short, the experts noted the need to ensure sufficient investment in both QRIS infrastructure as well as resources to support teachers and programs.

The expert panel reviewed the research findings related to funding and noted the importance of funding for any QRIS model. For states participating in the ELC, the experts noted that the ELC funding provided states with an opportunity to refine the system and its supports and begin to fund ongoing quality improvements. The experts saw the value of the ELC with its opportunity to finance and build a strong infrastructure, including but not limited to a consensus definition of what constitutes quality, training and support of those offering quality improvement supports ranging from technical assistance to coaching and mentoring, data entry and reporting systems. Many noted the importance of continuing to fund and use the systems that were built with ELC funds. Expert panel members voiced concerns that sustaining the system without ELC funding could place continuous quality improvement in jeopardy.

The expert panel noted adequate ongoing investments at the program level are needed to fund ongoing changes in the early childhood environment, professional development, education supports and compensation for ECE providers, and ongoing supports to enhance the quality of interactions between ECE providers and children. Moreover, given the turnover in the ECE workforce, ongoing funding is needed to support quality enhancements for new providers. The expert panel noted that QRIS should be financed appropriately to enhance quality improvement, whether it is to bring up the floor or to support interactions that lead to improved child outcomes. Finally, to achieve the desired impact of addressing the achievement gap, adequate funding of ECE on a per-child basis across settings as well as ongoing quality improvements would be needed.

Research about the most effective QRIS activities for achieving desired impacts is thin. Ideally, state and community QRIS would be developed with resources targeting sets of activities that have been demonstrated to yield desired impacts. The expert panel noted that some research exists on the correlation between programmatic features of quality, teacher professional development, and specific strategies (such as implementing with evidence-based curriculum and assessment practices) that are associated with improved child outcomes. Some experts reflected that the findings of the research reveal that important information, such as that on dosage, quality and setting, is not systematically included in the design and implementation of the theory of change and practice models. The panel noted the importance of using QRIS policy levers associated with research that demonstrates the importance of continuity of care— for example, by including indicators of turnover and activities to support and sustain the workforce in the QRIS.

The consensus nature of QRIS development may make it challenging to incorporate all of the research implications into program design and operation. At the same time, the expert panel noted that significant research that could support QRIS has not yet been completed. Critical questions have not yet been answered including: What are the quality improvement resources and supports result in changes in provider practice? What incentives promote

> ...the experts noted the need to ensure sufficient investment in both QRIS infrastructure as well as resources to support teachers and programs.

changes at the program, classroom, teacher, and child levels? What pathways are most effective for achieving desired outcomes? Is it best to target a selected set of outcomes or create a QRIS is designed to address a broad range of outcomes? Answers to these questions could prove useful to those designing and implementing QRIS.

Practice models differ from articulated theories of change. The experts noted that the QRIS practice models are not consistent with the recent Zaslow and Tout (2014) report that articulates a range of theories of change including one that focuses on professionalizing the workforce and one that focuses on enhancing family outcomes. Zaslow and Tout's report presents an important framework that clearly articulates intentions found in the Child Care and Development Fund (CCDF) legislation, as well as other federal priorities, along with perspectives from the research and the field.

The finding from this study, that QRIS stakeholders are not explicitly focusing on workforce or family engagement outcomes, raised a number of issues and questions for expert panelists. While the QRIS stakeholders did not report that their systems were designed with the goals of improving workforce compensation or family outcomes, many QRIS activities do support the workforce and families. In the broader context, those charged with designing and implementing QRIS are currently affected by federal and state initiatives and priorities that specifically focus on child impacts. For example, states including Arizona, Mississippi and Ohio have third grade reading guarantees in place that, to some degree, hold early childhood programs accountable for third-grade child-assessment scores. Moreover, a number of states with longitudinal evaluations of state-funded pre-k programs are assessing the value of ECE for its relative contribution to longer-term impacts.[4] And for states participating in the ELC, or those whose QRIS work was prioritized based on their (unsuccessful) ELC applications, the framework emphasized child outcomes. These stakeholders are understandably interested in developing systems that will ultimately improve children's school outcomes. With this in mind, the expert panelists noted that the focus on child

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[4] http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2013/11/15/states-insist-on-third-grade-reading-proficiency; http://eyeonearlyeducation.com/2013/08/22/research-links-preschool-program-to-third-grade-reading-success/

outcomes could be a reflection of the most important policy issue of concern to funders, but is not the only issue of concern for those working on ECE quality.

The design and implementation of a QRIS is a developmental process. The research findings suggest that for states designing a QRIS, an important initial step is the assessment of existing licensing and monitoring standards across all programs that will participate in the QRIS so that the quality standards and thresholds are reasonable and realistic, that the articulated impacts match the activities and quality improvement activities, and that sufficient resources support both the system and the services. For example, in states with child care licensing standards that lack rigor, a first phase of development might be to focus on programmatic health and safety standards. By contrast, in a state with rigorous licensing standards, a first step might be to focus on more seamless services, more comprehensive child and family services, or child outcomes. Expert panelists reflected that a developmental examination of the models that emerged and the pathways connected with these models could be helpful.

QRIS design and implementation is relatively new and should be developed in the context of the QRIS goal of continuous quality improvement. Expert panelists noted that an important purpose of a QRIS is to support continuous quality improvement. QRIS are still relatively new—and many are newly revised. Data on the links between thresholds and quality should be used to support continuous quality improvement, i.e. to make adjustments in funded activities and to change the thresholds that are established to match the reality of the baseline conditions. Formative evaluations of QRIS that are designed to provide early findings to improve the system are not used instead to dismantle newly developed systems.

QRIS design and implementation is not well focused on compensation of the ECE workforce, even when turnover is an indicator in the system. Expert panelists were surprised that the research team did not find a greater emphasis on improved compensation, reduced turnover and workforce supports. As one panelist noted, this is "quite staggering considering the focus on ensuring that children from low-income families access quality." Panelists noted the importance of considering compensation issues in light of reports showing that many ECE providers, mostly

females, are making minimum wage and many are accessing public assistance. On the other hand, panelists were aware of the funding limitations with regard to most QRIS. Expert panelists also noted that the research yielded some contradictions about the workforce. Many QRIS do fund quality improvement to assist teachers in earning early childhood degrees and credentials, but do not finance ongoing improvement in compensation. Expert panelists reflected that to address turnover and to retain a highly educated workforce, it is important that those charged with design and implementation of QRIS systematically review the relationship between funded quality improvement activities and intermediate outcomes such as teacher turnover.

> Expert panelists were surprised that the research team did not find a greater emphasis on improved compensation, reduced turnover and workforce supports.

PART III | Recommendations

The following recommendations are offered to assist in advancing QRIS. Information from the study as well as perspectives from the expert panel inform these recommendations, but the recommendations themselves draw on the insights of the authors and the BUILD Initiative.

1. **Create streamlined, research-based QRIS models.** QRIS designers and implementers would be supported by having QRIS models that provide realistic theories of change with sufficient detail to aid stakeholders in debating and adapting these models.

2. **Focus on financing as a key aspect of QRIS, including per child funding as well as infrastructure.** Sufficient per child funding is needed for providers to address structural variables of quality including child/staff ratios as well as health and safety aspects of program quality.

3. **Devise and use a developmental approach to QRIS evaluation.** Future evaluations of QRIS should employ a developmental evaluation lens with a strong formative evaluation component that can support and leverage the evolving, complex and innovative nature of QRIS, such as a system moving from *Raising the Floor for Child Care* to an *Improving Child Outcomes Across Sectors* approach.

4. **Empower providers by making Continuous Quality Improvement a core component of QRIS.** Shifting the culture to one in which providers "own the change" rather than check items off a list is critical.

5. **Raise the bar on workforce supports and compensation as an integral part of QRIS.** Research has shown that significant predictors of quality are teacher education and wages.

6. **Use QRIS to unify the sectors of early education and care including child care centers and home-based programs, pre-k and Head Start.** Driven by the ELC, this concept is critical to meeting child and family needs, including respect for family values and choices and continuity for children.

7. **Promote QRIS design, funding and implementation strategies that address all children through an equity lens.** QRIS leaders are encouraged to be clear about what it means to design and implement a system that is equitable for all children.

8. **Improve communications about state efforts to improve quality through QRIS.** A compelling, understandable and accurate message is needed to communicate and partner with public and private policy leaders and decision-makers.

Appendix A: Questions for Consideration

As readers consider the research findings, stakeholder reflections, and recommendations, we encourage an ongoing dialogue to advance the conversation about how to best design and implement QRIS to achieve desired outcomes.

Questions for general consideration:

- Who should be responsible for creating new QRIS models grounded in research?

- Is it important to have multiple models and processes that take into account state and local contexts? What is reasonable to expect from a QRIS?

- Do we want more than one theory of change about what a comprehensive QRIS is and isn't?

- Is there sufficient investment to implement research-based activities that clearly demonstrate improved outcomes and child quality now? If not, how will investment be increased to do so?

- How can new QRIS models and practices take into account uncertainty in the current research?

- What political barriers exist that need to be overcome to obtain financial support for improved quality early learning and how can or should QRIS be used to address these barriers?

- What is missing from the models articulated by stakeholders in this study? Should new models be developed that single out workforce or family engagement outcomes?

- What messaging needs to be part of existing quality improvement systems? How should the term "QRIS" be used?

Questions for consideration within a state:

- Who specifically within the state is responsible for creating the state model and theory of change? Are all the stakeholders thoroughly engaged? Is there a need for further vetting about the theory of change?

- What infrastructure supports are needed to support the QRIS based on the model? What financing is needed at the program level to support the QRIS based on the model?

- Is there sufficient investment to implement research-based activities that are consistent with the model the state is using? If not, how will investment be increased?

- Is there sufficient alignment in the standards and supports to implement the model the state is using?

- How does the model and theory of change about the QRIS within a state take into account the uncertainty in the current research?

- Have existing tools, such as the Cost Estimation Model and Provider Cost of Quality Calculator developed by the U.S. Department of Health and Human Services, Office of Child Care been used within the state?

- What political barriers exist that need to be overcome to obtain financial support for improved quality early care and education and how can or should QRIS be used to address these barriers?

- What additional messaging needs to be part of existing quality improvement systems? Is the current messaging in the state aligned with the model and theory of change that is being implemented?

Appendix B: Interview and Coding Protocols

Interview Protocol

Prior to the call ask if they have a logic model or theory of change that we could review.

[*Introduction and purpose of interview*]

1. **Introduce self and project**
2. **Have there been any substantial changes in your state's/community's QRIS since 2014? If so, what are the changes and why did the changes happen?** (In compendium)

3. **What are the goals for your QRIS?** (Probe: are goals are related to the system, workforce, community, family, or child)
   a. How long do you think it will take to reach these-goals?
   b. Do you believe there is a consensus on the goals? (Probe: if not, how do the goals differ by stakeholder group (e.g. does legislature have different set of goals from ECE providers, etc.?
   c. Have these changed over time and if so, how?

4. **What are the desired short-term outcomes for your QRIS?**
   a. (Probe: System outcomes? Workforce outcomes? Community outcomes? Family outcomes? Child outcomes?)
   b. Do you believe there is a consensus on the outcomes? (Probe: If not, how do the desired outcomes differ by stakeholder group?) Have these changed over time and if so, how?
   c. How long do you think it will take to reach these outcomes?
   d. Are there particular outcomes for particular sub groups or areas of the state?

5. **What are the desired long-term outcomes for your QRIS**
   a. (Probe: System outcomes? Workforce outcomes? Community outcomes? Family outcomes? Child outcomes?)
   b. Do you believe there is a consensus on the out comes? (Probe: If not, how do the desired outcomes differ by stakeholder group?) Have these changed over time and if so, how?
   c. How long do you think it will take to reach these outcomes?

6. **What are the key activities that support your goals?**
   a. (Probe: System-specific activities? Workforce-specific activities? Community specific activities? Family-spe-cific activities? Child-specific activities? Any targeted communities or subgroups?)
   b. How have these changed over time? What lessons have you learned that have informed the ways that activities are implemented?

7. **What have been the facilitators of supporting your QRIS?**
   a. (Probe: Political allies? Policies? Funding? ECE Community? Families/Communities?)

8. **What have been the barriers of supporting your QRIS?**
   a. (Probe: Political allies? Policies? Funding? ECE Community? Families/Communities?)

9. **How have the facilitators and barriers affected the QRIS goals, longer-term outcomes, and activities?**

ONLY Race to the Top – Early Learning Challenge Grantees:

   a. How has being a Race to the Top – Early Learning Challenge grantee supported the goals and outcomes of your QRIS?
   b. How has being a Race to the Top – Early Learning Challenge grantee hindered the goals and outcomes of your QRIS?
   c. How has being a Race to the Top – Early Learning Challenge grantee changed the goals and outcomes of your QRIS?

Variables Coded from QRIS Compendium, Documents from State Websites, and Interview Data

Purpose
- Improve child outcomes
- Improve program quality
- Improve family engagement
- Health access
- Basic health and safety (raise the floor) (This might be inferred after looking at ratios and, if applicable, ERS floor scores)
- Other

Sector (indicate if all of the following are involved)
- Child Care
- Head Start
- School
- Pre-k
- Early Intervention
- Part B and C

Age of QRIS
- Year of most recent revisions/implementation
- How revision occurred
- Year QRIS first created

Implementation
- Numbers or programs participating and percentages
- Number of possible programs (if percentage isn't available) and narrative regarding plans for implementation
- Populations targeted: DLL, children with disabilities, infants/toddlers, etc.)
- Does QRIS target based on provider types or geographic areas?

Agency engaged in/responsible for QRIS
- Education
- Department of human services
- Department of health
- Other
- Head Start State Collaboration Director
- Local agency

Licensing Ratios
- Ratios 9 months, center
- Ratios 18 months, center
- Ratios 3, center
- Ratios 4, center
- Other licensing information that provide indicators of whether licensing is rigorous or less robust (narrative)
- Does QRIS include ratios?

Does QRIS build on licensing?

RTT-ELC state
- Wave 1
- Wave 2
- Wave 3

Number of QRIS levels
Instruments used to determine levels:
- ERS (ratings required to achieve each level)
- CLASS
- Other
- None

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